

The Practices and Challenges in Providing Psychosocial Care and Support to Orphan and Vulnerable Students in Ethiopian Context

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Abstract

The aim of the study was to explore the practices and challenges in providing psychosocial care and support to orphan and vulnerable students (OVS). To achieve its objectives, the study utilised qualitative method to gather relevant, direct and rich information from participants. The study was conducted in two caregiver organisations of Hosanna Town. The study covered interviews with 12 key informants, four focus group discussions (FGDs) with 28 OVS participants, and used observation checklist. The participants were selected using purposive sampling technique. The collected data was analysed thematically. From the results of the study, majority of the respondents indicated that group counselling, spiritual practices, peer support and recreational activities were most frequently practiced to meet the psychosocial needs of OVS. But majority of the respondents indicated that individual counselling was not adequately practiced in the organisations. Even though, most respondent groups agreed that the spiritual practices and recreational activities are relatively operative in helping OVS, the major challenges that hinder the effectiveness of psychosocial care and support service are absence of OVS care and support guideline, low awareness, funding constraints, absence of evaluation systems, and low networking. Based on the results and discussion, it is generally recommended that creating awareness at all levels, empowering caregivers and enriching financial potential should also be given attention to provide well organised psychosocial care and support to OVS.

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INTRODUCTION

The issues of orphan and vulnerable students (OVS) have become a development crisis with serious social, economic, political, and health implications in many countries across the world (CSA, 2000). It is widely accepted that there is a vast gap in child mental health and psychosocial support provision in conflict affected Low and Middle Income Countries, given the consistently higher levels of psychological distress and mental disorders identified in such settings (Lasuba, et al. 2011). In Africa, more than half of the estimated 250 million people living within the Southern African Development Community (SADC) region are younger than 18. These children need care, protection and support. Many of them are not receiving it and are vulnerable to the destructive consequences, including harm to their physical and emotional well-being and to realise their potentials (SADC, 2010).

On the other vein, the numbers of orphans in most sub-Saharan Africa countries are increasing exponentially because HIV infection is still rising as adults continue to succumb to the pandemic. Among the sub-Saharan African countries, Ethiopia is one, which is most highly affected by the epidemic. The psychosocial situations of OVS are more multifaceted and complex in Ethiopia. OVC lack psychosocial care and attention, experience stigma and discrimination, experience long-term

psychosocial problems, take drugs and other substances and become involved in crime and exposed to HIV/AIDS infections (MOLSA, 2004).

Besides, numerous studies indicated that in many regions of the country, psychosocial care for OVS is the most neglected dimension of OVS care provided. Psychosocial support to caretakers is practically non-existent (Policy Project, 2004). Since, the psychosocial development of OVS is poorly understood and not adequately addressed; as a result the OVS are exposed to severe psychosocial problems and disorders (USAID, 2008).

Furthermore, organisations at different levels tried to intervene to mitigate the multidimensional problems of orphan and vulnerable children, yet the programmatic coverage of the existing efforts in Ethiopia is insufficient. From comprehensive support of OVS, psychosocial support service is one and most important care and support for OVS in stressful situations. Thus, the psychosocial support systems of OVS in Ethiopia are not assessment based, incomprehensive and not based on the needs and priorities of the OVC. Rather it is based on traditional practices (HAPCO, 2004).

Therefore, the aim of this study was to explore the practices of and challenges in providing psychosocial care and support to orphan and vulnerable students because children are our future, and what happens to children from the very

early years affect their development and the development of the society at large. Psychosocial care and support provision to children has a foundational role and determines the kind of personality one will have. Different researchers have tried to assess the psychosocial problems of children in Ethiopia, but the remedy to psychosocial problems of OVS is still in its beginning stages to be explored. Since the study articulates the current psychosocial care and support of OVS and brings out all the ramifications and complexities compounding the service, it is hoped that the study may help various organisations that are working on OVS to develop shared understanding of the psychosocial support of OVS, which will help them to make sound decisions to plan and target resources for the unmet needs of children.

METHODS

Study Design

The aim of the research was to describe the existing practices of and challenges in providing psychosocial care and support to OVS. To accomplish this, a phenomenological research design was employed. According to Creswell (2007), phenomenological research focus on describing participants' designates the phenomenon. Furthermore, this design helps researchers to obtain information at a time and describe what participants' response to the

existing phenomena systematically. The study employed qualitative research approach to make description and the rationale behind the selection of qualitative method relies on the fact that qualitative research method describes the study phenomena as they occur naturally, rich and holistic data with strong descriptions and explorations of process in identifiable local contexts and physical interaction with collecting of research data (Beverley, 1998).

Study Participants and Sampling

In the study, five data sources were employed, namely OVS between 14-18 year old and their educational background range between 9-12 grade level, guardians, managers, counsellors, and social workers. OVS between 14-18 year old and educational background ranges between 9-12 grade levels was included in the study to get more effective responses about the psychosocial care and support provision. Because it is assumed that their understanding level is good to describe their experiences. In addition, guardians, managers, counsellors, and social workers were included in the study to obtain deeper understanding about the practices, challenges, and suggested mechanisms in the provision of psychosocial care and support to OVS.

According to Durrhin and Painter (2006), purposive sampling is often used when looking for particular types of participants. In light of this, this sampling technique was employed to identify the respondents with rich information appropriate for this study. Twenty eight OVS were selected using a criterion purposive sampling technique. Also, based on the roles, responsibilities and availability ranges six guardians and six experts (two counsellors, two social workers, and two managers) were also included.

Data Collection

The study employed three types of instruments: interview, focus group discussions and observation check list.

According to De Vos (1998) as cited in Yolandi (2003), stated that the face-to-face interview assists researchers to understand the closed worlds of individuals, organisations, and communities. The purpose of the face-to-face interview is hence to understand the interviewee's life practice or situation as expressed in his/her own words (De Vos, 1998, as cited in Yolandi, 2003). These advantages of interviews as method of data collection directly compliment the imagined aim of the study, which was to explore and describe the practices of and challenges in providing psychosocial care and support to OVS.

Moreover, focus group discussion was employed to verify and generate more information from organisations

on the practices of and challenges in the provision of psychosocial care and support. The validity of instruments was prepared after passing many processes. The information obtained from literatures was carefully reviewed and the original instruments were designed, modified and conceptualise to use in settings. In addition, to prove content validity, the items of the instruments was commented by subject matter experts.

On the other vein, the results were analysed and discussed in categorised and summarised forms of major themes based on the research questions. According to Gergen and Gergen (1991) as cited in Yolandi (2003) found that the trustworthiness and internal validity of the analysis were enhanced by categorising and appropriating reflexivity to the researcher's role and subjective practices during the research process. Hence, thematic data analysis was employed in the study.

RESULTS

Practices Psychosocial Care and Support Service

Interview was conducted separately with guardians, counsellors and social workers, and managers of the caregiver organisations. The practices the study result were presented as follows:

Guardians indicated that undertaking their care taking

responsibility to the children compromises their emotional wellbeing under a lot of stress. They mentioned that there is no professional development training. As a result, they have low confidence in helping children. In relation to these, the participants have indicated that they mostly relying on their faith (church ritual practices) to alleviate their stress and helping children to cope with the several challenges they experienced. Furthermore, they give emotional support based on informal knowledge/through contacting with religious leaders. In addition, guardians illustrated that their faith represented as a fundamental ingredient to personal emotions coping and providing care and support to the children. On the other hand, one guardian described that she provided psychosocial care and support service by communicating with counsellors and managers of the caregiver organisation. Furthermore, they practiced psychosocial support by getting advice from friends, religious leaders and media. For these caregivers, religion is a source of care and support that enhances their ability to remain strong and continue providing psychosocial care and support for the OVS. The following citation, illustrates further about the practices of one of the guardians.

Praying and attending church programmes helped me to provide the service for orphan and vulnerable children with a great deal of strength

and motivation to move forward in spite of their difficult situations (Gu.3).

Additionally, counsellors of the caregiver organisations illustrated that they usually offer group guidance and peer education. However, they rendered individual counselling only in areas of educational achievements and as a conflict resolution. Generally, the counsellors admitted that the efficiency and appropriateness of the service provided for this OVS is very poor. They confessed that there is no individual counselling service targeted to provide psychosocial care and support to OVS. They indicated that psychosocial care and support service needs are not fulfilled. Both caregiver organisation counsellors illustrated that the main attention of the organisations was in providing the material support, not aware of psychosocial care and support service of OVS and their caregivers' empowerment.

Furthermore, counsellors show that group counselling and peer support plays a crucial role in alleviating the psychosocial problems of OVS interaction with friends and peers, and having a realistic feeling for one's own capacities equally contribute to their share in helping children cope with their situations. The important thing, therefore, would be strengthening of the group counselling and peer support system and developing the self-esteem of OVS through the life skill training and other intervention technique that could address their concerns and

issues. Interviews were conducted with the managers of the caregiver organisations to describe the major issues concerning the practices of psychosocial care and support service in caregiver organisations, and the following results were obtained. Regarding manager's roles in organisations, they replied that managers' roles in caregiver organisations were coordinating, planning and controlling.

In addition, the roles of managers in the psychosocial care and support service were facilitation and administrating support to the professionals. Moreover, the managers were asked to describe their "role in involvement of psychosocial care and support service," they replied that supervision of the service in caregiver organisations did not get due attention, except issues concerning material support. One of the managers responded that—

Psychosocial needs of the OVS in their organisation have been implicitly provided through the siblings, elders, guardians, as well as some staff members of the organisation through sharing information that appeared to be sensitive to the OVS future life (Mg.2).

Generally, managers described that there are no specific structure and organised psychosocial care and support provided to OVS and caregivers. While managerial support plays a crucial role in alleviating the

psychosocial problems of OVS and helping children cope with their situations. They pointed out that the only support they provide was informal help from friends and peers, life skill and HIV/AIDS training that could address their concerns. Additionally, they indicated that they were believed to do more on recreation and sports activities that enable isolated orphans and other vulnerable children socially integrate.

Also, OVS were asked to explain the practices of psychosocial care and support service that are provided by the caregiver organisations to them. With regard to individual counselling, children indicated that inappropriate and disorganised service was rendered in their organisations. In addition, they reported that counsellors did not consult the guardians about their personal problems. In addition, they indicated that most of them did not get a chance to receive individual counselling. For instance, the following extract was expressed regarding individual counselling practice.

Occasionally, counsellors do not have confidence to treat our problems individually; they recommend us to play football and handball, and join church programs as the mechanisms of stress reduction (FGD 1).

As a result of the failure of the counsellors in providing individual counselling, OVS mentioned

various outlets through which they release their emotions when they encountered psychosocial problems. They described attending church services and listening to songs to reduce their stress.

I got limited support from the organisation to solve my psychosocial problems. My life is changed mainly because of attending church programmes and being in the presence of Jesus. Thanks to God, also I am a worship leader that helped me to make myself busy. Now, I am living a better life than before (FGD 4).

Furthermore, FGD 2 participants stated that:

I feel that reading the bible gives me comfort as it contains God's promise that he will heal my problems (FGD 2).

Moreover, children mentioned that to release their emotions, share experiences and peer support help them feel that they are not alone. The following quote elucidates the fact.

I forget my problems when I'm in a group counselling and discussing about common problems (FGD 3).

In addition, FGD participants of Beminet OVS care and support organisation have indicated that children have peer support sessions every weekend. The children meet together and discuss their problems.

I live respectful life with others. We are living, eating and playing together. We know each other; there is no shame, stigma and discrimination

here. Because of this, I don't want to be separated from my friends (FGD 1).

Also, the organisations are trying to prepare favourable recreational places for sport activities. Furthermore, the children described that peer support have a greater contribution in alleviating the problems of OVS. This was further explained by the data sought from the FGD 1.

Generally, the above responses show that counsellors and social workers offered group counselling and peer support, and facilitation of recreational and sport activities and children most frequently. However, they did not prepare OVS through individual counselling. According to the researcher, individual counselling in the caregiver organisations were not rendering appropriate and organised services.

The respondents also highlighted in the focus group discussion that children rendered inappropriate and disorganised service in their organisations, and there is no conducive counselling office environment. However, in the organisations, children assist one another to meet their psychosocial need which is practiced through peer group where they can share similar experiences and support each other. These group atmospheres encourage children to lose their sense of isolation by playing and sharing experiences with children who are in similar conditions.

CHALLENGES OF PSYCHOSOCIAL CARE AND SUPPORT SERVICES

To get more information on challenges that hinder psychosocial care and support service of OVS, data was collected from the participants. The result was as follows:

The guardians were asked to explain the major challenges in the provision of psychosocial care and support service while undertaking their roles and responsibility for the OVS. They indicated that they have their own psychosocial and financial problems. Furthermore, they repeatedly expressed and reflected upon the difficulties they experienced and the most visible challenges being financial constraint, health problems, and stress while helping the OVS. The following excerpt, from one guardian, illustrates the challenges faced by the guardians:

My burden of care for OVS is aggravated not only due to the insufficient income but also due to my health conditions because I am living with various diseases, which is a double and triple burden. The caregiver organisation does not cover any expenses for health treatment. In addition, as the age of orphans increases, their needs and problems also increase, yet my potential deteriorates thus, life becomes a misery for me and the children (Gu.2).

Another guardian also indicated that the behaviour of children demotivated her to be with them and to provide effective care and

support. Some of these behavioural problems include: stealing, lying, crying unnecessarily and insulting. These problems of children brought greater challenges to the guardians. In line with this, the following quote illustrates the above challenge of guardian:

I am fear when I'm with male children because I am almost similar to their age. While I was carrying out my duty, once one male orphan tried to rape me. He is still in a poor relationship with me (Gu.6).

This, and similar experiences of guardians would leave children poorly socialised. From the above challenges of guardians one can understand that psychosocial support service to children is exposed to different problems and caregiver organisations support were poor. Moreover, guardians face skill gaps while they carry out their responsibility of care and support. Most guardians indicated that lack of effective psychosocial support from caregiver organisations. The following excerpt from one guardian illustrates more:

I am not able to properly provide the service to children because; I don't have the necessary skill. No training was given for me about psychosocial care and support. As a result, children are facing problems during an emotional outburst, because of skill gap to handle the problems. Generally, I am not being able to fulfill the psychosocial needs of OVS while trying to accomplish my responsibility (Gu.1).

Generally, the major challenges faced by guardians include insufficient income, burden of responsibility, lack of skill, poor relationship with children and lack of adequate support in all the above caregiver organisations.

On the other hand, counsellors of caregiver organisations were interviewed. Surprisingly, one counsellor's response indicated that managers did not have adequate knowledge and interest to work closely with children and their caregivers. Furthermore, he mentioned low skill and knowledge of guardians on how to handle children with behavioural problems. Lack of awareness and more attention was being given to material support by the managers, lack of communications with other caregiver organisations and concerned bodies was a major challenge. These challenges were perceived as great challenges despite their interest in providing formal psychosocial care and support to OVS. This shows that psychosocial problems, and its care and support of OVS are poorly understood, and not adequately addressed by caregiver organisations.

Also, counsellors and social workers described their primary role as identifying and treating children with emotional, behavioural, social problems, and facilitated communication between children and guardians. However, they point out that they are spending most of their time on administrative

tasks. They also described that though they are interested in their profession and participate in professional development workshops and seminars, and practical skills training to perform their task more effectively, yet they lack opportunities. In addition, this finding illustrated that unawareness of the caregiver organisations about the role of caregivers in the service, and the caregivers' engagement with routine activities was perceived as challenges that hinder to carry out their roles in the psychosocial issues of OVS.

Additionally, counsellors and social workers indicated that other major obstacles in the adequate provision of psychosocial services to OVS are lack of awareness/knowledge on how to properly care for OVS, insufficient financial capacity, lack of mechanisms to collect and systematise psychosocial data, low coordination among different actors who provide the services and lack of access to experience sharing. Furthermore, they reported that there was no longer any system, which can evaluate and create awareness' on psychosocial care and support practices, and this creates a big challenge to understand its status and improve accordingly. One of the counsellors described low awareness and evaluation gaps as follows:

We only exchange ideas informally about the service performance and weakness. However, this doesn't mean that we evaluate and hence

these create gap not to know the status of psychosocial care and support service and improve it accordingly (Cu.1).

They also indicated that psychosocial care and support service was not supervised and hence they did not get any professional training, workshops, and technical supports. Similarly, managers of the two caregiver organisations were interviewed to describe the major challenges observed and what they know in relation to psychosocial care and support service. At the same time, there is unwillingness of the caregiver organisations and counsellors to participate in several administrative and routine tasks also.

Likewise, the managers of caregiver organisations illustrated that the major challenges faced in providing psychosocial support include: low awareness on the issues at all levels, poor organisational structure and strategies, and financial limitation. This indicates that the service they rendered for OVS was not adequate and comprehensive. The major challenges of manager can be summarised through a statement given by one of them.

We can't do more on the area of psychosocial problems, needs of children, and psychosocial care and support service mainly due to the lack of awareness and financial constraints we face. (Mg.1).

To get rich information on the mechanisms that help to improve

psychosocial care and support service of OVC, caregivers' interview was conducted. The outcome is—

Guardians were asked their views on the optimal ways to take care of OVS or provide psychosocial care and support service and to deal with challenges. They mentioned the following mechanisms as foremost ways to improve the services— providing service training to care takers, giving peer education and life skill training for OVS, strengthening the counselling services, creating awareness to the psychosocial problems of OVS, and creating networking to share experience with different organisations working in support of OVS. One of the guardians suggested the possible mechanism could be—

To make OVS life better, stigma must be removed; the government must be committed to supporting the organisations and their caregivers, strengthen and coordinate NGOs to solve the psychosocial problems. Needs of OVS should be assessed; OVS should get attractive training, education and balanced food; they must be protected from criminal acts so that they contribute their share to the psychosocial development of children (Gu.3).

Furthermore, counsellors and social workers were also asked to suggest possible mechanisms to overcome the challenges of psychosocial care and support service. With this regard, one counsellor reported that the

management of the caregiver organisations and other concerned bodies should work hard to bring awareness about the importance of the service. Similarly, a social worker stated that training should be given for caregivers on how to handle OVS with different problems.

Besides, they suggest “creating awareness on the importance of psychosocial care and support service for concerned bodies (NGOs, government and society)”. One social worker suggested the possible mechanism:

The caregiver organisations should use different Media (TV, FM radios and print Medias) to create awareness on the role of psychosocial care and support service to the community, conduct research in the area of psychosocial problems of OVS, and the service challenges, and provide training to all members of the caregiver organisations (Sw.2).

Moreover, counsellors and social workers also mentioned that using different guidelines and literatures of psychosocial support and assessing organisation’s plans and policies will improve the service. This is about how many activities of psychosocial support are applied when targeted organisations design and implement their own care and support system. Assessment and identification of the major needs of OVS for care and support projects and plan implement mechanisms before providing services should be considered as mandatory.

Results from managers indicated that adequate orientation to caregivers and community members on the role of psychosocial service is essential and transfer routine administrative tasks from counsellors to other staff members. They specified providing training to caregivers in life skill training for OVS, strengthening the counselling services, creating awareness to the psychosocial problems of OVS at all levels.

Overall, respondents suggested a number of major issues regarding improvement on the practices of and challenges in providing psychosocial care and support to OVS. They suggested mechanisms to ascertain the status of service within some frame of references and then based on this knowledge to improve its quality. Also, they indicate life skill training to OVS, psychosocial support training to caregivers’, promoting awareness through workshops and media, enriching financial potential, empowering caregivers, encouraging peer support and spiritual practices of OVS, and advocacy and networking mechanisms.

DISCUSSION

In this part, an attempt has been made to discuss the findings obtained in relation to the basic research questions and review of literature. The discussions focussed on the special results of the practices, challenges, and suggested mechanisms in the provision of the service.

The majority of respondents in the study noted that individual counselling is not practiced in a well-developed manner. This is reflected in lack of counsellors' confidence to treat children's problems individually. This means individual counselling service was not efficiently offered, controlled or staffed by qualified counsellors in a manner that could address the psychosocial needs of OVS and caregivers. This could be mainly due to lack of awareness and skill gaps to give effective therapy. Such gaps can be coinciding with Seleshi (2000) study who found lack of in-service training, i.e. caregiver organisations do not offer in-service training, organised workshops and conferences to enhance the service.

One of the specific objectives of the research was to identify the current practices of caregiver non-governmental organisations in the provision of psychosocial care and support to OVS. Hence, the researcher's observations match with respondents' report that care giving was not offered in a well-developed manner.

Generally, from the above patterns of discussions one can understand that counsellors and social workers offering group counselling and peer support, most frequently, did not prepare OVS through individual counselling for psychosocial well-being. This may be attributed to the caregiver organisations' focus on other support and lack of awareness of psychosocial counselling in OVS.

Furthermore, the researcher's observations agree with respondents' report; group counselling practices was considered in this study; counsellor taught orphan and vulnerable children about HIV/AIDS prevention, risk reduction, and peer education. On the other side, children meet and discuss every weekends in group counselling and peers support sessions. Thus, a researcher perceived group counselling and peer support plays a crucial role in alleviating the psychosocial problems of OVS, and having a realistic feeling for one's own capacities equally contribute their share in helping children cope with their situations.

Guardians illustrated that their faith represented as a fundamental ingredient to psychosocial needs and to their problems. They employed spiritual and own mechanisms to deal with their living situations. For instance, OVS and guardians' respondents used spirituality as a major mechanism to deal with life challenges both in times of worry and anxiety.

Further, the spiritual practices cited by OVS participants were: attending church services, praying and listening to songs helped them to live life with confidence and without worries. On the other hand, they used personal efforts as a major mechanism to manage life challenges. These indicated that they mostly rely on their faith (church rituals practices) to alleviate their stress, and to cope with the several challenges they experienced.

As part of data collection process, OVS and their caregivers were asked to report and describe the major challenges encountered in the provision of psychosocial care and support service. The challenges that organisations encounter can be viewed from different angles. Some of them were technical and beyond the capacity of the organisations. Based on their responses, the major challenges were described in the following key issues: absence of OVS care clear guideline, low awareness, funding constraints, absence of evaluation systems and low networking.

The suggested mechanism to improve OVS psychosocial care and support was also explored in the study such as improvement of service and views in relation to the practices and challenges in providing the psychosocial service. In broad sense of exploration, suggested mechanisms included creating awareness at different organisational level, community awareness, through media, seminars and workshops; enriching fund potential; empowering caregivers; encouraging peer support and spiritual practices and advocacy and networking for the service.

CONCLUSION

Based on the summary of the findings and discussion made, the researcher draws the following conclusions—

The results of the present study showed that individual counselling

service was not well offered, controlled or staffed with qualified counsellors in a manner that could address the psychosocial needs of OVS and their caregivers. There is lack of awareness and skill gaps to provide individual therapy. The individual counselling service was the neglected part of psychosocial care and support for the organisations.

From the findings, it was also possible to conclude that group counselling, spiritual practices, peer support and recreational activities practiced as the psychosocial support of OVS in the caregiver organisations. Such practices have greater contribution to OVS to alleviate their problems among each other. However, these practices of caregiver organisations were not preferable to solve personal problems of OVS. The commitment of both caregiver organisations were low in providing profession based and well organised psychosocial service.

Furthermore, the study found out that the major challenges that hinder the effectiveness of psychosocial care and support to OVS include absence of OVS care and support guideline, low awareness, absence of evaluation systems, and low networking. Therefore, caregiver organisations have the low guarantee to the psychosocial issues of OVS and giving more attention to other services. In general, the organisations do not consider the psychosocial support as the mandate of other services. The main challenges faced by caregiver

organisations include lack of service training and insufficient income from the organisations resulting in hardships in providing care and support for OVS.

From the results of the study, it was possible to conclude that

the mechanisms to improve the psychosocial support of OVS in relation to the practices and challenges in a broad sense of exploration are creating awareness, enriching financial potential, and empowering caregivers.

REFERENCES

- BEVERLEY, H. 1998. *An Introduction to Qualitative Research: Trent Focus for Research*. University of Nottingham, UK.
- CRESWELL, J. 2007. *Qualitative Research Designs: Selection and Implementation*. University of Nebraska Lincoln. SAGE Published. London.
- CENTRAL STATISTICS AGENCY. 2000. Population and Housing Census: Country Level Addis Ababa, Ethiopia.
- DURRHIN AND PAINTER. 2006. *Sampling and Measuring: Research in practice: Applied methods for social sciences*. Cape Town: South Africa.
- HAPCO, 2004. Comprehensive Community-based Care and Support Guideline for PLWHA: OVC Affected Families, Draft. Addis Ababa
- MOLSA. 2004. Survey on the Support Guideline for PLWHA: OVC Affected Families, Draft. Addis Ababa.
- LASUBA, A. 2011. Practice-Driven Evaluation of a Multi-layered Psychosocial Care Package for Children in Areas of Armed Conflict. *Journal of Community Mental Health* (pp 47:267– 268), Springer. USA.
- POLICY PROJECT. 2004. Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003, USA.
- SADC. 2010. Regional Conceptual Framework for Psychosocial Support for orphans and other vulnerable children and youth. Minimum Package of Services, PSS Conceptual Framework Draft. South Africa.
- SELESHI, Z. 2000. Major problems of counselling in Ethiopia high schools: *Institute of Educational Research* 7(2). Addis Ababa. Ethiopia.
- USAID. 2008. *Global Response to HIV/AIDS Epidemic: Zimbabwe 2012 Statistics*. Zimbabwe.
- UN. 2001. The Declaration of Commitment General Assembly Special Session on HIV/AIDS. NY, USA.
- UNICEF. 1990. World Declaration on the Survival Protection and development of Children. New York, USA.
- World Vision. 2005. Guide to Mobilizing and Strengthening Community-Led Care for OVC. Mozambique.
- YOLANDI, S. 2003. Primary caregivers' experiences of rising children with autism: A phenomenological perspective. Rhodes University, Grahams Town.