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Research Article

Psychosocial support services to enhance well-being of orphaned and vulnerable learners in Eswatini early childhood centres and primary schools

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In Eswatini (formerly Swaziland), the increasing number of orphans and vulnerable children due to HIV/AIDS has spurred demand for psychosocial support services. When the Ministry of Education and Training assumed responsibility for delivering psychosocial support, educators were burdened with the additional role of looking after orphans and vulnerable learners. This exploratory, sequential, mixed-methods study was employed to analyse factors that enhance the provision of psychosocial support services and the perceptions of educators towards psychosocial support delivery. The qualitative study phase entailed 16 in-depth interviews with multi-sectoral psychosocial support specialists and seven focus group discussions with orphans and vulnerable learners. In the quantitative study phase, 296 educators were surveyed. Thematic analysis was used for the qualitative data, and the quantitative data was analysed using Statistical Package for the Social Sciences version 25 software. The findings reveal problems associated with psychosocial support service delivery at strategy, policy and operational levels. The results indicate that orphans and vulnerable children are offered material support (e.g. food and sanitary pads) and spiritual support, but were rarely referred for social and psychological needs. There were no proper counselling facilities and not all teachers received relevant training in children's psychosocial needs. Training of educators in specific psychosocial support areas was considered significant to enhance service delivery and the psychosocial well-being of the learners. Overall, accountability was difficult to establish because the administration of psychosocial support is split among the Ministry of Education and Training, the Deputy Prime Minister's office and Tinkhundla administration. There is unequal distribution of qualified early childhood development teachers to cater for early childhood educational needs.

Keywords: HIV/AIDS, neighbourhood care points, orphaned and vulnerable children, rural primary schools

Introduction

Southern Africa was the epicentre of the global HIV pandemic by 2000. In 2004, Eswatini recorded an HIV prevalence of 33.4% (Van Wyngaard & Whiteside, 2021). In Eswatini, HIV affects 26% of those aged 15 to 49 years (World Food Programme, 2019; Eswatini strategic plan 2020–2024). Adults here have a life expectancy of 49 years; 58% of children are left vulnerable by the impact of HIV and AIDS (World Food Programme, 2018). Furthermore, 45% of the children here are orphans and vulnerable children; 55 000 orphans and vulnerable children below the age of eight attend neighbourhood care points and most of them live with relatives or in child-headed homes (World Food Programme, 2018). In Eswatini, neighbourhood care points were formed to cater for orphans and vulnerable children by providing hot meals at central points under trees instead of uncooked rations. These neighbourhood care points are central to the provision of basic social services such as early childhood education, psychosocial support services and basic health services (Coordinating Assembly for

Non-Governmental Organisations, 2018). This multi-sectoral approach arises from a need to support the education sector (Whiteside et al., 2017). Other sectors can contribute towards the well-being of orphans and vulnerable children through these neighbourhood care points (Evans, 2006). A holistic psychosocial support model is needed to cater for the orphans' and vulnerable children's various needs and to enhance their overall well-being. The model adopted by Eswatini centralises educators as key players in the provision of psychosocial support services by using schools or centres to support orphans and vulnerable children who attend school and are older than 8 years. This article assesses the implementation of this model in Eswatini.

Background

In southern Africa, including Eswatini, HIV and AIDS is a major crisis necessitating the provision of psychosocial support for affected children. In addition, personal crises precipitated by the death of a parent or seeing a parent suffering have been known to deplete one's core resources for responding to challenging experiences, resulting in

the need for external interventions such as school-based psychosocial support in a non-clinical form (Inter-Agency Network for Education in Emergencies [INEE], 2016). This aligns with the United Nations' third strategic development goal (SDG 3), which emphasises the need to ensure healthy lives and to promote the well-being of children of all ages and for building prosperous societies (WHO, 2015). The well-being of educators is as important as the welfare of orphans and vulnerable children; they are responsible for delivering psychosocial support services and healthy educators can promote healthy students (McCallum & Price, 2010). Furthermore, educators' welfare and motivation improve their productivity and influence over students' desire to learn (Delle Fave & Massimini, 2003).

Chademana and Van Wyk (2021) highlight that the impact of HIV and AIDS on the well-being of children in affected households tends to be severe where there are no adults. Hence, psychosocial support services are needed to address the emotional, psychological, social, spiritual, cultural and practical needs of individuals in the context of their family, friends and neighbours (Nasaba et al., 2018). The Regional Psychosocial Support Initiative (REPSSI, 2011) emphasises that — beside addressing the social, emotional and psychological well-being of a person — psychosocial support strengthens their capacity to deal with stressful events or crises that may be preventable. Psychosocial support also addresses the on-going psychological and social problems of HIV-positive individuals, their partners, families and caregivers (Inter-Agency Study Committee, 2007). Psychosocial support pays attention to the totality of people's experiences instead of focusing only on the physical or psychological domain, and acknowledges the need to consider broader family and community networks when delivering services to orphans and vulnerable children (INEE, 2016). Therefore, offering psychosocial support services to orphans and vulnerable children in the learning environment is essential.

Other scholars have explored vulnerable children's experiences at school (Motsa & Morojele, 2016); the experiences of Eswatini teachers supporting learners living with or affected by HIV and AIDS based on the teachers' awareness of the "rights of the child" (Nxumalo et al., 2015); the role of culture in the psychosocial development of orphans and vulnerable children (Thwala, 2013); and the effects of HIV and AIDS on children in Eswatini (Ntozi & Khumalo, 2007). De Witt and Lessing (2010) investigated the perceptions of orphans and teachers towards the well-being of orphans in South Africa and Eswatini who were not receiving psychosocial support services in schools. There are, however, no current studies on implementing psychosocial support services for orphans and vulnerable children that investigate how educators at early childhood and primary school levels in rural Eswatini deliver these support services to enhance the well-being of these vulnerable children.

Policy adoption

Eswatini was one country that pioneered the Southern African Development Community's (SADC) initiative to define schools as centres of care and support, which are now known as centres of care and support for teaching and learning (CSTL). These are supported by the

Regional Psychosocial Support Initiative (REPSSI) and the Association for the Development of Education in Africa (ADEA) to adopt and develop country-based CSTL models as pillars for educators in early childhood care facilities and in primary schools. Eswatini's Ministry of Education and Training (MoET, 2011) developed its own national CSTL model in consultation with community stakeholders and named it "Inqaba" [fortress] because schools should be safe havens for all children. This CSTL model has seven pillars (Media in Education Trust Africa, 2018; MoET, 2018) that include psychosocial support, protection and safety, HIV and AIDS, gender and life skills, health, water, sanitation and hygiene, food security, and quality teaching and learning.

The Education and Training Sector Policy (MoET, 2011) directed that orphaned and vulnerable child learners be cared for in primary schools, compelling educators to become secondary caregivers (in addition to their pedagogical duties) to orphans and vulnerable children amongst others.

Despite the growing interest of SADC ministries of education in offering psychosocial support in learning environments, there is scant information about how psychosocial support services are delivered by schools and educators to enhance the well-being of orphans and vulnerable children impacted by parental HIV and AIDS. There have been reports of implementation problems related to the extra roles undertaken by teachers in Zambia and South Africa (Hoadley, 2007). Botswana and Namibia use a CSTL model similar to Eswatini's and are also struggling to implement psychosocial support services that address contextual needs (Ntinda et al., 2014; Nxumalo et al., 2015; Taukeni, 2015). Regardless of such challenges, the implementation of the policy gained favour with rights-based education organisations and agencies who viewed it as an effective means of reaching children in need as a legal entitlement (Hoadley, 2007). Since the education sector faces a new situation that requires educators to play a new role offering psychosocial support to orphans and vulnerable children, two research questions arise:

- (1) How does the new policy environment influence the delivery of psychosocial support to orphans and vulnerable children in rural early childhood centres and primary schools?
- (2) What are the educators' perceptions of providing psychosocial support services to orphans and vulnerable children in rural early childhood centres and primary schools?

Methodology

Study design and setting

The study adopted a sequential, exploratory mixed method that was implemented in two phases, qualitative and quantitative. The study was carried out across the four regions of Eswatini (Hhohho, Sishelweni, Manzini and Lubombo). The qualitative phase involved key informant interviews with individuals who manage the delivery of psychosocial support and focus group discussions with a sample of orphans and vulnerable children in primary schools. The quantitative phase involved a questionnaire-based survey of educators at primary schools across the country, which was devised after analysis of qualitative data to inform the foci of the questions.

Duration of the study

The first phase of the study was conducted over four months between mid-July 2019 and the end of October. The month-long second phase was conducted from mid-January to mid-February 2020.

Sampling

For the qualitative phase, purposive sampling was used. For the key informant interviews, 16 individuals were drawn from a range of linkage organisations that link orphans and vulnerable children to the psychosocial support programme, which includes NGOs, departments in the MoET and the office of the deputy prime minister responsible for social services for children. For the focus group discussions (FGD), 55 orphans and vulnerable children attending primary school were selected from seven schools to constitute seven different focus groups. The schools were selected on the basis that they were: (1) in a rural location and (2) mandated to offer psychosocial support service to orphans and vulnerable children. To be selected as a focus group participant, the children had to be (1) recipients of psychosocial support services, (2) orphaned or made vulnerable as a result of having one or both parents die from AIDS, or nursing ill parent(s) suffering from HIV or AIDS, and (3) aged 11 to 18 years. It should be noted that there were two reasons for the chosen age range. First, the younger age limit was used as a proxy to ensure that a participant was cognitively mature enough to understand and engage in discussions on experiences with psychosocial support services. The older age limit reflects characteristics of primary school attendance in Eswatini, where children are allowed to attend primary school for nine years (compared to the norm in many countries of five to six years) from the age of 6 or 7 to 13. This legal right is how the government ensures that all children have access to free primary school education in a context where children can be absent from school for extended periods if family demands require this. For example, particularly in poor households, parents and caregivers can require children to work on the land when necessary (e.g. ploughing season, harvest time) and, in the case of teenagers, individuals can secure casual seasonal work (e.g. on sugar cane plantations). Consequently, children enrolled in primary schools are allowed to repeat grades (sometimes more than one) if they fail to meet the standard in any one year due to extended absences from school. The net result of such extend absences from school and the repetition of grades is that 60% of children in primary school ought to be in secondary school according to their age (13 or 14 to 18 years) (MoET, 2015; MoET, 2017).

For the quantitative phase of the study, a proportional representative sampling procedure was used to select 364 educators who worked with orphaned and vulnerable children receiving psychosocial support services in 529 rural primary schools. The sample size was arrived at based on the following formula (Yamane, 1967),

$$n = \frac{N}{1 + N(e)^2}$$

where n = sample size, N = population size and e = level of precision (in this case 0.5).

The sample size was proportionally distributed among the four geographical regions based on: (1) the number of educators and (2) the number of schools in each region. In total, there were 8 928 educators in 529 rural schools (MoET, 2017; 2019). Sample sizes were calculated based on proportional distribution to the national totals. Region 1 had 2 666 educators, Region 2 had 2 362, Region 3 had 1 972, and Region 4 had 1 928. Using Equation 1, the appropriate sample sizes for primary schools were: Region 1 = 148, Region 2 = 133, Region 3 = 33, and Region 4 = 115, with a total of 529.

Based on the formula above, a sample size of 364 educators was derived, calculated at precision 0.5 and 95% confidence level. Educator samples per region were as follows: Region 1 had $29.86\% \times 364 = 109$, Region 2 had $26.46\% \times 364 = 96$, Region 3 had $22.09\% \times 364 = 80$, Region 4 had $21.59\% \times 364 = 79$, with a total of 364. There were small variations between regional sample sizes based on the number of educators at national level and using the number of rural schools to come up with the sample size for rural educators. This was considered acceptable to do the survey.

Data collection

The 16 in-depth, semi-structured, key informant interviews were conducted at the individuals' workplaces. The interviews with individuals working for NGOs focused on exploring current technical support and psychosocial support services provided to schools; interviews with community-based organisations focused on support given to orphans and vulnerable children in the community; and interviews with officials in the MoET focused on policy implementation, guidance and counselling support.

The focus group discussions with children were organised with the assistance of educators in each selected school. There were eventually seven FGDs because (out of 605 Eswatini primary schools in the 2019 Eswatini schools list, 526 were rural primary schools) selection for the study was regardless of the schools being classified as community-, mission-, or government-owned, and all rural primary schools offered psychosocial support as enforced by MoET. Although four schools were initially selected (one school per region), the final number of FGDs eventually included seven primary schools as determined by data saturation. Focus group size was between 5 to 12 participants (Maree, 2016).

The size of each FGD was: Group A = 7; B = 7; C = 8; D = 8; E = 7; F = 6; and G = 12 orphans and vulnerable children learners (total = 30 boys and 25 girls), ranging from 11 years to 18 years old. The FGDs explored current psychosocial support services available at their schools. These were physical, spiritual, psychological, emotional and social needs support provided by educators in relation to their experiences and perceptions.

In the questionnaire-based survey, proportional representative sampling was used to recruit 364 educators from the four regions of Eswatini. Questionnaires were distributed among educators in person. The educators answered the questions in their own time, but within the one week limit requested by us. Collection from the schools was done by an appointed research representative for

each region. Collected responses were handed over at agreed designated points. A total of 296 educators returned completed questionnaires.

Data analysis

The qualitative data analysis was based on Braun and Clarke's (2006) criteria for thematic analysis, and the quantitative data was analysed using Statistical Package for the Social Sciences (SPSS) version 25 to obtain descriptive and inferential statistics.

Ethical considerations

The study was conducted after ethical clearance from the Durban University of Technology, Institutional Research Ethics Committee (069/19). Data collection occurred with permission from the Ministry of Education and Training in Eswatini. Participants signed consent forms after being informed about the purpose of the study.

Results

Qualitative phase one: interviews and FGDs

Table 1 represents the participants by organisation, with the identification code used during the presentation of qualitative results to indicate the source of quotes for phase one. Five themes emerged from the in-depth interviews and FGDs: provision of material support to fulfil physical needs; learner social activities to fulfil a sense of belonging; spiritual needs support; educator psychosocial support training to complement psychosocial support delivery; and failure to deliver psychosocial support services (Table 2).

Material support to fulfil physical needs of learners

This was the most frequent form of support to orphans and vulnerable children learners. Material support is facilitated by the learning institutions. Major items supplied were school uniforms, shoes, government-aided food provision, sanitary pads for girls, and gifts such as clothing, toys and toiletry packages. This was supported by a head teacher (HT-1):

Our government thought it fit to build a kitchen for the children. The reason why our government decided to give schools food is because of such children, those

Table 1: Coding of qualitative phase one participants

Organisation/group	Identification code	Participants (n)
Focus group discussion (FGD) A–G: orphan and vulnerable child learners	FGD-A, FGD-B, FGD-C, FGD-D, FGD-E, FGD-F and FGD-G	7 groups 55 participants
Head teacher (HT): MoET: rural primary school administrators	HT-1, HT-2, HT-3, HT-4, HT-5, HT-6 and HT-7	7 participants
MoET Department (DPT) — PSS student teacher ECCE; primary training (curriculum & teacher education); policy and guidance unit	DPT-CURR; DPT-ST; DPT-POL	3 participants
Multi-sectoral linkage psychosocial support experts: multi-lateral international children's organisation	MULTI-UN	1 participant
Non-governmental organisation (NGO)	NGO-K; NGO-KB	2 participants
Community-based organisation (CBO)		
Neighbourhood care (NC) point and Liswati traditional leader (TL)	CBO-NC; CBO-TL	2 participants
Social welfare department	SW-DP	1 participant

MoET = Ministry of Education and Training; PSS = psychosocial support; ECCE = early childhood care and education

Table 2: Major themes and subthemes

Major themes	Sub-themes
Material support to fulfil physical needs	School uniform Government-aided food provision Sanitary pads
Learner social activities to fulfil sense of belonging needs	Fundraising activities Orphan and vulnerable children participation in clubs of choice
Spiritual needs support	Scripture union Assembly prayer sessions Invited pastor sermons
Educator training in psychosocial support to enhance orphaned and vulnerable learner well-being	School administrator capacitation by NGOs to facilitate school-based psychosocial support service delivery Ongoing guidance and counselling teacher in-service psychosocial support training Educator capacitation on children's enacted laws on child rights Multi-lateral organisation and partner NGOs technical support to MoET student teacher training, early childhood care and education and primary school psychosocial support curriculum
Failure to deliver psychosocial support services	Lack of educator expertise in psychosocial support delivery depriving orphan and vulnerable children of holistic care Lack of interdisciplinary coordination among head teachers on available psychosocial support linkages Poor support for neighbourhood care point/zero grade orphan and vulnerable children

that are affected by HIV and AIDS and those who are heading their families...As administrators, we make sure that there is always food in the kitchen. Apart from that, there is a school garden where we grow some vegetables. I am sure you have seen it, to make sure that their food is balanced (HT-1).

Three schools did not offer sanitary pads. Girls from the other four schools indicated that they received pads whenever available: "...our school gives us pads every two months". (FGD-E). Four FGDs acknowledged that donated gifts were received in schools from a certain non-governmental organisation after the festive season. For example, FGD-A affirmed: "...They give us presents in January like soap, sweets, dolls, hats, uniform shoes and clothes" (FGD-A).

Learner social activities to fulfil sense of belonging

Activities are organised by school administrators to raise funds for emergencies such as bereavement and to assist orphans and vulnerable children when they fall sick. The orphans and vulnerable children participate in social clubs such as health clubs, girl guides, boy scouts, bible clubs, career guidance and girls' empowerment clubs, and mingle with non-orphans and vulnerable children peers as a form of destressing. Interviewees had different perceptions on the issue of fundraising. This was supported by (HT-6) and (HT-7):

We do fundraising in our school, for...example, we do baking and sell, making popcorns. Then on Wednesday, our pupils...are allowed to wear anything they want...and then they pay only one Lilangeni for that, and we use the money to help those pupils who are in need (HT-6).

We do not even have money...the MoET...Abafuni do not want us to fundraise; they take it as top-up. Even making children have a Civic Day on Friday to dress in their own attire and pay one rand (HT-7).

Spiritual needs support

To support orphans and vulnerable children spiritually, visiting pastors present sermons during assembly prayer sessions and scripture union (a non-denominational Christian child and youth fellowship that was introduced in most schools to offer spiritual support) offers bible lessons aligned to spiritual upliftment among orphans and vulnerable children as indicated in the following quote: "...we pray at class...if you have a problem, the pastor prays for you privately" (FGD-G). Scripture union was considered useful to fulfil the spiritual needs of the orphans and vulnerable children learners as indicated by one of the schools headteachers: "...We introduced scripture union fellowships just to uplift them spiritually" (HT-3).

Educator life skills training support to complement psychosocial support delivery

The common emerging issues from this theme are capacity building for all, in-service training and external support from multi-sectoral linkages. This is what the following interviewees confirmed:

We have designed programming that helps the

educators to know more about the backgrounds. Where the children are coming from before they come to the national care point and primary school, we believe the educators must know the situation and circumstances under which these children are living. So that they will be able to address them in a manner that makes them feel better (CBO-NC).

The ministry also invested in the in-service department and training. We developed a manual for the in-service department so that they could use it for training head teachers or subject teachers. Then, they could be training them so that psychosocial support becomes part of the package, and we were supported by the commonwealth of learning (DPT-POL).

We were among the pioneers in rolling out neighbourhood care points, where basically children are offered services of which one of the pillars is psychosocial support. We developed a manual in conjunction with the government of Swaziland which was the first tool to train the caregivers...even the development of the structure...right now schools as centres of care and support have evolved to CSTL which is a component that government is still running with...they were at primary level but they are now moving to high schools (MULTI-UN).

Our PSS work takes care at community level but we use schools as entry points because most of our young people are still in school. They happen at community level, but the mobilisation happens in the schools, so we engage the ministry of education...so when schools are out, they go to the clubs, or when schools are closed, they attend the community clubs (NGO-KB).

The modules were designed by REPSSI and partners so we are using those modules and REPSSI supports the college (DPT-ST).

...how we help these student teachers, I will call them student teachers, by ensuring that they first do a module where they do self-evaluation, they learn about themselves, who they are (DPT-CURR).

What we normally do with those is that we have awareness sessions with them with different topics. Like...we are presently capacitating them on the new enacted laws like...SODV [Sexual Offences and Domestic Violence Act of 2018], even the children's rights and CRC [Convention on the Rights of Children] (SW-DP).

Failure to offer holistic psychosocial care and support services

There is a lack of educator expertise and poor coordination and poor support for neighbourhood care points and implementation of grade zero, a pre-primary class before grade one level. Owing to lack of appropriate training,

most educators fail to offer holistic psychosocial support services. Offering psychosocial support services cuts across ministries, but the coordination among those ministries is weak. This extends to poor support from MoET for the institutions that offer psychosocial support. Quotes to support these sentiments indicated the following:

I think we need sort of...training, as teachers we have never been trained to look after the challenges faced by these children...almost all of us. So we need...thorough training really because we are facing some challenges (HT-4).

...it stressed us after a visit of this lecturer from college because he stressed us with this Inqaba, especially PSS because it wasn't a pillar. But there are no written directions anywhere about how to offer it. We place it under sports because it's part of taking care of a child [holistically] (HT-5).

Within those that are established by organisations and churches, organisations like SOS...hire educated, trained early childhood developers to be the ones who are caring for the children. But in the rural ones, like those that were done by [the Deputy Prime Minister's] offices, kaGogo centres and stuff, they just get maybe one of the community's young makoti brides who did form five to come and help (CBO-NC).

Quantitative phase two: survey with orphans and vulnerable children educators

The quantitative second phase focused on collecting data about educators' and orphans' and vulnerable children's perceptions towards the provision of psychosocial support services. The results are presented in frequencies and means and thereafter a joint summary on sequential linked results is given.

Forty-seven per cent of educators possessed a diploma in primary school education without a psychosocial support component, 1.0% had a primary school diploma with a

psychosocial support component, 55.1% did not have any form of psychosocial support training, and 44.9% who had some form of psychosocial support training indicated that they last received the training more than 4 to 7 years ago.

Regarding the findings on the type of psychosocial support services that are provided in primary schools, Table 3 shows wide variation between schools in what services are provided and in the consistency of delivery of particular services.

The questionnaire response options were based on a Likert-scale that ranged from 1 "never", 2 "rarely"; 3 "sometimes"; 4 "often"; to 5 "always" (the Likert-scale measured service delivery with "never" referring to 0 instances, "rarely" referring to 1–5 instances, "sometimes" 6–10, "often" 11–15 and "always" with 16–20 instances) based on 20 working days per month. Participants responded to statements indicating how often they provided psychosocial support services to enhance the well-being of orphans and vulnerable children. The results showed that 76% of schools as reported by educators always provided a free school meal every day during the school week, 13.5% do so often, 8.1% sometimes, 0.7% rarely do so, and 1.7% never provide a meal.

Aside from this service, a majority (not sizeable) of schools always encourage orphans and vulnerable childrens to participate in games and sports (57.1%) and to play with non-orphans and vulnerable children (64.2%). The only other service that a majority (59.5%) of schools provide is a referral of orphans and vulnerable children to local NGOs for social support, but as is shown in Table 3, they do so sometimes.

The results indicate that orphans and vulnerable children services that are always offered are meals (76%), playing with non-orphans and vulnerable children (64.2%), playing games (57.1%) and spiritual needs (49.3%) and services never provided included giving money (72.6%) and referring orphans and vulnerable children to social workers (32.1%). 43.9% of respondents indicated they were involved in positive disciplining to support delinquent orphans and vulnerable children.

Table 3: Frequencies and percentages for psychosocial support services provided by educators to enhance the psychosocial well-being of orphaned and vulnerable child (OVC) learners ($N = 296$)

Code	Services provided	Never <i>F</i> (%)	Rarely <i>F</i> (%)	Sometimes <i>F</i> (%)	Often <i>F</i> (%)	Always <i>F</i> (%)
B1.1	School meals	5 (1.7)	2 (0.7)	24 (8.1)	40 (13.5)	225 (76.0)
B1.2	School uniforms	113 (38.2)	71 (24.0)	96 (32.4)	10 (3.4)	6 (2.0)
B1.3	Sanitary pads	75 (25.3)	92 (31.1)	63 (21.3)	27 (9.1)	39 (13.2)
B1.4	Money	215 (72.6)	61 (20.6)	18 (6.1)	2 (0.7)	
B1.5	Encouraging OVC to participate in games and sports	2 (0.7)	3 (1.0)	18 (6.1)	104 (35.1)	169 (57.1)
B1.6	Encouraging play activities with non-OVC	8 (2.7)	4 (1.4)	7 (2.4)	87 (29.4)	190 (64.2)
B1.7	Encouraging OVC to join a club of choice	35 (11.8)	34 (11.5)	74 (25.0)	57 (19.3)	96 (32.4)
B1.8	Fundraising activities	126 (42.6)	93 (31.4)	59 (19.9)	11 (3.7)	7 (2.4)
B1.9	Referral of OVC to local NGOs for social support	25 (8.4)	15 (5.4)	176 (59.5)	59 (19.9)	21 (7.1)
B1.10	Referral OVC to community social workers	95 (32.1)	74 (25.0)	73 (24.7)	38 (12.8)	16 (5.4)
B1.11	Trauma counselling to OVC looking after chronically ill parents with HIV and AIDS	37 (12.5)	59 (19.9)	124 (41.9)	52 (17.6)	24 (8.1)
B1.12	Positive disciplining to delinquent OVC	13 (4.4)	12 (4.1)	73 (24.7)	130 (43.9)	68 (23.0)
B1.13	Spiritual needs support through scripture union	25 (8.4)	8 (2.7)	26 (8.8)	123 (41.6)	114 (38.5)
B1.14	Spiritual needs support through visiting pastors	4 (1.4)	5 (1.7)	24 (8.1)	117 (39.5)	146 (49.3)
B1.15	Education on Eswatini rights	29 (9.8)	93 (31.4)	99 (33.4)	28 (9.5)	47 (15.9)

Thereafter, the results were subjected to an analysis to test for differences across regions to differentiate the level of psychosocial support delivery required for each region. Service providers need to develop specific strategies for each region according to their needs. A Pearson chi-square test was used for this purpose. Significant results were on item statements B1.3, B1.5, B1.7, B1.8 and B1.11.

Sanitary pads (B1.3)

Significant relationships exist between the provision of sanitary pads to children and the regions: $\chi^2(12) = 31.309$, $p = 0.002$. Also, a significant number from Region 1 never or sometimes provided this service, a significant number from Region 3 always provided the service, and a significant number from Region 4 rarely provided the service.

Encouraging children to participate in games and sports (B1.3)

Significant relationships existed between the provision of this service and the regions: $\chi^2(12) = 21.592$, $p = 0.042$. Also, a significant number from Region 3 rarely or sometimes provide this service, and a significant number from Region 4 always provide this service.

Encouraging children to join a club of choice (B1.7)

Significant relationships exist between this and the regions: $\chi^2(12) = 28.291$, $p = 0.005$. A significant number from Region 1 sometimes provide this service, a significant number from Region 2 never or rarely provide this service and a significant number from Region 3 often or always provide this service.

Provision of fundraising activities for this service (B1.8)

Significant relationships exist between this and the regions: $\chi^2(12) = 23.153$, $p = 0.026$. A significant number from Region 1 often and always provide this service, a significant number from Region 2 rarely or rarely provide this service and a significant number from Region 3 never provide this service.

Provision of trauma counselling to orphans and vulnerable children looking after chronically ill parents with HIV and AIDS (B1.11)

Significant relationships exist between this support for the psychological and emotional needs of the orphans and vulnerable children and the regions: $\chi^2(12) = 21.144$, $p = 0.048$. A significant number from Region 1 always provide this service, a significant number from Region 2 often provide this service, a significant number from Region 3 never provide this service, and a significant number from Region 4 sometimes provide this service.

Major joint findings

The method of utilising a joint display for an exploratory sequential mixed-method research approach was adopted from Creswell and Plano Clark (2018). While the findings from the qualitative research indicated that many educators had not received further training for 4 to 7 years, suggesting their training was outdated, our analysis of the quantitative data indicated that the training was adequate. Table 4 shows that the means of all seven items (B2.16 to B2.22) were greater than 3.5 average, an indication that the frequency of answers “always”, “often” and “sometimes” were higher than “never” and “rarely”, and p -values for all items were the same at 0.05. Therefore, there is significant agreement that life skills training and the rest of the training were adequate to enhance the well-being of orphans and vulnerable children. Table 4 shows the training received by some of the educators.

The indicated results were considered adequate to enhance orphans and vulnerable children well-being during psychosocial support service delivery by educators who had the opportunity to receive training in the specified items (B2.16 to B2.22). Table 5 shows a joint display summary that connects the qualitative results (themes) and quantitative elements.

Since the study followed an exploratory sequential mixed-method approach, joint major results from both phases (exploratory qualitative phase one and quantitative phase two) are reported together.

Material support to fulfil physical needs

Contradictory results on the provision of material support were noted. In the exploratory phase, material support in the form of school uniforms was indicated as a service that was regularly provided to orphans and vulnerable children, yet in phase two, 184 (62.2%) of the respondents indicated that uniforms were never or rarely provided as a service to orphans and vulnerable children. Additionally, in phase two, money was considered by 215 (72.6%) educators as “never” being provided and by 61 (20.6%) as “rarely” provided, yet in phase one, school administrators indicated that some educators paid for orphans and vulnerable children expenses such as transport to the hospital and basic needs, and provided bereavement contributions towards the loss of orphans and vulnerable children parents. This is further complicated by the point raised in phase one that MoET strongly discouraged schools to fundraise because it viewed fundraising to be like asking for a top-up.

Spiritual needs provision was a high priority in both phases of the study. In qualitative phase one, spiritual needs support was frequently mentioned during in-depth

Table 4: Training received to enhance OVC well-being (n = 296)

Code	Training acquired to enhance PSS service delivery	Number	Mean	Standard deviation
B2.16	Life skills training	163	5.09	0.735
B2.17	In-service training on counselling	165	4.84	0.924
B2.18	The new psychosocial support training programme	91	4.38	1.412
B2.19	In-service training on OVC guidance	170	4.73	0.915
B2.20	Sensitisation awareness workshops on delivering PSS as a pillar	127	4.78	1.161
B2.21	Acquiring PSS teacher's training in addition to early childhood training	51	4.35	1.508
B2.22	Acquiring PSS teacher's training in addition to primary school training	56	4.38	1.556

Table 5: Summary of sequential linked results

Objective-based themes from psychosocial support qualitative study participants	Quantitative variables for educator survey items	Survey results (for example <i>p</i> -value)	Mixed joint interpretation of linked results
Material support to fulfil physical needs	Indicate how often the following services are provided to the children at your workplace: Never, rarely, sometimes, often or always. For example, B1.1 school uniforms	Differences across region: <i>p</i> -values for items B1.3, B1.5, B1.7, B1.8 and B1.11 below 0.5 threshold.	Not all the psychosocial support services were viewed as relevant in fulfilling various needs of orphan and vulnerable child learners (qualitative), the psychosocial support services were found to be statistically significant (quantitative) across the four regions of Eswatini for rural early childhood education centres and primary schools.
Learner social activities to fulfil sense of belonging needs	B1.6 Encouraging play activities with non-orphan and non-vulnerable child peers		
Spiritual needs support	B1.13 Spiritual needs support through scripture union		
Failure to deliver psychosocial support services	B1.9 Referral of orphans and vulnerable children to local NGOs for social support assistance		
Educator psychosocial support training to enhance orphaned and vulnerable learner well-being	Indicate your level of agreement that training received was adequate to enhance the well-being of orphan and vulnerable children. Strongly agree, disagree, slightly disagree, agree, and strongly agree, for example: B2.16 life skills training	Training adequacy in all (B2.16 to B2.22 items) training areas, $p < 0.001$	

interviews with school administrators and during focus group discussions with orphans and vulnerable children learners as a service that was provided to fulfil the spiritual needs of orphans and vulnerable children. The phase two outcome supported the qualitative phase findings because more than 80% of educator responses indicated that spiritual support services were “often” and “always” provided for the two variables under spiritual needs.

Findings from phase one reveal that various psychosocial support training was either offered during teachers’ training in selected colleges or through in-service training for ECCE caregivers and qualified primary school teachers. Educators during the phase two survey rated all types of training as significant, and had mean averages above 3.5, implying the types of training received were adequate to enable enhancement of the well-being of orphans and vulnerable children learners. In spite of the high rating of training needs in both phases, the demographic data showed that 55.1% of participants had received formal psychosocial support training and were trained 4 to 7 years ago.

A total of 176 (59.5%) educators indicated that orphans and vulnerable children were sometimes referred to local NGOs for support, but 25 (8.4%) educators never did so, while 15 (5.1%) educators rarely referred orphans and vulnerable children, 59 (19.9%) often referred and 21 (7.1%) of educators always referred orphans and vulnerable children to community social workers for social assistance.

This is an indication that orphans and vulnerable children were not often referred for the social needs assistance service. These significant findings tied in with findings from the qualitative phase where a “*failure to offer holistic psychosocial support services*” was highlighted by several head teachers during the in-depth interviews. This reflects ineffective coordination of psychosocial support activities among the multiple stakeholders, yet educators are not specialists in some of the areas such as social work and health services. Implementation of services, for example, counselling, varied as the majority of educators 124 (41.9%) sometimes offered this service, while 96 (32.4%) responses indicated that the service was never or rarely offered to orphans and vulnerable children looking after chronically ill parents. This supports findings from phase one which revealed that orphans and vulnerable children received mostly lay counselling from educators, who are not trained to do counselling, and such counselling was not done in private places, because it was done in a space behind the classrooms or in staff rooms.

Discussion

Overall, the study revealed significant limitations in the delivery of MoET’s psychosocial support programme. Practically, it means the MoET, as the key player in psychosocial support delivery, needs to have a firm

psychosocial support delivery strategy that is responsive to issues which are raised by external partners, research studies and the practicalities of the orphans and vulnerable children situation on the ground. This is in line with SDG 3 (WHO, 2015), emphasising the importance of external intervention and linkages to achieve school-based psychosocial support assistance (INEE, 2016) and the argument that psychosocial support needs could not be fulfilled through the provision of “piecemeal” services. It is necessary to deliver services holistically (UNESCO, 2009).

At national policy level, the literature is clear that MoET ordered primary schools to be used as vehicles for implementing psychosocial support for orphans and vulnerable children. This implies that the educators become part of the implementation process (MoET, 2018). However, the implementation of programmes tends to suffer when staff are not trained and prepared for the programme, particularly programmes that entail additional or new roles. The study confirms this challenge because 55.1% of staff had not received training in psychosocial support. In a related finding, in the qualitative phase, teachers indicated they had never been trained in managing challenges faced by orphans and vulnerable children learners (HT-4), and in rural neighbourhood care points where there are no qualified early childhood educators, the community just get maybe a community *makoti* (a newly married bride) (CBO-NC). Inconsistent in-service training or offering of refresher courses to educators who last had training more than seven years ago in psychosocial support-related areas led to challenges in managing orphans and vulnerable children issues. Similarly, educators in Zambia concur that educator training that includes a psychosocial support component improved learner well-being and performance (Zulu et al., 2020). This view is contrary to Wood and Goba's (2011) study, where educators in South Africa felt the training improved their theoretical knowledge and attitudes towards learners, but they were not comfortable to implement what they had learnt because there was little emphasis on how to implement the knowledge.

It should be noted that in the study, school administrators and educators showed an interest in playing active roles in fundraising activities for the orphans and vulnerable children, but the ministry's policy did not allow any form of money top-up activities. For example, “*We do not even have money, the MoET Abafuni do not want us to fundraise*” (HT-7). The ministry viewed fundraising as another way of topping up fees for those who look after orphans and vulnerable children. Therefore, it was difficult to fundraise because the education sector policies of 2011 and 2018 do not have documented sections that pertain to school level fundraising.

It seems that the lack of clear policy positions on fundraising implies the lack of leadership support. The MoET stance is in contrast to Argall and Allemano's (2009) case study where the authors suggest that resource mobilisation by school principals needs to be supported and that principals must be rewarded for taking fundraising initiatives to raise funds for the extra services and activities, but suggested that fundraising efforts needed to be evaluated to maintain transparency and credibility.

Orphaned and vulnerable learners failed to access the community social workers and available NGO social needs

assistance based around the school community because educators failed to refer or liaise with the specialist services for any further assistance that they could not offer. This included accessing the already available Ministry of Health and MoET regional facilities which have social workers plus a variety of health professionals that could offer counselling and psychological support services. This contrasted with the South African study by Wood and Goba (2011), where teachers were the ones that complained about the lack of support and cooperation from the Department of Education that employs specialists such as psychologists and social workers to address learner well-being. These services were not made available to the schools as the specialists claimed that they were understaffed. In the study, it is the respondents who do not refer the orphans and vulnerable children learners for specialised service. A lack of professional support by psychologists, counsellors and social workers based in the Department of Education were consistent with Mwoma and Pillay's (2015) findings that educators ended up not meeting orphans and vulnerable children's mental needs. Trauma counselling services were delivered on a “sometimes” basis by some educators in the form of lay counselling in staff rooms or behind classrooms.

Conclusion

The study findings indicate that psychosocial support services offered to orphans and vulnerable children mostly dwelt on fulfilling physical, social belonging and spiritual needs, resulting in a non-holistic fulfilment of orphans and vulnerable children needs. This implies that key psychosocial support areas like psychological, emotional and social services were overlooked.

The educators indicated a lack of implementation support by the MoET, inconsistent in-service training in psychosocial support areas and not knowing how to deal practically with orphans and vulnerable children challenges. The implication of these challenges is the negative impact on delivering psychosocial support services, which frustrates the educators.

Despite these issues affecting educators, Eswatini communities embraced psychosocial support by initiating caring for orphans and vulnerable children as a society from grassroots level at rural neighbourhood care points where psychosocial support linkages also render support. This stance has the advantage of enhancing long-term ownership of psychosocial support service delivery. At the highest level, authorities are aware of the potential threats posed by the HIV and AIDs scourge on orphans and vulnerable children and the need for psychosocial support to enhance the well-being of orphans and vulnerable children learners. Authorities have allowed the establishment of a full department in the deputy prime minister's office to deal with orphans and vulnerable children issues. The neighbourhood care points which are the vehicles through which psychosocial support services are delivered in rural areas fall under the Ministry of Education and Training and the Ministry of Tinkhundla Administration and Development. Therefore, not one of the trio is solely responsible for ensuring effective delivery of psychosocial support services and for resolving the challenges raised in this study.

Our findings that the psychosocial support programme is not effective in practice suggests that this is due in part to a lack or failure to provide holistic psychosocial support services, sound co-ordination and the division of responsibilities between government ministries and existing linkage partners. Strengthening relationships with existing social services and the Ministry of Health's referral services would be ideal as a way of complementing educators' and other multi-sectoral psychosocial support linkages efforts.

The drafting of national policy on psychosocial support was spearheaded by the MoET and dominates the policy implementation in the country. From the study, it can be concluded that the psychosocial support policy is multi-sectoral and all-inclusive and encourages psychosocial support delivery at grassroots level (i.e. with the heavy involvement of the community) where the majority of orphans and vulnerable children reside. Since the policy makes primary schools a vehicle for delivering psychosocial support in rural areas, this implies that, when the MoET adopted psychosocial support service delivery, the educators became the deliverers. The enhancement of psychosocial support to improve the well-being of orphans and vulnerable children learners can only be achieved if appropriate strategies are put in place to address the psychosocial support issues that were raised in this study.

Recommendations

The study recommends a holistic approach as a best practice that considers multi-sectoral engagement. The psychosocial support profession requires those involved in the implementation process to have certain skills and qualifications. All these can only be obtained through on-going training and development. The MoET could engage other psychosocial support stakeholders like international organisations for vulnerable children, NGOs, and relevant ministries responsible for health, youth, culture, Tinkhundla Administration and Development and the deputy prime minister's office in drafting and implementing an effective psychosocial support strategy for Eswatini.

The *Inqaba* national policy of psychosocial support should be strengthened and guided by research. Further research is needed into specific orphans and vulnerable children issues like establishing relationships between the management of psychosocial support in early childhood care education centres and primary schools and challenges in implementing current policies.

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