



Exploring the Experiences of Orphans and Vulnerable Children in the Vhembe District: a Qualitative Study

Livhuwani Precious Matshepete¹ · Lufuno Makhado¹ · Ntsieni Stella Mashau¹

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Abstract

Background Although there is extensive literature on orphans and vulnerable children in South Africa, few studies focus specifically on the lived experiences of children in rural districts like Vhembe. Furthermore, there is limited empirical data on the effectiveness of psychosocial interventions from the perspective of the recipients.

Objective This study aims to address these gaps by exploring the experiences of orphans and vulnerable children in the Vhembe District and the support services provided to them.

Methods Qualitative exploratory-descriptive design was used to explore the experiences of orphans and vulnerable children in the Vhembe District. This study was conducted in four municipalities in the Vhembe district: Thulamela, Makhado, Collins Chabane, and Musina. Data were collected using in-depth interviews conducted with the orphans and vulnerable children from Vhembe district using an interview guide with open-ended questions. The subsequent data were thoroughly analyzed following Tesch's eight-step data coding process.

Results The study revealed that orphans and vulnerable children are facing many challenges following the loss of their parents including maltreatment, deprivation and neglect, abuse and alienation.

Conclusion The study highlights a critical gap in the life of orphans and vulnerable children in the Vhembe district. The findings underscore the need for targeted interventions, including collaboration among diverse stakeholders to ensure comprehensive psychosocial support for this vulnerable demographic. The imperative reinforcement of drop-in centers and social workers' prioritization of psychosocial assistance emerge as vital recommendations emanating from this research.

Keywords Experiences · HIV and AIDS · Orphans · Psychosocial support · South africa · Vulnerable children

Introduction

The phenomenon of orphanhood and child vulnerability remains a pressing social and public health concern in sub-Saharan Africa, with South Africa bearing a significant portion of the burden. The legacy of HIV/AIDS, combined with entrenched poverty, domestic violence, and the weakening of traditional family support systems,

has resulted in an increase in the number of children classified as orphans and vulnerable children (OVC) (UNAIDS, 2022). Orphans and Vulnerable Children (OVC) refer to individuals under the age of 18 who have lost one or both parents (orphans) or who are exposed to conditions that place them at high risk of harm, neglect, or poor developmental outcomes (UNICEF, 2023). Vulnerability may arise due to poverty, chronic illness, disability, abuse, neglect, or living in households affected by HIV/AIDS, conflict, or displacement (UNICEF, 2023; UNAIDS, 2004). These children often face challenges in accessing basic needs such as education, healthcare, protection, and psychosocial support, and therefore require targeted interventions to promote their well-being and development (Meintjes & Hall, 2018). In many rural areas such as the Vhembe District in Limpopo Province, these challenges are exacerbated by limited resources, stigma, and fragmented child protection systems.

✉ Livhuwani Precious Matshepete
11514194@mvula.univen.ac.za

✉ Lufuno Makhado
lufuno.makhado@univen.ac.za

✉ Ntsieni Stella Mashau
ntsieni.mashau@univen.ac.za

¹ Department of Public Health, University of Venda,
Thohoyandou, South Africa

The South African government, in collaboration with various stakeholders, has developed policies such as the Children's Act 38 of 2005 to provide a legal framework for the care and protection of vulnerable children. However, the implementation of these policies at local levels often faces critical challenges including understaffed social service departments, lack of coordination among service providers, and socio-cultural dynamics that hinder effective intervention (Jamieson, 2020). Consequently, many OVC in rural contexts remain trapped in cycles of neglect, psychological distress, and poverty.

This paper seeks to explore and understand the lived experiences of orphans and vulnerable children in the Vhembe District. It goes beyond a surface-level analysis by examining their daily struggles, emotional well-being, and access to support services. By grounding the study in the voices of the children, the research aims to uncover systemic gaps and recommend culturally responsive, community-based interventions. In doing so, the study contributes to the growing body of knowledge on OVC in rural South African settings and emphasizes the urgent need for integrated and context-sensitive psychosocial support strategies.

Methodology

Study Design

A qualitative exploratory, descriptive design was used to explore and describe the experiences of orphans and vulnerable children in the Vhembe district. This study adopted a qualitative approach with an exploratory descriptive design because the researchers wanted to gain an in-depth knowledge about the experiences of OVC in the Vhembe District, South Africa as described by Barker et al. (2015). A descriptive design helps the researchers to describe the views of OVC regarding their experiences. According to Maxwell (2022), a descriptive method of qualitative research emphasis is on describing rather than on conceptualizing or interpreting.

Study Setting

The research was conducted in the Limpopo province. Limpopo province has four districts, namely, Capricorn, Sekhukhune, Waterberg, and Vhembe. The researchers purposively selected Vhembe district based on high prevalence of orphans and vulnerable children. Vhembe District has recorded the highest number of maternal (12,575) and paternal (29,746) orphans (Hall & Sambu, 2019). The researchers included all the municipalities within the Vhembe District to get an equal sample representation.

Study Population and Sampling

The study targeted orphans and vulnerable children (OVC) residing in the Vhembe district, who are between the age of 12 and 18 years. The orphans should have lost one or both parents. The study employed purposive sampling, leading to the selection of 30 participants. A purposive sampling approach was employed to ensure homogeneity among participants—OVC under the age of 18 living in the Vhembe District—based on shared psychosocial vulnerabilities. This method aligns with qualitative research protocols that prioritize depth over representativeness (Andrade, 2021).

Data Collection

Primary data collection primarily relied on in-depth semi-structured interviews. An interview guide consisting of open-ended questions facilitated comprehensive data gathering. Interviews were conducted in Tshivenda (Local language), the participants' preferred language, and recorded using audio devices. The duration of each interview ranged from 30 to 45 min.

Measures to Ensure Trustworthiness

Multiple strategies were implemented to enhance the trustworthiness of the study. Rigorous research methods, detailed methodological descriptions, and systematic data categorization and theming were employed to ensure credibility. Confirmability was ensured with an independent evaluation of data analysis by an expert, ensuring consistency in results. Dependability was ensured as the study incorporated comprehensive methodological descriptions and meticulous data organization. A thorough exposition of the research methods was provided to ensure transferability, facilitating the application of findings to similar contexts (Woo, 2017).

Data Analysis

Data analysis followed Tesch's open coding data analysis guide, per Creswell's (2015) recommendations. The process encompassed verbatim transcription, individual transcript readings to enhance clarity, categorization of data into themes, and the organization of these themes into columns. Emergent themes were subsequently codified and linked to pertinent sections of the data. The analysis results were systematically presented using tables structured around themes, categories, and subcategories.

Ethical Considerations

The study adhered to rigorous ethical standards. Ethical approval was acquired from the Research Ethics and Social

Sciences Committee of the University of Venda (FHS/23/PH/05/0706). Permissions obtained from the Limpopo Department of Social Development, granting access to OVC. The researchers used written consent from the caregivers as precursors to the children's engagement in the research. The researchers also obtained written assent from the children who allowed participating. The researchers ensured that children are provided with appropriate information regarding the study to make an informed decision. They were also informed that their participation is voluntary and are free to withdraw from the study at any time if they wish to do so. Comprehensive participant information was provided, including rights and the option to withdraw at any point. Safeguards were implemented to prevent physical or psychological harm to participants. Strict confidentiality of participants was upheld, with the exclusion of names during coding and recording processes. Expert guidance was sought from qualified and experienced promoters and co-promoters, serving as an ethical compass throughout the study.

Results

Sociodemographic Characteristics of the Study Participants

Table 1 presents the socio-demographic characteristics of the study participants. The population of the study was comprised of 30 participants. It comprised of males ($n=10$) and females ($n=20$). The age of the participants ranged between 12 and 17 years. Regarding educational status, eight (8) children attended primary schools, and twenty-two (22) attended secondary schools. They were all Venda-speaking people.

The researcher conducted thirty-two (30) face-to-face interviews with OVC within the four municipalities in the Vhembe district. Analysis of the data uncovers four major themes: OVCs' family experiences, OVCs' experiences within the structure of psychosocial support, OVCs' experiences of the process of psychosocial support and OVCs'

Table 1 Demographic characteristics of participants

Characteristics of children	Number of participants
Gender	
Male	10
Female	20
Age of children	
12–14 years	17
15–17 years	13
Educational status of the children	
Primary	8
Secondary	22

experiences of the outcome of psychosocial support. These themes and related subthemes are described in Table 2.

Theme 1: OVCs Family Experiences

In this study, experiences refer to the lived realities, perceptions, and emotional responses of children as they interact with caregivers, social services, and support systems. These experiences—ranging from care and protection to neglect and trauma—play a critical role in shaping a child's development, well-being, and future outcomes (Gilbert et al., 2009). The following experiences were identified, namely: loss/absence of parents, living arrangements, deprivation and neglect, abuse and alienation.

• Loss/absence of parents

Loss/absence of parents by the OVC was reported to be one of the experiences with the families. OVCs revealed that:

"I lost my father earlier in 2010 and I lost my mother in 2015. Ever since I lost my parent, the situation has been very critical" (Female, participant number 7, age 16).

And

"I lost my father in 2016, and I lost my mother in 2020 during COVID-19, and it was painful for me since my mother was the only person who was taking care of me. I miss her every day and my life is difficult without her" (Female, participant number 22, age 14).

Table 2 Overall themes and subthemes that emerged from the data and analysis

Themes	Sub-themes
1. OVCs' family experiences	1.1 Loss/absence of parent(s) 1.2 Living arrangements 1.3 Deprivation and Neglect 1.4 Abuse and Alienation
2. OVCs' experiences with the structure of psychosocial support	2.1 Organization/service enlisted to 2.2 Method of Enlistment 2.3 Reasons for using psychosocial support 2.4 Access and utilization 2.5 Period of psychosocial support
3. OVCs' experiences of the process of psychosocial support	3.1 Psychosocial interventions receiving 3.2 Social work interventions receiving
4. OVCs' experiences of the outcomes of psychosocial support	4.1 Physical support 4.2 Educational support 4.3 Emotional support 4.4 Emotional relief 4.5 Socialization opportunities

Another participant verbalized that:

“My mother passed away in 2017 and she was the only parent that I know of. Ever since she passed away, life has never been the same” (Male, participant number 12, age 15).

And

“I lost both of my parents. My father passed away in 2019 and my mother passed away in 2021. I miss them every day” (Male, participant number 17, age 13).

The loss of parents represents a pivotal event that undermines children’s emotional security and sense of belonging. The lack of steady emotional support made their grief worse, leaving many to deal with their loss alone.

Living Arrangements

OVC expressed that after they lost their parents, they relocated to stay with their relatives, and they are not welcome. The OVC stated that:

“When I lost my mother, I had to move from the house we were staying into staying with my aunty and her children who do not treat me well” (Female, participant number 30, aged 17).

Another OVC indicated that:

“I was staying with my parents, but when I lost my mother, I had to move and stay with my aunt and her children” (Male participant number 8, aged 15).

And another OVC reported that:

“After the burial of my mother, I had move to stay with my paternal aunt, her husband and children, but I feel like an outsider. I do not feel happy staying with them” (Female, participant number 20, age 13).

The children’s living surroundings were unstable, as evidenced by the frequent relocation between caretakers. These inconsistencies deprived children of continuity and attachment, both of which are important components of emotional well-being.

• Deprivation and neglect

The Orphans and vulnerable children verbalized that they were experiencing deprivation and neglect. Deprivation, in

this instance, refers to the lack of something necessary for life, and neglect refers to not having someone to take proper care of you. The OVC expressed that:

“Ever since I lost my dad, the situation has never been fine; we do not have food, but sometimes we eat from our neighbour” (Female, participant number 2, age 13).

And

“I lost my mother in 2022, and everything has changed. I have no one who cares for me and supporting me with my school work and everything that I need as a child” (Female, participant 21, age 13).

The children’s accounts revealed both material and emotional deprivation. Aside from poverty, individuals reported feeling unseen and unsupported in their homes. This indicates not only economic deprivation, but also relationship neglect, which impedes psychosocial development.

Abuse and Alienation

Findings from this study indicate that most of the orphans and vulnerable children are experiencing abuse and alienation. The OVC verbalised that:

“I stay with my two aunties, my mother’s elder and young sister and their children. The situation at home is very bad. They treat me like an outsider since my mom is not around; they even insult me and say harsh words such as ‘Ni do tevhela mme anu vhare busy na vhanna’ [You will follow your mother who is busy with men]; this really affected me mentally. So also, I get emotionally abused at home by their children as well at home” (Female, participant number 13, aged 13).

Another participant expressed that:

“The treatment is very bad because I am the only one doing home chores, once I arrived home from here, I am not allowed to play with other children, do not have time to do my homework” (Female, participant 16, age 14).

These instances of emotional abuse and exploitation demonstrate how some caring environments perpetuate discrimination and psychological harm. The children’s estrangement depicts a setting lacking of empathy and safety, which are essential components of psychosocial care.

Theme 2: Vulnerable Children and Orphans' Experiences with the Structure of Psychosocial Support

The psychosocial support structure included all the organizations OVC used to receive psychosocial support. These structures included organizations/services enlisted to, enlistment methods, reasons for using psychosocial support, access and utilization, and period of psychosocial support.

• Organizations /services enlisted to

The majority of OVC reported that they are receiving psychosocial support from drop-in centers. The OVC verbalized that:

"I only came to the drop-in Centre when I was young; I have been coming here, and everything I want, I get it from here" (Male, participant number 9, age 15).

Another participant verbalized that:

"I am coming to the drop-in Centre because it is the only organization I was introduced to and only known around my community" (Female, participant number 16, age 14).

These stories show that drop-in facilities and community-based organisations are the primary structural foundations of psychosocial care for OVC. The centers provide continuous care, material help, and emotional support—all of which serve to replace lost family functions.

• Methods of enlistment

OVC expressed that the school teachers referred them to the drop-in centers. One OVC stated that:

"The teacher told us if you do not have parents or your home situation is poor, you should come and enlist your name, so I went and was told to come here. so here they assist me with everything I do not get at home" (Female, participant number 3, age 13).

And

"It was after I heard my school teacher saying children who are orphans and vulnerable should come and enlist their names, so ever since I come here every single day" (Female, participant number 10, age 16).

Participants indicated many paths to joining the support system, typically relying on referrals from schools, classmates,

or community members. These informal and inconsistent entrance points imply that service access is uneven, potentially excluding children who lack social connections or live far away from service providers.

• Reasons for using psychosocial support

The OVC revealed that they are using psychosocial support for different reasons. Some of them reported using psychosocial support because of the neglect that they are going through and not getting proper support from their homes. Three of the OVC reported that:

"So, I enlisted my name because I knew my situation at home was bad, and there is no one who is going to change or work soon to get me out of poverty" (Female participant, number 16, age 14).

Another participant indicated that:

"Because at home there is no one who supports me, so every day after school I have to come and get assistance from here" (Male, participant number 18, age 13).

And another participant verbalised that:

"because I am an orphan and there was no one to assist me with my homework's and there was no one who seem to care about me" (Female, participant number 23, aged 14).

These responses collectively illustrate that OVC access psychosocial support not merely for material assistance but to fulfill emotional, academic, and social needs absent in their home environments. The quotes suggest a pattern of structural deficits—limited family or caregiver support—that motivate children to seek external interventions.

• Access and period of utilisation

The OVC revealed that they are only getting psychosocial support from Monday to Friday, and the majority of them have been receiving the services from a very young age. The OVC reported that:

"I started coming here when I was only four years old; since then, I have never stopped coming because my home situation has not yet changed" (Male, participant number 1, age 17).

And

“I come here Monday to Friday; I walk myself from the school to here” (Female, participant number 2, age 13).

Another participant reported that:

“I started coming here when I was very young and I am coming here from Monday to Friday because I am getting assistance with my homework’s and we are also eating here” (Female, participant number 24, age 13).

The data demonstrate that orphans and vulnerable children (OVC) constantly utilize psychosocial support services, indicating a significant reliance on organizational aid for emotional and practical requirements. The long-term engagement—often starting in early childhood—suggests that many OVC experience prolonged vulnerability and limited improvement in their home situations. The Monday-to-Friday attendance pattern further highlights the role of support centers as a daily stabilizing environment that supplements both educational and nutritional needs that are unmet at home.

Theme 3: Vulnerable Children and Orphans’ Experiences of the Process of Psychosocial Support

The following experiences of the process of psychosocial support were identified: Psychosocial and social work interventions received.

• Psychosocial support receiving

This study revealed that most of the OVC in this study are receiving the following psychosocial support from drop-in centers: provision of food, educational support, school uniforms, financial support, and emotional and socialization. three of the OVC reported that:

“I get sanitary pads, I get assistance with homework, I get food, I get uniform and casual clothes, I play with other kids, I do dance, but I love to jive, not traditional dance, I sing, they teach us about hygiene and how to take care of ourselves, they also teach us to respect the elders and take them as our parents” (Female, participant number 10, age 16).

And

“I play with other children, learn how to read and write, get assistance with my home works and I also

get an opportunity for extra classes because there is a teacher who volunteered to teach us. I am also getting provision of food, clothes and school uniforms” (Female, participant 24, age 13).

Another participant verbalized that:

“I get food, assistance with my homework’s and they are providing us with school uniforms and stationaries” (Female, participant 26, age 15).

These phrases emphasize the breadth of services offered, including both material and emotional help. The combination of basic needs supports and psychosocial activities reveals a comprehensive approach to child well-being.

• Social work intervention received

The OVC expressed that they are getting emotional, financial, and educational support from social workers. The OVC reported that:

“I go to social workers. This is where I have been getting all the emotional and physical support. The social worker who attends to my situation is very friendly and checks up on me sometimes” (Female, participant number 30, age 17).

Another participant expressed that:

“They assist me with everything I need; they advise my grandmother on how to live with me and tell her that she should buy me things I want from her. This includes clothes, money and school uniforms. They also motivate me to study very hard” (Male, participant number 29, age 13).

Participants reported inconsistent follow-up visits and communication with social workers and caregivers. This discontinuity disturbs the process of psychosocial support, leaving some youngsters feeling neglected or overlooked.

Theme 4: Vulnerable Children and Orphans’ Experiences of the Outcomes of Psychosocial Support

The following OVC experiences of the outcomes of the psychosocial support were identified: physical support, educational support, emotional support, emotional relief, and socialization opportunities.

• Physical support

The OVC expressed that they are happy with the physical support that they are getting. The OVC reported that:

“I am very happy because they treat me well and give us what we want, such as school uniforms and food” (Female, participant number 6, age 16).

Another participant verbalized that:

“Here, the caregivers provide us with things that we do get at home, so we feel excited and appreciate what the caregivers do for us, they talk to us when we are down and give us stationery when we do not have and many other things” (Male participant number 19, age 16).

These narratives reveal that physical support—such as food, clothing, and school materials—plays a crucial role in meeting the OVC’s basic needs and promoting a sense of dignity and belonging. The appreciation expressed by the children indicates that material assistance extends beyond meeting survival needs; it also strengthens their emotional security and sense of being cared for. Furthermore, the caregivers’ responsiveness to both physical and emotional needs demonstrates the holistic nature of psychosocial support, where tangible assistance contributes to overall wellbeing and motivation among the OVC.

• Educational support

The OVC reported that they are provided with educational support through homework assistance and the opportunity to access extra classes. They are very happy about the service. The OVC indicated that:

“Yes, because when I am here, I can play with other kids, learn writing homework, learn how to read and also when I am here, I get the opportunity to have extra classes since we have a volunteer teacher who comes here to teach us” (Female, participant number 24, age 13).

Children expressed academic improvement and renewed passion for studying, citing regular content and pedagogical support. These findings suggest that when structural inputs (school materials, tutoring, stable support systems) and procedures (mentoring, academic follow-ups) are applied successfully, beneficial educational outcomes are achieved.

• Emotional support

The emotional support embraces making the children feel valued and secure and have a sense of belonging. The findings revealed that organizations are providing emotional support to OVC. These places provide a homely atmosphere for the children. The organizations provide emotional support by making the children feel loved and protected and have a sense of hope in life. One of the OVC expressed that:

“I am taken care of better than home since my home situation is a poor background. When I am here, my life feels like other kids, and I feel happy because the caregivers also love me a lot and do things [for me that] I do not get from home” (Male participant number 28, age 14).

These stories describe good emotional shifts as a result of continuous psychological interventions. Sadness and solitude were replaced by feelings of comfort, self-acceptance, and belonging.

• Emotional relief

The findings have revealed that the OVC is getting emotional relief from social workers who are assisted in dealing with their situations. The OVC reported that they are happy with the services that they are getting from social workers. The OVC reported that:

“Ever since I started having appointments with social workers, a lot has changed about me. I can now control my anger issues, and I can be around other children and play with them” (Male, participant number 4, age 15).

This quotation highlights the effectiveness of psychosocial processes in addressing emotional vulnerabilities. The support sessions allow children to develop coping strategies, manage emotions, and improve interpersonal relationships.

• Socialization opportunities

The OVC reported getting an opportunity to socialize with other children, which makes them very happy. The OVC expressed that:

“Yes, I am happy because when I am here, they support me with everything I want; I can also be with other children, unlike at home where I am mostly alone on my own” (Female, participant number 15, age 13).

Furthermore, another OVC reported that:

“Yes, I am happy, because when I am here, I forget about my home situation, and my day ends fast because I will be playing with others, so I only go home to sleep because at home it is boring” (Female, participant number 11, age 13).

Children’s testimonies show better peer relationships and a restored feeling of hope for the future. Developing ambitions and empathy for others shows that psychological therapies have benefits that go beyond individual well-being, such as promoting prosocial ideals and community belonging.

Discussion

This study explored the lived experiences of orphans and vulnerable children (OVC) in the Vhembe District of Limpopo Province, South Africa. The findings highlighted the interrelated challenges OVC face within their families, communities, and broader support systems. The discussion is structured around four key themes: family experiences, structure of psychosocial support, process of support, and outcomes of support, and draws on relevant literature to deepen the analysis.

Family Experiences: Loss, Deprivation, and Abuse

Many participants experienced emotional trauma, identity conflicts, and instability as a result of losing their parents, which was a critical event in their lives. Research confirms that being an orphan greatly increases one’s susceptibility to psychological distress, maltreatment, and poverty (Kiambi and Mugambi, 2017; Elegbeleye, 2013; Cluvegbelr et al., 2007). Meintjes et al. (2010), Kibachio and Mutie (2018) observed that kin caregivers are often overburdened with caregiving tasks due to economic difficulty, and the majority of children were placed with extended family members, sometimes in unstable living conditions.

Children also said they had experienced caregiver abuse and neglect, which made them feel rejected and unworthy. This research backs up Gilbert et al. (2009), who highlighted the developmental threats of abuse, such as long-term emotional and cognitive effects. These unfavorable encounters undermine a child’s feeling of security and undermine faith in the societal and familial structures that are supposed to keep them secure.

In terms of Donabedian’s (1988) model, the *structure*—here, the family environment—was often deficient, exposing children to neglect, abuse, and deprivation. These structural gaps necessitate external psychosocial *processes*, such as

counseling and mentorship, to mediate the risks. When effectively implemented, these processes can achieve positive *outcomes*, including emotional stability, self-esteem, and improved social relationships. The findings suggest that structural family weaknesses directly shape the need and effectiveness of psychosocial interventions.

Structure of Psychosocial Support: Services and Access

The provision of psychosocial support for OVC in the district largely involved social workers, NGOs, and community-based organizations. However, access to services was inconsistent and limited by geographical, informational, and institutional barriers. Many children were unaware of the services available to them or did not know how to access them, especially in remote areas. This finding aligns with Giese et al. (2009), who noted systemic inequities in service delivery across rural and urban areas in South Africa.

The enlistment process into psychosocial support systems was reactive rather than proactive, often triggered by school dropout or reports of abuse. Such fragmented approaches fail to identify and support children early, as recommended by the Department of Social Development (2013), which advocates for an integrated child protection system with community-level identification and referral mechanisms.

From an SPO perspective, *structural deficiencies*—including limited service availability and uneven access—directly influence the processes of support. Fragmented service structures hinder proactive engagement, reduce continuity of care, and constrain the potential for positive outcomes. Strengthening structural access and early identification mechanisms is therefore crucial for achieving meaningful psychosocial outcomes for OVC.

Process of Support: Types and Adequacy of Interventions

Participants described receiving a range of psychosocial services, including school uniforms, food parcels, counseling, and social worker visits. While some children experienced positive outcomes through sustained interactions with supportive professionals, others reported that services were irregular or had been discontinued without explanation. This variability suggests weaknesses in service planning and monitoring.

This study supports Germann’s (2005) assertion that resilient youngsters require consistent, long-term psychosocial care in order to regain hope and resilience. The absence of emotional support and follow-up services for certain individuals is a sign of larger issues with staff capability and resource allocation in the child protection system.

In Donabedian's model, the *processes* of psychosocial support—counseling sessions, mentorship, and material assistance—are the mechanisms through which structural resources translate into outcomes. When processes are inconsistent or poorly monitored, the intended benefits for emotional, educational, and social development are compromised. Therefore, process quality and continuity are critical determinants of the effectiveness of psychosocial support for OVC.

Outcomes of Support: Emotional, Educational, and Social Well-Being

Positive outcomes were reported by children who received continuous psychosocial support, including improved academic performance, emotional healing, and increased social engagement.

Cluver and Gardner (2007) discovered that psychosocial support can greatly improve coping and developmental outcomes in OVC populations, and these results are in line with their findings.

Children who did not receive enough assistance, on the other hand, displayed behavioral issues, turned to substance abuse, or indicated emotions of loneliness. According to studies (Parsons et al., 2006; Atwine et al., 2005; Van Brenda, 2018; Khoza & Shilubane., 2021), maladaptive coping methods including alcohol and drug misuse are linked to trauma exposure and a lack of support. The necessity of early therapeutic interaction with OVC and preventive treatments is highlighted by these findings.

Here, positive *outcomes* are clearly linked to both the *structure* (availability of trained social workers, organized support services) and *process* (consistent delivery of counseling, mentorship, and material support). When structures and processes are aligned and adequately implemented, children benefit across emotional, educational, and social domains. Conversely, structural gaps or process deficiencies result in negative outcomes, demonstrating the predictive value of the SPO model in evaluating psychosocial interventions.

Conclusion and Recommendations

The findings of this study revealed that OVC are experiencing the loss/absence of parents, and they are exposed to numerous forms of abuse. Drop-in centers are the most common structure helping the OVC. The study findings also revealed that only a few OVC are aware of the services they are receiving from social workers and that OVCs are happy with the psychosocial support they receive from Drop-in

centers. However, they are not happy with not receiving the services on weekends. We recommend that the Department of Social Development increase weekend staffing at drop-in centers to extend psychosocial services. Training programs should be introduced to equip teachers with formal referral protocols for OVC.

Study Limitation

While this study provides valuable insights into the psychosocial experiences of orphans and vulnerable children (OVC) in the Vhembe District, it has some limitations like any other study. The study was confined to the Vhembe District in Limpopo Province, which may limit the generalizability of findings to other rural or urban areas in South Africa. While the insights gained are contextually rich, the experiences of OVC in other regions may differ due to variations in cultural norms, service delivery infrastructure, and economic conditions.

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Data Availability Data is available on request due to confidentiality / ethical restrictions.

Declarations

Competing interests The authors declare no competing interests.

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