HIV/AIDS PSYCHOSOCIAL SUPPORT SERVICES FRAMEWORK FOR EDUCATORS, ORPHANS, VULNERABLE LEARNERS AND POLICY MAKERS IN THE KINGDOM OF ESWATINI

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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

19 October 2021

Signature of student Date

Approved for final submission

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Abstract

Background

In Eswatini, the high number of orphaned and vulnerable children (OVC), especially in primary schools, spurred demand for the provision of psychosocial support services. The government identified educators to act as secondary caregivers of psychosocial support to OVC within the learning environment, in addition to their pedagogical duties of providing teaching and learning instruction. The MoET (MoET) adopted the idea of caring for OVC after a Southern Africa Development Community (SADC) Ministry of Education meeting, and the provision of psychosocial support services to OVC is now part of the Ministry's policy. The high HIV/AIDS prevalence which has affected 26% of the population aged 15-59 years and left 45% of children orphaned and vulnerable left about 55 000 children below the age of 8 years as OVC and in dire need of psychosocial support. Based on the above scenario, the study explored the effect of educator psychosocial support services at both Early Childhood Care and Education (ECCE) centres and primary schools in the rural setting of the Kingdom of Eswatini.

Aim of the study

The aim of the study was to explore the factors that hinder the educators to effectively deliver holistic psychosocial support needs to orphaned and vulnerable learners affected by HIV/AIDS in disadvantaged rural schools of Eswatini and ultimately develop a contextual framework for managing the delivery of psychosocial support services within ECCE centres and primary schools.

Methodology

An exploratory, sequential, mixed- methods design was used for the study in all four regions in Eswatini. Data was collected in two phases. In the qualitative

phase, in-depth interviews were conducted with 16 participants from multi-sectoral linkages with psychosocial care and support (PSS) expertise and seven focus group discussions were held with 55 OVC. Both sets of samples were purposefully selected from key stakeholders in the provision of psychosocial support services. The thematic analysis approach was used to analyse the qualitative data. The findings of the qualitative Phase 1 were used to develop items for a structured questionnaire that was used in Phase 2 (quantitative stage) of the study. The quantitative phase of the study gathered educators' perspective of implementing psychosocial support services in addition to their pedagogical duties.

Results

The study revealed that educators failed to effectively manage and deliver holistic PSS services that fulfil various needs of orphans and vulnerable learners. Educators focused more on providing nutritional and play activity services that fulfilled only physical and social belonging needs more than providing integrated PSS services in an integrated approach. The current education sector policy is not effectively implemented to enhance collaborative efforts involving other OVC linkage stakeholders including those within the school communities to complement educator efforts. The rural ECCE centres still operated with minimal support from the MoET. The MoET failed to address factors that led to ineffective PSS services. This resulted in educators failing to deliver holistic psychosocial services. In order to mitigate the highlighted problems, the study designed and proposed a contextual psychosocial support framework for educators, orphans, vulnerable learners and policymakers in Eswatini.

Key words: disadvantaged rural early childhood care education centres, rural primary schools, educators, HIV/AIDS framework, orphaned and vulnerable children, psychosocial support services

Dedication

This study is dedicated to my uncle Dr Ityai Muvandi who gave me the courage to do this PhD. This study is also dedicated to the children of Southern Africa who seem to be resilient despite being orphaned and vulnerable as a result of the impact of parental HIV/AIDS, and to my father Paul Nhliziyo who passed on before I completed my PhD.

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Glossary of terms

Disadvantaged rural schools

These include both primary and early childhood care education (ECCE) centres found in rural areas where orphaned and vulnerable (OVC) learners attend and receive psychosocial support services.

Early Childhood Care and Education Centres

The centres are found in rural areas in Eswatini and are referred to as neighbourhood care points are also known as ka'Gogo' centre (if located within the royal kraal compound) by local people. These are places where pre-school educators offer psychosocial support services to OVC learners prior to school entry. All OVC aged up to 18 years are also accommodated for various psychosocial support services especially the provision of meals.

Educators

In this study, these are pre-school caregivers , primary school teachers and guidance counsellor teachers, whose other role is to offer psychosocial support services to orphaned and vulnerable children they teach.

Multi-sectoral support linkages for OVC

These are providers of psychosocial support services who work hand in hand with the government (policymakers) to provide technical support and resources to assist in the implementation of psychosocial support services to OVC.

Orphaned and vulnerable children

In this study, these include learners who have one or both parents who died from HIV/AIDS, those with parent(s) ill from HIV/AIDS, living in a child-headed home or with grandparents, lacking basic needs, those taking anti-retroviral treatment and receiving psychosocial support services from educators in rural ECCE centres and primary schools.

Psychosocial support needs

These are needs that are required by learners as a result of being orphaned and made vulnerable by parental HIV/AIDS.

Psychosocial support services

These are services offered by primary and early childhood care and education centre educators to orphaned and vulnerable learners.

List of acronyms

Acronym	Full word/sentence
AIDS	Acquired Immune Deficiency Syndrome
ANOVA	Analysis of Variance
CANGO	Coordinating Assembly for Non-Governmental Organizations
CBO	Community-Based Organisation
CSTL	Care and Support for Teaching and Learning
DUT	Durban University of Technology
ECD	Early Childhood Development
ECCD	Early Childhood Care Development
ECCE	Early Childhood Care and Education
EDSEC	Education and Training Sector
EMBASEE	Excerpta Medica database
EMIS	Education Management Information Services
FGD	Focus Group Discussion
HIPAA	Health Insurance Portability and Accountability
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IDE	Institute of Distance Education
INEE	Inter-Agency for Education in Emergencies
IN-SET	in-service training
IREC	Institutional Research Ethics Committee
IRIN	Inside story on emergencies
MoET	Ministry of Education and Training
MEDLINE	Medical Literature Analysis and Retrieval System Online
MIET	Media in Education Trust
MoHSW	Ministry of Health and Social Welfare
NCP	Neighbourhood Care Points

NDMA	National Disaster Management Authority's
NGO	Non-Governmental Organization
OSISA	Open Society Initiative for Southern Africa
OVC	Orphaned and Vulnerable Children
OVL	Orphaned and vulnerable learners
PERMA	Positive Emotion, Engagement, Relationships, Meaning, Purpose, and Accomplishment
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PhD	Philosophiae Doctor
PRE-SET	Pre -service training
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PSS	Psychosocial care and support
PTSD	Post-Traumatic Stress Disorder
QUOROM	Quality of reporting of meta-analyses
REPSSI	Regional Psychosocial Support Initiative
SADC	Southern Africa Development Community
SCCS	Schools as Centres of Care and Support
SDGs	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
SWD	Social Welfare Department
UNAIDS	United Nations Programme on HIV/AIDS
UK	United Kingdom
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USA	United States of America
UNESCO	United Nations Education Science and Culture Organization
UNESWA	University of Eswatini
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WFP	World Food Program

WHO	World Health Organization
YLWHA	Young Learners with HIV/AIDS

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

The delivery of psychosocial care and support (PSS) service in the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) era is no longer viewed as an issue that is external to the business of teaching(MoET (MoET) 2018a: 18). This is due to the prevalence of learners that are infected or have been affected by the HIV/AIDS scourge. For this reason, the same policies stress the need for all new teachers in training to study guidance and counselling as it has become one of the central pillars of teaching and learning activities and support. HIV is a virus that infects human beings and attacks their immune system and AIDS is a disease that severely affects a person's immune system so that the body is unable to fight other diseases (Weinstein *et al*. 2016: 289-291).

Psychosocial care and support are a continuum of care and support that influence both the individual and the social environment in which people live. Nasaba *et al*. (2018: 3) define psychosocial care and support (PSS) as the attendance to the emotional, psychological, social, spiritual and practical needs and wishes of the individual within the context of their family, friends, neighbours and associations with others. Counselling is an example of a form of PSS. According to the Regional Psychosocial Support Initiative [REPSSI] (2011:8), psychosocial support addresses the social, emotional and psychological well-being of a person. It strengthens their capacity to deal with stressful events or crises that may be preventive or curative. Psychosocial support addresses the ongoing psychological and social problems of HIV infected individuals, their partners, families and caregivers (World Health Organisation [WHO] 2007: 1). Children affected by HIV may also experience the trauma of caring for a chronically ill parent or the death of a parent, resulting in the loss of their basic needs, possibilities of household moves and change in caregiver. These challenges, often associated with orphanhood, can increase the children' vulnerabilities (Nasaba *et al*. 2018:4). Hence, the Inter-Agency Standing Committee (IASC) stresses that the offering of psychosocial support services should not be stand-alone activities, but integrated into wider systems such as existing community support mechanisms, in both formal and non-formal school systems, social services and health services (IASC 2007: 11). This advocacy is based on the fact that integrated services tend to reach more people and are typically less stigmatising.

Eswatini (formerly Swaziland) is part of the Southern African Development Community (SADC) countries that took part in the piloting of the proposed programme of having schools as centres of care and support (SCCS) model, initiated by Media in Education Trust (MIET) Africa in 2003. This was later changed to Care and Support for Teaching and Learning (CSTL) programme. According to MIET Africa (2018: 3), CSTL is a sector-wide framework initially developed to address the barriers to teaching and learning associated with HIV/AIDS and poverty-related challenges facing vulnerable learners in the SADC region. It has evolved into a government-led, comprehensive framework that today supports teaching and learning in a holistic manner. CSTL represents a unique regional collaboration by all 16 SADC Member States.

Each country developed a contextualised vision that reflects a CSTL national model that addresses a particular set of care and support priorities. For example, Eswatini's national CSTL model is called *Inqaba*, which means a fortress because schools are supposed to be safe havens for children (MIET Africa 2018: 9). The Eswatini *Inqaba* National Model has seven pillars comprised of psychosocial support; health; food and nutrition; protection and safety; water, sanitation and hygiene; HIV life skills and gender; and quality education (Eswatini National Education and Training Sector Policy 2018: 161; MIET Africa 2018:9; MIET Africa 2015: 13). In Eswatini, the increased demand for the provision of psychosocial support services is a new development that emerged as there is an increase of learners at primary schools becoming OVCs due to the parents and guardians dying or becoming indisposed due to HIV and AIDS-related illnesses.

Eswatini also has the highest recorded adult HIV prevalence in the world, affecting 26% of the population between the ages of 15 to 49 years. The life expectancy is at 49 years (United Nations World Population 2008; World Food Programme 2018:1; Ministry of Sports, Culture and Youth Affairs report 2015: 53; MIET Africa 2018: 9). In 1999, King Mswati III declared HIV/AIDS a national disaster (United Nations Development Programme Swaziland 2007: 79). The World Food Programme (2018: 1) indicates that 45% of children are orphaned and vulnerable and 55 000 OVCs below the age of 8 years attend neighbourhood care points (NCPs), with many of these children living with relatives or are in child-headed households. In Eswatini, the NCPs operate during the day to provide a safe place for boys and girls to equally access food and basic social services such as early childhood education, psychosocial support services and basic health services (Coordinating Assembly for Non- Governmental Organisations Swaziland [CANGO] 2018: 17). According to the UNAIDS Global Report (2010: 185), data on mortality rates from 2002 to 2009 showed that 64% of deaths in Eswatini were as a result of HIV/AIDS and in 2009 an estimated

7000 people died from AIDS-related diseases. This implies, that in a population of approximately 1.2 million, an estimated 0.6% of the Eswatini population die from HIV/AIDS-related diseases every year.

As a result of the above statistics, about 45% of the children in Eswatini have been left as OVCs (World Food Programme 2018: 1). Nxumalo, Wojcicki and Magowe (2015: 29) posit that the classroom burden from HIV/AIDS pose challenges to educators as they force them to play multiple roles that include teaching, parenting and providing supportive health care. Nxumalo, Wojcicki and Magowe. (2015: 31-32) also found that Swazi primary school teachers' roles now include providing more than education to learners affected and infected with HIV. The role now includes providing material goods, additional time, in some instances at the expense of other learners. Thus, Olsen (2013: 242) argues that poverty and social problems within the school impacts greatly on the classroom situation and affects the daily well-being of teachers, the general functionality of schools and ultimately the quality of education. Coultas *et al.* (2015: 336) and Thwala (2013: 119) propose investing in emotional support as part of teacher training since it is part of the psychosocial support service that is inadequately addressed.

1.2 PROBLEM STATEMENT

In Eswatini, the MoET Sector Policy (2011: 21) allows schools to be used as vehicles for delivering psychosocial support services and teachers as implementers/caregivers. This strategy has failed to bring the efficiency and effectiveness required for the successful delivery of psychosocial support services programmes. The focus has been placed on the provision of physical needs, nutrition, spiritual needs and free education for the learners whilst nothing has been done for the educators (Coultas *et al.* 2016: 330; Mwoma and Pillay 2016: 89; Mhaka-Mutepfa 2010: 101). As a result, Beyers and Hay (2011: 101) note that teachers cognitively recognise their need to support and nurture learners impacted by HIV/AIDS, but emotionally teachers may not have the capacity to offer psychosocial support effectively. There is high demand for psychosocial support services in Eswatini based on the fact that 78% of children in Eswatini grow up in an orphaned and vulnerable environment as a result of being orphaned by AIDS, and only 22% of children grow up in two-parent families (World Food Programme 2018: 1). Unfortunately, the absence of a contextual psychosocial support framework and the lack of clarity on who is in charge of the psychosocial support programme, indicates that there is no clear strategy for supporting the teachers and administrators to deal with the effects of the extra tasks added on to their pedagogical duties (Nxumalo, Wojcicki and Magowe

2015: 29). The presence of these problems in the provision of psychosocial support services calls for research that can explore the factors that hinder educators to effectively deliver holistic psychosocial support services in Eswatini.

1.3 AIM OF THE STUDY

The aim of the research is to explore the factors that hinder educators to effectively deliver holistic psychosocial support needs to orphaned and vulnerable learners affected by HIV/AIDS in disadvantaged rural schools of Eswatini and ultimately develop a contextual framework for managing the delivery of psychosocial support services within ECCE centres and primary schools.

1.4 OBJECTIVES OF THE STUDY

The objectives of the study are to:

- Explore how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in ECCE centres and primary schools.
- Identify factors that influence the delivery of psychological and emotional needs services to orphaned and vulnerable learners.
- Explore the challenges encountered by educators in psychosocial support service delivery within ECCE centres and primary school environment.
- Assess how educators are affected by the additional tasks of offering psychosocial support services to orphaned and vulnerable learners in the school environment.
- Determine the role of the MoET (MoET) in supporting multi-sectoral linkages related to orphaned and vulnerable children.
- Develop a contextual framework for educators, orphans, vulnerable learners and policymakers in psychosocial support services within ECCE centres and the primary school environment.

1.5 RESEARCH QUESTIONS

- How are psychosocial support services provided by educators to aid in enhancing the psychosocial well-being of orphans and vulnerable learners in rural ECCE centres and Primary schools?
- What are the factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners?
- What are the challenges encountered by educators in psychosocial support service delivery within ECCE centres and primary school environments?

- How does the additional task of offering psychosocial support services in the school environment affect educators?
- What is the role of the MoET in supporting multi-sectoral linkages related to orphaned and vulnerable children?
- What contextual framework can be developed for educators, orphans, vulnerable learners and policymakers in psychosocial support services within ECCE centres and the primary school environment

1.6 SIGNIFICANCE OF THE STUDY

This study will be beneficial to the Kingdom of Eswatini as it will provide information on the strategies for psychosocial support programmes to be adopted and implemented in Eswatini schools. Furthermore, more insight will be provided into the real and potential effects these programmes have on educator's programmes. Armed with the new knowledge and information from the study, the government can adopt innovative policies for improvement. Implementers (educators) will get an opportunity to be re-skilled so that they perform better in both the provision of teaching services and psychosocial support services. Under the guidance and supervision of competent, well - informed and properly trained mentors, vulnerable learners are expected to perform better and become successful citizens. The communities where the learners reside and guardians of vulnerable learners will have more time to focus on their other responsibilities, as their affected dependents will be mostly under the care of the empowered teachers.

This study will provide new knowledge which will benefit academics and researchers, such as those in the field of psychosocial support; school psychologists, social workers, school managers and policymakers. Academics can develop relevant theory from the data and test ideas as they learn new things about what is happening in communities around them, as far as psychosocial support services are concerned. Researchers will also ensure that balanced continuous research studies in the teaching system address current and new developments that may be difficult to implement with no empirical evidence. Research papers will be published and presented at seminars to inspire and peer educate members of societies that deal with the psychosocial health and wellness of learners and educators. School psychological services can adopt some ideas and implement them. The National Curriculum Centre will be able to incorporate new information in the educational psychology foundation curriculum. This could assist in supporting educators that deal with OVC learners, enabling them to become well capacitated to deal with psychosocial issues and deliver services with better understanding, within the primary school

and early childhood environments. The findings of this study can add to the body of knowledge that suggests that children from disadvantaged settings need a contextual framework nationally and institutionally for all psychosocial support services to be rendered effectively, without leaving out some of the services, such as the psychological and emotional needs.

1.7 STRUCTURE OF THE THESIS

The thesis comprises ten (10) chapters as follows:

Chapter 1: Introduction and background to the study: Introduces the proposed topic, problem statement, aim of the study, objectives of the study, research questions, significance of the study, structure of the thesis and chapter one summary.

Chapter 2**:** Literature review chapter: Global, Eswatini and African context review of related studies/literature ending with a chapter summary.

Chapter 3: Theoretical framework section with a theoretical framework that was used as a guide to the study and ends with a chapter summary.

Chapter 4**:** Research design and methodology chapter which includes the design, setting, sampling process, data collection process, pretesting of the data collection tools during the piloting study, data analysis, trustworthiness for a qualitative study, ethical considerations, and the chapter summary.

Chapter 5**:** Presentation of findings: Phase 1 (Qualitative data).

Chapter 6**:** Presentation of findings: Phase 2 (Quantitative data)

Chapter 7**:** Integration of findings from Phase 1 and Phase 2

Chapter 8: Discussion of findings

Chapter 9**:** A framework for educators, orphans and vulnerable learners and policymakers in psychosocial support services in the Kingdom of Eswatini.

Chapter 10: Limitations, conclusions and recommendations.

1.8 SUMMARY OF THE CHAPTER

Chapter 1 introduced the study topic on factors hindering educators' effective delivery of psychological and emotional well-being needs of orphaned and vulnerable learners that receive psychosocial support in the early childhood centres and primary schools. The intention was to develop a contextual framework for educators, orphans, vulnerable learners and policymakers in psychosocial support. The background of the study that led to the problem statement was discussed followed by the aim of the study and the development of the objectives of the study and research questions. The significance of the study, its importance, and its beneficiaries were highlighted. The structure of the whole thesis was indicated as per chapter content and this chapter ended with a summary. The next chapter is the literature review of scholarly studies related to the topic and objectives of this proposed study.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

A literature review is an account of what has been published on a topic by accredited scholars and researchers, and when writing the literature review the purpose is to convey to readers the knowledge and ideas that have been established on a topic, and their strengths and weaknesses. The literature review must be defined by a guiding concept, for example, research objectives, the problem or issue one is discussing (Taylor 2018: 1). Bolderston (2008: 86) indicates that literature reviews can be written for academic degrees; research article; guidelines, professional; evidence-based practice purposes and in response to satisfying curiosity. The chapter will look at past studies or literature done by other scholars related to this study. The chapter will start with a detailed discussion of the concept of psychosocial support. The literature review based on the objectives of the study will be discussed under the headings: a global view, the context in Africa including the Kingdom of Eswatini (formerly Swaziland), a review of focused psychosocial support services for children in Africa and globally.

2.2 PROCESS OF REVIEWING THE LITERATURE

The process of seeking the relevant and appropriate literature was firstly done by visiting libraries in higher learning institutions' psychology and education article research section. Google Scholar using the internet was also accessed. The studies from between 2007-2018 were extracted from Science Direct, Cochrane Library, MEDLINE, EMBASE, Wiley and PubMed electronic databases. The search string was based on keywords from the topic. These included: psychosocial support services offered by educators/teachers, orphaned and vulnerable learners impacted by HIV/AIDS, African context, rural setting/ schools in disadvantaged areas, HIV/AIDS, emotional and psychological psychosocial support services or children mental health services, global context psychosocial support services and school-based psychosocial support services.

The inclusion criteria for selecting relevant articles were as follows:

- Psychosocial support services provided in school settings globally.
- Orphaned and vulnerable learners impacted by parental HIV and AIDS.
- Orphaned and vulnerable learners who impacted by parental HIV/AIDS, are in need of emotional and psychological support services.

- Psychosocial support services offered by educators in disadvantaged rural schools in Africa.
- Printed government educational policies and psychosocial support institutional handbooks.
- The year range coverage of researches, policies and handbooks published between 2007 and 2021 were included in this study and written in the English language.

The exclusion criteria used were as follows:

- Psychosocial support services offered out of the school environment such as in the hospital or during natural disasters were excluded in this study.
- Information from social media platforms and blogs were excluded.
- Published researches, policies and handbooks that are not within the inclusion range were excluded.
- Papers that were not peer-reviewed were excluded.

The researcher included studies from journals, guidelines, and policies that met the above- mentioned process for selection as relevant literature review for this chapter. Therefore, this process of identification; screening; eligibility and including selected literature was based on the idea of the Preferred Reporting Items for Systematic reviews and Meta-analyses (PRISMA) approach process of reviewing the literature. Systematic reviews and meta-analyses are important in health care because clinicians read them to keep up to date with their field, and they are often used as a starting point for developing clinical practice guidelines. In all research, systematic reviews need to be reported fully and transparently to allow readers to assess the strengths and weaknesses of an investigation. This led to the development of the Quality of Reporting of Meta-analysis (QUOROM) statement in 1996, which was published in 1999 to be used as a guide for authors reporting meta-analyses of randomised trials. It was updated in 2009 to address several conceptual and practical advances in the science of systematic reviews and was renamed Preferred Reporting Items of Systematic reviews and Meta-Analyses (PRISMA) (Liberati *et al*. 2009: 1).

2.3 PSYCHOSOCIAL SUPPORT CONCEPT OVERVIEW, PSYCHOSOCIAL WELL-BEING

Eswatini developed a MoET CSTL national model, in consultation with learners and community members. The MoET (MoET) gave the CSTL model, the local name *Inqaba*, which means ‘a fortress’ because schools should be safe havens for all children. The Eswatini Inqaba CSTL pillars included psychosocial support as one of its seven pillars after piloting and adopting the SADC CSTL concept for

its schools. The seven pillars include psychosocial support; protection and safety; HIV / AIDS, gender, and life skills; health; water, sanitation and hygiene; food security; and quality teaching and learning (MIET Africa 2018: 9; Eswatini National Education and Training Sector Policy 2018: 80). The Care and Support for Teaching and Learning (CSTL) Regional Scoping Study Report (2010: 8) proposed that giving information to stakeholders and training of educators was necessary since many stakeholders did not seem to fully understand the psychosocial support concept and usually confuse it with career counseling or other life skills education programme. Thus, psychosocial support was regarded as an area that requires further study in Eswatini. The seven pillars are shown in the National Model *Inqaba* in Figure 2.1:

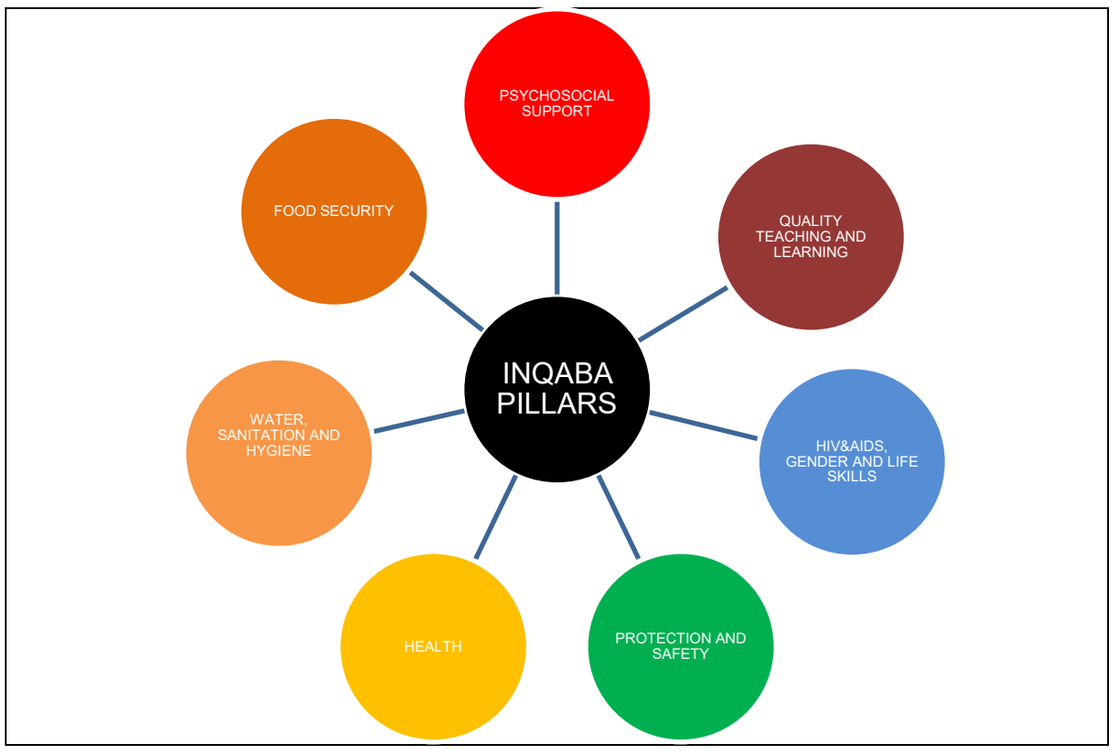

Figure 2.1: National Model *Inqaba* Eswatini. Source: Adapted from MIET AFRICA (2018: 9)

The CSTL (2011: 8) report that encompasses the annexure also indicated that the limited number of periods assigned to giving psychosocial support in schools reflected the priority it gives to psychosocial support services.

2.3.1 Psychosocial support

The Inter-Agency for Education in Emergencies (INEE) (2016: 7) defines the term psychosocial support as “the dynamic relationship between the psychological aspects of our experiences (our thoughts, emotions and behaviours) and our wider social experiences (that is, our relationships, family

and community networks, social values and cultural practices) where one influences the other*".*

Furthermore, the use of the term psychosocial support is based on the idea that a combination of factors is responsible for people's psychological well-being and that these biological, emotional, spiritual, cultural, social, mental and material aspects of experience cannot be separated from one another. Instead of focusing only on the physical or psychological aspects of health and well-being, psychosocial support emphasises looking at the totality of people's experiences and thus underlines the need to view these issues within the context of the wider family and community networks in which they occur (INEE 2016: 7). The term psychosocial support and mental health are closely related terms, reflecting different yet complementary approaches (INEE 2016: 8). Thus, most agencies/ aid organisations outside the health sector speak of supporting psychosocial well-being whilst those in the health sector tend to speak of mental health, although there can be variations between and within aid organisations, disciplines and countries.

Psychosocial support aims to assist individuals to recover after a crisis disrupts one's life and to enhance the individual's ability to bounce back after experiencing adverse events and challenging circumstances such as an emergency or caring for a chronically ill parent or death of a parent, such as in this study. An emergency or conflict depletes core domain resources needed for responding to challenges experienced, which may lead to a need for external interventions and psychosocial support services assistance to rebuild individual and communal psychosocial well-being (INEE 2016: 8).

2.3.2 Psychosocial well-being

Psychosocial well-being is, therefore, best defined in terms of the three core domains which include human capacity, social ecology and culture and values (INEE 2016: 8). Human capacity refers to one's physical and mental health and his or her knowledge capacity and skills. Social ecology is the connections and support, relationships, social networks, support systems of the individual and within the community cohesive relationships that encourage social equilibrium which is central to mental health and psychosocial well-being. Culture and values refer to specific context and culture of communities that influence how individuals respond to their surroundings because culture and value systems influence individual and social aspects of how one functions. The domains play an important role in determining psychosocial well-being. Therefore, an individual's psychosocial well-being depends on his or her capacity to draw on these three

core domains when responding to challenges experienced in their lives(INEE 2016: 8).

Receiving psychosocial services becomes essential because people react differently to crises. Some have stronger or different reactions than others, hence psychosocial services are made available to all individuals or groups affected by a crisis, for example, children, youth, adults, men, women, older people and people with disabilities (INEE 2016: 23). The term psychosocial support emphasises the actions that address both the social and psychological needs of individuals, families, and communities (Killian, Nicholson, Meintjes and Hough. 2015:193; REPSSI 2011:1). Psychosocial support is also a basic human right of all children and an indispensable need for human life (Taukeni 2015: 12).

According to REPSSI (2009: 10), psychosocial well-being is about the positive connections and supportive relationships between individuals in a community that creates the “social”. It is also about how each person, adult, or child, feels and thinks about him or herself and about life “psycho”. This well-being involves different aspects of our lives such as physical and material aspects, psychological, cultural and spiritual aspects. Meeting these material and physical needs links early childhood development activities to psychosocial well-being. Thus, the focus of psychosocial well-being is not just on the individual child but on households, families, and communities if psychosocial support services are to become a success (REPSSI 2009: 10). Therefore, to address the interrelatedness of the individual and social capacities, United Nations Children Fund[UNICEF] (2009: 11) refers to this holistic well-being as psychosocial well-being.

2.4 GLOBAL VIEW OF PSYCHOSOCIAL SUPPORT SERVICES

Globally, the related Sustainable Development Goals (SDGs) and targets such as goal three (3) focused on good health and well-being. The assumption is that educators are well equipped to offer comprehensive correct knowledge /preventive health education on HIV/AIDS which is a leading cause of death among children and youth. Goal four (4) focuses on quality education which also involves education on combating HIV/AIDS which affects most of the orphaned and vulnerable learners. This gives more reason for conducting this research that seeks to find out the factors that hinder educators to offer holistic psycho-social support services effectively to help promote and improve psychosocial health or wellness among orphaned and vulnerable learners. Hence, Eswatini, like its counterparts in SADC, adopted SCCS/ Care and Support for Teaching and Learning (CSTL) as a model for its schools and devised the *Inqaba* CSTL

national model that includes psychosocial support as one of its seven pillars to ensure the beginning of achieving these universal SDGs (Care and Support for Teaching and Learning 2010: 56; MIET Africa 2018:9).

The majority of available studies and literature related to psychosocial support needs services offered by educators in schools to children affected by HIV/AIDS (who have parents who are chronically ill or who died), since the 2000s have been done mostly in the sub-Saharan African context. New research in the global context is still underway, for example in the United States of America and China (Cluver and Boyes 2012: 106). Most of the global context literature is on psychosocial services on emergency relief, refugee children, disabilities, bullying, and education-related difficulties and mental health services related to addressing these particular needs. Therefore, to address the research objectives, in some instances the researcher viewed school-based literature that is closely related to how psychosocial support services are provided globally by educators for orphaned and vulnerable children, who may not be impacted by parental HIV/AIDS as in the African context. The scope of the study is restricted to the type of psychosocial support services delivered by educators in schools found in disadvantaged rural settings. Other forms of psychosocial support services to children can be offered by relief aid agencies/organisations during natural disasters such as cyclones or by community workers and health staff in settings out of the school environment.

2.4.1 Global context school-based psychosocial support services

Nanninga *et al.* (2018: 625) state that psychosocial care services are designed to ensure that problems/needs are treated by specific care types, and revealed that the extended demarcation of clients by problem type and severity according to type and severity and contents of care may further improve the system. Although this study was not specifically for children orphaned and left vulnerable by HIV/AIDS, the study can be adopted as a guide for the African context because the orphaned and vulnerable learners have mental and social care needs too. The services can also be delivered according to the type of needs and severity to address the affected children's needs holistically. This study recommended comparative studies across Europe, confirmation, and comparison with other psychosocial care systems for children because this could lead to a global change in improving care for children and adolescents (Nanninga *et al*. 2018: 633).

Paula, Moreira and Andreoli (2016: 790) state that the effectiveness of psychosocial care for adolescents in social vulnerability in school situations rely on education as the strongest predictor of health that can facilitate the promotion of the well-being of populations at risk, besides enhancing opportunities that can end the cycle of intergenerational poverty. Brazil is a middle-income country that is neither a developing or developed country in South America. The study shows that to ensure that teenagers were kept in school, psychosocial care programme services were provided to ensure the completion of their studies. This is essential to overcome, cope and reduce vulnerabilities that are a consequence of social inequalities caused by poverty plus risk behaviour and negligence in taking care of their health during the adolescence phase. Paula, Moreira and Andreoli (2016: 791) focused only on adolescents aged from 11 to 18 years and similarly, the researcher studied educator PSS services held with learners in early childhood centres and primary schools.

In the global context, as part of mental health support for children in primary schools, a study done by the British Association for Counselling and Psychotherapy (2015: 7) recommended research on the effectiveness of counselling primary school-aged children within schools. The counselling was held in private rooms within allocated pastoral blocks with tutors/counsellors who assured students of confidentiality and counselling as part of the support given to learners. When compared to Wales and Northern Ireland, which were supported by national school-based counselling programmes funded by their governments, England lagged behind in supporting distressed children at school leaving many distressed young people without access to the much-needed therapeutic support in schools (British Association for Counselling and Psychotherapy 2015: 1).

2.4.2 Psychosocial support services that contribute to the effective delivery of psychological and emotional needs services in high-income countries

Fazel, Hoagwood, Stephan and Ford (2015: 3) carried out epidemiology studies of mental health services intervention in schools over a period of 14 years in high-income countries which included the United States of America (USA), Australia and the United Kingdom (UK). The findings showed a prevalence of 8-15% for psychiatric disorders in school-age children. In these countries, the study noted that psychological and emotional disorders varied with age. Separation anxiety and oppositional deficit disorder affected mainly 4 to 10 year-olds. Generalised anxiety, conduct disorder, and depression were common among 11 to 18-year-old students. In Australia, school intervention shortened the duration of episodes and was the prevention of substantial morbidity in later life. In the UK survey, 46% of mental illnesses that required intervention were school-specific

factors such as bullying and poor relationships with teachers that caused anxiety, depression and self-harm (Fazel *et al*. 2015: 2). This 14-year cohort study and global literature showed the importance of school-based interventions that promote well-being using different tiered models, school-based services for specific populations from low-income regions and refugees, gaps in school-based research, lessons and challenges encountered in implementation.

2.4.2.1 Use of multi-tiered models to provide psychosocial support services

Fazel *et al*. (2015: 3) indicate that mental health services within the high-income countries were provided by trained staff whose employment was either in the education or healthcare system. This was done to avoid over-identification (false positives) and conducting false negatives during assessments and screening of students for intervention needs. The technique provided a useful mechanism for schools to identify and support students with psychological disorders. Although the provision of services was done by both professionals from the education or within health care systems, health care staff with a background in education were found to be capable of assisting school staff to manage school cultures. Education or schools employed staff that usually prioritised targets related to educational outcomes. For example, in the USA, school psychologists spent most of their time performing routine psychological testing and eligibility assessments rather than applying their consultative intervention skills to learners in need of psychological support, and most had not had training in complex psychiatric presentations. Other settings incorporated a range of professional counsellors, social workers, occupational therapists, psychologists, psychiatrists and individuals from outside agencies contracted to work within a school. Thus, the high-income countries use a broad range of multi-tiered models of integration to deliver psychosocial services to students in need of psychological and emotional needs attention. These models were also seen by Fazel *et al*.'s (2015) longitudinal studies as lessening the impacts imposed by the additional task of offering psychosocial support services on educators within a school environment.

Findings on multi-tiered interventions could be useful to orphaned and vulnerable learners in the African context. Gaps that were found from these high-income country studies were the lack of development of quality indicators that linked education services to health services, development of strategies rather than programmes in some ecologies to strengthen educator skills competencies in mental health identification and intervention, clarification of consent and confidentiality procedures to aid and accelerate research and clinical practice in schools. It was also observed that due to the demands placed on teachers to support the core business of teaching/learning and academic success of their

students, supporting mental health services could become less feasible unless teachers are given enough training plus time to do these extra responsibilities (Fazel *et al.* 2015: 8).

2.4.2 2 Provision of school support by professionals

Fazel *et al.'s* (2015: 4) study further revealed that some schools had mental health clinics staffed by professionals delivering mental health services, while some had health centres with mental health as a sub-speciality. This resulted in the provision of services by professional counsellors and social workers than by their school psychologist or psychiatry counterparts. Some country schools partnered with psychologist and psychiatrists to provide consultation and intervention for specific students with complex challenges although this model was seen as unlikely to be scalable, because of the global scarcity of child and adolescent psychiatrists. Nevertheless, Fazel *et al.* (2015: 5) found that some schools recruited advanced nurse practitioners to manage student needs; an indication that the educational system in the high-income countries had a variety of options in their school-based psychosocial service delivery. The said countries had also moved beyond having the so-called natural staff that provides special education needs only. Thus, teachers could effectively identify mental health problems, as well as become good gatekeepers and referral sources for mental healthcare. This made the service model practically feasible and sustainable from a resource perspective and in view of the literature regarding the model's effectiveness.

In a research study by Hann-Morrison (2011: 26-27), it was found that rural areas in America had services of professional counsellors within schools. School principals often differed on their perceptions of the role of the school counsellor regarding actual counselling duties. At the same time school stakeholders expected counsellors to serve as student advocates and in these rural communities, school counsellors were also expected to respond to a host of social and emotional issues to students who had psychological issues that hindered their educational process.

Within the global context, King, De Silva, Stein and Patel (2009: 1) looked into issues of intervention gaps related to HIV/AIDS psychosocial support service delivery within schools in developed or high-income countries. A study review was done to check on interventions for improving the psychosocial well-being of children affected by HIV and AIDS in the UK. The primary objective of the study was to assess the effectiveness of interventions that aimed to improve the psychosocial well-being of children directly affected by HIV and AIDS.

Electronic databases were systematically searched using pre-defined search terms on internet searches of relevant organisations involved in HIV and AIDS work, which were selected and experts in the field were contacted directly. The relevant review studies were also conducted with the assistance of the Cochrane HIV/AIDS Group Information Scientist between January and September 2008 on the interventions aimed to improve the psychosocial well-being of children affected by HIV and AIDS, such as psychological therapy, psychosocial support and/or care, medical interventions and social interventions. Two of the authors independently screened the results of the search and full texts of all potentially relevant studies were obtained and independently assessed.

The findings did not identify any studies of interventions for improving the psychosocial well-being of children affected by HIV and AIDS and the authors concluded that practice was based on anecdotal knowledge, descriptive studies and situational analyses. Therefore, this systematic review identified the need for high-quality intervention studies for both male and female children under the age of 18 years of age, either orphaned due to HIV and AIDS (one or more parents died of HIV related-illness or AIDS), or vulnerable children (King *et al*. 2009: 4). There is a lack of documented literature or studies on psychosocial services /interventions in contexts out of Africa. This limits researchers from accessing literature reviews from the global context on how educators render psychosocial support services to orphaned and vulnerable children impacted by HIV/AIDS.

2.4.2.3 Challenges encountered in service delivery

In some high-income countries such as the United States or Canada, children with needs that require intervention, do not benefit from school-based support if they do not attend school. This includes children that prefer receiving mental health services outside the school context or some who may fear labelling if teachers have prominent roles in the detection of psychological distress. Thus, not all interventions carried out in the global context schools have positive results. Poor engagement of all levels of staff was identified as a common barrier to the implementation of evidence-based interventions in schools. This means that teachers, counsellors and support staff could have competing priorities of stakeholders involved (children, parents, school staff, educational authorities, mental health staff) to the focus of the intervention and the outcome of interest which are educational achievement, psychological measures and social functioning (Fazel *et al.* 2015: 11).

Lessons could also be learnt from studies by Paula, Moreira and Andreoli (2016); Nanninga *et al.* (2018); Fazel *et al*. (2015) and Hann-Morrison (2011). These relate to the successful interventions or services within global context schools and in high-income countries, which include the multi-tiered system of support which has inbuilt assessments to monitor progress for selected interventions to obtain positive effects on children' mental health and use of professionals outsourced externally or based within the school.

2.4.2.4. Asian context school-based psychosocial support services

In Bangladesh Islam, Minichiello and Scott (2014) conducted a study that included a sample of children living in HIV families. The sample had 19 HIV negative children whose parents were known to be HIV positive through information obtained via a self-help group of HIV positive people in the community. In-depth interviews were conducted with the children to elicit the required data information. Findings from the narratives revealed that people infected and affected with HIV/AIDS were stigmatised and discriminated against by the community members. Children in the study revealed that their peers rejected, mistreated, insulted and discriminated against them directly or indirectly once they knew that their parents were HIV positive. The children indicated that they resorted to isolating themselves from peers and were bullied at school (Islam, Minichiello and Scott 2014: 3). Some of the participants indicated they only received support from teachers who had been approached by members of a self-help office. Otherwise, most of the participant children resorted to concealing parental HIV status at school since there were no established psychosocial support services to avoid mistreatment that included bullying. Study findings also revealed that culture and religion affected the way the participants and their parents were treated.

Unlike in most African settings, in Bangladesh, there was no attempt by the extended family or non-affected community members to assist affected children. Thus, Islam, Minichiello and Scott (2014:5) suggested more social interventions and attitudinal interventions than medical care services. Although knowledge promotes these interventions, it could lead to the significantly lessening stigma associated with HIV in the Bangladesh communities of Khulna and Dhaka (Islam, Minichiello and Scott 2014: 5). Therefore, the study recommended the involvement or role of the Bangladesh teachers and religious leaders because they managed to intervene when school children were being mistreated, advocacy and sensitisation programmes through policymakers, local planner groups, community leaders, teachers and religious leaders needed to be

formulated to change perceptions towards the children born into families affected by HIV/AIDS.

Qiao, Li, Zhao and Stanton (2014) conducted a multi-level analysis study of the role of perceived social support in loneliness and self-esteem among children affected by HIV/AIDS in rural China. They found that among the measured four sources (significant other, special person, family, friends and teachers), peer support and school affiliations were found to be emotionally beneficial although there were no specific comments on the type of services or how each source rendered services findings were reported. This was based on the positive outcome scores of psychological changes on loneliness and self-esteem brought about by source support received. A limitation of the study was the high attrition of participants during follow-up (Qiao *et al.* 2014: 377).

Another study was conducted by Li *et al.* (2015) on psychological resilience among children affected by parental HIV/AIDS. The study highlighted that parental HIV affects children's psychosocial well-being and development and that parental illness and death leaves a profound and lasting impact on children's psychosocial well-being. Findings from the study revealed that family resources and community resources were two contextual factors that facilitated the children's resilience process. Also, the greater the stress the children had the greater the resources that were needed to promote psychological resilience. At the societal level and community level, the factor that promoted resilience included social support from peers, teachers, mentors and other community members including effective schools where children viewed teachers as an effective resource. Health-promoting schools involved family and the community to provide a safe and supportive physical and social environment (Li *et al.* 2015: 217). The researchers proposed that school-level interventions could include capacity building of both the teachers and entire school system as well as establish a local support network among children and their caregivers to increase social support and decrease stigma (Li *et al*. 2015: 217).

2.5 CONTEXT IN AFRICA

In Eswatini, Nxumalo, Wojcicki and Magowe (2015: 29) revealed that children who lost their primary caregivers may need the protection of the school environment to develop mentally and physically despite that teachers are overburdened and stressed by the school environment. In some instances, teachers take sick children to hospitals or clinics, where the child does not have a reliable caretaker at home. Thus, even without training and resources teachers are incorporating HIV care into the school environment. In support of this,

another study carried out in Eswatini, Thwala (2013: 120) reveals that many OVC face psychosocial problems and to a certain extent their psychosocial needs are downplayed because more attention or emphasis is placed on their physical needs. Chereni and Mahati's (2012: 12) study found that OVCs are more vulnerable to psychosocial conditions that affect mental and physical health. They, therefore, proposed that the aim of psychosocial support should be to strengthen family support, community support and to improve referral mechanisms for specialist services for orphaned, vulnerable children and youth in need of support. Parental death due to HIV/AIDS could be a high-risk factor that leads to psychological stress which has a long-term developmental impact on children. Therefore, this study seeks to address the gap by exploring the factors that hinder the educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS when offering psychosocial support services in disadvantaged schools and ultimately develop a framework for managing the delivery of psychosocial support within Early Childhood Care and Education centres and primary schools in the Kingdom of Eswatini.

2.5.1 Factors contributing to ineffective delivery of psychological and emotional needs in African settings

Taukeni (2015: 13) carried out a study in Namibia after noticing that there was a steady increase in the number of orphans in the villages of Namibia who were vulnerable because they had no means of psychological, financial, social and parental support after losing their parents to HIV/AIDS-related illnesses. Taukeni (2015: 13) indicated that participants were likely to suffer in silence, resulting in emotional and psychological problems later in their lives. In Botswana, Ntinda, Maree, Mpofu and Seeco (2014:280) indicated that learners need direct input into the scope and delivery of psychosocial services, protection from emotional and physical abuse from some teachers and family members. Moreover, Mhaka-Mutepfa's (2010: 100) study in Zimbabwe indicated that civic organisations, public welfare programmes, and a few other programmes can address the medical, social welfare and psychological needs of children affected by HIV and AIDS. In a survey done in Kenya by Muthoni (2016: 57), psychological counselling and referral services were not currently offered because teacher counsellors were not trained to handle complex guidance and counselling services. The study also found that guidance and counselling services helped orphaned students to adjust emotionally and psychologically and recommended that teacher counsellors should have refresher courses, seminars and workshops to equip them with knowledge and skills to help OVC students to adjust psychologically and emotionally. A case study by Shumba and Moyo (2014: 145) also established that orphans who suffered multiple consequences after

bereavement did not get adequate counselling due to the lack of clear school bereavement policies and negative attitudes towards counselling by teachers.

These studies, Kenya (Muthoni 2016); Namibia (Taukeni, 2015); Eswatini (Nxumalo, Wojcicki and Magowe 2015; Thwala 2013); Botswana (Ntinda *et al*. 2014); Zimbabwe (Moyo and Shumba 2014) and (Mhaka-Mutepfa 2010) discovered in their findings that the emotional and psychological needs lacked attention and recommended that this service type needs to be looked into. They all concluded that there is a need for this gap to be addressed further, by developing environmentally based or cultural contextual tools for interventions for reliable outcome measures, besides training educators on skills on how to address the additional role brought about supporting orphaned and vulnerable learners as a consequence of HIV and AIDS.

2.5.2 Providing psychosocial support services as an added role

According to Campbell *et al*. (2016: 2), school-based HIV/AIDS interventions have been criticised for prioritising HIV education and prevention at the expense of the care and support needs of children who are already infected or affected. Campbell *et al.'s'* (2016) multi-method study indicated that since schools are "substituting for families", this requires the development of an explicit ethic of care to guide and support the education sector. Findings revealed that interpersonally, teachers appeared distant from the pupils with little signs of caring and empathic emotional engagement pre-supposed in the caring literature (Campbell *et al*. 2016: 12) Younger teachers were often strongly opposed to offering non-educational support to pupils, more than elderly teachers, and insisted that they were not 'donors' (Campbell *et al*. 2016: 11-12). There was no generalised or institutionalised ethics of care by teachers for HIV/AIDS affected children beyond individual acts of kindness. Teachers also lacked confidence in supporting HIV/AIDS-affected children (Campbell *et al*. 2016: 15) Most teachers were overwhelmed by the extent of children's needs while some faced overwhelming problems in their own lives and were struggling to solve HIV-related problems in their own families. In addition, teachers were not able to tackle complex issues of counselling and supporting the highly marginalised children in their care. The absence of time and workload allocation for the additional work resulted in school principals struggling to keep their schools under these almost impossible conditions, and HIV/AIDS-affected children were one of the demands they faced.

At the institutional level, the study showed a lack of teacher awareness of any clear caring policy in schools. The study suggested that the existence of formal

caring schools policies was not enough because these were often not implemented (Campbell *et al*. 2016: 18) They were of the view that caring work should be supported by the appointment of dedicated 'socio-emotional support staff' to support teachers in their caring roles consisting of trained social workers, who might then be delegated the responsibility of the on-going support to teachers in particular regions of the country. The social workers can also take responsibility for supporting headteachers in building appropriate 'circles' of backup referral and support around the schools. The researchers concluded that due to the fluctuating non-governmental external support, functions traditionally performed by NGOs and the public sector are being shifted onto local institutions, such as schools in the wider context of cuts in development aid and public sector spending.

School environments are potential sources of support for youth living with HIV/AIDS. Kimera *et al*.'s (2019) desktop study revealed that young learners with HIV/AIDS (YLWHA) experience numerous challenges and support needs, some of which occur in schools and affect their quality of life. The schools in which the youth spend most of their formative years have not provided adequate support for YLWHA. The review identified that although most of the challenges identified arose from within schools and that a few supportive approaches were available, none of the studies explored how these supportive approaches could work in schools. Interventions ought to be sustainable in schools to be culturally appropriate and multidisciplinary to promote the general health of all students.

2.5.3 Educators perceptions of psychosocial support care

A study by Coultas *et al.* (2016) was done through narratives to find out what primary school and secondary school teachers perceived as care since teachers are currently assigned the role of identifying and providing psychosocial support to learners affected by HIV/AIDS and other vulnerable children. The study was titled "Implications of teacher life-work histories for conceptualisations of 'care': Narratives from Rural Zimbabwe." The study was carried out in six schools from July 2012 to May 2013 where the first phase included 12 teachers per school. Narratives were based on opinions and experiences. The larger, multi-method study included 18 teachers where initial in-depth interviews were done followed by narratives that looked at the role of the schools in supporting inclusion and well-being of children affected by HIV/AIDS. The views of teachers on caring roles were grouped under care and material support; care as discipline and care as emotional support (Coultas *et al.* 2016: 330). Findings from the narrative interviews revealed: care as material support to be the most prevalent understanding of care by eight participants; five participants indicated care as

discipline, three indicated care as love and emotional support but emphasised material or discipline aspect when giving examples. Only three described care as emotional support as in the western theory of caregiving examples, such as loving the children and taking a parental role. The study concluded that the narratives can be used as a starting point for programmes aimed at building emotional support in schools and gaining a better understanding of specific perceptions of educators (Coultas *et al.* 2016: 337).

Evans (2006: 20) noted that in Eswatini, as a community response, food was usually provided as a major need for vulnerable children that attended ECCE centres commonly referred to as neighbourhood care points. The MoET ensured primary schools offered at least one meal per day as a form of establishing feeding schemes support to orphaned and vulnerable children. A case study which was done by UNICEF (2009: 105) in Zambia revealed that food provision support to OVC commenced as a service that was carried out by donors such as WFP, United States Agency for International Development (USAID) and UNICEF as a result of a drought crisis that happened in 2002 in Southern Africa. Zambia's Ministry of Education acted as a key partner beginning in the year 2003. Zambia went a step further from 2005 to provide other essential support services to OVC besides food through community schools and home-based care as platforms which included psychosocial support, improved water and sanitation, provision of sports equipment, access to basic health care, assistance with school-based agriculture, support for life skills education and assisted in the establishment of anti-AIDS programmes to prevent and increase awareness of HIV/AIDS. These studies could assist to compare what the educators in the Eswatini context perceive as psychosocial support services or care to orphans and learners who are vulnerable as a result of HIV/AIDS.

2.6 THE ROLE OF THE MINISTRY OF EDUCATION AND TRAINING (MOET) IN SUPPORTING MULTI-SECTORAL LINKAGES RELATED TO ORPHANED AND VULNERABLE CHILDREN (OVC)

A study by Hamid, Bisschoff and Botha (2015: 141) on the analysis of Eswatini's public educational environment and its role players revealed that the MoET management has had some success and challenges in attaining the Millennium Development Goals for education due to resources and management expertise challenges. Hopefully, these do not affect the role of the MoET and psychosocial support services provided by educators in rural ECCE centres and primary schools of Eswatini. The National Education and Training Improvement Programme (2018/19-2020/2021: 77) highlighted that the MoET in Eswatini was committed to ensuring capacity building areas of guidance and counselling

through the responsible implementer, the Director of Education, to train at least 12 staff members (these usually work with OVC linkage organisation) for a week between 2018/2019 and 2019/2020 in psychosocial skills, psychosocial support training, interpersonal skills, counselling skills and gender links training.

The researcher also noticed that currently, the University of Eswatini (UNESWA) does not have full-time psychosocial support services input as an area of study in its Bachelors and Master's degree programme for teachers' education degrees. Since 2014, the Eswatini Institute of Distance Education (IDE) offers a psychosocial support certificate programme in collaboration with REPSSI (UNESWA Calendar 2018/2019). The certificate programme is earmarked for students who come from public and private organisations that work with children at risk. Initially, most of the students were health promoters who were involved in home-based care services of people affected and infected with HIV/AIDS. There are only two primary school teachers colleges in Eswatini that currently offer psychosocial support courses as a mandatory part of the primary school diploma curriculum, in collaboration with REPSSI acting as the major partner in the curriculum inception since the year 2015 (Chakanyuka, Vilakati and Ferreira-Meyers 2015: 80). The Open Society Initiative of Southern Africa (OSISA) (2012: 3, 74) emphasises that there is a critical need to move away from the fire-fighting action to building stronger systems of care and support in schools and the communities. Hence, some literature/studies from Africa indicate some progress that has already taken place towards the capacitation of educators.

2.6.1 Importance of educator training in psychosocial care in the African context

Another important study to note is based on the teachers' Diploma programme which was developed by REPSSI, the University of Cape Town and other African academic institutions in Zambian Government schools. The study was carried out by Kaljee *et al.* (2017) titled "The Teachers Diploma program in Zambian Government schools: A Baseline Qualitative Assessment of Teachers' and Students' Strengths and Challenges in the Context of a School-Based Psychosocial Support Program". This programme promotes the need for child-centred school-based psychosocial support systems as part of broader community-based interventions (Kaljee *et al.* 2017:101). Findings based on in-depth accounts of teachers' and students' experiences revealed that such interventions are expected to enable educators to support vulnerable learners to increase child resilience (Kaljee *et al.* 2017: 101). Since qualitative data is limited in terms of generalisability, the qualitative data was supported by quantitative

randomised controlled trial baselines and longitudinal analysis. These data are yet to be published.

Wood and Goba (2011) conducted a qualitative study on “Care and support for orphaned and vulnerable children at school: helping teachers respond”. This study investigated teachers’ perception of the training programmes that were offered in a specific school district in South Africa. In particular. It sought to establish how they perceived themselves to have been equipped to deal with issues that arise with having orphaned and vulnerable learners in their classrooms. The 14 Life Orientation teachers that completed the four weeks training workshop participated in unstructured focus group interviews. The findings from the thematic data analysis were used to suggest guidelines for alternative approaches to the current forms of HIV/AIDS training that is more responsive to the lived experiences of the teachers, that is likely to be sustainable, culturally appropriate and suited to the grass-root context level. The teachers claimed that their attitudes had changed towards the learners, but the training did not improve their level of comfort. Participants felt that all teachers need to work together and also emphasised that life orientation teachers should not be the only specific ones to address the care and support of OVC learners (Wood and Goba 2011: 279-284). They advocated for a whole school approach or a health-promoting schools’ approach that is sustainable and context-appropriate. Conclusions and recommendations suggested programme planners consult with teachers who have lived reality experiences of teaching since they are currently not active contributors to strategies. Hence the training received was seen by participant teachers as foregrounded on the learners rather than the teacher to be effective helpers. This study investigated how educators are currently providing psychosocial support, explored their lived experiences and strategies that they suggested are appropriate for their disadvantaged contexts.

Ebersohn and Ferreira (2011: 608) also tracked the school-based psychosocial support offered by teachers after they participated in the supportive teachers’ assets and resilience project. The longitudinal study titled “Coping in HIV dominated context: teachers promoting resilience in schools” was conducted from 2003 to 2009. Data were thematically analysed from verbatim transcripts and three themes emerged namely: teachers are resources to promote resilience in schools; teachers form partnerships with children, families and community volunteers to promote resilience and lastly school-based support is offered to vulnerable learners using the vegetable garden, emotional and health support and capacity development opportunities. The study concluded that HIV/AIDS is a source of risk that cannot be easily resolved (Ebersohn and Ferreira 2011: 610) and that teachers are capable of establishing networks with service providers

which service across systems to support the vulnerable groups. These two qualitative studies were able to extract in-depth information from participants within their natural environments. The experience was shared on constraints faced after attending training programmes that were supposed to increase knowledge in offering psychosocial support services that promote resilience and coping strategies for orphaned and vulnerable learners. Participants preferred that their input or strategies be considered when planning training programmes for them to enable the contextual application.

A post-traumatic stress disorder (PTSD) study was done in the poor urban areas of South Africa by Cluver *et al.* (2009: 106) following the many studies that revealed that orphaned children suffer from PTSD after the death of a parent(s). The study was titled “Post-traumatic stress in AIDS-orphaned children exposed to high levels of trauma: The protective role of perceived social support”. This study provided the first evidence in South Africa that demonstrates that social support is associated with lower levels of PSTD. The study examined the hypothesis that social support may moderate the relationship between trauma exposure and post-traumatic stress for orphaned children. Interviews were conducted with 425 orphans using standardised measures of psychopathology. When compared to participants with perceived low social support, those with high perceived social support demonstrated significantly lower levels of PSTD symptoms after both low and high levels of trauma exposure. The study thus, suggests that a strong perception of social support from carers, school staff and friends may lessen the effects of exposure to trauma and this could be a focus of intervention efforts to improve psychological outcomes for AIDS orphans. In conclusion, the study proposed careful screening of mental health problems in orphaned children and target factors in their lives that have been known to have protective value. In addition, interventions that aim at improving social support should be evaluated rigorously to determine their effect on long-term mental health outcomes. A longitudinal study may be necessary to determine the effects of the intervention that aims to increase social support since children’s experiences of social support are measured through self-report (Cluver *et al.* 2009: 110). The idea of social support services and screening for mental health can be adopted by other learning environments settings in Africa, in their delivery of psychosocial support services to help orphaned children and vulnerable learners cope with the stress of parental loss and caregiving of parents that are chronically ill from HIV/AIDS-related illnesses.

In Pretoria, Asikhiya and Mohangi (2015) carried out a qualitative case study to report the experiences of 11 orphaned adolescents (5 boys, 6 girls) aged between 15 and 18 years, in secondary schools that provide support. Results

showed that participants had a high prevalence of psychological, behavioural and emotional problems and that the school support provided to them (teacher's support, the general school environment, the degree of discrimination, labelling and bullying that exists within the school) was not sufficient. However, participants reported a high level of support from the principals. In conclusion, the study suggested an urgent need for teachers to acquire and possess basic knowledge and skills in caring and paying attention to learners affected by HIV and AIDS. Government agencies and non-governmental organisations (NGOs) working with affected children must focus on proposals that address the psychological, behavioural and emotional problems in adolescents affected as a consequence of HIV and AIDS. Further studies are needed to empirically examine larger populations which could include informants such as caregivers, parents, teachers and other immediate family relatives to generate data to be triangulated (Asikhiya and Mohangi 2015: 131). Therefore, this study justified the need for teachers to be prepared for their role as educators in a world affected by HIV/AIDS. This study shows that there is still an insufficient provision of holistic psychosocial support services in schools that can enhance the general psychosocial well-being of orphaned and vulnerable learners. Hence the study explored and revealed factors that hinder service delivery by educators.

2.7 REVIEW OF FOCUSED PSYCHOSOCIAL SUPPORT SERVICES FOR CHILDREN IN AFRICA AND GLOBALLY

Mwoma and Pillay (2016) in their study on "Educational support for orphans and vulnerable children in primary schools: Challenges and interventions", identified education as an important indicator of children's well-being and future life opportunities since it can predict the growth potential and economic viability of a state. This could differ for orphaned and vulnerable children because of the challenges they experience . The aim of the researchers was to advance the debate on the findings of this particular study through a critical engagement on challenges experienced and intervention measures taken in South African public primary school contexts. The study had 107 participants comprised of 65 orphaned and vulnerable children and 42 teachers. Semi-structured questionnaires were used to collect descriptive and quantitative data. Findings suggested that the South African government had put in place mechanisms to support orphaned and vulnerable children to attain basic education, but numerous challenges hindered some of the children from attaining a quality education. Based on these findings, several intervention measures were suggested by teachers; such as having social workers visiting learners' homes as a supportive strategy, for social workers to identify the various needs of OVC alongside the needs of parents or guardians, and provide them with social

grants, thus, ensuring appropriate ways of meeting identified needs This study, unlike other studies reviewed, used the theoretical underpinnings of Bronfenbrenner's Biological-Ecological Systems Theory since the learners' development reflects the influence of several environmental systems. In turn, using the theory enables educators /researchers to have a guide that enables the holistic psychosocial provision of services in a school because children are products of their families and they influence all aspects of a child's development (Mwoma and Pillay 2016: 85).

Purgato *et al*. (2018) conducted a study review on "Focused psychosocial interventions for children in low-resource humanitarian settings: a systematic review and individual participant data meta-analysis". This study aimed to assess the effectiveness of the interventions used in children exposed to traumatic events and to explore which children were likely to benefit most. A systematic review and meta-analysis of individual participant data (IPD) from 3143 children was done. The study assessed the effectiveness of focused psychosocial support interventions in children exposed to traumatic events in local low-income and middle-income countries (LMICs). In IPD, meta-analyses focused on age, gender, displacement status, region and household size. They found a stronger improvement in PTSD symptoms in children aged 15 -18 years, in non-displaced children and children living in smaller households. They concluded that focused psychosocial interventions are effective in reducing PTSD and functional impairment, as well as increasing social support, coping mechanisms and hope.

Ansell (2008) based her findings on interviews with decision-makers and analysis of policy documents that indicate that schools have long substituted families. Through the exploration of several interventions in Lesotho schools, there was an indication that they remain small in scale because most services justify retaining children in school for purposes of preparation of future workforces. The writer argues that if the needs of the affected children are to be met in schools, the educator's role needs to be understood concerning ethics of care.

Hoadley (2007: 256) indicated that schools have become dysfunctional in the context of HIV and AIDS after she conducted a desk review of projects in the area and policy reviews underlying initiatives of care in South Africa. Hoadley (2007:256) noted that in the school system teachers are struggling to teach, learners fail to learn and it seems school managers battle to run the schools effectively. Strategies were suggested such as considering the context of implementation; having new ways of thinking about resourcing the services; evaluating the projects and focusing on quality teaching and learning. These arguments by Ansell (2008) and suggestions by Hoadley (2007) may ensure

focused psychosocial support services that cater to all needs of orphaned and vulnerable learners in disadvantaged schools.

A study conducted by Ogina (2010) on the teachers' pastoral role in response to the needs of orphaned learners explored teacher's perceptions of their roles in responding to the needs of orphaned learners. Findings from semi-structured interviews with three secondary and two primary school teachers indicated the need for teacher development and the provision of sufficient materials required for social and emotional support for grieving learners. For teachers to be more fruitful, they need to be supported by school leadership and work in collaboration with counsellors and social workers in providing for the needs of learners to achieve the healthy well-being of affected learners.

Khanare (2012) carried out an inductive study aimed at exploring how school children, made vulnerable by HIV/AIDS, can thrive in rural school settings in South Africa. The study which was based on the participatory photography (PhotoVoice) method revealed that students have the ability to point out perceived social and structural challenges that have a dominant influence on their coping strategies. The photo-voice can be utilised by educators at pre-schools and lower primary schools as a service to support the younger learners to cope with trauma brought by the loss of a parent or trauma related to caring for chronically ill parents. The findings, therefore, correspond with the researcher's opinion that holistic learner-centred psychosocial support programmes for vulnerable learners are pertinent.

2.8 SUMMARY OF THE CHAPTER

The literature review chapter introduced the chapter, the psychosocial support concept, globally related literature discussion of studies related to the delivery of psychosocial support services based on proposed study objectives. These revealed how services are carried out globally in Dutch, European, Brazilian, American, Bangladesh and Chinese settings followed by a review of literature related to the African countries such as, Eswatini, Namibia, Botswana, Zimbabwe and Zambia which helped the writer to have an overview of the research methods, data collection and study types done by other researchers to compare similarities, differences, and limitations that can be overcome by the proposed study. Lastly, a review of the literature on psychosocial support studies that could guide educators and schools' stakeholders to deliver the focused holistic intervention to orphaned and vulnerable learners contextually was discussed. The next chapter presents the theoretical framework that guided the study.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 INTRODUCTION

The study adopted a theoretical framework because a theory provides an orderly, efficient scheme that combines observations and facts from separate investigations to assist in summarising and linking findings into an accessible, coherent and useful structure. Theory can guide the understanding of phenomena, both the 'what and the why' of their occurrence to provide a basis for prediction. Therefore, this can assist with navigation into mixed - methods studies that consist of concurrent or sequential investigation as in this study. It facilitates the integration of methods in at least one phase of the inquiry and provides a map for combining the results with the way to gain a multi-dimensional understanding of causal mechanisms (Evans, Coon and Ume 2011: 276). Therefore, the theoretical framework chosen can act as a structure that holds the research study by introducing and describing the theory that explains why the research problem under study exists (Evans, Coon and Ume 2011: 276).

The theory enables the understanding of educators as secondary caregivers of orphaned and vulnerable learners affected by the consequences of HIV and AIDS. There are theories such as the Biological-Ecological Systems Theory by Bronfenbrenner (1979), Erickson's Developmental Theory and Seligman's Theory of Well-Being. Bronfenbrenner's Ecological Theory can be used to reflect on the influence of several environmental systems around an individual child because the surviving parent, guardians, extended family, peers, neighbourhood and school form the systems the child is socialised. This can affect the way learners cope at school and with the effects of HIV/AIDS. Bronfenbrenner emphasised development as occurring within interactions between individuals and their environments at four nested levels: the macrosystem (societal and cultural belief system), exosystem (community and neighbourhood factors), microsystem (family factors) and ontogenic level

(individual factors) (Weinstein *et al*. 2016: 25). Orphaned and vulnerable learners' cultures and the problems that they bring to their school environments also influence multiple aspects of their psychosocial well-being. The theory indicates that a child is a product of his or her family since the family influences all aspects of a child's development (Weinstein *et al*. 2016:25). This can have an impact on the delivery of the psychosocial services that educators have to offer, to enable learners to cope and remain resilient as they go through the trauma brought about by the death or chronic illness of their parents.

Erik Erickson's psychosocial theory can be applied to understand vulnerability crises that occur throughout life among the orphaned and vulnerable learners in disadvantaged schools whose experiences of parental loss and trauma of caring for or a chronically ill parent leaves them with unresolved mistrust, self-doubt, and inferiority which can exacerbate the psychological crises that occur at each stage of development (Zastrow *et al.* 2019:321). Hence, the writer would prefer Seligman's theory that promotes well-being among individuals such as educators and learners so that they can better cope with situations. Thus, the chosen theory can enable the educators to develop strategies to assist them in handling the orphaned and vulnerable learners. This will also support them in offering the appropriate psychosocial support services that are relevant to the learners' various types of needs brought about by the impact of the HIV and AIDS scourge.

3.2 SELIGMAN'S THEORETICAL FRAMEWORK OF WELL-BEING

The researcher believes that educators need to have healthy psychosocial well-being, irrespective of whether the learners they teach are orphaned, vulnerable or not, and to enable them to partake in any extra duties besides the teaching and learning tasks. Seligman's Theory of Well-Being was adopted for this study. Seligman's Theory of Well-Being was developed from the field of positive psychology in 1998 , to extend its original focus on relieving human suffering to the understanding and treatment of mental health

disorders (Seligman 2018: 333). Being influenced by the humanistic perspective, Seligman aimed at building a more complete picture of human experiences by coming up with his new theory based on positive psychology. According to David (2015:1), Seligman and Csikszentmihalyi's (2014) "positive psychology " is a term given to a collection of studies aimed at researching what makes life worth living, thereby aiming to gain a deeper understanding of positive emotions, positive traits, and positive institutions.

Positive psychology is not prescriptive but descriptive, because people are not told what choices to make or what to value, but research on the factors that enable well-being or flourishing to make informed choices to live a more fulfilling life in whatever circumstance aligned with their values and interests (Seligman 2004: 3). Dr Martin Seligman proposed a Positive Emotion, Engagement, Relationships, Meaning, Purpose and Accomplishment (PERMA) framework model for research applications of positive psychology as shown in Figure 3.1.

Figure 3.1: Positive Emotion, Engagement, Relationships, Meaning, Purpose and Accomplishment (PERMA) Model. Source: Adopted from Seligman (2018:333)

The theory emphasises the goal of reaching well-being which Seligman (2018: 333); Seligman and Csikszentmihalyi (2014:1) describe under five factors or elements of well-being namely, positive emotion, engagement, relationships, meaning, purpose, and accomplishment (PERMA) and there are techniques to increase each.

3.3 IMPORTANCE OF THE SELIGMAN'S THEORY OF WELL-BEING

This theory could assist in exploring how educators manage the factors and challenges affecting their ability to effectively deliver psychosocial support services to orphaned and vulnerable learners in disadvantaged early childhood centres and primary school environments. Educators need to remain focused to ensure that all types of learner needs are addressed holistically, to avoid addressing mostly material or physical needs and overlooking emotional and psychological needs as revealed in literature gaps and the problem statement. The additional role brought about by the task of offering psychosocial support services requires such a theory to work as a guide and lens to view how educators and learners can achieve well-being despite the impact of the HIV/AIDS era.

The researcher found this theory valid for educators since character strengths such as bravery, citizenship responsibility, hope, kindness, persistence, spirituality and leadership characteristics to have the ability to encourage others in a group of which one is a member. These are relevant in order to maximise well-being felt from each factor when delivering psychosocial services to the orphaned and vulnerable learners within the school environment (Park, Peterson and Seligman 2004:606). Seligman (2018:333) indicates that different people derive varying degrees of well-being from each of the five factors. The factors can help individuals (educators) make informed choices to live a more fulfilling life that is aligned with their values and interests despite challenges and adjustments they have to deal with when incorporating psychosocial support services as part of teaching and learning. According to Park, Peterson and Seligman (2004:606) and Seligman and

Csikszentmihalyi (2014:1), this has benefits for individuals and can result in having educators with greater well-being making them feel good when compared to individuals with low well-being. Furthermore, educators with enhanced well-being feel they can perform better at work, have more satisfying relationships, more cooperation, stronger immune systems, better physical health, live longer, reduced cardiovascular mortality, fewer sleep problems, lower levels of burnout, greater self-control, better self-regulation and coping abilities, are optimistic and more pro-social (Seligman 2004: 3).

3.4 SUMMARY OF THE CHAPTER

The theoretical chapter defined the theoretical framework and its usefulness in the mixed - method structuring of the study, outlined the theoretical frameworks that can be used to guide the study on psychosocial support, and the theory of choice. Seligman's Theory of Well-Being was discussed as the theory that provided the framework for the study. The next chapter presents the research design and methodology.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

This study explored the factors hindering educators' effective delivery of holistic psychosocial support services to promote the well-being of orphaned and vulnerable learners in disadvantaged early childhood care centres and primary schools in the Kingdom of Eswatini. Owing to the complex nature of the issues to be investigated and limited previous research studies on the subject matter, the study utilised both the qualitative and quantitative methodologies to sequentially collect data from stakeholders of the country's psychosocial support programmes. These comprise of public early childhood care centres and national care points that offer pre-schooling education and primary schools in disadvantaged settings. Therefore, administrators/school headteachers in early childhood care centres and primary schools selected policymakers, multi-sectorial professional representatives, the orphaned and vulnerable learners and educators were sampled for the study. The chapter presents the design, research paradigm, setting, sampling process, data collection process, piloting the study, data analysis, discuss trustworthiness for qualitative study including research rigour for quantitative research and ethical considerations. The chapter ends with a summary.

4.2 RESEARCH DESIGN

A research design is a blueprint that outlines the approach for collecting research data and describes the conditions under which the data will be collected, how participants will be selected, what instruments will be used and provides information about who, what, when, where and how the research project must proceed (Royse 2004: 24). Thus, Leedy and Ormrod emphasise that research design is planning the overall structure for the procedures the researcher has to follow. An exploratory, sequential mixed- methods research design (QUAL $\rightarrow$ Quan) was implemented in this study to explore elements

from both qualitative and quantitative paradigms to produce findings in the context of the research questions.

The exploratory, sequential mixed- methods research design involves two phases to complete an individual study. The researcher first collects and analyses qualitative data and produces results for the first phase, the qualitative research phase. The first phase's findings will inform the subsequent quantitative instrument development and data collection for the second phase, the quantitative research phase (Doyle, Brady and Byrne 2009: 175; Polit and Beck 2012: 611; Choongwa 2018: 69). This analogy is depicted in Figure 4.1.

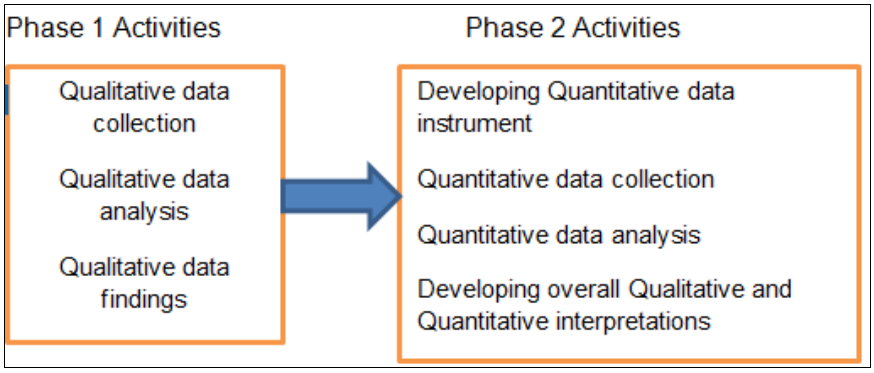

Figure 4.1: Activities of the exploratory sequential mixed- methods research design. Source: Adapted from Polit and Beck (2012: 610)

The implication of the above description of the exploratory, sequential mixed-methods research design is that in the first phase of the study, the researcher's investigation will be more about trying to understand policies and administrative issues pertaining to the psychosocial support programmes in the Kingdom of Eswatini. To investigate these issues, the researcher used qualitative research methods and produced the results for the same. Using the first phase results, the researcher embarked on the second phase which adopted quantitative methods to provide a more detailed description of the educators' perceptions of being given additional responsibilities to manage the orphaned and vulnerable learners under the psychosocial support

programmes and how this affects the educators' well-being. The findings from the first phase (in-depth interviews with administrators, policymakers and the non-governmental organisation stakeholders) and focus group discussions (FGDs) held with the learners were used to develop the quantitative measurement tool. This tool was then used in the second phase to collect quantitative data during the survey with the educators who currently offer PSS services to orphaned and vulnerable learners (Creswell 2014: 282).

4.3 THE PHILOSOPHICAL UNDERPINNING OF THE MIXED- METHODS DESIGNS

Doyle, Brady and Byrne (2009: 175) note that the philosophical underpinning of pragmatism allows and guides mixed- methods researchers to use a variety of approaches to answer research questions that cannot be addressed using either qualitative research or quantitative research alone.Through pragmatism researchers intend to accommodate weaknesses of both ends of the research continuum and striking a balance between quantitative and qualitative research.

Accordingly, pragmatism drives the use of mixed- methods research (Polit and Beck 2012: 604). The rationale of using mixed- methods research is based on the following factors recommended by Doyle, Brandy and Byrne (2009: 179):

- Mixed- methods research allows triangulation which in turn allows greater validity because the mixed methods research process enhances corroboration between qualitative and quantitative data.
- Mixed- methods research allow complementarity. The researcher can get a complete and comprehensive picture of the phenomenon through the combining of qualitative and quantitative data. The qualitative component of the study represents words and the quantitative component represents numbers (Polit and Beck 2012: 604).
- Mixed- methods research allows the development of a better research instrument. For example, findings from qualitative research could be

used to develop or refine the quantitative instrument (Polit and Beck 2012: 605).

- Mixed- methods research allows expansion to happen in the sense that having different research professionals working together may allow for the use of different methods resulting in the expansion of the scope of the study (Doyle, Brady and Byrne 2009: 185).

In the study, the cooperation and participation of policymakers, school administrators, the affected orphaned and vulnerable learners and educators who deliver psychosocial support services brings about interdisciplinary cooperation. Polit and Beck (2012: 604) add that mixed- methods research is more practical because researchers select tools that are the best at addressing a research problem rather than the rigid adherence to qualitative research or quantitative research alone. It is also argued that the advent of donor-funded projects assists researchers who collaborate and work as teams to be in stronger positions to win research grants. Most research projects in the health sciences now tend to be inter-disciplinary hence such projects are executed under the pragmatism paradigm which uses mixed- methods research (Doyle, Brady and Byrne 2009: 179; Polit and Beck 2012: 605). The situation of psychosocial support educator caregivers is one such complex case, where factors that hinder educators to deliver holistic psychosocial support to orphaned and vulnerable learners is interdisciplinary and cuts across many stakeholders. Therefore, valid and reliable investigations of such complex situations will benefit more from mixed- methods research than qualitative or quantitative research alone.

4.4 RESEARCH PARADIGM

The conditions under which the research data was collected can be viewed as a continuum and the different portions of the continuum represent different philosophies or paradigms. Doyle, Brady and Byrne (2009: 176) define a paradigm as a set of beliefs and practices that guide a field and the paradigm

concept can be explained by elements such as epistemology, ontology, axiology, and methodology which are briefly defined below.

4.4.1 Epistemology

Epistemology is about 'how we know what we know'. It is about how people make meaningful sense of their world (Levers 2013: 2). Because epistemology tends to be about finding more facts and knowledge about the subject matter, it uses larger samples, hence belongs to quantitative research (Choongwa 2018: 24). In the current study, this became more relevant in the second phase of the study.

4.4.2 Ontology

Ontology is studying the nature of reality. Choongwa (2018: 24) notes that ontological research deals with reality. In the current study, the research intended to discover the reality of how educators feel about being given the extra duty to look after the OVC, over and above their normal teaching and learning duties.

4.4.3 Axiology

Axiology is about people's values (Choongwa 2018: 14). The way people will behave and respond to the situation is subject to their value systems. Axiology deals with moral, personal and political issues that tend to be subjective. Therefore, to develop an understanding of these issues researchers use qualitative rather than quantitative research.

4.4.4 Methodology

Methodology refers to the process of collecting data. Therefore, the research paradigm and the researcher's understanding of the research problem determines the research methodology to be used in a study (Choongwa 2018: 14). On one end of the continuum, the quantitative approach to scientific inquiry emerged from a branch of philosophy or paradigm called

logical positivism that operates on strict rules of logic, truth, laws, axioms and predictions (Grove, Burns and Gray 2013: 11). The underpinning beliefs of quantitative research are that all human behaviour is objective, purposeful and measurable, hence quantitative studies assume rigour, precision, logical reasoning and attention to evidence (Levers 2013: 3). As a result, researchers aim to find the rightful objective tools for measuring behaviour. Some of the quantitative research methods are descriptive research, correlational research, and experimental research (Grove, Burns and Gray 2013: 11).

At the other end of the continuum, there is qualitative research which is of the interpretivist methodological approach, which is more of a subjective science than quantitative research. Grove, Burns and Gray (2013: 11) argue that qualitative research is a method of understanding the holistic nature of human beings and is driven by the interpretivist and naturalistic philosophy. The researcher studies and tries to understand people in a setup and makes his/her own interpretation of how the researched people view their world. Qualitative research methods include phenomenological research, grounded theory research, ethnographic research, exploratory-descriptive qualitative research, historical research, outcomes research and intervention research (Grove, Burns and Gray 2013: 11).

The difficulties of determining whether quantitative research or qualitative research approach is superior and must be used in a situation have led to the founding of a third research approach, the mixed- methods research approach which is the subject matter of the study. Tashakkori and Creswell (2007:1) define mixed- methods research as research in which the researcher collects and analyses data integrates, the findings and draws conclusions based on either qualitative and quantitative approaches or methods in a single study as indicated in Figure 4.2.

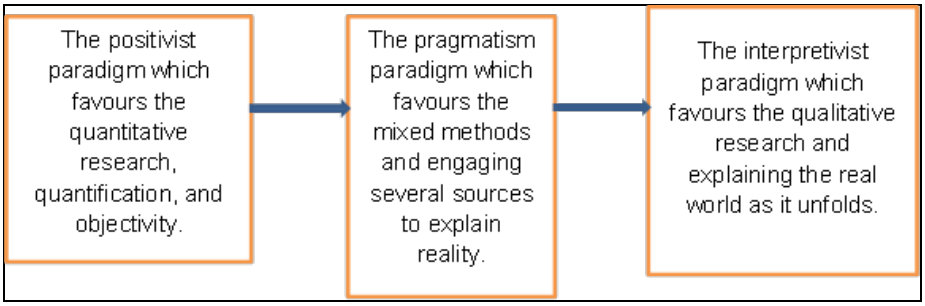

Figure 4.2: Research philosophies/paradigms Source: Adapted from Tashakkori and Creswell (2007:1)

It must be noted that the three research approaches available (quantitative, qualitative and mixed- methods) and their respective paradigms (positivist, interpretivist and realism or pragmatism) lie on a continuum. In a continuum it is difficult to achieve either of the two extremes and researchers will have to find a compromise of pure qualitative research and pure quantitative research. That compromise is in the form of mixed- methods research which possesses elements of both quantitative research and qualitative research. Therefore, research designs and methods must be guided by the respective paradigms or philosophies (Choongwa 2018: 19).

4.5 SETTING

The study was conducted in the four regions of Eswatini in selected ECCE centres and primary schools found in the disadvantaged rural settings of Eswatini, where educators currently deliver psychosocial support services to OVC learners left orphaned and vulnerable as a result of parental HIV/AIDS. ECCE centres found in rural Eswatini are commonly known as neighbourhood care points (NCPs) and ones located within a royal household compound are usually referred to by local people as "*kaGogo*" national care centres. These ECCE centres are examples of family and community-based alternatives to pre-school early childhood centres. The MoET does not currently own these ECCE centres and does not have an official list of availability. It is estimated that there are about 1000 ECCE centre supervisors nationwide in both urban, peri-urban and rural setting and approximately 350 in rural settings. The

neighbourhood care point centres serve as national care centres for offering psychosocial support to OVC aged up to 18 years and as ECCE centres for OVC pre-primary school entry. This was an initiative made in response to the high numbers of OVC in Eswatini who could not access privately-owned ECCE centres which charge exorbitant fees. The idea of having NCPs as ECCE centres for OVC prior-primary school was initiated by rural local community mothers. Following the HIV/AIDS pandemic, at that stage, the government and MoET had not yet initiated the running of early childhood education for disadvantaged rural children in the country of Eswatini (Evans 2006: 7; IRIN 2012: 1).

Disadvantaged primary schools providing psychosocial support services to OVC in the four regions of the Kingdom of Eswatini and NCP centres in each region were selected for the study using the schools' list regardless of being a community, mission or government-owned. There are currently, a total of 605 primary schools in Eswatini of which, 529 are rural primary schools. There are 134 rural primary schools in the Hhohho region, 148 rural primary schools in the Manzini region, 133 rural primary schools in the Shiselweni region and 110 rural primary schools in the Lubombo region. In the region of Hhohho, 72 are community primary schools, three are private government-aided, and 59 are mission primary schools. In the Manzini region, there are 98 community and 50 mission primary schools. Shiselweni region has one private rural school, 80 communities and 52 mission whilst the Lubombo region have two private government-aided primary schools and one government-owned, 78 communities and 29 mission owned rural primary schools (MoET Swaziland Schools list 2019; Annual Education Census (AEC) report, 2017:7) The number of urban school breakdown in each region has been left out since the study focused on primary schools in disadvantaged, rural settings. According to the Annual Education Census (2017:38-41), there is a total of 8928 primary school educators in Eswatini.

4.6 SAMPLING PROCESS

When it is not possible to study the entire population (any group that is the subject of interest) it is necessary to make general findings based on a study of only a subset of the population (Goddard and Melville 2006: 34). Therefore, sampling is the process of selecting cases to represent the entire population so that inferences about the population can be made (Polit and Beck 2012: 275). Sampling involves selecting a group of people, events, behaviour, or other elements with which to conduct a study (Grove, Burns and Gray 2013: 354). The sampling process for this study was done in two phases, beginning with sampling for the qualitative research followed by the quantitative research phase.

4.6.1 Phase 1: Qualitative data sampling

4.6.1.1 Semi-structured in-depth Interviews

In this phase, semi-structured in-depth interviews and focus group discussions were done. Semi-structured, in-depth interviews were held with multi-sectoral linkage experts currently offering PSS support to MoET who deal with OVC. These included representatives from non-governmental organisations, MoET department representatives for policy guidance and counselling, teacher's training PSS administrators and school administrators (headteachers), the Deputy Prime Minister's Office PSS representative experts that deal with OVC to gather views or rich descriptions about the general administration of the psychosocial support services in Eswatini as shown in Table 4.1. A sample of orphaned and vulnerable learners that currently receive PSS services from educators was also selected to give information on current services received. These are the key stakeholders in the provision of psychosocial support services whose input go a long way in addressing the impediment factors to the provision of psycho-social support by educators. The in-depth interviews were recorded where possible.

Table 4.1: A summary of informant selection for qualitative interviews

Stakeholders to be interviewed	Targeted Informants
School administrators.	1 * 4 Regional Representatives.
MoET.	1 *Officer from Curriculum Development. 1* Officer from the Policy Department. 1* Officer from the Teaching Service Commission. 1 *Officer from Swaziland National Association of Teachers.
Deputy Prime Minister.	1* Officer in charge of the Psychosocial support programme.
Multi-sectoral international, regional link organisations.	1* Representative from UNICEF or REPSSI. 1 *Representative of Local Traditional leaders.
Total number of interviews	**11 participants**

Table 4.2 shows the final qualitative Phase 1, population of multi-sectoral linkage psychosocial support experts.

Table 4.2 Phase 1: Multi-sectoral linkage experts, in-depth interviews

Organisation	Positions held	Population interviewed
-Multi-lateral international organisation. -Two National NGOs for children.	-Technical assistance development partner. -Director: Child and family support. -Co-ordinator for HIV prevention and PSS support.	1 2
Community-based organisations (CBO): CBO neighbourhood care and Community leaders social support.	-Director neighbourhood child and youth care. -Traditional leader Tinkhundla.	2
Eswatini Deputy Prime- Minister (DPM) office for Social welfare	-Regional Child and Family senior social worker.	1
MoET departments PSS experts: Rural primary school administrators; -Teacher curriculum; Guidance counselling and policy.	-Education administrators primary and early childhood PSS curriculum. -Director of Guidance and counselling, and policy.	10
Total		16 Participants

4.6.1.2 Focus group discussions

In addition to qualitative data collected from the above, the researcher collected data from a sample of orphaned and vulnerable learners who currently receive psychosocial support within ECCE centres and primary schools in the disadvantaged rural setting of Eswatini. For this category, a single FGD was selected in each of the four regions (Hhohho, Lubombo, Manzini and Shiselweni). Psychosocial support programmes are offered in all four regions. Hence, purposively selecting any rural school that is actively involved in these programmes was viewed to achieve the same result. Therefore, the researcher used personal judgement to initially select one school from each region where the FGDs were conducted. Each focus group was made up of 6 to 12 participants. Table 4.3 shows qualitative Phase 1, the composition of FGDs conducted after saturation of data.

Table 4.3 Phase 1: Composition of focus group discussions

Focus Group	Composition	Orphan (one parent died)	Orphan: (both parents died)	Not an orphan: parents infected	Nursing ill parent(s)
A	7	6	-	1	1
B	7	6	1	-	2
C	8	7	1	-	2
D	8	3	3	1	2
E	7	2	4	1	3
F	6	4	2	-	1
G	12	4	5	3	5
Total	55 participants				

Thus, sample sizes for in-depth interviews held with multi-sectoral PSS experts and FGDs with OVC learners in qualitative Phase 1, were eventually determined by data saturation during data collection. Data obtained from these participants and PSS literature served as rich sources for the questions of the self-administered instrument in quantitative Phase 2 of the study.

4.6.2 Phase 2: Quantitative data sampling: Survey

The quantitative, Phase 2 survey was conducted to determine the provision of psychosocial support services to OVC as an additional task for the educators. Information from educators was collected using self-administered, objective questionnaires.

4.6.2.1 Population and sampling

The population of primary school educators nationally (in peri-urban, urban and rural settings) in Eswatini is currently 8928 (Annual Education Census Report, 2017: 38-41). Based on the aim and objectives of the study, the population of interest was rural educators. The study cut across all the four regions of Eswatini namely Hhohho, Lubombo, Manzini, and Shiselweni with no intention to regionalise or analyse the study results per region. The study targeted rural educators who were currently offering PSS services to OVC in addition to their teaching role.

To determine the final sample of only rural educators, there were several options. The first option is to use existing sample size Tables. Krejcie and Morgan (1970:607) provide a readily prepared table for the use which assumes a level of precision of 0.5 and 95% confidence level to provide the maximum sample size. The researcher does not need to go through the process of calculations but uses Krejcie and Morgan's prepared Table applicable to any defined population. Using this method, the sample size for 7750 rural educators which falls between 7000 and 8000, gives a sample size of 367.

Secondly, institutional standards can be used. In 1980, the United States of America National Education Association (Royse 2004: 195) endorsed the sample determination for research purposes and its Table guarantees that not less than 100 people can be selected for any research study. Similarly, Leedy and Ormrod (2015:184) and Gay, Mills and Airasian (2012:139) indicate that for a smaller population, for example, 100 or fewer educators, there will be no point in sampling but to survey the entire population. If the population size is around 500 then 50 percent is sampled, if the population size is around 1500 then 20 percent is sampled and if beyond, as in the case of an estimated 7750 rural educators or even beyond 5000 then, Guy, Mills and Airasian (2012:139) consider, a sample size of 400 as adequate.

Lastly, Yamane (1967:886) gives the sample size formula as follows:

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

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

Based on the above formula, the sample size is 380. Leedy and Ormrod (2015:185) emphasise that statisticians already have developed formulas for determining desired sample sizes for a given population. After considering the above three options in consultation with the statistician at this stage, a final sample size of 364 educators was found suitable.

4.6.2.2 Sampling selection process

Primary school and ECCE centre educators are distributed among the four regions of Eswatini according to the national population and facilities that are available. Table 4.4 shows the number of educators per region (Annual Education Census (AEC) Report, 2017:38-41) and the proportion percentage that each region contributes as determined by the researcher.

Table 4.4 Summary of educators at National level

Region	Number of educators	Proportion (%)
1	2666	29.86
2	2362	26.46
3	1972	22.09
4	1928	21.50
Total	8928	100.00

Proportion=Regional Total x 100/Overall Total

For example region 3: $\frac{1972}{8928}\ x\ 100$

= 22.09

The sample size required for the four regions was a target of 364. Samples per region were calculated based on proportional contribution to the national global totals as follows:

Region 1: 29.86% x 364 = 109

Region 2: 26.46% x 364 =96

Region 3: 22.09% x 364 = 80

Region 4: 21.59% x 364 = 79

Total = 364

Effectively 364 questionnaires were administered. The above summaries of sample sizes were checked against the option of using the number of rural schools provided in the Eswatini schools' list of 2019 and Annual Education

Census Report (2017:7). From that list, schools are distributed per region as shown in Table 4.5.

Table 4.5: Rural educator sample sizes per region

Region	Number of rural schools	Calculated sample size per Region
1	148	101
2	133	92
3	133	92
4	115	79
Total	529	364

Sample per region =Total rural school per region/Total rural schools 364

Therefore, there were small variations between regional sample sizes based on the number of educators at the national level and using the number of rural schools to come up with rural educator sample sizes, which was insignificant and acceptable to carry out the survey. Thus, this large sample of educators was identified and selected for the quantitative Phase 2 of the study compared to the qualitative Phase 1, where there was a smaller sample of participants. Also, these rural educators were currently involved in the delivery of PSS services to orphaned and vulnerable learners. The actual number of rural educators that responded to the survey in the four regions was 296 (see Table 6.1). According to Onwuegbuzie and Collins (2007: 290), in mixed-methods research sampling schemes must be chosen for both the qualitative and quantitative components of the study, and the sampling process involves seven distinct linear steps. The steps include the study's goals to better understand complex phenomena, test new ideas; that lead to the research objectives (exploration, prediction). This, in turn, leads to a determination of

the research purpose, (triangulation, complementary); determining the research questions, followed by the selection of the mixed- methods research design and lastly the selection of the individual sampling schemes.

According to Teddlie and Yu (2007: 77), in the social and behavioural sciences, sampling procedures are mostly purposive. Therefore, this study used the purposive sampling technique to select the multi-sectoral linkage experts that deal with OVC issues and to select OVC learners that participated in the qualitative Phase 1 of the research study. The purposive sampling technique is used in qualitative studies for selecting units for individuals, groups of individuals and institutions based on specific purposes associated with answering a research study's questions. Rural ECCE centres and primary schools' selection was based on purposive selection, because all were, offering PSS services to OVC as expected by the MoET of Eswatini. Hence, FGDs for OVC were held in the rural primary schools.

For the qualitative Phase 1 of the study, sampling purposefully targeted information-rich PSS expert' informants from multi-sectoral linkage organisations that support OVC MoET departments, social welfare, international, national and community-based NGOs involved in psychosocial support of orphaned and vulnerable learners. The target was to interview 11 candidates under this category, but in qualitative research, it is permissible to add on the number of informants based on need (Maree 2016: 84). Overall, the semi-structured in-depth interviews were then held with 16 informants and seven FGD groups of 55 OVC learners. The semi-structured, in-depth interviews were triangulated with the seven FGD interviews held in each of the four regions. Primary school learners who are cognitively more mature and in higher grades, six and seven, that had a better understanding of the meaning of concepts were selected to participate in the FGDs. In-depth focus group interviews were conducted in both SiSwati and English languages for the convenience of better understanding all the learners where necessary. Therefore, an assistant siSwati linguist was used to translate the English questions to SiSwati, for the learners' better understanding. Purposive

sampling techniques are also referred to as non-probability sampling, purposeful sampling or qualitative sampling (Teddlie and Yu 2007: 80).

For the quantitative research, Phase 2 of the study targeted educators from these institutions and were selected based on their involvement with the OVC. These were educators who met the criteria of delivering psychosocial support services. Objective questionnaires were finally completed by 296 educators out of the targeted sample of 364. To select the most relevant samples for the research objectives of this study, participants and respondents were selected based on their specific characteristics criteria such as currently being involved in delivering PSS services to OVC rather than randomly (Tashakkori and Teddlie 2003: 713). In addition, quantitative data for the survey was collected using self-administered, objective questionnaires with a 6-point Likert scale.

4.6.3 Inclusion criteria

- School environments that offer services to orphaned and vulnerable learners in disadvantaged settings.
- Learners who were orphaned and made vulnerable as a result of HIV and AIDS, who were selected with the assistance of the administrators and educators.
- Orphaned and vulnerable learners, aged 11 to 18 years, including those nursing an ill parent (s) suffering from HIV or AIDS.
- Multi-sectorial professionals from organisations that serve as links for orphaned and vulnerable learners.
- Educators and administrators from the disadvantaged early childhood centres and primary schools conducting PSS for a year or more.
- Officials from the MoET and Deputy Prime Ministers' office responsible for the social services of children.
- National curriculum centre, policy guidance and counselling services officials responsible for orphaned and vulnerable learner services implementation.

4.6.4 Exclusion criteria

- Schools that are not in disadvantaged settings were excluded from the final research study.
- Educators who are not involved in the teaching and learning of orphaned and vulnerable learners.
- Learners that are not orphaned or suffer vulnerability caused by HIV and AIDS were excluded from participating.
- Learners above the age of 18 (only those requiring headteachers or parental/guardian assent participated).

4.7 DATA COLLECTION PROCESS

4.7.1 Phase 1: Qualitative phase : Interviews

A letter of information (Appendix 2a), which provides the details about the study was provided to the participants. A letter of information that was translated to SiSwati (Appendix 2b) was provided to participants who did not understand English. Thereafter, a written, signed consent was sought from the participants (Appendix 3a and 3b). An interview guide (Appendices 4a and 4b) was used to collect data from the selected officials to explore the factors that hinder the educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS when offering psychosocial support services. The researcher made appointments and personally conducted in-depth interviews with psychosocial support stakeholder officials in environments that were comfortable to the respondents. In the study, the research participants requested to conduct the interviews in their usual work environments. All questions for the in-depth and FGD interviews were based on prepared interview guides (Appendices 4a and 4b). Interviews took 45 minutes to 1 hour. Where granted, the data from interviews were audio-recorded. The researcher found it helpful to write notes that aided in reviewing the answers and to ask additional questions at the end of the interview. The captured interview data were then transcribed while it was still fresh in the interviewer's memory (Maree 2016: 94).

4.7.2 Phase 1: Qualitative phase: Focus group discussions

In addition to qualitative data collected from the above the researcher also collected data from the learners. For this category, a single FGD was used from selected schools in each of the four regions (Hhohho, Lubombo, Manzini and Shiselweni). Psychosocial support programmes are offered in all four regions, hence, rural primary schools were purposively selected. Any rural school regardless that they are government-owned, community or mission-owned are expected to be actively involved in the PSS services programme, and it was assumed that the same results could be achieved. Therefore, the researcher used personal judgement to select one school from each region where the FGDs were conducted and ownership of the schools was disregarded. Each focus group was made up of 6 to 12 participants.

A letter of information (Appendix 2c), which provides the details about the study was provided to the participants and a letter of information translated to SiSwati (Appendix 2d) was provided to participants who did not understand English. Since learners who are below the age of 18 years are classified as a minor and vulnerable group, a written, signed consent (Appendix 3c) was sought from the guardians. A consent which was translated to SiSwati (Appendix 3d) was provided to the guardians who did not understand English. The signed assent for learners under 18 years of age was then sought (Appendices 3e and 3f).

An assistant familiar with psychosocial support issues, also a SiSwati linguist, was assigned to explain questions to learners for better understanding using the SiSwati focus group guide (Appendices 5a, 5b, 5c and 5d). The researcher was the moderator to ensure that every learner gets a chance to participate, probing, capturing non-verbal cues, take notes and audio record the interview. The interview proceedings were held within the schools. Learners were isolated from fellow students and teachers for privacy. The focus group size was between five to twelve learners (Maree 2016: 96). FGDs lasted for 30 to 60 minutes. Immediately after the session, the researcher

wrote transcripts in a question-by-question format to capture what the group said regarding each question (Maree 2016: 97). After that, data solicited from focus groups in SiSwati were translated to English by the linguist working at the University of Eswatini in the Kingdom of Eswatini.

4.7.3 Phase 2: Quantitative phase: Survey

A survey was conducted to determine the provision of psychosocial support services to OVC as an additional task for the educators. The researcher had the chance of informing the educators during the qualitative Phase 1, of the next quantitative Phase 2 that required their participation in a survey. Therefore, quantitative data from the educators involved in PSS service delivery was collected using self-administered structured questionnaires with objective 6-point Likert scales. The formulation of the actual questions that were included in the research instrument was based on the objectives and informed by the outcome of the qualitative research findings from Phase 1 of the study. The details of how the questionnaire was developed are as follows: The instrument development was at an intermediate stage of the research study soon after qualitative Phase 1 and before the quantitative survey-Phase 2 of the study. The developed structured educator instrument (Appendix 7) was informed by items developed from qualitative Phase 1 findings and themes (chapter 5), complemented by related literature and the PERMA well-being theoretical framework concepts chosen for the study.

Section A was made up of the demographic data of educators. Then, the study considered literature, PERMA Theory of Well-Being concepts and the following themes as content areas. Theme 1 to 5 formed Section B items, for PSS services delivered by educators (see Table 5.1). Themes 9 and 10 and their sub-themes (see Table 5.2) formed seven items for Section C, factors perceived to be critical for effective delivery of psychological and emotional needs services. Themes 11, 12, 13 (see Table 5.3) and the 15 sub-themes (Table 5.4) formed challenge items for Section D. Theme 14 (Table 5.5) and PERMA Theory concepts were mainly used to form items for assessing

effects of delivering PSS services on educators under section E. In total there were 72 items across the questionnaire after PSS experts, the research supervisors and a professional statistician reviewed the instrument, before the survey.

4.8 PRE-TESTING OF THE DATA COLLECTION TOOLS

The interview guide was piloted with two officials who are part of the multi-sectoral linkages experts that deal with OVC before the interviews were held while the research supervisor, statistician and one specialist in the field of psychosocial support assisted in the questionnaire validation process. The guide for the FGDs with learners was piloted with a group of six learners with the assistance of one educator. Five educators were used in piloting the quantitative questionnaire. The Cronbach alpha reliability test was run using the Statistical Package for the Social Sciences (SPSS) software to test the consistency of questions asked in the different sections of the questionnaire. A reliable instrument must have a reliability test average score of 0.7 (Zikmund and Babin 2010: 334). Adjustments and modification of the instruments were done by removing questions that seemed ambiguous before using with the actual study sample.

4.9 DATA ANALYSIS

Data analysis is conducted to reduce, organise, and give meaning to data (Grove, Burns and Gray 2013: 691). In this exploratory, sequential mixed-method study, both the qualitative analysis and quantitative analysis processes were applied.

4.9.1 Qualitative data analysis

According to Maree (2016: 109), qualitative data analysis tries to establish how participants make meaning of a specific phenomenon by analysing their perceptions, attitudes, understanding, knowledge, values, feelings and experiences in an attempt to approximate their construction of the

phenomenon. Raw qualitative data was obtained until data saturation was reached from focus group discussions with OVCs and from semi-structured in-depth interviews held with multi-sectoral PSS linkage experts to gain their understanding, experiences and perceptions on the delivery of PSS services to OVC, done by educators in the rural setting. Finally, seven FGDs were held with 55 orphaned and vulnerable learners and 16 semi-structured in-depth interviews with the multi-sectoral linkage participants with expertise in psychosocial support (see Table 5.1), for the final sample after saturation of data collection.

After transcribing audios verbatim, manual thematic analysis was used to code, identify and organise relevant patterns and themes extracted from the data sources of in-depth interviews and FGDs based on the objectives of the study. Final themes and sub-themes that emerged were used to come up with items for the Phase 2 survey questionnaire, and to validate quantitative findings and for comparison to assist in clarifying information obtained from educator questionnaires. According to Bryman (2008: 555), thematic analysis is a prominent means often used in qualitative data analysis that lacks a specified series of procedures because different researchers can opt to do thematic analysis differently as long as certain quality criteria for thematic analysis are adhered to. This study used the criteria for good thematic analysis as recommended by Braun and Clarke (2006: 87) based on Table 4.6 phases to thematically analyse the vast amount of unstructured data obtained from qualitative Phase 1 of the study

Table 4.6 Thematic analysis phases

Phase	Description of the Process
1. Familiarising yourself with your data.	Transcribing data, by reading and re-reading the data, noting down initial ideas.
2. Generating initial codes.	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each set.
3. Searching for themes.	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic map of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tell, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis of selected extracts, relating back of the analysis to the research objectives/questions and literature, producing a scholarly report of the analysis.

Source: Adapted from Braun and Clarke (2006: 87)

Thematic analysis for the study was data-led and the researcher transcribed the interview verbatim. The transcriptions were used to look at each participant's response line by line and grouped together emerging and relevant themes to familiarise and understand the raw qualitative data information obtained from FGD interviews and semi-structured in-depth interviews. Final categories and sub-themes were formed, as per Braun and Clarke (2006: 87) (see phases in Table 4.6). Issues that emerged were used to validate findings and to write up a report on the results, describing how they were connected and was supported by quotes from the interviews without interpreting as explained in chapter 5. Thereafter, an interpretation of the analysed qualitative data was written alongside the significant findings of quantitative data in chapter 7 (section 7.2). This was followed by the

qualitative results comparisons to similar published results from previous studies in the field of PSS regionally or international contexts and theory concepts which were then discussed in chapter 8. The steps that were taken by the researcher to ensure the trustworthiness of the data are discussed under trustworthiness for qualitative research section 4.10.

4.9.2 Quantitative data analysis

Quantitative data analysis is the manipulation of numeric data through statistical procedures to describe phenomena or assess the magnitude and reliability of relationships among them (Polit and Beck 2012: 379). The Statistical Package for Social Sciences (SPSS) Version 25 software was used to analyse quantitative data. The quantitative data collected from the survey with educators was analysed to obtain descriptive and inferential statistics. Biographical data of educators and other items from sections B to section E in the structured questionnaires were analysed statistically and categorised in Table format for visual understanding.

4.10 TRUSTWORTHINESS FOR QUALITATIVE RESEARCH

Trustworthiness is the extent to which a research study is worth paying attention to, worth taking note of, and the extent to which other researchers are convinced that the findings are to be trusted (Lincoln and Guba 1985: 290; Babbie and Mouton 2001: 176). Sibiya, Ngxongo and Bhengu (2018: 3) add that in qualitative research, trustworthiness establishes research rigour without sacrificing relevance. Lincoln and Guba, in their 1985 scholarly writing, indicate that it is important to evaluate the worth of research by posing four questions or four criteria of trustworthiness which are credibility, transferability, dependability and confirmability (Lincoln and Guba 1985: 290). Credibility depends on whether the study measures or tests what is intended (confidence in the truth of the findings, the plausibility of the research findings). The criteria that evolve in response to posing these terms are internal validity, external validity, reliability and objectivity (Lincoln and Guba 1985: 190). Lincoln and Guba (1985: 301-318) indicate techniques for

establishing credibility as, prolonged engagement, persistent observation, the technique of triangulation, peer debriefing, negative case analysis, referential adequacy, and member checking. Techniques for establishing transferability involves thick description. Techniques for establishing dependability involves inquiry audit. Techniques for establishing confirmability includes confirmability audit, audit trail, triangulation and reflexivity.

4.10.1 Credibility

To ensure credibility, the researcher used the same qualitative interview guide in the first phase of the data collection for the interviews that were conducted with professionals and school administrators from the MoET departments, OVC participants during FGD discussions and PSS experts from the multi-sectoral linkage organisations. The qualitative Phase 1, of the study, allowed the researcher to triangulate data from these qualitative sources (semi-structured in-depth interviews with multi-sectoral linkage stakeholders, FGDs with learners) with perspectives of educators obtained during the quantitative Phase 2 survey. This enabled a better understanding of factors hindering service delivery and how psychosocial support services in disadvantaged rural schools are currently delivered to the orphaned and vulnerable learners impacted by HIV/AIDS.

Member checking was done to enhance credibility by asking the interviewed participants to confirm if the transcribed data from taped interviews or study notes taken during and immediately after interviews, was a true reflection of their views regarding their role and perspectives in the service delivery of psychosocial support by educators in the ECCE centres and primary schools in disadvantaged rural settings of Eswatini. These measures ensured the accuracy of the qualitative findings.

4.10.2 Transferability

Transferability entails showing that the findings can be applied in other contexts (Polit and Beck 2013: 585). To ensure transferability by future researchers/scholars, this study was conducted in the disadvantaged rural setting of Eswatini. An explanation of how the participants were selected was provided. In turn, other scholars can test the applicability of the data in other contexts. For example, by describing the setting where the study took place (disadvantaged early childhood centres and primary schools in rural settings where educators who deliver the services to disadvantaged orphaned and vulnerable learners are found) and documenting the process of how the data was collected, additional evidence such as direct quotes/narratives from participants during FGDs about issues of psychosocial support service delivery will help future researchers. These description measures, according to Creswell (2003: 196) may act to transport readers to the setting as the discussion might give an element of shared experience. The description was then utilised to ensure both the transferability and authenticity of findings.

4.10.3 Dependability

Dependability involves showing the consistency of findings and that they can be repeatable in the same context (Pandey and Patnaik 2014: 5750). To ensure dependability, the supervisor and colleagues with expertise guided the inquiry audit. These researchers or experts, are not involved in the research study data collection but examine both the process and product of the research study (Pandey and Patnaik 2014: 5750). The audit trail technique ensured that the researcher keeps all audiotaped records of interviews and FGDs on a disc. In addition, the researcher ensured that raw data from each interview with multi-sectoral linkage officers was kept safe in lockable files for future reference and inaccessible to people not involved in the study. The researcher's personal note-taking and reflexive notes about the description of how the data were collected, indicating decisions made throughout the inquiry and important feedback or guidance from the expert/supervisor at each stage

of the research ensured the development of stronger and better-articulated findings that ensure dependability (Pandey and Patnaik 2014: 5746).

4.10.4 Confirmability

Confirmability, also referred to as the degree of neutrality is the extent to which the findings are determined by the respondents and not by researcher bias, motivation, or interest or perspectives of the inquirer (Maree 2016: 125; Pandey and Patnaik 2014: 5746). An audit trail that involves doing audio recordings to capture the participant voices, to reflect their actual views and experiences during interviews and FGDs were utilised. The audio recordings were supported by direct quotes from the educator and learner participants to eliminate subjectivity and bias. Therefore, this helped in analysing data through identifying themes and subthemes from the recorded data which were supported by the direct quotes from the participants. Another technique that was used to achieve neutrality was making use of summaries, condensed notes, quantitative summaries and theoretical notes for data reduction and as an analysis end product. Each of these techniques can be used to test more than one of these criteria of trustworthiness. Furthermore, combining the techniques can be used to serve the purpose of establishing rigour and acceptance of qualitative work among the investigators and critiques of qualitative research (Pandey and Patnaik 2014: 5753).

4.11 RESEARCH RIGOUR FOR QUANTITATIVE RESEARCH

In quantitative research, the quality of research is assessed using the tests of construct validity, internal validity, external validity and reliability (Pandey and Patnaik 2014: 5745). The different forms of research carried out in the different professions are read and required for decision-making purposes in different areas. As such, these researches need to be of high quality. When conducting research, particularly quantitative research, evaluation and measurement of the quality of instruments is done through reliability and validity measures (Bless, Higson-Smith and Kagee 2006:149). Rigour is ensured only by validity and reliability in all kinds of research methods, hence,

the debate on the reliability and validity in qualitative research also has objectivity as one of its major challenges, including its lack of any statistical analysis and sample size calculations (Pandey and Patnaik 2014: 5745).

4.11.1 Reliability

Grove, Burns and Gray (2013: 707) define reliability as representing the consistency of the measurement obtained and that a measure is a reliable measure if it gives the same results each time the same situation or factor is measured (Grove, Burns and Gray 2013:198). Research scholars agree that the reliability of a research instrument is the extent to which empirical measures that represent the researcher's theoretical concept are accurate and stable (Royse 2004; Bless, Higson-Smith and Kagee 2006; Zikmund and Babin 2010; Maree 2016). This implies that a reliable instrument must produce consistent results for repeated trials (Bless, Higson-Smith and Kagee 2006: 149). In that same vein, repeated use of an instrument must lead to the same results if the instrument is reliable (Zikmund and Babin 2010: 334). Additionally, when a number of items are formulated to measure a certain construct, there should be a high degree of similarity among them since they are supposed to measure a common construct. Maree (2016: 239) argues that this measure of the degree of similarity is an indicator of the instrument's internal consistency or its reliability.

The study aimed to develop and use a reliable quantitative research instrument. In order to do that, the research instrument to be used was subjected to a reliability correlation coefficient test called Cronbach alpha (α) which can be run in the SPSS package. The Cronbach alpha values range from zero to one and any value close to one represents high internal consistency while an alpha value close to zero means the items are poorly formulated and do not correlate strongly (Royse 2004: 125; Maree 2016: 239). When conducting research, the reliability index of 0.6 and below is unacceptable while reliability levels above 0.80 are acceptable. Bless, Higson -Smith and Kagee (2006: 158) state that researchers may improve instrument

reliability by adopting strategies such as exploratory studies, pre-testing instruments, adding more items of the same scale and giving clear instructions to respondents.

4.11.2 Validity

The quality of a research instrument hinges on both reliability and validity. An instrument that has high reliability can lack validity, making it a poor measurement instrument. Validity refers to the accuracy of a measure or the extent to which a score truthfully represents a concept (Zikmund and Babin 2010: 335). It determines whether the research truly measures that which it is supposed to measure (Golafshani 2003: 599). Measuring validity is generally difficult and quantification of validity is not possible. Therefore, evaluating the validity of an instrument is like identifying the instrument's limitations and strengths and this requires the involvement of experts in the area of study (Royse 2004: 129). The basic types of validity are face validity, content validity, and construct validity (Maree 2016: 240-241).

Face validity refers to the extent to which an instrument appears to measure what it is supposed to measure (Maree 2016: 240-241). Because face validity is difficult to quantify and measure the researcher relied a lot on requesting senior practitioners in the psychosocial support services and supervisors to scrutinise the instrument before it was used.

Content validity is the extent to which the instrument covers complete content that the instrument is set to measure. Experts and supervisors scrutinised the instrument to make sure all the relevant content that is required to fully address the research questions have been included in the instrument. Bless, Higson-Smith and Kagee (2006: 156) note that content validity can also be aided by using relevant literature.

Construct validity is about the coverage of the different sets of related items used to measure the concept being researched. The combined responses to these issues should provide effective measures of these factors. It is further argued that a closer analysis of factor components and individual items which constitute the instrument can improve its quality (Maree 2016: 240). The researcher used factor analysis to make sure that common factors are grouped together, and item analysis to eliminate the use of bad items such as questions that are too easy or too difficult.

4.12 ETHICAL CONSIDERATIONS

Before commencement of the study, ethical clearance was issued by the Institutional Research Ethics Committee (IREC) at the Durban University of Technology (DUT) (IREC Ref.069/19 Appendix 1). Gatekeeper permission to conduct the study was sought from the Eswatini MoET (Appendix 2a) and a letter of approval to carry out the study from the MoET in Eswatini was obtained (Appendix 2b). A letter of information was made available to the potential participants for semi-structured in-depth interviews (Appendix 3a) and focus group discussions (Appendix 3c) which provided the details of the study. For participants who were not familiar with English, translated copies of letters of information were provided (Appendix 3d). Thereafter, written informed consents in English translated to SiSwati were sought from the participants (Appendices 4a and 4b). Consent from the parents/guardians of learners who participated in the FGDs was sought (Appendices 4c in English and 4d in SiSwati). A signed consent was also sought from the learners (Appendix 4e in English and translated to SiSwati, Appendix 4f).

There are ethical principles involved in social science research, national and professional associations, including university ethical boards due to reported evidence of corruption, scientific misconduct and impropriety from around the world (Israel and Hay 2006: 6). Therefore, this has resulted in institutional demands for individual accountability which is another reason to care about ethics. Thus, ethics is concerned with what is right and wrong, good and bad

and this on its own is not enough (Israel and Hay 2006:7). Researchers need to consider how the research purposes, contents, methods, reporting and outcomes abide by the ethical principles' practices (Cohen, Manion and Morrison 2007: 51). Major ethical principles include the principle of beneficence, respect, justice and others such as informed consent, the right to privacy, confidentiality procedures and treatment of vulnerable groups.

4.12.1 Beneficence

The principle of beneficence includes the requirement for researchers to do good and above all do no harm to research participants (Grove, Burns and Gray 2013: 162). Israel and Hay (2006: 36) also believe that it includes the idea of doing no harm, with the intention of ensuring subjects well-being and that this at times constitutes the principle of non-maleficence that is, protection of participants from physical and psychological harm and exploitation (Polit and Beck 2012: 172). There was no physical harm produced or psychological harm resulting from participating in the study. To avoid psychological discomfort from the nature of questions asked, participants were given a chance to ask questions and air their views or opinions. Each participant received a verbal explanation on the nature of the study prior to embarking on the study activities with interview participants; focus group discussion participants', parents/guardians, and survey participants. On possible risks, the researcher explained that the study protocol did not involve procedures that were not indicated by the study, such as experiments or administration of trial drugs without their knowledge. Participants were not asked to perform any acts or make statements that might have caused discomfort, compromised them, diminished their self-esteem or caused them to experience psychological harm or regret. Had there been any unforeseeable incidents during study activities, as a DUT registered student, the researcher had a DUT insurance cover. These measures were put in place to ensure this principle of beneficence.

4.12.2 Respect for persons or human dignity

Oliver (2010: 6) argues that terminology used should reflect respect and equality of treatment, for example, the use of the term 'subject' reduces the status of the person providing the data and suggests a lack of respect. The term respondent shows free will and much more active participation, whilst the popular term participant assumes the person is fully involved and there is an implication that the individual is being consulted. This term is usually associated with qualitative research or interpretive research perspectives which place greater emphasis on the unique contribution of each individual. Some quantitative research studies use the term participants in place of the subject. Israel and Hay (2006: 36) emphasise that participants should enter into research voluntarily and with adequate information. Since this principle pertains to the participant's right to freedom and self-determination, it places some of the responsibility on the participant, should anything go wrong during the research. This is because they decided to participate after being informed of facts that influence their decisions (Grove, Burns and Gray 2013:162).

The right to refuse to take part or to withdraw when the research has begun and the right not to answer specific questions is part of the right to self-determination. If participants refuse to take part they must not be questioned, their acts not recorded, and should not be included in any book or article even under a pseudonym. Therefore, informed consent can imply informed refusal and can also pertain to the individuals' right to freedom and self-determination (Cohen, Morrison and Manion 2007: 52).

Therefore, as a way of respecting all sampled persons, the study referred to them as participants, not subjects. Measures that were put in place to ensure the right to freedom and self-determination included verbally highlighting that participants had the right to refuse to answer specific questions, to ask for clarification where they felt they needed an explanation and to freely discontinue taking part in the study at any time they felt like withdrawing from outlined study activities. Thereafter, participants who agreed to take part

voluntarily proceeded to read, sign letters of information and informed consents to participate in the study were obtained.

The participants for interviews were given the chance to fill in a letter of information for interview participants in the English language (Appendix 3a) or SiSwati (Appendix 3b). The appendices had statements that indicated reasons if any, that participants after agreeing to participate in the study could withdraw at any time of the study without any consequences if they chose to do so. Letters of information in both English (Appendix 4a) and SiSwati (Appendix 4b) were also availed and signed by focus group discussion participants (Guardian/surviving parental consent was sought in English (Appendix 6a) translated into SiSwati (Appendix 6d) to enable the minor learners to participate in the focus group discussions. The appendices also had a specific sentence indicating that they could withdraw their consent for the minor participants at any stage of the study without any prejudice.

4.12.3 Informed consent principle

Informed consent is also important if participants will be exposed to any stress, pain, or invasion of privacy. Informed consent requires a full explanation of information about possible consequences and dangers of the research. It is a necessity in social science research to obtain informed consent and cooperation of participants and of significant others in the institutions or organisations providing the research facilities. It should also be noted that some cultures may not be stringent about informed consent while in others there are strict protocols that exist to gain informed consent (Cohen, Manion and Morrison 2007: 52). For example, Israel and Hay (2006: 73) highlight that in the United States of America, medical researchers need to augment individual informed consent with community advisory boards comprised of people who share a common identity, ethnicity, history, language or culture with the participant. Treatment of vulnerable groups such as ill patients, not in their right state of mind or those with mental challenges and children, as in this research requires the researcher to consult and seek

permission from adults responsible for the minors regarding obtaining informed consent. In this study, a written guardian/surviving parental consent was obtained for the minor orphaned and vulnerable learners (Appendix 3c) and was translated into SiSwati (Appendix 3d). The guardian/surviving parent signed in ink or used a thumbprint signature for those who were illiterate, to confirm giving consent for the learner participants to take part in the focus group discussions during the study.

4.12.4 Confidentiality

The principle of confidentiality is a contractual procedure that is made by the researcher, that any information provided by the client will not be divulged publicly in a manner that identifies the participant. This involves not sharing study information with anyone outside the study unless the individual gives permission to do so (Polit and Beck 2012: 162). The same writers suggest steps to avoid breaching confidentiality such as not using identification details such as names and addresses. Anonymous identification numbers can be used for the data. Identifying information must be kept in a lockable file and not be entered into computer files. Tapes should be destroyed as quickly as practically possible, within five years and when reporting data findings, the participant's identity should be a fictitious name if the individual needs to be reported as part of research information. Therefore, Oliver (2010: 13) stresses that in any form of human interaction including research, respecting each other's privacy is important. This defines parameters for kinds of activities that are acceptable, less acceptable or even unacceptable.

Participants were reassured that confidentiality and anonymity would be maintained. That is, recorded and written data obtained during interviews, focus group discussions and the survey was kept confidential in a lockable cupboard. Electronic data was kept in a password-protected computer and the researcher will save this data in the same manner for five years. Names of participants were not used in research documents and were substituted with numbers during narrations to ensure anonymity and confidentiality. Letters of

the alphabet were used instead of actual school names. Codes were used to identify data collection tools and participants. At the end of five years audio recordings will be deleted, the recycle bin information will be emptied and hard copies will be shredded.

4.12.5 Justice

Polit and Beck (2012: 172) indicate that the principle of justice encompasses the right to fair treatment and the right to privacy. Grove, Burns and Gray (2013: 162) highlight that this principle emphasises that human participants should be treated fairly. Hence, the major principles require the inclusion of informed consent. To ensure the right to fair treatment, participants were treated by respecting their culture and beliefs during the study interaction. Opportunities were provided to participants to air their views/opinions and ask questions. The right to privacy of participants was achieved by conducting activities in privacy, interviewing multi-sectoral link participants individually and focus group discussions were held in privacy within the school, away from peers and teachers. Treating obtained data with confidence and anonymity was adhered to as participants' names were not used in research documents and were substituted with codes/numbers during narrations. Letters of the alphabet were used instead of actual school names. Data collected was used for academic purposes and only shared with supervisors and statisticians for the sake of research reporting.

4.12.6 Permission to conduct the research study

The researcher obtained ethical clearance from the University's ethical committee (Appendix 1) which enabled the approaching the different institutions involved in the study for information. Permission to conduct the study was sought and granted by the MoET of Eswatini (Appendices 2a and 2b). Informed consent was obtained from the participating school principals, educators and guardians/parents of the children who participated in the study. Explanation of the intended research and written consent forms were made available in both SiSwati and English languages.

4.13. SUMMARY OF THE CHAPTER

This chapter presented the selected research design for the study and the methodology that guided the study. Ethically considerations that need to be observed during recruitment, during the process of data collection and release of results were outlined. The next chapter presents the findings of Phase 1 (qualitative data).

CHAPTER 5: PRESENTATION OF FINDINGS: PHASE 1 (QUALITATIVE DATA)

5.1 INTRODUCTION

The previous chapter discussed the methodology of the study. Chapter 5 focuses on the reporting of research findings/results based on the evidence from the fieldwork. The study aimed to explore factors that hinder educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS when offering psychosocial support services in disadvantaged rural early childhood care and education centres (such as grade zero located within a few primary schools and national care points within the villages) and primary schools. Ultimately, the study aimed at developing a contextual framework for managing the delivery of psychosocial support services within early childhood care and education centres and primary schools in the kingdom of Eswatini. The study used the exploratory, sequential mixed-method design whereby data collection was done in two phases. This chapter presents qualitative results, which comprises in-depth interviews and FGD themes, which are presented in narrative and direct quotes from participants.

The participants for the qualitative research phase were from the MoET Eswatini. This comprised of PSS focal persons who included school administrators from the four regions of Eswatini, MoET department representatives of primary school and ECCE student-teacher PSS training (from the teaching, student-teacher curriculum department, policy guidance and teaching). Multi-sector linkage PSS representatives from multi-lateral organisations drawn from non-governmental organisations, and community-based organisations, a Swati community leader representative and a social welfare department senior officer who operates within the deputy prime minister's office, participated in the in-depth interviews. FGDs data was obtained from the orphaned and vulnerable learners who receive

psychosocial support services from educators in the rural primary school environment in all four regions of the Kingdom of Eswatini.

All the participants were asked open-ended questions based on question guides developed from the study objectives for use during the audio recorded interviews and FGDs where permission was granted. The qualitative data major themes and sub-themes that emerged from the transcribed data were then presented by each objective. Major themes and sub-themes emerged following the process of data analysis. Therefore, the discussion that follows includes the reporting of qualitative results, which integrates the in-depth interviews and FGDs themes, which are presented in narrative and direct quotes from participants. Interpretation of data and data analysis of the qualitative phase will be presented in the next chapter.

Objectives of this study were to:

- Explore how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in ECCE centres and primary schools.
- Identify factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners.
- Explore the challenges encountered by educators, orphans and vulnerable learners in psychosocial support service delivery within ECCE centres and primary school environment.
- Assess how educators and administrators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment.
- Determine the role of the MoET in supporting multi-sectoral linkages related to OVC.
- Develop a contextual framework for educators and learners in psychosocial support services within ECCE centres and primary school environment.

5.2 QUALITATIVE PHASE: PHASE 1

The research intended to explore, understand and interpret the meaning of the responses through the audio - recordings obtained during individual and FGD interviews. Results from the interviews and FGD discussions generated input for the survey instrument (Phase 2 of the study).

The following table represents the coding that was used during the presentation of results to indicate the source of the quotes for Phase 1: Qualitative participants.

Table 5.1: Coding of Phase 1: Qualitative phase participants

Organisation/group	Organisation code	Total Participants interviewed
OVC Learner Focus groups A to G	FGD #A, FGD #B, FGD #C, FGD #D, FGD #E, FGD #F and FGD #G	7 groups held with 55 participants
• Multi-sectoral linkage PSS experts: Multi-lateral international children organisation. • Non-Governmental Organisation (NGO). • Community-Based Organisation (CBO): NCPs and Liswati Traditional leader, (TL). • Social Welfare Department participant (SW: DP).	MULTI-UN NGO: K and NGO: KB CBO: NC and CBO: TL SW: DP	1 participant 2participants 2 participants 1 participant
• MoET: Rural primary school administrators (Headteachers, HT) • MoET Departments for PSS student teacher ECCE and primary training (Curriculum & Teacher education), Policy and Guidance units	HT #1, HT #2, HT #3, HT #4, HT #5, HT #6, and HT #7 DPT: CURR, DPT: TS, and DPT: POL	7participants 3 participants

Key: for example FGD#A to G represents focus group discussion number one, HT#1 represents Head teacher number one to seven. DPT: CURR means department of curriculum, (TS) teaching service and (POL) policy participants.

5.3 CURRENT PSYCHOSOCIAL SUPPORT SERVICES PROVIDED BY EDUCATORS IN EARLY CHILDHOOD CARE AND EDUCATION CENTRES (ECCE) AND PRIMARY SCHOOLS OF RURAL ESWATINI

The first objective sought to explore how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in ECCE centres and primary schools.

Themes that emerged from this objective were material support to fulfil physical needs, learner participation in school social activities that enhance a sense of social belonging with peers, spiritual support services to fulfil spiritual needs, capacitation of educators on enacted laws to fulfil child rights, educator PSS life skills training to enable holistic psychosocial support services delivery and enhancing the well-being of OVC learners, poor support for zero grade learners, and failure by some school administrators to conduct PSS services.

Table 5. 2: Current psychosocial support services provided by educators in Early Childhood Care and Education (ECCE) centres and primary schools of rural Eswatini

Research objective 1	Themes	Subthemes
Exploring how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in ECCE and primary schools.	Theme 1: Material support to fulfil physical needs.	• School uniform. • Government-aided food provision in rural primary schools. • Sanitary pads for girls.
	Theme 2: Learner social activities to fulfil the sense of belonging needs.	• Fundraising activities. • Participating in clubs of choice.
	Theme: 3: Spiritual support	• Scripture union. • Assembly prayer sessions. • Invited pastor sermons.
	Theme 4: Educator capacitation on children's enacted laws on child rights.	• Social welfare ensures educators are informed on OVC legal instruments and other learners' rights.
	Theme 5: Educator PSS life skills training to enhance OVL well-being.	• School administrator capacitation by NGOs to facilitate school-based PSS service delivery. • Ongoing guidance and counselling teacher in-service PSS training. • Multi-lateral organisation and partner NGOs technical support to MOET for training ECCE and primary school student teachers on PSS curriculum.
	Theme 6: Failure to deliver PSS services.	• Lack of educator expertise in PSS delivery depriving OVC holistic care.
	Theme 7: Poor support for zero grader OVC learners.	• Non-availability of zero graders resources.
	Theme 8: Interdisciplinary coordination.	• Non-uniformity in information dissemination among headteachers on available PSS linkages.

5.3.1 Theme 1: Material support to fulfil physical needs of learners

Material support that is facilitated by the schools for the orphaned and vulnerable learners is in the form of school uniforms, food, sanitary pads, and gifts in kind.

5.3.1.1 School uniform

School uniforms are given to learners in need by school teachers, other learners and NGOs sourced by the schools. Administrators of rural primary schools pointed out that schools' source out uniforms for the OVC, but teachers mostly buy the school uniforms for learners. Among the seven learner FGDs, five groups emphasised that they are given shoes or uniforms within the school environment and went on further to indicate that if they were teachers they would buy jerseys and shoes for learners without uniforms. These are confirmed by the quotes below:

"…. There are those that does not (sic) have uniforms. The teachers also try but not to all of them. Those few because 'nathi' we do not have a lot to render to them." (HT #2).

"…. There used to be a group of teachers who used to see that they can support them with for an example, they do give those children jerseys, shoes, eeh soap umm many things." (HT #5).

"The school buy us shoes." (FGD #E; SCH#5)

5.3.1.2 Government aided food provision for all learners

The participants stated that one school meal is provided to the learners as part of the MoET's ongoing programme called 'Zondle' in all rural primary schools. The programme includes the availability of a school garden to produce a variety of vegetables to use as an accompaniment to produce a balanced diet. The statements that follow confirm:

"…. 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 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).

"…. right now there were children telling us this morning they do not have food. They do not have anything. The older one is doing Grade 5 and the 3 years and I think he is 12 also"….like I said these three children came to us this morning to report to us that they do not have something to eat. Then we try something". (HT #2).

".... so what I did, I used the food that we are given by the government 'zondle'. So I used to help them from that food and some few things like sugar because we do not have sugar." (HT #5).

"…. they give you food, koo beans, yellow rice from Taiwanese" (FGD #C; SCH #3).

5.3.1.3 Sanitary pads for girls

The orphaned and vulnerable girls indicated that they receive pads at disadvantaged rural schools. Supporting statements were as follows:

"…. the school gives us pads every 2 months." (FGDG; SCH #7).

"…. at our school they buy us pads." (FGDE; SCH #5).

5.3.1.4 Gifts in-kind provision

The orphaned and vulnerable learners receive gift packages or parcels which include toys, toiletries and sweets from well-wishers during the festive season,

from NGOs either at school or within some of their communities. The following participant quotes indicate this:

"…. they give us presents… they give us in January, sweets, dolls, clothes, scarfs, hats." (FGDG; SCH #7).

"…. umm the organisation… they also sometimes give things like clothes, toiletries and many other things according to the need they think." (HT #6).

Receiving gifts in-kind in disadvantaged rural primary schools ensures that OVC enjoy receiving gifts like their peers whose caregivers can afford to provide their children with gifts. Surprisingly during FGD interviews, there was one double orphaned learner who indicated that he did not need any school psychosocial support when the group participants were asked which psychosocial support services they need to be provided by educators to enhance their psychosocial well-being. The learner participant's response was as follows:

"…. there is nothing I need to be assisted with, nothing." (SCH 1#; FGD A).

The LiSwati traditional leader indicated that in Eswatini communities, orphaned children, who previously attended private schools, end up learning in rural schools where there is free primary education. This is due to the lack of extended family assistance to financially keep them in these private schools. These learners end up in need of psychosocial support from well-wishers and especially from the schools they attend as indicated in the quote that follows:

"…. it's a bit tough because some of the parents when they die you find that their kids were in private schools, were in those highly paid institutions mmm whatever so that part becomes difficult. However, through the program for that is free primary education from grade one to seven. At times, you find some kids are forced to maybe if their extended families they do not have the

muscle to send them back to such schools. It's a hard part but they eventually find themselves going through the programme." (CBO; TL).

5.3.2 Theme 2: Learner participation in social activities to enhance well-being

The OVC learners participate in school activities such as fundraising (baking, money contributions) and joining different clubs of choice such as health clubs, girl guides, boy scouts, bible clubs, career guidance and girls' empowerment clubs.

5.3.2.1 Fundraising activities

Fundraising activities are organised by some school administrators to have extra cash to cater for OVC needs in case of emergency. Some primary schools indicated that they have since discontinued doing such activities because they claim that the MoET sees this as part of a top-up plan for additional cash needs not related to OVC support. This is evident in the following excerpts:

"…. we do fundraising in our school, for an example, we do baking and sell, making popcorns. Then on Wednesday our pupils they are allowed to wear anything they want to wear and then they pay only one Lilangeni for that, and we use the money to help those 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).

5.3.2.2 Learner participation in clubs of choice

Participation in clubs enables fulfilling the social need of having a sense of belonging with others, especially peers who are not impacted by HIV/AIDS

issues within the school environment. OVC, with their peers, are encouraged to join clubs of choice to enable them to open up and eventually confide in teachers on issues that bother them. This was captured from the following quotes:

"…. for psychosocial we have different clubs where we are taking care of the children in smaller groups, encourage to join….these different types of clubs such as guides, scouts, bible club, health club, girls empowerment, eco club taking care of the environment." (HT #5).

"…. they sit down freely and we speak with them. When you involve them in different things you find that some come out of their shell 'uyavela'. So you notice each one of them's problem." (HT #5).

5.3.3 Theme 3: Spiritual support

Learners take part in prayer sessions for spiritual upliftment needs. These happen either during routine morning assembly time, in the classroom, with invited pastors, during scripture union and after school hours within the school environment as indicated in the following quotes:

"…. they preach to us." (SCH #2; FGD #B).

"…. they pray for you when you have a problem." (SCH #7; FGD #G).

"…. we pray at class … if you have a problem the pastor prays for you privately." (SCH #7; FGD #G).

One of the school administrator participants also indicated the following:

"…. we have introduced Student Union Fellowships just to uplift them spiritually". (HT #3).

5.3.4 Theme 4: Capacitation of educators on enacted laws to benefit and enhance learner support

The Department of Social Welfare housed within the Deputy Prime Minister's office in Eswatini caters for some of the needs of the OVC to ensure that some of their social needs are fulfilled. Social support is in the form of educational grants, child maintenance, adoption and foster care, and ensuring that child rights are enforced. The following quote indicates that educators are being capacitated on legal instruments for children:

"…. what we normally do with those is that we have, we have awareness sessions with them with different topics. Like, for instance, we are presently capacitating them on the new enacted laws like… SODV even the children's rights and CRC." (SW; DP).

The same participant indicated that they sensitise educators to refer orphaned learners for social support, for example, nowadays educators are capable of referring the OVC after being capacitated or sensitised on such rights. The OVC can then access assistance to cater for social needs so that they improve their living conditions. Working hand in hand with the Department Of Social Welfare results in enabling the educators to solve some social needs that OVCs impacted by parental HIV/AIDS have. In turn, this contributes towards enhancing learner well-being while at school. This is cited in the following quote:

"…. social support in terms of living conditions because some of the children you find that both parents are dead, they are child headed households. So you know if that case comes to our office we would then see to it that the rights of the children are met." (SW; DP).

5.3.5 Theme 5: Educator life skills training support

Life skills training is provided by multi-sector organisation linkages to support the MoET's rural primary school administrators, primary school career guidance teachers, departments that train ECCE and primary school PSS student teachers, disadvantaged rural NCPs, who deliver psychosocial support services as one of the pillars of *Inqaba* programme in Eswatini. This enables the stakeholders who work with children to deliver PSS services effectively to enhance the well-being of orphaned and vulnerable learners within the learning environment.

5.3.5.1 School administrator capacitation

A new psychosocial support non-governmental community-based organisation was founded in January 2019 by some of the rural national care point leaders in one of the regions of the Kingdom of Eswatini.

This organisation has taken the initiative to capacitate the rural primary school administrators to handle, know more/understand about the background and circumstances that affect orphaned and vulnerable learners. This enables better psychosocial support services delivery of OVC in the school environment. This is what a participant had to say:

"…. 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).

5.3.5.2 Ongoing career guidance teacher in-service training

The NGOs that offer psychosocial support assistance to rural primary schools and a few selected secondary schools together with the MoET in-service

department, recognised the need for further training of primary school headteachers and regular class educators through workshops, in the form of life skills training. The few teachers assigned to attend the workshops give feedback to their colleagues. Some school administrators have guidance and counselling teachers who are partly trained or exposed to the MoET workshops that they use as counsellors to enable the provision of psychosocial support services that enhance learner well-being. This was evident in the statements below:

"…. educators they are our targets through training them on life skills education and campaigns and delivery of life skills in secondary schools though not everywhere." (NGO #B).

"…. the ministry also invested in the in service department and training. Se we developed a manual for the in-service department so that they could use it for training when they in service teachers umm and either headteachers 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).

"…. there is usually a teacher who goes to attend workshops who then gives us a feedback about the workshop then nothing." (HT #7).

"…. we do have counsellors who are partly trained or exposed in workshops dealing with counselling because some of these career guidance teachers `yee' we use them as counsellors." (HT #5).

5.3.5.3 Involvement of multi-lateral organisation and non-governmental partners

Multi-lateral NGOs that specialise in child issues internationally, and partner regional psychosocial support NGOs, offer skills training to National Care Points, facilitating PSS student teacher training, as a form of technical support

and using schools as entry points for awareness of other PSS services available in communities for OVC. The following excerpts revealed this:

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

"…. you need to know that with policies its government body, we only provide with technical and financial." (MULTI; UN).

"…. umm we were also a part of the conversation because the training of teachers is born out of the psychosocial support certificate" (MULTI; UN).

"…. our PSS work takes care at community level but we use schools as entry points because our young people most of them are still in schools. 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).

5.3.5.4 Curriculum training material support

The teaching and curriculum department indicated that they use the training modules that were designed by both the non-governmental organisations and the government to train PSS student teachers. Supporting quotes reveal the following:

"…. the modules were designed by REPSSI and partners so we are using those modules and REPSSI supports the college" (DPT; TS).

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

"…. so, it is basically empowering them and exposing them to situations so that they can then use the knowledge and application wherever they go." (DPT; CURR).

5.3.6 Theme 6: Failure to offer holistic psychosocial care and support services

Lack of constant educator training plus lack of expertise in looking after learners with challenges were given as reasons for not delivering psychosocial support services holistically, for example, on psychological, social services, and emotional and spiritual services. Some of the headteachers interviewed indicated that there is not much they are doing on their own except depending on what the government offers them. Some felt they needed to be trained on PSS delivery, hence are not doing much to solve the challenge faced by orphaned and vulnerable learners. Another alluded to the frustration they go through when college lecturers want to know about psychosocial support services that they offer at their schools. Quotes to support this sentiment indicated the following:

"…. what can I say, let me start by saying us as a school there is not much that is provided, but it will depend on what government has given us." (HT #1).

"…. umm umm I think we need sort of a training, as teachers we have never been trained to look after the challenges faced by these children um almost all of us. So we need a 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 holily." (HT #5).

"…. I don't want to lie because we don't support them except those who are at SOS…they get full support, these others shame." (HT #7).

Therefore, most school administrators managed to offer mostly food and school uniforms, that is, physical needs services. However, one participant from the MoET feels the confusion on the delivery of PSS services in schools arises from donors trying to assist educators who give varying names each time they want to help as revealed from the quote:

"…. the problem is we tend, though I can say it off the record we tend to be donor driven umm and as we are donor driven you find that there is an overlap in what we do. Once there is an overlap there is conflict even where it is not necessary like right now amm when you talk about CSTL, others will be like No we are doing PSS not CSTL. However, at the end of the day, when you look at the programmes, when you look at Inqaba you will find that through all the pillars there is an overlap. You are all talking the same thing using different language it is just semantics but its same thing because so and so comes from that other donor. People are not able to synchronise and have a programme that will effectively work" (DPT; CURR).

5.3.7 Theme 7: Lack of support for zero graders

The participants raised concerns about the lack of support for zero graders due to the inequitable distribution of qualified ECCE zero grade teachers in most rural NCP centres. They further reported that learners in grade zero, including those who are OVC found within the rural primary schools, had no food allocation like those in grade 1 to 7. This lack of support including the in-equitable distribution of qualified ECCE educators in most rural NCPs led to

these classes being taught by lay teachers except in a few NCPs run by churches or privately by organisations such as SOS village. The following quotes reveal this report:

"…. really, I don't know if government gives a hand on those. It's just the responsibility of the community and private sectors which fund or make contributions so that they can be run like pre-schools" (CBO; TL)

"…. within those that are established by organisations and churches, organisations like SOS they 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 DPM offices, kaGogo centres and stuff, they just get maybe one of the community makoti young bride who did form five to come and help" (CBO; NC).

"…. we do not have a grade zero but have 2 teachers who did ECD at Ngwane college, Government wants to start ECCE but they say there is no money yet to introduce it" (HT# 7).

Besides the inequitable distribution of qualified ECCE teachers to the ECCE centres, most OVC pre-scholars in these same facilities and a few based in rural primary schools which have a class for zero graders, do not currently receive food allocations from the MoET like those in grade 1 to 7. This was expressed in the following participants' quotes below:

"…. there is shortage of food supply which gets finished whereby 'indlunkulu' at times through fields that we have … grow food for these orphans. That is not enough because you discover that on some days there is climate change and harvest is not good so not enough food from the fields. We might have good Samaritans but we cannot rely on that" (CBO# TL).

"…. we do have a grade zero. They are very needy (sic), they do not have money. Even when it comes to food we give them the food that is only catering for grade 1's to 7. Because there is nothing that we can give them" (HT #2).

5.3.8 Theme 8: Lack of interdisciplinary coordination

Some headteachers managed to source extra assistance from NGOs, while others failed to do so because they were either late in seeking assistance or the MoET did not convey similar information to all of them. Also, among the headteachers, some were not interested in sharing where they got extra assistance from. The lack of interdisciplinary coordination thereby affected how administrators initiated the provision of psychosocial support services in their schools. The school administrator participants narrated the following:

"…. I have heard 'lapha' there is this school over the road, 'ngukuphi'…yes there is a project that is done by the Chinese there. They say every month they receive a sum of eleven thousand for food. I once called in Mbabane they said sorry madam you are late, it is closed." (HT #1).

"…. we must all have the same information that when you need this, we must go to a particular door and they are going to help you" (HT #2).

"…. the school wrote to World Vision asking for assistance. The Ministry of Education no longer gives anything. I don't know whether there is a relationship with micro projects. You apply". (HT# 7).

"…. we must all have the same information that when you need this, we must go to a particular door and they are going to help you" (HT #2).

5.4 FACTORS INFLUENCING THE DELIVERY OF PSYCHOLOGICAL AND EMOTIONAL NEEDS SERVICES

The second objective identified factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners.

Two major themes that emerged under this objective included factors that contributed to the effective and ineffective delivery of psychosocial support services. Sub-themes for factors that contributed to effective psychological and emotional needs services were paying condolences to the learner/family, educator supportive talks on parental loss and educator identification skills of learners in need of PSS services at the classroom level.

Sub-themes for factors contributing to ineffective delivery were prevalence of utilising lay counselling, lack of proper private counselling facilities, non-availability of school-based professional psychologists and counsellors, time factor (minimal time allocation for guidance teacher services), underutilisation of joint MOET and Ministry Of Health regional referral system for psychological and emotional trauma and on-going counselling services, lack of priority for educator PSS services, educators nursing sick learners some on anti-retroviral therapy, and learners failure to open up for counselling services.

Table 5.3: Factors influencing the delivery of psychological and emotional needs services of orphaned and vulnerable learners

Research objective 2	Major themes	Sub-themes
Identify factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners.	Theme 9: Factors contributing to the effective delivery of psychological and emotional needs services.	• Paying condolences to learner and family. • Educator supportive talks on parental loss. • Educator identification skills of learners in need of PSS at classroom level.
	Theme 10: Factors contributing to ineffective delivery of psychological and emotional needs services.	• Prevalence of utilising lay counselling. • Lack of private counselling facilities. • Non-availability of school-based psychologists and counsellors. • Time factor- minimal time allocation for guidance and counselling teacher. • Underutilisation of joint MOET and ministry of health regional referral system for specialist therapy services. • Lack of priority for educator psychosocial support service • Educators nurse sick learners.

5.4.1 Theme 9: Factors contributing to effective delivery

Factors contributing to effective delivery in rural primary schools included paying condolences to learners whose parents had just died; educator supportive talk on parental loss, educator identification skills to identify learners in need of psychosocial support services at classroom level, educator

adoption of a parenting support role and the supportive monitoring of class teachers by school administrators.

5.4.1.1 Paying condolences

Most school administrators indicated that they pay visits and contribute money as part of paying condolences to orphaned and vulnerable learners whose parents die. The following participants' statements confirm:

"…. normally the child is at home most of the time we get there, there we bring our condolences to speak to the parents and we also speak to the child to encourage the child that life goes on." (HT #1).

"…. If there is a child that is bereaved we call that child eeh try to help that child and we usually even go to their home. And on funerals we go there and, in those classes, not for every child. They do give something eeh like money." (HT #6).

"…. If you are bereaved they contribute something for you, it's the teachers and the children who contributes together." (SCH #7; FGD #G).

5.4.1.2 Educator supportive talk on parental loss

The orphaned and vulnerable learners indicated that their educators talk supportively to console and reassure the learners that they have a future to look forward to and be like other children who finish school regardless of their parental losses. The headteachers indicated that they speak encouragingly. The following statements highlight this

"…. they say it shall be fine." (SCH #5; FGD #F).

"…. counselled to be strong in the lord so that you are able to go on with life." (SCH #8; FGD #G).

"… we also speak to the child to encourage the child that life goes on." (HT #1).

"…. they encourage us to learn and finish school so that we will be like others." (SCH #2; FGD #B).

5.4.1.3 Educator identifying skills of learners in need of PSS services

According to most school administrators and some school linkage participants, especially from social welfare departments, indicated that class teachers seemed to be capable of identifying learners in need of psychosocial support services at the classroom level as evidenced below:

"…. eeh, mostly the females are good at screening and helping the children." (HT #6).

".... we identify them. One, they usually come late. Why are you late? So I have to give my mother or my grandmother some Tablets first then I come to school." (HT #4).

"…. they tell you that this child is not learning like other children because of this and that. They will tell you the reasons why they are not in their 100 percent aah doing their work." (HT #2).

"…. and even this issue of identifying starting from the identification of the cases because for them its curriculum it's there you know… the Inqaba schools. Actually, it is PSS so that the school is not but just a traditional facility but they cover a child holistically" (SW: DP).

One learner from the FGD participants had this to say:

"…. so they ask you and sometimes they just notice." (SCH #5: FGD #E).

5.4.2 Theme 10: Factors that contributed to ineffective delivery of psychological and emotional needs services

Sub-themes that emerged from the major theme of factors contributing to in-effective delivery of psychological and emotional needs services included:

- Prevalence of utilising lay counselling
- Lack of proper private counselling facilities
- Non-availability of school-based professional psychologists and counsellors.
- Time factor- minimal time allocation for guidance and counselling teacher
- Underutilisation of joint MoET and Ministry of Health referral system to access professional therapy services at regional offices.
- Lack of priority for educator psychosocial support services.
- Educators nursing sick OVC.

5.4.2.1 Prevalence of utilising lay counselling

Most rural primary school headteachers indicated that they assign class teachers and guidance teachers who are both not professionally trained counsellors or psychologists. In some schools' guidance teachers, at times attended a few workshops on how to care for orphaned and vulnerable learners. Headteachers felt traumatic experiences of OVC need to be handled by trained professional as reflected by the following quotes:

"…. we have a career guidance teacher … whom we refer the children to. Although I cannot say they are professionals once in a while the government organises workshops for them." (HT #1).

"…. we do have counsellors who are partly trained or exposed in workshops in dealing with counselling because some of these career guidance teachers yee…. we use them as counsellors." (HT #5).

"…. there is a teacher who used to help those, a career guidance teacher who used to help those frequently until she is satisfied that the child is now well." (HT #6).

"…. no, we just have career guidance teacher she is not a specialist um we chose any teacher nje." (HT #4).

5.4.2.2 Lack of proper private counselling facilities

In most instances, the lack of privacy within the primary school environment was mentioned by all learner FGDs and by some of the school administrators. This was a concern that needed to be urgently addressed even though the school administrators tried to afford privacy by utilising alternative school rooms or talking away from other learners outside in the open. The following quotes indicate how this led to ineffective delivery of psychological and emotional services:

"…. unfortunately we do not have a counselling room but she will make sure that they will take them, sit in a place where they will not be disturbed." (HT #1).

"…. we don't have such a room but they do have a way." (HT #6).

"…. they talk to you outside the class…so that others won't hear what you are saying…behind the door or staff room at times" (SCH #4; FGD #D).

5.4.2.3 Non-availability of school-based professional psychologists and counsellors

The Ministry of Education participants indicated a need for positions of professional psychologist and counsellors in rural primary schools for psychological and emotional needs services to be delivered effectively to OVC impacted by HIV/AIDS. A representative PSS expert from the multi-lateral international organisation for children noted that this could further be

attributed to the fact that the government of Eswatini does not have its own council for registering graduates from its own institutions or those who come from other countries to practice as professionals in Eswatini. This is expressed in the following quotes:

"…. we were advocating for the fact that let there be a position for the teacher counsellor so this teacher counsellor will not teach will just be looking at the psychosocial support….. Public service was saying we will create a post and then this person will not be utilised. And then because this person will be sitting and waiting for cases and then there will be no cases!" (DPT; POL).

"…. guidance teachers like sports teachers had an allowance too. Okay, so we had that allowance that was supposed to build towards having a full-time person. So that's why we negotiated so the programme was such that, if this person has, for instance, it's a primary school with five streams, so the person will have five hours of teaching." (DPT; POL).

These excerpts could be partly an explanation why there are still no school-based professional psychologists or counsellors as reflected by the following quotes:

"There is nobody that is specialised, a specialist in psychology. We did that with other subjects when we were at school." (HT #2).

"…. I remember at one point, some few years back teachers mentioned that they need such people. The government promised but still nothing has been done and they are aware of the need because this thing goes even further to the teacher." (HT #1).

According to the observation of one PSS expert participant, even if there is a need for such specialists, the lack of a certifying body or council for professional social workers, psychologists and counsellors that graduate from

the local university or elsewhere may not attract specialists in this area to practise in the country according to the quote that follows:

"…. again, we have a serious challenge in this country social work is not regulated. For as long as we don't have a regulating certifying council then who then besides the department of social welfare would talk to the university about the social work skill." (MULTI LAT; UN).

5.4.2.4 Time factor-minimal time allocation for guidance and counselling teacher

There is an indication of minimal time allocation for guidance and counselling teachers to offer OVC bereavement counselling service. The study showed that guidance and counselling educators receive more input on psychosocial support through in-service training than their fellow classroom teachers do since they are in charge of counselling issues but end up not having enough time to do the counselling. Yet the MoET policymakers expect the guidance teachers to have time reserved to deal with issues of orphaned and vulnerable children. Some headteachers resorted to appointing teams of teachers that do counselling duties. Supporting quotes revealed the following:

"…. but we do have a career guidance teacher where she talks to them on Wednesdays. She has 10 minutes to speak these children on life skills, how to take care of themselves. But at times she won't do it because you don't follow her up." (HT #7).

"…. we had to have something that would make sure that this person is active besides umm so because we had ee that's why then the policy had to include the one guidance period per school… One guidance period per school per week per class." (DPT; POL).

"…. once in a while the government organises workshops for them…so if there is a child with a problem we really send them to the guidance teacher so that she can speak to them." (HT #1).

"…. and we are also having other teachers, I have identified them to be good in counselling and they have experience helping the pupils with problems. I am having about five." (HT #6).

5.4.2.5 Under-utilisation of joint MoET and Ministry of Health's school health unit within the MOET regional offices

In each region, clinical nurses, psychiatric nurse/mental health nurse, optician and dermatology nurse and mental health nurses serve to fulfil the psychological and emotional needs of traumatised OVC, yet there is poor referral and follow up of traumatised learners. During learners FGD and school administrator interviews, there was never any mention of referring traumatised learners to the joint school health units found in regional offices as noted in the excerpts below:

"…. if u look at the education sector policy it's so comprehensive… but what you should, I will not speak for them why they probably don't know but interestingly I want to say something. What we used to note as officers when I was still an officer in the region is that January, no teacher forgets January to March because it is athletic. There is no school that forgets that there is no school health nurse, why do we know that? They are bringing, they bring their first aid kits for refuelling (laughs)!" (DPT; POL).

A NCP representative claimed she knows about the existence of the service at the school health unit but prefers referring immediately traumatised pre-scholars to a government referral hospital clinical psychologist for the following reason:

"…. we are aware of that but most of the time you find that they fail they have a lot of backlog of cases. Sometimes they do not have petrol for going for being on call unless you can take the child from wherever he or she is to their place. They can't, the children can't access help at the regional education office." (CBO; NC).

5.4.2.6 Lack of priority for educator psychosocial support services

There is a need for educator psychosocial support services before the teachers can attempt to conduct holistic psychosocial support to enhance the well-being of the orphaned and vulnerable children in their classrooms, that is, taking care of carer. This view was raised by some MoET participants. While some participants from NGOs felt that there is a need to consider first the psychological, social, spiritual and emotional needs of the educator or make it a first priority, because some educators have psychosocial support issues that may need to be addressed before they can deliver services to the orphaned and vulnerable learners. This was also indicated as a challenge as revealed by the quotes that follow:

"…. to take care of them exactly…they are like sinking ship with so much cargo and if it sinks, it sinks with everybody because we look up to teacher so and so… my life can go on. In addition, if that teacher sinks we will say wow! It is then that we have nothing to live for now." (NGO; KB).

"…. the teachers are carrying a burden the academic burden and they have their own personal lives. In some other schools, you find that they even say 'before you even get to the children start with us because we have problems'… they need care. Start with us because we have problems that prevent us from caring for the children in a way that we would like. So then, now, we start with the teachers. We even have a program where I have a template where they analyse themselves, there is a score sheet" (CBO; NC).

"…. yes, first of all we need counselling as teachers because most of us are facing many challenges at home, families. Therefore, it's very difficult to maybe impart knowledge to the children because teachers are stressed. Yaa some now have undergoing what is called 'pishak', it is about often faced by civil servants. They are taking medication, they are patients." (HT #4).

5.4.2.7 Educators nursing sick OVC

The study revealed that some orphaned and vulnerable learners are on anti-retroviral therapy (ART) and from time to time are assisted by the educators when they are unwell. Although some learners during the FGD indicated that, if given a choice, they would prefer nurses to care for them as reflected by the following quote:

"…. nurses, because they are trained to look after sick people… they can check where exactly is really wrong" (SCH #4; FGD #D).

When the same group was asked what they would do for OVC children if they were a headteacher, OVC participants stated the following:

"…. I will bring nurses to check on the sick children" (SCH #4; FGD #D).

"… they give you pills when not feeling well" (SCH #8 FGD #G).

"…. give pills for pain" (SCH #3 FGD #C).

The statement was also highlighted by orphaned and vulnerable learners as one of the needs that are best catered for by educators. The following was mentioned as the supporting reason:

"…. they ask you, what is wrong with you today?"(SCH#4; FGD # D).

One headteacher alluded that school heads act as role models to teachers, to look after the sick OVC as revealed by the following quote:

"…. If I were to tell you what we face, for example, I can only be a role model. A child is sick, I use my own money." (HT #7).

5.5 CHALLENGES ENCOUNTERED BY EDUCATORS AND ORPHANED AND VULNERABLE LEARNERS IN THE DELIVERY OF PSYCHOSOCIAL SUPPORT

The major themes and sub-themes were as follows, overwhelming educator responsibilities such as the adoption of the parental role and at times failed to positively discipline orphaned and vulnerable learners. The MoET failure to do consistent Care and Support for Teaching and Learning (CSTL) *Inqaba* monitoring of all pillars including the psychosocial support pillar includes lack of educator follow up supportive visits. There is no provision of trained ECCE teachers in most NCP centres except in some NCPs that are assisted by churches and NGOs, which at times employ trained ECCE teachers. This resulted in the inequitable distribution of ECCE services amongst rural NCPs that deliver ECCE services to OVC impacted by parental HIV/AIDS, and lack of counselling rooms was prevalent in all rural primary schools visited.

Table 5.4: Challenges encountered by educators, orphaned and vulnerable learners in the delivery of psychosocial support services

Research objective 3	Major theme	Sub-themes
Explore the challenges encountered by educators, orphaned and vulnerable learners in psychosocial support service delivery within ECCE centres and primary school environment.	Theme11: Overwhelming educator responsibilities	• Educator engagement in the parenting role. • Failure to positively discipline OVC.
	Theme 12: Lack of consistent PSS service implementation support.	• Lack of PSS implementation follow-up. • Inadequate resource allocation to run PSS services. • Misunderstanding of the PSS concept.
	Theme 13: Non-availability of counselling rooms.	• Non-availability of appropriate counselling rooms in rural primary schools.

5.5.1 Theme 11: Overwhelming educator responsibilities

The responsibilities were highlighted as overwhelming since educators now performed other duties (besides the major duty of teaching academic subjects) such as adopting the parenting role, Orphaned and vulnerable learners in need of positive disciplining ended up receiving corporal punishment as discipline from strained teachers trying to juggle several roles at a time. Lack of financial resources to enable carrying out PSS services compromised service delivery. Hence, PSS was regarded by one PSS linkage expert as an ”emotional exercise” to emphasise how overwhelming it is to deliver PSS services as indicated in the following quote:

"…. it's an emotional exercise to carry as one teacher or two teachers umm, I know these teachers are doing a commendable job but again the teachers are full subject teachers, which gives them a challenge as they go about their duties. Some of the cases they would have loved to attend, they are not able to because the primary duty they are employed for is compromised in the process" (NGO #B).

But still, educators cannot ignore the prevalence of current OVC learners as emphasised in the following quote:

"…. we know them to be a formal setting that is solely there for teaching and learning but they cannot avoid the spillage from the community or households that the children come with them to school." (NGO #B).

5.5.1.1 Educators adopting the parental role

Some school administrators indicated that they now look after the OVC because of the psychological and emotional problems impacted by losing a parent or nursing a sick guardian as shown by the following quotes:

"…. the teachers are also the parent to the child in case maybe (sic) is feeling, he or she is facing some difficulties. She is free to consult the teachers." (HT #1).

"…. some of them even if you try and involve their parents or the guardians, you find they do not have parents most of these pupils are staying with their grannies …you find that some of these grannies are very old some are very sick." (HT #5).

"…. I would take them to my home and stay with them as if they were my own children mbamba" (SCH #4; FGD #D).

5.5.1.2 Practicing corporal punishment instead of positive discipline

Headteachers observed that some teachers beat the OVC as a form of disciplining them instead of positively finding out through talk and counselling the learners. Hence, the emphasis from the following quote:

"…. so, you can tell that teachers are stressed, why? The way they punish the children yaa that's a sign of stress, corporal punishment." (HT #4).

5.5.2 Theme 12: Lack of consistent PSS service implementation support

There was an indication of a lack of educator follow up on the implementation of PSS services, which led to other challenges such as inadequate reviewing of resources allocated to educators to deliver holistic PSS services to OVC learners in need of assistance.

5.5.2.1 Inadequate resources allocation support to deliver PSS services

The MoET seems to be allocated insufficient funds by the government to give to rural primary school headteachers to run the schools including the orphaned and vulnerable learner services. Most school administrators raised an outcry that the amount of allowance allocated, the emalangeni, which is equivalent to South African rand currency, is very little for the year, resulting in the overloading of issues that needed solving. Other headteachers claimed that they are only given information on how to care for the orphaned and vulnerable learners and are not offered any further resources or assistance thereafter. The following excerpts indicate these challenges:

"…. imagine Emalangeni 20 000 to run the school…second quarter E20 000, what is that the headteacher can do? There is nothing you can do! And secondly the government says no top-up even when the parents are willing to do some of the things themselves….. I am lucky my enrolment is 500." (HT #1).

"…. eeeh I don't know how I can explain but 'nje' we must all have an access to whatever that can help these children that are vulnerable and those that are orphans because right now even if I must help. I must help from my pocket." (HT #2).

"…. they don't give us the things that we are going to give to the children. It's just the information that we must take care of them umm nothing else." (HT #2).

"…. I think something must be done because then we become overloaded. As of now funds are very scarce." (HT #6).

"…. we used to compile these reports for our own assistance, especially this year we don't go further to the government because we know that we are wasting our time. They won't assist us with anything." (HT #5).

5.5.3 Theme 13: Non-availability of counselling rooms

During data collection, there was evidence that there were no counselling rooms because OVL were counselled outside the classrooms, in staff rooms or offices. This led to difficulties in some learners failing to open up during lay counselling by the educators as shown by the following excerpts:

"…. because I remember when the headteachers raised it they even asked that there must be a counselling room in every school where even anyone who knows that they have a problem will straight go there and find the counsellor there to help." (HT #1).

"…. I need someone specifically trained and exactly also build a counselling room. We need it, yaa where they will relax and relate their problems freely without fear." (HT #4).

"…. they talk to us in the office… headteacher's office…deputy teacher office" (SCH #5; FGD #E).

5.6 EFFECTS OF OFFERING PSYCHOSOCIAL SUPPORT SERVICES WITHIN THE LEARNING ENVIRONMENT BY EDUCATORS

The fourth objective sought to assess how educators and administrators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment. This objective will be clearly understood through the quantitative phase although some views based on the experiences and observations of PSS experts who work with educators were taken into consideration to assist with coming up with items for the educator questionnaires as well. There was only one major theme revealed on this objective.

Table 5.5 Effects of offering psychosocial support services to orphaned and vulnerable learners within the learning environment

Research objective 4	Major theme	Sub-themes
Assess how educators and administrators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment.	Theme14:Improved understanding of PSS pillar.	• Improved educator attitude towards orphaned and vulnerable learners in need of psychosocial support services Accomplishment in strategising for pedagogy holistically.
	Theme 15: Additional workload.	• Pressure of work trying to achieve CSTL *Inqaba* pillars including PSS.

5.6.1 Theme 14: Improved understanding of psychosocial care and support services

The psychosocial support pillar was regarded as having a positive impact/ effect on offering psychosocial support services to orphaned and vulnerable learners, although it was also considered an additional task by some participants.

5.6.1.1 Improved educator attitude towards orphaned and vulnerable learners in need of psychosocial support services

Improved understanding of PSS resulted in some educators gaining confidence to deliver PSS services. The following quotes confirm this:

"…. they are, because sometimes they bring them here in the office, they tell you that this child is not learning like other children because of this and that." (HT #2).

"…. I think what I have observed is that the children even change academically and even emotionally. You see that there is a great change." (HT #6).

5.6.1.2 Accomplishment in strategising for pedagogy holistically

Headteachers observed the improvement in the attitude of teachers towards catering for the needs of orphaned and vulnerable learners they teach. A participant who is involved in the psychosocial support training of student teachers had this to say on the improvement of strategising pedagogy:

"…. I strongly believe psychosocial support changes the attitudes of the teachers as well as the attitudes of the learners. If that attitude changes definitely, quality education will be achieved and also you know psychosocial support even teaches you the strategy of delivering pedagogy…speaks to a learner centred methods. That is why I am saying the attitude of the teacher

will change. There will be that caring, that support, unlike before because we used to say 'sihamba naba hambayo' we did not care but now psychosocial support wants you to look at the student in totality! You don't just look at the academic aspect you understand why we had that Maslow pyramid of needs." (DPT; TS).

5.6.2 Theme 15: Additional workload

According to the qualitative data obtained from the observation of an NGO and MoET, participants reported that they had added workload to deliver all *Inqaba* pillars at the same time including PSS. The following quotes reflect an element of how educators are affected by practising PSS delivery within the school environment, which could result in extra workload:

"…. I would say first of all they become overwhelmed in the sense that they need to juggle their academic expectations. They still teachers on top of being psychosocial support teachers. They need to juggle the two as they juggle the two then, emanates the tendency to teach or to be concerned more of the exams and covering the syllabus and then, they feel like it is too much work." (DPT; CURR).

"…. It is a concept maybe really a new concept but when they tap into it they found there is so much that needs to be done. They are so overwhelmed with the cases that are coming through. To say we need to offer PSS to so many children but we did not notice this thing before. But they embrace the concept but they need support." (NGO; KB).

5.7 THE ROLE OF THE ESWATINI MOET AND ITS SUPPORT TO THE MULTI-SECTORAL LINKAGES RELATED TO ORPHANED AND VULNERABLE LEARNERS' PSYCHOSOCIAL SUPPORT SERVICES

Table 5.5 below shows the major themes which were as follows policy making and implementation, maintaining the school feeding programme in disadvantaged rural ECCE and primary schools, safeguarding against

duplication of services, authorising NGO engagement in PSS service delivery in rural ECCE and primary schools and adopting the multi-sectoral approach.

Table 5.6: The role of the MoET and its support to the multi-sectoral linkages related to orphaned and vulnerable learners' psychosocial support services

Research objective 5:	Major theme	Sub-themes
Determine the role of the MoET in supporting multi-sectoral linkages related to orphaned and vulnerable children	Theme 16: Policymaking and implementation.	• Working hand in hand with multi-lateral organisations for children to develop and implement MoET policies that ensure practising PSS in rural ECCE and primary schools and allow PSS technical support to primary school teacher training colleges and NCPs.
	Theme 17: Maintaining school feeding programmes.	• Continuous support to school administrators with the help of micro-project linkages to establish and maintain school kitchens and vegetable gardens.
	Theme 18: Safeguarding against duplication of NGO services.	• Checking proposals and screening NGO services intended for rural primary school OVC assistance.
	Theme 19: Authorising NGO engagement in PSS service delivery in rural NCPs and primary schools.	• Authorises NGO linkages to work with school administrators to carry out PSS projects that benefit OVL in both rural NCPs and disadvantaged primary schools.
	Theme 20: Adopting a multi-sectoral approach.	• Partners with the Ministry of Health in regional offices to engage experts in mental health to support traumatised OVL and to replenish school first aid kits.

5.7.1 Theme 16: Policymaking and implementation role

The Eswatini MoET was supported by the International Organisation for Children to develop policies such as the MoET policies of 2011 and 2018. These policies support the implementation of psychosocial support services which is one of the CSTL *Inqaba*'s seven pillars that enable the provision of guidance and counselling of orphaned and vulnerable learners. From this theme, emerged issues of working hand in hand with multi-lateral organisations for children to develop and implement MoET policies that ensure practising PSS in rural ECCE and primary schools, and availability of PSS technical support in primary school teacher training colleges and NCPs.

5.7.1.1 Policymaking and implementation of technical support

Various participants highlighted that the MoET gets technical support from the psychosocial support's multi-sectoral linkages to develop and implement the policy for the orphaned and vulnerable learners. For example, the PSS specialist participant who is responsible for PSS student teacher's training revealed that they assist the MoET in policy implementation, providing material resources and providing technical support. All these efforts subsequently benefitted the provision of psychosocial support services in the country. The following quotes show this:

"…. so, we are just there to push, to push the ministry to provide the resource to provide the technical know-how. Even to share ideas to say can we learn from other countries how best you can make the environment friendly in the country, in the sector in the education sector." (MULT; UN).

"…. the Ministry of Education is fully involved considering the fact that they have actually it is in part or how do I put it. They make an emphasis that every school is mandated to offer psychosocial support. They would eeh say that eeh each teacher must be trained. They give material and also they ensure through the inspection, the inspectors who go into the schools to go and check what goes on in there." (DPT; CURR).

"…. the modules were designed, written by REPSSI and partners. So we are using these modules and REPSSI supports the college. Technical support from REPSSI." (DPT; TS).

5.7.2 Theme 17: Role of maintaining the school feeding programme

In Eswatini, the schools feeding programme is popularly referred to as 'Zondle' programme. The MoET receives support from government budget allocation in the form of an allowance to buy food provisions for school kitchens to prepare at least one meal for the learners. Quotes that highlight this theme are as follows:

"…. the Ministry of Education has now introduced a system where learners are fed at school so they provide them with breakfast and also work inter-ministerial, inter-sectoral in the sense that they work with other ministries." (DPT; CURR).

"…. the reason why our government decided to give schools food is because of such children those that are affected by HIV/AIDS and those who are heading their families. Most of them who have no parents and to inject some food into the kitchen to help the children." (HT #1).

".... they give you food samp and beans". (SCH #6; FGD #F).

"…. when you go to the kitchen they cook so that even those who do not have food at home eat." (SCH #8; FGD #G).

Ever since the food programme was implemented, the disadvantaged primary schools and NCPs in rural areas feed the OVC daily. Hence, school administrators ensure there is always food prepared for the OVC and learners from FGD indicated that they are fed at school.

5.7.3 Theme 18: Safeguarding against duplication of psychosocial care and support services

There was an indication that the MoET usually checks at the proposal level, the intended PSS services and screens services the multi-sectoral organisations/NGOs intend to provide. The major multi-lateral organisation for children, at times, also participates in the decision making of ensuring the MoET fulfils this role as reflected by the following quote:

"The ministry works with various development partners, and we sit on the same Table when these things are being discussed. Also the fact that um as…we practice transparency if another development partner comes to us we provide information that this is what we are doing." (MULT; UN).

5.7.3.1 Checking proposals and screening NGO services intended for rural primary school OVC assistance

The NGOs with their partners allocate and decide services among themselves to avoid providing similar services at the same time. Quotes from the participants were as follows:

"I think because psychosocial support is in the, under the guidance unit so they usually have the subject panel. Which is guidance panel that ensures that everything that goes to school is screened, first presented, screened, commented on by the panel. Therefore, that is where they feature so that everything whether you are going to do with the teachers or you are going to do it with the children, then it is appropriate. Rather than (sic) just developing something for the educators and the like. Therefore, there is this subject panel. I think that's the critical role that they play." (NGO #B).

"…. we benchmarked when we started the programme. We asked the other organisations, the programming officers….they were saying they just focus on paying school fees for the children, buying uniforms or buying the school shoes but trying to talk to the teachers about the welfare most of them had still

not started. I do not know, they say their donors give them money to like address their needs at hand, physical. This is why we felt there was a gap on the side of the psychological and emotional needs and spiritual side of caring for the children…because they can have clothes, food and have their school fees paid but if they are not taken care of psychological a lot may go wrong." (CBO; NC).

"…. um in Swaziland, though it's the ministry per say, but they work much with NGO…okay, so its these NGOs that go into these schools to find out what needs to be done and they collaborate with the Ministry of Health. That way there is no duplication per say and there is a record that such a school has been visited at, has these needs or this has been done at such a school that has been visited." (DPT; CURR).

5.7.4 Theme 19: Authorising non-governmental organisation engagement in psychosocial support service delivery

Only one sub-theme, the ability of the MoET to authorisation of NGO linkages support in rural primary schools, was formulated under theme 19.

5.7.4.1 Authorisation of NGO linkages support in rural primary schools

The MoET also allows NGOs that are capable of assisting rural schools to do so and likewise permits school administrators to seek different forms of PSS support from the NGOs that are willing to assist in PSS service delivery to enhance the well-being of the orphaned and vulnerable learners in their primary schools as quoted below:

"…. so, if you do get assistance the government does not mind but still they would want to follow you if you are using the funds according to what you are supposed to do with the funds.hha lapho ke number one." (HT #1).

"…. there is an organisation that is assisting with counselling okay. What is good about them is that they do also a follow up even at the child's homestead to see what is happening…..they refer to professionals and when they are referring that child they transport the child where they are referring the child to because we usually can't and grannies can't….at times we use the counsellors from S.O.S village." (HT #5).

"…. yaa um the organisation that used to help is world vision with everything but many things. They give us uniforms they also sometimes things like clothes, toiletries and many other things according to the need they think." (HT #6).

5.7.5 Theme 20: Adopting a multi-sectoral approach

Adoption of a multi-sectoral approach was viewed as beneficial in rural primary school PSS delivery. The MoET allows engagement or partnering with other Ministries such as the Ministry of Health, and Ministry of Sports Culture and Youth affairs. By so doing the MoET intends to afford comprehensive management of PSS services holistically for the orphaned and vulnerable learners in disadvantaged rural primary schools.

5.7.5.1 Partnering with the Ministry of Health

The MoET works hand in hand with the Ministry of Health to assist the educators to support orphaned and vulnerable learners in need of health-related assistance, psychological and emotional services. For example, the MoET expects the school administrators and educators to refer orphaned and vulnerable learners in need of trauma and bereavement counselling to cater for psychological and emotional needs services and replenishing of first aid kits for schools to be prepared by the Ministry of Health staff located within its regional offices as reflected by the following quotes:

"…. there is a memorandum of understanding between the Ministry of Education and Ministry of Health we had to sign that. So the nurses are paid by the Ministry of health, they are employed and trained everything the supervision is done by the Ministry of Health because they are the experts. It is just that after training them and equipping them then, they take them and give them to the ministry of education…and they say ministry of education here is your officer. This is the person that is going to be working with your school." (DPT; POL).

"…. the Ministry of Health is also involved and works with the school to ensure that children go through processes of immunisation and also there are certain needs like say may be the child is HIV positive or how they can be provided with the necessary support or general health….these ones are taken care of in the schools but using the Ministry of Health." (DPT; CURR).

5.7.5.2 Partnering with multi-lateral international organisations for children

The MoET also partners with major PSS linkages for children to strengthen PSS services with other ministries besides the Ministry of Health. The following quotes indicate this relationship:

"The ministry works with various development partners, and we sit on the same Table when these things are being discussed. Also the fact that um as…we practice transparency if another development partner comes to us we provide information that this is what we are doing." (MULT; UN).

"…. we have other NGOs on the ground, who are working and we have other departments from the various ministries Ministry of Sports Culture and Youth affairs because that is where we are affiliated as an organisation, and then the Ministry of Education. Like I was saying, we work closely with the schools, the ministry of health because sometimes we need to refer the young people for access to health services." (NGO; KB).

5.8 SUMMARY OF THE CHAPTER

The chapter first reported findings from Phase 1, the qualitative phase that took place from 17 July 2019 to 26 October 2019. The reporting of Phase 1, the qualitative phase results integrated the in-depth interviews and FGDs. Major Themes and sub-themes that emerged from the in-depth interviews and FGD analysis were presented by each objective in narrative and direct quotes from participants. The next chapter presents Phase 2 of the study.

CHAPTER 6: PRESENTATION OF RESULTS: PHASE 2 (QUANTITATIVE DATA)

6.1 INTRODUCTION

The previous chapter presented qualitative data collection and analysis for Phase 1 of the study. Chapter 6 presents Phase 2 results from the quantitative survey with educators. Items for the quantitative phase survey instrument were developed from the themes that emerged from the qualitative data analysis. In order to generalise the findings from the qualitative phase, the survey was then conducted with a larger population of educators from rural ECCE centres and primary schools in all four regions of Eswatini. The findings are presented according to the five sections and subsections of the questionnaire (Appendix 7) based on the objectives of the study.

6.2 RESPONSE RATE

The survey was employed to educators who are currently responsible for delivering psychosocial support services in their institutions. Out of the 364 survey questionnaires that were distributed among the educators, a total of 296 (81%) of completed questionnaires were returned and all of them were used in the data analysis. A summary of responses that made up the sample for the survey study obtained from the four regions of Eswatini (coded by numbers, not actual names) is presented in Table 6.1.

Table 6.1: Presentation of PSS educator response per region (N=296)

Region	Frequency (f)	Percentage (%)
1	80	27.0
2	73	24.7
3	72	24.3
4	71	24.0
Total	296	100.0

The survey quantitative data was presented in Table format and other graphics for further explanation and quick understanding. The presentation of data indicated numerical scores and percentages according to related categories. The visual presentation of data in numbers and percentages enabled the researcher to offer an analytical description and interpretation of data by means of descriptive statistical procedures and inferential statistics. Tests used in the analysis of data in the survey were descriptive statistics including means, standard deviation and frequencies. Where applicable, inferential statistics including chi-square test of independence, Analysis of Variance (ANOVA), binomial test, one sample t-test and paired samples t-test.

6.3 PRESENTATION OF RESULTS

The discussion of the results is presented according to the questionnaire sections to reflect the responses of question items for the purposes of related analysis and interpretation. The objectives that were being addressed are also indicated. The demographic data is discussed.

6.4 SECTION A: DEMOGRAPHIC DATA

The demographic data section presents the results on characteristics of the educator sample from the survey phase of the study. Obtaining characteristics such as race, gender and age assisted in compiling a profile of the population studied as indicated in Figure 6.1. The demographic data section included findings for questions on race, gender, age group; education-based data on whether compensation is offered for PSS services and if given a choice, would educators based in rural ECCE centres and primary schools continue to deliver PSS services to OVC learners in their class or school.

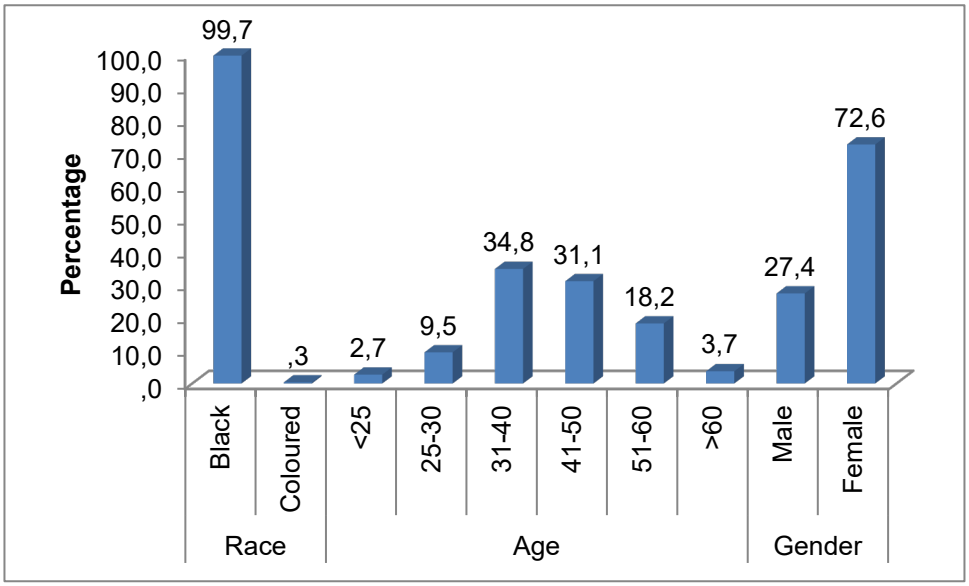

Figure 6. 1: Characteristics of educators

Frequencies, valid per cent, binomial test and Tables were used for reporting demographic data results as follows:

6.4.1 Race

Most participants responses indicated that (n=295, 99.7%) were from the black race whilst (n=1, 0.3%) was coloured.

6.4.2 Age group

Age distribution of educators was grouped into 6 categories. All participants (n = 296) indicated their age group. There were few (n=8, 2.7%) educators below 25 years. Those aged from 25 to 30 years were (n=28, 9.5%). Most educators were found in the 31 to 40 years category which had (n=103, 34.8%), followed by those in the 41 to 50 years category (n=92, 31.1%). Among the 51 to 60 category there were (n=54, 18.2%) and educators above 60 years age group were (n=11, 3.7%).

6.4.3 Gender

Participants were made up of fewer males (n=81, 27.4%) that deliver PSS services and the majority (n=215, 72.6%) were female. Table 6.2 presents the frequencies and percentages of race, age group and gender composition.

Table 6.2: Educator characteristics (race, age and gender results (n=296)

Race	Frequency	Valid percentage%
Black	295	99.7
Other (coloured)	1	0.3
Age group		
Below 25	8	2.7
25-30years	28	9.5
31-40 years	103	34.8
41-50 years	92	31.1
51-60 years	54	18.2
Above 60 years	11	3.7
Gender		
Male	81	27.4
Female	215	72.6

6.4.3.1 Summary

Participants characteristics revealed that the population of educators (n=296) based in Eswatini rural ECCE centres and primary schools, the majority race is black (n=295, 99.7%) and one educator was of the coloured race. Most educators who currently deliver PSS services to OVC learners are in the 31-40 years age group (n=103, 34.8%) and their gender is mostly women (n=215, 72.6%).

Distribution of education-based data: Table 6.3 shows frequencies and percentages that were also used to describe Questions 4, 5, 6, 7, 8 and 9. That is:

6.4.4 Participants' current teaching facility

Among the educators that offer PSS services most taught at rural primary schools (n=215, 72.6%) and (n=81, 27.4%) at ECCE centres.

6.4.5 Participants highest teaching qualification

The highest teaching qualification from the educator responses was the Primary school Diploma without the PSS component (n=139, 47.0%). It was followed in sequence by category 'other' (n=103, 34.8%), Primary School Diploma with PSS (n=22, 7.4%), Primary School Certificate (n=18, 6.1%), Primary School ECCE Diploma without PSS (n=11, 3.7%), and few educators possessed the Primary School ECCE Diploma with PSS (n=3, 1.0%).

It was noted that the category "other" surprisingly had a high number (n=103, 34.8%) of responses. This could be a result of the prevalence of training institutions/organisations that offer related qualifications but under different names. Some educators had degrees in various disciplines not related to education.

6.4.6 Additional qualifications for participants based at care point ECCE centres

Of the (n=81) educators based at ECCE centres very few (n=10, 12.3%) possess additional qualifications besides teaching, whilst a higher percent (87.7%, n=71) had no additional qualifications.

6.4.7 Participants psychosocial support training

There were less than half of the educators with some form of psychosocial support training (n=133, 44.9%). Therefore, the majority of educators (n=163, 55.1%) lacked relevant training in line with this aspect.

6.7.4.1 Period of training

Among the participants who had received some form of PSS training, for most educators(65.2%), their training last took place between 4 to more than 7 years ago, as reflected by the two categories 4 to 7 years ago (n=54, 40.6%) ,and more than 7 years ago (n=34, 24.6%). Only (n=6, 4.5%) educators last had training less than a year ago and 1 to 3 years ago (n=39, 29.3%).

6.4.8 Length of time conducting psychosocial care and support services

Most educators (n=131, 44.3%) indicated conducting PSS for 5 to 10 years. A total of (n=78, 26.4%) had been conducting PSS for 11 to 15 years, while (n=53, 17.9%) for 1 to 4 years and (n=28, 9.5%) for more than 15 years. Very few participants (n=6, 2.0%) had conducted PSS for less than a year.

For question 7, a binomial test to test if a significant proportion selected any one of the two response options based on Z approximation revealed ‘Not significant’. There was a statistically ‘equal’ number who answered yes (45%) and no (55%). For question 7.1, a chi-square goodness-of-fit test to test if any of the response options were selected significantly more than others followed by a test-statistic with number 8. This indicated that a significant 69.9% of those who have had PSS training previously had their training in the last 7 years, $p<.0005$, whereas, a significant 70.7% have been conducting PSS from 5 years to less than 15 years, $p<.0005$.

6.4.9 Additional role(s) of participants in the provision of psychosocial support

Educator respondents were required to select all the roles that applied, and the selections were as follows: Guidance and counselling role (n=73, 24.7%), Social worker role (n=10, 3.4%), Lay counsellor (n=181, 61.1%); Professional

psychologists (n=3, 1.0%); Professional counsellor (n=4, 1.4%) and other (n=50, 16.9%). For each of the subsection roles selected in question 9, a binomial test based on z approximation was done on each which tested if a significant proportion of the educators selected any one of the two response options. The only interesting finding here was that a significant 61% of educators also played the role of lay counsellor, p<.0005 and the others were all 'No' responses and therefore did not add value.

6.4.9.1 Summary

Education-based data indicated that the majority of educators' highest qualification was the Diploma in Primary school without a PSS component (n=139, 47.0%). Very few teachers were qualified in early childhood care as reflected by the possession of both Primary School ECCE Diploma without PSS (n=11, 3.7%) and Primary School ECCE Diploma with PSS (n=3, 1.0%).

Survey respondents who did not have any form of psychosocial support training accounted for more than 50% of educators (n=163, 55.1%). The educators who had some form of training indicated that their last training had occurred mostly between 4 to 7 years ago (n=54, 40.6%). Chi-square goodness of fit showed that a significant 69.9% of those who have had PSS training last had their training in the last 7 years, p<.0005. Yet, at the time of the study, educators who have been conducting PSS as confirmed by the chi-square goodness of-fit-test, a significant 70.7% of educators have been conducting PSS from 5 years to less than 15 years, p<.0005. In addition to being regular teachers, educators specified the other roles currently played in the provision of PSS services such as guidance and counselling, social worker role, lay counsellor, professional psychologist, professional counsellor and other roles. For this, a binomial test revealed that a significant number of these educators (61%) also played the role of lay counsellor

besides playing other roles specified. Education-based data for Questions 4, 5, 6, 7, 8 and 9 are presented in frequencies and percentages in Table 6.3 below:

Table 6.3 Education-based data (Highest teaching qualification distribution (n=296)

Variable	Categories	n (%)
4. Where are you currently teaching?	Primary school	215 (72.6)
	ECCE centre	81 (27.4)
5. Highest teaching qualification	Primary school Certificate	18 (6.1)
	Primary school Diploma with PSS	22 (7.4)
	Primary school Diploma without PSS	139 (47.0)
	Primary school ECCE Diploma with PSS	3 (1.0)
	Primary school ECCE Diploma without PSS	11 (3.7)
	Other	103 (34.8)
6. Additional qualifications if based at ECCE	YES NO (Missing system 215)	10 (12.3) 71 (87.7)
7. Psychosocial support training	YES NO	133 (44.9) 163 (55.1)
If YES to Q7, indicate when your last training in PSS took place:	Less than a year ago	6 (4.5)
	1 – 4 years ago	39 (29.3)
	4 – 7 years ago	54 (40.6)
	More than 7 years ago	34 (25.6)
8. Years conducting PSS	Less than a year	6 (2.0)
	1 – 5 years	53 (17.9)
	5 – 10 years	131 (44.3)
	11– 15 years	78 (26.4)
	15+ years	28 (9.5)
9. Additional roles	Guidance & counselling teacher	73 (24.7)
	Social work	10 (3.4)
	Lay counsellor	181 (61.1)
	Professional psychologist	3 (1.0)
	Professional counsellor	4 (1.4)
	Other	50 (16.9)

The presentation of the last two questions of the demographic data is as follows.

6.4.10 Compensation for delivering Psychosocial care and support services

Less than 2% of educators (n=5, 1.7%) received compensation for PSS services delivered compared to (n=291, 98.3%) who did not receive any compensation. Table 6.4 shows the compensation statistics and Table 6.5 shows whether respondents wish to continue providing psychosocial support.

Table 6.4: Compensation received for delivering PSS services (n=296)

	Frequency	**Valid percentage (%)**
YES	5	1.7
NO	291	98.3

6.4.11 Participants choice of the continuation of delivery of psychosocial care and support services to orphaned and vulnerable learners

High responses from participants (n=278, 93.9%) are evident that educators currently see a need for delivering PSS services while a few (n=18, 6.1%) would rather not continue delivering PSS services. Table 6.5 shows the chosen choices.

Table 6.5 Choice to continue PSS service delivery (n=269)

	Frequency	**Percentage (%)**
YES	278	93.9
NO	18	6.1

A binomial test that was done showed that educators that were not receiving compensation for offering psychosocial support services to OVC learners were a 'No' response. It did not add value but a significant 94% of educators decided they would continue to deliver PSS services to OVC learners in their class or institution, $p<.0005$.

The results that follow are a report on items from sections B, C, D, and E and objectives that were being addressed are indicated for each section.

6.5 SECTION B: PSYCHOSOCIAL SUPPORT SERVICES PROVIDED BY EDUCATORS IN EARLY CHILDHOOD CARE AND EDUCATION CENTRES (ECCE) AND PRIMARY SCHOOLS OF RURAL ESWATINI

Objective 1: Explore how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in ECCE centres and primary schools

Section B of the questionnaire had two subsections: Subsection B.1 (made up of questions B1.1 to B1.15) that required the educators to indicate how often they provided specified item services to the children at their workplace. Section B.2 (questions B2.16 to B2.22) required educators to indicate their level of agreement that the training received in specified areas had been adequate to enable to enhance the well-being of OVC at their institution.

6.5.1 Psychosocial support services provided by educators to the Orphaned and Vulnerable children learners

Section B1 results are discussed and analysis included frequencies, percentages, and thereafter test for differences across regions using Pearson chi-square of independence to see if any response option was selected more

than others. The educators rated the psychosocial support services that are provided in their institutions using a 5 point Likert scale that ranged from: Never=1, Rarely=2, Sometimes=3, Often=4 and Always=5 to rate how often item service statements B1.1 to B1.15 were provided to the OVC at both rural ECCE centres and primary schools.

Item B1.1 School meals: There is a general indication by educators that 80% of the schools provided to the learners on a scale of 'Often' (n=40, 13.5%) and 'Always' (n=225, 76%) as a service to OVC learners.

Item B1.2 School uniforms: The educators rated the provision of school uniform service as 'Never' (n=173, 38.2%), 'Rarely' (n=71, 24.0%) or 'Sometimes' (n=96, 32.4%) provided as a service.

Item B1.3 Sanitary pads: Sanitary pads were either, 'Never' (n=75, 25.3%), mostly 'Rarely' (n=92, 31.1%) or 'Sometimes' (n=63, 21.3%) distributed among OVC learners.

Item B1.4 Money: Most educators 93.2% indicated that they 'Never' (n=215, 72.6%) or 'Rarely' (n=61, 20.6%) offered money to support learners.

Item B1.5 Encouraging children to participate in games and sports: Participation in games and sports was highly encouraged 92.2% by educators as indicated by high scale ratings of 'Often' (n=104, 35.1%) or 'Always' (n=169, 57.1%).

Item B1.6 Encouraging play activities with non-OVC peers: Most participants (93.6%) indicated that play activities with non-OVC peers was encouraged by ratings as 'Often' (n=87, 29.4%) or 'Always' (n=190, 64.2%).

Item B1.7 Encouraging children to join a club of choice: Educators had different views on how often they encouraged children to join a club of choice by rating 'Sometimes' (n=74, 25.0%) or 'Always' (n=96, 32.4%) respectively.

Item B1.8 Fundraising activities: Most educators (70%) specified that fundraising was 'Never' (n=126, 42.6%) or 'Rarely' (n=93, 31.4%) carried out as a service at their workplace**.**

Item B1.9 The referral of OVC to local NGOs for social support assistance: Referring of OVC to local NGOs for social support assistance was usually provided by more than 50% of participants and rated as 'Sometimes' (n=176, 59.5%).

Item B1.10 the referral of OVC to community social workers: Educators 57.1%) rated 'Never' (n=95, 32.1%) or 'Rarely' (n=74, 25.0%) referred OVC in their institutions to community social workers whereas (n=73, 24.7%) 'Sometimes' provided this service.

Item B1.11 Trauma counselling to OVC looking after chronically ill parents with HIV/AIDS (as support for their psychological and emotional needs): Educator responses showed that offering of trauma counselling to OVC learners who were responsible for looking after chronically ill parents with HIV/AIDS was not always provided as a service but was rated as 'Sometimes' (n=124, 41.9%) or 'Rarely' (n=59, 19.9%).

Item B1.12 Positive disciplining support to delinquent OVC: The disciplining of delinquent OVC varied among educators with high ratings of 'Always' (n=68, 32.0%) or 'Often' (n=130, 43.9%) while some educators indicated 'Sometimes' (n=73, 24.7%).

Item B1.13 Spiritual needs support through scripture union: Most educators (80.1%) as shown by the two ratings for 'Often' (n=123, 41.6%) and 'Always' (n=114, 38.5%) reflected that the service of spiritual support services through scripture union was given high priority.

Item B1.14 Spiritual needs support through school prayers with visiting pastors: The participants (88.8%) rendered spiritual needs support through school prayers with visiting pastors as shown by 'Often' (n=117, 39.5%) and 'Always' (n=146, 49.3%) high scale ratings.

Item B1.15 Education on Eswatini child rights to OVC: Educating OVC on Eswatini child rights was indicated by a low scale of 'Rarely' (n=93, 31.4%) and varied for other educators as 'Sometimes' (n=99, 33.4%) provided as a service in both rural ECCE centres and primary schools.

A chi-square goodness-of-fit test was then applied to see if any response option was selected more than others. All item statement responses had *p*-values of p<.0005* (* indicates significance at .05 level). Thereafter, an analysis to test for differences across regions was done.

Analysis to test for differences across regions

To detect differences across regions, a Pearson chi-square test of independence was applied to the cross-tabulations of each item with regions. Significant results were on item statements B1.3, B1.5, B1.7, B1.8 and B1.11.

B1.3 Sanitary pads: Significant relationships exist between the provision of sanitary pads to children and region, x^2 (12) = 31.309, p=.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.

B1.5 Encouraging children to participate in games and sports: Significant relationships existed between the provision of this service and regions, x^2 (12) =21.592, p=.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.

B1.7 Significant relationships exist between the provision of encouraging children to join a club of choice and regions, x^2 (12) =28.291, p=.005. A significant number from Region 1 sometimes provide this service; a significant number fromRegion2 never or rarely provide this service and a significant number from Region 3 often or always provide this service.

B1.8 Significant relationships exist between the provision of fundraising activities of this service and regions, x^2 (12) =23.153, p=.026. Also, a significant number from Region 1 often and always provide this service; s a significant number from Region 2 rarely or rarely provide this service and a significant number from Region 3 never provide this service.

B1.11 Significant relationships exist between the provision of trauma counselling to OVC looking after chronically ill parents with HIV/AIDS (as support for the psychological and emotional needs) of this service and regions, x^2 (12) =21.144, p=.048. Also, 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.

Table 6.6 presents frequencies and percentages on how often the educators provided the indicated items as PSS service at their workplaces to enhance the psychosocial well-being of OVC learners.

Table 6.6 (n = 296) PSS services provided by educators to the OVC learners

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

6.5.2 Section B.2. Training received by educators to enhance Orphaned and Vulnerable children well-being

In Section B, subsection 2, descriptive statistics were conducted on the responses to report the level of agreement among educators that indicated the training received enhanced the well-being of OVC during PSS delivery. An analysis was done to test for significant agreement/disagreement to each item (only for the items that were rated 1 to 6 as training received) and a zero response indicated that training was not received in a specific area. For any training received the participant rated the responses using the 1 to 6 Likert point scale that was provided from 'Strongly disagree to strongly agree'. The average agreement score in the study was tested against a central score of 3.5 (middle of the 1-6 Likert point scale). Where a significant difference was found, it was interpreted as a significant agreement that training is adequate, and mean is greater than 3.5 (>3.5) and significant disagreement was noted where the mean was less than 3.5 (<3.5).

Findings for section B part 2 were first reported in means and standard deviations for training areas received, then in frequencies and percentages to show training areas that were not received. Results were summarised in Tables 6.7 and 6.8. Lastly, results from a one-sample test analysis to see if training adequacy in the training areas differed across regions were indicated using the ANOVA test.

6.5.2.1 Report based on means and standard deviation

Overall, the educator responses indicated an agreement that training in all specified areas was adequate to enable enhancing the well-being of OVC learners as part of delivering PSS services in ECCE centres and primary schools of Eswatini. All the mean values were more than 3.5 averages. A code was assigned for each element asked on Section B part 2 of the questionnaire as

B2.16 to B2.22. This coding was used as item tagging for analysis and reflecting values for specified variables in Table 6.7. The level of agreement ratings ranged in the following order:

- Among the responses, 'B2.16: Life skills training' was rated higher than all the types of training, N = 163 (Mean=5.09, SD=.735). The p-value was .05 therefore, a significant agreement that life-skills training is adequate followed in sequence by item B2.17 In-service training on counselling N=165 the mean value was above 3.5 (Mean=4.84, SD=.924) thus in-service training on counselling was considered adequate.
- Then, item B2.20: Sensitisation awareness workshops on delivering PSS as a pillar N=127 (Mean= 4.78, SD=1.161) followed closely by B2.19 In-service training on OVC guidance N=170 (Mean=4.73, SD=.915), item B2.22 Acquiring PSS teacher's training in addition to Primary school training had N=56 (Mean= 4.38, SD=1.556) next, was B2.18 The new psychosocial support training programme with N=91 (Mean=4.38, SD=1.412) and lastly B2.21 Acquiring PSS teacher's training in addition to Early childhood training N=51 (Mean=4.31, SD=1.508). Furthermore, all training areas pointed to a positive stance all with means rated above 3.5 average. An indication that these particular types of training received was adequate to enable the educators to enhance the well-being of OVC learners at their institutions.

ANOVA testing: a further one-sample test analysis to see if training adequacy in the particular training areas differed across regions was done using the ANOVA test. No differences were found all training areas had a p-value of <.0005* (* indicates significance at .05 level). Analysis to see if these differed across regions using ANOVA test revealed no differences between regions.

6.5.2.2 Summary

The mean of each item and means of all items (B2.16 to B2.22) were greater than 3.5 average, an indication that the frequency of the answers: Strongly agree, agree and slightly agree were more than strongly disagree, disagree and slightly disagree. P-values for all the items were the same at .05 levels. Therefore, there is significant agreement that life-skills training and all (B2.16 to B2.22) training areas that were received are adequate to enable the educators to enhance the well-being of OVC at their institutions. Table 6.7 indicates descriptive data for the one sample statistics of participants' level of agreement on the training received in the specified B2.16 to B2.22 specific training areas/items.

Table 6.7 Training received to enhance OVC well-being (n = 296)

Training acquired to enhance PSS service delivery	**N**	**Mean**	**Std. Deviation**
B2.16 Life skills training	163	5.09	.735
B2.17 In-service training on counselling	165	4.84	.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	.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

Despite getting the above-mentioned results, training areas were considered as adequate to enhance OVC well-being during PSS service delivery, by educators who had the opportunity to receive training (in specified items B2.16 to B2.22).

Some educators had not received training in some of the specified areas by the time of the study. Therefore, Table 6.8 shows a summary of the frequency and valid percentage responses for training areas indicated by a zero as 'I did not receive this training'.

Table 6.8 Summary of training not received

Item code	Did not receive this training	Frequency	Valid Percentage (%)
B2.16	Life skills training	133	44
B2.17	In-service training on counselling	131	44.3
B2.18	The new psychosocial support training programme	205	69.3
B2.19	In-service training on OVC guidance	125	42.4
B2.20	Sensitisation awareness workshops on delivering PSS as a pillar	169	57.1
B2.21	Acquiring PSS teacher's training in addition to Early childhood training	245	82.8
B2.22	Acquiring PSS teacher's training in addition to primary school training	240	81.1

Presentation of Section C results on factors perceived to be effective for the delivery of psychological and emotional needs services is discussed next.

6.6 SECTION C: CRITICAL FACTORS FOR THE EFFECTIVE DELIVERY OF PSYCHOLOGICAL AND EMOTIONAL NEEDS SERVICES OF ORPHANED AND VULNERABLE LEARNERS

Objective 2: Identify factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners.

This section presents findings and analysis of the seven-factor item statements that were coded as C1.1 to C1.7. The questionnaire required the educators to indicate their level of agreement that the specified item statements ('CI.1 to C1.7') were critical to the effective delivery of psychological and emotional needs of OVC on a 6 point Likert scale that ranged from 'strongly disagree' to 'strongly agree'. Means and standard deviations were used to describe the results of the seven factors. A one-sample test and Factor analysis were also applied on the 7 items to see if they could be reduced to a few constructs and KMO and Bartlett s Test results extracted 2 factors (F1 and F2). The discussion that follows and Table presentations (Tables 6.9 to 6.12) is based on these statistics.

Results based on means and standard deviations descriptive statistics: Item 'C1.7 referring traumatised OVCs to mental health therapists' (Mean=5.03 SD=1.459) had the lowest rating response than the others but still had a mean above 3.5. However, item 'C1.2 talking supportively to grieving OVC after the loss of a parent' was highly rated/considered as a major factor in the study (Mean=5.45, SD=.740).

C1.3: Having skills to identify OVC in need of both trauma and ongoing counselling (Mean=5.43, SD=.791); and C1.6: having support services for teachers with personal and work-related problems to enable them to effectively support OVC (Mean=5.38, SD=1.116) were rated second and third respectively. Item C1.1: paying condolences to bereaved learners and their families had

(Mean=5.29, SD=.908), followed by item C1.5: having a designated counselling facility/space (not just a classroom) to conduct the counselling (Mean=5.27, SD=1.412) and item C1.4: availability of either a professional counsellor or psychologist within schools was rated low with a (Mean=5.03, SD=1.579).

Descriptive statistics results that indicate factors that are critical to the effective delivery of psychological and emotional needs of OVC learners in rural ECCE centres and primary schools of Eswatini are shown in Table 6.9 below.

TABLE 6.9: Factors critical to the effective delivery of psychological and emotional needs of OVC (n = 296)

Critical factors	Mean	Standard deviation
C1.1 Paying condolences to bereaved learners and their families	5.29	.908
C1.2 Talking supportively to grieving OVC after the loss of a parent	5.45	.740
C1.3 Having skills to identify OVC in need of both trauma and ongoing counselling	5.43	.791
C1.4 Availability of either a professional counsellor or psychologist within schools	5.03	1.579
C1.5 A designated counselling facility/space (not just a classroom or staff room etc.) in which to conduct the counselling	5.27	1.412
C1.6 Having support services for teachers with personal and work-related problems to enable them to effectively support OVCs	5.38	1.116
C1.7 Referring traumatised OVCs to mental health therapists	5.03	1.459

After descriptive results, a one-sample test was performed based on a test value of 3.5 which showed significant agreement $p<.0005$ that all 7 item statements were critical factors for the effective delivery of psychological and emotional needs services for orphaned and vulnerable learners(see one-sample test Table 6.10).

Table 6.10 One-sample test overview

	Test value 3.5		
Items	t	df	sig. (2-tailed)
C1.1 Paying condolences to bereaved learners and their families	33.976	295	.000
C1.2 Talking supportively to grieving OVC after the loss of a parent	45.428	295	.000
C1.3 Having skills to identify OVC in need of both trauma and on-going counselling	42.023	295	.000
C1.4 Availability of either a professional counsellor or psychologist within schools	16.710	295	.000
C1.5 A designated counselling facility/space (not just a room or staff room etc.) in which to conduct counselling	21.566	295	.000
C1.6 Having support service for teachers with personal and work-related problems to enable them to effectively support OVCs	28.907	295	.000
C1.7 Referring traumatised OVCs to mental health therapists	18.091	295	.000

Summary

Based on the descriptive analysis and inferential tests discussed and displayed, there is an indication that all seven-item statements were regarded by educators as critical factors for the delivery of psychological and emotional needs services for orphaned and vulnerable learners.

6.6.1 Factor analysis

Factor analysis was applied to the responses to the 7 items C1.1 to C1.7 to determine which items belonged together/see if they could be reduced to a few constructs. Items that are measured on a 5- or 7). Kaiser-Meyer-Olkin Measure of Sampling Adequacy value of .819 indicated that the data was adequate for successful and reliable extraction. Then, through extraction method Principal Axis Factoring the Keiser-Meyer-Olkin (KMO) and Bartlett's test extracted 2 factors (F1 and F2).

Factor 1: included the statements C1.5, C1.4, C1.6 and C1.7
C1.5 A designated counselling facility/space (not just a classroom or staff room in which to conduct counselling
C1.4 Availability of either a professional counsellor or psychologist within schools
C1.6 Having support services for teachers with personal and work-related problems to enable them to effectively support OVCs
C1.7 Referring traumatised OVCs to mental health therapists.

Factor two: comprised of statements C1.2, C1.1 and CI.3.
C1.2 Talking supportively to grieving OVC after the loss of a parent
C1.1 Paying condolences to bereaved learners and their families
C1.3 Having skills to identify OVC in need of both trauma and ongoing counselling. See Table 6.11 matrix loadings for factors extracted.

Table 6.11 Factors extracted

Item	Factor 1	Factor 2
C1.5	.933	
C1.4	.777	
C1.6	.744	
C1.7	.733	
C1.2		.945
C1.1		.766
C1.3		.615

Reliability: after the factor structure had been confirmed, the internal reliability of factor 1 and factor 2 were determined by using the Cronbach Alpha. That is a measure of reliability (internal consistency) of the responses provided by the educators. For factor 1, Cronbach alpha was .873 a value above 0.8 indicating that the factor was measured reliably. Cronbach alpha result for factor 2 was .819 also, more than 0.8 and regarded as reliable. The reliability measure for factor 1 and 2 and the number of items under each factor is shown in Table 6.12.

Table 6.12 Internal reliability

Factor	Cronbach alpha	No of items
Factor 1	.873	4
Factor 2	.819	3

The two extracted factors were then named and labelled as follows:

F1: Support and resources (SUP)

F2: Individual assistance counselling (IND).

Descriptive statistics and a t-test were performed on these 2 factors. The means and standard deviation results of each of the extracted factors are shown in Tables 6.13.

Table 6.13 One sample statistics

Factor	N	Mean	Standard Deviation
Support and Resources (SUP)	296	5.1782	1.19272
Individual assistance counselling (IND)	296	5.3930	.69907

Table 6.14 gives the actual results of the t-test. The one-sample test on the two factors using a test value of 3.5 indicated a significant agreement that both these 'composite factors' are critical for effective service delivery of psychosocial support. More importance is indicated for F2 individual assistance counselling (IND factor) since its mean score is bigger. This is a significant difference (paired) samples t-test, p=.001 (See Table 6.14 below) and there were no significant differences in these measures across regions.

Table 6.14 One sample test

	Test value=3.5					
					95% Confidence Interval of the difference	
	t	df	sig (2 tailed)	Mean Difference	Lower	Upper
SUP	24.208	295	.000	1.67821	1.5418	1.8146
IND	46.588	295	.000	1.89302	1.8131	1.9730

Presentation of results on challenges encountered by educators in the delivery of psychosocial support services followed in Section D.

6.7 SECTION D: CHALLENGES ENCOUNTERED BY EDUCATORS IN THE DELIVERY OF PSYCHOSOCIAL SUPPORT SERVICES

Objective 3: Explore the challenges encountered by educators in psychosocial support service delivery within ECCE centres and primary school environment.

Section D of the questionnaire required the respondents to respond by indicating the level to which they agreed to 21 item statements (D3.1 to D3.21) regarding challenges encountered by educators in their role as educators who also deliver PSS to orphaned and vulnerable learners. Educator responses were recorded on a 6-point scale where 'Strongly disagree' was represented by 1 'Disagree' 2 'Slightly disagree' 3 'Slightly agree' 4 'Agree' 5 and 6 represented 'Strongly agree'. The average agreement score was tested against a central score of 3.5 (middle of the 1-6 Likert point scale). Mean, standard deviations and one sample test was applied to describe the statistics see Tables 6.15 To 6.16. In this section, all challenges were rated above 3.5 averages.

The challenge item that was rated lowest than others was item 'D3.21 Different names attached to PSS services by donor agents thus confusing educators' with a mean less than 5 (Mean=4.84, SD=.926). The challenge items that were rated higher than others included 'D3.7 Lack of support for stressed teachers' (Mean=5.68, SD=.601), closely followed by item statement 'D3.8 lack of motivation in the form of e.g. monetary incentives, medical care or respite holiday compensation' (Mean=5.65, SD=.683) that also had a very high mean value. Then, the rest of the statement items ratings were in the following sequence (D3.3, D3.10, D3.9, D3.13, D3.14, D3.12, D3.16, D3.11, D3.18, D3.4, D3.1, D3.6, D3.17, D3.15, D3.20, D3.2, D3.19, D3.5) and also had means above 5 except for

Challenge item statement ‘D3.21 different names attached to PSS services by donor agents thus confusing educators’ (Mean=4.84, SD=.926) which was rated last among the 21 challenges that all yielded mean scores that were above 3.5 average. See full names and description of results for item statements that were rated after D3.7 and D3.8 which had very high means below:

Items D3.3 Lack of funds to buy OVC uniforms with (Mean=5.57, SD=.660); D3.10 Non-existence of counselling rooms (Mean=5.56, SD=.672); D3.9 Non-availability of professional psychologists and counsellors to complement educator efforts (Mean= 5.55, SD=.792); D3.13 Not enough resources allocated for PSS service delivery (Mean=5.53, SD=.632); D3.14 Lack of qualified Early childhood teachers to rural ECCE centres or appropriate Grade zero classes (Mean=5.50, SD=.898).

Item statement D3.12 Not enough time for the guidance teacher to address OVC issues (Mean=5.48, SD=.835) and the following D3.16 had the same means of 5.48 but the Standard deviation is higher for D3.12. The standard deviation is .835 compared to .674 which shows that the individual responses were a little over by some points away from the mean than item D3.16 Lack of PSS services checklist tool within the school can negatively affect PSS for example, leading to insufficient budget allocation for PSS or failure to address all OVC needs (Mean=5.48, SD=.674).

Item statement D3.11 Work overload- being required to deliver 7 pillars including PSS (Mean=5.46, SD=.878) has a higher standard deviation but the same means with the item statement D3.18 which has a lower standard deviation, that is, D3.18 Inadequate information on current developments on PSS (Mean=546, SD=.767). Then, item statements D3.4 Lack of funds to transport ill OVC to the hospital (Mean=5.45, SD=.842); D3.1 Having the additional role of parenting orphaned learners (M=5.42, SD=.807); D3.6 Lack of supervision on PSS service

delivery effort (Mean=5.39, SD=.764); D3.17 Lack of expertise in PSS (Mean=5.37, SD=.783); D3.15 Irregular follow up on PSS service pillar (Mean=5.35, SD=.784); D3.20 Class teachers not having adequate skills in guidance and counselling (Mean=5.30, SD=.783); D3.2 Having the additional role of providing nursing care to ill OVC on ARV therapy (Mean=5.24, SD=.815); D3.19 Lack of capacity to deal with emerging PSS issues (Mean=5.20, SD=.797); up to item statements D3.5 Having to provide on-going trauma counselling (Mean=5.16, SD=.052) followed as per response rating.

See sample-statistics Table 6.15.

Table 6.15 Challenges educators faced when offering psychosocial support as an additional role (n = 296)

Challenges	Mean	Standard Deviation
D3.1 Having the additional role of parenting orphaned learners	5.42	.807
D3.2 Having the additional role of providing nursing care to ill OVC on ARV therapy	5.24	.815
D3.3 Lack of funds to buy OVC uniforms	5.57	.660
D3.4 Lack of funds to transport ill OVC to hospital	5.45	.842
D3.5 Having to provide ongoing trauma counselling	5.16	1.052
D3.6 Lack of supervision on PSS service delivery effort	5.39	.764
D3.7 Lack of support for stressed teachers	5.68	.601
D3.8 Lack of motivation in the form of e.g. monetary incentives, medical care or respite holiday compensation	5.65	.683
D3.9 Non-availability of professional psychologists and counsellors to complement educator efforts	5.55	.792
D3.10 Non-existence of proper counselling rooms	5.56	.672
D3.11 Work overload – being required to deliver 7pillars including PSS	5.46	.878
D3.12 Not enough time for the guidance teacher to address OVC issues	5.48	.835
D3.13 Not enough resources allocated for PSS service delivery	5.53	.632
D3.14 Lack of qualified Early Childhood teachers to rural ECCE centres or appropriate grade Zero class	5.50	.898
D3.15 Irregular follow up on PSS pillar service delivery	5.35	.784
D3.16 Lack of PSS services checklist tool within the school which could negatively affect PSS e.g. leading to insufficient budget allocation for PSS; or failure to address all OVC needs	5.48	.674
D3.17 Lack of expertise in PSS	5.37	.783
D3.18 Inadequate information on current developments on PSS	5.46	.767
D3.19 Lack of capacity to deal with emerging PSS issues	5.20	.797
D3.20 Class teachers not having adequate skills in guidance and counselling	5.30	.783
D3.21 Different names attached to PSS services by donor agents thus confusing educators	4.84	.926

Summary

All these challenges had means above 5 except Challenge item statement ‘D3.21 different names attached to PSS services by donor agents thus confusing educators’ (Mean=4.84, SD=.926) which were rated last among the 21 challenges that all yielded mean scores that were above 3.5 average.

6.7.1 One-sample test

The descriptive statistics were followed by a one-sample test based on a test value of 3.5. The one-sample test indicated a significant difference (paired samples t-test), p<.0005 agreement that all 21 item statements were challenges encountered by educators whose other role is also to deliver psychosocial support to orphaned and vulnerable learners. There is a significant difference in the means amongst the challenges at 95% level of significance. The t-test was then followed by the application of factor analysis to see if the 21 ‘challenge’ items could be grouped into a few subcategories. Factor analysis was applied after .806 Kaiser-Meyer-Olkin Measure of Sampling Adequacy

6.7.2 Factor analysis

Factor analysis on the 21 challenge item responses was performed through extraction method: Principal Axis Factoring using KMO and Bartlett’s test that identified 11 items and grouped the challenges into 2 meaningful factors F1 and F2. See the summary of factor loading matrix in Table 6.16

Table 6.16 Challenge factors extracted

Item	Factor 1	Factor 2
D3.15	.742	
D3.6	.619	
D3.17	.617	
D3.18	.593	
D3.14	.541	
D3.19	.527	
D3.21	.518	
D3.9	.451	
D3.11		.883
D3.12		.871
D3.13		.319

Factor 1 included 8 item statements: D3.15, D3.6, D3.17, D3.18, D3.14, D3.19, D3.21 and D3.9

D3.15: Irregular follow-up on PSS service pillar.
D3.6: Lack of supervision on PSS service delivery effort.
D3.17:Lack of expertise in PSS.
D3.18: Inadequate information on current developments on PSS.
D3.14:Lack of qualified Early Childhood teachers to rural ECCE centres or appropriate grade Zero class.
D3.19:Lack of capacity to deal with emerging PSS issues.
D3.21:Different names attached to PSS services by donor agents thus confusing teachers and item statement.
D3.9:Non-availability of professional psychologists and counsellors to complement educator efforts.

Factor 2 statements were: D3.11, D3.12 and D3.13.

D3.11:Workload- being required to deliver 7 pillars including PSS.
D3.12: Not enough time for the guidance teacher to address OVC issues.
D3.13: Not enough resources allocated for PSS service delivery.

F2: Resources/time the reliability is portrayed below.

6.7.3 Reliability

Factor analysis extracted two factors that were identified as FI Support/skills and F2 named Resources/time. The internal reliability of the two factors was determined by Cronbach. The value for F1 was .804. A Cronbach's Alpha above 0.8 indicates that the data relating to the 8 statements making up Factor 1 is reliable.

Factor 2 was made up of 3 items during factor analysis. The internal reliability measure was Cronbach alpha .756. A value above 0.7 is reliable. See summary Table 6.17.

Table 6.17: Internal reliability

Factor	Cronbach alpha	Number of items
F1 Support/skills	.804	8
F2 Resources/time	.756	3

An analysis of the factors first through descriptive tests for F1 support/skills: (Mean=5.3319, SD=.52987) and F2 resource/Time (Mean=5.4876, SD=.64705) from these results more importance is indicated for F2 with a bigger mean. Thereafter, the use of the t-test showed a clear significant agreement that both

support/skills and Resources/Time are challenges encountered by educators. Paired samples t-test, p = .000 as shown in Table 6.18.

Table 6.18 One-sample test

	Test value 3.5		
Factors	t	df	sig. (2-tailed)
Support/skills	59.481	295	.000
Resources/Time	52.849	295	.000

In addition, a robust test of Equality of Means across regions then followed.

6.7.4 Testing across regions

Further testing for differences across regions using Welch (see Table 6.19) and Howell testing revealed that there was a significant difference in the agreement that there are support and skills challenges across regions, Welch (3, 162.038) = 3.008, p=.032. Post hoc Games-Howell testing indicated that these challenges are worse in regions 2 and 4 than in region 1 (p=.048 and .037, respectively).

Table 6.19 Robust test of equality of Means

Factor		**Statistic**	**df1**	**df2**	**Sig.**
Support/skills	Welch	3.008	3	162.038	.032
Resources/Time	Welch	2.568	3	159.247	.056

The last discussion is a presentation of section E results where educators were required to indicate their agreement that the additional task of delivering PSS to OVCs affected them as educators delivering PSS.

6.8 SECTION E: ASSESSING HOW EDUCATORS ARE AFFECTED BY THE ADDITIONAL TASK OF OFFERING PSYCHOSOCIAL SUPPORT SERVICES TO ORPHANED AND VULNERABLE LEARNERS IN THE SCHOOL ENVIRONMENT.

Objective 4: Assess how educators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment

Section E was based on assessing how educators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment. Means and standard deviations were used to discuss the effects on the educator delivering psychosocial support as an additional task to OVC learners in rural ECCE centres and primary schools. The rating of items in section E was also based on a 6 point Likert scale ranging from 'strongly disagree' to 'strongly agree'. Item statements that represented 'effects' on educators were coded on the questionnaire as E1.1 to E1.8 for analysis and discussion purposes.

Table 6.22 indicated that the items on the questionnaire assessed how the educators are affected by the additional task of delivering psychosocial support services. Even though delivering PSS services to OVC was viewed as an additional task, the educators rated the items based on how these caused positive and negative effects on them in the following sequence:

6.8.1 Positive effect constructs

The high mean and high standard deviation item statements were 'E1.4 Encourages me to inspire OVC to see a reason to live, even when they are suffering without parents' time' as the highest effect (Mean=5.60, SD=.580). This

is followed by the statements ‘E1.3 Improves my understanding of orphaned and vulnerable learners’ circumstances with a mean of (Mean=5.47, SD=.731) closely followed by the item, ‘E1.2 Gives me empathy to help OVC out of love more than for personal gain’ (Mean= 5.47, SD=.642); and the lowly rated mean and standard deviation on the list of positive item statements was ‘E1.1 Has a positive impact on the way I now treat OVC impacted by HIV/AIDS’ (Mean=5.41, SD=.712).

6.8.2 Negative effect constructs

Statement items ‘E1.8 Adds significantly to my workload leaving me overwhelmed emotionally and physically’ (Mean 4.10, SD 1.281); ‘E1.6 Leaves me stressed which affects the way I conduct lessons’ (Mean=3.73, SD 1.308), and item statement ‘E1.5 Puts a strain on my personal relationships’ (Mean=3.53, SD 1.390) had negative effects on the educator participants and were the least rated effects that occurred due to the additional task of offering PSS services to OVC learners in the school environment.

Even though this was the prioritised sequence of the effects on the educators, all the statements E1.1 to E1.8 yielded a mean of above 3.5 averages. An indication that all were significant effects caused by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment. The one-sample statistics (Table 6.20) indicates the means and standard deviations of the effects on educators.

Table 6.20: Assessing the effect of delivering psychosocial support as an additional task (n = 296)

Effects on Educators	Mean	Std. Deviation
E1.1 Has a positive impact on the way I now treat OVC impacted by HIV/AIDS.	5.41	.712
E1.2 Gives me empathy to help OVC out of love more than for personal gain.	5.47	.642
E1.3 Improves my understanding of orphaned and vulnerable learners' circumstances.	5.47	.731
E1.4 Encourages me to inspire OVC to see a reason to live even when they are suffering without their parents' time.	5.60	.580
E1.5 Puts a strain on my personal relationships	3.53	1.390
E1.6 Leaves me stressed which affects the way I conduct lessons.	3.73	1.308
E1.7 Improves the way I interact with stakeholders (for example, guardians of OVC; NGOs supporting PSS; social workers; therapists).	5.31	.725
E1.8 Adds significantly to my workload leaving me overwhelmed emotionally and physically.	4.10	1.281

6.8.3 One sample test analysis

A one-sample test result showed significant agreement by all p = .000 and E1.6, P = .000 . Item statement response E1.5 'puts a strain on my personal relationships' indicated, p = .676, and there were no significant differences of these effects across regions. See Table 6.21.

Table 6.21: One-sample test analysis effects on educators

	Test value = 3.5		
Item statement	t	df	sig. (2-tailed)
E1.1 Has a positive impact on the way I now treat OVC impacted by HIV/AIDS	46.125	295	.000
E1.2 Gives me empathy to help OVC out of love more than for personal gain	52.676	295	.000
E1.3 Improves my understanding of orphaned and vulnerable learners' circumstances	46.414	295	.000
E1.4 Encourages me to inspire OVC to see a reason to live even when they are suffering without their parents' time	62.257	295	.000
E1.5 Puts a strain on my personal relationships	.418	295	.676
E1.6 Leaves me stressed which affects the way I conduct lessons	2.977	295	.003
E1.7 Improves the way I interact with stakeholders (e.g. guardians of OVC; NGOs supporting PSS; social workers; therapists etc.)	42.896	295	.000
E1.8 Adds significantly to my workload leaving me overwhelmed emotionally and physically	8.031	295	.000

6.8.4 Factor analysis

Factor analysis was also applied to collapse the 8 items into a few reliable 'effect constructs'. Thus, factor analysis with promax rotation was applied to explore the structure of the data and reduce the 8 items to a few latent constructs using a KMO (Kaiser-Meyer-Olkin Measure of Sampling Adequacy). A value of .712 indicated that the data was adequate for successful and reliable extraction. Furthermore, a significant Bartlett's test indicated that correlations between items were not too low for reliable extraction. Two factors, which accounted for 54.16% of the variance in the data, were extracted. The factor matrix loadings are shown in Table 6.22.

The 2 sub-factors that were extracted, were named FI: Motivation construct and F2: Stress construct.

F1 Motivation construct was made up of item statements E1.1, E1.2, E1.3, E1.4 and E1.7 While F2 was made up of item statements E1.5, E1.6 and E1.8.

Factor 1 item statements:
E1.1 Has a positive impact on the way I now treat OVC impacted by HIV/AIDS;
E1.2 Gives me empathy to help OVC out of love more than for personal gain;
E1.3 Improves my understanding of orphaned and vulnerable learners' circumstances;
E1.4 Encourages me to inspire OVC to see a reason to live even when they are suffering without parents' time; and
E1.7 Improves the way I interact with stakeholders (e.g. guardians of OVC; NGOs supporting PSS; social workers; therapists; etc.).

Factor 2 item statements:

E1.5 Puts a strain on my personal relationship.

E1.6 Leaves me stressed which affects the way I conduct lessons.

E1.8 Adds significantly to my workload leaving me overwhelmed emotionally and physically. Table 6.22 shows the factor loading matrix summary.

Table 6.22: Factor loadings matrix summary

Variable	Factor 1	Factor 2
Items: E1.3 Improves my understanding of orphaned and vulnerable learners' circumstances	.719	
E1.1 Has a positive impact on the way I now treat OVC impacted by HIV/AIDS	.703	
E1.2 Gives me empathy to help OVC out of love more than for personal gain	.631	
E1.4 Encourages me to inspire OVC to see a reason to live even when they are suffering without their parents' time	.544	
E1.7 Improves the way I now interact with stakeholders (e.g. guardians of OVC; NGOs supporting PSS; social workers; therapists; etc.)	.437	
E1.5 Puts a strain on my personal relationships		.742
E1.6 Leaves me stressed which affects the way I conduct lessons		.708
E1.8 Adds significantly to my workload leaving me overwhelmed emotionally and physically		.494

6.8.5 Reliability of factors

In order to measure the reliability of these 8 factors, Cronbach's alpha was applied. An alpha that exceeds 0.7 indicates that the factor is reliable in that there is internal consistency in the measurement of the items included in the factor.

Table 6.23: Reliability Factor 1: Motivation

Cronbach alpha	No of items
.739	5

The value of Cronbach's Alpha exceeds 0.7 for factor 1 (Table 6.23) which indicates that the data relating to the 5 statements making up factor 1 is reliable. In factor 2 the Cronbach alpha value was .679. Even though .679 is a bit below .7, it is adequate since there are only 3 items on the scale (Table 6.24).

Table 6.24: Reliability Factor 2: Stress

Cronbach alpha	No of items
.679	3

Table 6.25 shows the Cronbach alpha results summary.

Table 6.25: Cronbach Alpha results summary

Construct	Sub-construct	Items included	KMO	Variance extracted	Cronbach alpha (Reliability)
Effect on educators	Motivation	E1.1, E1.2, E1.3 E1.4 and E1.7	.712	54.16%	.739
	Stress	E1.5, E1.6 and E1.8			.679

The value of Cronbach's Alpha exceeds 0.7 for factor 1 (Table 6.23) which indicates that the data relating to the 5 statements making up factor 1 is reliable. In factor 2 the Cronbach alpha value was .679. Even though .679 is a bit below .7, it is adequate since there are only 3 items on the scale (Table 6.24).

6.8.6 Further tests

Further tests on the two extracted factors (motivation and stress factors) produced means and standard deviations followed by a t-test for each factor and scores were averaged across items in the factor to obtain a composite score. These composite scores were used in further analysis, paired-samples t-test across regions. For the two measures that were further done see Tables 6.26 and Table 6.27 below.

Table 6.26 One sample statistic across regions (n=296)

Factor	Mean	Standard deviation
Motivation	5.4507	.47614
Stress	3.7860	1.03535

Table 6.27 One sample test

	Test value = 3.5		
Factor	t	df	sig. (2 tailed)
Motivation	70.485	295	.000
Stress	4.753	295	.000

Summary on further tests

There is a significant agreement to both these scales but, as reflected in Table 6.27, there is a greater effect of 'Motivation than of Stress' because it has a higher mean value of 70.485. This is a significant difference (paired samples t-test –p<.0005) and No significant differences were found across regions for these two measures.

6.9 SUMMARY OF THE CHAPTER

Chapter 6 discussed results obtained from the survey, quantitative Phase 2 of the study that was conducted with educators who deliver psychosocial

support to OVC learners in rural ECCE centres and primary schools of Eswatini. The quantitative results were presented according to the sequence of the questionnaire sections based on the research objectives. Both descriptive statistics and inferential statistics were used for analysing the data. The chapter that follows presents a discussion of a mixed integration of the significant findings from both qualitative Phase 1 and quantitative Phase 2.

CHAPTER 7: INTEGRATION OF FINDINGS FROM PHASES 1 AND 2

7.1 INTRODUCTION

Chapter 6 described and presented Phase 2 results and data analysis as per the survey questionnaire to identify statistically significant results from the educator survey. Chapter 7 focuses on the interpretation of the major findings of the study by integrating and comparing the data spheres of both qualitative Phase 1 and quantitative Phase 2 results. The qualitative Phase1 and quantitative Phase 2 were integrated since the results of qualitative data contributed towards item development for the educator survey questionnaire making results from both phases important for the study. A sequence of steps taken from the qualitative phase to interpretation of the integrated results are summarised in Figure 7.1

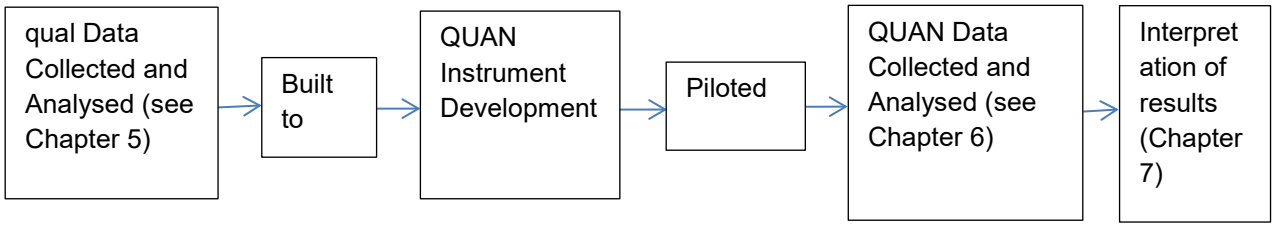

Figure 7.1: Steps for Interpretation of results (Adapted from Creswell and Plano Clark 2018: 94)

Qualitative data was collected and analysed thematically (see Chapter 5). The exploratory results built towards the development of a structured instrument that was first piloted before the survey among educators. Instrument development was at an intermediate stage of the research study soon after qualitative Phase 1 and before the quantitative survey, Phase 2 of the study. The newly developed 'Educator survey questionnaire' was informed by items developed from

qualitative Phase 1 results complemented by related literature and the PERMA Well-Being Theoretical Framework chosen for the study. This led to the quantitative data collection that was extracted from the perspective of 296 educators who were the focal persons in the provision of PSS services in schools. Therefore, Phase 2 of the research consisted of data collection and analysis (see Chapter 6), followed by *i*nterpretation of integrated findings from both Phases of the study in this chapter. The description and comparison of findings are discussed in line with Phase 1 participant experiences and survey respondent views.

7.2 INTERPRETATION OF THE INTEGRATED FINDINGS

7.2.1 Background leading to the summaries of major findings from the sequential phases

Phase 1 was explored by conducting in-depth interviews with purposively sampled 16 PSS experts from multi-sectoral linkages and through seven FGDs with primary school OVC learners. The multi-sectoral linkages PSS experts were drawn from multi-lateral International Children's Organisations, NGOs, community-based organisations, MoET department experts representing Policy and Guidance Units, Curriculum and Teacher Education for student teachers training in PSS programmes in both ECCE and Primary schools, and MoET primary school headteachers. In addition, a neighbourhood care point representative and LiSwati traditional leader representative were also interviewed. Focus group discussion interviews were held with primary school OVC learners. The semi-structured in-depth interviews and FGDs led to the development of 20 themes. The same themes informed the development of a structured survey questionnaire made up of 72 items across 5 sections which were later used for the survey of Phase 2, the quantitative stage of the study.

The integration and synthesis of the major findings from both Phases I and 2 were done under relevant objectives. A table that shows a joint display that connects the qualitative themes results and quantitative results elements was presented at the end of each discussion of joint findings.

7.3 CURRENT PSYCHOSOCIAL SUPPORT SERVICES PROVIDED BY EDUCATORS IN EARLY CHILDHOOD CARE AND EDUCATION CENTRES (ECCE) AND PRIMARY SCHOOLS OF RURAL ESWATINI

Objective 1: To explore how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in ECCE centres and primary schools.

The qualitative Phase 1 had eight themes that emanated from objective one and 15 subthemes (Table 5.1). Major themes included material support to fulfil physical needs, learner social activities to fulfil a sense of belonging, spiritual support, educator capacitation on children's enacted laws on child rights, failure to deliver PSS services, poor support for zero graders and interdisciplinary coordination. From these themes emanated 22 items for Section B of the questionnaire which was used in a survey of 296 educators. Significant findings in Phase 2 emanated from the testing of these items/variables.

7.3.1 Material support to fulfil physical needs

In Phase 1 of the study, major findings under material support were the provision of school meals and sanitary pads for girls which were frequently mentioned more than the other services. For example, in Phase 1, most school administrators emphasised that the government offered food to the schools for OVC.

In Phase 2, 265 responses (out of a total of 296) from educators also indicated on a scale of 'Often' and 'Always' that schools' meals were provided as a service. Sanitary pads that were sourced from donors and provided to OVC girls whenever available was highlighted by most OVC learners' focus group discussions. Statistical findings from the survey also indicated sanitary pads were provided across regions although supplies varied per region. That is, a significant number from region 1 never or sometimes provided the service; a significant number from region 2 and 3 always provided the service; a significant number from region 4 rarely provided the service (this result is taken from the Pearson chi-square test of independence, significant relationships exist between the provision of sanitary pads to children and region, X^2 (12) =31.309, p=.002).

There were contradicting results on the provision of material support. Material support in the form of school uniforms was indicated as a service that was regularly provided to OVC during Phase 1 of the study. Yet in Phase 2 most educator respondents, 184 (62.2%) indicated that uniforms were never or rarely provided as a service, whilst 96 (32.4%) indicated that uniforms were 'sometimes' provided at their schools.

There were contradictions in the provision of money to OVC. In Phase 2 of the study, money was considered by 215 (72.6%) educators as 'never' provided and by 61(20.6%) as 'rarely' provided. Only 18 (6.1%) indicated that money is sometimes provided. Yet, in Phase 1, school administrators indicated that educators usually provided money to pay for OVC expenses such as transport to the hospital, and basic needs and bereavement contributions towards the loss of OVC parents.

7.3.2 Learner participation in social activities to fulfil a sense of belonging needs

Findings on learner participation in social activities such as engaging in fundraising, participating in games and sports, play activities with non-OVC peers, and joining a club of choice revealed the following:

7.3.2.1 Fundraising activities

During qualitative exploration, the school administrators indicated that the MoET highly discouraged schools to fundraise since the MoET authorities viewed fundraising to be similar to asking for top-up school fees. Findings from the Phase 2 survey showed that fundraising services varied from being 'Never' provided or either 'Rarely' provided by most respondents (219) to being 'Sometimes' provided by 59 respondents. Regionally the quantitative findings for fundraising were in line with qualitative results which also varied according to the opinion of each school administrator.

7.3.2.2 Encouraging learner participation in games and sports, play activities and joining a club of choice

Encouraging OVC to either participate in games and sports and encouraging them to join different types of clubs such as girl guides, boy scouts, health clubs, girl empowerment and eco clubs during the qualitative phase was highly encouraged for social interaction or fulfilling the sense of belonging needs with peers during Phase 1. Similarly, during the quantitative Phase 2, encouraging children to participate in games and sports and play with non-OVC peers was indicated as prevalent services, as revealed by high scale ratings of 'Often' (n=104, 35.1%) and 'Always' (n=169, 57.1%) for these variables. Therefore, the service of allowing OVC to participate in social activities such as games and sports, playing with peers not impacted by HIV/AIDS, and joining a club of choice was seen as significant and valid by participants in both phases of the study.

7.3.3 Spiritual needs support

Findings on spiritual support through scripture union and school prayers with visiting pastors indicated that the service was a high priority to cater for the spiritual needs of OVC learners in both phases of the study. In qualitative Phase 1, spiritual needs support was frequently mentioned during in-depth interviews with school administrators and during focus group discussions with OVC learners as a service that was provided to fulfil the spiritual needs of OVC. The Phase 2 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 support. This was an indication that spiritual needs support through scripture union and school prayers with visiting pastors, which was a significant finding from both phases.

7.3.4 Referral of OVC for specialist services/social needs assistance

A total of 176 (59.5%) educators indicated that OVC were 'Sometimes' referred to local NGOs for support and 95 (32.1%) educators 'Never', while 74 (25.0%) of educators 'Rarely' referred OVC to community social workers for social assistance. This is an indication that OVC were not often referred for the social needs assistance service. These significant findings tied in with findings from the qualitative phase where 'failure to offer holistic PSS services' was highlighted by several headteachers during in-depth interviews.

7.3.4.1 Trauma counselling of OVC looking after chronically ill parents with HIV/AIDS

Offering trauma counselling to OVC looking after chronically ill parents with HIV/AIDS was one of the prominent findings although implementation varied among service providers. The majority of educators 124 (41.9%) sometimes offered this service followed by 96 (32.4%) responses which indicated that the

service was ‘Never’ and ‘Rarely’ offered to OVC looking after chronically ill parents from HIV/AIDS. Similarly, findings from Phase 1 in-depth interviews and focus group discussions revealed that OVC received mostly lay counselling from educators not trained to do counselling and such counselling was not done in private places, because it was done either behind classrooms or staff rooms.

7.3.5 Educator life skills training to complement PSS Service delivery

Quantitative Phase 2 outcomes were based on seven training variables in line with the qualitative Phase 1 finding, that all PSS training areas were necessary for assisting educators to complement PSS service delivery to enhance the well-being of OVC learners at their institutions. Findings from Phase 1 revealed that various PSS training were either offered during teachers’ training in selected colleges or through in-service training for ECCE caregivers and qualified primary school teachers. All training types were significant during Phase 2 of the study and all types of training had mean averages above 3.5 indicating that the types of training received were adequate to enable enhancement of the well-being of OVC learners.

7.3.5.1 Synthesis

The major findings under objective one on current services provided by educators were the significantly higher level of provision of meals which is mostly government-aided and donor-funded followed by the provision of sanitary pads for girls as part of material support. Encouraging OVC learners to participate in games and sports, to play with non-OVC peers and to join a club of choice where available and spiritual support were also mostly provided services in rural ECCE and primary schools. Reasons for failure to deliver holistic PSS services in the first phase of the study tied in with failure to utilise referral services to enable OVC to access NGO social support services and community social workers failing to fulfil social needs at the school level.

Trauma counselling services were offered only on a sometimes, rarely or never basis by educators. This significant finding on trauma counselling as support for psychological and emotional needs for OVC looking after chronically ill parents with HIV/AIDS was not given attention when compared to services such as material and spiritual support, social activities and fundraising services. In addition, receiving training in various areas was identified as significant by participants in Phase 1 and educators in Phase 2. In-spite of the high rating on training needs in both Phases the survey also revealed significant results that most educators whose other role is to deliver PSS services did not receive training in most of the PSS training areas. Table 7.1 shows a joint display summary that represents objective 1, linked results. The method of utilising a joint display was adopted from Creswell and Plano Clark (2018: 243).

Table 7.1 Summary joint display to represent linked results

Objective 1: Qualitative themes from PSS study participants	**Quantitative variables (items developed on educator questionnaire, Appendix 7)**	**Survey results: *P value* /factor analysis**	**Mixed methods interpretation**
-Material needs to fulfil physical needs - Learner social activities to fulfil sense of belonging needs -Spiritual needs support -Educator life skills training to enhance orphaned and vulnerable learner well-being - Failure to develop PSS services -Interdisciplinary coordination	Indicate how often the following services are provided to the children at your workplace.e.g. 1.1 School meals Response format: *Never, rarely sometimes, often or always:* -Section B1(15 items) and -Section B2 (7 items): Indicate your level of agreement that <u>the training</u> you received in the following areas was adequate to enhance the well-being of OVC at your institution e.g. 2.16 Life skills training	Across region: -Sanitary pads for girls, p=.002 -Fundraising activities, p=.026 -Participation in games and sports, p=.042 -Encouraging joining a club of choice, p=.048 -Training adequacy in all training areas, p=.005	Not only were the PSS services viewed as relevant in fulfilling various needs of OVC learners (QUAL), but were also found to be significant (QUAN) across the 4 regions of Eswatini rural ECCE centres and primary schools.

7.3.5.2 Summary

Table 7.1 displays a summary of evidence under each objective of qualitative themes that emerged from Phase 1 PSS study followed by items that were built from the themes (as evidence for how the developed quantitative feature is contextual to the qualitative results findings and cultural sensitivity to the rural ECCE and primary school environment of Eswatini). The newly developed item statements in the educator survey are shown in the next column and the response format used. Statistically significant values of results are displayed under the results column followed by a brief mixed-methods interpretation. All subsequent Tables 7.2, 7.3 and 7.4 follow the same order.

Findings from objective one served as a general overview of current PSS services that are being provided to OVC in ECCE centres and primary schools. Objective 2 and subsequent objectives became more specific to address the problem statement and aim of the research. The research aimed to explore the factors that hinder the educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS when offering psychosocial support services in disadvantaged rural schools of Eswatini and ultimately develop a contextual framework for managing the delivery of psychosocial support services within ECCE centres and primary schools. Psychological and emotional needs services were further assessed in depth in objective 2 which follows, and significant findings perceived to be critical for effective delivery of psychological and emotional needs services to achieve holistic PSS service delivery in schools were revealed.

7.4 FACTORS PERCEIVED TO BE CRITICAL FOR EFFECTIVE DELIVERY OF PSYCHOLOGICAL AND EMOTIONAL NEEDS SERVICES

Objective 2: To identify factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners

Qualitative Phase 1 identified two major themes which were factors contributing to the effective delivery of psychological and emotional needs services which had three sub-themes and factors contributing to ineffective delivery of psychological and emotional needs services with seven sub-themes (see Table 5.2). Seven quantitative factor items perceived as critical to the effective delivery of psychological and emotional needs services for generalising to the survey with educators were built from these themes and sub-themes. Interpretation of Objective 2, prominent findings from both Phases is described next.

7.4.1 Prominent findings from both phases

All seven factors perceived to be critical to the effective delivery of psychological and emotional needs services had mean averages above 3.5, a significant agreement that the variables were found to be critical to the effective delivery of psychological and emotional needs of OVC learners in rural ECCE centres and primary schools during Phase 2 of the study. From the variables, two major groups named Support and resources (SUP) and Individual assistance (IND) emanated as a result of factor analysis.

Factor SUP, internal reliability Cronbach alpha results were.873 for 4 items an indication that the factor is reliable in that there is internal consistency in the measurement of the items included in the factor. Items that were included in this factor were designated counselling room, availability of either a professional counsellor or psychologist within schools, having support services for teachers

with personal and work-related problems to enable them to effectively support OVC, and referring traumatised OVC to mental health therapists.

Factor 2, IND, had a Cronbach alpha of 0.819 for 3 items and the values above 0.8 was an indication that the factors were reliable which meant that the data relating to the item statements in the developed survey questionnaire that made up factor 1 and factor 2 was reliable. Items that were grouped for factor 2 included talking supportively to grieving OVC after the loss of a parent, paying condolences to bereaved learners and their families, and having skills to identify OVC that needed both trauma and ongoing counselling.

Referring traumatised OVC to mental health therapists was considered as a significant factor critical to the effective delivery of psychological and emotional needs in Phase 2. The same factor had the lowest rating under Objective 1 in Phase 2, where most educators during the survey did not refer OVC regularly for specialist therapy. In Phase 1, school administrators did not indicate that traumatised OVC were referred for therapy yet within the same phase of the study, a guidance and counselling PSS specialist from the MoET department indicated that traumatised OVC were supposed to be referred to the Ministry of Health psychologists or professional counsellors or mental health nurses based at the MoET regional offices where the teachers regularly collected first aid kits for schools. Therefore, these conflicting findings were noted for further discussion in Chapter 8.

The availability of professional counsellors or psychologists within schools was also less prioritised in both first and second phases of the study under Objective one . The school administrators and their subordinates rarely utilised the services of professionals currently based at regional offices of MoET, courtesy of the Ministry of Health’s efforts to support the delivery of psychological and emotional needs of OVC learners. In Phase 2 of the study, objective 2 findings showed that

educators considered the issue of professional services to be a critical factor despite the poor rating that the educators gave to the factor. Additionally, in Phase 1 of the study, the issue of lack of professionals was considered as one of the factors that contributed to ineffective delivery of psychological and emotional needs service. There was no mention of the counsellors and psychologists being invited to the schools or OVC being referred for further support.

Talking supportively to grieving OVC after the loss of a parent (Mean 5.45, SD .740) and 'having skills to identify OVC in need of both trauma and on-going counselling' (Mean 5.43, SD.791) were significant findings during Phase 2, because the educator respondents considered the factors to be critical. Similarly, during Phase 1, in-depth interview participants mentioned the two factors several times, more than other factors that contributed to the effective delivery of psychological and emotional needs services.

Paying condolences to bereaved OVC learners and their families were mentioned several times during interviews and focus group discussions. The factor 'having skills to identify OVC in need of both trauma and ongoing counselling' was raised mostly during interviews as factors that contributed to the effective delivery of services by Phase 1 participants. Phase 2 survey results from educators placed the factor on paying condolences to bereaved learners and their families fourth in order of ranking among the seven factors perceived to be critical to the effective delivery of psychological and emotional needs of OVC. Lacking designated counselling facilities (not just a classroom) was considered as a factor that led to ineffective delivery of services in Phase 1 while Phase 2 findings indicated that educator respondents placed this factor item 5th place in the order of priority as a critical factor among the seven factors.

Findings based on the first phase considered a lack of priority for educator psychosocial support as contributory to ineffective service delivery. Similarly, findings from the survey considered having support services for teachers with personal and work-related problems as significant for the effective delivery of psychological and emotional needs of OVC and the factor was rated in third place. Table 7.2 shows a joint display that represents linked results for Objective 2.

Table 7.2: Joint display linked objective 2 results

Objective 2: Qualitative themes from PSS study participants	**Quantitative variables (items developed for educator survey on appendix 7)**	**Survey p/factor analysis results**	**Mixed methods interpretation**
-Factors contributing to effective delivery of psychological and emeotional needs services. -Factors contributing to ineffective delivery of psychological and emotional needs services.	Educators to indicate their level of agreement that the following factors are CRITICAL to the effective delivery of psychological and emotional needs of OVC.e.g. 1.7. Referring traumatised OVCs to mentall health therapists. -Response format on 7 items Section C: *strongly disagree, disagree, slightly agree, agree or strongly agree*	-All 7 Critical factor items p=.05. -Two factors extracted. -Factor 1 (4 items) Cronbach alpha. 873. -Factor 2 (3 items) Cronbach alpha.819.	Not only were the qualitative factor results predictive of effective and ineffective delivery of psychological and emotional needs services (QUAL). The perceived critical factors in phase 2 (QUAN) showed significant agreement that all seven items grouped into 2 major factors were considered critical factors for the effective delivery of psychological and emotional needs services of OVC.

7.4.2 Synthesis

Findings from Phase 1 varied from Phase 2 findings because Phase 1 had significant findings related to factors that contributed to both the ineffective delivery of psychological and emotional needs services and factors that contributed to the effective delivery of psychological and emotional needs services. In Phase 2 of the study, all the seven factors were perceived to be critical for the effective delivery of psychological and emotional needs services, *p*-value .05 and Cronbach alpha results for the two factors were p values and factor analysis reliable Cronbach alpha results: Factor 1 'Support and resources' (4 items) Cronbach alpha. 873 Factor 2 'Individual assistance counselling' (3 items) Cronbach alpha .819 section. Objective 3 findings are discussed next.

7.5 CHALLENGES ENCOUNTERED BY EDUCATORS IN THE DELIVERY OF PSYCHOSOCIAL SUPPORT SERVICES

Objective 3: Explore the challenges encountered by educators in the delivery of psychosocial support services.

The qualitative Phase 1 had three major themes; Theme 11: Overwhelming educator responsibilities, Theme 12: Lack of consistent PSS service implementation support' and Theme 13: Non-availability of counselling rooms and six sub-themes (Table 5.3) that emerged under this objective. There were six sub-themes: Lack of PSS implementation follow-up as a pillar, inadequate resource allocation to run PSS services and non-availability of proper counselling rooms in rural primary schools, and 21 challenge items were built from these themes for testing during the quantitative Phase 2 survey. Issues that emerged from both Phases of the study are described next by comparing and joint interpretation.

7.5.1 Significant findings

In Phase 1 of the study, challenges that were mentioned more often were overwhelming educator responsibility owing to the addition of PSS to the core business of learning and teaching, being affected by lack of consistent PSS service implementation support and non-availability of counselling rooms in rural primary schools. All these challenges were also considered as significant challenges faced by educators in Phase 2. The findings revealed small margins on response ratings as shown by means and standard deviations between the challenges selected (Table 6.15). The most important five challenges that were identified at the top of the list are: lack of support for stressed teachers (Mean 5.68, SD .601); lack of motivation in the form of monetary incentives, medical care or respite holiday compensation (Mean 5.65, SD. 683); lack of fund to transport ill OVC to the hospital (Mean 5.45, SD .842); non-existence of proper counselling rooms (Mean 5.56, SD .672) and non-availability of professional psychologists and counsellors to complement educator efforts (Mean 5.55, SD .792).

Statistically, all the findings had a p-value of p=.005 agreement confirming that all 21 statements were challenges encountered by educators whose other role is to deliver PSS to OVC. There were two major groupings that emerged from the 21 challenge items post conducting factor analysis. Challenges were grouped as ‘support and skills’ challenges with eight items with a Cronbach alpha of .804 and the second ‘resources and time’ challenges had three items with a Cronbach alpha of .756. These Cronbach alpha values are an indication that the data that made up the instrument statements making up factor 1 and factor 2 groups is reliable. Across regions ‘support and skills’ challenges were found to be worse in Regions 2 and 4 than in Region 1 and 3.

Phase 2 findings further revealed that both factor groups 'Support/skills' and 'Resources /time' challenges were challenges that were usually encountered by rural ECCE centre and primary school educators. Table 7.3 shows a joint display to represent objective 3 linked results.

Table 7.3 Joint display of linked objective 3 results

Objective 3: Qualitative themes obtained from PSS study participants	**Quantitative variables (items developed for educator survey)**	**Survey results p value/Cronbach alpha**	**Mixed methods interpretation**
-Overwhelming educator responsibilities **-Lack of consistent PSS service implementation support** **-Non availability of counselling rooms**	Educators to indicate their level of agreement that they have encountered the following challenges in their role as educators who also deliver PSS to orphaned and vulnerable learners.e.g. Challenges 3.1 Having the additional role of parenting orphaned learners -Response format: *Strongly disagree, disagree, slightly disagree, slightly agree, agree or strongly agree* Section D (21 items)	-All response Mean averages were above 3.5. p=.005 - Factor 1(Support and skills factor): 8 items, Cronbach alpha.804 and p=.032 -Factor 2 (Resources time factor): Cronbach alpha 3items .756 p-.056	Overwhelming responsibilities associated with lack of PSS implementation support led to multiple challenges (QUAL) and statistically (QUAN) all challenges and grouped factors are challenges that were encountered by educators whose other role is also to deliver PSS services. Differences across region indicated that 'support and skills' factor challenges are worse in regions 2 and 4 than in region 1

7.5.2 Synthesis

The challenges that were frequently mentioned in Phase 1 during in-depth interviews were similar to challenges considered by educator respondents in Phase 2. The difference was that findings in Phase 2 were ranked, which facilitated the viewing of the challenges according to their importance to the study. Statistically, the questionnaire items were considered as reliable measures of challenges as reflected in the discussion and joint display of integrated results. A description of findings that were found to be significant in both phases of the study under Objective 4 follows.

7.6 EFFECTS OF OFFERING PSYCHOSOCIAL SUPPORT SERVICES WITHIN THE LEARNING ENVIRONMENT

Objective 4: Assess how educators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners within the school environment.

Objective 4, qualitative Phase 1 of the study had two major themes and three sub-themes. The major themes were, ‘improved understanding of PSS pillar’ and ‘additional workload’. Eight items were developed for the survey and were also derived from the concepts of the Theory of Well-Being besides building from the themes.

7.6.1 Significant findings

Findings from Phase 2 reflected positive constructs and negative effect constructs as major findings based on the educators’ rating criteria on what they considered as effects due to the additional task of offering PSS services to orphaned and vulnerable learners within the rural ECCE centres and primary schools. The quantitative findings revealed that the educator respondents had

both motivating and stressor effects as outcomes emanating from delivering PSS as an additional task. For example, statistically drawing from factor analysis, the first-factor group had 5 item variables representing ‘motivators’. The Cronbach alpha value was .739 which indicated that the factor was reliable in that there was internal consistency in the measurement of the questionnaire items included in the factor. The second-factor group had three variables that were associated with ‘stress’ and the Cronbach value was .679 it was adequate since there are only three items in the scale, indicating that the data making up factor 2 is reliable.

The ‘Motivation’ constructs findings were consistent with qualitative findings in Phase 1, where participants emphasised on several occasions that besides PSS service delivery is an additional task, some educators now had an improved understanding of PSS and they have developed a positive attitude towards orphaned and vulnerable learners impacted by parental HIV/AIDS.

The three variables that were indicated as negative effect constructs were: ‘puts a strain on my personal relationship’, leaves me stressed which affects the way I now conduct lessons and ‘adds significantly to my workload leaving me overwhelmed emotionally and physically. These three negative effect constructs were in line with the findings that were pointed out as causing ‘additional workload’ and ‘pressure of work resulting from trying to achieve other Care and Support for Teaching and Learning (CSTL) *Inqaba* pillars’ by Phase 1 participants. See Table 7.4 for the joint display of Objective 4 results.

Table 7.4 Joint display representing results under objective 4 results

Objective 4 Qualitative themes from PSS study participants	**Quantitative variables (from current survey items on appendix 7 questionnaire)**	**Survey results *p* value/factor analysis**	**Mixed methods interpretation**
-Improved understanding of PSS pillar **-Additional workload**	Educators in the survey had to: Indicate your agreement that the additional task of delivering PSS to OVCs has the following effect on you as an educator delivering PSS.e.g. Delivering PSS. 1.1 Has a positive impact on the way I now treat OVC impacted by HIV/AIDS. Response format: *strongly disagree, disagree, slightly disagree, slightly agree, agree, strongly agree* Section E: (8 items).	p=.000 significant agreement by all and no significant differences across region. Factors grouped, Factor 1'Motivation' factor (5 items). -Cronbach alpha.739 Factor 2'Stress factor' (3 items). -Cronbach alpha.679.	-Resultant *p* value results on all the variable items indicate that ALL were significant effects caused by the additional task of offering PSS srvices. -Quantitative findings suggest that qualitative findings were a good fit for the quantitative variables, resulting in 'motivation' and 'stress' findings (QUAN). -Not only did the positive and pressure of work qualitative findings shape the content of quantitative (QUAL) but was also found to be statistically significant that there was a greater effect of 'motivation' than of 'Stress' on educators delivering PSS services.

7.6.2 Synthesis

Findings that were indicated as ‘leading to change of attitude towards OVC learners impacted by parental HIV/AIDS’ and ‘improved understanding of PSS as one of the pillars of CSTL *Inqaba* model’, during Phase 1 can be equated to positive constructs that formed Factor 1 group ‘motivation’ effects that were discovered in Phase 2. Additional workload and ‘pressure of work emanating from trying to achieve all CSTL *Inqaba* pillars’, qualitative findings can be similarly equated to ‘negative constructs’ that formed factor 2 group ‘stress’ effects Therefore, under quantitative Phase 2, the finding statistically significantly showed that educators whose other role is to deliver PSS services have ‘Motivation’ and ‘Stressor’ effects that are a result of delivering PSS to OVC in rural ECCE and primary schools. Motivation effects had.739 Cronbach alpha value for 5 items and Stress effects had a Cronbach alpha value of .679 (based on three-item statements).

7.7 THE ROLE OF THE MOET AND ITS SUPPORT TO THE MULTI-SECTORAL LINKAGES RELATED TO ORPHANED AND VULNERABLE LEARNERS’ PSYCHOSOCIAL SUPPORT SERVICES

Objective 5: Determine the role of the MOET in supporting multi-sectoral linkages related to orphaned and vulnerable children.

This objective was explored in the qualitative phase only. The intention was to find out about the capacity to support the multi-sectoral linkages that play a part in assisting the MoET to deliver PSS in rural ECCE centres and primary schools. From this exploration done in Phase 1, five major themes and five sub-themes under the objective were derived after in-depth interviews.

The major findings from the Phase 1 multi-sectoral and MoET department PSS experts indicated that the MoET structures worked hand in hand with multilateral children’s organisations to develop and implement MOET policies. These ensure that PSS services are delivered in the form of technical support

to selected primary school teacher colleges, initiating in-service programmes for guidance and counselling, ECCE caregiver training and support to strengthen PSS service delivery. Participants frequently indicated that MoET maintains its support of government-aided school feeding programmes and authorises NGO engagement in PSS service delivery within its primary schools. The MoET assigns the Guidance and Counselling Board to check and approve NGO proposals to safeguard against duplication of services. Thereafter, the school administrators are permitted to liaise with the NGOs for assistance related to OVC care, for example, sourcing sanitary pads and seedlings for vegetable garden projects.

Phase 1 participants from the multi-lateral organisation for children and the MoET department PSS experts indicated that the MoET practices a multi-sectoral approach by working with, for example, the Ministry of Health who assigned general nurses in charge of preventive health issues and preparing first aid kits for schools, mental health nurses, psychologists and professional counsellors that are based within the MoET's four regional offices to offer specialist support on OVC psychological and emotional needs services.

7.8 SUMMARY OF THE CHAPTER

Chapter 7 discussed the major findings from Phase 1 qualitative data and significant findings that emanated from Phase 2. The interpretation of both phases was jointly compared and described in line with findings from Phase 1 participants' experiences and survey respondent views. The findings were described per objective and diagrammatic presentations of joint findings were done at the end of each discussion to complement the interpretation. Interpreting significant findings helped in learning about PSS services that are currently provided by educators and to extract factors that hinder the educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS from both phases of the study. The following chapter explains in detail the research findings according to related literature which led to the development of a contextual PSS services framework for

educators, orphans, vulnerable learners and policymakers in the Kingdom of Eswatini.

CHAPTER 8: DISCUSSION OF FINDINGS

8.1 INTRODUCTION

Chapter 7 interpreted significant joint findings of the study. This chapter discusses the mixed findings of this study that emanated from Phase 1, qualitative study and Phase 2, quantitative study. The discussion is based on the aim of the study, objectives of the study, the literature reviewed and the PERMA Theory of Well-Being that acted as a lens of the study. To address the set objectives the sequential study Phases 1 and 2 were implemented because the concept of psychosocial support delivery by educators is fairly new in Eswatini, hence there was a need to understand the phenomenon first and move on to details as to how it could be effectively implemented. The discussions that follow are summarised under each objective.

8.2 DISCUSSION OF FINDINGS

There was a need to find out which school-based psychosocial support services the educators are currently offering to orphaned and vulnerable children impacted by the HIV/AIDS scourge. The HIV/AIDS scourge left most OVC with psychological conflicts and loss of the normal social life of belonging to a family when the parents died. Practically, it means the educators have to consider the importance of facilitating the reconstruction and involvement of local social structure linkages in the OVC learners' lives such as the family and community groups including school itself which may have been destroyed or weakened by the HIV/AIDS scourge. UNESCO (2009: 107) supports delivering appropriate and effective PSS services to OVC suffering from problems related to their experiences of being impacted by parental HIV /AIDS. The discussions that follow reveal the PSS services the educators managed to provide to OVC and the factors that hindered the delivery of holistic PSS services under each objective.

8.3 CURRENT PSYCHOSOCIAL SUPPORT SERVICES PROVIDED BY EDUCATORS IN EARLY CHILDHOOD CARE AND EDUCATION CENTRES (ECCE) AND PRIMARY SCHOOLS OF RURAL ESWATINI

The first objective reveals the current HIV/AIDS PSS services offered by educators in rural ECCE centres and primary schools of Eswatini and the factors that were identified as hindering educators to effectively deliver holistic PSS services to OVC learners.

Objective 1: To Explore how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in rural ECCE centres and primary schools.

The question to be addressed was: How are the psychosocial support services provided by educator's aid enhancing the psychosocial well-being of orphans and vulnerable learners in rural ECCE centres and primary schools? The responses to this question gave the researcher an idea of the psychosocial support services that are currently provided by educators to aid in enhancing the psychosocial well-being of orphaned and vulnerable learners in rural ECCE centres and primary schools of Eswatini.

Findings under this objective indicate that educators offered physical/ material support to fulfil some of the basic needs of OVC, encouraged learner participation in social activities to fulfil the sense of belonging needs and ensured spiritual needs support was adequately provided. Educators also referred OVC for specialist services and social needs assistance, though this varied because the service was either sometimes provided or never provided. Since educators were considered to be role players in delivering PSS services in ECCE centres and primary schools, the educators in the study considered it significant to receive some form of training in any PSS area to complement PSS service delivery. The following is a discussion on these significant findings.

8.3.1 Material support to fulfil physical needs

The study found that the current form of material support meant to fulfil physical or basic needs was mainly government-aided meals complemented by vegetables from school garden projects to build a balanced meal for OVC learners as well as sanitary pads provision for girls. It should be noted that although it was the educators who provided the sanitary pads, these were usually sourced externally from NGOs based within the school community. Therefore, the level of provision across regions tended to differ. This contrasted with Ali's study (2018: 6), wherein Ugandan schools, the availability of menstrual hygiene management material such as sanitary pads were provided mainly by parents and the government. Schools or NGOs then provided facilities such as washrooms, water and washing facilities.

Pertaining to government-aided food provision, Evans (2006: 20) observed that food was the biggest/ major need for vulnerable children that attended the neighbourhood care point ECCE centres. These are mostly used by partner NGOs in Eswatini as entry points to cater for the PSS needs of OVC of all age groups regardless that they attend a school or not.

Similarly, in Zimbabwe, Coultas *et al*.'s (2016: 330) qualitative study cited the provision of food or balanced meals as the most prevalent understanding of OVC care noted by teachers. Nxumalo, Wojcicki and Magowe (2015: 33), in a qualitative study done in Swaziland (now Eswatini), also noted that it had become the role of the primary school teacher to provide food and clothing to most children living with or affected by HIV and AIDS. This was done to enable the learners to perform better academically as they often went to school without having eaten anything. Nxumalo, Wojcicki and Magowe's (2015) study was qualitative and the focus was on the extent to which teachers are aware of the rights of the child in the context of the HIV/AIDS era. Their focus was not specifically on educator psychosocial support service provision in rural ECCE centres and primary schools as seen in this sequential exploratory study. The findings were also consistent with Ebersohn

and Ferreira's (2011: 608) study which highlighted that having vegetable gardens, besides emotional and health support, was also part of school-based support offered to OVC.

The study's findings also concur with a UNICEF (2009: 102) case study of Zambia which reflected that food for orphaned and vulnerable learners was a form of support service. In the Zambian context, food provision was initially a support service carried out during the drought crisis, and from 2003 food was a service meant to attract OVC to access education. In addition, to ensure a holistic form of support, the Zambian study noted that funding was sourced from USAID and The United States President's Emergency Plan for AIDS Relief (PEPFAR) to assist OVC with non-food services such as psychosocial support, provision of sports equipment and strengthening of AIDS clubs, better access to health care, school-based agriculture and support for life skills education. Presently, orphaned and vulnerable children programmes are expected to go beyond activities that concentrate on school feeding to the holistic approach (UNICEF Quality Education for OVC Programmes from Eastern and Southern Africa 2009: 105). Thwala's (2012: 105) study findings pointed out that that the emphasis on mostly physical needs suggest an urgent need to improve the country of Eswatini's intervention programmes so that they do not meet physical needs, but also include psychosocial support.

Chepngetich and Pillay's (2019: 4) study found that although support is needed in the provision of basic needs such as food and clothing which may seem to be the most appropriate intervention service, in reality, the vulnerable children will still be psychologically hurt due to the loss of parents. Hence, the provision of meals for orphaned and vulnerable learners who have little or no food at all at home might temporarily relieve the OVC to worry less about fending for this physical need but may result in erasing the thoughts, emotion or burnout that goes with having a chronically ill parent at home or the thoughts of losing a parent(s). Educators also encouraged learners to participate in social activities that enabled OVC to at times reveal their

emotions, to play with non- OVC peers and to interact in various games and sports activities to fulfil the sense of belonging needs.

8.3.2 Learner participation in social activities to fulfil the sense of belonging needs

Educators in the study initiated fundraising projects, encouraged OVC to participate in games and sports, play activities with non-OVC peers and join a club of choice as forms of PSS services to facilitate OVC interpersonal interaction with peers and educators in charge of activities, and allow release emotions thereby fulfilling a sense of belonging to the school community.

8.3.2.1 Fundraising activities

Fundraising activities were usually carried out by educators who also involved orphaned and vulnerable learners in projects such as baking, making popcorn and wearing personal clothing on specific days to raise funds to put aside for OVC emergencies (such as transport money to ferry an ill OVC to health facilities, providing urgent basic needs and contributions towards condolences in case of a parental death). Fundraising varied according to educator or school choice due to lack of support on the idea of fundraising at the school level by the MoET superiors. Fundraising was regarded as more difficult to deliver and more challenging to fulfil because the Education Sector policies of 2011 and 2018 do not have documented sections that pertain to school level fundraising. School administrators claimed that the MoET discouraged schools to fundraise and during the survey educators similarly raised mixed opinions about fundraising. In the study, the lack of reserved funds from the MoET or availability of petty cash for such emergencies in some institutions left educators with no choice but to sometimes use their own money to transport sick OVC to clinics or hospitals. In some instances, educators together with others contributed cash to assist learners whose parents had just died.

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: 34) case study of 'Schools as Centres of Care and Support in Southern African rural areas'. The authors suggest that resource mobilisation by school principals need 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. The same authors suggest that Ministries of Education should source start-up funding to introduce and establish models of care. Therefore, for effective management of PSS service delivery at the school level, school administrators or headteachers and educators should be given the chance to be innovative or be permitted to fundraise internally for the unending OVC issues, than to always rely on external NGOs for assistance.

The discussion that follows shows that in this study, encouragement of OVC learner participation in games, sports, play activities and joining a club of choice was valuable in enabling them to release emotions related to the trauma of having a chronically sick parent or loss of a parent(s) outside the regular classroom environment.

8.3.2.2 Encouraging learner participation in games, sports, play activities and joining a club of choice

An interesting finding was educator support service response towards orphaned and vulnerable learners where OVC were taken care of in smaller groups to take part in various clubs of choice such as girl guides, boy scouts, bible clubs, girl empowerment, health clubs and eco-environment clubs. This allowed educators to observe and attend to issues of learners who managed to open up during the less restrictive period of play. This subsequently resulted in fulfilling the child psychosocial well-being and sense of belonging needs as emotions were sometimes relieved during interpersonal interactions with non -OVC peers and educators in charge of activities.

Bohl, Dzino-Siladjzic and Ryan's (2018: 4) study based in humanitarian agency settings found that it is easier to measure the psychosocial well-being of learners during the first three months of initiating such PSS project activities in child-friendly spaces. This is done to provide vulnerable children with a protective environment in which they can participate in organised activities to play, socialise, learn and express themselves as they rebuild their lives from whatever traumatic events that occurred. Then, beyond the first three months of the emergency or traumatic events, PSS service delivery should be transitioned towards a stronger and more explicit focus on building or improving orphaned and vulnerable learner's resilience and ability to cope better with current and future adversities in their lives relevant to the context they live in.

In Eswatini, encouraging play activities was not accompanied by any transition to building resilience in children as the educators never got the chance to refer the OVC in need of professional counselling, mental health therapy or life skills programmes, The ECCE centres and primary schools were not equipped with tools used for vulnerable children going through trauma. Despite the lack of transition to the next level of care or timely referral for resilience sessions, psychosocial well-being activities led to the development of positive,non-discriminatory and caring social relationships with non -OVC peers and educators in charge of facilitating games and clubs. Trice Black, Bailey and Kiper Riechel's (2013: 308) study preferred using play more as a therapy that schools can use to provide an ideal safe place for adolescents to express and explore their feelings and experiences. According to Zastrow, Kirst-Ashman and Hessenauer (2019: 203), age-appropriate play serves several purposes such as enabling children to learn how to relate to peers and enhances socialisation. Educators managed to offer spiritual needs support services as well to OVC in a variety of ways to fulfil spiritual needs.

8.3.3 Spiritual needs support

Educators' psychosocial support services included incorporating a faith-based component as part of spiritual support service delivery by inviting local community Christian pastors in the ECCE and primary school environment, in addition to routine school prayer services offered through scripture union or during assembly. Spiritual support services were considered an essential PSS service for lessening the distress associated with being affected by parental HIV/AIDS on orphaned and vulnerable learners. The study findings are consistent with Mhaka-Mutepfa's (2010: 101) study that identified that support for spiritual needs enables the OVC to develop hope for their future and helps in dealing with grief and mourning, as it permits expressions and release of intense emotions during prayers.

Hattas (2009: 47) found that religious leaders were often requested by the government in South Africa to assist in combating the increasing rates of HIV infections. In 1999, the South African Department of National Education through its National Education Policy for HIV/AIDS proposed that the HIV/AIDS units in its departments and faith-based organisations should collaborate to help promote healthy lifestyles. In Eswatini, this was not driven by any MoET policy. Available referral networks or referral PSS support linkages were underutilised or never used for OVC in need of such services.

8.3.4 Referral of OVC for specialist services/social needs assistance

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 particular specialist services for further assistance that they could not offer. This included accessing the already available regionally joint 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 finding contrasted with the South African context study by Wood and Goba (2011: 282), 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. A lack of professional support by psychologists, counsellors and social workers based within the Department of Education were consistent with Mwoma and Pillay (2015:7) findings that educators ended up not meeting OVC's mental needs. They attributed this to a lack of checks and balances on the part of the Department of Education to ensure that OVC in public schools received this particular psychosocial support service. This finding also suggests that there is a lack of MoET checks and follow up in Eswatini to ensure that OVC in all the regions of Eswatini accesses and receive special services from the inter-ministerial regional facilities. There is a need for the MoET to reinforce the utilisation of already available PSS linkages for children found within the school community that offer social needs assistance or social worker services. A study by Cluver *et al*. (2012: 9,126) found that OVC can benefit from family, friends, and school staff social support which can also mitigate the effects of trauma amongst children orphaned by AIDS.

The next discussion is on trauma counselling services that were delivered on a 'sometimes' basis by some educators in the form of lay counselling in staff rooms or behind classrooms.

8.3.4.1 Trauma counselling of OVC looking after chronically ill parents with HIV/AIDS

Guidance and counselling teachers did not have enough time to offer proper trauma counselling to learners referred to them by educators, who did not possess basic counselling skills. A significant number of educators rarely or never attempted to offer trauma counselling to OVC looking after chronically ill parents with HIV/AIDS. Mwoma and Pillay (2015:1) concur that there is

minimal psychosocial support offered in public primary schools, and the support has numerous challenges that include a lack of professionals to provide guidance and counselling services.

This is in contrast to a study by Hann-Morrison (2011: 28), where rural and urban schools in South Carolina were equally as likely to have professional school counsellors, psychologists, and social workers on staff, although the personnel were available for significantly fewer hours in these rural settings. The study found it significant for educators to receive capacitation or skills training in various PSS areas to complement PSS service delivery.

8.3.5 Educator life skills training to complement PSS Service delivery

Obtaining educator life skills training enabled gaining insight on how to effectively offer holistic PSS service delivery that subsequently leads to OVC well-being. The current study revealed that training educators in various PSS areas through incorporating PSS training in the student teachers' curriculum, training ECCE centre caregivers as part of technical support from NGOs and on-going in-service training by the MoET Guidance and counselling department, assisted by NGOs was adequate to enable educators to enhance the well-being of orphaned and vulnerable learners at their institutions. Kaljee *et al*. (2016:1) study on a randomised-control trial study for the teachers' Diploma on Psychosocial care Support and Protection proved that teachers and students in Zambia benefit from programmes that are designed to enhance teachers' psychosocial skills and knowledge.

In the same authors' follow up study, Kaljee *et al*. (2017: 1913) discovered that the teachers who completed the training programme brought about changes in the teachers' self-esteem, enhanced teacher-student and teacher caregiver relationships. This increased confidence in the teacher's abilities to make changes because the new approaches and skills helped to practically establish a school environment that provided the needed psychosocial support.

Zulu *et al*.'s (2020: 1215) study also agree that the educator training programmes led to improved school culture, improved students' well-being and performance. These positive results encouraged Zambia and other countries to integrate psychosocial support into their education systems. For example, Zambia was the pioneer followed by Namibia and Eswatini who have already implemented the PSS integration in two of its government primary school colleges.

In Eswatini, psychosocial support training was implemented in 2014 as a pre-service training foundation course for both early childhood and primary school teachers which is examined at the end of the training. Namibia and Eswatini colleges adopted the same modules that were used in Zambia. Lesotho prefers to offer the PSS training as an in-service training programme for all teachers at both primary and secondary levels. South Africa has started the process of developing materials for its PSS training (Zulu *et al*. 2020: 1220).

As much as training seemed necessary, there was disagreement in Wood and Goba's (2011: 279) study, where teachers did not perceive receiving training was adequate for them to deal with OVC issues and were not comfortable implementing what they learnt during training. This was due to there being very little emphasis on how to implement the knowledge although the training courses had improved their theoretical knowledge and attitudes.

8.3.6 Summary

Chereni and Mahati's (2012: 12) study supports that psychosocial support services aim should be to strengthen and support family and community capacities to provide psychosocial support and to improve referral mechanisms for children and youth to specialised services. Thus, factors that hindered holistic PSS service delivery extracted under this objective were: imbalances in service provision as there was more focus on some aspects and less on others. The areas of services were: physical/material needs through the provision of meals and sanitary pads, OVC social interaction

service and spiritual needs support provision more than trauma counselling, OVC referral for specialist services and setting funds aside for emergency needs. Most educators offering PSS services for five years and above had no PSS training input in specified areas to enable gaining more insight on implementing holistic PSS services.

It seems PSS needs were fulfilled according to availability and in 'piecemeal,' yet delivery of holistic services can be achieved by seeking assistance from other PSS linkages. The MoET and its primary school administrators did not communicate effectively or try to create relationships with the community leaders who work jointly with ECCE facilities such as the community 'ka gogo' centres or neighbourhood care points who take over the care of OVC after school hours. It is therefore important for educators to acquire training in grief identification to help OVC to become resilient in their circumstances. The psychological and emotional impact of HIV/AIDS on OVC seemed to have been overlooked because teachers did not realise that OVC had to contend with such effects that come with grieving the loss of a parent or the pain of seeing a chronically ill parent suffer. Hence the study went on to identify factors perceived to be critical for effective delivery of psychological and emotional needs support.

8.4 FACTORS PERCEIVED TO BE CRITICAL FOR EFFECTIVE DELIVERY OF PSYCHOLOGICAL AND EMOTIONAL NEEDS SERVICES

Objective 2: To identify factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners.

Question: What are the factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners?

8.4.1 Background of prominent findings from both phases

Phase 1, the qualitative study revealed two major categories of factors, which included factors contributing to the effective delivery of psychological and emotional needs services and factors that contributed to ineffective delivery of psychological and emotional needs services (Table 5.2). From these categories, seven factors perceived to be critical for effective delivery of psychological and emotional needs services were built. The study revealed that Eswatini educators agreed that all the seven factors that were further grouped into two major factor groups of 'Support and resources' (SUP) and 'Individual support assistance' (IND) during factor analysis were critical to the effective delivery of psychological and emotional needs of OVC.

8.4.2 Support and resources (SUP) factors

The following discussion is based on support and resources group factors. Educators in Eswatini are conducting PSS services under difficult conditions, without enough resources and minimal employer support in carrying out PSS services. There is a lack of resources such as proper counselling facilities, availability of either professional counsellors or psychologists within schools and lack of insight among unskilled educators to refer traumatised OVC to mental health therapist on time. These are critical for the effective delivery of psychological and emotional needs services. Nxumalo, Wojcicki and Magowe's (2015: 29) study concur that in some instances educators even without training and resources are still incorporating HIV care in the school as well as take sick OVC who do not have reliable caregivers to the clinic or hospital using their own resources.

8.4.2.1 Availability of designated counselling facilities

Having a designated counselling facility (not just a classroom or staff room.) to conduct counselling was perceived as critical to the effective delivery of psychological and emotional needs services. As much as this factor was

perceived as critical there was no proper infrastructure in the rural school environments for counselling facilities. The facilities could be useful not only for OVC counselling but for other services for learners with learning difficulties or any vulnerable special needs. As a result, counselling took place anywhere, behind school buildings, staffrooms or outside the class. Even the ECCE centres do not have age-appropriate play counselling rooms. Mushaandja, Haihambo, Veignani and Frank (2013:77) supported the finding that teacher counsellors faced many challenges including unavailability of appropriate space, time to counsel learners, and lack of skills to effectively address learners' psychosocial needs.

In contrast, a global context study by the British Association for Counselling and Psychotherapy (2015: 3), school-based counselling standards showed that tutors always assured children in need of counselling that meetings would be confidential. The tutors indicated how lucky they were to have a school counsellor with a private room in a pastoral block where they could easily get an appointment. The British Association for Counselling and Psychotherapy (2015: 7) study further recommended research on the effectiveness of counselling primary school-aged children within the school.

Seto (2006: 174) suggests that counselling rooms in Japanese schools functioned as an open space separate from the school and also as a private space within the school. The study perceived that the availability of professional counsellors and psychologists within the school was critical to the effective delivery of psychological and emotional needs services.

8.4.2.2 Availability of professional counsellors/psychologists within the school

The study showed that most regular educators providing PSS services lack input on areas of PSS and rely mostly on counselling information handed down to them by the guidance and counselling teacher or headteachers who would have attended in-service workshops on basic counselling. To desist from only providing lay counselling, having professional counsellors and

psychologist, or either of the two within the schools was perceived to be critical for effective delivery of psychological and emotional needs services in Eswatini. The study findings in Botswana by Ntinda *et al*. (2014: 280) were in support of introducing trained psychologists in schools to deal with psychological problems of learners and revealed that learners were not comfortable having counsellors, who also had a role of being their subject teachers, to counsel them since it created social environment barriers.

This was in contrast to the global context/high-income countries study findings by Fazel *et al*. (2015: 3) that showed that specific types of mental health services are already being offered by trained staff whose employment was either in the education or healthcare system, not regular classroom teachers. In addition, Fazel *et al.'s* (2015: 4) study indicates that a range of professionals such as counsellors, social workers, occupational therapists, psychologists and psychiatrists were also contracted through an external agency to work within schools, while in other settings in the USA, schools had mental health clinics staffed by these various professionals. The Eswatini educators also indicated that it was critical to have support services for teachers with personal and work-related problems to enable them to effectively support OVC.

8.4.2.3 Availability of support services for teachers with personal and work-related problems

Educators from both ECCE and primary schools were not getting any respite time off or being compensated for delivering PSS. Only five out of 296 study participants (1.7%) that worked at ECCE centres owned by churches received some form of compensation which was contributed by well-wishers. Most ECCE centre caregivers work as volunteers who are either retired civil servants or school leavers from the community and usually receive portions of food as a form of allowance. Regardless of this failure to have support services for teachers, most educators, except for 18 educators out of the 296 survey respondents, indicated that if given a choice, they would choose to

continue delivering PSS services to OVC. The MoET should bear in mind that even professional counsellors take a break for respite to destress after attending to clients. If the same could be done for educators delivering PSS services, it would enable educators to effectively interact with OVC after their own problems have been alleviated.

Having support services is vital for teachers with personal and work-related problems. This view is supported by Campbell *et al*. (2016: 15), whose study findings indicated that most teachers were overwhelmed by the extent of the children's needs and some teachers also claimed to have overwhelming problems in their lives and were struggling to solve the HIV-related problems in their own families. It seems less support or attention has been paid to the educators who deliver PSS, even on whether they are capable to take up the commitment of offering PSS services. Skovdal and Evans (2017: 162) found that few studies have investigated the care potential of teachers in high HIV prevalence resource-constrained settings.

Campbell *et al*. (2016: 1) caution against having ambitious policy expansions of teachers' roles. An example cited is the occurrences in the SADC region where Ministries of Education adopted the implementation of the CSTL model that requires educators to deliver PSS in schools without having measures in place that cater or recognise the personal and social costs of emotional labour involved to enable teachers to adopt the roles. This could be the reasons why there is a lack of support services for teachers with personal and work-related problems among teachers who deliver PSS services to OVC in Eswatini. Hence, the educators perceived having support services for teachers with personal and work-related problems to be critical for effective delivery of psychological and emotional needs services.

Referring traumatised OVC to mental health therapists was considered critical by the educators, although the results under objective one revealed that educators overlooked referring learners in need of mental therapy as part of their service delivery.

8.4.2.4 Referring traumatised OVC to mental therapists

The same educators who perceived it critical to refer OVC to mental health therapist hardly offered trauma counselling or referred OVC as support for their psychological and emotional needs to the joint Ministry of Health and MoET facilities available in every region for mental therapy. Yet, educators used the same referral centres to fetch and replenish first aid kits for schools and whenever there was any disease outbreak in schools, the same offices are consulted. The reasons could be that the school administrators and guidance teachers never shared the information with their colleagues or the MoET sensitised its staff about this facility, or if the educators were aware there were challenges the study did not manage to capture.

A study by Muthoni (2016: 57) concurs that services like psychological counselling and referral services were not frequently offered and indicated this could have been attributed to the fact that teacher counsellors were not trained to handle complex services in guidance and counselling. Asikhiya and Mohangi's (2015: 123) study found that orphaned participants, who had a prevalence of psychological, behavioural and emotional problems, regarded teachers' support and the general school environment as not sufficient to offer psychological and emotional support. They stated that the principal offered a high level of support to the participants. Bauman *et al*. (2006: 68) study findings indicated that depression rates among children who are caregivers of parents with HIV/AIDS are alarming. Almost two-thirds of children had depression scores in the clinically significant range. The individual assistance factor is discussed next.

8.4.3 Individual assistance counselling (IND) factor

The three factors that made up the individual assistance factor were: ‘talking supportively to grieving OVC after the loss of a parent’, ‘paying condolences to bereaved learners and their families’, and ‘having skills to identify OVC in need of both trauma and on-going counselling’.

8.4.3.1 Talking supportively to grieving OVC after the loss of a parent

In Phase 1, talking supportively to grieving OVC after the loss of a parent was seen as a factor that contributed to the effective delivery of psychological and emotional needs services. Similarly in Phase 2, this was considered a critical factor; more than the other six factors. At least, the educators in Eswatini made an effort to give supportive talks immediately after the deaths, which was better than not talking to OVC at all, even though there was the failure to give subsequent follow-up counselling sessions/activities to check if the orphaned children were coping with the loss. Educators considered the factor to be a critical form of immediate intervention.

A study conducted in Namibia by Taukeni (2015: 12) refutes this finding because orphaned learners were deprived of the opportunity to experience one-on-one emotional support from either a class teacher, life skills teacher or a school counsellor after losing a parent through death. This implied that the learner participants were likely to suffer in silence, resulting in emotional and psychological problems later in their lives (Taukeni 2015: 13). It also seems like part of the culture in most African countries, including Eswatini, where children are largely excluded from the grieving process. The younger children may be taken in by relatives “sitting on the mattresses” and indirectly take part in the grieving. Children, as old as 10 or 12 years, are considered too young to understand. Teenagers are expected to act as grown-ups which might be a great demand after extreme traumatisation from the loss of a parent and nobody discusses feelings openly with them (Kaplan 2005: 24).

During Phase 1, no participants mentioned the availability of any age-appropriate psychosocial support tools or activities that were used as part of grief intervention, either in ECCE or rural primary schools to enable the children to take an active part in stimulating resiliency or healing as part of the grieving process. This could be an indication that the MoET does not provide such services as yet in the Eswatini context. Ntinda *et al*. (2014: 280-293) suggest OVC learners in Botswana needed input and scope on available psychosocial services that were offered in their schools.

Mhaka-Mutepfa's (2010: 105) study revealed that donors mostly provided visible material needs than help schools with psychological and emotional needs. The same study discovered that civic organisations had social workers who could address the psychological needs of children and some teachers managed to work together with the civic organisation to provide guidance and counselling to OVC affected by HIV and AIDS in the Zimbabwean context.

Ogina's (2010: 1) study findings emphasised the need for counsellors and social workers to be appointed to work in collaboration with teachers to provide for the needs of orphaned and vulnerable children. In the current study, there was no joint effort between educators and social workers to work together. Social workers remained in the community and educators hardly attempted to refer the OVC to them. Social workers did not have a routine school check or agreement with schools on how to offer joint PSS services to OVC. Teachers paid condolences to bereaved learners by visiting the learner and their families soon after the death of a learner's parent.

8.4.3.2 Paying condolences to bereaved learners and their families

Teachers paid condolences to the orphaned child by paying a visit to the surviving family of the learner simultaneously or in conjunction with supportive talks. This gesture was mostly guided by SiSwati cultural values and can be equated to character strengths of PERMA Well-Being Theory that ascribes to citizenship, whereby educators portray social responsibility, being loyal to the

OVC group of learners by doing their share of paying condolences to the orphaned and surviving family members. Most educators were capable of identifying OVC in need of PSS services at times, including identifying OVC in need of both trauma and ongoing counselling, but the challenge was implementing the appropriate services or interventions.

8.4.3.3 Having skills to identify OVC in need of both trauma and ongoing counselling

Although the guidance teachers were better equipped than the other educators, to intervene, they failed to assist the identified learners timely or to cope due to lack of time. Phase 1 of the study found that Eswatini educators were capable of identifying OVC that needed trauma counselling as part of factors that contributed to the effective delivery of psychological and emotional needs services. In Phase 2, educators perceived having skills to identify OVC in need of both trauma and ongoing counselling as critical for the delivery of psychological and emotional needs services. In contrast, Mwoma and Pillay (2016: 88) study found that teachers claimed a lack of sufficient time to identify and support individual OVC. The authors indicated that difficulties experienced by learners could worsen because teachers were not able to identify OVC learners in good time for an adequate intervention.

Skovdal (2012: 462)'s study does not support how the identification of OVC was proposed. The author instead preferred that more studies be done in the African context to review current research that largely draws on global and de-contextualised understandings of childhood and mental health identification to adequately respond to the psychological needs of children living in HIV-affected communities. Hence, the study argued for the second wave of research that places greater emphasis on children affected by the HIV epidemic. It is only then that mental health professionals can be in a position to develop supportive social contexts for vulnerable children that facilitate psychological coping, leading to the resilience and well-being of OVC. Chi and Li (2013: 2554) in their review study indicated an urgent need for culturally

and developmentally appropriate evidence-based interventions to promote the psychological well-being of children affected by parental HIV/AIDS. Objective three discusses the challenges encountered by educators in the delivery of PSS services.

8.5 CHALLENGES ENCOUNTERED BY EDUCATORS IN THE DELIVERY OF PSYCHOSOCIAL SUPPORT SERVICES

Objective 3: To explore the challenges encountered by educators in psychosocial support service delivery within ECCE centres and primary school environment.

Question: What are the challenges encountered by educators in psychosocial support service delivery within ECCE centres and primary school environment?

8.5.1 Overview of significant challenges encountered by educators

All challenges built from Phase 1 prominent findings were considered as significant challenges grouped under ‘Support/skills’ and ‘Resources/time’ challenges by factor analysis.

Overwhelming educator responsibilities, inconsistent PSS service implementation support and lack of educator support and lack of counselling rooms in rural school environment were prominent findings under Phase 1. Then, in Phase 2 based on educator rankings, lack of support for stressed teachers followed by lack of motivation in the form of monetary incentives, medical care or respite holiday compensation, was not placed under any grouping by factor analysis, but were considered as significant findings that were ranked first and second by educators during the survey and were also prominent in Phase 1 exploration with PSS experts.

The conflict between factor analysis grouping and real-life experiences revealed by educators show that had this study not been a mixed-method study, the factors would have been discarded. However, they serve as the insight that it is relevant for educators or stressed teachers to get support if effective PSS services are to be delivered. Based on the educator views, experience of PSS experts and Department of Education psychosocial support experts, a disgruntled stressed or unmotivated educator cannot manage to assist OVC with their needs if they do not have personal well-being.

The three factors: overwhelming educator responsibilities, inconsistent PSS service implementation support and lack of support for stressed teachers were then discussed under the heading 'work-related human resource factors' that needed to be attended to by the respective employers. The MoET for primary school teachers and the community or NGOs that employ/oversee the ECCE centres awaits MoET taking over the running of rural ECCE centres.

8.5.1 Work-related human resource factors

The question to be answered was: What is the challenges encountered by educators in psychosocial support service delivery within ECCE centres and primary school environment?

In the Eswatini context, work-related human resource factors, support and skills factors and 'resources and time factors' were challenges encountered by educators and were influential in hindering the educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS in rural ECCE centres and primary schools. In contrast, a study by Islam, Minichiello and Scott (2014: 3) found that challenges in Bangladesh were related to attitudes based on culture and religion which prevented teachers from assisting children affected by parental HIV/AIDS openly. The affected children isolated themselves due to stigma in both their communities and rejection by peers at school.

8.5.1.1 Overwhelming educator responsibilities

While trying to carry out the overwhelming responsibilities that came with implementing psychosocial support as one of the current educator roles, the lack of consistent PSS implementation support from the MoET demoralised the educators who were expected to carry out the other six areas of responsibility known as 'pillars'. These include psychosocial support which is a second pillar in the MoET Care and Support for Teaching and Learning (CSTL) model commonly referred to in the Eswatini context as the *Inqaba* model. Additionally, there was a lack of support by the employer for the stressed educator with overwhelming responsibilities.

8.5.1.2 Lack of consistent Psychosocial Care and Support service implementation and support

There was an inconsistent implementation of PSS services because MoET inspectors did not focus on psychosocial support activities. It was also not clear to school administrators and the educators themselves at what point performance on psychosocial support issues was to be followed up and by whom. Educators would cope if resources allocated to them are adequate for delivering holistic PSS services. This inconsistency or outcry was revealed as well in Phase 1, where school administrators claimed they were only given information on how to care for OVC and not given further resources thereafter. This was proven by the insufficient monetary allowance allocated per year to run the schools including OVC services (equivalent to 20 000 rands every quarter). This led to some schools discontinuing the compilation of reports on implementation challenges since no one seemed forthcoming to assist or address the challenges encountered. A study by Hamid, Bisschoff and Botha (2015: 141) concur that Eswatini MoET faces resource challenges and a lack of management expertise which impedes the psychosocial support provision. In a related study, a survey by Meyer (2013: 36), identified the lack of resources, ineffective assessment of the impact of activities and lack of monitoring and evaluation of activities as an important part of implementing

psychosocial support programmes. Another challenge was the lack of support for stressed teachers.

8.5.1.3 Lack of support for stressed teachers

The Eswatini MoET failed to prioritise or consider educator well-being as important in the implementation of PSS services to OVC. There is currently no form of support for stressed educators in disadvantaged rural ECCE centres and primary schools. Educators needed the employer to be considerate because they managed to conduct PSS services despite the stress that came with supporting OVC. The MoET needed to promote self-awareness of well-being among its teachers to promote their longevity and productivity (McCallum and Price 2010: 19). The PERMA Theory of Well-Being demonstrates that organisational social well-being can be achieved by being supportive to teachers with social or work-related problems because failure to attend to these can be costly in terms of lost productivity.

Therefore, human resources departments can offer well-being education at the workplace, on how teachers can personally flourish despite the challenges encountered because educators with high well-being perform better at work. In Southern Africa, schools are already overburdened and under-resourced due to many programmes that focus on school-centred support for children in particular for OVC. It is therefore impossible for teachers to respond to the needs of the learners without responding to the needs of the teacher (United Nations Education Science and Culture Organisation [UNESCO] 2008:10).

Argall and Allemano (2009: 21), in one of their case studies done during SADC piloting of schools as centres of care and support to OVC, resolved that to solve challenges related to PSS services implementation, school-based support visits should be included in the programme to motivate educators and to assist with implementation challenges faced. The lack of follow up support on PSS services implementation resulted in educators failing to coordinate PSS services effectively.

In a follow-up study of schools as centres of care and support, Argall and Allemano (2009: 7) found that from 2001 to 2004, a programme called Learn About Healthy Living, Phase 2 was expanded from its initial focus on assisting teachers with integrating HIV and AIDS in their teaching to incorporate support for school management teams, school governing body members, learners and teachers in view of mainstreaming HIV and AIDS education in schools. This programme on teacher support was supposed to have been an ongoing practice to enable 'taking care of the carer' educators as they deliver PSS services (even after the Eswatini piloting phase of Schools as Centres of Care and Support model right up to the current stage of Care and Support for Teaching and Learning because some Eswatini rural primary schools were part of the SADC pilot study). Support and skills factors were part of the challenges encountered by educators during PSS service delivery.

8.5.2 Support and skills factors

Support and skills factors hindered educators to deliver holistic PSS services because there was an irregular follow up on PSS as a pillar as highlighted under point 8.5.1 above. Educators lacked supervision on PSS service delivery efforts, yet most educators lacked expertise, due to inadequate information on current developments on PSS. Based on the PERMA Theory of Well-Being, this omission by the MoET supervisors indicated the need for leadership character strengths that include encouraging a group of people in which one is a member, to get things done, at the same time maintaining good relationships within the group to ensure that activities happen (Park, Peterson and Seligman 2004: 606).

The educators supported by PSS experts also saw a need to be prioritised first in receiving well-being support for their own personal and work-related problems before embarking on the overwhelming PSS service delivery task of trying to improve and sustain the well-being of OVC who were equally in distress. The PERMA Theory of Well-Being emphasises that support from and connection with others is one of the best antidotes to the "downs" of life and is

a reliable way to feel up. Educators needed guidance and support from their superiors to remain stress-free and gain strength to implement certain services that seemed hard to carry out. Relationships with relevant others at the workplace is fundamental for sustaining well-being at workplaces.

8.5.2.1 Non-availability of professional psychologists and counsellors to complement educator efforts

The non-availability of professional psychologists and counsellors to complement educator efforts deprived the OVC of holistic care. This was also part of the support and skills factor (under objective two - availability of professional psychologists and counsellors was also perceived to be critical for the delivery of psychological and emotional needs services). Most educators made an effort to assist orphans and vulnerable learners, regardless that most were equipped with lay counselling skills and also needed to attend to teaching duties. Hence, the need for professionals to complement their efforts to ensure OVC received appropriate services.

Shumba and Moyo's (2014: 151) study supports the view that teachers needed peer support in counselling bereaved children, as this might have a bearing on the counselling that is rendered to orphans in the schools. In a study by Mwoma and Pillay (2016: 93), teachers preferred that social workers should visit learners' homes as a supportive strategy to identify various needs of OVC as an appropriate way to meet identified needs alongside the needs of parents or guardians and provide social grants. Muthoni's (2016: 54) study emphasised that governments should also employ more teacher counsellors for the elaborate welfare of the orphaned students and recommended refresher courses, seminars and workshops to equip guidance counsellors with knowledge and skills to help orphaned students to adjust psychologically and emotionally.

8.5.3 Resources and time factors

Resources in the form of material, funding, human resources qualified ECCE teachers for grade zero level and ECCE centres and lack of capacitation caused knowledge/skills deficit in PSS service delivery. Resource scarcity and insufficient time allocated to guidance and counselling teachers to address OVC issues posed major challenges which contributed to the resources and time factor. Educators were affected by the workload of teaching plus delivering the seven pillars of CSTL *Inqaba* including PSS in the absence of sufficient resources for service delivery and time to conduct the assigned work. For example, Guidance and Counselling teachers assigned by the MoET to act as leaders in the delivery of educator PSS services receive in-service training on basic counselling and more input on PSS delivery. These teachers never had time to spare to support fellow educators who were less skilled than them, and could not manage to accommodate OVC referred to them for by class teachers.

8.5.3.1 Time factor

Lack of time allocated for delivering PSS services caused a ripple effect on PSS service interventions on OVC urgent needs such as holding timely counselling and follow up counselling at the school level since Guidance and Counselling teachers had their own classes to teach. This could have ultimately contributed to some OVC learners in need of referral being overlooked or deprived of specialist social services and psychological care since the other educators had inadequate information and insight on current PSS service developments than the guidance and counselling teachers.

The MoET is partly to blame for not availing enough time to the Guidance teacher. The Kingdom of Eswatini MoET National Education and Training Sector Policy (2018:19) clearly outlines that guidance and counselling teachers should have a reduction in subject loading to accommodate guidance teaching periods. They should be allocated less teaching time, but

the schools still give them classes to teach and overlook their leading role in PSS service delivery.

Hence, Campbell *et al*. (2016: 18), in their study found that formal caring school policies may exist but often, they were not implemented. The authors supported the appointment of dedicated 'socio-emotional support staff' like social workers to support teachers. This view contrasted with study results obtained in high-income nations where school-based teacher support was available. Fazel *et al*.'s (2015: 11) study identified the possibility of poor engagement of all levels of support staff as a common barrier to the evidence-based interventions in schools. Teachers, counsellors and support staff during school-based support delivery were usually faced with competing priorities of school stakeholders (such as children, parents, school staff, educational authorities and mental health staff) over the focus of intervention services and the outcome of interest which was an educational achievement. Instead, Fazel *et al*. (2015: 2) in their follow up studies concluded by suggesting the need to configure health and education services together to promote children's learning and development.

The PERMA Theory of Well-Being shows that some educators in the study managed to persevere even when faced with challenges of delivering PSS without most resources that were needed to offer holistic PSS services.

8.5.3.2 Minimal resources allocation for PSS services

There were few or minimal resources allocated for educator PSS service delivery as shown by the lack of monetary resources allocated to run the PSS service delivery programmes. This resulted in challenges such as failing to build or have proper counselling facilities, failure to serve urgent needs of OVC such as providing OVC uniforms as a school, lack of skilled PSS human resources coupled with the much-needed educator supportive visits, failure of guidance and counselling supervisors to assist teachers to act timely on OVC issues that required urgent or on-going counselling.

8.5.4 Summary

Factors that hindered holistic PSS services were a result of the discussed challenges. The insufficient human resources led to the lack of much-needed educator supportive visits. Failure of guidance and counselling supervisors to have time to assist other educators failed to intervene timely on OVC issues that required urgent or ongoing counselling. Fazel *et al.* (2015: 1-11) emphasise that integration of mental health within the school system coupled with the use of evidence-based practices can promote the healthy development of children.

8.6 EFFECTS OF OFFERING PSYCHOSOCIAL SUPPORT SERVICES WITHIN THE LEARNING ENVIRONMENT

Objective 4: To assess how educators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment.

Question: How does the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment affect educators?

8.6.1 The significant effects

The multidimensional constructs that were measured based on the survey self-report section on eight constructs developed for the questionnaire (related to PERMA Well-Being Theory) identified effects that occurred on the educator as either positive or negative constructs. These were grouped further under two major factors of motivation effects and stressor effects as a result of the additional task of offering psychosocial support services. It was important to use the theory of Well-Being PERMA elements to view how far educators, whose other roles besides teaching, is to deliver PSS to achieve well-being,

cope/adapt, stay healthy or become stressed while trying to fulfil the needs of OVC.

The resultant effects derived from engaging in delivering PSS services as an additional task led to ‘motivation factor’ effects (derived from selecting five positive constructs and three negative constructs) and ‘stress factor’ effects upon the educators delivering PSS services as an additional task to OVC.

8.6.1.1 Stress factors

Stress factors selected included pressure of work resulting from the extra workload of delivering PSS in addition to the core business of teaching and learning. The PERMA Theory of Well-Being character strengths are relevant to maximise well-being felt from each factor when delivering psychosocial services to the orphaned and vulnerable learners within the school environment. Seligman’s theory emphasises the goal of reaching well-being which Seligman (2018: 333); Seligman and Csikszentmihalyi (2014: 1) describe under five factors or elements of well-being namely, Positive Emotion, Engagement, Relationships, Meaning, Purpose, and Accomplishment (PERMA) and different people derive well-being from each of these five multidimensional elements or building blocks.

The two significant major factor effect results are an indication that not all educators remained healthy or motivated during PSS service delivery. Individual educator responses that enable making choices to deal with the additional task varied based on each element responsible for achieving well-being when faced with certain tasks at the workplace. Hence, human resources administrators need to be involved in the training of educators in the area of positive well-being living, if they are to manage delivering PSS to learners who are traumatised by the impact of HIV/AIDS.

8.6.1.2 Overview of study results in relation to the PERMA Theory of Well-Being

The Question: How does the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment affect educators?

Findings revealed that educators responded differently to situations. The possible reasons could be that some educators ended up with stressor effects as a result of a lack of support from relevant others. The educators had their own unresolved issues in their personal relationships at work and home. The lack of PSS implementation support and follow up from MoET, coupled with the stress of delivering the PSS service to the OVC resulted in additional pressure in their daily lives. When educators develop well-being or flourish, they develop lower levels of burnout, gain greater self-control, better self-regulation and coping abilities, and become more pro-social (Seligman 2004: 3). However, in this study, the lack of motivating incentives and lack of PSS insight to enhance educator confidence when conducting PSS in their classrooms were additional stressors. Others flourished, which could be attributed to it being part of their characteristics or their culture to help or value interest to support OVC.

A flourishing educator does not only have the absence of misery (stress) but also has the presence of the five elements in their life (Seligman 2013: 1). Seligman's Theory of Well-Being (PERMA theory of well-being) also places focus on the mental health of educators rather than mental illness. Therefore, nurturing existing strengths (also referred to as 'signature strength') of educators such as kindness, optimism and generosity are important as a foundation for well-being, regardless of work-related challenges encountered (Seligman 2004: 59). The following discussion is based on the study findings showing that no one element of PERMA Theory defines well-being on its own but that each element contributed to the overall experience of well-being.

8.6.2 Motivation and stress factors discussion (in relation to theory and literature)

In the current study, the following elements enabled educators to deliver PSS in disadvantaged rural ECCE and primary school environment.

a) Positive emotions

Some educators enjoyed helping OVC in need of services by declaring in the self-report section of the survey that, delivering PSS resulted in having an improved understanding of psychosocial support (as part of one of the pillars of Care and Support for Teaching and Learning *Inqaba* model) and developing a positive attitude towards OVC impacted by HIV/AIDS while delivering PSS. This contrasted with a study by Campbell *et al*. (2016: 2) where teachers showed interpersonal distance from the pupils with little signs of forms of caring and empathetic engagement. The teachers were also overwhelmed by the extent of the children's needs and some were struggling to solve HIV-related problems in their lives (Campbell *et al*. 2016: 15). The results from this research revealed that delivering psychosocial support had a motivational effect of positive change of attitude towards OVC impacted by HIV/AIDS, giving some educators empathy to help OVC out of love more than for personal gain. Interpersonally, PSS delivery placed a strain on educators' relationships. Similarly, Eswatini educators were overwhelmed emotionally and physically by the PSS workload (stressor effect) although the theory posits that positive emotions lead to teacher happiness and psychological health.

b) Engagement

Some educators in the study revealed well-being by selecting self-reports constructs that showed characteristics of engagement element as shown by choosing to have a positive attitude or changed mindset towards the PSS service delivery and the OVC client. This was characterised by dedicating their time to inspire OVC to see reasons to live, even when they were suffering without their parents. This was a direct opposite of being affected

emotionally and physically or being left with stress that affected the way one would conduct lessons or interact with workplace stakeholders or personal relationships. This form of commitment or unconditional support contrasted with Makhonza, Lawrence and Nkoane's (2019: 13526) mixed-method study that explored psychosocial support provided by schools to OVC, where OVC complained that teachers in Kwazulu-Natal primary schools mistreated them by using derogatory words amounting to emotional abuse. The authors attributed the teacher behaviour to the lack of 'UBUNTU' culture.

Thus, in the Eswatini context, an element of having engagement by some educators resulted in being totally absorbed in helping and doing challenging PSS activities wholeheartedly. This left the teachers feeling satisfied by the outcome of touching the lives of the OVC, especially when school headteachers in some primary schools acted as role models in assisting OVC.

c) Relationships

The theory meant that educators with well-being needed to have circles of support based on good relationships at home, support from fellow educators, superiors and other stakeholders involved in PSS services delivery. Social networks can affect an individual's physical, mental health and well-being, hence a balance between positive and negative relationship should be a healthy one, where the positive outweighs the negative (Seligman 2013: 18).

The study revealed that educators declared that delivering PSS improved the way they interacted with stakeholders such as guardians of OVC, NGOs supporting PSS, social workers and therapists which led to more motivation than stress effect regardless that PSS was an additional task.

d) Meaning or purpose

The study showed that there were educators whose goals were kindness and helping OVC out of love, rather than for personal gain. They inspired OVC to see the reason to live even when they are suffering or orphaned without

parents. According to the PERMA Theory of Well-Being, such educators become fulfilled after offering such acts of kindness or by serving something that one believes is bigger than the self thus resulting in enhancement of both OVC and teacher well-being. Mwoma and Pillay's (2016: 88) study also revealed that although teachers failed to attend to OVC learners individually they were dedicated to working long hours, attending to the needs of OVC including their lessons and assessment.

Based on the PERMA Theory of Well-Being, dedicating time to helping OVC also teaches the pupils to help others in need and the value of meaningful existence.

e) Achievement of accomplishment

It required discipline and commitment for educators to partake in PSS service delivery, hence it made teachers proud and having a sense of achievement after taking part in fulfilling the needs of the OVCs. Two studies that assessed employee well-being using Seligman's 2011 multi-dimensional PERMA model of flourishing revealed the following results in two different contexts.

Kern, Waters, Adler and White's (2014: 500) study findings on Adelaide college employee well-being in Australia, covered the expected five PERMA components and a negative emotion factor. Staff with higher engagement and better relationships at work reported greater job satisfaction and organisational commitment. The conclusions on using the multidimensional well-being assessments indicated that PERMA can help school administrators understand and improve staff well-being, support policy and practice designs that ultimately promote wellness for all stakeholders in the education system. Kun, Balogh and Krasz's (2016: 1) study similarly examined the expected five components and a negative emotion factor component through factor analysis with Budapest University of Technology and Economics staff. Results supported that a multidimensional well-being assessment was useful for

understanding employees' well-being which can be subsequently applied when developing policy and practice to increase well-being for all employees.

The current study factor analysis also revealed both a positive (motivation) and a negative emotion factor (stress) although the study used its own contextual tool developed from Phase 1 themes. The five multidimensional elements of PERMA elements correlated positively with work engagement and negatively with stress responses brought by the effects of the additional task of PSS besides the core business of teaching and learning among educators of Eswatini. These results showed that the application of PERMA theory elements as a lens of the study was reliable comparing with the past studies done at the workplace.

It should also be noted that contextually in Eswatini, it is cultural to help OVC based on a saying that orphans belong to the chief's household or community soon after the death of a parent(s) 'bantfwana bendlunkulu'.Using the PERMA Theory of Well-Being as the lens of the study helped in viewing educators as carrying out PSS service mostly out of empathy and love, not for personal gain. Since the first challenge emphasised by educators was the lack of support for stressed teachers followed by the lack of motivation in the form of monetary incentives, it shows these challenges encountered might have been over-ridden by the culture or personal characteristic values of each educator. Similarly, the PERMA Theory of Well-Being emphasise that when the desire for well-being is incorporated within the culture of a society or school and the tools to build it are well understood by many people, then it can be proudly said that a flourishing society is being built (Seligman 2013: 9). The last discussion that follows reveals the role and support of MoET to the multi-sectoral linkages related to orphaned and vulnerable learners' psychosocial support.

8.7 THE ROLE OF THE MINISTRY OF EDUCATION AND TRAINING AND ITS SUPPORT TO THE MULTI-SECTORAL LINKAGES RELATED TO ORPHANED AND VULNERABLE LEARNERS' PSYCHOSOCIAL SUPPORT SERVICES

Objective 5: To determine the role of the MoET in supporting multi-sectoral linkages related to orphaned and vulnerable children.

The question to be answered was: What is the role of the MoET in supporting multi-sectoral linkages related to orphaned and vulnerable learners?

The study findings reveal that the role of the MoET structures is to work hand in hand with multi-lateral children's organisations to develop and implement policies related to OVC support such as initiating guidance and counselling and in-service training policies. The MoET roles/support also include maintaining school feeding programmes, safeguarding against duplication of NGO services, authorising NGO engagement in PSS service delivery in rural primary schools, and involving multi-sectoral approach linkages that assist in fulfilling the needs of OVC that the MoET is not able to provide.

8.7.1 Policymaking and implementation

At a central level, the MoET worked hand in hand with multilateral organisations for children from the inception of psychosocial support service delivery. Now PSS service implementation will soon move to secondary schools. The result of working with multi-lateral organisations for children such as UNICEF was the development of the Swaziland Education and Training Sector (EDSEC) Policy of 2011 and the current government of the Kingdom of Eswatini MoET National Education and Training Sector Policy of 2018, which mandated that schools offer PSS services. The Eswatini MoET's National Education and Training Sector Policy of 2018 include sections on HIV/AIDS, OVC, teacher development (pre-service training and in-service training), guidance and counselling, ECCE goals, schools as centres of care and support to the building of CSTL. The policy is comprehensive though it still

lacks effective implementation guidelines, which must be a key component of such an important national agenda.

8.7.2 Technical support to teacher's training colleges

The MoET allowed NGO technical support engagement in implementing programmes for student teachers training in either Primary School diplomas or ECCE diplomas with a PSS component in its curriculum similar to the Zambian one. According to Chakanyuka, Vilakati and Ferreira - Meyers (2015: 80), the MoET worked in collaboration with REPSSI as the major partner in the curriculum inception since the year 2015. Training is currently ongoing at two government-owned colleges, William Pitcher and Ngwane colleges. The programme is expected to be rolled out to non-government colleges as well.

Unfortunately, the MoET has not yet introduced PSS in the degree level (Bachelor's degree in Education) curriculum. ECCE centre module guides and caregiver training, the building of ECCE structures and the supply of cooking utensils were provided by UNICEF and not the MoET. The MoET policy intention is to have an ECCE inspector and to mainstream PSS in ECCE centres (The Kingdom of Eswatini MoET National Education and Training Sector Policy 2018: 42).

8.7.3 Role of maintaining the school feeding programme

The MoET ensures that the primary school feeding programme, also known as 'Zondle' provides at least one meal a day to OVC to fulfil their nutritional needs. Currently, the ECCE centres mostly provide meals sourced from the World Food Programme (WFP) following the inception of neighbourhood care points for orphaned and vulnerable children. The Eswatini World Food Programme's country strategic plan of 2020-2024 (2019:10) concur that nutrition is one of Eswatini's key country priorities. Hence, the WFP will work with the government to provide nutrition and ensure that the neighbourhood care points that currently serve as daycare centres are formally integrated into

ECCE, to address the complexity that defines the livelihoods of OVC. The 2016–2018 Multi-sectoral Stunting Action Plan will also promote nutrition-specific and nutrition-sensitive interventions in line with the National Children's Policy of (2008) to address the protection of OVC which stipulate/recognises that education, food and nutrition security are essential children's rights.

The Kingdom of Eswatini MoET's National Education and Training Sector Policy of (2018:14) states that the CSTL policy objective is to provide nutritional support and to encourage the development of school gardens or farms in all public schools. This is to achieve Sustainable Development Goal number 2, where the intention is to achieve zero hunger (National Education and Training Sector Policy 2018: 63). A study by Boler and Carroll (2003: 7) provide anecdotal evidence that OVCs are more likely to be tired and hungry at school, with the consequence of fainting during classes. This is a clear indication that education cannot take place under such circumstances. Therefore, one of the roles of the Moet was to provide school feeding schemes in which schools provide food for the poorest children including OVC.

8.7.4 Safeguarding against duplication of PSS services

The MoET, through the assigned guidance unit panel, checks and screens the forms of assistance the NGOs intend to offer to schools. At times, the NGOs hold meetings with partner NGOs, to decide on forms of assistance each one can offer to avoid providing similar PSS assistance to schools.

8.7.5 Authorising Non-governmental Organisation engagement in Psychosocial Care and Support service delivery

Non-governmental Organisations that can assist to support the well-being of OVC, for example, the provision of sanitary pads for girls or school uniforms are allowed to do so by the MoET. Likewise, educators through school administrators can seek assistance related to OVC support from NGOs in

their communities although the MoET requires documentation and accountability. The MoET also engages PSS multi-sectoral stakeholders in capacitating the MoET staff with the assistance of the Director of Education. The National Education and Training Improvement Programme (2018/2019-2020/2021: 77) concur that the MoET usually works with OVC linkage organisations to conduct training in areas of guidance and counselling. The Director of Education was responsible for the improvement programmes that aimed to train at least 12 staff members for a week between 2018/2019 and 2019/2020 and to offer training in psychosocial skills, psychosocial support training, interpersonal skills, counselling skills and gender links training to 830 school-based guidance and counselling staff. There was no mention of training regular educators who are currently delivering PSS to OVC.

8.7.6 Adopting a multi-sectoral approach

The MoET collaborated with the Ministry of Health and Social Welfare to assist OVC in need of professional trauma counselling. Although more effort in creating multi-sectorial relationships with the Department of Social Welfare, Ministry of Sports Culture and Youth Affairs, local community women are still preferred to deliver comprehensive PSS services to OVC because schools alone cannot manage to serve all the needs of OVC holistically in disadvantaged rural schools. The Kingdom of Eswatini MoET National Education and Training Sector Policy (2018: 15) states that the CSTL Policy intentions are to provide a minimum package of integrated welfare support in all public primary schools, including basic medical advice, guidance and counselling services, information on healthy lifestyles from relevant qualified personnel and to strengthen referral linkages with sub-sectors mandated with the welfare of children. Yet, the currently integrated welfare has challenges, for example, joint efforts are under-utilised for OVC in need of trauma counselling at the joint MoET and Ministry of Health and Social Welfare (MoHSW) regional facilities. The MoET should further mentor educators on how to create multi-sectoral linkages to enable working together with local social workers from the Deputy Prime Minister's office, Department Of Social

Welfare to fulfil the social assistance needs of OVC. The Inter-Agency Network for Education in Emergencies (2010: 2) Psychosocial Well-Being Minimum Standards emphasise that planning and implementation of activities must be integrated with other sectors. Had this been happening during educator PSS service delivery, the educators would have encountered minimal factors that hindered effective delivery of holistic psychosocial support.

8.8 SUMMARY OF THE CHAPTER

Chapter eight aimed at providing an overall discussion based on the sequential study findings. The summary of each major finding was in view of related literature and where applicable on the PERMA Well-Being Theory. A synthesis of the study aim, objectives and significant findings enumerated in this chapter will lead to the development of a contextual HIV/AIDS framework for managing the delivery of psychosocial support services within disadvantaged rural ECCE centres and primary schools in the Kingdom of Eswatini in the following chapter.

CHAPTER 9:PSYCHOSOCIAL SUPPORT SERVICES FRAMEWORK FOR EDUCATORS, ORPHANS, VULNERABLE LEARNERS AND POLICY MAKERS

9.1 INTRODUCTION

The previous chapter discussed the overall study findings. The aim of the current study was to explore the factors that hinder the educators to effectively deliver holistic psychosocial support needs to orphaned and vulnerable learners affected by HIV/AIDS in disadvantaged rural schools of Eswatini and ultimately develop a contextual framework for managing the delivery of psychosocial support services within ECCE centres and primary schools. Chapter 9 presents the proposed contextual framework which was the sixth and last objective of the study. The six objectives of the study were to:

- Explore how psychosocial support services are provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in rural ECCE centres and primary schools.
- Identify factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners.
- Explore the challenges encountered by educators in the delivery of psychosocial support services.
- Assess how educators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment.
- Determine the role of the MoET (MoET) in supporting multi-sectoral linkages related to orphaned and vulnerable children.

- Develop a contextual framework for educators, orphans, vulnerable learners and policymakers in psychosocial support services delivery within ECCE centres and primary schools.

The question to be answered was: What contextual framework can be developed for educators, orphans, vulnerable learners and policymakers to manage the delivery of psychosocial support services within ECCE and primary school environments?

The major components or concepts that were used for the proposed framework were:

- The administrative support of the MoET
- The MoET role in supporting the multi-sectoral linkages related to OVC learners' psychosocial support
- Factors perceived to be critical for effective delivery of psychological and emotional needs PSS services 'support and resources' factors (SUP) and 'individual support assistance' factors (IND)
- Hindering challenge factors (work-related human resources factors, 'support and skills factors' and 'resources and time factors) and educator stress factors
- Enhanced educator life skills training to complement PSS service delivery
- PSS linkages from within and outside the learning environment
- Holistic psychosocial support service provision by educators
- Enhanced OVC well-being.

9.2 THE NEED FOR A CONTEXTUAL FRAMEWORK

An organisation can be viewed as a set of input processes, activities and outcomes which can be presented in a framework or model format (Hellgriel *et al*. 2017: 6) For example, in the provision of psychosocial support, the MoET would

require input processes such as land for building facilities, labour for performing PSS tasks, capital for funding PSS projects and enterprise or good leadership to manage the PSS projects. In the framework activities would entail strategic planning, research and development, purchasing, developing new services, fulfilling customer orders, managing information, measuring and analysing performance and training employees. The framework's output would involve identification of outcomes of the original objectives and targets, identification of successes and failures and reviewing overall process performance.

Leading contemporary organisations always identify important processes throughout the value chain that affect their ability to deliver customer value (Evans and Lindsay 2017: 209). Therefore, the MoET in the Kingdom of Eswatini can utilise the developed framework tool since it is based on contextual knowledge acquired from the current research participants: OVC client, various PSS experts' knowledge drawn from departments of the MoET that deal with PSS and the educators, 'employees' that are currently delivering PSS and findings from this research. Hence, this information obtained through the mixed-method research process would enable the MoET to plan, trace and identify important factors perceived to be critical for the effective delivery of PSS services. The MoET can also act on factors that hinder or affect the educators' ability to fulfil the needs of OVC holistically along the ECCE and primary school PSS services delivery chain at all levels, from the MoET, stakeholders of OVC and educator implementers' chain of PSS service delivery activities.

9.3 FRAMEWORK DEVELOPMENT PROCESS

The contextual PSS delivery framework for educators, orphans, vulnerable learners and policymakers is built from the components/processes based on the five objectives as well as from the steps taken from the study's Chapters 1-8 of

the sequential mixed- methods design used to explore the phenomenon of educator PSS delivery in disadvantaged rural Eswatini.

Chapter 1 provided an overview of the introduction and background of the research, the problem statement, aim of the study, objectives of the study, research questions and the significance of the study. Then, step one provided a psychosocial support and well-being concept overview derived from the literature review. The literature reviewed (mostly from 2007-2021) was based on the objectives of the study from a global view, African context and Eswatini environment. The PERMA Theory of Well-Being was selected as a theory that guided the study as indicated in Chapter 3. This literature provided a comprehensive background to the research problem.

Step two explained the adopted exploratory, sequential mixed- method research design for this study (Chapter 4). The two separate qualitative and quantitative phases' sampling procedures, data collection, data analysis, validity and reliability for each stage were outlined.

Step three discussed Phase 1, qualitative study (Chapter 5) and Phase 2, quantitative study (Chapter 6). Phase 1, the qualitative study explained the exploration of the study phenomena based on in-depth interviews with PSS experts and FGDs with OVC learners. The thematic analysis from the data contributed to the quantitative phase survey instrument development. Quantitative data, Phase 2 reported on the demographic data collection results and quantitative data analysis that also provided factor analysis groupings of findings.

Step four was a joint integration of findings from both Phase 1, qualitative data and Phase 2, quantitative data (as shown in Chapter 7) and a joint display as a means of showing the development process of both findings was provided.

Step five involved a discussion of significant findings of the entire research in Chapter 8 based on the five objectives of the study and questions to be answered. This process and all the five steps led to the last step that addresses the aim of the study, the sixth objective that required the development of the framework recommended for this study.

Step six, subsequently these steps/phases were used to answer the sixth objective of the study in this chapter by presenting the proposed framework, Figure 9.1 Psychosocial support services Framework for educators, orphans, vulnerable learners and policymakers below.

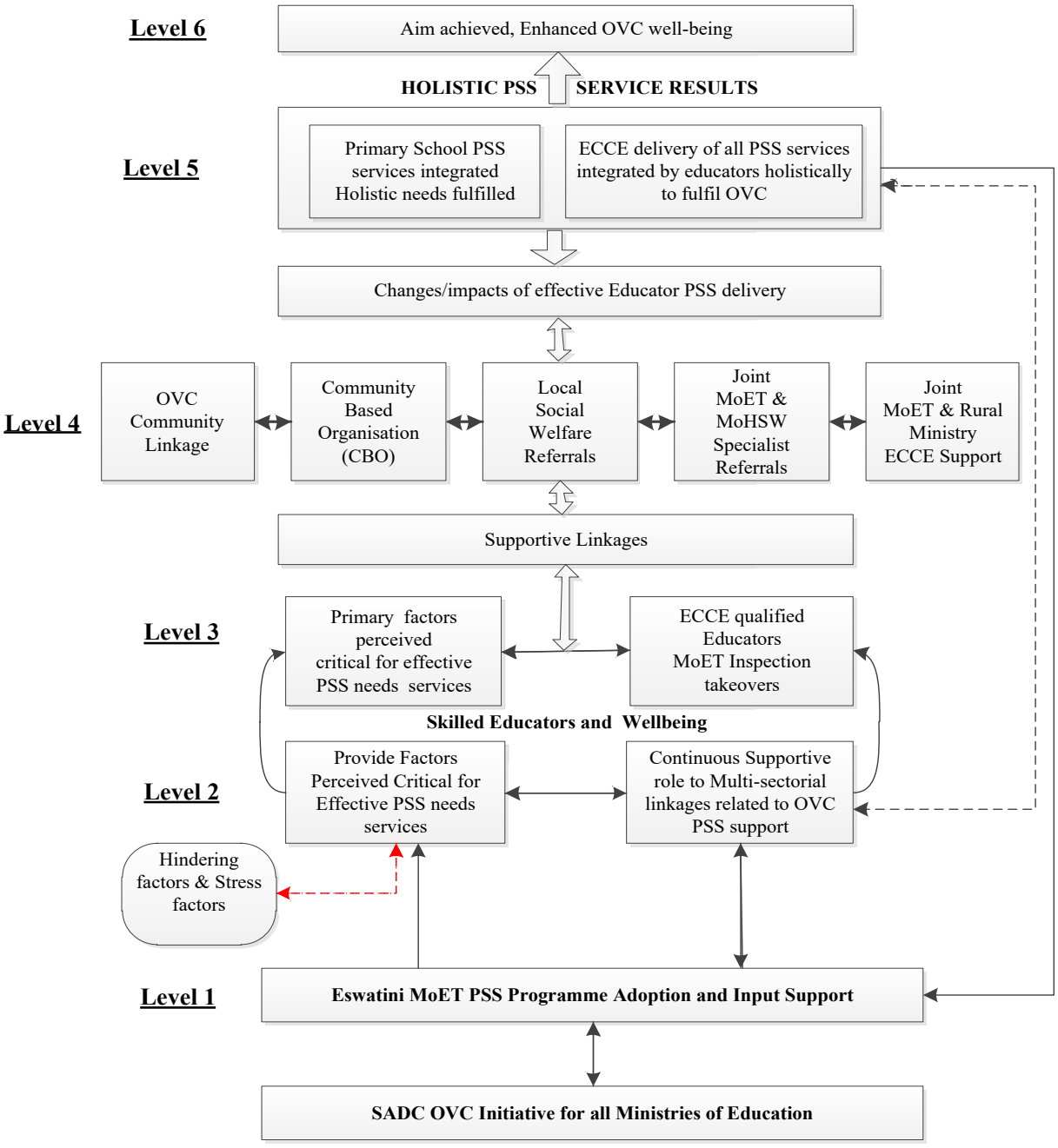

Figure 9.1 Psychosocial support services Framework for Educators, Orphans, Vulnerable learners and Policymakers in the Kingdom of Eswatini

The development and building of the PSS framework for educators, orphans, vulnerable learners, and policymakers revolved around the components shown from level one to level six as shown in Figure 9.1 above. The six levels

and components that are portrayed in the framework are explained in section 9.4.

9.4 SUMMARY OF THE SIGNIFICANCE OF KEY COMPONENTS GUIDING THE FRAMEWORK

The PSS service delivery framework is anticipated to ensure effective delivery of holistic PSS needs aimed at enhancing the well-being of orphans and vulnerable learners in the disadvantaged rural ECCE and primary schools of Eswatini. With reference to Figure 9.1, the key components and subcomponents are discussed according to the flow of the framework indicated under the key level processes 1 to 6. This indicates the flow of information from administrative supportive input to the broad aim to be achieved, responsibilities, activities/intervention, resource personnel enabling activities, important support linkages, impact or changes brought about by collaborating with linkages in PSS delivery enshrined within the components making up the framework namely:

- The administrative support of the MoET (LEVEL1)
- The MoET role in supporting the multi-sectoral linkages related to OVC learners' psychosocial support (LEVEL 2)
- Factors perceived to be critical for effective delivery of psychological and emotional needs PSS services 'support and resources' factors (SUP) and 'individual support assistance' factors (IND) LEVEL 2
- Hindering factors (work-related human resources factors, 'support and skills factors' and 'resources and time factors) and educator stress factors (LEVEL 2)
- Enhanced educator life skills training to complement PSS service delivery (LEVEL 3)
- PSS linkages from within and outside the learning environment (LEVEL 4)
- Holistic psychosocial support service provision by educators (LEVEL5)
- Enhanced OVC well-being (LEVEL 6).

9.4.1 Level 1

Level 1 signifies the country of Eswatini's MoET commitment role after adopting the SADC idea of delivering PSS to orphaned and vulnerable learners affected by the HIV/AIDS pandemic. This level encompasses the MoET administrative support and national policy directives on PSS.

9.4.1.1 Level 1.1 Committed role of the Ministry of Education and Training (MoET)

To achieve level one, there is a need for the MoET in the Kingdom of Eswatini to implement the CSTL objectives that was formulated with the assistance of technical support from the multi-lateral International Organisation of Children. The MoET adopted the SADC idea of offering PSS services to OVC impacted by parental HIV/AIDS pandemic. They came up with a contextual CSTL model named *Inqaba* (which means a 'fortress' as outlined in Chapter 2 because schools should be safe havens for all children) that includes PSS as one of the seven major pillars to be acted upon.

The MoET has structures in place on how to support the multi-sectoral linkages related to orphaned and vulnerable learners' psychosocial support needs. Besides having a structure in place as outlined in previous chapters under objective five (Chapter 5, theme 16 to 18 and Chapter 8; section 8.7), it is high time the MoET takes a leading role in implementing PSS to manage educator PSS service delivery. NGOs and multi-sectoral linkages can only help to strengthen the services after the Ministry has shouldered most of the responsibility, instead of focusing on policymaking that is not followed up practically.

The Ministry needs to commit to frequent sensitisation of PSS services to all stakeholders of children including ministries that offer complementary services and NGOs that work with children. The focus of multi-sectoral linkages related to OVC must be redirected to areas that need re-evaluation if PSS services

are to be effective and holistically delivered, rather than focusing on the role of safeguarding against duplication of services or authorising NGO engagement. It is also high time the MoET lobbies the government for a higher budgetary allocation for PSS services. Most importantly, the MoET can involve the services of the disaster management committees in its planning, since PSS issues pertaining to OVC impacted by HIV/AIDS issues fall under pandemics and national disasters.

To ensure uniform national standards, the MoET must take over the administration of ECCE centres that are currently run by the rural communities and ensure they comply with OVC policies applicable to early childhood care development (ECCD) currently supervised by the Ministry. OVC who attend ECCE centres in rural areas also have a right to quality basic education foundation like those in urban centres of Eswatini. The MoET needs to align its administration with the existing Eswatini National Education and Training Sector Policy (2018: 16 and 41) that stipulates objectives for delivering PSS services to OVC in disadvantaged rural ECCE centres that have never been implemented.

9.4.1.2 Summary of level 1

There is a need for the MoET to maintain its administrative supportive role by providing all the required resource inputs, practice supportive visits to mentor and monitor educators who implement PSS service delivery. The MoET must provide assistance to the educators by addressing the factors perceived necessary for providing holistic needs to the OVC. The following level 2 activities can be enforced with the help of multi-sectoral assistance.

9.4.2 Level 2

This section of the framework was developed from the activities that are carried out to convert inputs into intended outputs of delivering effective psychosocial support services. In the study, the focus was on educators who

are the key drivers of psychosocial support services. These activities include the MoET role in supporting the multi-sectoral linkages related to OVC learners' psychosocial support, factors perceived to be critical for effective delivery of psychological and emotional needs, PSS services 'support and resources' factors (SUP) and 'individual support assistance' factors (IND) (specified in Chapter 6 factor analysis, Table 6.11 and 6.12) and hindering factors (work-related human resources factors, 'support and skills factors' and 'resources and time factors (Table 6.19) including educator stress factors (Table 6.20).

9.4.2.1 Level 2.1 Component: MoET administrative support role for the multi-sectoral linkages related to Orphaned and Vulnerable learners' psychosocial support

The MoET's continuous role in supporting multi-sectoral linkages component should include utilising the comprehensive MoET Policy input of resources and implementation planning related to PSS programmes. This must be adopted from the SADC orphaned and vulnerable learner CSTL model policy objective areas related to PSS service delivery. Monitoring reports accompanied by regular compliance supportive visits can act as a form of monitoring and evaluation of the programme's progress by acting on reports handed in by the educators stipulating challenge factors and progress. PSS linkages with multi-sectoral linkages related to orphaned and vulnerable learners, co-opting the disaster management committee from the onset of planning and implementation of PSS services in ECCE and primary schools could help in alleviating the burden carried by the MoET administrators and educators. The MoET is encouraged to develop stand-alone PSS policies to provide a focused concentration of PSS policy implementation strategy and budgetary provision. Involving the services of other government ministries during planning and implementation can visibly enable developing important responsibilities for the needs of the OVC and clarity on who is in charge of providing particular psychosocial support needs of children, especially the orphaned and vulnerable. This multi-sectoral approach will result in holistic

needs delivery of PSS services by linking through clearly outlined referrals for, whenever there is a need for outsourcing either social welfare needs, health-related needs, nutritional needs services, cultural related services or human rights issues for orphaned and vulnerable learners from other government ministries. It must be emphasised that MoET can delegate these responsibilities to others and not accountability, hence it remains accountable and answerable to Cabinet for the overall performance of PSS programmes' performance.

Therefore, there is a need for the MoET as the parent ministry to work with multi-sectoral linkages that support OVC and encourage the linkages to work with educators directly in schools for comprehensive care. Hence, the international multi-sectoral linkages for OVC children have always supported the MoET by planning together policy guidelines and allowing technical support directly to ECCE, primary schools and teachers' training colleges institutions although the ministry still has the duty to guide partner NGOs services to prevent duplication of effort.

9.4.2.2 Level 2.2 Component: Factors perceived to be critical for effective delivery of psychological and emotional needs Psychosocial Care and Support services

'Support and resources' factors (SUP) and 'individual support assistance' factors (IND) are seven-factor constructs built from the study as the factors perceived to be critical for effective PSS service delivery by educators including two challenge factor groups based on rigorous data factor analysis process seen in Chapter 6, Section C (Tables 6.9, 6.11 and 6.12).

The activities that the MoET need to action or embark on so that educators in the school environment can deliver holistic PSS services to OVC, include providing the core psychological and emotional needs PSS services resources. This can be reviewed to find supportive solutions intended for improving 'support and resources factors' (SUP) and 'individual assistance

factors' (IND) which are factors perceived critical for effective psychosocial support activities.

Factors perceived critical under the SUP group of factors include building designated counselling facilities, availability of professional counsellors or psychologists within the school to complement educator efforts and having support services for teachers with personal and work-related problems to enable them to effectively support OVC and ensuring traumatised OVC are referred on time to mental therapists. IND factors must be addressed through capacitating non-guidance teachers with skills to identify OVC in need of both trauma and ongoing counselling. It must be ensured that guidance teachers are being allowed enough time to talk supportively to OVC after the loss of a parent besides paying condolences to bereaved learners and their families.

If the SUP and IND factors are attended to by MoET then the hindering educator 'Work-related factors' and stress factors will be offset (hence the short red broken lines in Figure 9.1). Eventually, educators who are stress-free will be healthier and have better well-being to deliver PSS services to OVC. Having better-equipped educators in PSS skills, knowledge and resources which are part of best practices in providing PSS to children in education settings, becomes effective in the delivery of psychological and emotional needs services. These are the core in PSS service delivery of OVC traumatised by the impact of caring for chronically ill parents or the death of parents from HIV/AIDS.

Challenge factors and stress factor components that will be offset include 'Support and Skills' factors, 'Resources and Time' challenging factors. Therefore, educator stress factors can be addressed by offering counsel to employees by MoET human resources department, compliance supportive visits and regular monitoring of PSS delivery efforts and on-going training of in-service educators who are delivering PSS, currently relying on guidance teacher input. The assistance of collaborative technical support, material and

implementation resource support from PSS multi-sectoral linkages (International Children's Organisation and partner NGOs) will enable achieving effective PSS delivery of OVC needs without hindering factors (Chapter 5 theme 16 to 18 and Chapter 8 Section 8.7).

The MoET level 2 activities need to offset hindering factors by addressing factors perceived to be critical in the delivery of PSS services and to maintain its role in supporting multi-sectoral linkages related to OVC.

9.4.2.3 Level 2.3 Component: Hindering and stress factors

Failing to address challenge factors (grouped as work-related human resources factors, 'Support and skills' factor 'Resources time' factors) encountered by educators in the delivery of PSS services as well as 'Stress' factors as a result of effects of offering PSS services within the learning environment imply that holistic educator PSS services delivery to OVC will continue to fail. Lack of clear MoET strategies for supporting the educators to deal with PSS challenges hindered the educators to effectively deliver holistic needs to OVC when implementing PSS services as an additional role to their core business of pedagogical duties. Such policy and strategy shortcomings led to the important decision to develop a psychosocial support framework to guide stakeholders in understanding the ideal PSS delivery process and strengthening its implementation for effective PSS service delivery to the disadvantaged OVC. Identification of critical success factors such as having rooms for PSS counselling, availability of specialists from other ministries, decentralisation, and educator capacitation and implementing the critical success factors to achieve effective psychological and emotional PSS support activities, can lead to enhanced changes in the well-being of the educators and eventually feeds into positive change towards the well-being of OVC. This leaves the educators stress-free and motivated to continue with the provision of PSS services.

9.4.2.4 Summary Level 2

The MoET needs to address work-related human resources factors, ‘support and skills factors’, and ‘resources and time factors’ since these factors hindered holistic PSS service delivery. These challenges had significant stress effects on educators who are the implementers of psychosocial support within the learning environment. The MoET by itself does not have enough resources to cope in managing the PSS delivery, which cannot be possible without other stakeholders of OVC. Hence, the educators encountered hindering and stress factors during PSS service delivery partly due to lack of resource availability and overwhelming workload.

9.4.3 Level 3

Level 3 embodies the expectations of what constitutes an effective PSS service delivery implementation assuming both ECCE and primary educators received training in various PSS training areas. This enables them to have insight and skills, which in turn help to enhance the well-being of OVC during PSS service delivery. Pre-service training (PRE-SET) and in-service training (IN-SET) support for the enablers of PSS delivery achieves the well-being of both educator and OVC.

9.4.3.1 Level 3.1 Component: Enhanced educator life skills training to complement Psychosocial Care and Support service delivery

The MoET policy objectives in both the 2011 and 2018 MoET EDSEC policies clearly outline that ECCE centres are the responsibility of the MoET which should also provide qualified educators and an inspector allocated to support ECCE PSS service implementation. Currently, the MoET supervises the activities of established privately-owned urban ECCE centres, yet disadvantaged rural ECCE centres have not been monitored, evaluated or visited by an inspector from the MoET (Mmatsetsa 2010: 23). According to the qualitative findings from PSS experts (Theme 5 Chapter 5, Section 5.2.5.2),

educator life skills training in the form of pre-service training (PRE-SET) at college and in-service training (IN-SET) for teachers already in practice was considered a necessity since educators are the enablers of PSS service delivery. This view was supported by educators during the survey who considered that training received in PSS areas assisted in enhancing the well-being of OVC during PSS delivery (Chapter 6, 6.4.2, Section B2 findings).

Providing necessary training to enablers of PSS delivery should include the MoET initiative to develop the life skills of educators and enhance knowledge in the management of PSS, offer pre-service training (PRE-SET) on PSS areas in all teacher colleges including private and mission owned colleges. In-service training (IN-SET) provided to all educators offering PSS in basic counselling, trauma and grief management not guidance counsellor teachers only.

Afford time allocated as per CSTL proposed policy for guidance counsellor teachers to offer basic counselling to OVC referred to them and identify timely OVC in need of referral for further social services and specialist therapy. The MoET must take over the inspection of ECCE centre activities as stipulated by the 2011 and 2018 MoET sector policies, thereby supporting efforts of the Ministry of Rural Development to run ECCE centres. It is also high time the ministry deploys ECCE trained teachers for Early Childhood Development and zero grade to benefit OVC attending rural ECCE centres.

9.4.3.2 Summary Level 3

Educator well-being becomes an output for training activities that support educators in the form of life skills training. In turn, there should be noticeable impact and changes that occur when educators have been skilled or enlightened. Educators realise the importance of involving PSS supportive linkages for effective holistic PSS service delivery as seen in level 4.

9.4.4 Level 4

The impact of having skilled educators leads to teamwork and collaboration with existing stakeholders for effective PSS delivery, utilising internal and external linkages related to OVC. This also involves joint MoET and MoHSW referrals utilised timely, improved communication and referral of OVC to local social welfare services for social assistance. The joint MoET and Rural Ministry ECCE support, collaborated care with cultural linkages of OVC which includes extended families of OVC, and community the OVC come to form an association and referrals to the available community-based organisation and private business linkages must be created.

9.4.4.1 Level 4.1 Component: Psychosocial Care and Support linkages from within and outside the learning environment

Involvement of supportive linkages and strengthening PSS linkages within level 4 alleviates the implementation challenges and stress effect factors on educators. Hence, the MoET needs to enforce and ensure that educators have ties with community linkages that serve OVC to develop a working relationship that leads to the effective delivery of holistic needs of OVC together. This did not happen, because the MoET failed to pay supportive visits or to receive reports from educators since there was no form of regular monitoring and evaluation of the implementation of the PSS delivery in both rural ECCE and primary schools.

Eswatini culture supports communal care of orphaned and vulnerable children so that the vulnerable children cease to feel the loss of parents and feel they belong to their Swati community and traditional origins. Hence the Emaswati saying that children whose parents have died are not “orphans” but “bantfwana bendlunkulu” that is, children of the community where they belong (National Plan of Action for OVC in Swaziland Report 2006-2010: 6; Evans 2006: 9).

If the MoET educators are allowed to align with the community by forming school committees that involve community leadership, extended families, community social welfare, community health centres, local business people and community health care workers, there will be a success in assisting OVC holistically. For example, community-based health promoters and local mothers' groups known as 'Lutsango' (married mothers' organisation) will take over caring for chronically ill parents while OVC are at school. Social services need to be alerted and can follow up on the social needs of OVC while teachers concentrate on teaching and other services available within the schools.

Eswatini has the advantage of having no interference of political party influence, because currently in Eswatini political parties are not recognised, hence they have no say in government policies. Therefore, private businesses, organisations for children such as multi-lateral children organisations like UNICEF and partner NGOs, locally formed CBOs; and HIV/AIDS disaster management committees, existing multi-sectoral linkages for OVC, and joint ministry efforts can freely support OVC during initial trauma. On-going trauma management services can freely become local supporting networks for school-based HIV/AIDS psychosocial support.

The positive impact and change in service delivery resulting from cooperation and collaboration among community-based linkages mentioned above, including social welfare referral services, CBO/NGO referral services and the jointly established efforts from MoET and MoHSW mental health specialist referral services can finally cover the gap of providing mostly nutritional needs services only to OVC. The MoET must co-opt the rural ECCEs under its supervision, and work jointly with the Ministry of Rural Development who are currently helping rural communities to run all rural ECCE centres, known by the community as neighbourhood care points and 'Ka gogo'(literally translated means grandmother's place if the ECCE centre is within the royal household compound) centres. These currently serve to offer both PSS services to OVC

aged up to 18 years after school hours and function as ECCE centres during school hours for pre-school aged OVCs. Then, the aim of delivering holistic PSS services from ECCE level to Primary school entry can become a reality.

9.4.4.2 Summary level 4

The delivery of PSS services to OVC can be sustainable or effective if the MoET allows the educators and school administrators to involve the extended families and other community stakeholders where OVC reside. This will enable OVC learners to receive the assistance that the school cannot provide due to a lack of capacity or resources. The advantage of forming committees with the community also allows continuity of assistance with OVC needs, even after hours and when schools are closed. Most donors usually utilise the national care points and Ka'gogo ECCE centres to donate to the needy children identified by their communities, whether they attend a school or not.

9.4.5 Level 5

Level 5 represents a need for implementation of holistic PSS service delivery by educators to achieve such results through an integrated/collaborated PSS service linkage effort that fulfils OVC needs holistically.

9.4.5.1 Level 5.1: Component: Holistic Psychosocial care and support service delivery in both Early Childhood Care and Education and primary school learning environments

Holistic services include catering for all OVC needs which include physical/basic needs provided including free primary education, psychological and emotional needs, spiritual needs services, social welfare needs, fundraising for emergency needs, cultural aspects, encouraging OVC to play (non-discriminatory participation in games, clubs, sports and play activities with non-OVC peers) to fulfil social belonging needs. When all the above needs are provided then child rights needs are automatically fulfilled as well.

To meet this cocktail of PSS needs, primary school and ECCE centre educators need to shift their focus from providing mainly physical needs towards providing integrated PSS services. To successfully achieve this huge task, educators are expected to be capacitated through orientation, training, motivation and provided with appropriate tools and equipment to perform their enhanced roles in a team environment.

The framework takes into consideration that educators need to deliver holistic PSS services if the needs of OVC are to be fulfilled, thereby enhancing the well-being of OVC and educator as well. Educators must become capacitated in the delivery of effective holistic psychosocial support delivery within the ECCE centres and primary school learning environment as proposed in the framework levels. This capacitation will lead to the integration and eventually mainstreaming of PSS services. The orphaned and vulnerable learners will benefit by receiving PSS services at all times, that cater for their various needs in all aspects (educationally, psychological, emotional, health, spiritual, socially, child rights, and culturally), not only on the physical aspect. This can be done by also ensuring OVC receive basic counselling from skilled educators, access further professional or specialist psychological and emotional care whenever necessary, are referred timely for social assistance that educators cannot offer from available community PSS linkages, and receive PSS from stress-free skilled educators.

9.4.5.2 Summary Level 5

The delivery of holistic PSS services arises from the changes or results of effective educator PSS service delivery. Finally, the educators will be able to integrate all PSS services effectively to fulfil physical, cultural, psychological and emotional, trauma specialist services, child rights, and play/social belonging needs, provide funds for emergency and spiritual needs.

9.4.6 Level 6

Level 6 is an indication that if the MoET strives towards achieving enhanced OVC well-being as a result of effective educator PSS service delivery of holistic needs to orphaned and vulnerable learners affected by parental HIV/AIDS in disadvantaged rural ECCE and primary schools of Eswatini backed by the MoET efforts, the framework becomes a useful tool.

9.4.6.1 Level 6.1 Component: Enhanced Orphaned and Vulnerable Children well-being

Thus, given the context of continually changing environments, to maintain and keep improving holistic PSS service delivered by educators, continuous collaboration and working hand in hand with multi-sectoral PSS linkages related to OVC, the support of the Ministries that work with children and the MoET inspectorate is needed. These include monitoring and evaluating implementation progress and keeping OVC well-being and educator well-being on the radar. The emphasis must be on an integrated approach in managing the six levels of the framework to achieve the greater whole, hence holistic PSS services can be achieved. By and large, all the narratives above point to the need for teamwork and a synergistic approach to work with projects of different magnitudes. That is, the results of combined and integrated efforts among different stakeholders, which this study greatly advocates, will outweigh the efforts of the same stakeholders working individually with minimum cooperation and coordination (Lazenby 2016:36).

Results of holistic PSS services lead to enhanced OVC well-being when all needs are fulfilled. This leads to achieving the aim of providing effective educator delivery of holistic needs services to orphaned and vulnerable learners affected by HIV/AIDS at both ECCE and primary school learning environments. After the broad aim of achieving the enhanced well-being of OVC, continuous work is expected to maintain this status. To continue improving services the MoET should strive to continue its supportive role in

the provision of effective PSS services. Once again, MoET and its educators need not be satisfied with the current status quo because there is room for improvement and enhancing competitiveness.

9.4.6.2 Summary Level 6

To sum it all, this psychosocial support framework can be used by the MoET to enhance the effective implementation of holistic PSS services under the CSTL *Inqaba* Pillars Policy. Since the model evolved as a facts-based description of what came out of the study, real issues of concern were noted. The outcomes, should the issues be implemented properly at all levels of the framework was noted and finally, implications of factors perceived critical for a holistic PSS delivery were also addressed.

9.5 RESEARCH CONTRIBUTIONS

Having identified the factors that hinder effective delivery of PSS services, the psychosocial support framework, besides serving as one of the contributions of the study, is part of the study outcomes that are significant towards contributing to new knowledge. It has been developed based on empirical evidence from in-depth interviews and survey findings. By extension, no fixed rules are binding the use of the psychosocial support framework founded in this research. This means that other organisations which were not part of this research can still benefit from the proposed framework by adapting and modifying it to their own circumstances. The researcher, with the assistance of the supervisor, will publish articles about some of the findings of this study that led to the development of the framework.

The formulated objectives of the study and sub-objectives answered some of the phenomena areas of educator. These included PSS delivery in the school environment that was not known in Eswatini and hard to find, as global context literature on PSS services related to HIV/AIDS in schools is still under-researched as indicated in Chapter 2.This was also addressed during

the qualitative exploratory phase and survey research phases, herein, adding to the body of knowledge that was limited both locally and globally.

The joint displays that represent linked research data results can easily be processed visually (in Tables 7.1, 7.2, 7.3 and 7.4) by future researchers in the field of education, social welfare, psychology, mental health and counselling. Additionally, contemporary research advocates people with different specialisations to core-research on a phenomenon of interest. The uniqueness of this study is that the researcher used her own different specialisations (inter-disciplinary) from nursing, educational psychology, child counselling, and psychosocial support to research a complex phenomenon that would naturally require input from other disciplines.

Previous studies mainly focused on types of services required for OVC to perform well in their studies and assumed that educators can easily take over the role of the secondary caregiver of OVC, but never considered how teachers were coping as implementers with minimal support from the MoET. The study findings revealed real experiences of the educators through the use of the mixed-methods design and the quantitative component that focused on educator issues.

The contextual instrument for the study survey that was developed through merging the literature, PERMA Well-Being Theory concepts and qualitative findings from PSS experts, will enable future studies or other scholars to extract ideas and adapt the data for developing instruments related to educators PSS service delivery or OVC impacted by HIV/AIDS. The instrument provided evidence of validity and reliability in Eswatini, a country in Southern Africa. Most PSS instruments that were available are on PSS services related to psychosocial services on emergency relief in contexts affected by natural disasters such as displacement of children due to war, migration impacts, separation of children from parents, genocides, hurricanes or flood disasters, mental health services related in addressing special areas

such as bullying or learning difficulties not related to HIV/AIDS pandemic in Southern African context.

Besides the anticipation for use or adapting for future studies, some constructs from the instrument and research findings were used for constructing the components of the framework to enable holistic delivery of needs to OVC attending rural ECCE and primary schools as a contribution to effective quality holistic services. This way, overall, the body of knowledge on PSS service improvement is disseminated.

9.6 SUMMARY OF THE CHAPTER

Chapter 9 presented the last sixth objective of the study, the process that led to the development of the framework and some research contributions. The psychosocial support framework that is presented in this chapter is one of the recommendations emanating from the study and these are presented in the next Chapter 10. Chapter 10 focuses on the limitations of the study, conclusion and recommendations.

CHAPTER 10: LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

10.1 INTRODUCTION

In the previous chapter, a psychosocial support framework for educators, orphans, vulnerable learners and policymakers was developed to assist the MoET to strategise the process of delivering holistic psychosocial support services in disadvantaged rural ECCE centres and primary schools of Eswatini to mitigate challenges that currently hinder the educators from satisfying psychosocial needs of orphans and vulnerable learners. Chapter ten discusses limitations, conclusions and suggested recommendations for the study. The questions that were posed to address the objectives of the study were answered and achieved by gaining insight from a combination of the experiences of PSS stakeholder participants (three MoET experts including seven school administrators, six multi-sectoral linkage PSS experts that support OVC and seven groups of OVC learners) during the qualitative exploration phase of the study and from the 296 educator respondents during the survey phase. Findings revealed the role of MoET in the multi-sectoral linkages that support OVC and provided overall insight on how policymakers currently support the educators who are at the forefront in delivering PSS services to fulfil OVC needs.

The following questions were posed to address the objectives of the study:

Question 1: How are psychosocial support services provided by educators to aid in enhancing the psychosocial well-being of orphans and vulnerable learners in rural ECCE centres and primary schools?

Question 2: What are the factors that influence the delivery of psychological and emotional needs services of orphaned and vulnerable learners?

Question 3: What are the challenges encountered by educators in psychosocial support service delivery within ECCE centres and primary school environment?

Question 4: How does the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment affect educators?

Question 5: What is the role of the MoET in supporting multi-sectoral linkages related to orphaned and vulnerable children?

Question 6: What contextual framework can be developed for educators, orphans, vulnerable learners and policymakers in psychosocial support services within ECCE centres and primary school environments?

The following is a detailed account of the limitations, conclusions and recommendations made from the findings and discussions of the study.

10.2 LIMITATIONS

According to Ross and Bibler Zaidi (2019: 261), the limitations of the study represent weaknesses within a research design that may influence outcomes of research. To remain transparent, researchers are bound by research ethics to report on limitations they encountered during research.

Limitation emanating from study design

The sequential, exploratory mixed- methods research requires detailed analysis and reporting from both quantitative research and qualitative research and these processes take a lot of time and demand thoroughness on the part of the researcher. It is like doing two types of research in one, but this cannot be avoided if the objective of studying a phenomenon in depth has to be achieved. Although this makes for a longer read, at the same time leaving

out a step in each phase would not have reflected the rigour taken by the study and it would have denied the reader depth or richness that is expected to be reported in the discussion of the mixed findings in chapter eight. Although knowledge demands for reporting are very high, the sequential, exploratory mixed method design provides the reader completeness which lacks in purely qualitative or quantitative designs. It should be noted that the findings of this study cannot be generalised to urban ECCE centres and urban primary schools in Eswatini because this study was conducted in a rural setting which is not representative of the urban population. However, some lessons can be drawn for adoption and use in areas that were not part of the studies because there are cross-cutting issues that affect all organisations involved in PSS service delivery.

Limitations related to participants

There were instances where officials that the researcher intended to interview could not be reached or could not respond on time owing to industrial action that prevailed during the data collection period. The planned interview with the Eswatini National Teachers' Association representative failed to take place because the representative was never available in the offices and he eventually decided to cancel the interviews claiming to be busy with the industrial action logistics. The teachers' union's views could have added insight on how they currently handle the issues of educators who now have additional roles to perform with less implementation support from MoET. Some of the multi-sectoral PSS experts who could not be excluded in the study were finally interviewed after several failed attempts, hence delays in completing Phase 1of the study. However, patience paid dividends because the particular participants formed part of the multi-sectoral PSS linkage that supports government and MoET and their contribution made a difference. Phase 2 data collection coincided with the COVID-19 pandemic when movement restrictions were imposed by the government.

10.3 CONCLUSIONS

The following conclusions are based on the findings that answered the study's research questions, Phase 1 and Phase 2 data analyses as reported in chapters five, six and seven, joint integration and discussions of the same in chapter eight.

Notwithstanding, all psychosocial support operational challenges which came out of the study, in the Kingdom of Eswatini, programmes that are meant to deal with children's welfare are supported both from the highest office and at the national policy development level. It should be noted that high-level political commitment was assured for PSS service delivery and seems to be in place from the monarch level as revealed by the following quote made by King Mswati III himself in 2005, a speech from the throne, quoted below:

"*One of the most challenging effects of the pandemic is the huge and ever-increasing numbers of orphans. I urge all chiefs and other community leaders to make protection and cherishing of these orphans a very real and urgent responsibility in the months and years ahead"* (National Plan of Action for OVC, 2006-2010: 11).

A comprehensive 2011 EDSEC MoET policy drafted with the assistance of support from the multi-sectoral OVC stakeholder partners was reviewed and incorporated in the 2018 National Education Policy in support of the King's goal of supporting OVC.

Currently, educators who are the key stakeholders in implementing PSS services failed to effectively manage and deliver holistic psychosocial support services that fulfil various needs of orphaned and vulnerable learners. There was more focus on nutritional and play activity services which fulfilled only physical and social belonging needs easily found within the school environment. This resulted in the provision of physical needs to attract OVC to attend school, getting more attention than providing integrated PSS services

in an integrated approach. The pastors, a faith-based linkage, was the most relied upon community stakeholder for strengthening the spiritual needs services of OVC. Policy practice is not enforcing collaborative efforts involving other OVC linkage stakeholders including those within the school communities.

The MoET failed to address the factors that influenced ineffective PSS services by failing to source material and human resources. General failure to procure necessary inputs like proper counselling facilities and deployment of professional psychologists or professional counsellors who are perceived to be critical to the effective delivery of holistic PSS services also resulted in educators failing to deliver psychosocial services within the learning environment particularly psychological, emotional and needs related to social assistance. This could have left some OVC with unsolved personal social issues, unresolved psychological and emotional issues that can subsequently affect the general well-being or later manifest as mental health issues. Educators overlooked even referring OVC for social assistance and specialist services that were available within the four regions through the assistance of joint multi-sectoral collaboration of the Ministry of Health and the MoET.

There was over-reliance on educators as the main drivers of PSS services for the needs of OVC. Educators in socially disadvantaged rural ECCE centres and primary schools of Eswatini were overwhelmed by the extra task of delivering psychosocial support. The problem was exacerbated by the MoET's lack of capacity to fully support the educators in terms of skills development, resourcefulness and mitigating challenges they faced when trying to address PSS and OVC related problems. Overwhelming additional responsibilities, besides the core business of teaching and a lack of implementation support, has left educators demotivated and stressed.

Another conclusion is that systems that work with children in ECCE centres and primary schools are currently not linked to rural primary schools as shown by the inequitable distribution of qualified early childhood development teachers by the MoET. This disturbance stifles the flow of PSS services from ECCE level to primary schools vice versa and forms part of challenges related to supporting and skills factors. It can also be concluded that the MoET has not been able to effectively integrate planning for OVC and ECCE centres. The latter is currently run by the community and the Ministry of Tinkhundla Administration and Development which does not have the capacity to initiate or fulfil this intellectual or knowledge need to OVC.

The educators were both positively and negatively affected by the additional task of offering PSS services. Positive effect factors were related to positive attitude changes in understanding the PSS concept based on empathy and willingness to continue helping OVC impacted by HIV/AIDS. The negative effect emanated from the presence of stress factors among educators due to the effect of lack of employer support while offering psychosocial support services within the learning environment. It was also difficult to secure materials for building counselling facilities to end unprofessional unethical practices of doing things such as lay counselling in any space available which infringes the privacy and confidentiality of OVC. This calls for urgent intervention because factors perceived as critical for PSS service delivery seemed to cut across all important levels of PSS service delivery.

There is a general lack of participation and involvement from stakeholders in implementing PSS programmes, an indication that coordination, communication and organising were weak even when clear policies were in places, such as the comprehensively written educational policies of 2011 and its latest edition of 2018. Therefore, the presence of weak and disjointed structures within the MoET led to poor responsiveness at a higher level in assisting OVC in their communities. By extension, the impact is also felt by the educators who work with the OVC on a regular basis. Even though the

strength of the MoET lies in SADC's adoption of the CSTL models, as part of the policy to support OVC affected by HIV/AIDS, the current structures in Eswatini are disjointed and not fully supporting the goals of PSS. The comprehensive MoET policy objectives related to OVC are not being implemented for reasons beyond the current study.

10.4 RECOMMENDATIONS

Chapter ten concludes the study report with recommendations under the subsections, policy recommendations, recommendations for practice and recommendations for further study.

10.4.1 Recommendations for policy development

Good policies do not achieve their intended goals if they are not implemented. Based on Section 10.3's conclusions, which point to weak systems, system inadequacy, poor coordination among other things, the study's first recommendation is the adoption and implementation of the PSS framework proposed in Chapter 9. Additional policy reforms based on contemporary developments in the field of psychosocial support at both international and global level is recommended. To successfully benefit from the recommended policy reforms, the study recommends facts-based policies that are benchmarked with the best psychosocial support providers. Last, but not least, policy adjustments must be timely and responsive to common international best practices in the field of study.

The MoET needs to engage, coordinate and give direction to all relevant ministries that work with children to identify responsibilities of the different stakeholders in implementing the Kingdom of Eswatini's Psychosocial Support Strategy as directed by the King and captains of the relevant national policies. Resources for implementing such must be budgeted for and released on time. Throughout the whole document, there is a minimum reference to the National Disaster Management Authority's (NDMA) role in PSS services, yet the same

authority makes decisions in managing most pandemics during crisis phases, and the decisions the authority makes solely or in consultation with others can affect ongoing PSS programmes. It is recommended that NDMA take an active role in all OVC and psychosocial support programmes as a potential source of technical support.

The study recommends that Government and MoET urgently invest in Early Childhood Care Development (ECCD) programmes. There is a need to employ Early Childhood Development (ECD) trained teachers plus taking over management and supervision which is long overdue especially in providing ECCD and grade zero support to complement the Ministry of Tinkhundla Administration and Development efforts. Qualified ECCD caregivers or teachers must be deployed in all rural ECCE centres as part of the national education agenda.

The current educators who do not necessarily have psychosocial support training must go for upgrading or be replaced by cadres who have been taken through an appropriate teachers training programme that prepare teachers to manage PSS issues. Thereafter, an ECCE inspector must be assigned to oversee the Early Childhood Development educational needs of OVC as outlined in the National Education Policy of 2018, short term care and support for teaching and learning (CSTL) objectives. World over, the current trend is that governments initiate both ECCE centres and ZERO gradest. Eswatini must learn from fellow SADC countries on how the implementation of this foundation that is needed for its future citizens, especially the OVC in rural areas can be effectively done. The MoET must urgently adopt the ECCE concept for OVC, to have similar rights to access basic foundation education (important for mental/intellectual needs that include reading and writing) which is being infringed.

Availability of an accreditation council for professional psychologists and counsellors

The government of Eswatini also needs to have a council that certifies the graduates of psychology and social workers that graduate from its own institutions to retain these professionals needed for complementing educator efforts in PSS service delivery. Most easily find employment in countries where they are certified to practice as professional practitioners.

10.4.2 Recommendations for practice

Adopting and utilising the framework for PSS services can be used for marketing and public relations purposes to attract funding and donors for psychosocial support programmes both locally and abroad. Teamwork, collaboration, cooperation and close coordination among the different stakeholders mentioned in the document is strongly recommended at the operational level. This has the potential to generate more benefits than when the individual stakeholders work alone or compete among themselves for resources and power to control PSS projects at local and national levels. Human capital management needs not to be overemphasised based on challenges of skills shortage, lack of motivation, staff overwhelmed by tasks and lack of compensation to name but a few human capital issues. Institutions must have budget allocations to meet the demand of these critical activities identified by the study findings.

Importance of provision of resources critical for PSS implementation

The study recommends management in all departments responsible for operationalising the Eswatini National PSS Policy to strengthen their logistical support to staff in terms of money, materials, counselling facilities, technology, counselling/psychology (professional human resources to complement educator efforts), educator capacitation and methods development. Encourage and promote teamwork and exchange of knowledge and sharing

experiences through seminars and workshops that focus on psychosocial support services. These can be organised in all regions on a rotational basis and attendance at some of the seminars can be made compulsory for educators and ECCE centre caregivers.

Administrators responsible for monitoring and evaluation of PSS programmes should be capacitated and empowered to carry out their duties effectively. They must be held accountable for PSS implementation and following up on issues to find out how educators cope with PSS services to avert human resources work-related factors. They are encouraged to learn and apply the PERMA Theory of Well-Being concepts that have proved useful in international contexts as a form of educator support by organisations.

It is high time management introduces incentives for volunteer educators and caregivers based at ECCE centres with some form of payment. Negative effects on educators and caregivers can be easily transmitted to the learners and that can be a source of lack of commitment to PSS programmes. Guidance counsellor teachers should be granted time to focus on offering peer support to fellow educators on OVC issues and carry out their duty of basic counselling and screening of OVC in need of referral for PSS social assistance and specialist services the school cannot provide. Thus, the MoET will ensure achieving immediate and medium policy objectives for Care and Support for Teaching and Learning (CSTL) to OVC educators, who in turn, will also produce quality results if their burden to attend mostly to orphans and vulnerable learner issues related to HIV/AIDS is eased. There may have been minimal participation or involvement of OVC educators in the submission of the budget to the Treasury. This would have resulted in an insufficient budget to meet the needs for PSS service delivery, translating into a shortage of resources throughout the financial year. An increase in budgets driven from the disadvantaged grassroots will take care of all potential risks covering supplies, materials, equipment and training needs in rural ECCE centres and primary schools.

In-service skills training and capacitation in PSS areas

Regular upgrades of the skills of ECCE centre caregivers and primary school guidance counsellor teachers is done by having a training process that capacitates both guidance counsellor teachers and other educators. Currently, the MoET offers training to guidance teachers only in basic counselling. Equipping all educators on grief management would be beneficial in handling OVC after the death of their parents.

Standardised PSS curriculum in all educator training courses

Train and capacitate early childhood and primary school student teachers in psychosocial support skills by having a standardised PSS curriculum in private and mission owned teachers' colleges. At present, this is offered only at two government-owned teachers' colleges. The PSS curriculum should also be included in the basic teachers training, and within the university level degree programmes in education.

10.4.3 Recommendations for further studies

Since the health sector is viewed as the major advisor in OVC, it is recommended that PSS services must encourage health sciences scholars to do collaborative research studies that involve education and public management practitioners working in or with psychosocial support. This is one sure way of addressing psychosocial support problems more holistically.

More research is encouraged on institutional post-implementation surveys to provide feedback to the MoET and SADC on the experience of educator PSS service delivery. Conducting studies contributing towards PSS interventions suitable for orphans and vulnerable learners impacted by pandemics in the Southern African context is recommended. Research can be done on educator PSS delivery experiences to assist develop contextual theories related to disaster management support of OVC in the African setting.

Future research by educational institutions to improve on the designed PSS services framework to implement in different sites where orphaned and vulnerable learners are catered for, such as schools within orphanages, social work and sociologist studies include the following:

- Conduct comparative teacher and OVC well-being studies on the application of PERMA elements in the Eswatini context and international context.
- Carry out joint studies funded by both governments of Eswatini and multi-sectoral PSS experts on implementation progress and obstructers of PSS services.
- Conduct a joint MoET and Ministry of Health study to find out why specialist referral facilities are under-utilised.
- Conduct a study on why it has taken the Moet so long to take over the running of rural ECCE centres and introducing the zero grade levels as part of ECCD in Eswatini.
- There is a need to do a study on why ECCE and zero grade is failing to be implemented in Eswatini like in other SADC countries and world over.

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APPENDICES

Appendix 1: University Ethics clearance

DUT
DURBAN UNIVERSITY OF TECHNOLOGY

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

28 June 2019

Ms P Bimha
3 Flats Close
Kwaluseni Campus
University of Eswatini
Matsapha M201
Eswatini

Dear Ms Bimha

HIV/AIDS psychosocial support services framework for educators, orphans, vulnerable learners and policy makers in the Kingdom of Eswatini
Ethical Clearance number IREC 069/19

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam
Chairperson: IREC

Appendix 2a: Gatekeeper permission letter to the MoET of Eswatini

3 Flats Close Kwaluseni Campus
University of Eswatini
Matsapha
Eswatini
M201
12 June 2020

MoET
P.O. Box 39
Mbabane, Eswatini

Request for Permission to Conduct Research

Dear Sir/Madame

My name is Patronella Bimha, a Philosophiae Doctor (PhD) in Health Sciences student at the Durban University of Technology. The research I wish to conduct for my PhD: Health Sciences doctoral thesis and the study title is: **HIV/AIDS psychosocial support services framework for educators, orphans, vulnerable learners and policy makers in the Kingdom of Eswatini**. I am hereby seeking your approval to conduct the study in the rural Primary schools and rural National Care points (early childhood care and education centres) in the Manzini, Hhohho, Lubombo and Shiselweni regions.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact my supervisor, Prof Sibiya on +27 31 373 2704. Her email address is nokuthulas@dut.ac.za. Thank you for your time and consideration in this matter.

Yours sincerely,

Patronella Bimha (Mrs)
Tel: +26878221463
Email: bimhapatronella@gmail.com

Appendix 2b: Letter from the MoET

The Government of the Kingdom of Eswatini

Ministry of Education & Training

Tel: (+268) 2 4042491/5
Fax:(+268) 2 404 3880

P. O. Box 39
Mbabane, ESWATINI

17th June, 2019

Attention:
Head Teacher:
See Attached List

THROUGH
All Regional Education Officer

Dear Colleague,

RE: REQUEST FOR PERMISSION TO COLLECT DATA FOR DURBAN UNIVERSITY OF TECHNOLOGY STUDENT – MS. PATRONELLA BIMHA

1. The Ministry of Education and Training has received a request from Ms. Patronella Bimha, a student at the Durban University of Technology that in order for her to fulfill her academic requirements at the University she has to collect data (conduct research) and her study or research topic is: *S"HIV/AIDS Psychosocial Support Services for Educators, Orphans, Vulnerable Learners and Policy Makers in the Kingdom of Eswatini".* The population for her study comprises of rural disadvantaged primary schools providing psychosocial support services to OVC in the four regions of the Kingdom of Eswatini and NCP centres in each region. All details concerning the study are stated in the participants' consent form which will have to be signed by all participants before Ms. Bimha begins her data collection. Please note that parents will have to consent for all the participants below the age of 18 years participating in this study.

2. The Ministry of Education and Training requests your office to allow Ms. Bimha collect data from the listed schools and pre-schools in the four regions of Eswatini as her research site. Kindly give her all the support she needs towards the data collection process. Data collection period is one month.

MINISTRY OF EDUCATION TRAINING 2019 -06- 17 BOX 39 MBABANE SWAZILAND

DR. N.L. DLAMINI
DIRECTOR OF EDUCATION AND TRAINING

cc: Regional Education Officer – All Four Regions
Chief Inspector – Primary
27 Head Teacher of the above mentioned school
Professor M.N. Sibiya – Research Supervisor

Page 1

Appendix 3a: Letter of information for interview participants (English)

Thank you for agreeing to participate in this study.

Title of the Research Study: HIV/AIDS psychosocial support services framework for educators, orphans, vulnerable learners and policy makers in the Kingdom of Eswatini.

Principal Investigator/s/researcher: Ms P. Bimha: PhD: Health Sciences candidate.

Co-Investigator/s/supervisor/s: Professor M.N. Sibiya, D. Tech: Nursing.

Brief Introduction and Purpose of the Study: The aim of the research is to explore the factors that hinder the educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS when offering psychosocial support services in disadvantaged rural schools and ultimately develop a framework for managing the delivery of psychosocial support services within Early Childhood Care and Education Centres and primary schools.

Outline of the Procedures: Interviews will be used to collect data. Face to face interviews will be conducted at the venue, date and time that is convenient for you. I will facilitate the interview discussion. For record purposes, I kindly request to audio-record the interview discussion. The interviews will last for about 60 to 90 minutes.

Risks or Discomforts to the Participant: There is no anticipated risk or discomfort for participating in this study.

Benefits: If thesis is adopted and implemented by policy makers the school stakeholders and the community will also benefit from the research. The Kingdom of Eswatini MoET can adopt innovative policies for improvement of psychosocial support services to learners. The educators (implementers) will get an opportunity be re-skilled so that they do better in both the provision of teaching services and psychosocial support services. The learners are expected to perform better and become successful citizens. Therefore, communities where the learners come from and guardians of orphans and vulnerable learners will have more time to focus on their other business because their affected dependents will be under the care of empowered teachers most of the time.

Reason/s why the Participant May Be Withdrawn from the Study: There will be no adverse consequences for the participant should you choose to withdraw at any time during the research study.

Remuneration: You will not receive any monetary or other types of remuneration for participating in the research study.

Costs of the Study: There are no financial expenses that are expected from you by participating in this study.

Confidentiality: Data information will be kept confidential. Your name will not be used in the research documents; instead, a code will be used to identify the data collection tools.

Research-related Injury: There is no anticipated research-related injury for participating in this study.

Persons to Contact in the Event of Any Problems or Queries: My Supervisor: Prof M.N. Sibiya, Telephone +27 373 2704. Please contact the researcher, Tel no. +268 78221463), or the Institutional Research Ethics Administrator on +27 31 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support, Prof C. Napier on +27 31 373 2577 or carinn@dut.ac.za

Appendix 3b: Incwadzi yeminininingwano (SiSwati)

Siyabonga kuvuma kungenela lolucwaningo.

Sihloko selucwaningo: Luhlaka leHIV/AIDS lwekusekela ngetengcondvo nasemphefumlweni lwalabafundzisako, bafundzi labandzindzile, labete batali kanye nalabakha umtsetfo eveni lelibuswa yinkhosi lase Swatini.

Longamele lucwaningo/s/umcwaningi: Patronella Bimha, Master of Education in Educational Foundations & Management, umfundzi wePhD.

Umsiti wemcwaningi/lobuke lucwaningo/s: Professor M. N. Sibiya, D. Tech: Nursing.

Singeniso lesifisha nemgomo welucwaningo: Umgomo walolucwaningo kuhlatiya tingcinamba letivikela labafundzisako kutsi banikete lusuto lolungilo naloluphelele kubantfwana labandzindzile nalabashonelwe batali labatsintsekako endzabeni yeHIV/AIDS, nakuniketwa kusekelwa kwengcondvo etindzaweni letikhobosekile etikolweni letisemaphandleni nekwakha luhlaka lwekwengamela kuniketwa kwelusito etindzaweni teECCE netikolwa letincane.

Luhlaka lwencubo: Lokubhekeke kwentiwe ngulotimbandzakanya kulolucwaningo: kutawudzingeka kutsi basekele ngekuniketa imininingwano kulolucwaningo ngemuva kwekutfola imvumo eTiko leTemfundvo nekucecesha nemvumo yekutimbandzakanya kulolucwaningo, kucocisana ngeticheme nekubutwa imibuto kutawentiwa ngekubhala ngekwendlalela ngemagama nemacucudvu lehlukene Kanye nebafundzi labete batali nalabandzindzile. Kubutwa (buso nebuso Kanye nekukhuluma kweticheme letikhetsekile) kutawutsatsa 45 wemizuzu kuyofika ehoreni linye kukunye. Lokwesibili kuhlanganisa ngetinombolo kwendlela lecwaninga ngalokuhlanganisa tindlela tekucwaninga kutawentiwa ngekusebentisa lifomu lemibuto yelucwaningo nalabafundzisako labaniketa lolusito lwekusekela ngetengcondvo kubantfwana labgenabo batali nalabandzindzile etindzaweni letikhetsekile kuleto letikhobosekile tekukhulisa bantfwana Kanye nasetikolweni letincane letisemaphandleni. Kute kwelashwa lokutawusetjentiswa kulolucwaningo.

Tincabekelwano nalokungaba yingoti kulotawutsatsa lolucwaningo: Kute tincabekelwano netintfo letiyingoti kulabatawutsatsa lucwaningo letitawusetjentiswa kulolucwaningo.

Tinzuzo: Nangababe lolucwaningo lutawusetjentiswa ngulabashaya umtsetfo, tikolwa nemmango titawutfola kusitakala kulolucwaningo. Umcwaningi utawutfola emakhono ekucwaninga, kubambisana nekushicilela. Litiko leTemfundvo nekuceceshwa Eswatini (MoET) lingemukela imigomo lephucukile kute kutfutfukiswe kusekeleka kwebafundzi kutemphefumulo nengcondvo. Labafundzisako (bashicileli) batawutfola litfuba lekulolongwa kabusha kute bente kancono kukokokubili kuniketa lwati lwetemfundvo nekusekeleka kwebafundzi ngetephefumulo nengcondvo. Bafundzi kubhekeke kutsi bafundze kancono babe bantfu labaphumelelako eveni. Nagako-ke, imimango lapho bafundzi babuya khona nalabo labahlala nebantfwana labandzindzile nalabete batali itawuba nesikhatsi lesanele sekunaka letinye tintfo lekufanele batente ngoba labo lababanakako batawube sebasetan dleni tabothishela lesebahlonyiswe kabusha esikhatsini lesinyenti.

Letingenta umuntfu akhishwe kulolucwaningokTizatfu: Ngeke kube netincabekelwano uma labangenele lolucwaningo bakhetsa kwenyula noma nini kulolucwaningo.

Imbadalo: Labatawungenela lolucwaningo ngeke batfole imali noma ke imbadalo ngekungenela lolucwaningo.

Tindleko talolucwaningo: Lotawungenela lolucwaningo angeke kubhekeke kutsi akhiphe lutfo njengetindleko talolucwaningo.

Kugcina timfihlo: Konkhe lokwentiwako kutawugcinwa kuyimfihlo. Umcwaningi utawutsembisa kugcina lokwentiwako kuye, angasebentisi emagama kodvwa imifanekiso netimphawu kuvikela labenta lolucwaningo Kanye netindzawo lokwentelwa khona lolucwaningo. Umniningwano lokolekiwe utawugcinwa akhiyelwe emafayeleni abongcondvomshina ngekusebentisa tinombolo letiyimfihlo. Lokutfwetjuliwe kutawubulawa nasekuphele lucwaningo bese emanotsi ayavalelwa akiyelwe. Kuciniseka kuphepha kutawentiwa ngetigaba letintsatfu, nakusatsatfwa labatawenta lucwaningo, kusasetjentwa nabo Kanye nasekukhululweni kwemiphumela.

Kulimala lokuphatselene nelucwaningo: Kute.

Bantfu longabatsintsa nakuvela tinkinga noma kubuta: Umsiti wami kulolucwaningo: Professor M.N. Sibiya, Longamele Luphiko lweSayensi yeTemphilo eNyuvesi-yeBucwepheshe eThekwini. Lucingo +27 031-373 2704. Ungatsintsa umcwaningi: inombolo yelucingo: +268 78221463), Noma umphatsi weluphiko lwekucwaninga ku +27 31 373 2375. Kukhonona kungabikwa kuMcondzisi: Research and Postgraduate Support, Prof C. Napier ku +27 31 373 2577 noma carinn@dut.ac.za

Appendix 3c: Letter of information for focus group discussion participants (English)

Thank you for agreeing to participate in this study.

Title of the Research Study: HIV/AIDS psychosocial support services framework for educators, orphans, vulnerable learners and policy makers in the Kingdom of Eswatini.

Principal Investigator/s/researcher: Mrs P. Bimha: PhD: Health Sciences candidate.

Co-Investigator/s/supervisor/s: Professor M.N. Sibiya, D. Tech: Nursing.

Brief Introduction and Purpose of the Study: The aim of the research is to explore the factors that hinder the educators to effectively deliver holistic needs to orphaned and vulnerable learners affected by HIV/AIDS when offering psychosocial support services in disadvantaged rural schools and ultimately develop a framework for managing the delivery of psychosocial support services within Early childhood care and education (ECCE) centres and primary schools.

Outline of the Procedures: You are kindly requested to participate in a focus group discussion. The discussion group will consist of a minimum of 4 participants. Focus group discussion will be conducted at the venue, date and time that is convenient for the group. I will facilitate the discussion. For record purposes, I kindly request to audio-record the interview discussion. The group discussion is estimated to last for an hour.

Risks or Discomforts to the Participant: There is no anticipated risk or discomfort for participating in this study.

Benefits: If thesis is adopted and implemented by policy makers the school stakeholders and the community will also benefit from the research. The kingdom of Eswatini's MoET (MoET) can adopt innovative policies for improvement of psychosocial support services to learners. The educators (implementers) will get an opportunity be re-skilled so that they do better in both the provision of teaching services and psychosocial support services. The learners are expected to perform better and become successful citizens. Therefore, communities where the learners come from and guardians of orphans and vulnerable learners will have more time to focus on their other business because their affected dependents will be under the care of empowered teachers most of the time.

Reason/s why the Participant May Be Withdrawn from the Study: There will be no adverse consequences for the participant should you choose to withdraw at any time during the research study.

Remuneration: You will not receive any monetary or other types of remuneration for participating in the research study.

Costs of the Study: There are no financial expenses that are expected from you by participating in this study.

Confidentiality: Data information will be kept confidential. Your name will not be used in the research documents; instead a code will be used to identify the data collection tools.

Research-related Injury: There is no anticipated research-related injury for participating in this study

Persons to Contact in the Event of Any Problems or Queries: My Supervisor: Prof M.N. Sibiya, Telephone +27 373 2704. Please contact the researcher, Tel no. +268 78221463), or the Institutional Research Ethics Administrator on +27 31 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support, Prof C. Napier on +27 31 373 2577 or carinn@dut.ac.za

Appendix 3d: Incwadzi yemininingwano yekucocisana ngesicheme yalabatongenela lucwaningo.

Siyabonga kuvuma kungenela lolucwaningo.

Sihloko selucwaningo: Luhlaka leHIV/AIDS lwekusekela ngetengcondvo nasemphefumlweni lwalabafundzisako, bafundzi labandzindzile, labete batali kanye nalabakha umtsetfo eveni lelibuswa yinkhosi lase Swatini.

Longamele lucwaningo/s/umcwaningi: Patronella Bimha, umfundzi wePhD.

Umsiti wemcwaningi/lobuke lucwaningo/s: Professor M. N. Sibiya, D. Tech: Nursing.

Singeniso lesifisha nemgomo welucwaningo: Umgomo walolucwaningo kuhlatiya tingcinamba letivikela labafundzisako kutsi banikete lusuto lolungilo naloluphelele kubantfwana labandzindzile nalabashonelwe batali labatsintsekako endzabeni yeHIV/AIDS, nakuniketwa kusekelwa kwengcondvo etindzaweni letikhobosekile etikolweni letisemaphandleni nekwakha luhlaka lwekwengamela kuniketwa kwelusito etindzaweni te ECCE (Indzawo yekunakekela nekufundzisa bantfwana labasebancane) netikolwa letincane.

Luhlaka lwencubo: Lokubhekeke kwentiwe ngulotimbandzakanya kulolucwaningo: kutawudzingeka kutsi basekele ngekuniketa imininingwano kulolucwaningo ngemuva kwekutfola imvumo eTiko leTemfundvo nekucecesha nemvumo yekutimbandzakanya kulolucwaningo, kucocisana ngeticheme nekubutwa imibuto kutawentiwa ngekubhala ngekwendlalela ngemagama nemacucudvu lehlukene Kanye nebafundzi labete batali nalabandzindzile. Kubutwa (buso nebuso Kanye nekukhuluma kweticheme letikhetsekile) kutawutsatsa 45 wemizuzu kuyofika ehoreni linye kukunye. Lokwesibili kuhlanganisa ngetinombolo kwendlela lecwaninga ngalokuhlanganisa tindlela tekucwaninga kutawentiwa ngekusebentisa lifomu lemibuto yelucwaningo nalabafundzisako labaniketa lolusito lwekusekela ngetengcondvo kubantfwana labgenabo batali nalabandzindzile etindzaweni letikhetsekile kuleto letikhobosekile tekukhulisa bantfwana Kanye nasetikolweni letincane letisemaphandleni. Kute kwelashwa lokutawusetjentiswa kulolucwaningo.

Tincabekelwano nalokungaba yingoti kulotawutsatsa lolucwaningo: Kute tincabekelwano netintfo letiyingoti kulabatawutsatsa lucwaningo letitawusetjentiswa kulolucwaningo.

Tinzuzo: Nangababe lolucwaningo lutawusetjentiswa ngulabashaya umtsetfo, tikolwa nemmango titawutfola kusitakala kulolucwaningo. Umcwaningi utawutfola emakhono ekucwaninga, kubambisana nekushicilela.

Letingenta umuntfu akhishwe kulolucwaningokTizatfu: Ngeke kube netincabekelwano uma labangenele lolucwaningo bakhetsa kwenyula noma nini kulolucwaningo.

Imbadalo: Labatawungenela lolucwaningo ngeke batfole imali noma ke imbadalo ngekungenela lolucwaningo.

Tindleko talolucwaningo: Lotawungenela lolucwaningo angeke kubhekeke kutsi akhiphe lutfo njengetindleko talolucwaningo.

Kugcina timfihlo: Konkhe lokwentiwako kutawugcinwa kuyimfihlo. Umcwaningi utawutsembisa kugcina lokwentiwako kuye, angasebentisi emagama kodvwa imifanekiso netimphawu kuvikela labenta lolucwaningo Kanye netindzawo lokwentelwa khona lolucwaningo. Umniningwano lokolekiwe utawugcinwa akhiyelwe emafayeleni abongcondvomshina ngekusebentisa tinombolo letiyimfihlo. Lokutfwetjuliwe kutawubulawa nasekuphele lucwaningo bese emanotsi ayavalelwa akiyelwe. Kuciniseka kuphepha kutawentiwa ngetigaba letintsatfu, nakusatsatfwa labatawenta lucwaningo, kusasetjentwa nabo Kanye nasekukhululweni kwemiphumela.

Kulimala lokuphatselene nelucwaningo: Kute kulimala lokubhekekile kulolucwaningo noma ngabe kwaluphi luhlobo.

Bantfu longabatsintsa nakuvela tinkinga noma kubuta: Umsiti wami kulolucwaningo: Professor M.N. Sibiya, Umsiti wemcwaningi. Lucingo +27 31-373 2704. Ungatsintsa umcwaningi: inombolo yelucingo: +268 78221463), Noma umphatsi weluphiko lwekucwaninga ku +27 31 373 2375. Kukhonona kungabikwa kuMcondzisi: Research and Postgraduate Support, Prof C. Napier ku +27 31 373 2577 noma carinn@dut.ac.za

Appendix 4a: Consent (English)

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mrs Patronella Bimha about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, Patronella Bimha herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Patronella Bimha	_____	_____
Full Name of Researcher	**Date**	**Signature**

_____	_____	_____
Full Name of Witness (If applicable)	**Date**	**Signature**

_____	_____	_____
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Appendix 4b: Kuvuma (SiSwati)

Kuvuma kungenela lolucwaningo:

- Ngiyaciniseka kutsi umcwaningi Mrs Patronella Bimha ungichazele ngalolucwaningo, kuluchuba, tinzuzo netingoti talo-Inombolo yekugcina siciniseko semigomo yelucwaningo: _____,
- Ngiyitfolile bgayifundza incwadzi yekungenela lolucwaningo (incwadzi yekuba kulolucwaningo).
- Ngiyati kutsi imiphumela yalolucwaningo lokufaka ekhatsi bulilli, iminyaka lenginayo, lusuku lwekutalwa neligama ngeke kubekwe ngembaba kusentiwa ipoti yalolucwaningo.
- Ngiyavuma kutsi njengalokunye lokubhekeke kutsi kwentiwe kulolucwaningo, umcwaningi angamsebentisa ngcondvomshina kusebenta imiphumela yalolucwaningo.
- Nginalo lilungelo lekwenyula noma nini kulolucwaningo.
- Ngitfole litfuba lelanele kubuta imibuto ngekukhululeka ngako ngilungele kungenela lolucwaningo.
- Ngiyacondza kutsi imiphumela lemcoka yalolucwaningo letfolakele kusentiwa lolucwaningo name ngitawuba nawo emandla ekufinyelela kuyo.

Ligama leliphelele lakho	**Lusuku**	**Sikhatsi**	**Sayina / Right Thumbprint**

I Mine,Patronella Bimha ngiyavuma kutsi labatawungenela lolucwaningo bachaziselekile ngalo ngalokuphelele, incubo kanye netingoti lebangahlangabetana nato kulolucwaningo.

Patronella Bimha	_____	_____
Ligama lomcwaningi	**Lusuku**	**Sayina**
_____	_____	_____
Libito leliphelele labofakazi (nakakhona)	**Lusuku**	**Sayina**
_____	_____	_____
Libito lalohlala nemntfwana (nakakhona)	**Lusuku**	**Sayina**

Appendix 4c: Consent for learner guardians (English)

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mrs P. Bimha about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and child's participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared for my child to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my child's participation will be made available to me.

_____	_____	_____	_____
Full Name of Guardian	**Date**	**Time**	**Signature / Right Thumbprint**

I, Patronella Bimha herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Patronella Bimha	_____	_____
Full Name of Researcher	**Date**	**Signature**

_____	_____	_____
Full Name of Witness (If applicable)	**Date**	**Signature**

_____	_____	_____
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Appendix 4d: Kuvuma kwalabahlala nebafundzi (SiSwati)

Kuvuma kungenela lolucwaningo:

- Ngiyaciniseka kutsi umcwaningi Mrs Patronella Bimha ungichazele ngalolucwaningo, kuluchuba, tinzuzo netingoti talo, inombolo yekugcina siciniseko semigomo yelucwaningo: _____,
- Ngiyitfolile bgayifundza incwadzi yekungenela lolucwaningo (incwadzi yekuba kulolucwaningo).
- Ngiyati kutsi imiphumela yalolucwaningo lokufaka ekhatsi bulilli, iminyaka lenginayo, lusuku lwekutalwa neligama ngeke kubekwe ngembaba kusentiwa ipoti yalolucwaningo.
- Ngiyavuma kutsi njengalokunye lokubhekeke kutsi kwentiwe kulolucwaningo, umcwaningi angamsebentisa ngcondvomshina kusebenta imiphumela yalolucwaningo.
- Ngingenyula noma nini ngaphandle kwetincabekelwano, ngikhiphe nemvumo nekutimbandzakanya kwemntfwana kulolucwaningo.
- Ngibe nelitfuba lelanele lekubuta imibuto nangekuvuma kwami ngilungele kutsi umntfwanami alungenele lolucwaningo.
- Ngiyacondza kutsi lwati lolusha lolubalulekile lolutawucubungulwa ngulolucwaningo lolungaphatselana nemntfwanami lutawentiwa lube ngulolutfolakalako kimi.

_____	_____	_____	_____
Ligama leliphelele lakho	**Lusuku**	**Sikhatsi**	**Sayina / Right Thumbprint**

I Mine,Patronella Bimha ngiyavuma kutsi labatawungenela lolucwaningo bachaziselekile ngalo ngalokuphelele, incubo kanye netingoti lebangahlangabetana nato kulolucwaningo.

Patronella Bimha **Ligama lomcwaningi**	_____ **Lusuku**	_____ **Sayina**
_____ **Libito leliphelele labofakazi (nakakhona)**	_____ **Lusuku**	_____ **Sayina**
_____ **Libito lalohlala nemntfwana (nakakhona)**	_____ **Lusuku**	_____ **Sayina**

Appendix 4e: Assent for learners (English)

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mrs P. Bimha about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Guardian	**Date**	**Time**	**Signature / Right Thumbprint**

I, Patronella Bimha herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Patronella Bimha	_____	_____
Full Name of Researcher	**Date**	**Signature**

_____	_____	_____
Full Name of Witness (If applicable)	**Date**	**Signature**

_____	_____	_____
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Appendix 4f: Kuvuma kwebantwana kungenela lucwaningo (SiSwati)

Kuvuma kungenela lolucwaningo:

- Ngiyavuma kutsi umcwaningi P. Bimha ungichazele ngalolucwaningo Inombolo: _____,
- Ngiyitfolile ngayifundza incwadzi yekungenela lolucwaningo(incwadzi yekuba kulolucwaningo)
- Niyati kutsi imiphumela yalolucwaningo lokufaka ekhatsi bulilli, iminyaka lenginayo, lusuku lwekutalwa neligama ngeke kubekwe ngembaba kusentiwa ipoti yalolucwaningo.
- Ngiyavuma kutsi njengalokunye lokubhekeke kutsi kwentiwe kulolucwaningo, umcwaningi angamsebentisa ngcondvomshina kusebenta imiphumela yalolucwaningo.
- Nginalo lilungelo lekwenyula noma nini imvumo yami yekungenela lololucwaningo.
- Ngitfole litfuba lelanele kubuta imibuto ngekukhululeka ngako ngilungele kungenela lolucwaningo.
- Ngiyacondza kutsi imiphumela lemcoka yalolucwaningo letfolakele kusentiwa lolucwaningo ngekutimbandzakanya kwami, name ngitawuba nawo emandla ekufinyelela kuyo.

_____	_____	_____	_____
Libito leliphelele lalohlala nemfwana Sitfupha	**Lusuku**	**Sikhatsi**	**Sayina/ sangesekudla**

Mine, Patronella Bimha nguyavuma kutsi lona lotawungenela lucwaningo lobhalwe ngenhla uchazelwe ngalokuphelele ngalolucwaningo, kuluchuba netincabekelwano letingaba khona kulolucwaningo.

Patronella Bimha **Libito Lemcwaningi**	_____ **Lusuku**	_____ **Sayina**
_____ **Libito Leliphelele lafakazi (nakakhona)**	_____ **Lusuku**	_____ **Sayina**
_____ **Libito leliphelele lalohlala nemntfwana Ngalokusemtsetfweni (Nakakhona)**	_____ **Lusuku**	_____ **Sayina**

Appendix 5a: Demographic data for interview participants

SECTION A

Please answer the following questions in the spaces provided by placing X in the most appropriate option.

PART A: DEMOGRAPHIC DATA

1.1 Race

African	
White	
Other specify	

1.2 State your age ……

1.3 Gender

Male	
Female	

1.4 Marital status

Single	
Married	
Divorcee	
Widow/widower	
Cohabitation	

1.5 Religious practice

Christian	
siSwati	
Muslim	
Nazareth	

1.6 My current status is

School administrator/ Headteacher	
MoET, Department/Association	
Community based services	
Multi-sectoral NGO	
Deputy Prime Minister's Office	

1.7 How long have you been in the position of psychosocial support leadership? (Targeted informants from MoET, school administrators, deputy prime minister's office, multi-sector link organisation) and for how long have you been practising in the field before you assumed your position? _____

1.8 Which area of care and support delivery do you specialise in? _____

1.9 If you received any form of training in this area, did you receive any accredited certificate? _____

1.10 Which learning environments do you usually work with (Early childhood care and education centres or primary schools)? _____

Appendix 5b: Interview guide for interview participants

Participant No: ☐

Date: …….

SECTION B: INTERVIEW QUESTIONS

Current psychosocial support services provided by educators in early childhood care and education centres and primary schools

- How do you currently support educators to enhance the well-being among learners who are orphaned and made vulnerable by the impact of HIV/AIDS in disadvantaged rural ECCE and rural primary schools?

Factors influencing the delivery of psychological and emotional needs services

- What measures are in place to assist learners who are bereaved, grieving the loss of a parent(s), have suicidal tendencies or signs of depression or are nursing chronically ill parents at home?
- Do you have any teachers with additional qualifications in psychology or counselling in the rural school environments? Please elaborate.
- What monitoring measures are in place to ensure that learners receive the service?

The role of the Eswatini MoET and its support to the multi-sectoral linkages related to orphaned and vulnerable learners' psychosocial support services

- What is the role of the major role of the MoET in the delivery of psychosocial support services in disadvantaged rural ECCE and primary schools?

- How does the MoET ensure the Orphaned and Vulnerable Children's Policy is implemented in both the Early Childhood Care and Education Centres and rural primary schools?
- What measures do you have in place to ensure holistic delivery of services and the prevention of duplication of services by multi-sectoral linkages as a way of guarding against ineffective delivery of services for various needs of learners?

Effects of offering psychosocial support services within the learning environment by educators

- How do you know that educators understand fully the concept of psychosocial support service deliver?
- In your own opinion, what have you observed to be the effects of offering psychosocial support as an additional task for educators? And what are the concerns of educators since the adoption of the concept in schools?
- How have you capacitated the educators on psychosocial support services delivery?
- What is the general response of the educators to the capacitation?

Challenges encountered by educators and Orphaned and vulnerable learners in the delivery of psychosocial support services.

- What are the challenges that are usually reported to your office?
- How do you address the challenges communicated to you? Is there any form of reporting structure or follow up system on challenges that face educators/learners?
- How do you support the educators and learners to overcome the challenges?
- What would you recommend as solutions or measures to avert the challenges?

Thank you for your time, effort and permitting me to interview you.

Appendix 6a: Demographic information for FGD participants (English)

Thank you for agreeing to participate in the focus group discussion. I need your assistance to answer the questions related to my study on the, Framework for Educators, orphans and Vulnerable learners and Policy Makers in Psychosocial Support Services. My colleague will be taking notes and recording the discussion so that no information is missed. Be assured that everything you say remains confidential.

This section of the questionnaire refers to background or biographical information. Please indicate the relevant answer by indicating with (X) in the box provided below.

FGD Number ☐

Total number of learners present: _____

Number of boys: _____

Number of girls present: _____

Number of orphaned learners- single orphaned: _____

Number of orphaned learners-double orphaned: _____

Number of single orphaned/nursing a sick parent: _____

Number of not orphaned /nursing sick parent(s): _____

Appendix 6b: Focus group discussion guide for learners (English)

Current psychosocial support services provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in primary schools.

- Which psychosocial support services are currently available at your school, that is among the spiritual, emotional, psychological, physical and social needs services?
- How did you get to know that such services are available at the school?
- Who offers these services to you?

Factors influencing the delivery of psychological and emotional needs services.

- Which needs are catered for best by the educators/ why is that so?
- If counselling is carried out at your school, which issues are learners usually counselled on? Given a choice, do you at times feel you need additional help from outside the school, discuss the type of help and reasons?
- How do educators know that learners may be having problems related to HIV/AIDS in their lives and that they may need counselling?
- How does your school ensure there is privacy and confidentiality when you are being counselled?
- Who else within the school do you think can address your emotional and psychological problems? Explain.

Challenges encountered by educators and orphaned and vulnerable learners in the delivery of psychosocial support services within the primary school environment.

- What challenges do you encounter when educators and the school try to address your psychosocial support needs?
- If you were a teacher, headteacher or Ministry of education how would you want learners facing similar issues/problems like yours to be assisted?

- Does one’s vulnerability status or type of orphaned hood affect the way you receive services at your school? Explain the differences and similarities.
- How do other learners treat you at your school when they know about your problems?
- What makes you not give up in life despite these problems you encounter?

Thank you for granting me permission to hold this focus group discussion with you.

Appendix 6c: Imininingwane yelabatowenta lucwaningo lweFGD (Siswati)

Ngiyabonga kuvuma kutimbandzakanya kulolucwaningo lapho sitawubhunga khona ngeticheme. Ngicela lusito lwakho kuphendvula imibuto kulolucwaningo, luhlaka lwebafundzisi, bafundzi labete batali nalabandzindzile, tishaya mtsetfo kutekusekeleka ngetengcondvo netakamoya. Umlingani wami utawutsatsa emanotsi aphindze atfwebule lokubhunga lokucocisana kute kubete imininingwane lesalako. Ciniseka kutsi konkhe lokutawushiwo kutawuba yimfihlo.

Lesehluko semininingwane yakho. Khombisa timphendvulo takho ngekusebentisa (X) ebhokisini lonikwetwe lona.

FGD inombolo ☐

Linani lebafundzi labakhona: _____

Linani lebafana: _____

Linani lemantfombatana lakhona: _____

Linani lebafundzi labanemtali munye: _____

Linani lebafundzi labete bobabili batali: _____

Linani lalabete munye umtali labanaka umtali logulako: _____

Linani lalabanebatali bonkhe kepha bayabasita ngoba bagula: _____

Appendix 6d: Kucocisana ngeticheme kebafundzi (Siswati)

Kunakekela lokukhona kutengcondvo nemphefumulo lokuletfwa ngulabafundzidako kusita bantfwana labandzindzile nalabete batali etikolweni letincane.

- Nguluphi luhlobo lwekusekela kwepsychosocial lolukhona esikolweni sakho nyalo kutemoya, emphefumlweni, engcondvweni, emtimbeni nasetidzingweni tenhlalo.

- Wati ngani kutsi letinhlelo tikhona yini lasikolweni?
- Ngubani loniniketa lolusito?

Tintfo letinemitselela ekuletseni lusito lwetidzingeko tengcondvo netemphefumulo.

- Ngutiphi tindzingeko letinakekeleka kahle ngulabafundzisako/ kwentiwa yini loko?
- Nangabe kweluleka kukhona esikolweni sakho, ngutiphi tinkinga bafundzi labakhulunyiselwa tona. Nawunganikwa litfuba lekukhetsa, kuyenteka yini ufise kutsi ungatfola lusito ngaphandle kwesikolwa, chaza lolusito unikete tizatfu.

- Bati ngani labafundzisako kutsi bafundzi banetinkinga letiphatselene neHIV/AIDS etimphilweni tabo futsi kutsi badzinga kwelulekwa?
- Senta njani sikolwa sakho kutsi kugcinwe kuyimfihlo nawelulekwa?
- Ngubani lomunye lapha esikolweni locabanga kutsi angadzingidza tinkinga takho takho tasemoyeni nasengcondvweni?

Tingcinamba letibhekana nebafundzisi nebafundzi labete batali nalabandzindzile ekuletseni lusito lwekesekeleka ngetengcondvo etikolweni letincane.

- Ngutiphi tingcinamba lenihlangabetana nato nangabe bafundzisi nesikolwa sitama kunaka tidzingo tenu tekusekeleka ngengcondvo nenhlalo?
- Kube bonguthishela, thishelanhloko noma litiko letemfundvo, botawufuna basekeleke njani bafundzi labanetinkinga letifana netakho?
- Kweswela kwakho noma indlela loyintsandzana ngayo kuyayitsikabeta yini indlela lotfola lusito ngayo esikolweni sakho? Chaza lowehlukile nalokufanako.
- Bakuphatsa njani labanye esikolweni sakho nasebati ngetinkinga takho?

- Yini lekwenta ungalilahli lithawula emphilweni noma uhlangabetana naletinkinga?

  Ngiyabonga ngungipha lemvume kutsi ngicocisane nalesicheme sakho.

Appendix 7: Educator Survey Questionnaire

Thank you for agreeing to participate in the survey. I need your assistance to answer the questions related to my study titled: HIV/AIDS Psychosocial Support Services Framework for Educators, Orphans, Vulnerable Learners and Policy Makers in the Kingdom of Eswatini

Please note the following explanations to the terms used below:

OVC ***orphaned and vulnerable children*** as a result of human immune virus infection of parents

NCP ***Neighbourhood Care Points*** - a name used in Eswatini to refer to nationational care centres that offer early child hood education or zero grade services for pre-scholar children. These centres also serve as feeding points for supper to all OVC. The centres can be located within primary schools or in the community.

PSS ***psychosocial care and support*** that the OVC receive from educators

Please answer ALL questions. For each question, <u>select the ONE response that best applies to you</u>. Where necessary, fill in information requested in the box provided.

SECTION A: Demographic data

1. Race

Black	White	Other

If you selected 'other', please specify your race_____

2. Age Group

<25	25 – 30	31 – 40	41 - 50	51 – 60	>60

3. Gender

Male	Female

4. Where are you currently teaching?

Primary school	National Care Point

5. What is your highest teaching qualification?

Primary school Certificate	Primary school Diploma with PSS	Primary school Diploma without PSS component	Primary school ECCE Diploma with PSS	ECCE Diploma without PSS component	Other

If you selected 'other', please specify your highest teaching qualification

_____

6. <u>If you are based at a National Care point ECCE Centre</u>, do you have any additional qualifications besides teaching?

Yes	No

6.1 **<u>If you answered YES to q6</u>**, indicate your area of specialisation

_____

7. Do you have any form of psychosocial support training?

Yes	No

7.1 **<u>If YES to q7</u>**, indicate when your last training in PSS took place:

Less than a year ago	1 - <4 years ago	4 - 7 years ago	More than 7 years ago

8. How long have you been conducting PSS services?

<1 year	1 - <5 years	5 - <10 years	10 - <15 years	15+ years

9. In addition to being a regular teacher in the school/care point, what additional role(s) do you play in the provision of psychosocial support? (Tick ALL that apply)

9.1 Guidance and counselling teacher	9.2 Social worker	9.3 Lay counsellor	9.4 Professional psychologist	9.5 Professional Counsellor	9.6 Other

If you selected 'other', please specify your additional role in the provision of PSS

_____

10. Do you get compensation for offering psychosocial support?

Yes	No

11. Given a choice, would you continue to deliver psychosocial support services to orphaned and vulnerable learners in your class or school?

Yes	No

SECTION B: Psychosocial support services provided by educators to enhance the psychosocial well-being of orphaned and vulnerable learners in Early Childhood Care and Education (ECCE) centres and primary schools

1. Indicate <u>how often</u> the following services are provided to the children at your work place:

		Never	Rarely	Sometimes	Often	Always
1.1	School meals					
1.2	School uniforms					
1.3	Sanitary pads					
1.4	Money					
1.5	Encouraging children to participate in games and sports					
1.6	Encouraging play activities with non OVC peers					
1.7	Encouraging children to join a club of choice					
1.8	Fundraising activities					
1.9	**<u>The referral of OVC</u>** to local NGOs for social support assistance					
1.10	**<u>The referral of OVC</u>** to community social workers					
1.11	Trauma counselling with OVC looking after chronically ill parents with HIV/AIDS (as support for their psychological and emotional needs)					
1.12	Positive disciplining support to delinquent OVC					
1.13	Spiritual needs support through scripture union					
1.14	Spiritual needs support through school prayers with visiting pastors					
1.15	Education on Eswatini child rights to OVC					

2. Indicate your level of agreement that **the training** you received in the following areas has been adequate to enable you to enhance the well-being of OVC at your institution. **If you have never received a particular training, tick the box 'I did not receive this training'**

		I did not receive this training	Strongly Disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
2.16	Life skills training							
2.17	In-service training on counselling							
2.18	The new psychosocial support training programme							
2.19	In-service training on OVC guidance							
2.20	Sensitisation awareness workshops on delivering PSS as a pillar							
2.21	Acquiring PSS teacher's training in addition to Early childhood training							
2.22	Acquiring PSS teacher's training in addition to primary school training							

SECTION C: Critical factors for the effective delivery of Psychological and Emotional needs services of orphaned and vulnerable learners

1 Indicate your level of agreement that **the following factors are CRITICAL to the effective delivery of psychological and emotional needs** of OVC:

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1.1	Paying condolences to bereaved learners and their families						
1.2	Talking supportively to grieving OVC after the loss of a parent						
1.3	Having skills to identify OVC in need of both trauma and ongoing counselling						
1.4	Availability of either a professional counsellor or psychologist within schools						
1.5	A designated counselling facility/space (not just a classroom or staff room etc) in which to conduct the counselling						
1.6	Having support services for teachers with personal and work related problems to enable them to effectively support OVCs						
1.7	Referring traumatised OVCs to mental health therapists						

SECTION D: Challenges encountered by educators in the delivery of PSS

3 Indicate your agreement that you have encountered the following challenges in your role as an educator who also delivers PSS to OVL:

	Challenges	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
3.1	Having the additional role of parenting orphaned learners						
3.2	Having the additional role of providing nursing care to ill OVC on ARV therapy						
3.3	Lack of funds to buy OVC uniforms						
3.4.	Lack of funds to transport ill OVC to hospital						
3.5	Having to provide on-going trauma counselling						
3.6	Lack of supervision on PSS service delivery effort						
3.7	Lack of support for stressed teachers						
3.8	Lack of motivation in the form of e.g. monetary incentives, medical care or respite holiday compensation						
3.9	Non-availability of professional psychologists and counsellors to complement educator efforts						
3.10	Non-existence of proper counselling rooms						
3.11	Work overload – being required to deliver 7pillars including PSS						
3.12	Not enough time for the guidance teacher to address OVC issues						
3.13	Not enough resources allocated for PSS service delivery						
3.14	Lack of qualified Early Childhood teachers to rural ECCE centres or appropriate grade Zero class						
3.15	Irregular follow up on PSS pillar service delivery						
3.16	Lack of PSS services check list tool within the school which could negatively affect PSS e.g. leading to insufficient budget allocation for PSS; or failure to address all OVC needs						
3.17	Lack of expertise in PSS						
3.18	Inadequate information on current developments on PSS						

	Challenges	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
3.19	Lack of capacity to deal with emerging PSS issues						
3.20	Class teachers not having adequate skills in guidance and counselling						
3.21	Different names attached to PSS services by donor agents thus confusing educators						

SECTION E: Assessing how educators are affected by the additional task of offering psychosocial support services to orphaned and vulnerable learners in the school environment

1 Indicate your agreement that the additional task of delivering PSS to OVCs has the following effect on you as an educator delivering PSS:

	Delivering PSS...	Strongly Disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1.1	Has a positive impact on the way I now treat OVC impacted by HIV/AIDS						
1.2	Gives me empathy to help OVC out of love more than for personal gain						
1.3	Improves my understanding of orphaned and vulnerable learners' circumstances						
1.4	Encourages me to inspire OVC to see reason to live even when they are suffering without parents' time						
1.5	Puts a strain on my personal relationships						
1.6	Leaves me stressed which affects the way I conduct lessons						
1.7	Improves the way I interact with stakeholders (e.g. guardians of OVC; NGOs supporting PSS; social workers; therapists; etc)						
1.8	Adds significantly to my workload leaving me overwhelmed emotionally and physically						

Thank you for your time

Appendix 8: Statistician letter of Consultation

Gill Hendry B.Sc. (Hons), M.Sc. (Wits), PhD (UKZN)
Mathematical and Statistical Services

Cell: 083 300 9896
Email: gillhendrystats@gmail.com

26 February 2021

Re: Assistance with statistical aspects of the study

Please be advised that I have assisted Patronella Bimha (Student number 21955803), who is currently studying for a PhD: Health Sciences at DUT, with the questionnaire development and data analysis for her study.

Yours sincerely

Gill Hendry (Dr)

Appendix 9: Sample of a transcript interview with a Multi-sectoral PSS linkage expert

Interviewer: Thank you. Okay allow me to proceed. So as […], at the moment do you have anything in place to assist the schools or the educators to enhance the well-being of learners of orphaned and vulnerable learners impacted by HIV/AIDS in disadvantaged primary schools or the national care points. In particular I want to know which support services you assist educators with to enhance the well-being among learners who are orphaned and vulnerable.

Expert B: Educators they are our targets through training them on life skills education, and campaigns delivery of life skills in secondary schools though not everywhere.

Interviewer: Not everyone. Okay. In your programmes are there measures in place to assist the bereaved children or those grieving the loss of a parent?
Expert B: No.

Interviewer: No, that's right. You don't have that one. What is the role of the MoET in assisting you to ensure psychosocial delivery takes place?
Expert B: I think because psychosocial support is in the under guidance unit, they usually have the subject panel. Which is guidance panel that ensures that anything that goes to schools is screened, first of all presented, screened, commented on by the panel.

Interviewer: Alright.
Expert B: So that's where they feature, so that everything whether you are going to do with teachers or you are going to do it with the children. Then, it is appropriate. Rather than […] to just developing something for the educators and the like. So, there is the subject panel.

Interviewer: Ooh.
Expert B: I think that is the critical role that they play.

Interviewer: Alright, they will screen it to ensure that it is suiTable.
Expert B: Yes.

Interviewer: Alright, alright I understand. So that is the role of the Ministry of Education to support you as one of the multi-sectoral linkages.
Expert B: Exactly.

Interviewer: Alright. Okay and do you have any measures in place to ensure that there is prevention of duplication of the services that you offer as […] with other NGOs?
Expert B: We don't have the measures in place but our system, the way we are working because we are working as partners we try and avoid that so that we don't duplicate services in schools. That's why maybe when we are programming maybe for education support we say that we want to know those that are benefitting from government.

Interviewer: Alright.
Expert B: So that we don't give them another support yet there is a most vulnerable child that we leave again yet, the child has also been lost from government support. I think that the manner that we are working as partners as government itself.

Interviewer: Alright.
Expert B: Alright, definitely but I don't know whether maybe whether we are answering the measure point here.

Interviewer: Yes, because it's a measure if you partner with others you definitely know what they are doing at the moment or what they have decided as their goal for that year.
Expert B: Ooh yaa.

Interviewer: and then maybe if you are getting a certain percentage from the government then you say as […] we will take this one this year and then maybe another organisation handle in-service. If you say you are partnering it indicates there is an element of discussion on which task you have to do. It answers me because obviously it prevents duplication of services if you consider what others are doing so that you donot disadvantage the other.
Expert B: Yah, and also currently because we are implementing a programme that is implemented in many constituencies or 'Tinkhundla'. So that programme was deliberate in saying […] will be doing 1, 2, 3

constituencies and the other will be doing to deliberately avoid duplication of services.

Interviewer: So, you also share constituencies?
Expert B: Yes.

Interviewer: Okay, thank you. How do you really know that the teachers or schools you are assisting fully understand the concept of psychosocial support? From your own perspective
Expert B: How do we know?

Interviewer: Umm in your own opinion whatever you have observed.
Expert B: Okay, maybe what I know for most part of PSS areas in the schools they are the responsibility of the guidance teachers. What I know in some schools they have a team of guidance teachers to assist one another. It's an emotional exercise to carry as one teacher or two teachers. Umm I know these teachers are full subject teachers which again is there, gives a challenge as they go about their duties. Some of the cases they would have loved to attend they are not able because the primary duty they are employed for is compromised in the process.

Interviewer: Especially quality teaching and learning because of this other responsibility of psychosocial support delivery so in your own opinion .okay I wanted to ask, what are the effects of offering psychosocial support as an additional task for educators, you have already answered that you have discovered that it becomes a challenge that they are full subject teachers alright, alright okay. And from these teachers have they vocalized maybe when you are talking in general their concerns of adopting this concept in schools? Maybe you have gone there as […] then they just say it is a good thing.
Expert B: yah. They are saying is a good thing but they are also faced with a number of challenges themselves because you know, psychosocial support its kind of depicted as a wheel that features physical needs, social needs, um then usually the big part of these needs goes to the physical needs, the child has no clothes, the child is lacking money for this, is hungry at home. They are saying they are overworked themselves.

Interviewer: They are overworked themselves?
Expert B: They are overwhelmed.

Interviewer: Because it has to be holistic psychosocial support delivery as you are saying, physical, emotional, social so which means they end up focusing maybe mostly on the physical.
Expert B: Exactly. Ooh yeah, it tends to narrow the focus of psychosocial support. We are struggling with physical and cognitive needs.

Interviewer: Yeah, do you have like a program currently in response to psychosocial support to capacitate them with these challenges?
Expert B: No. we don't have anything currently that we target teachers. I think we last did that in 2015 if I am not mistaken where we had PSS sensitization to all our schools. at the time we had 34 schools, I think it was 4 primary schools, I think 30 was high schools.

Interviewer: Okay
Expert B: I think now that deliberately teachers we don't have except the life skills that I was having.

Interviewer: So, it means if there is a new crop of teachers and the last sensitisation was in 2015 it is now a big gap.
Expert B: It is.

Interviewer: No wonder you are saying some of them are suffering because maybe they were not part of the sensitization.
Expert B: I agree with that, we have been absent for some time.

Interviewer: But do you also encourage individuals from high schools, national care points and primary schools to just report to your office directly challenges that they are being faced with or ask for assistance from you?
Expert B: We do, those that we are working with they know that if they report then we take up the matter up with the department of social welfare. But most of the issues that come up are related to abuse. Of course; they know the other partners that deal with abuse.

Interviewer: Okay.
Expert B: and some of the things they go to […] programme because we have another program that responds to abuse. So those schools that work with us know that we are capable of assisting them.

Interviewer: So, these are the challenges that they usually report to your office from those constituencies that you are dealing with, it is mostly abuse and then you refer to social work alright.
Expert B: Umm yes.

Interviewer: But besides you having an open-door policy of allowing them to report to you directly, do you have a reporting structure that you would like them to follow up on challenges that they face as educators or even learners?
Expert B: Oh! Actually, we have a structure from the community level not from the education because I know they have this 9664. Which is anything that happens within the school because for most of these cases that are reported a teacher may report but because of these structures that we are using in the program you find that it is the home visitor that then reports to say, so and so and then when you follow up the case you find that a teacher will also say I have observed this. Then, we have people that are working together now. There is no way that you can do it without letting the school know that a child is facing some difficulty.

Interviewer: then from all these challenges, the abuses, the teachers being full subject teachers, trying to offer psychosocial support services, what would you recommend as solutions or measure to avert such challenges in future? From your own perspective, I know you are working for the organisation if you were to recommend to MoET.
Expert B: Umm I think for me I would say let the teachers be introduced to psychosocial support pre-service.

Interviewer: Pre-service.
Expert B: Yeah, so that they don't get to be overwhelmed by the massive presenting issues in their working areas because the work space is supposed to be an attentive child. A child who will be following my teaching, my subject but when the child is experiencing a lot of

challenges at home we hardly get their attention so the teacher must not say I will go with those that are going (laughs).

Interviewer: 'Ngihamba naba hambayo!'
Expert B: The teacher should give time to say, I know that these are the things that may be there and also to say if the school is serious about trying to make their schools to care because of teaching and learning. I think they should begin by having a dedicated teacher for this PSS so that this person will be linking the conduit between the school and other service providers in terms of referral, speeding processing of cases. I think for me that would be part of my recommendations. Otherwise we know them to be solely there for teaching and learning but they cannot avoid the spillage from the community or households that the children come with them to school.

Interviewer: So, as you rightly say, you recommend to have dedicated teachers first, have may be some pre-service capacitation to prevent them from being overwhelmed from having such cases in their classes like these orphaned and vulnerable children. Then, within your organisations do you have people qualified as psychologists or counsellors?
Expert B: We have social workers they are qualified social workers, then we have those with social sciences. In this organisation, I think I have psychology and she is a social science and social worker. This one is 'make' […].

Interviewer: Which means with the referrals that you are getting from schools they speedily assist them even before referring them to specific specialists?
Expert B: Ooh yes, yah because they also do family conferencing trying to interface where the child is supposed to be, yeah.

Interviewer: You call it family conferencing. Okay, alright. Thank you very much for your time and effort and permitting me to interview you. Now I know which services as a multi-sectoral organisation that you are also assisting these educators. I know it might be indirect but it might also assist in our target population the OVC and I am glad that you also start with the community in these rural areas that they come from. And it is good that you also partner with other organisations so that you don't end up duplicating services because you might overlook certain things, emotional and

psychological needs so I think that we ensure delivering effective PSS. Thank you very much sir.

Please note that: The name of the organisation and names of people are denoted by […] for maintaining privacy and confidentiality of identities.

Appendix 10: Letter from the Professional Editor

DR NELLIE NARANJEE
Doctorate Nursing, MBA, MCur (Health Sciences)
Freelance academic editor: Blackford Institute, UK

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EDITING / PROOFREADING CERTIFICATE

Student: Ms Patronella Bimha

Student Number: 21955803

Doctoral thesis: Human Immunodeficiency Virus(HIV) and Acquired Immune Deficiency Syndrome (AIDS) Psychosocial Support Services Framework for Educators, Orphans, Vulnerable Learners and Policy Makers in the Kingdom of Eswatini

I confirm that I have edited this thesis for writing style, clarity, language, sentence structure and layout. The document is formatted according to the prescribed guidelines. I returned the document to the author with track changes. The author remains responsible for the correct application of the changes in the text and references.

I am a freelance editor specialising in proofreading and editing of academic documents. I have a Doctorate Degree in Nursing from Durban University of Technology. I have a Master's Degree in Business Administration (Public Health) and a Master's Degree in Health Sciences. I have a Diploma in Proofreading and Copy Editing with Distinction from the Blackford Institute, UK.

I wish the student all the best.

13 May 2021

DR NELLIE NARANJEE **DATE**

Appendix 11: Turnitin Report