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Exploring The Impact of Accelerated Literacy and Numeracy Program for Orphans and Vulnerable Children in Harare, Zimbabwe

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Abstract: The study explored the impact of accelerated literacy and numeracy programme for orphans and vulnerable children in Harare, Zimbabwe. The qualitative phenomenological approach was found most relative as it allowed the researcher to examine the perceptions, views, awareness, knowledge, and feelings of orphan and vulnerable children, organizations, field workers, social workers, counselors, and teachers on accelerated literacy and numeracy programmes for orphans and vulnerable children. A phenomenological research design was adopted in this study. The population in the study comprised all orphans and vulnerable children who are, and who passed through accelerated literacy and numeracy programme. Purposive sampling was used to select all the participants. The study used observation, interviews, and focus group discussion guides to collect data from the research participants. As is customary in the qualitative research approach, the researcher was the main instrument of data collection. The Interpretive Phenomenology Approach (IPA) was used to analyze data. The study developed three themes, thus psychosocial support, school fees, and levies through block grants and social protection. Lastly, the study recommends that stakeholders (NGOs, FBOs, CBOs) should support OVC with educational support, child protection, psychosocial support, food & nutrition, school income-generating projects, and household economic strengthening interventions.

Keywords: Accelerated Literacy and Numeracy, Orphan and Vulnerable Children, Quality Education, Psychosocial Support, Social Protection.

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INTRODUCTION

Studies by World Education (2015) and Ndlovu (2019) revealed that at the beginning of the Zimbabwe Accelerated Learning Programme (ZALP), it was projected that 300,000 to 350,000 children and young people of school-going age in Zimbabwe had dropped out of school, or had never been to school. More recent statistics revealed that out-of-school children are estimated at 832,000 children aged 3-18 years being out of school (Ndlovu, 2019). To address the growing crisis in the education sector, the Zimbabwean Government established the Education Development Fund (EDF) in 2009, at the peak of the national socio-economic crisis. The second phase of the Education Development Fund, which was launched in November 2011, sought to improve both the demand and supply of quality education and ensure universal access to basic education to all children of school-going age in Zimbabwe. In complimenting Government efforts, several non-governmental organisations, faith-based organisations, and other community-based organisations came up with accelerated literacy and numeracy programmes for orphans and vulnerable children who have never been to school and school drop-outs.

PURPOSE OF THE STUDY

The study sought to explore the impact of an accelerated literacy and numeracy programme for orphans and vulnerable children in Harare, Zimbabwe.

BACKGROUND TO THE STUDY

Due to the increased number of school dropouts and others failing to be enrolled in schools for various reasons including not having birth certificates and financial resources, many children were made vulnerable and exposed to various forms of abuse. Organisations such as Mavambo Trust and many other organisations came up with programmes meant to assist children in accessing education and other psychosocial support. Most of the programmes are meant to assist orphan and vulnerable children affected and infected by HIV and AIDS. Children are provided with accelerated literacy at Mavambo Learning Centre (MLC) which is a fast-track educational programme for illiterate OVC who are between 8 and 12 years of age. MLC is meant to prepare children for entry into the formal school system to enable them to catch up with their peers and achieve functional literacy. The baseline survey carried out by Mavambo in 2003 discovered that children have complex challenges, hence the need for a holistic approach to supporting them. Other services provided by Mavambo include psychosocial support, facilitation of birth certificate acquisition and advocacy, child rights training, nutrition, increased access to education on HIV/AIDS and reproductive health, medical assistance, income generating activities (IGAs) for economic strengthening and capacity development (schools, community, and staff). Local organisations achieve programme

ownership and comprehensive support by working with local establishments, other partner organisations, and community volunteers to identify the beneficiaries, home visits, and monitoring. Organisations such as Mashambanzou and Mavambo Trust work in partnership with other international organisations such as the United Nations Children's Fund (UNICEF), Steven Lewis Foundation (SLF), Catholic Relief Services (CRS), World Education Incorporation (WEI), Action Aid International Zimbabwe (AAIZ), Save the Children, International Organisation of Migration (IOM) and USAID. In addition local organizations partner with community volunteers; faith-based organisations (FBO); churches; government ministries and structures, the National AIDS Council (NAC) for monitoring and evaluation, and coordination, District Social Services Office (DSSO) for coordination and reporting, Registrar General office for Birth Certificates, Police Victim Friendly Units for child protection; Child Advisory Board for advising direction of programming; child and adult led Child Protection Committees (CPC) for protection of children; local leadership for background and community mobilisation and composition; local Councillors; thirty-seven schools and six pre-schools around Mabvuku, Tafara, Goromonzi, and Epworth for the target groups; City Council; vocational training institutions; Non-Governmental Organisations in child care, networking, and referral; clinics for treatment, care, and referrals; Provincial, District, and Community Service Directories for referrals in child care.

Provision of holistic care for OVC, several organizations' programmes comprise different thematic areas all of which endeavor to provide wraparound care for the OVC and their households. It provides social protection which encompasses birth certificate processing assistance, child rights education, referrals to network partners, paralegal support; psychosocial support (PSS) comprising of memory work, counselling, excursions, PSS community-based camps, guides, and scouts among others; Educational Support in the form of school levies and fees payment, Block Grants, resources exchange, stationery, uniforms, accelerated literacy and capacity building of both staff and community. More so, good health and hygiene practices are promoted through nutrition programmes, hand washing, and hygienic practices awareness raising; in response to HIV/AIDS, the communities are educated through awareness, behavior change, and transport; and hospital user -fees are also provided, while OVC and caregivers are supported through Anti-Retroviral Therapy (ART) at the point of service. Communities are continually engaged in formulating strategies that ensure continuum care to OVC and their households.

Research Question

What impact does the accelerated literacy and numeracy programme have on orphans and vulnerable children in Harare, Zimbabwe?

REVIEW OF RELATED LITERATURE

The number of orphan and vulnerable children (OVC) living in poverty in Zimbabwe and indeed, globally is frequently increasing and has become a growing issue. Poverty affects the OVC's psychosocial development across multiple contexts, including the family, the home, the neighborhood, and the school (Chinyoka, 2013; Lemeyu, 2023) hence, this has more disadvantageous effects on the socio-emotional, and cognitive functioning, and academic achievement (Brooks-Gunn & Duncan, 2007; Conger & Donellan, 2007). Studies revealed that poverty directly and indirectly causes many barriers to learning. It is also the cause of a range of social, emotional, and psychological problems, disabilities, and learning difficulties (Chinyoka, Dekeaza, 2018 & Lemeyu 2022). The result is the strengthening of poor educational conditions, which generate further barriers to education (Donald, *et al.*, 2010). Poverty is therefore harmful to the holistic development of orphans and vulnerable children particularly in developing countries such as Zimbabwe.

Studies established that due to poverty OVC encompasses poor access to clean water and sanitation, inadequate physical security, lack of a voice, and insufficient capacity and opportunity to better one's life (Grimm, 2012; Connell, 2010). Furthermore, Abebe (2018) highlighted that poverty is also characterized by the failure of individuals, households, or entire communities to command sufficient resources to satisfy their basic needs, namely, food, shelter, clothing, health, and education; it is a state of deprivation and insecurity. In most cases, poor OVC lack the capability to function effectively in society; hence they feel marginalised and stigmatised. Poverty can be considered as a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education, and also of information. It depends not only on income but also on access to services. Lack of participation in decision-making and civil, social, and cultural life also characterizes it. As a result of inadequate income and resources, OVC may be excluded and marginalized from participating in activities that are considered the norm for other people in society, leading to a negative attitude and a low self-concept, thus negatively affecting their academic performance.

Studies by Donald, *et al.*, (2014) and Lemeyu (2022) established that orphans and vulnerable children living in poverty are much more prone to health and safety risks associated with malnutrition, disease, infection, and injury than are children who are not poor. Furthermore, many of these health and safety risks cause physical, cognitive, neurological, or sensory problems that are likely to cause disabilities and learning difficulties (Donald, *et al.*, 2010). Given the above, poverty-related diseases are consequently harmful to the

academic performance of orphans and vulnerable and vulnerable children and children in general. Children often have to miss classes because of poverty-related illnesses and fail to concentrate in class, hence affecting their academic performance (Dekeza, 2018).

A study by the EFA Global Monitoring Report (UNESCO, 2011) revealed that more than a quarter of children below fifteen years of age in sub-Saharan Africa are underweight due to a poor diet and malnutrition, making them more vulnerable to disease, and less able to concentrate at school. In addition, a study by Chinyoka (2013) and Connell (2010) further revealed that 34% of low birth-weight children were either repeating grades or placed in special education classes, while only 14% of normal birth-weight children experienced the same outcomes. However, understanding the range and seriousness of poverty is vital in Zimbabwe, to develop intervention programmes and social policies to protect children in need of care and protection, and to treat children who have already been affected. Children from low socio-economic backgrounds are at a very high risk of developing long-term social, emotional, cognitive, behavioral, and personality problems (Chinyoka, 2013). Various studies in Latin America, Africa, and the United States revealed that on intelligence tests, orphans and vulnerable children with a history of malnutrition attained lower scores than children of similar social and economic status who were properly nourished (Fanzo, 2012). Malnutrition may cause illness, brain damage, delayed physical growth, delayed motor skills development, and delayed intellectual development. Studies established that early childhood malnutrition can limit a child's long-term intellectual development (Lacour & Tissington, 2011).

Due to poverty, HIV/AIDS, and many other situations faced by children and their families, various local organizations were founded to assist orphan and vulnerable children to access education in their local communities. As HIV/AIDS and other pandemics such as COVID-19, various organizations expanded their services to provide orphan and vulnerable children (OVC) with education catch-up programmes, psycho-social support (PSS), nutrition support, and community capacity development programmes (Lemeyu, 2023). One of the organizations in Harare's objectives are to improve access to education for OVC through strengthening the accelerated literacy and numeracy education programme, improve access to holistic psychosocial support for OVC including counselling, access to health services, after-school activities, HIV/AIDS awareness training and support to acquire birth certificates and legal documents and to empower communities to play a larger role in responding to the challenge of OVC by running capacity building programmes, awareness raising programmes and small-scale income generation activities (COREAM, 2018). Education has been the central pillar for Zimbabwe's development policies since it attained independence in 1980.

RESEARCH METHODOLOGY

This study implemented a qualitative research approach. Under the canopy of the qualitative research approach. The qualitative research approach developed from phenomenology which was first conceptualised and theorised by Husserl in 1931. Expansion and alignment of phenomenology with qualitative research methodology is attributed to several researchers (Smith, Flowers & Larkin, 2009; Moustakas, 1994; Giorgi, 1994; van Manen, 1990). Phenomenology is both a philosophy and a research methodology (Vagle, 2014; Barrow, 2017). As a philosophy, phenomenology is divided into two major branches, which are descriptive and interpretive. Edmund Husserl (1859–1938) originated descriptive phenomenology (Reiners, 2012). It is argued that Husserl's descriptive phenomenological perspective was a reaction against positivist views of the late 1800s. Husserl defined individuals as connected meaningfully with everything in the world. Husserl's descriptive phenomenology was aimed at identifying the meaning of an individual's lived experiences or extracting meaning from their everyday life (Vagle, 2014). Husserl further rejected the assumption that in a research study, objects (researchers) existed independently from the subject (participants). However, while a phenomenon is defined by the meaning it has for its subject, anything outside of the immediate experience must be disregarded (Barrow, 2017). To separate the phenomenon under study and interpret the meaning of lived experiences, descriptive phenomenology involves bracketing. Bracketing is where the researcher sets aside his or her pre-judgments, biases, and preconceived ideas about things (Vagle, 2014). Martin Heidegger (1889–1976) moved away from the school of descriptive phenomenology and came up with interpretative phenomenology, an ontological assumption that addresses the nature of what is being. Heidegger proposes that our understanding of the everyday world is linked to our interpretation of it (Vagle, 2014), unlike Husserl, who suggested that biases and preconceptions must be bracketed to detach the lived experience of a phenomenon. Heidegger's phenomenology was context-bound. Consequently, interpretative phenomenology rejects bracketing since the object (the researcher) cannot be separated from the subject's (the participants) interpretation of it (Groenewald, 2004). Interpretative phenomenology stresses the co-creation of interpretations between the researcher and participant because all of them share context, culture, and language (Wojnar & Swanson, 2007). The current study adopted the interpretative methodology as it is regarded as the best phenomenological methodology when studying the lived experiences of participants in their natural settings.

The current study mainly used the qualitative phenomenological approach (Merriam, 2009; Yin, 2009) which sought to explore the impact of accelerated literacy and numeracy programme for orphans and vulnerable children in Harare, Zimbabwe. Merriam (2009) states that the use of a qualitative

phenomenological approach gives an in-depth understanding of complex research phenomena. Based on this approach, the study found a qualitative phenomenological approach most relative as it allowed the researcher to examine the perceptions, views, awareness, knowledge, and feelings of orphan and vulnerable children, organizations, field workers, social workers, counselors, and teachers on accelerated literacy and numeracy programme for orphans and vulnerable children in Harare, Zimbabwe. A phenomenological research design was adopted in this study. Creswell (2009) defines research design as the framework for the research, the blueprint or detailed plan through which the study is carried out, and should be consistent with the qualitative phenomenological approach in which this study was carried out. The study further adopted phenomenology research design as an interpretative, open, flexible, and responsive method allowing the researcher to deeply and thoughtfully settle into and sit with the phenomenon under study (Vagle, 2014). The interpretive phenomenology approach allows multiple participants who experienced similar events to tell their stories without any falsehood. A phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon (Creswell, 2012). In this respect, the population in this study comprised all orphans and vulnerable children who are, and who passed through accelerated literacy and numeracy programme for orphans and vulnerable children in Harare, Zimbabwe. The study also comprised teachers, social workers, and counsellors. Purposive sampling was used to select all the participants. Purposive sampling is an approach whereby participants are selected because of the rich information they hold that is required to answer the research questions (McMillan and Schumacher, 2010). The study used an observation guide, interview guide, and focus group discussion guide to collect data from the research participants. As is customary in the qualitative research approach, the researcher is the main instrument of data collection (Lincoln and Guba, 2010). The current study used Interpretive Phenomenological Analysis (IPA) to explore the impact of accelerated literacy and numeracy programme for orphans and vulnerable children in Harare, Zimbabwe.

FINDINGS AND DISCUSSION OF RESULTS

This study employed a qualitative research approach using the phenomenological research design under pinned by the phenomenological philosophy. Interpretive phenomenology analysis was employed and three themes emerged: Psychosocial support, school fees and levies through grants, and social protection.

Psychosocial support

The study established that one of the local non-governmental organizations in Mabvuku, Harare established an informal special school, which offers

accelerated literacy and numeracy education programme for illiterate orphans and vulnerable children between 8 and 12 years who have never been to school. It further emerged from the study that due to the increased number of school dropouts and others failing to be enrolled in schools for various reasons such as not having birth certificates and financial resources, many children were made vulnerable and exposed to various forms of abuse. A community-faith base organization in Mabvuku was established in 2001 to assist children in accessing education and other psychosocial support programmes to offer wraparound support to OVC. The programmes are meant to assist OVC affected and infected by HIV and AIDS. The study noted that this programme is intended to prepare children for entry into the formal school system to enable them to catch up with their peers and achieve functional literacy. The study further established that OVC has complex challenges, hence the need for a holistic approach to supporting them. Other services provided by local NGOs include psychosocial support, facilitation of birth certificate advocacy and acquisition, child rights training, nutrition, increased access to education on HIV/AIDS and reproductive health, medical assistance, IGAs for economic strengthening, and capacity development (schools, community, and staff). The nutrition and psychosocial support programmes at the MLC have been enhanced by constructing the children's room. Mavambo Trust achieves programme ownership and comprehensive support by working with local establishments, other partner organisations, and community volunteers to identify the beneficiaries, home visits, and monitoring.

It further emerged from the study that NGOs such as Mashambanzou and Mavambo Trust in Harare provide holistic care for OVC. The programmes comprise different thematic areas all of which endeavor to provide wraparound care to OVC and their households. Social protection offering birth certificate processing assistance, child rights education, referrals to network partners, paralegal support; psychosocial support (PSS) comprising memory work, Counselling, excursions, PSS community-based camps, guides, and scouts among others; educational support in the form of school levies and fees payment, block grants, resources exchange, stationery, uniforms, accelerated literacy and capacity building of both staff and community. More so, good health and hygiene practices are promoted through nutrition programmes, hand washing, and hygienic practices awareness raising; in response to HIV /AIDS, the community is educated through awareness, behavior change, transport; and hospital user-fees are also provided, while OVC and caregivers are supported through Anti-Retroviral Therapy (ART) at the point of service. Communities are continually engaged in formulating strategies that ensure continuum care to OVC and their households. One of the OVC who participated in the study revealed that:

"I am in my second year at this organization receiving an accelerated literacy and numeracy programme. We

are also provided with good food at break time which makes me gain energy to actively participate in class.”

When asked about HIV/AIDS lessons being conducted at the organization, one of the children revealed that: *“when one is raped make an immediate report to the police.”*

The study established that when OVC leaves the organization, they leave with information on HIV/AIDS and other pandemics, how diseases spread and are prevented, issues surrounding stigma and discrimination, and how those who are infected can be cared for. The study noted that already some of these children are coming from households with people or themselves living with HIV/AIDS.

School fees and levies through Block Grants

The findings highlighted that school fees for some of the vulnerable children were being paid by the government through the Basic Education Assistance Module (BEAM) programme. Non-governmental organisations and faith-based organisations working in local communities assist with fees for other OVC who are not on BEAM. This provision of school fees by the government and non-governmental organizations enabled several OVC to acquire quality education regardless of their status. The findings concur with a South African study by Mwoma (2016) who established that the schools and other stakeholders have done their best to ensure that OVC in public primary schools are supported to acquire their basic education. Similarly, Ncube (2016) observes that non-governmental organizations always try to improve access to education and wrap-around services for OVC by strengthening the systems that support these children especially those already in schools. The study established that due to the worldwide global financial crunch in the past few years resources for programme support are shrinking. Households and local structures such as schools are being supported to run their livelihood projects from which they can mobilize resources to not only send their children to school but also meet other basic needs. It further emerged from the study that a Vana Integrated Schools Project (VISIP) model was introduced into schools with five key pillars tailored to care for OVC. The pillars are Social Protection (Child Rights Education), Psychosocial Support (PSS), Health, Education, and livelihoods. Incomes from the projects were used to pay levies and fees for hard-to-reach children or meet other immediate needs in the school in exchange for fees and levies exemption for OVC. The study noted that School Development Committees/Associations (SDC/A) are the custodians of the model. It emerged from the study that the Government of Zimbabwe's efforts to send all children to school may be complemented even beyond direct fees and levies support. This is in line with Lemeyu's study (2022) which revealed that school fees for some of the vulnerable children were being paid by the government

through the BEAM programme. Non-governmental organisations and faith-based organisations working in local communities assist with fees for other OVC who are not on BEAM. This provision of school fees by the government and non-governmental organizations enabled several OVC to acquire quality education regardless of their status. The findings further concur with a South African study by Mwoma (2016) who established that the schools and other stakeholders have done their best to ensure that OVC in public primary schools are supported to acquire their basic education. Similarly, Ncube (2016) observes that non-governmental organizations always try to improve access to education and wrap-around services for OVC by strengthening the systems that support these children especially those already in schools. This also concurs with Stamatović and Cicvarić (2019) who postulate that educational institutions are ideal places for the practical implementation of child rights. Having intense relationships with their peers and adults, children in educational institutions have the opportunity to develop practical skills by which they contribute to the observance of child rights and prepare for the role of active citizens in a democratic society.

Social Protection

It emerged from the study that is also important to provide wraparound services to OVC. Social protection encompasses birth registration, child rights and responsibilities, Child Protection Committees (CPC), child participation, and safeguarding of children's interest and their right to be heard. The birth registration programme remains fundamental in most of the local NGOs such as Mavambo Trust activities. Efforts are being directed at assisting OVC and caregivers access identity but more still needs to be done. Complexities that surround absence and loss in interest to pursue for requirements for one to process Birth Certificates vary. Caregivers themselves in some cases do not have documents, cannot process Death Certificates for the children's biological parents who are late, caregivers, and children were born outside Zimbabwe and have flouted immigration procedures but above all, caregivers fail to trace maternal relatives of the children. Recently, young mothers have been delivering at home due to failure in mobilizing the maternity fees demanded at clinics and hospitals implying that babies would not have birth records that are required for birth certificate facilitation. The study established that men who refuse paternity also balloon the problem with mothers trying to hold them for ransom by refusing to process birth certificates on their own. Gender-sensitive education and awareness of the importance of Birth Certificates need to be upscaled to hard-to-reach communities where most OVC without the documents are concentrated. The study revealed that in a bid to promote birth registration, advocacy was mainstreamed in most of the activities. This concurs with Chinyenze (2028) who revealed that upholding a Birth Certificate as a child's right and a gateway to education, passport,

National Identity, Driver's license, and legal name ownership during caregivers' activities was significant. More campaigns were carried out at the zonal/ cell level and during meetings with community members to encourage caregivers to process Birth Certificates. Article 7 of the United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of Children, (1990) maintains that every child regardless of their status has the right to be registered and have a birth certificate. UNICEF, (2018) postulates that over 230 million children globally have never had their births officially registered and these children without birth certificates are not recognised or counted and their rights are limited as they may not enjoy what other children enjoy (Schübelin, 2018). This implies that these children may not benefit from protection and social services important to their development. In the Zimbabwean context, studies by Mashumba and Maroleng (2004) and Chinyenze (2018) note that almost 50 percent of OVC in Zimbabwe and 95 percent of OVC who live in orphanages do not have birth certificates. These OVC without birth certificates are in most cases excluded from the school system, health care, and other social security programmes including BEAM (UNICEF, 2018). This implies that children's rights to birth certificates are being violated.

CONCLUSIONS

The study concludes that OVC accelerated literacy and numeracy programme services are inclusive of educational, nutritional, psychosocial, medical assistance, and referral services. Further on, the study concludes that OVC accelerated literacy and numeracy programme implements a holistic approach to providing care and protection to OVC in local communities. This is indicated by how they address the educational, food, health care, and psychosocial needs of the OVC.

RECOMMENDATIONS

Based on the study findings, the study recommends that:

- The Government and NGOs should enhance BEAM & School feeding programmes.
- Stakeholders (NGOs, FBOs, CBOs) should support OVC with educational support, child protection, psychosocial support, food & nutrition, school income-generating projects, and household economic strengthening Interventions.
- Communities should also come up with community volunteers, OVC care & support psychosocial support, and vibrant child protection. educational assistance and active school development committees.

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