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Identifying and developing strategies to enable primary health care nurses, social workers, and psychologists to improve care and support for children who have become AIDS orphans living in township communities in South Africa

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Abstract

The development of strategies to enable primary health care nurses, social workers, and psychologists (referred to in this article as health and social care professionals) to improve care and support for children who have become AIDS orphans living in township communities in South Africa. Method: Developing these strategies comprised four steps; 1) A scoping literature review was undertaken to establish the legislative and policy frameworks that inform the South African Government's policy directives concerning children living in South Africa, 2) Secondary data analysis of 24 scoping interviews with primary health care nurses (n = 10), social workers (n = 8) and psychologists (n = 6), was undertaken by (SF) to identify strategies and recommendations made by these participants to improve care and support for these vulnerable children. Steps 3 and 4 were conducted using the results from the literature review and the results from this secondary data analysis, 3) The development of a conceptual framework, and 4) the development and population of the strategies. Results: The following strategies were identified, developed, and reviewed by an expert panel comprising academics and professionals from psychology, social work, and primary health care nursing. The grand strategies identified were 1) Strengthening existing legislative and policy frameworks, 2) Enhancing the resilience of professionals, 3) Developing interdisciplinary collaborations and 4) Facilitating an empowering environment for professionals. The expert panel appraised these strategies as having clarity, being comprehensive, implementable, and generalisable, in township communities in South Africa, and being significant. Conclusion: Comprehensive and implementable research-based strategies were developed which could be implemented to improve care and support for these vulnerable children

Keywords: Strategies, steps-of-progression, AIDS orphans, townships, South Africa

Introduction

South Africa is severely affected by the AIDS pandemic, with the largest number of HIV infections in the world (1). There is a significant variation in HIV prevalence per province in South Africa. The Eastern Cape Province reportedly has an average prevalence of 859,329 persons infected with HIV (2). Hence South Africa is likely to be the country with the highest percentage of children orphaned by AIDS within its population. Orphanhood is a major consequence of the AIDS pandemic in South Africa, Stats SA data puts the figure at 2.3 million orphans 1.2 million have lost their father, 460,308 have lost their mother, and 374,520 have lost both parents (2). Primary health care nurses, social workers, and psychologists experience anguish in providing care and support to these children who are often grief-stricken and neglected (1). The development of strategies to improve the care and support of these vulnerable children would be beneficial and in line with the South African Governments legislative and policy frameworks concerning the realisation of the rights of children who live in South Africa. Children who have become AIDS orphans and who live in township communities in South Africa are largely neglected, vulnerable and left uncared for and unsupported (1). For these children's rights to be realised, the government's

policy intention needs visibility through implementable strategies.

National Health Policies, Strategies and Plans play an essential role in defining a country's vision, policy directions and strategies for ensuring the health of its population (3). Bryson, (4) defines strategy as a pattern of purposes, policies, programs, actions, decisions, or resource allocations that define what an organisation is, what it does, why it does it and how it is done.

Methods

Firstly, a scoping literature search was undertaken to ascertain the legislative and policy frameworks which underpin the South African government's intentions to provide care and support to children living as AIDS Orphans in township communities in South Africa. Secondly, secondary data analysis of 24 scoping interviews with primary health care nurses (n = 10), social workers (n = 8) and psychologists (n = 6), originally collected by the first author (SF), was undertaken to identify strategies and recommendations made by these professionals to improve care and support for these vulnerable children. These strategies were identified and developed using secondary data analysis of interviews (n = 24). These steps are identified in Table 1 below.

Table 1. Steps to identify and develop the "Steps of progression strategies"

STEPS	What Each Step Comprised
Step 1	A scoping literature search to answer the RQ; What are the current legislative and policy frameworks which guide the policies to operationalise care and support to children living in township communities in South Africa? Principle of "Best Interests" identified.
Step 2	Secondary data analysis of interviews (n = 24) to identify strategies and recommendations made by participants to improve care and support to children who have become AIDS Orphans and who are living in township communities in South Africa.
Step 3	Development of a conceptual framework to identify the main strategies using the survey list of Dickoff et al (7) using data from Step 1 and Step 2
Step 4	Development and population of strategies using data from Steps 1,2 and 3.

Scoping literature review

A scoping literature review provided an overview of the legislative and policy frameworks which underpin the South African government's policy intentions to provide care and support to children living as AIDS Orphans in these township communities. This was undertaken using EBSCO Host last searched in June 2023 using the search terms identified in

Table 2. The following inclusion and exclusion criteria were used to select papers for this scoping review. The results of this scoping literature review are presented using the following themes a) International law: ratified and accepted by the South African Government; b) Domestic legislation and policy frameworks in South Africa and c) Provincial policy regarding the actualisation of children's rights in South Africa.

Table 2. Search terms used for the scoping literature search

Concept 1	Concept 2	Concept 3	Concept 4
International Policy	Domestic Policy	Children	South Africa
Sub- Saharan Policy	Eastern Cape Policy	Child	SA
African Policy	Children's Act		Republic of South Africa
Principle of Best Interests	National Plan of Action for Children		South African Government

Table 3. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Written in English	Not written in English
Full text available through the Nelson Mandela University (NMU) on the EBSCO Host Platform	Full text is not available through NMU on the EBSCO Host Platform.
Policy documents	Newspaper articles, editors' reports, opinion articles
Government reports	Non peer-reviewed articles
Peer-reviewed articles	Published before 1948
Published since 1948	
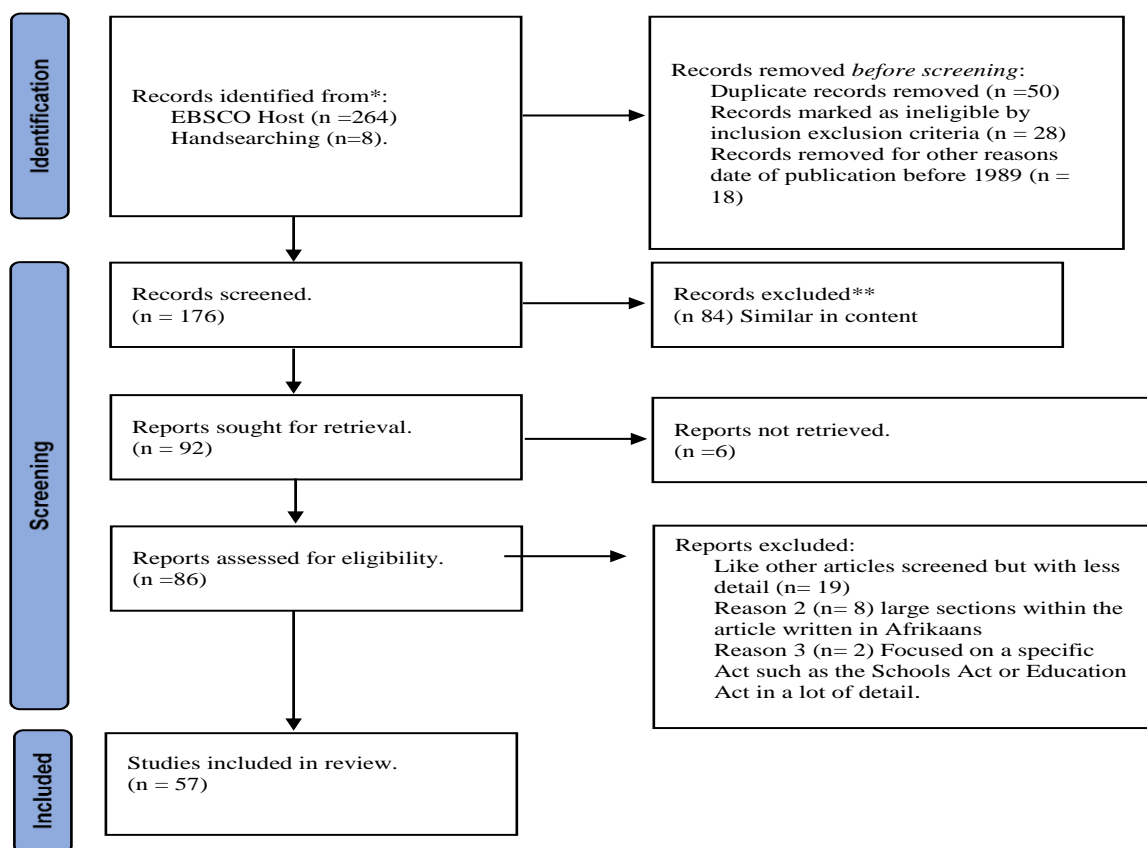
Figure 1. PRISMA Diagram (5).

Secondary data analysis

All interviews (n = 24) were read by SF. The strategies and recommendations made by participants were identified and written on an Excel spreadsheet with corresponding quotes from participants. In this way, the strategies and recommendations made by participants were identified. These identified recommendations and strategies made by participants were then used to develop and populate these developed strategies named the "Steps of progression strategies."

Development of a conceptual framework

A conceptual framework provides health and social care professionals with a systematic approach to the patient and the nursing interventions required to promote and maintain the health of an individual (6). The developed conceptual framework using the six aspects of activity as listed by Dickoff, James and Weidenbach (7) was developed using "lived experience" data from the aforementioned participants and from the results of the scoping literature review. This conceptual framework developed identified the four grand strategies which were the framework for the development of the 'Steps of Progression Strategies' which could improve care and support for these vulnerable children. This conceptual framework is presented in Figure 2. The six aspects of the surveying listed by Dickoff, James and Weidenbach (7) are as follows:

- Agency: Who or that performs the activity?
- Patiency or recipiency: Who or what the recipient of the activity?
- Procedure: What is the guiding procedure, technique, or protocol of the activity?
- Context: In what context is the activity performed?
- Terminus: What is the end point of the activity?
- Dynamics: What is the energy sources of the activity?

Development of strategies

Secondary data analysis was undertaken of the empirical data collected by the lead author (SF). The original purpose of the data was to understand the experiences of primary health care nurses, social workers, and psychologists, who provide care and support to children living as AIDS orphans in township communities in South Africa. The secondary data analysis was to answer the RQ what strategies and recommendations were made by these professionals to improve care and support to children living as AIDS orphans in township communities in South Africa?

For the primary data collection interviews were conducted with (n = 10) primary health care nurses

working in clinics, (n = 8) social workers and (n = 6) psychologists working in satellite offices providing care and support to children living as AIDS orphans in township communities in the Nelson Mandela Bay (now known as Gqeberha South Africa. This study concluded that these professionals experienced complex challenges in implementing the care and support response initiatives, as mandated by health and social care legislations in South Africa, resulting in different forms of anguish and challenges in providing care and support for these AIDS orphans. Although health and social care interventions for such vulnerable children are comprehensively provided for in government legislation and regional government policy, the mobilisation of the required responses remains inadequate, resulting in participants indicating the need for the development and implementation of care and support strategies to meet the unique needs of these vulnerable children.

Results

The results will be presented using the headings, scoping literature review, development of a conceptual framework and development of strategies.

Scoping literature review

All papers selected for this review were thoroughly read. Three overarching themes were identified and analysed using steps identified by Braun and Clarke (8). The main themes identified were: Theme 1) International law: ratified and accepted by the South African Government; Theme 2) National legislation and policy frameworks in South Africa and Theme 3) Provincial policy regarding actualisation of children's rights in South Africa. Figure 2 presents an overview of this legislative policy framework identified in this review concerning children living in South Africa. What is apparent is that the legislative and policy framework concerning the government's intention for children living in South Africa is very comprehensive and rich. Yet the current policies while stating what needs to be done to improve the care and support for children living as AIDS Orphans in township communities the how regarding these policy implementations remains weak.
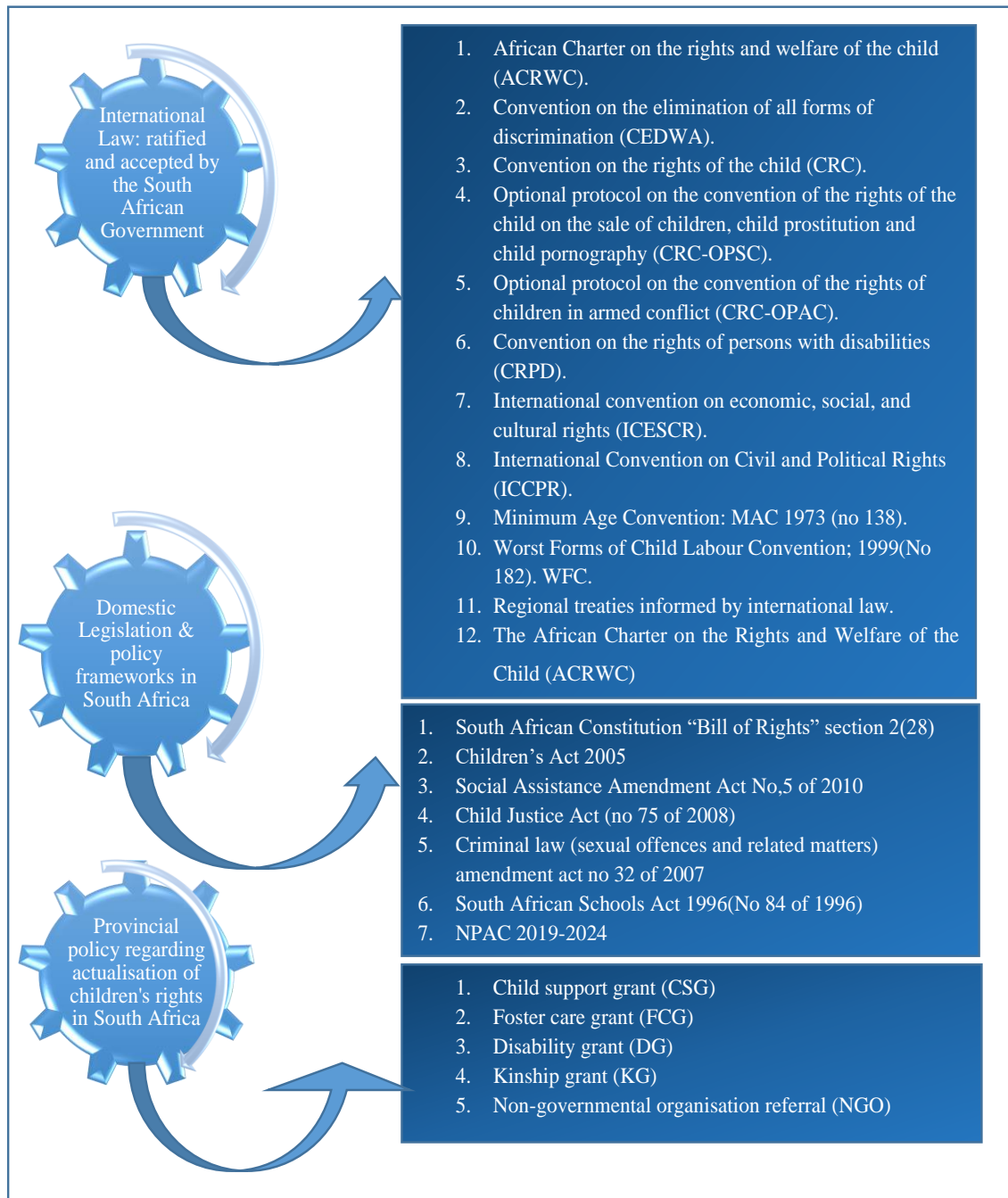
Figure 2. Results of this literature review. An overview of the legislative and policy frameworks concerning the care and support of children living in South Africa (9).

Theme 1: International law: Ratified and accepted by the South African government

South Africa has a rich legislative and policy environment with many national laws that have been developed since 1994 and give effect to the country's constitutional obligations and the promotion, and protection of children's rights (10). South Africa is a signatory to numerous international treaties and agreements, such as the Universal Declaration on Human Rights, the International Convention on Civil and Political Rights, and the United Nations

Convention on the Rights of the Child (11). The domestication of treaties and implementation through programmes and services are the expressions of a government's commitment to give effect to all that has been agreed upon through ratification of these international treaties and covenants such as the United Nations Convention of the Rights of the Child (11). The South African government has emphasised that; "giving expression to such treaties and commitments will certainly enhance the actualisation of children's rights in South Africa" (12) and that "every child has the right to have his/her dignity protected and respected" National Plan of Action for Children (NPAC) (13). The realisation of children's rights is not only fundamental for their development and well-being but also pivotal to creating the world envisioned by the Millenium Declaration-a world of peace, equity, security, freedom respect for the environment and shared responsibility, in short, "a world fit for children" (13).

Since the advent of democracy in South Africa in 1994, the discourse on children's rights has focused on the realisation of imperatives that recognise children's vulnerabilities. The intention of this lies within the constitution of South Africa and in the Bill of Rights; with a particular emphasis on children's rights. It is the responsibility of South Africa's Government "to protect and promote the survival, development and well-being of children to attain a good quality of life" (14,15). As such their philosophy is that of "best interest" to the child (11) and therefore South Africa's children's rights are not developed in isolation but that they should be included in all governmental policies about children" (13).

The potential impact of the Convention is most powerfully seen by comparing Section 28 of the South African Constitution to the Convention (14). Most constitutions do not include the robust and detailed provisions regarding children's rights evident in the South African Constitution. Despite this, it is important to acknowledge the fact that even the transformation of constitutional principles into enforceable rights under the influence of international law does not guarantee the realisation of those rights in children's daily lives (14).

The protection of human rights is one of the main aims of international law which can be described as the rules and principles that bind states in their relations with one another and, concerning human rights law, places obligations on the state towards its citizens. Since the Second World War, it has become clear that international law also extends to individuals this is evident from the acceptance of the Universal Declaration of Human Rights (15). This declaration was followed by the International Covenant on Economic, Social and Cultural Rights (16, 17) and the International Covenant on Civil and Political Rights (18). Before 1993 South Africa followed the principle of parliamentary sovereignty according to which Parliament could pass legislation that was contrary to international human rights standards and that violated human rights. With the enactment of the 1993 constitution and the justiciable Bill of Rights, international law came to play a significant role in the interpretation of human rights for two reasons. Firstly, international law makes provisions like those found in the Bill of Rights (19). The effect on South Africa of signing the international declaration and other international treaties is the influence of these declarations and treaties on domestic law and legislation within South Africa. The constitution of South Africa itself consciously and explicitly draws from international human rights law. The Bill of Rights in the constitution of South Africa resulted from the careful analysis of international and comparative law in the light of the specific South African needs (19).

The general principle of "best interests of the child" is the key principle of the Convention of the Rights of the Child and a central and all-embracing principle stipulating that "in all actions concerning children, the best interests of the child shall be the primary consideration" (13). South Africa's ratification of international treaties since 1995 relating to children's rights obligates the country to ensure that its domestic legislation is in harmony with international laws and commitments. The South African Constitution has the strongest Bill of Rights of any constitution. Its equal protection clause prohibits discrimination on all conceivable grounds, including sexual orientation as well as race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, language, or birth (19).

The ICESCR states (17): "The State must take reasonable legislative and other measures, within its

available resources to achieve the progressive realisation of each of these rights." Article 26 section (2) and 27 section (2). This qualification is like article 2 of the International Covenant on Economic, Social and Cultural Rights (1966) (17), which describes the nature of States parties' obligations concerning the Rights recognised in the Covenant. These articles find expression in the Bill of Rights in Section 2 (28) of the South African Constitution (19).

The Convention of the Rights of the Child (11) was adopted and opened for signature, ratification, and accession by the United Nations General Assembly resolution 44/25 on the 20th of November 1989 and entered into force on 2 September 1990, under article 49 (11). This rapid progress towards ratification signalled the rights which have contributed towards the protection of children. South Africa signed the treaty in 1993 and ratified it in 1995. National, Provincial, and local spheres of the South African government must take responsibility for promoting the rights and addressing the needs of children. Section 28 of the Bill of Rights in the South African Constitution provides that every child has the right to basic nutrition, shelter, basic healthcare services and social services and to be protected from maltreatment, neglect, abuse, or degradation. "Taking up this call the Government of South Africa must accept the call to guarantee a better life for the children of South Africa" (19).

The 1996 Constitution (19), the Children's Act (20) and the Child Justice Act (21) provide a solid foundation for advancing child protection in South Africa. However, inequalities in access to the essentials of life still exist, affecting in very strong ways how children access the opportunities that the country should avail for the fulfilment of their rights.

Theme 2: Regional treaties, covenants, declarations, and protocols

Africa is the only continent with a region-specific child rights instrument. The African Charter on the Rights and Welfare of the Child (ACRWC) (22) is an important tool for advancing children's rights. While building on the same basic principles as the UN Convention on the Rights of the Child (11), the African Union Children's Charter (ACC) (22)

highlights issues of special importance in the African context.

The preamble of the ACRWC (22) makes two important statements regarding the instrument's conception of the rights and welfare of children. The ACRWC (22) identifies the Children's Charter foundation as a principle of international law on the rights and welfare of children contained within the declarations, conventions other instruments of the Organisation of African Unity and the UN. Significantly the ACRWC (22) also known as the African Children's Charter (ACC) (23) specifically mentions the CRC (11) and the declaration ascribed to international human rights norms, in general and children's rights, surpass or does not acknowledge African traditional values and conceptions of human rights (11).

The ACC (23), however, says that the concept of the rights and welfare of the child should be inspired and characterised by the virtues of African cultural heritage and historical background and the values of African civilisation. Thus, the rights and welfare of children that are derived from universal sources must be alive in the reality of the African child. What is important to acknowledge is that, despite accepting the provisions of the CRC (11), African states also sought to draft provisions of an instrument on the rights of the child that reflected African concerns. The idea to adopt an instrument on the rights of the child originated from a desire to address certain peculiar problems that had not been addressed in the CRC (11). Among the concerns were: the situation of children living under Apartheid advantages of the African concept of community responsibilities and duties, facing the African girl, the role of the extended family in the upbringing of children, the use of children as soldiers and the problem of internal displacement arising from civil wars and internal insurrections.

Theme 3: National legislation in South Africa concerning the welfare of children living in South Africa

The South African Government has made progressive advancements in its protection of children through its law. It has also made provisions for children's rights in its national constitution. The South African

government has recently put into operation the Children's Act (24), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (25, 26) and the Child Justice Act (27). The South African Constitution (18); Sexual Offences and Related Matters Act (25, 26); Children's Act (28) as amended by Children's Amendment Act (27); Child Justice Act (25); Social Assistance Amendment Act (29) and the South African Schools Act (30).

The Bill of Rights within the South African Constitution (18) reflects much of the ICCRP (18) as it contains a similar non-discrimination provision, requiring state parties to respect and ensure the rights in the Covenants without distinction based on these same enumerated grounds, including "property" or economic status. The ICCRP (18) may help frame litigation, advocacy strategies and government policy where there is constitutional ambiguity (18). The ICCRP (18) makes contributions to the South African Constitution in two ways:

- Non-discrimination provisions in the International Bill of Human Rights prohibit discrimination based on "property" or "economic status," which is a frequent ground for denying poor people equal access to healthcare, education, housing, and social assistance.

- One-to-one equality, already recognized for civil and political rights, ought to be extended to social rights, including the right to healthcare. Both avenues are well grounded in the text, the history, and the overall framework of the International Bill of Human Rights, and both avenues lead toward the universal provision of healthcare, education, housing, and welfare on an equal basis for all (18).

What is apparent is that despite this rich and comprehensive policy environment in which the rights and obligations of the state are written concerning children living in South Africa. The situation and the plight of children living as AIDS orphans in township communities in South Africa remain vulnerable. The number of children who have lost parents or loved ones to HIV/AIDS is overwhelming and leaves these vulnerable children facing much hardship. They are prematurely exposed to unprecedented challenges relating to economic hardship and the innocence of these children is stripped away by poverty and loss (31).

"Children's rights have found their expression in law and policy reform" (10). "Children are the future of our country and essentially rely on adults to nurture and take care of them" (31). As a result, the South African Constitution, as the supreme or highest law in the country, ensures those children, as citizens of the country, enjoy all the same rights as their fellow adult citizens; however, those who are under the age of 18 years are afforded special rights. Most government departments have special programmes that endeavour to protect and maintain the rights of children, either directly or indirectly, to comply with the Constitution.

Through this principle of mainstreaming South African government departments incorporate children's issues into the respective policies, priorities, outcomes, and delivery agreements. The government calls upon each department to reflect its commitment to South African children with corresponding strategic plans, operational plans, policies, budgetary allocations, monitoring and evaluation systems (12).

Children's Act 2005

"We must give meaning to the rights of children enshrined in our constitution and create a society that is fair and just. We invite all sectors of society to work together to implement proposals in the National Plan of Action for Children in South Africa (2019-2024)" (24).

The Children's Act came into full effect on the 1st of April 2010 (24). It provides for a comprehensive range of social services for children and their families and introduces a new developmental approach to South Africa's child care and protection system; "however, some of the challenges have arisen because the policy choice made in the law is not reasonably conceptualised to deliver the service to the target group, or the policy choice was not made by the legislature, which has left the law open to multiple interpretations" (24). The preamble of the Childrens

Act (24): "To give effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children;" to define parental responsibilities and rights; to make further provision regarding children's courts; to provide for the issuing of contribution orders; to make new provision for the adoption of children; to provide for inter-country adoption; to give effect to the Hague Convention on Inter-country Adoption; to prohibit child abduction and to give effect to the Hague Convention on International Child Abduction; to provide for surrogate motherhood; to define and make illegal certain new offences relating to children; and to provide for matters connected therewith (24). The Implementation of the Act implies: That it should be implemented by organs of state in the national, provincial, and where applicable, the local spheres of government subject to any specific section of this Act and regulations allocating roles and responsibilities, in an integrated, coordinated, and uniform manner and that, recognising that competing social and economic needs exist, organs of state in the national, provincial, and where applicable, local spheres of government must, in the implementation of this Act, take reasonable measures to the maximum extent of their available resources to achieve the realisation of the objectives of this Act.

The key findings of this scoping literature review are that whilst South Africa has one of the most progressive constitutions in the world, and has made significant progress concerning fulfilling the rights of its children; including a system of laws and programmes to ensure the realisation of children's rights through the delivery of services to children, and despite the gains made in expanding services, inequalities persist that negatively affect the health and welfare of children. Children in South Africa are still unable to access the opportunities the country has to enable these rights to be realised. Fulfilling children's rights through comprehensive service delivery to meet their unique needs and reduce vulnerabilities is a moral imperative and necessary for the total development of South Africa (13).

The general principle of "best interests of the child" is a central and all-embracing principle in South Africa's constitution stipulating that "in all actions concerning children, the best interests of the child shall be the primary consideration" (13). South Africa's ratification of international treaties since 1995 relating to children's rights obligates the country to ensure that its domestic legislation is in harmony with international laws and commitments. Although the National Plan of Action for Children is developed within the context of these treaties, it is firmly rooted in the provisions of the South African constitution as well as in domestic legislation and policies (13).

The implementation activities of these strategies in the NPAC (2019-24) are not stated; therefore, the implementation remains weak. There is a need to engage with health and social care professionals and children's lived experiences to inform the development of interventions to bring the actualisation of these children's rights into the homes of very vulnerable children living in these townships' communities, (13).

When creating strategies aimed at modifying health interventions, the World Health Organization (WHO) suggests that negative behaviours should be addressed by three types of interventions, namely, universal, selective, and targeted interventions (3). Universal interventions are directed at the population at large and include legislative action such as the National Plan of Action for orphans and vulnerable children (13). This plan doesn't however address the necessity for selective and targeted interventions, which in part have been addressed through these developed "Steps of Progression Strategies."

The four strategies were identified using the Survey list of Dickoff et al. (7) and describe the activity which could lead to the improvement of care and support to these children. Thus called "Steps of progression strategies, the four identified strategies each provide a step towards the terminus of providing holistic care and support for children living as AIDS orphans in township communities in South Africa (see Figure 3). Each of these strategies incorporates both grand and functional sub-strategies (32). Grand strategies are those which require implementation on a macro (national) or meso (provincial or district) level for effective functioning at the grassroots or micro level (32).
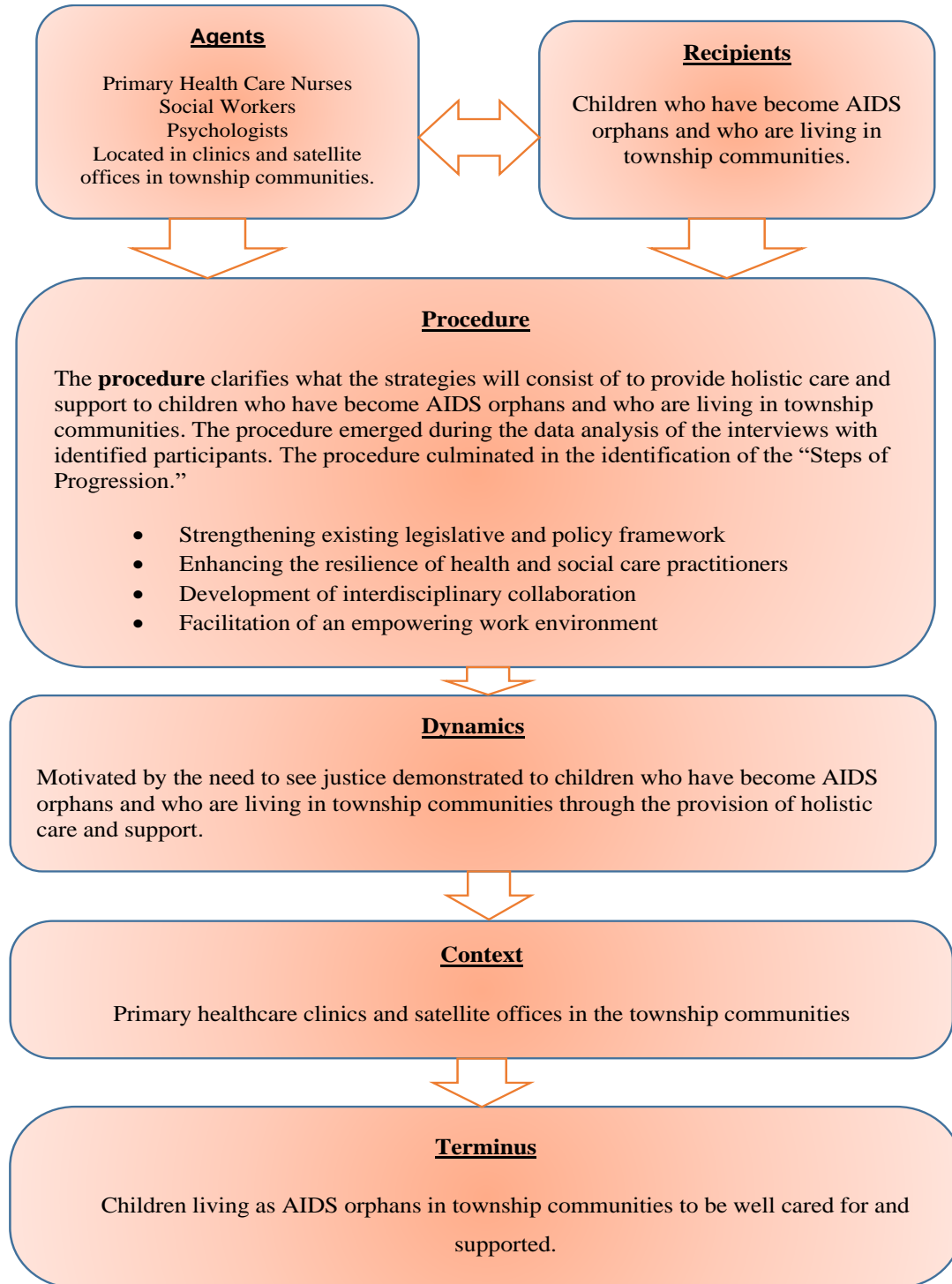
Agents

Primary Health Care Nurses
Social Workers
Psychologists
Located in clinics and satellite
offices in township communities.

Recipients

Children who have become AIDS
orphans and who are living in
township communities.

Procedure

The **procedure** clarifies what the strategies will consist of to provide holistic care and support to children who have become AIDS orphans and who are living in township communities. The procedure emerged during the data analysis of the interviews with identified participants. The procedure culminated in the identification of the "Steps of Progression."

- Strengthening existing legislative and policy framework
- Enhancing the resilience of health and social care practitioners
- Development of interdisciplinary collaboration
- Facilitation of an empowering work environment

Dynamics

Motivated by the need to see justice demonstrated to children who have become AIDS orphans and who are living in township communities through the provision of holistic care and support.

Context

Primary healthcare clinics and satellite offices in the township communities

Terminus

Children living as AIDS orphans in township communities to be well cared for and supported.

Figure 3. The conceptual framework developed (9).

Development of a conceptual framework

A conceptual framework provides the health and social care professional with a systematic approach to the patient and the nursing interventions required to promote and maintain health in an individual (33). The development of this conceptual framework was undertaken using the six aspects of activity as listed

by Dickoff, James and Weidenbach (7) and was populated using "lived experience" data in "Step 2" identified in this article which had undergone thematic analysis using the steps identified by Braun and Clarke (8).

The six aspects of the surveying listed by Dickoff, James and Weidenbach (7) are as follows:

- *Agency:* Who or that performs the activity. In this instance primary health care nurses, social workers, and psychologists;

- *Patiency or recipiency:* Who or what are the recipients of the activity in this instance children living as AIDS orphans in township communities in South Africa.

- *Procedure:* What is the guiding procedure, technique or protocol of the activity? In the instance of this conceptual framework, the procedure clarifies what the strategies comprised to provide care and support to children who are living as AIDS orphans in township communities. This was identified in the aforementioned step 1 and step 2 as: strengthening the existing legislative and policy frameworks in which the primary health care nurses, social workers, and psychologists practice; enhancing the resilience of these professionals; enabling interdisciplinary collaboration; and the facilitation of a work environment that is empowering.

- *Dynamics:* What is the energy source of the activity? From the empirical data mentioned in Step 2, this was identified as justice. Participants were deeply moved by a keen sense of what was a just and right response to caring for and supporting these vulnerable children.

- *Context* primary health care clinics and satellite offices located in the township communities.

- *Terminus* to improve care and support to children living as AIDS orphans in township communities in South Africa. Figure 3

presents this developed conceptual framework. This conceptual framework identified the grand strategies as seen in the procedure aspect of this conceptual framework (9).

Development of strategies

The word "strategy" is derived from the Greek word "stratgos"; stratus (meaning army) and "ago" (meaning leading/moving) (34). Strategy is an action taken to attain one or more goals (34). Strategy can also be defined as a "general direction set and its various components to achieve a desired state in the future (34). According to Hamel (34), we know a great strategy when we see one and do not have a comprehensive theory of strategy creation. In this instance, a plan for improving care and support for children who have become AIDS orphans and who are living in township communities in South Africa was developed using the aforementioned steps.

This secondary analysis of the aforementioned primary data focused on strategies and recommendations identified by the participants that could be implemented to improve care and support for children who have become AIDS orphans and who are living in township communities in South Africa. The four aspects of the procedure and dynamics of this conceptual framework were identified during the literature review and the secondary data analysis and became the four grand strategies. The population of each aspect of these strategies occurred using the identified recommendations by participants during the literature review and the secondary data analysis, identified in this article as steps 1 and step 2.

The so-named "Steps of progression" strategies are presented below see Figure 4. They were named "Steps of Progression Strategies" by SF ER RMVR who identified that each strategy was a step towards the progression of improving care and support for these vulnerable children. Each developed strategy is comprised, a grand strategy, sub-strategy and functional action steps developed using data from the literature review and secondary data analysis.
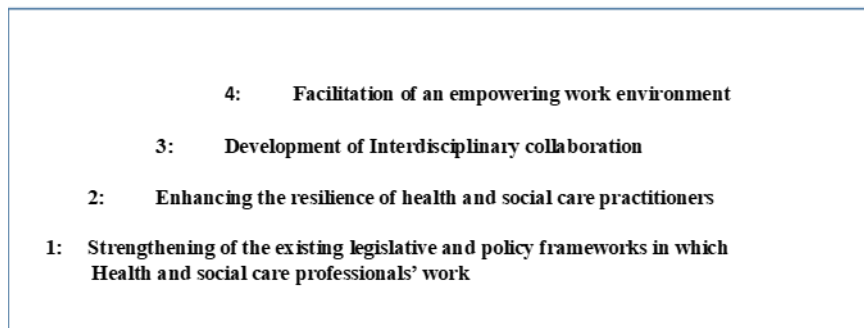
Figure 4. "Steps of progression" to improve care and support to children who have become AIDS orphans and who are living in township communities in South Africa.

Strategy 1: Strengthening of existing legislative policy framework in which primary health care nurses, social workers, and psychologists work

Grand Strategy: 1.1(a). Develop a National Strategy for the provision of care and support to children who are living as AIDS orphans in township communities in South Africa.

1.2 (a). The primary healthcare and social care professionals will assist in the implementation of policies and legislation concerning the provision of holistic care and support to children who are AIDS orphans living in township communities.

1.2 (b). The primary healthcare and social workers and psychologists should facilitate the care and support response to children orphaned by HIV/AIDS.

1.2 (c.) Health and social care professionals should promote through advocacy the plight of AIDS orphans to increase the levels of care and support for children who are AIDS orphans living in township communities.

1.2 (d). Development of guidelines to assist AIDS orphans and their families to navigate the current health and social systems to gain access to care and support through taking personal responsibility.

Proposed outcome

The proposed outcome of this strategy would be to improve the coordination of care and support to these vulnerable children, giving visibility to the South African government's intentions concerning the care and support of children living as AIDS orphans in township communities in South Africa.

Qualitative data supporting grand strategy 1:

"We don't have a plan for these children who are AIDS orphans. How we help them most is by writing referrals and by giving from our own pockets. If we have a well-resourced plan, I can say these children who are AIDS orphans will be helped" [Participant 19, p. 8].

"It's like we don't plan in Africa. We just pick up the pieces when life happens. If we had a plan to help children who are AIDS orphans, it would stop them from living poor and neglected lives in the township communities. We should plan, but we seem not to do it, but we need to" [Participant 23, p. 3].

"We have a National Plan for children, and we have the Children's Act, but the Children's Act takes so much work to implement. We have so many forms to fill in and the Foster Care Grant takes up to 2 years to process, what we need are policies that are joined up so we can help these children" [Participant 1, p. 6].

"We have so many documents we have the constitution, we have the Children's Act we have the NPAC, but it's so ad hoc. How are we to know what the plan is? [Participant 4, p. 4].

"South Africa needs its own children's charter as we know the needs of these children and simply need to do what is right for them as they are the future of our country" [Participant 22, p. 7].

Functional strategy 1 action steps:

- Develop a South Africa Children's Charter regarding the unique needs of children living as AIDS orphans in township communities in South Africa

- Develop a national care and support strategy for children living as AIDS orphans in township communities in South Africa. This could be coordinated through a National Action Group, comprising key stakeholders, including policymakers, identified professionals and NGO's and relevant academics,

- The appointment of a parliamentary action group to develop and implement goal-focused action plans complete with time frames and feedback to the parliamentary action group.

- Improve the capacitation of the number of health and social care professionals and improve the capacitation of the resources these professionals require. Create a safe online professionally overseen forum for children living as AIDS orphans in township communities in South Africa like the "Big Wall".

- Develop care and support hubs specific for AIDS orphans living in township communities to improve the care and support they receive.

- Develop and implement a social awareness campaign to make known the lived experiences of these vulnerable children and identify at "grassroots" level opportunities for the business community, schools, universities, community groups and faith-based organisations to improve support to NGOs already providing care and support to these children.

- Implement *a planned care response* for these children, see Table 4.

- To enable identified professionals to become advocates for these children and engage in a multi-agency approach to improve the care and support of these children.

- For health and social care professionals to make the guardians of AIDS orphans aware of NGOs who provide care and support and enable guardians to navigate the current health and social systems to access care and support for these vulnerable children.

Strategy 2: Enhancing the resilience of primary health care nurses, social workers, and psychologists

2.1 (a) Provision of people and material resources to enable holistic care and support to be given to children who are AIDS orphans living in township communities in South Africa

2 (a) develop and support the capacity of the primary health care nurses, social workers, and psychologists caring for these children.

Proposed outcome

Through capacitation in the Department of Health (DoH) and the Department of Social Development (DSD) and with continuing care and support from professionals, holistic care and support can be provided to these AIDS orphans. Improving the support of the health and social care professionals will improve their ability to provide care and support these vulnerable children whilst working in a challenging environment.

Qualitative data supporting grand strategy 2:

"I want to say that we are too few social workers with high caseloads, we need more people to be social workers" [Participant 16, p. 4]

"In South Africa, we need more nurses' social workers psychologists and teachers" [Participant 18, p. 7].

"These children have much pain they need support groups, so they know they are not alone, and they need food at these support groups. We must help them [Participants 6. p. 8, 11, p. 12, &17 p. 9].

"We don't have debriefing, but we need it. Sometimes we debrief each other in the corridors before meetings. Last week I spent 3 hours with an AIDS orphan girl. I can't get her out of my mind. How am I supposed to cope with all the suffering I heard from her" [Participant, 1, p. 7].

"I reach breaking point at times, because of all the suffering I see every day, I just take a day off. It helps; I think debriefing would help also" [Participant, 22 p. 10].

We need debriefing because we are listening to traumatic stories every day" [Participant, 24, p. 5].

"This is what I have been through… and sharing it with someone. That's what debriefing is. I just need someone to know what I have been through. Then you don't have to absorb as much" [Participant 17, p. 10].

"Every year we have an orphan's day. On this day we give away school uniforms and school uniforms to orphan children. We work hard to raise donations through our contacts. These children are the future of our country! not rubbish" [Participant 9, p. 12].

"We need to have stress management workshops to help all of us in this clinic it's too hard to see children suffer and be hungry" [Participant 3, p. 6].

Strategy 2: Functional action steps:

- Capacity building increasing numbers of professionals and material resources for these professionals i.e., availability of food parcels.

- Debriefing sessions for professionals

- Mentorship program for professionals using a buddy system.

- Developing and resourcing support groups for professionals centred around stress management including mindfulness and professional well-being.

- Creating a safe working space for professionals improving ventilation and space in which to work.

- Empowering managers to seek assistance from other local organisations, e.g., business, schools, universities, churches, synagogues, mosques, and NGOs.

Strategy 3: Development of interdisciplinary collaboration

3.1 (a) Develop interdisciplinary collaboration through coordination and cooperation.

3.2 (b) Primary health care professionals and social care professionals to facilitate the implementation of functional aspects related to coordinating the care and support response of this interdisciplinary team.

Proposed outcome

An efficient and coordinated interdisciplinary approach adopted will provide improved care and support to children living as AIDS orphans in township communities in South Africa.

"What we need is the multidisciplinary team to work together to find a better, more together way of caring for and supporting children who are AIDS orphans, because we all have a contribution to make and we must make it" [Participant 21, p. 7].

"Seems we always live in crisis in South Africa. AIDS orphans need to be cared for and supported. We must plan for them; they are children, we are adults. We must plan to help AIDS orphans, but we don't… it's all ad hoc, so we open our purses to help them because they need food to live" [Participant 19, p. 4].

"Just like it is difficult to integrate theory and practice, it is difficult to get the multidisciplinary team to work together. What would help our AIDS orphans the most is an integrated approach from all departments and all professionals" [Participant 1, p. 8].

"You know if we could refer to other professionals and these referrals worked then children who are AIDS orphans would get the help, they needed through the multi-disciplinary team working together" [Participant 22, p. 17]

Strategy 3: Functional action steps:

- Creating interdisciplinary forums to facilitate interprofessional collaboration.

- Enable functional integration between professionals by having mobile MDT clinics using a mobile MDT service.

- Creating a database of NGOs providing support to AIDS orphans identifying opportunities for collaboration, i.e., literacy hubs, life skill workshops, and wellness hubs.

- Provide networking events for NGOs and DOH and DSD professionals.

- Create Stake Holder Forums to enhance collaboration between stakeholders caring for and supporting these AIDS Orphans.

Strategy 4: Facilitation of an empowering work environment for health and social care professionals

4.1 (a) Development of orphan care centres, "IThemba Elitsha" (In Xhosa "New Hope"), within the existing health and social care structures

2 (a) Improve the education, care, support and resourcing of health and social care professionals, concerning the provision of care and support to children who are AIDS orphans living in township communities.

Proposed outcome

The facilitation of an empowering working environment would prevent health and social care professionals from feeling enervated due to situational and resource constraints.

Renovating existing buildings belonging to the DoH and the DSD, or building new purpose-designed "IThemba Elitsha" centres. To enable inter-disciplinary collaboration, modelled on the Ththuzela centres (in Xhosa Comfort Centres). Ththuzella Centres are one-stop facilities which have been introduce by National Prosecution Authority's Sexual Offences and Community Affairs in partnership with various departments and donors in response to the urgent need for an integrated strategy for the prevention response and support for rape victims. At these centres' women receive medical attention, psychological support, and forensic care so that evidence isn't lost in building their prosecution case. These centres demonstrate the value of multi-professional collaboration and how by bringing professionals together prosecution for perpetrators, care and treatment and support of victims of rape have improved. In the same manner, bringing multi-professionals together could improve care and support for children who have become AIDS Orphans and who are living in township communities in South Africa (35).

Qualitative data supporting the development of grand strategy 4:

"What would be good is if we had the multi-disciplinary team under one roof, I mean the social worker, psychologist, and us - the primary healthcare professionals. This would help our children a lot. They would only have to walk down the corridor and not travel across town" [Participant 22, p. 7].

"These children need to see nurses, social workers, and psychologists, we need to be together so we can run support groups, give medication, and help these children and their guardians to complete grant applications. These children don't get the help they need as we are too, spread out in these communities" [Participant 23, p. 4].

"Without proper psychosocial support, children who are AIDS orphans will not be able to go forward in life. They need the full support of a coordinated approach of the multidisciplinary team in one place with resources to undertake grief counselling, make memory boxes and have support groups where we can feed these children" [Participant 24, p. 3].

Strategy 4: Functional action steps:

- Development of "Ithemba Elitsha" New Hope centres. In these "Ithemba Elitsha" centres; Primary health care nurses, psychologists and social workers would work together to improve care and support for these vulnerable children so their care and support can be coordinated. Using the model of Thuthuzela centres (comfort centres).

- Improving coordinated care and support for children who are AIDS orphans would improve their health and well-being. Having the professionals identified, under one roof would be a positive step toward alleviating further suffering experienced by these vulnerable children through uncoordinated care and support.

These steps of progression strategies were given to an expert panel comprising four professionals and four academics from the professions identified. The criteria that were selected by the researchers for the evaluation of these strategies were derived from those suggested by Fawcett and Gigliotti (36) and Pearson, Vaughn, and Fitzgerald (37). The following criteria were selected as those common to the aforementioned authors to evaluate both the internal and external validity of these strategies.

Table 4. A planned care response for children living as AIDS orphans in township communities in South Africa

A planned care response to assist parents dying of AIDS
The health or social work professionals to discuss the following with the parent dying of AIDS: • Who will action the plan? • Who will take care of the child after they die? • How the child will be provided for financially following their death? • What have they told their child about their death? • How have they prepared the child for their death? • What legal documents have been secured so that the parent's house, if applicable, will be left to the child? • Does the child have access to all the documentation required such as a birth certificate or Road to Health Card? Does the child know how to get a death certificate? • Is the child prepared for the procedure of the funeral and who will take responsibility for that? • Does the child know how and where to access help once the parent has died? • Does the child know who will take care of him/her immediately following the funeral? • Has he/she met this designated person? • Does he/she have a relationship with that person? • Does the child have a social worker to help him/her and the foster-care parent apply for the correct grant? • Is the school aware of the home situation, so that concessions can be made regarding school fees and other issues related thereto? • Are church and community leaders aware of the situation so that help can be given to the child? • Have the relevant NGOs been contacted to provide help and support?

The findings of the expert panel

These developed strategies were presented to an expert panel for review. This panel comprised four academics and four professionals from the three professionals identified.

Clarity of the strategies

The initial comment from member 4 of the expert panel was:

"The proposed strategies are clearly articulated in a manner that would be comprehensible to the range of professionals for whom these strategies are intended" [Expert Panel Member, 4]

Simplicity of the strategies

The number of strategies and subsequent grand and functional strategies were kept to a minimum to ensure clarity through simplicity.

"These strategies are simple to understand" [Expert panel member, 1]

"I find the strategies clearly written and simple and logical to understand, I've enjoyed reading them" [Expert panel member, 3]

Generality of these strategies

The development of these strategies to enable the provision of holistic care and support to children living as AIDS orphans in township communities in South Africa could expedite the provision of holistic care and support to these children.

"These strategies in my view can be transferred to other similar contexts in South Africa. Such transfer would need to acknowledge that there are always nuanced differences in different community contexts" [Expert panel member, 5]

"Yes, these strategies can be transferred in other contexts in South Africa" [Expert panel member, 4].

Accessibility of the strategies

The definitions provided for the concepts for the development of the strategies reflect their meaning and thus ensure the accessibility of the strategies.

"The focus on the policy level is important. I would suggest that the functional strategies focus not only on policy implementation and advocacy but through training as alluded to in 6.4.1.2 (c) as these professionals need to actively engage in influencing legislation and policy" [Expert panel member, 4].

"These strategies are comprehensive and implementable, well done they are good" [Expert Panel member, 6].

Significance of the strategies

These strategies were developed to assist in the process of making legislative and policy frameworks implementable. They are not ambiguous and do present for consideration steps of progression to improving care and support for these vulnerable children.

"The growing incidence of Orphans and vulnerable children (OVCs) necessitates action beyond legislation and policy to ensure these children's constitutional rights are met. Such needs are not the purview of a single government department or professional group these strategies are for interdepartmental and interdisciplinary collaboration" [Expert panel member, 2].

"These strategies are significant as they present implementable solutions to an area of great need in our country" [Expert panel member, 8].

Conclusion

While strategies may be used to provide a perspective on a particular situation, they may also be used to influence changes in perspective. A description of the "Steps of Progression" Strategies has been presented which could be used by policymakers, primary health care nurses, social workers, and psychologists to improve the provision of care and support for children who have become AIDS Orphans and who are living in these township communities in South Africa. These strategies were appraised by this expert panel and found to have clarity, simplicity, generality, and accessibility and appraised as being of importance and significance.

Ethical compliance

The authors have stated all possible conflicts of interest within this work. The authors have stated all sources of funding for this work, if any. If this work involved human participants, informed consent was received from each individual and it was conducted in accordance with the 1964 Declaration of Helsinki. Ethical approval for the empirical aspect of this study was granted by the ethics committee at Nelson Mandela University, Ref Number H12-HEA-NUR. Further ethical approval was granted by the Executive Directors from the Departments of Health and Social Development in the Eastern Cape, South Africa.

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