

To investigate factors preventing the care-givers from accessing the social grants and other benefits entitled to the orphans and vulnerable children (OVC) under their care

by

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Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Abstract

One of the consequences of HIV/AIDS is the large number of orphans and vulnerable children (OVC). Most OVC care givers in African communities are elders. The elders use their meagre pension hand out to support their OVC grandchildren. The Ministry of Gender Equality and Child Well Fare (MGECW) has responded to the financial burden of the OVC care-givers by issuing different social grants to the OVC. Due to preventing factors not all OVC are receiving these grants. The Namibian Government has formulated different policies protecting the rights of OVC. However, not all stakeholders are implementing these policies which lead to the OVC`s rights being compromised. This study was conducted in Omusati Region in Namibia to determine the factors that prevent some of the OVC care-givers from accessing the social grants and other benefits entitled to the OVC under their care. Data for this study have been obtained from four sources, using four different data collection methods. In depth interview have been used to collect data from twelve Community Childcare Workers (CCW) in the (MGECW) administering the OVC`s grants applications at twelve Constituencies. Some information was obtained using structured questionnaire from twenty four teachers dealing with OVC at twelve schools in twelve Constituencies. The officials from the Ministry of Home Affairs and Immigration (MHAI) have been engaged in focus group discussion to provide valuable information to this study. Literature has also been reviewed to shed more light on the subject under investigation. This study discovered that there are various impediments preventing the care-givers from obtain the OVC social grants. Lack of documents, transport costs and long distances coupled with cumbersome process of processing grants applications and issuing national documents are among the preventing factors. This project has been concluded with recommendations which if implemented will smoothen the process of grants accessibility.

Opsomming

Een van die gevolge van MIV/Vigs is die groot aantal weeskinders en kwesbare kinders (OVC). OVC sorg gewers in Afrika-gemeenskappe is die ouderlinge. Die oudstes gebruik hul karige pensioen hand uit hul OVC kleinkinders te ondersteun. Die Ministerie van Geslagsgelykheid en Kinderwelsyn Wel Fare (MGECW) het gereageer op die finansiële las van die OVC versorgers deur die uitreiking van verskillende maatskaplike toelaes aan die OVC. As gevolg van die voorkoming van faktore nie alle OVC hierdie toekennings ontvang. Die Namibiese regering het verskillende beleide wat die beskerming van die regte van die OVC geformuleer. Egter nie alle belanghebbendes die implementering van hierdie beleid wat lei tot die OVC se regte word gekompromitteer. Hierdie studie is uitgevoer in die Omusati-streek in Namibië om die faktore wat verhoed dat sommige van die OVC versorgers van toegang tot die maatskaplike toelaes en ander voordele geregtig op die OVC onder hul sorg te bepaal. Data vir hierdie studie is verkry uit vier bronne, deur gebruik te maak van vier verskillende data-insamelingsmetodes. In diepte onderhoud is gebruik om data van twaalf Gemeenskap Kindersorg Werkers (CCW) te versamel in die (MGECW) die administrasie van die OVC se toelaes aansoeke op twaalf Kiesafdelings. Sommige inligting is verkry met behulp van gestruktureerde vraelys uit 24 onderwysers die hantering van OVC by twaalf skole in twaalf Kiesafdelings. Die amptenare van die Ministerie van Binnelandse Sake en Immigrasie (MHAI) is besig met die fokusgroeppespreking om waardevolle inligting te verskaf aan hierdie studie. Literatuur is ook hersien om meer lig te werp op die onderwerp wat ondersoek word. Hierdie studie het ontdek dat daar verskeie struikelblokke wat verhoed dat die versorgers van die OVC maatskaplike toelaes te verkry. Gebrek van dokumente, vervoerkoste en lang afstande, tesame met 'n omslagtige proses van die verwerking van toelaes aansoeke en die uitreiking van nasionale dokumente is onder die voorkoming van faktore. Hierdie projek is afgesluit met aanbevelings wat, indien dit geïmplementeer word, die toegang to toelaes sal verbeter.

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Acronyms

1. AIDS Acquired Immunodeficiency Syndrome
2. CCW Community Childcare Worker
3. FHI Family Health International
4. HIV Human Immunodeficiency Virus
5. IATT Inter-Agency Technical Team
6. IRIN Integrated Regional Information Network
7. MDGR/N Millennium Development Goals Report on Namibia
8. MGECW Ministry of Gender Equality and Child Welfare
9. MHAI Ministry of Home Affairs and Immigration
10. MHSS Ministry of Health and Social Services
11. MWACW Ministry of Women Affairs and Child Welfare
12. NDHS Namibia Demographic Health Survey
13. NGO None Government Organization
14. NMCF Nelson Mandela Children`s Fund
15. NPA National Plan of Action
16. NPRS National Population Register System
17. NRCS Namibia Red Cross Society
18. OVC Orphans and Vulnerable Children
19. PRDSU Peninsula Research and Development Support Unit
20. UNAIDS Joint United Nation Programme on HIV/AIDS
21. UNCRC United Nation Convention on Rights of Children
22. UNICEF United Nation Children`s Fund
23. USAID Unite State Agency for International Development

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Chapter 1: Introduction

1.1 Background information

HIV/AIDS is a global epidemic. In 2008, 33.4 million people in the world were living with HIV and 21 million of these people were children under the age of 15 years. During the same year around 2.0 million people have died due to AIDS.

It is further reported that in 2008, there were 22.4 million people living with HIV in sub-Saharan Africa. This number represents about 67% of the total number of people living with HIV globally. In the same year around 1.4 million people in sub-Saharan Africa have died due to AIDS related illnesses (Joint United Nation Programme on HIV/AIDS, 2009) (UNAIDS).

Namibia is among the top five countries hardest hit by HIV/AIDS epidemic. It is reported that since 1996, AIDS related illnesses has been the leading cause of mortality in the country. According to the Ministry of Health and Social Services (MHSS) Report on the 2010 National HIV Sentinel Survey, the country's adult population (15-49) years old has HIV prevalence of 18, 8%. This report further indicates that HIV prevalence is highest at 29.7 % and 29, 6% among the (30 -34) and (35-39) years old age groups respectively. This is the childbearing segment of the population.

Many studies revealed that HIV/AIDS epidemic rate is mainly high among the reproductive members of the population. This implies that the mortality rate due to AIDS is also high among this segment of the population. The middle aged group is also the main bread winners in many households. Consequently, many communities in the regions hardest hit by HIV/AIDS epidemic are robbed most of the bread winners and remained only with the young and the elderly.

Some of the young children are either orphan and/or vulnerable due to HIV/AIDS related impacts. In African context, it is a common practice that the orphans are reared up by the surviving spouses or by the extended families. However, the contemporary influx of orphans and vulnerable children (OVC) has exerted a great pressure on the common cultural safety net of caring. Africa has a deep-

rooted nature of extended family network but now the capacity of communities and households to cope has been undermined by the growing number of AIDS orphans (Nelson Mandela Children's Fund, 2001) (NMCF).

Many OVC are taken care of by elderly people who are also trying to survive with little they have. The pensioners find it difficult to support their orphans and vulnerable grandchildren with their meagre pension grants. In severe circumstances, older children assume adult responsibilities of taking care of their young siblings. NMCF (2001) postulates that "given the above scenario, the burden of care fall on the elderly who themselves have limited resources and the young siblings assuming the role of household heads and caregivers".

Aging coupled with multiple HIV/AIDS impacts such as nursing ill family members, loss of family members or relatives, the extra burden added on their shoulder to take care of their (orphans and vulnerable) grandchildren and uncertainty about the future, elderly are subjected to stress and depression. Bezuidenhout, Elago, Kalenga, Klazen, Nghipondoka and Ashton (2006) highlight that "affected people are faced with challenges of; loss, death, perceived helplessness, uncertainty about the future, sadness anger, frustration in navigating the medical system, financial worries and interpersonal stress."

Salaam (2005) asserts that "the majority of children orphaned or made vulnerable by HIV/AIDS are living with a surviving parent or within their extended family (often a grandparent)". The Ministry of Women Affairs and Child Welfare (2004) (MWACW) provides the similar evidence when asserts that "older people are increasingly bearing the responsibility of caring for orphans."

The Namibian Government has shown its commitments towards reversing the HIV/AIDS impacts and further spreading of the pandemic. This has been demonstrated by the responsive strategies the government has in place. Policy documents such as National Policy on HIV/AIDS, National Policy on Orphans and Vulnerable Children, Education Sector Policy for Orphans and Vulnerable Children in Namibia and Third National Strategic Medium Term Plan for HIV/ AIDS 2004-2009 have been formulated to address the devastating impacts of HIV/AIDS on the society.

Namibia has also framework documents such as National Plan of Action on OVC, Third National Development Plan and Vision 2030, guiding the implementation of HIV/AIDS mitigation strategies (National Plan of Action for OVC, 2006-2010).

The Namibian Government's commitment to effectively and efficiently responding to the HIV/AIDS impacts has further justified by signing and ratifying different HIV/AIDS treaties and declarations for example, the United Nations Millennium Declaration and Millennium Development Goals (2000), United Nations General Assembly Special Session on HIV/AIDS (2002), The Abuja declaration on the fight against HIV/AIDS in South African Development Community region (2001) (MHSS, 2007).

As a mitigating mechanism to respond to the devastating consequences of HIV epidemic on OVC, the Government of the Republic of Namibia in collaboration with Development Partners have made funds available in the form of different social grants. These grants are intended to support the OVC in different categories. MGECSW (2007) indicates that the Ministry provides child welfare through different grants to OVC themselves and to families caring for OVC.

The government's objective to introduce the social grants is to lessen the financial burden exerted on the community by the increased number of orphans and vulnerable children. The government has realized that if the OVC are not properly taken care of and provided with needed education then the society will breed a young generation that will pose many challenges.

However, it has been noted that some OVC are not benefiting from the available grants. Taylor, Kidman and Thurman (2011) say that "despite the availability of these grants, and their proven potential to benefit recipients, not all eligible OVC households are accessing these critical resources". Inaccessibility of social grants by some OVC is what raised the interest in the researcher to conduct this study.

In the absence of the remedial measures to address the factors preventing the accessibility of the OVC social grants, the impact of HIV/AIDS epidemic may become more unbearable. Lack of

utilising the social grants and other benefits deprive the OVC access to basic goods and services such as education, health care and nutritional food.

The HIV/AIDS Policies stated above state that OVC should be exempted from paying the school development funds and no learner should be excluded from school because of the inability to pay. These policies protect the OVC rights so that they can be educated. If the OVC are excluded from school, they will be illiterate, uneducated and poor. Various researchers have discovered that there is high correlation between HIV/AIDS and poverty. “Educated people are in a better position to create work for themselves and others and also to obtain formal employment” (2nd Millennium Development Goals Report/Namibia, 2008) (2nd MDGR/N).

Poverty is believed to be among the factors that fuel HIV epidemic. Furthermore, poverty is associated with crime, alcohol, drug abuse and commercial exploitation of children among others. The above stated factors are also contributing to the wide spread of HIV epidemic. Thus, accessing social grants and other benefits by OVC caregivers is a mechanism towards poverty alleviation and reduction in spreading of HIV/AIDS.

1.2 Research problem

Different social grants and other benefits are available to benefit the OVC. However, some of the OVC have no access to these grants and benefits. Therefore, there is a need to determine the factors preventing some of the OVC from receiving the social grants entitled to them and find out why not all OVC are exempted from paying the school development fund.

1.3 Research questions

What factors prevent some of the OVC care-givers from accessing the available social grants entitled to the orphans and vulnerable children (OVC) under their care and why some of the OVC are not exempted from paying education expenses?

1.4 Significance of the study

It is important to discover the factors that prevent some of the OVC from accessing the social grants and also to determine why some schools are not exempting them from paying the school development fees as it has been stipulated in policies.

After the preventing factors have been unearthed, the study has provided recommendations that will assist the policy makers to review some of the policies that make it difficult for all OVC to access the social grants and come up with convenient policies that make social grants more accessible. The policy implementers have also been advised to implement the policies accordingly for the benefits of the OVC.

The study findings will benefit the OVC and their care givers because they will be able to access the social grants and exempted from paying the school fees. If all the OVC receive grants, they will have money to buy their everyday`s basic needs. The OVC care-givers will also use fewer resources in terms of time and money in accessing the grants.

The grants administrators will benefit from this research`s findings because the challenges that make their work difficult have also been addressed. They will be in a better position to deliver quality serves to their clients. The Namibian society at large will benefit from the study.

This study will further benefit the researcher who conducts it. The researcher will gain in depth knowledge and experience about how to conduct research and will have better understanding of the challenges facing OVC and their caregivers in the community. This study can also be used as a reference by other researchers who will conduct studies in similar field.

1.5 Aim

The aim of this study is to determine the factors that make it difficult for some of the OVC care-givers to access the social grants and other benefits entitled to the OVC. After the discovery of the

preventing factors, recommendations will be provided to counteract those factors so that all the OVC can easily access the social grants and exempted from paying the school fees. If all the OVC are receiving grants, their standard of living will be improved.

1.6 Objectives

1. To establish the major challenges in the grant application process
2. To establish the requirements for the OVC to become eligible for social grants and school fees exemption
3. To find out the challenges facing the OVC and their caretakers in meeting the requirements to receive the social grants.
4. To determine whether OVC are exempted from paying school fees.
5. To recommend ways of addressing the factors preventing some of the OVC from receiving the social grants and from paying the school fees.

1.7 Research methods

The researcher has used qualitative and quantitative research methods to conduct this study project. Different data collection methods have been used and the data collected have been compared to see whether they can generate the same results.

The quantitative data has been collected by means of questionnaires. Questionnaires have been distributed to twenty four schools which have been randomly selected from twelve Constituencies of the Omusati Region (two schools from each Constituency). The questionnaires have been given to a teacher that deals with OVC at each school.

The in-depth interviews, focus group discussion have been used to collect the qualitative data. Twelve Community Childcare Workers administering the OVC social grants for the MGECW stationed at each twelve Constituencies have been interviewed. The CCW have been notified in advance and provided with the time table indicating the date and time they will be interviewed. The

researcher used the interview schedule when conducting the interviews. Six officials from the MHAI have formed up the focus group. These subjects have been included in the study because they are responsible for issuing the national documents which are requirements for the OVC to become social grants recipients. Focus group protocol has been used to guide the group discussion.

The researcher intended to have two focus groups from the MHAI but during the data collection phase some of the employees were conducting outreach programmes in the field. A total of forty two subjects have participated in this study and have provided valuable information to this research findings. Some information has been collected from the literature review described in chapter two.

The quantitative data have been analysed using SPSS Data analysis software, whereas, the qualitative data have been coded for the meaningful themes that emerged.

1.8 Structure of the study

This document has been divided into five chapters.

Chapter1: Introduction

In this chapter the reader has been introduced to the global statistical rate of HIV infection and its impacts on the society. How the Namibian government mitigates the financial impact of OVC on their caregivers is highlighted in this chapter. Information about the research problem, research question, aims and objectives of this study has also been provided. The research method about how this study has been conducted is covered in chapter one as well.

Chapter 2: Literature review

Chapter two includes extensive review of different literature that have covered similar topic discussed in this study. The relevance of this document is justified by the similar findings by other researchers described in different literatures which have been presented in this chapter.

Chapter 3: Research methodology

In this chapter the reader has been provided with a thorough description about how this research has been carried out. The research design, data sources and methods used to select the study population and collect data are presented in this chapter. The ethical issues considered when this research was carried out are described in this chapter as well.

Chapter 4: Analysis and findings

In order for the reader to have a clear understanding of this research, the findings are presented in tables, pie charts, bar chart, cycle and matrix in this chapter. Quotations from some of the interviewees and focus group participants highlighting their experience, attitudes and feelings about the topic under investigation are also covered in this chapter.

Chapter 5: Conclusion, limitations and recommendations

This chapter concludes what have been described in previous chapters. The challenges experienced in the process of this research are indicated in this chapter. This chapter also includes the recommendations made to address the factors that prevent the OVC caregivers from accessing the social grants entitled to the OVC under their care.

Chapter 2: Literature review

2.1 HIV/AIDS global update

It has been reported that in 2008, 33.4 million [31.1 million-35.8 million] people in the world were living with HIV. It was further indicated that 31.3 million [29.2 million-33.7 million] people living with HIV were women. 21million [1.2 million-2.9 million] of the total population of people living with HIV were children under the age of 15 years. The distressing report is that during the same year 2.0 million [1.7 million-2.4 million] people have died due to AIDS related illnesses (UNAIDS, 2009).

Sub-Sahara Africa is the region described to be hardest hit by the HIV epidemic. The hardest hit nine countries with the highest HIV prevalence worldwide are all located in the sub region. These countries have adult HIV prevalence greater than 10% (UNAIDS, 2009). Namibia is among the nine countries of sub-Sahara Africa described to be hardest hit by HIV epidemic because the HIV prevalence is now standing at more than ten percentages.

2.2 Namibian situation

The first case of HIV infection in Namibia was reported in 1986. Since then the epidemic had spread until it reaches its peak in 2002. 2nd MDGR/N (2008) maintains that “the first four cases of HIV/AIDS were reported in 1986, and now it is estimated that about 200,000 people are living with HIV in Namibia”.

HIV prevalence for the general population (15-49 years) in 2002 was standing at 22%. It is worth noting that the general population`s HIV prevalence is based on the pregnant women tested when seeking for antenatal services. This figure may not provide the accurate HIV prevalence of the population. Desert Soul (2011) argues that “no population-based survey has been conducted, and the actual level of national HIV prevalence can only be estimate through models.”

According to the report on 2010 National HIV Sentinel Survey, it has been noted that HIV prevalence for the general population has increased with one per cent and now stand at 18.8% compared to 17.8% in 2008. This difference is not statistically significant (MHSS, 2012).

Although the prevalence of 18.8 % is high, it shows a relatively decline in HIV prevalence in comparison with the previous years. (See appendix-1)

It has been noted that in Namibia, the spread of HIV is driven by multi-factors such as hetero sexual multi concurrent relationships; transactional sex, inter-generational relationships, poverty, unemployment, mobility and migration, alcohol and drug abuse, inconsistent use of condoms, late marriage, gender inequality, low perceptions of risk of HIV infection and early sexual debut (MHSS, 2010).

The HIV prevalence in Namibia is not universal across the regions. The highest antenatal clinic HIV prevalence was reported in Katima Mulilo at 35.6 %, while the lowest was reported in Rehoboth with 4.2% (MOHSS, 2010).

Despite the decline in HIV prevalence, it`s devastating impacts remain a challenge. The introduction of antiretroviral therapy has decreased the number of people supposed to die of AIDS. However, the therapy was introduced a bit late when many people have already died. Even though the antiretroviral therapy is available to prolong the lives of people living with HIV and prevent mother to child transmission some people continue to die and some babies are still get infected by their mothers. Horizons (2007) maintain that “a significant number of children whose mothers are HIV-positive are themselves infected with the virus”.

According to the National Census (2001) reported in the Ministry of Women Affairs and Child Welfare (2004) (MWACW) there were 156,165 orphans between the age of 0 and 19 in Namibia. Today the number of orphans has surpassed this figure. Some statistical information about the OVC in Namibia provided by Demographic and Health Survey [DHS] (2006-2007) reported in USAID/Namibia (2010) is that Namibia has a population of about 2, 1 million and 250 000 are

estimated to be orphans and vulnerable children. This estimate indicates that there is an average of 19230 OVC in each thirteen regions of Namibia during the period under review.

2.3 Definitions

The terms Orphan and vulnerable have been defined differently in many literature. Every country has adopted its own definitions of these concepts. The definitions of orphan and vulnerable child used in this document are those adopted by the Namibian government. An orphan is defined as “a child under the age of 18 whose mother, father or both parents have died, whereas the vulnerable child is “a child that needs care, supervision and protection” (MWACW, 2004).

The definition of the orphan child is clear. However, the definition for vulnerable child is too general and includes almost every child because all children under the age of 18 need parental guidance, care and protection.

In order to have a common ground of understanding, the definition of the vulnerable child is extended further to include the circumstances and/or events that create the vulnerability. Engle (2008) argues that the definitions of orphans and vulnerable children need to be expanded to cover aspects not included in these definitions.

A child is vulnerable when:

- One or both parents are chronically ill.
- Bereaving an adult died within 12 months and was sick for 3 months before s/he dies.
- Lives without parental care or supervision.
- One or both parents are dead. (Engle, 2008)

In other words a vulnerable child is a child that needs special attention because of his or her difficult situation. Not all orphans are vulnerable and not all vulnerable children are orphans.

The literature has however, not include the children of unemployed parents or other children living in poverty in the definitions. These children are also vulnerable because of their precarious situations.

Vulnerable children excluded from definitions will also be excluded from obtaining benefits entitled to the vulnerable children. Therefore, the definitions need to be inclusive so that all the vulnerable children can be considered.

The orphans and vulnerable children discussed in this paper are not only children who became orphans and vulnerable due to HIV/AIDS but all the children who are orphans and vulnerable because of different phenomena.

2.4 Impacts of OVC on community

The large number of OVC exerts high demand on the community` support systems. Salaam (2004) maintains that “children who live in homes that take in orphans may see a decline in the quantity and quality of food, education, love nurturing, and may be stigmatized”.

The elderly members of the community are the mostly feeling the pinch for supporting the OVC. It has been documented in various literatures that OVC are mostly taken care by elderly women. Horizons (2008) discovered that “in communities that are deeply affected by AIDS, care for orphans and vulnerable children often falls on the elderly, especially women.”

It is common in Africa that many elderly women are widows and poor. Taking care of orphans and vulnerable children with inadequate resources is a greatest challenge facing the OVC caregivers.

Taylor, et al. (2011) asserts that “moreover, when already-poor households take on the responsibility of caring for orphans, their limited resources stretched even further.” Maqoko and Dreyer (2007) maintain that “the responsibility of caring for orphans has become a major problem in Africa

because poverty and unemployment have made it difficult for families and extended families to cope with the orphans.”

However, due to the African nature of caring, many communities are managing to take care of the OVC with little they have.

2.5 Impacts of HIV/AIDS on OVC

Children were supposed to grow up under the care of their biological parents. Due to HIV/AIDS they have now become OVC and taken care by grandparents, relatives, living in foster homes or even rearing up themselves. HIV/AIDS has robbed OVC`s right to be cared and growing up in a friendly loving home environment. HIV/AIDS has created psychological, social and economic impacts on OVC.

2.5.1 Psychological impacts of HIV/AIDS on OVC

Losing a significant other is a distressful experience. Children find it more difficult to come to terms with the deaths of their parents or caregivers. Some children may even blame themselves for the changes in their parent`s attitudes and/or the occurrence of death in the family. Bezuidenhout et al. (2006) say that “the child does not know what the problem is, that it is not his/her fault, and does not understand why the parent seems moody.”

The psychological stress could be experienced from the time the deceased was ill up to his/her death. People living with HIV/AIDS suffer for a long period of time before they succumbed to death. During this period the children are psychologically suffering which can also extend for a longer period of time even after the sick parent has passed on. Maqoko and Dreyer (2007) stipulate that “when parents fall ill, particular in poor families, children come under duress and the effects of this often continue in different ways for the rest of their childhood”.

If the death has caused by AIDS related illnesses the trauma could be even more because children may be afraid that they may also be HIV positive. The magnitude of HIV/AIDS psychological impacts on OVC is further exacerbated by stigma and discrimination attached to HIV/AIDS. Burckell, Bourbeau, Copeland and Higham (2006) argue that the term ‘AIDS’ orphan’ has a negative connotation that lead to the stigmatization of children whose parents have died of AIDS, as opposed to other cause. UNAIDS (2004) asserts that the emotional stress due to the loss of a caregiver is increased by stigma attached to being an ‘AIDS orphan which may prevent children from participating in social activities.

The separation of sibling to be taken care at different households by extended families also creates some psychological impact on children. Gillespie, Norman and Finley (2005) argue that separation is likely to affect the children emotional well-being and their support system may also be compromised. Thurman, Hoffman, Chatterji and Brown (2007) maintain that orphaned children may be relocated to new houses or, in relatively few cases, be forced to head their own households.

It is important for the bereaved children to be provided with psychological support. However, psychologists are none existent in many rural communities and the available social workers are overloaded with other responsibilities (see chapter four).

2.5.2 Social impact of HIV/AIDS on OVC

Children orphaned and or made vulnerable by HIV/AIDS may experience different social impacts. When the parents or care givers become chronically ill, children take up different responsibilities such as nursing the sick person and carry out all the household’s chores. The new assigned responsibilities deprive children their rights to attend school and play with others.

It has been documented that once the parents become sick, children are less likely to continue schooling and few that continue schooling, their performance are not at par with other learners. Gillespie, et al. (2005) say that “ a study conducted in Kenya revealed that adult mortality negatively affected schooling in the period directly before mortality occurred-mostly because children are

sharing the burden of care giving.” The United Nations Children`s Fund (2007) (UNICEF) support the above argument when say that studies have shown that orphaned children and those with sick parents usually stop attend or have poor performance at schools.

Education is the fighting tool at the OVC disposal to effectively respond to the adversaries created by HIV epidemic. Goodsmith (2004) believes that “education leverage significant improvements in the lives of orphans and Vulnerable children by conferring knowledge and skills”.

It has become apparent that if the impacts of HIV/AIDS on OVC are not properly addressed, the end consequences will become unbearable by the community and the nation at large. Salaam (2005) puts it this way “without education and skills training, children orphaned and made vulnerable by HIV/AIDS are more likely to fall deeper into the cycle of poverty and engage in high risk behaviour, which perpetuate the cycle of HIV transmission”.

In some case OVC suffer discrimination and stigmatization because of poor school performance, indecent clothing and for having parents that are sick or died due to AIDS. “Children and adolescents affected by AIDS may face stigma due to HIV in the family, their own HIV status, HIV related poverty, or loss of their parents and being labelled orphans” (UNICEF, 2007).

2.5.3 Economic impact of HIV/AIDS on OVC

When parents become ill or died, their children start to experience economic hardship. The available money used to buy food, now it will be diverted to finance medical expenses of the sick family member. As a result of illness or death of the bread winner, the household is faced by many challenges such as shortage of food, inability to send children to school and pay other family member`s medical bills.

Gillespie et al. (2005) state that the loss of a bread winner especially a father will reduce households income and assets, deplete crop production which increasing expenditures on health care, funerals, and memorials, and increases the dependency ration in the home.

In some instances the deceased`s properties are grabbed by his relatives leaving the children in destitute condition. Maqoko and Dreyer (2007) assert that “when parents die, orphans are often cheated out of property and money that are rightfully theirs”. Orphans are cheated out of property because sometimes they do not have birth certificates or other documents that ascertain their relationship with the deceased.

Lack of basic commodities such as food, clothing and shelter may compel the OVC to engage in detrimental activities such as commercial sex, drugs and alcohol abuse which in turn may expose them to HIV infection.

Sometimes OVC are forced to take up any type of employment in order to bring the bread on the table. UNICEF (2007) maintains that “orphans and children with sick parents are often forced to leave school in order to work, or are compelled to seek employment on their own to help support siblings, sick parents or grandparents”.

2.6 The Government`s response to HIV/AIDS impacts on OVC

The Government of the Republic of Namibia is highly committed to the course of fighting the HIV/AIDS epidemic`s impacts. This commitment has been illustrated when the government had signed and rectified various regional and international declarations and commitments. The government has further formulated policies and frameworks which protecting OVC and guiding the implementation of HIV/AIDS` programmes.

In collaboration with different stakeholders and development partners, the government has implemented different mitigation programmes aimed at relieving the pressure created by increased number of OVC on the society.

2.6.1 International declarations and commitments

Namibia has signed and ratified the United Nations Convention on Rights of the Child. This Convention emphasises over forty substantial children`s rights for an example, special protection, education, care and support among others. This convention ensures that the rights of OVC and their caregivers are protected. It further protects the right of OVC to attend school and provided with appropriate educational opportunities for out-of-school OVC. In addition, this convention ascertains that OVC basic needs are met through the provision of adult care, access to social services and psychological support (MGECW, 2007).

Namibia is signatory to the United Nations Millennium Declaration and Millennium Development Goals. This declaration commits the governments to achieve eight important development goals of which three are: to reduce child mortality, achieve universal primary education and combat HIV/AIDS, malaria and other disease among others (2nd MDG/N, 2008). Namibia was among the 147 head of States and Governments and 189 member states which adopted this Declaration in September 2000 (MHSS, 2007).

Namibia was also among the countries attended the United Nations General Assembly Special Sessions on HIV/AIDS in 2002. The main theme of this assembly focused on the governments to have comprehensive responsive strategic plans to OVC plights that should be implemented within a time frame (World Vision, 2005) and countries need to have targets to measure progress and ensure accountability (UNICEF, 2004).

During the Abuja Summit, Namibia together with other African States declared that AIDS is a State of Emergency in Africa. Prompt responding to AIDS and other infectious diseases was further declared as a top priority (MHSS, 2007).

2.6.2 National HIV/AIDS policies

In Namibia there are various policies and laws protecting people living with HIV/AIDS and OVC. Framework documents have also been formulated and serving as parameters within which the National HIV/AIDS related programmes are implemented.

The Constitution of the Republic of Namibia (1989) [Article 15 (1) and (2)] emphasis the right of the child to have a name, nationality and to know and cared for by his/her parents. Article 15 (2) reads “children are entitled to be protected from economic exploitation and shall not be employed in or required to perform work that is likely to be hazardous or to interfere with their education, or to be harmful to their health or physical, mental, spiritual, moral or social development.” Article 15 protects all the children including OVC. This article is in congruent with United Nations Convention on Rights of the Child discussed earlier.

The plights of OVC are clearly addressed in the Namibian National Policy on HIV/AIDS. It is stated in this document among others, that all children including OVC will have equal access to public services including social grants, education, health, birth certificates and other personal national documents (MGECW, 2007). All OVC programmes including the issuing of social grants are guided by the National Policy on Orphans and Vulnerable Children (MWACW, 2004).

One of the requirements of the United Nations Convention on the Rights of the Child is that the signatories of this convention have to adopt a National Plan of Action (NPA) for children. Namibia was among the first countries to adopt a NPA for children in 1991 (MWACW, 2004).

The MGECW is having a Permanent Task Team that spearheads and monitor the implementation of the (NPA) under five strategic areas: Right and Protection; Education; Care and Support; Health and Nutrition; Management and Networking (Boston University, 2010).

Since Independence, the government has formulated many political policies and programmes addressing the situation and needs of Orphans and Vulnerable Children (OVC) in Namibia

(MGECW, 2009). All the Government, None Government Organisations (NGO) and Development Partners` HIV/AIDS intervention programmes are implemented within the above described legal and policy frame works.

Namibia has been cited to be among the best countries in Africa that embrace and protect the rights and dignity of children. Namibia was named by the Africa Child Policy Forum as the second child-friendly country in Africa (MGECW, 2008).

2.7 OVC programmes

There are various programmes in the country addressing the plight of OVC. Boston University (2009) maintains that “within the civil society, a number of international and national organisations as well as small local organisations provide education, material support, psychological and nutritional supports.”

The provision of material and financial support is based on the assumption that many OVC are exposed to poverty. Thus, alleviation of poverty should be the first priority. Gillespie, et al. (2005) asserts that “the orphan problem needs to be considered in the context of poverty”.

Taking care of OVC by extended family is not a new concept in African tradition but the challenge is the limited resources. “Community do not need education in orphan care but the financial capacity to implement the strategies they traditionally possess” (Gillespie, et al. 2005).

He further argues that if community can receive financial supports, it will be more eager to accommodate and take care of OVC. “Thus, when thinking about mitigation strategies and policy targeting orphans and vulnerable children, there is a need to focus on poverty alleviation for those households that are intact because if they have the capacity, they will take in orphans and will usually care for them effectively” (Gillespie, 2005).

Due to the time constraints and limited scope of this research, among different supports OVC receive, this study was concentrating more on social grants and waiving of school fees.

2.7.1 Child welfare grants and other benefits

The government gives social grants to people taking care of OVC. This money is used to supplement the households` financial resources that host the OVC in order for them to meet the OVC`s basic needs such as food, school uniforms and medical care.

MWACW (2004) asserts that “in order to strengthen the capacity of extended families and surrounding communities to render care and support to orphans and vulnerable children, government, working in partnership with non-governmental organisations and community based organisations shall ensure that extended families, social networks, neighbourhoods and communities are provided with assistance to cover school- related and health care expenses and provision of food aid and welfare assistance.”

The OVC social grants are administered by the Ministry of Gender Equality and Child Welfare. There are four different types of grants benefitting OVC in different categories. These grants are: maintenance, special maintenance, foster care and place of safety allowance grants (MGECW, 2010).

2.7.2 Maintenance grant

The maintenance grant benefits the orphans who have lost one parent but the surviving parent is unemployed or employed but receives a salary that is less than N\$ 1000, 00. It is also received by vulnerable children whose one parent or both are sixty years or more and receive the pension or disability grants. This grant is also given to children whose one parent or both are serving prison terms for six months or more (MGECW, 2010).

N\$ 200.00 is given to the first child plus N\$ 100.00 for every child, for the maximum of three children per applicant, per family, per month. Only children below the age of eighteen (18) are entitled to benefit from this type of grant. However, students who are below 21 years of age are also entitled for this grant (MGECW, 2010).

2.7.3 Special maintenance grant

This grant has been created to support children with disabilities who are under the age of sixteen (16). All children having any form of disability qualify to receive this grant provided that they have been diagnosed to be 50% or more disabled by a medical doctor and possess all the required documents. The disabled children receive N\$ 200, 00 per month (MGECW, 2010).

2.7.4 Foster care grant

Foster care grant is given to people taking care of OVC who are not their biological parents. Namibia Red Cross Society (2009) (NRCS) maintains that “anyone who looks after a child who is not their own can apply to become a legal foster parent.” According to the MGECW (2010) “ the foster care grant (FCG) is designed to be received by any person who undertakes the temporary care of any child found to be in need of care and placed in this person`s custody in terms of the Children`s Act of 1960 (to be replaced by the Child Care and Protection Act once approved)”.

N\$ 200.00 is paid to the first child and N\$ 100.00 is given to every additional foster child per applicant per month until the qualified children reach the age of eighteen (18). This grant can also be given to children who are twenty one years (21) old if they are still attending school (MGECW, 2010).

2.7.5 Place of safety allowance grant

HIV and AIDS dismantle the family network. Once the parents die sometimes children do not have anyone to look after them and a house to live in. Communities have established homes or places of

safety where to keep the OVC who have nowhere to stay. These shelters are not only providing protection to the children orphaned or made vulnerable by HIV and AIDS but also host other children who are abused in their homes by their own biological parents. The organisations or individuals running the place of safety are entitled to receive N\$ 10.00 per child under the age of twenty one years (21) per day.

The OVC are placed in the safety homes by a Commissioner of Child Welfare in accordance with section 33 of the Children's Act of 1960 (MGECW, 2010).

As from June 2012, there were 465 special maintenance grant's beneficiary, 16,994 maintenance grant recipients and 2649 foster care grant's beneficiaries in Omusati region. This study has discovered that there is no place of safety in Omusati Region.

2.7.6 Waiving of OVC school fees

Waiving of school fees allow OVC to continue attending school despite their financial problems. The abolishment of school fees ensure that orphans and vulnerable children enter and stay in school (UNICEF, 2004). In Namibia all OVC of school going age are legally protected to attend school without any hindrance. School principals are expected to waiver school fees and other educational expenses for the OVC. "No learner shall be excluded from a government school as a result of his/her inability to pay a contribution to the school development fund, hostel fees, examination fees or the inability to afford a school uniform" (MGECW, 2007).

Waiving of school fees and other educational expenses allow the OVC to attend school, complete their education and become productive citizens. Bruckell, et al (2006) maintain that education is extremely important for children because it teaches them how to stay healthy and protect themselves, gives them opportunity to become successful and pulls them out the cycle of poverty.

When OVC attend school, they are prevented from engaging in other activities such as been idling on the street, alcohol and drugs abuse, crime and transactional sex which are detrimental to their

wellbeing. UNICEF (2007) reports that “in Kenya, after the government’s elimination of school fees, there was a reduction in the number of children and families living on the street and increased school attendance”.

Waiving of school fees is in congruent with Article 28 of the Convention on the Rights of the Child which reads that “concerns the right of every child to free and compulsory education and requires that State take measure to reduce drop-out rate and encourages regular school attendance” (UNICEF, 2007). Waiving of school fees is also a vehicle that drives the countries towards the realization of the second Millennium Development Goals which is the Achievement of Universal Primary Education. However, not all education administrators are well conversant with this noble provision.

2.8 The impacts of social grants and other benefits on OVC

The provision of grants alleviates poverty and the living standards of the OVC who accessing these grants are immensely improved. The money received is used to pay for the goods and services needed by OVC. A study conducted by MGECW to find out how the OVC social grants are utilised, has discovered contradictory results.

It revealed that some people believe that social grants improve the living standards of the beneficiaries whereas; others maintain that this money is misused by the OVC care-takers. “Based on the focus groups, the child welfare grants are perceived to be making a significant difference to the lives of beneficiaries” (MGECW, 2010). The MGECW (2010) also maintains that “many non-recipients of the grants hold the view that the child grants are spent on ‘illegitimate’ needs – that is, they are misused”.

How the grants are utilised was not within the scope of this study project but the main focus was to find out why some OVC are not benefitting from the provided social grants.

2.9 Challenges in the process of receiving benefits

Despite the availability of social grants and other benefits entitled to OVC, there are challenges in the processes of acquiring these benefits. These challenges are what deter some of the OVC from acquiring the grants.

2.9.1 Grants are too little and accessed through a cumbersome process.

The amounts of money in the form of different grants indicated above was determined in 2000, and have not been reviewed ever since.

When comparing these grants value with the current prices of basic goods and services, these grants may not fully cater for the OVC basic needs. The MGECW (2010) argues that “the purchasing power of the grants has thus diminished over the decade, which in turn is likely to constrain the spending choice of recipients in catering for the basic needs of children”.

Place of safety allowance, foster care and special maintenance grants are acquired through cumbersome processes compared to maintenance grant. The Place of safety allowance and foster care grants require the social worker`s assessment and recommendation plus the magistrate`s ruling. The social workers` investigation and the pronouncement of the court are first needed before these grants are finally approved (MGECW, 2010).

This study has find that there are only three social workers and one magistrate office plus few satellite magistrate offices which are occasional operational in the Region. These are not enough to provide the most needed services to the social grants applicants.

The special maintenance or disability grant also requires the social worker to do investigation before the applicant is referred to the doctor for disability examination. Moving from the MGECW to a doctor and back to the Ministry where the applicant is referred again to another doctor takes a long period of time before the application is eventually approved.

2.9.2 Discrepancy in grant requirement policy

The grant requirement policy has excluded some OVC from accessing the social grants. If children from unemployed parents households are considered to be vulnerable then the grant requirement policy has deprive these children from accessing the maintenance grant.

MGECW (2008) states that the social grants are mainly supporting orphans, families subjected to disability or imprisonment but children of two unemployed parents, those of the single mother who has been unable to secure maintenance from an employed father are not eligible (MGECW, 2010)

2.9.3 Shortage of workers

It has been documented that the MGECW, the custodian and administrator of the OVC social grants is not having adequate workforce to effectively and efficiently deal with the grant applications. “The MGECW is experiencing staff shortfalls at all levels and the effect of this shortfall is the inability to provide comprehensive services to OVC at all levels” (MGECW, 2008).

The shortage of the social workers is a great concern because they are responsible for processing the grants application forms and at the same time are expected to provide psychosocial support. Consequently, one of these two responsibilities has to be neglected or both. The MGECW (2008) argues that “it appears that the MGECW social work service for children is becoming submerged under the administration of foster care grants, which compromises the social workers’ ability to work on cases in which the main issue is the care and protection of children who are abused or at risk of abuse, rather than the processing of a grant payment”.

Due to work overload, the grants` applications may take a long period of time to be processed. “Other weaknesses concerned issues of child welfare grant access. Here, in particular, the time taken for beneficiaries to receive grants was raised” (MGECW, 2010). This research`s finding is similar to what the MGECW has been quoted above.

2.9.4 Long distances to access social services

It has been cited in many literatures that especially in rural areas, OVC care givers have to travel long distances to access services. Due to poverty some care givers are not able to afford the transport cost. The MGECW (2010) stipulates that “another frequently mentioned barrier to grant access was difficulty in finding the money for transport to complete the application for a child grant.” High transport costs have made the process of accessing social grants to become an expensive exercise. Sometimes grants applicants have to visit the offices several times before the applications have been finally processed.

The MGECW (2008) says that “for most families (including all the applicable children) who have to appear in court for an “in need of care” enquiry, the transport costs are considerable and the court appearance is disconcerting”.

All participants in this research have indicated that a transport cost is one among the challenges in the process of acquiring the social grants.

2.9.5 Lack of required documents

In order for the OVC and their caregivers to qualify for social grants or to be exempted from paying educational expenses, they need to be in possession of the required documents. In most case documents such as Birth and Death Certificates, Identification Document are required for grants eligibility. However, some OVC and their caregivers do not have some of these documents. Taylor, et al. (2005) say that “grant applications require supporting documentation, which may include children’s birth certificates, official bar-coded identity books for adults, and/or legal orders of foster guardianship, among others”.

2.9.5.1 Birth certificates

According to UNICEF (2002) “a birth registration is the official recording of the birth of a child by some administrative level of the state and coordinated by a particular branch of government”. A birth certificate gives a person right to a name, nationality, the date of birth and relate to specific family.

That children must have birth certificates has been clearly spelled out in Article 8 of the Convention on the Rights of the Child. “This Article addresses the right of a child to preserve his or her identity including nationality, name and family relations” (UNICEF, 2007).

UNICEF (2008) also states that “the child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents”.

Birth registration is an entry point towards all legal protection and accessing of services including education, health and social grants. In 2000, there were about 50 million babies in the world without birth certificates (UNICEF, 2002).

Birth certificate further protects the rights of the orphans to the properties of their deceased parents because it indicates the kinship. UNICEF (2008) argues that “in order for a child to prove to the state that they are related to the deceased, the child needs to present a birth certificate, which identifies the child’s relation to the deceased”.

No matter how important this document is, some OVC do not have them and as a result they cannot access the social grants and other benefits entitled to them. Integrated Regional Information Networks (IRIN) (2008) asserts that “according to Namibia’s latest (DHS) in 2006 about 40 per cent of Namibian children do not possess birth certificates-a prerequisite for applying for any social grants.”

McGrath (undated) share the same sentiment by saying that “the (MGECW) and partners are working to address some of the practical challenges currently facing the grants system. Many of these relate to the documentation, like birth certificates and death certificates that are essential for the grants application.” During the Third Global Partners Forum on Children affected by HIV/AIDS, Namibia was recommended to “ensure that OVC obtain birth certificates, national ID documents and all necessary documents to access assistance” (Inter-Agency Technical Team, 2007) (IATT).

The greatest concern is the OVC who do not have anyone supporting them to acquire the required documents. Tsula and Schönfeldt (2008) assert that “most abandoned children do not have any parents/guardians, supporting legal documents and accessing social services becomes an enormous challenge”.

2.9.5.2 Death certificates

A death certificate is a document that proves that a person has indeed deceased. This document gives the survived children the rights to be provided with benefits entitled to orphans. In the absence of a death certificate, the caregivers cannot access the grants entitled to the OVC under their care. Taylor, et al. (2005) says that “while most caregivers and children had identity documents, many orphans lacked death certificates”. There are various reasons for the OVC and their caregivers not to have the death certificates of the deceased parents.

In some rural areas there are no mortuaries as a result the dead may be buried without the death being registered. McGrath (undated) explains that “some villages are very remote and have no access to mortuary services to obtain the necessary death certificate and bodies may be immediately buried before there is consideration given to the need to document the death”.

Another reason could be that the person in the possession of the death certificate may not be willing to give it to the person who takes care of the orphans. The MGECW (2010) stipulates that “another problem referred to were disputes between family members, which prevented documents being obtained for an application”.

This study has found that there are many learners most of them OVC without birth certificates. One of the reasons for the children not to have birth certificates is that even some of their parents are also not have the documents.

It further discovered that difficulty in obtaining death certificates continues to deprive many orphans from receiving the social grants. It has also stated by teachers, CCW and officials from the MHAI participated in this study that the major obstacle to grants accessibility is the lack of required documents.

2.9.6 Ignorance of/ or unfamiliar with OVC policies

Despite the fact that the National Policy on HIV/AIDS, National Policy on Orphans and Vulnerable Children, the Namibian Constitution and Namibia Vision 2030, have unambiguously stated that OVC should not pay the school expenses, there are incidences where OVC are paying school fees.

It is reported that some principals are not aware that OVC must be exempted from paying the school fees and other educational expenses, whereas others are aware but because of the financial situation of their schools, they are forced to compel the OVC to pay the school development fund (MGECW, 2007).

This research has found that at some schools OVC are paying the school fees and at others OVC are not contributing to the school development fund. However, the reasons why OVC are not paying vary from school to school (see chapter 4).

2.9.7 Disproportion of accessing grants

Despite the positive impacts the social grants have on OVC, only a fraction of caregivers accessing these benefits. Boston University (2009) has this to say “the number of children receiving services from OVC organisations continues to fall below need, for example 16865 children are registered for

grants in Ohangwena but fewer than 2000 are receiving support from an OVC organisation.” (Ohangwena is one of the 13 regions in Namibia)

IRIN (2008) has noted that “in the past four years the (MGECW) has almost tripled the number of grants available to orphaned and vulnerable children, but these social safety nets only reached about 30 per cent of those in need.”

This study has found that the situation has not changed. There are many OVC who are not receiving the social grants because of one reason or another. The challenge to establish the exact number of OVC who are not receiving the grants is that there is no data base of all the OVC in Omusati Region. If the social grants could be accessible by all qualified OVC, their standard of living could also be immensely improved. IRIN (2008) stipulates that “the bottom line is that if you are not able to access social grants, your access to basic commodities is compromised and this usually means your nutrition is severely compromised”.

2. 10 Conclusions

The literature clearly indicated that HIV/AIDS has created many challenges. One of these challenges is the large number of OVC. The high number of OVC has stretched the limited resources of the communities. The government has initiated different strategies to address the OVC plights. One of the government initiatives is the provision of social grants. However, there are some OVC not benefitting from this government initiative.

Chapter 3: Research design and methodology

3.1 Introduction

How this research has been designed and the methods used to collect data are the main themes described in this chapter. The researcher of this study has employed both qualitative and quantitative research methodologies to generate this paper. Data have been collected using four different collection instruments.

In-depth interviews have been conducted to obtain information from the Community Childcare Workers who administer the OVC social grants. Teachers dealing with OVC at 24 selected schools in 12 Constituencies of Omusati Region have been requested to fill in the structured questionnaire. Officials from the Ministry of Home Affairs and Immigration have provided information through focus group discussion. Other relevant data have been collected from the official documents of the Ministry of Gender equality and child Welfare. The qualitative data were analysed through coding method and quantitative data were interpreted using SPSS DATA analysis method.

The use of both qualitative and quantitative research methods were preferred because of their supplementary nature and the researcher find them useful to achieve the study's objectives. Peninsula Research & Development Support Unit (PRDSU) (undated) maintains that "the two approaches should be seen as complementary, providing different perspectives and answering different specific questions within any one broad area".

3.2 Definitions

A research design is the formulation of a systematic structure within which the research study is being carried out. "Research design refers to the structure of an enquiry" (De Vaus, 2011).

Methodology is the procedures to be followed, the instruments to be employed in the data collection process and the way in which the data is been analysed during the research process. Research design and methodology are different related elements of research study. “Research design is different from the method by which data are collected” (De Vaus, 2011).

The purpose of research design is to provide guiding principles towards satisfactory answering the research question. De Vaus (2011) stipulates that “the function of a research design is to ensure that the evidence obtained enables us to answer the initial question as unambiguously as possible.”

3.3 Research design explanation

The research design is fundamentally influenced by the research question. The research question of this study is what are the factors that prevent some of the OVC care givers from accessing the social grants and other benefits entitled to the OVC? This research question is descriptive in nature. Thus, this research design has also comprised descriptive elements.

Discovering the factors that prevent the accessibility of the OVC grants without finding out why those factors exist may not necessarily alleviate the OVC benefits` inaccessibility. Therefore, an attempt has also been made to discover why those factors are there. De Vaus (2011) believes that “good description provokes the `why' questions of explanatory research”. In other words the research design of this study has also same explanatory qualities.

De Vaus further asserts that “the way in which researchers develop research designs is fundamentally affected by whether the research question is descriptive or explanatory”

3.4 Qualitative research

Qualitative research is an intentionally scientifically designed research structures guided by specified principles using predetermined instruments to provide yet not known answers to the research questions or to confirm evidence discovered by prior research studies. Christensen, Johnson and

Turner (2011) define qualitative research as “the approach to empirical research that relies primarily on the collection of qualitative data (i.e., on-numerical data such as words, pictures, images)”. The researcher has used qualitative research method to discover the socio-economic and cultural factors that acts as impediments in the way of some of the OVC care givers to obtain social grants and other benefits entitled to the OVC under their care.

The qualitative research methods have also been employed to shed more light on why those barriers exist. Marshall and Rossman (1999) in Charoenruk (undated) say that “research which attempts to increase our understanding of why things are the way they are in our social world and why people act the way they do is called “qualitative research”.

Family Health International (FHI) (undated) says that “the strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue.” In the case of this study the Community Childcare Workers, teachers, and officials from the Ministry of Home Affairs and Immigration have been engaged in the study to give their experience about the barriers that prevent the accessibility of grants and benefits by the OVC care givers.

3.4.1 Characteristic of qualitative research

Christensen, et al. (2011) has indicated that Michael Patton (2002) has propagated twelve characteristics of qualitative research. Patton placed these characteristics into three categories namely: Design Strategies, Data-Collection and Fieldwork Strategies and Analysis Strategies. Some of Patton characteristics have been described below.

3.4.2 Design strategies

Naturalistic inquiry and purposeful sampling are the two characteristics that fit well in this research and are describe below under this category.

3.4.3 Naturalistic inquiry

Naturalistic inquiry according to Patton (2002) in Christensen, et al. (2011) is to “study the real world situation as they unfold naturally; no manipulative and no controlling; openness to whatever emerges (lack of predetermined constraints on findings).”

The subjects participated in this research have provided information based on their own experiences without being given prior information or being manipulated or controlled. In other words this research has met the criteria of naturalistic inquiry.

3.4.4 Purposeful sampling

The school teachers, CCW and officials from the Ministry of Home Affairs and Immigration have been purposeful selected to participate in the study because the researcher believes that these people can provide valuable information to the study. According to Patton in Christensen, et al. (2011) purposeful sampling include subjects which the researcher believe that they are “information rich and illuminative, that is, they offer useful manifestations, of the phenomenon of interest.”

3.5 Data collection and fieldwork strategies

Qualitative data, personal experience and engagement and empathetic neutrality are the characteristics in this category that reflect the qualitative nature of this study.

3.5.1. Qualitative data

The data collection instruments used in this research is in-depth interview, focus group discussion, questionnaires and literature review. These methods collect qualitative data because the respondents describe and explain their feelings, attitudes behaviours and experiences about the phenomenon under investigation. Patton (2002) in Christensen et al. (2011) maintains that “qualitative data entails

observation that yield detailed, thick description; inquiry in depth; interviews that capture direct quotations, about people's personal perspective and experiences; case studies; careful document review."

3.5.2 Personal experience and engagement

The researcher has conducted the interview, distributed the questionnaires; attended to the respondent's queries; facilitated the focus group discussion and analysed the data. The researcher has personally engaged in the process of discovering the information needed to answer the research question.

The personal involvement of the researcher allowed him to gain experience about the investigated phenomenon. The investigator has gained skill of conducting research and has noticed the reactions and emotions of the study participants. Patton (2002) in Christensen, et al. (2011) puts it this way "the researcher has direct contact with and gets close to the people, situation, and phenomenon under study...."

3.5.3 Empathic neutrality and mindfulness

Empathic neutrality refers to the researcher's understanding of the respondents' situation, experience, feelings, beliefs; attitudes towards the phenomenon under investigation according to the respondents' point of views without being lost and melted in the respondents' world.

Cormack (1991) and Sandelowski (1986) in Charoenruk (undated) cautioned against the danger of the researcher to entangle into the respondent's world when they say that "the possibility of becoming enmeshed with subjects could also lead to researchers having difficulty in separating their own experiences from those of their subjects resulting in subjectivity."

The researcher has accepted the subjects and their responses unbiased and without being judgemental. The investigator further recorded and analysed the data according to the respondents' perspectives without attaching personal meaning.

Mindfulness means that the researcher was paying undivided attention to what was said and happening during the research process without losing focus.

Patton (2002) in Christensen, et al. (2011) explains that “an empathic stance in interviewing seeks vicarious understanding without judgement (neutrality) by showing openness; sensitivity; respect, awareness; and responsiveness; in observation it means being fully present (mindfulness).”

3.6 Analysis strategy

Inductive analysis and creative synthesis; holistic perspective and context sensitivity are the characteristics of qualitative research featured in the data analysis approach under this category used in this study.

3.6.1 Inductive analysis and creative synthesis

In this study the qualitative analyst has analysed qualitative data as they emerge without having prior determined or expected results. Unlike the quantitative analyst who decide in advance about the expected outcomes. Patton (2002) asserts that “the quantitative investigator must decide in advance what variables are important and what relationships among those variables can be expected.” The data of this research have been analysed to induce the emerging important patterns and themes which have been combined to produce a broader meaning of the case under investigation. The understanding yielded from the data analysis process is a discovery and not a pre-assumed event. “The strategy of inductive designs is to allow the important analysis dimensions to emerge from patterns found in the cases under study without presupposing in advance what the important dimensions will be” (Patton, 2002).

3.6.2 Holistic perspective

Teachers dealing with OVC, officials from the Ministry of Home Affairs and Immigration and CCW possess different understanding, feelings and attitudes about the factors that prevent some of the OVC care givers from accessing the social grants and other benefits entitled to the OVC under their care.

Teachers are teaching OVC learners and they know which OVC are not receiving the social grants and how those learners differ from others at school. CCW are administering the social grants and they are well acquainted with the challenges in the process of grants application. Officials from the MHAI are issuing the national documents and they are well conversant with the challenges involved in the process.

Therefore, it was important to involve them in the study in order to have a holistic understanding of this case. Patton (2002) maintains that “researchers and evaluators analysing qualitative data strive to understand a phenomenon or program as a whole”.

The OVC and their care givers were also supposed to be included in the study so that they can share their experiences. Unfortunately, the time and other resources could not permit the investigator to include them in the research. Their contributions could have add more value to the research`s findings.

3.6.3 Context sensitivity

Patton (2002) says “by context, I mean the setting—physical, geographic, temporal, historical cultural, aesthetic—within which action takes place.”

The data have been collected from the twelve Constituencies of Omusati Region. Omusati Region shares similar characteristics with Oshana, Oshikoto and Ohangwena Regions. The researcher has

taken cognisance of the contexts from which the data have been collected. Therefore, the results cannot be extrapolated to all thirteen Regions of Namibia.

(FHI) (undated) asserts that “although findings from qualitative data can often be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalized to other geographical areas or populations.

It has been described in this document that there is a shortage of social workers, magistrate courts and office spaces for the MGECW in the region. Although the result of this study cannot be generalized to other regions, it is very useful especially for Omusati Regional Council that plans and implements all the development activities for the Region.

3.7 Quantitative research

Quantitative research study can be defined as “one that collects some type of numerical data to answer a given research question” (Christensen, et al. 2011).

Through literature review, it was discovered that lack of birth certificates is one of the factors that prevent the OVC care givers from accessing social grants and other benefits. One item in the questionnaire was set to determine the number of OVC without birth certificates at the selected schools. The aim was to determine the significance of lack of birth certificates to the OVC care givers` grants inaccessibility. Furthermore, the questionnaire has also been designed to determine the number of OVC at the selected schools who do not receive the social grants.

3.8 Research population

Research population refers to the targeted population included in the study. In chapter one it has been clearly indicated that teachers working with OVC, CCW administering the social grants in the MGECW and officials issuing national documents in the Ministry of Home Affairs and Immigration

have been included in this study. Therefore, these three groups of professionals are referred to as the research population.

The consent form signed by all the respondents contains all the relevant information about the study such as the purpose of the study, procedures, potential risks and discomforts, potential benefits to subject and/or to society, payment for participation, confidentiality, participation and withdrawal, identification of investigator and the rights of research subjects.

This information was very crucial for the respondents to make an informed decision whether to take part in the study or not. All the selected participants have willingly to share their experience and knowledge about the investigated phenomenon.

3.9 Sampling methods

The researcher's results are judged against among others the sampling strategies used to select the sample population. "Whether you review published research, it is important to critically examine the sampling methods so that you can judge the quality of the study" (Christensen, et al. 2011).

There are some sampling techniques believed to create a strong research design that produce quality results. However, the sampling methods employed in this research are chosen due to their suitability to the researcher's situation. Christensen, et al. (2011) says that "if you ever conduct an empirical research study on your own, you will need to select research participants and to use the best sampling method that is appropriate and feasible in your situation".

3.9.1 Sampling methods used to select schools and teachers

Each Constituency in Omusati Region is having a school circuit. All school circuits in the Region do not have equal number of schools. The selections of schools have been done per circuit. The researcher wanted to have a sample that represent the schools population in each circuit and has used an equal probability of selection method.

Equal probability of selection method is “any sampling method in which each individual member of the population has an equal chance of being selected for inclusion in the sample” (Christensen, et al. 2011). The names of all schools per circuit (sampling frame) have been written down and placed in a container from which two schools have been selected. This method is referred to as simple random sampling.

The sample of the schools included in the study consists of twenty four elements that have been sampled from the population of twelve circuits. “A sample is a set of elements taken from a larger population; it is a subset of a population” (Christensen, et al. 2011).

The teachers included in the study have been selected because they are dealing with OVC at their respective schools. This method is called purposive sampling. Christensen, et al. explains that “when using purposive sampling, the researcher specifies the characteristics of the population of interest and then locates individuals who match the needed characteristics”.

In this study the characteristic specified by the researcher is that the teachers to be included in the study should be the ones that deal with OVC. They are the ones that have provided the information that led to the solution of the research question.

3.9.2 Sampling method used to select CCW

Community Childcare Workers are administering the social grants in the MGECW. In each Constituency there is one CCW attending to the OVC needs. In other words there are twelve CCW in Omusati Region.

Due to the uniqueness of each Constituency, the investigator deemed it necessary to include all twelve CCW in the study. The method used here is not sampling but rather called census because the information has been obtained from all the CCW in the Region.

The advantage of this method is that it eliminates sampling error. Christensen, et al. (2011) state that “if you need to have no sampling error, you will have to avoid sampling and conduct a census-you will have to collect data from everyone in the population”.

3.9.3 Sampling method used to select officials from the MHAI

The MHAI officials are issuing the national documents such as birth, death certificates and identification cards. These documents are required when OVC apply for social grants and other benefits.

The official from the MHAI have been purposeful included in the study to share their experiences with regard to the process of issuing the national documents. In other words the purposive sampling method was used in this regard.

This method is also referred to as judgemental sampling. “In judgmental sampling, the person doing the sample uses his/her knowledge or experience to select the items to be sampled” (Westfall Team, 2008-2009).

3.10 Data collection methods

Data collection is a process of gathering information needed to answer the research question. There are various ways of collecting data. The data for this study have been collected using the following methods: questionnaire, in-depth interview, focus group and literature review. The literature review has already been covered in chapter two.

3.10.1 Pilot testing

The questionnaire, interview protocol and focus group schedule were first pilot tested with the subjects similar to the ones that will actual participate in the research before they were used in the actual research process.

The subjects in the pilot test have been instructed to provide feedback about the questions that are not clear so that they can be improved. Christensen, et al. (2011) maintains that “your pilot testing participants should be instructed to complete the instrument and to identify any ambiguous or unclear items, or any other problem they might have in completing the instrument”.

The reason for the pilot testing is to determine whether the data collection instruments are able to elicit the required information from the respondents. The data collection instruments used in this study is described below.

3.10.2 Questionnaire

“A questionnaire is a self-report data collection instrument that is filled out by research participants” (Christensen, et al. 2011).

The questionnaire was constructed by the researcher considering the following aspects:

Ordering of questions, in other words the important questions have been posed first and information about the respondents` gender and years of experience last.

The questionnaire length, the questionnaire was set up in such a way that the respondents are able to complete it within twenty minutes time. Christensen, et al. (2011) stipulates that “the survey researcher must therefore, ensure that the questionnaire is not too long even though some important questions might have to be sacrificed”.

Social desirability bias, according to Christensen, et al. (2011) “occurs when people respond to a survey in a way that makes them look the best rather than responding as they really feel or believe”. The investigator has encountered this bias by clearly explained to the respondents not to write anything in the questionnaire that may link them or their institutions to the data.

In order to prevent the respondents from agreeing to all the statements the questionnaire was constructed with a combination of closed and open ended questions.

”Questionnaires typically entail several questions that have structured response categories; some open-ended questions may also be included” (Marshall& Rossman, 2006).

The above description illustrates the investigators` attempt to eliminate or minimize biases that may invalidate the research findings.

The questionnaires were given to the teachers dealing with OVC at the selected schools to elicit information about OVC, learners without birth certificates and the availability of different HIV/AIDS Policies. (See the appendix-5)

This information is needed because birth certificate is a primary key to all the benefits. The policies stipulate the rights of the OVC. This information from teachers combined with other data collected from other sources has significantly contributed to the solution of the research problem.

3.10.3 Internal and external validity of quantitative results

Christensen, et al. (2011) defines research validity as “the correctness or truthfulness of an inference that is made from the results of a research study, whereas reliability refers to consistency of scores”. The quantitative data collection method used possesses moderately high measurement validity because the questions have been properly constructed.

The copies of the questionnaire distributed to the teachers at the selected schools were exactly the same with similar instructions, questions and the amount of time to be filled in. All the respondents have been equated. These similarities minimize confounding to occur.

Confounding according to Christensen, et al. (2011) “occurs when the research study contains a variable that systematically varies with independent variable and this variable also affects the dependent variable”.

The schools included in the study have been selected from the twelve Constituencies of Omusati Region. Data collected from across the region has increased the study's internal validity.

The threats to internal validity described by Christensen, et al. (2011) such as history, differential history, maturation, instrumentation, testing; regression Artefact, attrition and selection did not pose a threat to the findings of this research.

The quantitative result of this study is having a high degree of external validity. External validity “focuses on whether a researcher can generalize the research findings to other people, settings treatments, outcomes and times” (Christensen, et al. 2011).

The schools included in the research study have been randomly selected. Random sampling increase the study's external validity. Christensen, et al. (2011) asserts that “failure to randomly select participants means that the study will probably contain characteristics that will threaten its external validity”. The data obtained from the selected schools can be replicated if a similar study has to be conducted using the same subjects.

3.10.4 In-depth-interview

An interview is a session in which an interviewer is conversing with an interviewee using an interview protocol to obtain information needed to answer the research question. The interviewer has interviewed the CCW to provide information about the factors that prevent some of the OVC from receiving the social grants.

During the interview session the researcher has respected and accepted the way the interviewees framed and restructured their responses. This neutral stance is based on the principle of qualitative research. Marshall and Rossman (2006) say that “this method, in fact, is based on an assumption fundamental to qualitative research: The participant's perspective on the phenomenon of interest should unfold as the participant views it (the emic perspective), not as the researcher views it (the etic perspective)”.

The interview lasted between forty to forty five minutes depends on the respondents pace of answering the questions and the availability of information.

Interview is among the data collection instruments that add value to qualitative findings. It was the reason the interviewer employed it to collected data for this study. The researcher has created favourable interview atmospheres in which the interviewees felt respected and valued.

This goal has been achieved when the interviewer have clearly explained the reasons for the interview and the importance of the interviewee`s contributions to the study.

Christensen, et al. (2011) maintain that “this technique has advantages of allowing the interviewer to clear up any ambiguities in the question asked and to probe for further clarification of responses if the interviewee provides inadequate answer”.

Another advantage of the interview is that the interviewer is present in the process to observe and reflect back the non-verbal communication messages for better clarity.

A time table was set up in consultation with the interviewees to avoid surprise visits and inconveniences and for the interviewees to be through prepared for the interview. This arrangement has contributed to the successfulness of the interviews.

The investigator is working for the Omusati Regional Council and is acquainted with most of the stakeholders in the region. This has made it easier for the researcher to arrange interview appointments directly with the interviewees.

The interviewer has travelled to all twelve Constituencies to interview the CCW. Travelling across the vast region is time consuming and expensive. Due to the unforeseen circumstances, there was a need for two of the interviews to be rescheduled.

3.10.5 Focus group discussion

According to Christensen, et al. (2011) focus group is a situation where a focus group moderator keeps a small and homogenous group (of 6-12 people) focused on the discussion of a research topic or issue”.

Only one focus group discussion for this study has been held comprised of six officials from the Ministry of Home Affairs and immigration at the regional headquarter. A headquarter is in Outapi, the Capital Town of Omusati Region.

Apart from two free standing and three hospital based satellites offices in the region that only issue birth certificates to children under the age of six and death certificates, the headquarter is only the office that provide all the Ministerial services needed by the people of Omusati Region.

The workers at headquarter were selected due to their number and the variety of services they provide. The literature review indicated that lack of required documents prevent some of the OVC care givers to access the social grants.

Thus, it was important to have a focus group discussion with the people who issuing those documents to answer the question why some people do not have the national documents. The researcher`s intention to include the MHAI in the study was communicated to the employees through the administrator in charge. All the employees were requested to participate on a voluntary basis. All the employees at headquarter were willing to participate. However, during the data collection time some officials were conducting the outreach programmes. The available number of employees were only enough to form one focus group.

The researcher has taken certain aspects into consideration when facilitating the focus group discussion to counteract the weaknesses associated with this data collection method. The investigator was neutral and empathetic avoiding influencing the participants to behave in a particular manner

and thus, minimise the **investigator effects**. Investigator effects are “actions and characteristics of researchers that influence the responses of participants” (Christensen, et al. 2011).

The participants have been informed from the beginning that they should respect each other`s views and all group members are expected to participate. The researcher further informed them that participation is voluntary and all participants will sign the consent form. Information was also given that the discussion proceedings will be audio taped. These introductory remarks have cleared up the air and encouraged full participation.

During the preceding the researcher has made an effort to motivate the quite individuals to participate. The teaching experience of the investigator has played a major role in this data collection process where communication, directing, controlling, observation and effective listening skills are crucial.

The topics discussed by the focus group were exactly the same as the questions used in the interview. Therefore, data generated from the focus group and the interviews are in congruent. Congruency of data collected by different methods from different sources illustrates the findings` validity and reliability.

The focus group discussion and interview questions were revolving around the factors that prevent some of the OVC care givers from accessing the social grants entitled to the OVC under their care. In order to avoid the discussion to go astray, the investigator was using a focus group schedule. A schedule was used as compass that guides the group to be focused on the topics under discussion. The group discussion has lasted for one hour and the whole agenda on the focus group schedule were thoroughly exhausted.

3.10.6 Validity and reliability of qualitative research

In qualitative research, the results are also expected to be internal and external valid. Qualitative internal validity is not about the general principle of events but rather focuses on a particular event within a specific context.

This study was more interested in ideographic causation rather than in nomological causation. **Ideographic causation** “is a single international action for a particular person in a local situation with an observable result”. Whereas, **nomological causation** “is the standard view of causation in science; refers to causal relationships among variables” (Christensen, et al. 2011).

Consequently, the results of this study may not be extrapolated to other situations and respondents with dissimilar characteristics to the situations and respondents included in the study. In other words external validity applicable to quantitative research is not important here. Here the external validity that matters emphasises naturalistic generalization. “This refers to generalization based on similarity of people and context reported in the study and the people and context to which the generalization made” (Christensen, et al 2011).

Furthermore, if a similar study is conducted in Omusati Region with the similar respondents or respondents with similar characteristics, the finding is expected to be the same. The result will be the same because to increase the internal validity of this research`s outcome, the investigator has used methods triangulation and data triangulation strategies. According to Christensen, et al. (2011) **methods triangulation** “is the use of multiple research methods or methods of data collection (interview, focus group and questionnaire) and **data triangulation** “is the use of multiple sources of data”. (CCW, teachers and officials from the MHAI)

3.11 Ethical consideration

Conducting research is guided by ethical principles. Some of the ethical principles applicable and have applied to this study are described below.

3.11.1 Institutional approval

Institutional approval is a permission given by the institution running research programmes to the person conducting the research. It can also be the permission given to the researcher by an institution to conduct a research within that institution. The researcher for this study has obtained permissions from the University of Stellenbosch which is the custodian of this study to carry this research. The investigator has further received permissions to include participants from Ministry of Education, MGECW and MHAI. The availability of institutions` approval has also increased the participants` trust in the investigator. This in turn has led to the participants to be more objective as much as possible.

3.11.2 Informed consent

All the participants in this research have been provided with all the information about the study. Christensen, et al. (2011) asserts that “informed consent is to inform the research participants of all aspects of the study that might influence his or her willingness to volunteer to participate”. In other words the subjects participated in this research have done so on their free will and the information they have provided should be correct.

3.11.3 Confidentiality and anonymity

Confidentiality and anonymity have been the most ethical aspects considered in this study. The data collected are only accessible to the researcher. The participants have been informed that the findings will be made known only to the University and the Ministries where the study was conducted.

This is what Christensen, et al. (2011) call as confidentiality, “an agreement with research investigators about what might be done with the information obtained about a research participant”. The participants have also been further informed that there will be no information that will link them to the information which they have provided.

The collected data will be kept anonymously. “Anonymity refers to keeping the identity of the research participants unknown” (Christensen, et al. 2011).

3.12 Conclusion

This chapter has described about how this study has been designed. It was stated that this study contains both qualitative and quantitative elements. The mixed research design was selected because it thoroughly addresses the research question.

The reader has noted that different data collection methods have been used to collect data from different sources to validate the quality of this study` results. The purpose of the study was not to have findings that can be generalized over the whole population but to have a contextual understanding about the factors that prevent some of the OVC care givers from obtaining the social grants in Omusati Region.

The last part of this chapter has explained the ethical issues taken into consideration during the process of designing and conducting this research. It is also clear that approvals from Institutions have been granted to the researcher to carry out this study. Informed consent and confidentiality were among the ethical principles guided the way this study was conducted.

Chapter 4: Data analysis, results and discussions

According to Patton (2000) quoted by Srivastava (2009) qualitative data analysis to some is an artwork to others it is a craftsmanship and others again consider it to be a detective exercise. Whatever description of qualitative analysis one has adopted, it is a process that needs expertise to examine the collected data and induce emerging meanings from them.

In this study the emerging meanings have been induced from the data collected through interviews, questionnaire and focus group. The findings from the interview will be presented first than the questionnaire and the focus group will be followed respectively. The results have been presented in the forms of description, bar graphs, tables and pie charts.

Before the findings are presented, brief demographic information about Omusati, the Region where the study has been conducted has been provided.

4.1 Demographic characteristics of Omusati Region

According to the report of the Second Delimitation Commission (1998) in Omusati Region Food Security and Nutrition Action Plan (2006-2015), Omusati region is having a surface area of 13 638 km². On the north, Omusati shares the border with neighbouring Angola. Oshana and Oshana regions share common borders with Omusati on the eastern sides. While on the western and southern sides Kunene is the neighbouring region.

Omusati region is having a population of 240, 900 people (Namibia 2011 Population and Housing Census Preliminary Results, 2012).

Omusati Region population/Constituency**Figure 4.1**

Constituencies	Female	Male	Total
Anamulenge	7400	5900	13300
Elim	6100	5100	11200
Etayi	19400	15500	34900
Ogongo	10600	8600	19200
Okahao	9400	7900	17300
Okalongo	16800	13600	30400
Onesi	7100	6000	14100
Oshikuku	4900	3800	8700
Outapi	20000	16500	36500
Ruacana	7500	7400	14900
Tsandi	15300	12700	28000
Otamanzi	7400	6100	13500
Total	131900	109000	240 900

Source: Namibia 2011 Population and Housing Census Preliminary Results.

The National Strategic Framework (2010/11-2015/16) reports that 43% of Omusati Region's population is under the age of 15. The 2006-07 Namibia Demographic and Health Survey reports by USAID (2006) indicates that 34% of children in Omusati Region are OVC. Acknowledging the years difference between the two reports, one can induce that the 43% of 240 900 population in Omusati region is 103587, children population under the age of 15. The 34% of 103587 populations under the age of 15 are OVC.

In other words there is about 35220 OVC in Omusati Region. The OVC figure is expected to exceed this number because OVC aged 16 to 18 years are excluded.

The national figure on the OVC receiving Maintenance and Foster Parents Grants compiled monthly by the MGECW indicates that in September 2012, 13047 OVC in Omusati Region have received grants. One may conclude that among the 35220 OVC in the region, only 13047 which is 37% of OVC that have benefitting from the social grants provided by the MGECW in September 2012.

About 22173 OVC in Omusati Region are not receiving the grants. This figure represents 63% of OVC in the region. Inaccessibility of grants is what compels the researcher to investigate the barriers that prevent some of the OVC from benefitting from the social grants provided by the MGECW.

The table below indicates that Omusati is having a large number of OVC recipients followed by Ohangwena in comparison to other regions. The OVC social grants recipients for August and September 2012.

Figure 4.2

2012	Recipients		
Month/Region	August	September	Difference
Kunene	4687	4717	-30
Omusati	13000	13047	-47
Oshana	10853	10894	-41
Ohangwena	12960	13034	-74
Oshikoto	9510	9574	-64
Kavango	7579	7763	-184
Caprivi	4159	4208	-49
Erongo	2833	2885	-52
Otjozondjupa	4373	4384	-11
Omaheke	2725	2742	-17
Khomas	6122	6142	-20
Hardap	2319	3230	-11
Karas	2186	2212	-26

National	84206	84832	-626
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Source: MGECW, 2012

4.2 The interview`s participants demographic characteristics

The interview participants are 12 CCW working in the MGECW in each Constituency of the region. The demographic characteristics of the interviewees are illustrated in the table below.

Figure 4.3

A

Person	Age	Duration with MGECW	Gender
1.	30	4 years	M
2.	31	2 years	F
3.	32	2 years	F
4.	32	3 years	F
5.	32	6 years	F
6.	36	2 years	F
7.	37	6 years	M
8.	38	5 years	F
9.	38	5 years	F
10	38	7 years	F
11	42	2 years	F
12	43	9 years	F

The CCW interviewees Data set

The frequency distributions of CCW age (B) and years (C) working with OVC in the MGECW

B

Age	Frequency	Percentage
30	1	8,3%
31	1	8,3%
32	3	25%
36	1	8,3%
37	1	8,3%
38	3	25%
42	1	8,3%
43	1	8,3%
	N=12	100%

Figure 4.4

C

Duration	Frequency	Percentage
2	4	33%
3	1	8%
4	1	8%
5	2	17%
6	2	17%
7	1	8%
9	1	8%
	N=12	100%

Figure 4.5

“A frequency distribution is a systematic arrangement of data values in which the unique data value are rank ordered and the frequencies are provided for each of these values” (Christensen, et al. 2011).

The majority of the interviewees are females, comprised of 83 % and only 17% of the respondents are males. The information in tables A and B indicate that all the interviewees are middle aged (30-43 years). They all have worked for the MGECW administering OVC grants for more than a year and the longest serving CCW has worked for nine years.

4.3 Interview`s findings and discussions

The findings from the interview have indicated the factors that prevent some of the OVC care givers from accessing the social grants entitled to the OVC. In other words the interview`s results have provided some answers to the research question.

During the interview it was revealed that lack of the required documents; criteria for grant eligibility; grant registration apathy and the bureaucratic way of processing disability and foster care grants are the factors that prevent some of the OVC care givers form receiving the social grants. It was also discovered that both CCW and OVC care givers are faced by different challenges.

4.3.1 Lack of the required documents

100% of the 12 interviewees have indicated that lack of required documents serves as a major impediment that prevent some of the OVC care givers from accessing the social grants. One interviewee asserts that “the majority of the OVC are not getting the grants because there are no documents either for the applicant or for the child itself.” A study conducted by Taylor, et al (2011) in Kwa-Zulu Natal South-Africa has revealed similar findings that lack of legal documents serves as one of the barriers to accessing grants.

Depending on what type of grants the applicant is applying for and the status of the child whether s/he is a single or double orphan or vulnerable due to have elderly or inmate parent(s) or disabled the applicant needs to have some of the required documents shown in the table below.

Figure 4.6

Grants	Required documents
Maintenance Grant	<ol style="list-style-type: none"> 1. Identification card and birth Certificate for the applicant 2. Full birth Certificate of the child or 3. Abridged Birth Certificate and baptism card for the child 4. School progress report if the child attending school 5. Police declaration 6. Testimonial letter from prison (if parent is in prison for six months or more) 7. Bank statement or Post Office card (Optional) 8. Death Certificate if it is an orphan 9. Proof of receipt and or pension payment
Special M Grant	<ol style="list-style-type: none"> 1. Identification card and birth Certificate of the applicant 2. Full birth Certificate for the child or Abridged Birth Certificate 3. Doctor`s Report
Foster C Grants	<ol style="list-style-type: none"> 1. Identification card and birth Certificate for the applicant 2. Abridged Birth Certificate and a Baptism Card for the Child or 3. Full Birth Certificates 4. Death Certificates & Marriage Certificate if applicable 5. Social Worker`s Report 6. Court Order & school progress Report
Place of Safety G	No information obtained from the interviews

Source: MGECW, 2010

The eligible OVC for the above stated grants have already been described in chapter 2.7.1.

4.3.2 Barriers to acquire the required documents

Through the interview it was discovered that there are various barriers preventing some people from obtaining the national documents. Lack of national document has been mentioned to be the major obstacle to the social grants accessibility. The barriers that make the required documents to be inaccessible have received more attention here because the detailed descriptions of these barriers provide partial solution to the research problem.

4.3.3. Long distance, scattered offices and high transport costs.

92% of the participants have indicated that transport cost due to long distances to the Ministry of Home Affairs and Immigration is one of the facts that prevent some of the care givers and OVC from acquiring the required documents. “Sometimes people cannot afford to pay the transport cost to go and apply (for) the birth certificates due to long distance” (says one of the CCW).

The transport cost is further increased by the poor road infrastructures and lack of public transport in rural areas. “Accessibility is influenced by location and terrain, the condition of infrastructure such as roads, and the availability of public transport” (UNICEF, 2002).

During the interview one participant maintains that “like us here in rural areas there is no taxis, the roads are not good and the private hikes are very expensive”.

UNICEF (2002) argues that” The greater the distance to the point of registration, the more the opportunity and travel costs rise”.

It was also reported that the public amenities such as the MGECW, the Police Station, the Ministry of Home Affairs and the Traditional Authority Offices are scattered. It compels a person to travel back and forth among offices to obtain services. “It will be helpful and encouraging if all needed

services can be concentrated at one place where parents or guardians can get assistance at once” (asserts one respondent).

A similar study conducted by the MGECW in Kavango, Karas and Hardap regions has discovered that transport cost is a problem in terms of getting to and from application points and obtaining documents for an application (MGECW, 2010). It was reported in the interview that long distance discourages people to travel to have the required documents. “Someone may be in prison in Rundu and the applicant needs to have a testimonial letter to apply for the maintenance grant for the children, he/she may not go there because of the distance or the person may not even know where Rundu is” (says a CCW in the interview).

Another CCW shares the similar argument with a colleague when says “if a person dies in Otjozondjupa region for an example and buried there while he has children here in the north, it is a challenge to convince her to go and get the death certificate from there”.

The MGECW (2010) maintains that “another difficulty arises when someone dies a great distance away and the documents are difficult to obtain because of the distance”.

4.3.4 Shortage of the Social workers, in the Region.

Shortage of Social workers has been stated by 92% of the interviewees as one of the derailing factors towards accessing the required documents. It first requires the social worker`s investigation for the OVC to proceed to the court to obtain a court order. The court order is a document needed by OVC to qualify for the foster care grant.

Equally, the social worker`s intervention is initially needed by the OVC to go and see the doctor to have the doctor`s report that is needed when the applicant applies for a special maintenance/disability grant.

Despite the major role the social workers are playing in the process of assisting the OVC to obtain the required documents, social workers are not enough. It was reported that there is only four social workers including the principal social worker in the whole Omusati region. Consequently, it will take a long period of time for the OVC to be registered for the foster care and special maintenance grants. One CCW stipulates that “if I was having a social worker in my office, the work could be easily done because once I finished with the client then she can be immediately attended to by the social worker then the case is finalized”.

Social workers are relatively scarce especially at the regional level; as a result the processing of application for FCGs is imposing significant strain on human resources (MGECW, 2010). Another CCW frustrated asserts that “intakes take too long to be investigated because there are few social workers in the region. The clients are always come here and push me because it is me who registered them”.

A Human Resource Analysis conducted by the MGECW in 2007, has found that there were only 20 social workers in all thirteen regions of Namibia who managed 80 000 grants applications (MGECW, 2007). This figure indicates that there were about one or two social workers per region. Social workers in all thirteen regions have a high number of backlogs applications for foster care cases (MGECW, 2008). The shortage of social workers continues to haunt the MGECW.

4.3.5 Ignorance

The interview unearthed that some people do not have the national documents simple because they do not see the importance of having these documents. 75% of the respondents have indicated that ignorance is one of the reasons for some of the OVC care givers not to have the required documents. UNICEF (2002) says “another barrier can be poor understanding of the importance of registration among the population”.

Unhappy CCW asserts that “we go to the community conducting the outreach programme but only few people attending the meeting, even last Friday I was having a meeting with the community but only very few people attended, people only attend when there is a drought relief food distribution”. Some people do not have the required documents because these documents are not important to them, only becoming important when they start struggling to access services.

As one interviewee correctly puts it that “ some parents do not have birth certificates until one parent dies and when the surviving spouse wants to register the orphans, they cannot be registered because there are no documents”. “If people lost their birth certificates or destroyed by the fire normally they are not interested to reapplying for another one. Only when they need services and birth certificates are requested then they start looking for the documents but it takes time to have them”.

Ignorance about the importance of birth certificates is not only common in Omusati region but it is a worldwide phenomenon. A (1999) Tanzania Survey reported in UNCEF (2002) reveals that about 75% of parents not registered their children to have birth certificates said that they “didn’t know the baby must be registered” or “didn’t know where to register”.

Due to ignorance some people just bury their dead without registered the deaths in order to be issued with the death certificates.

4.3.6 Shortage of magistrate courts and magistrates in the Region

Foster care grant requires the applicants to have a court order issued by the magistrate. Many double orphans are not getting the foster care grant because they do not have the court orders. The interview finds that 75 % of the CCW believe that the magistrate courts and magistrates in the region are not enough. Furthermore, the hearing dates scheduled for foster care cases are very few.

A CCW asserts that “the process of obtaining foster care grant is lengthy. It starts with the investigation at home by the social worker then wait to be provided a date by the court and the court only deal with ten clients per Friday” Another statement quoted from the respondent reads

“magistrate court has only specific dates when to deal with the placement cases and those days are very few”.

There is only one magistrate court in Outapi that deals with placement cases and some people are living far away from Outapi. Therefore, accessing court order is a challenge to OVC care givers who would like to register their OVC to receive the foster care grant. One respondent states that “magistrates are not country wide, people have to travel to the magistrate court because the case has to be completed in court”.

In KwaZulu Natal, Taylor, et al. (2011) has found that “ninety-five per cent of caregivers who were not receiving the grant, but were considered eligible due to the lack of a parent in the home, did not have the required court documents appointing them as foster parents”.

4.3.7 Foreigner or missing parents

The children born by parents whereby one parent is a foreigner find it very difficult to get birth certificates. “If a father dies for example in Angola as we are having a lot of children fathered by Angolans here, there is no way the children’s mother will get the death certificate to register her children for the grants” (an interview’s respondent). One respondent says that “some children do not have birth certificates because you know some of these children their father are Angolans, therefore, it is very difficult for them to have the required documents and registration for the social grants is practical impossible”.

It was revealed that some parents are missing and their where-about are not known. A respondent says that “some parents especially young mothers who work in the south, they come to the north and drop their children at their mothers and they disappeared. When the grandmother wants to register their grandchildren for the grants there are no documents and the mothers are nowhere to be found”. Taylor, et al. (2011) state that “the missing parent pose a particular challenge as the applicant may need to locate the parent or take steps to establish whether he/she is deceased”.

It was indicated that some parents do even separate before the child is not yet born and when the mother wants to register her child to get a birth certificate, the father's personal information is not available.

67 % of the interviewees indicated that foreigner and/or missing parents make the situation difficult for the OVC care givers to acquire the required documents. There is a provision that if the father of the child is nowhere to be found the child can be registered to his/her mother's surname. However, it is not culturally accepted by many. "The culture need to be changed so that the child can have his/her mother's surname who is available but if the mother dies, then to have the fathers' documents for children to be registered become another problem again" (says one interviewee).

4.3.8 Unwillingness to give the required documents to grant applicants

58% of respondents have mentioned that some people who are not taking care of the OVC but in possession of the required documents refuse to give those documents to the grant applicants who take care of the OVC. One interviewee asserts that "you may find a father who is a pensioner and have children under the age of eighteen but he does not want to give his identification card and a proof of pension payment to the mothers of his children to be registered for the grants.

Some fathers are not prepared to provide their personal documents for their children to receive grants. The MGECW (2010) states that "dispute between family members prevents documents being obtained for an application".

Another document which grants applicants find it difficult to have is the death certificate. As one interviewee clearly explains it that "widows do not like to give death certificates of their husbands to other mothers who also have children out of wedlock with their deceased husbands".

It is a common belief in African culture that husbands' deaths are caused by their wives through witchcrafts. The death of a husband sometimes creates a tension between the deceased's family and the widow. One participant state that "you know death causes havoc between the husband's family

and the widow, therefore, the families are always reluctant to give the death certificates to the surviving spouses for the children to be registered for the social grants and it is really a very big challenge”.

25 % of the interviewees indicated that some of the OVC care givers find it difficult to have the death certificate which is mostly needed when registering the orphans.

Some people with the needed documents just do not want to give their personal documents to others who are taking care of the OVC to be registered simply because they feel that the OVC and their care givers will become well off if they start getting the grants.

One interviewee stipulates that “when people who are not taking care of the OVC are approached by the OVC care givers to provide the required documents for an example an identification document or so, they sometimes totally refuse to give them stating that they are also suffering why some people should have to benefit from the grants while they are not.

4.3.9 Differences in doctors` disability diagnoses

One of the requirements for the special maintenance or disability grant is that the applicant needs to have a doctor`s report. An applicant needs to be 50% or more disabled to qualify for the grant. An applicant assessed and evaluated by two different doctors may have different disability rating results. One doctor may rate the applicant to have less percentage of disability whereas the second doctor may rate him/her to be more than 50 % disability. Inconsistencies in doctors` reports deprive the disabled children`s rights to receive the special maintenance grant.

33% of the interviewees have reported that there are inconsistencies in the doctors` disability reports. One respondent maintains that “doctors from different backgrounds give different reports. One doctor may say the person is 30% disabled while the other doctor says that the same person is 80% disabled, now you do not know which one is correct”.

Another interviewee says that “the doctor may report that the child is not qualified for the disability grant but when you are looking at the child you can see that she is really disabled, vulnerable and need assistance”.

4.3.10 Contradictory information on personal documents

33% of the interviewees have indicated that some people are having documents with different personal particulars. This is mostly experienced when OVC are applying for the full birth certificates or when they are using parents death certificates to apply for the grants.

Sometimes the surnames on the child abridge birth certificates do not correspond to the fathers` names or surnames on the fathers` birth or death certificates.

The contradictory information is due to the fact that some times the care takers register the children to have birth certificates using only the father`s names which they know.

In most cases the well-known names are not the ones appearing on the official personal documents. One interview`s participant asserts that “one challenge facing the OVC to be registered for social grants is that the information on their abridge birth certificates are not matching with the information on their parents birth or death certificates”.

Another hurdle in obtaining the social grants is that names do not correspond on different documents, for example the name of the child`s father on birth and death certificates (MGECW, 2010). It is mostly happening when the MHAI conducts birth registration outreach programme. The community will not miss an opportunity to have the birth certificates even if they do not have the correct personal particulars. “When the Home Affairs go to the villages to give birth certificates, people just give any names they know for the children to be given the birth certificates but some of those names given are not the official names” (an interviewee`s assertion).

“During the most recent flood emergency, MHAI staff conducted registration campaigns in the relocation camps in Caprivi Region” (MHAI, 2011). Providing birth certificates to people in the relocation camp is a good thing to do. However, in a disaster situation people may not have the correct personal particulars that should appear on the birth certificates. This may create problems in future as it has reported by the interviewee.

In some instances the information on the child abridge birth certificates do not correspond with the information on the baptisms cards and it is difficult to correct those information. One interviewee states that “some churches do not change the information on the baptism cards to correspond to the information on the abridged birth certificates”.

The contradictory information prevents the OVC from obtaining full birth certificates or to be registered as social grants recipients 33 % of the respondents have indicated that among the required documents, the full birth certificate and death certificate are difficult to be in the OVC care givers` possession.

“Some documents in particular are mentioned as being difficult to obtain: baptism cards, full birth certificates and death certificates” (MGECW, 2010).

4.3.11 Personal documents lost or destroyed

Some OVC and their care givers do not have the required documents because their documents have been either lost or destroyed by natural disasters such as house fire or flood. This has been revealed by 33% of the interviewees during the interviews. One respondent says that “some documents are destroyed by fire and it is difficult to get the copy from the Home Affairs”.

Inability for grant registration could be because a caregivers or child document is simply missing, due to accidental loss such as fire damage (MGECW, 2010).

The northern and north eastern part of Namibia is prone to flood during the rainy season and house fire is common during the dry season. It is during these periods that the affected communities lost their belongings sometimes including their personal documents.

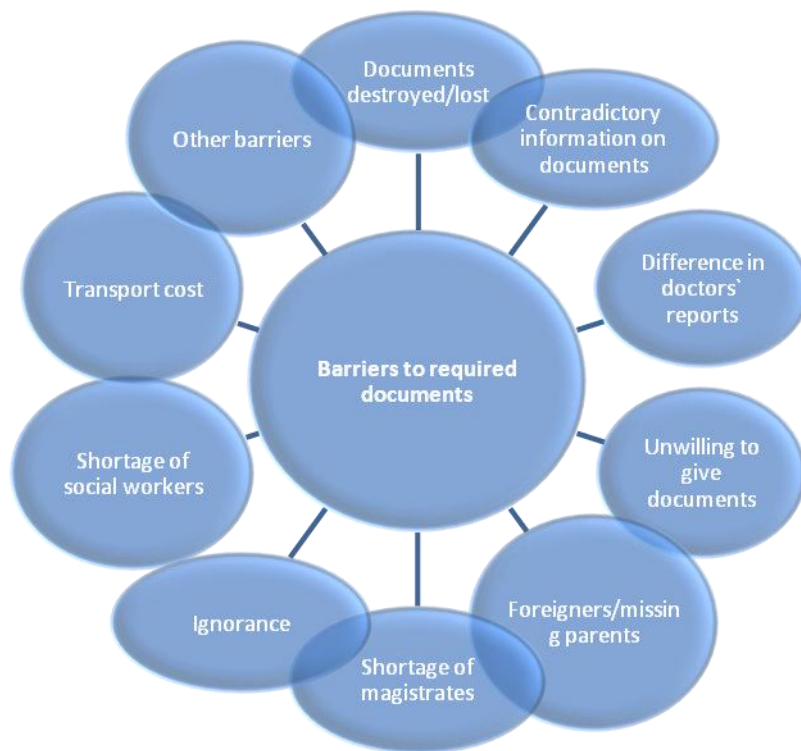
4.3.12 Other barriers to acquire the required documents

25% of the interviewees have indicated that the MHAI does not have an up to date filing system. One respondent asserts that “the copies of abridged birth certificates issued between 1994 and 1999 are kept in Windhoek. Therefore, it takes time to take copies from Windhoek to the region when full birth certificates have to be issued”.

The MHAI is in the process of introducing the National Population Register System (NPRS) that will store birth, death; ID and marriage information. This system will address the challenges of storage and tracing of records that currently facing the Ministry (MHAI, 2011).

It was indicated by 17 % of the participants that sometimes people are discouraged to go and obtain the required documents from the MHAI by the staff attitudes. “Our clients sometimes refuse to go to the MHAI’s office citing that they are scared to be scolded at unless you give them a letter which they will present” (asserts one interviewee).

8% of the respondents state that one of the barriers that prevent the OVC and their care givers to have the death certificates is that sometimes the deceased passed on while being treated by traditional doctors. Traditional doctors do not issue death certificates. One interviewee asserts that “people died in the hands of the traditional doctors are not issued with death certificates”.

Figure 4.7

The above diagram illustrates the summary of the factors that prevent some of the OVC care givers from acquiring the documents which will qualify them to become social grants recipients.

It is clear that there are many hurdles on the way to acquire the required documents. To many OVC care givers these obstacles are very difficult to overcome. Thus, there are many OVC who are not receiving the social grants because of these barriers.

4.4. Criteria for grant eligibility

The eligibility criteria set up by the MGECW is discriminatory in nature. It excludes some of the OVC, for an examples some children of unemployed parents are vulnerable and they experience economic hardship. However, they are not entitled to receive the social grants. Equally the orphan

children who have a surviving parent earning more than N\$ 1000, 00 are not qualified to receive the grants.

83% of the interviewees have indicated that the grants criteria prevent some of the OVC from obtaining the social grants. One interviewee asserts that “the OVC that receive grants are only the double orphans and children of the pensioners. However, the single orphans whose living parents are getting a salary of one thousand Namibian dollars or more and the children of unemployed parents are not getting anything. Maybe the budget is not enough or the government does not want people to become dependent but these children are really suffering”.

OVC above the age of 18 are also not qualified to receive the social grants unless they are still attending school. Not all OVC above the age of 18 are working. It was stated in one of the interviews that the OVC who turned 18 years and not schooling are removed from the system and stop receiving the grants. Therefore, the age restriction serves as a barrier to the social grants.

4.5 Registration apathy and lack of OVC support

Ignorance has been cited as one of the factors that prevent some of the OVC from getting the social grants. One respondent maintains that “some of the OVC guardians have all the required documents but they do not want to register the OVC to receive the grants”.

It was also discovered that some disabled children are not receiving the special maintenance grants because their caregivers keep them out of public. One respondent revealed that “some parents do not like their disabled children to be seen, they always try to hide them. Therefore, they will not register them to obtain the grants”.

Some OVC are heading houses themselves without any adult guidance or supervision and others are living in the streets and no one is taking care for them. These OVC are not benefitting from the social grants because there is no one to register them. One interviewee says that “some orphans are living alone without guardians and they find it difficult to register for the social grants”. Maqoko and

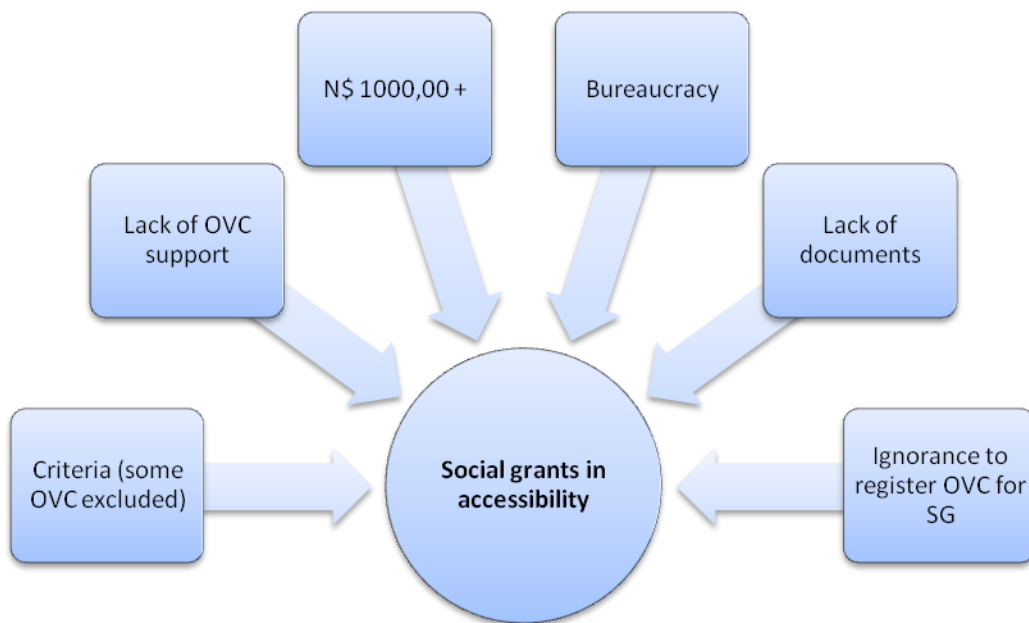
Dreyer (2007) maintain that orphans heading households themselves experience difficulties in getting birth registration done, and accessing health care and social security benefits.

4.6 Bureaucratic manner of processing disability and foster care grants

When the interviewees were asked to mention the social grants which are difficult to obtain, 100% of the respondents have agreed that the Foster care and Special maintenance grants are the most difficult to get. All the interviewees have stated that the reason for these grants to be difficult to be obtained is the lengthy and cumbersome processes through which they are being obtained.

The barriers that prevent some of the OVC caregivers from receiving the social grants entitled to the OVC under their care.

Figure 4.8



4.6.1 Foster care grant

The process of receiving the foster care grant starts with the CCW then the social worker has to investigate and recommends for the court hearing.

As it has been discussed earlier there is a shortage of social workers and magistrates in the region. The shortage of these professionals makes the foster care grant to take a long process before it can be finally processed. One CCW asserts that “when I joined the MGECW in 2004, I found some children struggling to get the foster maintenance grants but up to now those children have not yet received the grant. Currently, there are 235 cases in my Constituency that have not yet being investigated”.

Another CCW stipulates that “some orphans have been registered in 2007, but until now they have not even go to court. They are having a very big problem; some may even turn eighteen without receiving the grants”. The MGECW (2010) justified the CCWs` assertions by saying that “the period between application and approval can be as long as several years”

4.6.2 Special maintenance/ disability grant

The special maintenance grant also starts with the CCW registering the case then the social worker needs to fill in the form which will be taken to the doctor. The doctor examines the child`s disability rate and sends him/her with the report back to the MGECW. The MGECW referred the applicant again to another doctor.

Considering the shortage of social workers in the region and the inconsistencies in the doctors` disability ratings mentioned earlier, this process is very cumbersome and frustrating.

One of the CCW states that “the process starts with me to a social worker then to a doctor then coming back to us then we refer the applicant to another doctor. It takes almost six months for the grant to be approved. Fortunately, when the application has been approved the applicant will be given a back pay”.

4.7 Other challenges facing the OVC and their care givers in the process of acquiring grants

Another challenge in the process of acquiring grants especially the foster care and the special maintenance grants is the communication problem between the doctors and the OVC care givers. Due to the scarcity of doctors in the country, many doctors in the region are expatriates and do not speak the local languages. Sometimes there is also a communication barrier between the social workers and the care givers. Not all the available social workers are also conversant in the local languages.

Communication breakdown sometimes creates misunderstanding that may prolong the process of acquiring the grants. The communication breakdown creates the need for an interpreter. The interpreter may not interpret the message exactly as it was originally conveyed. Furthermore, the middleman compromises the confidentiality.

4.8 Challenges facing the CCW

One of the questions in the interview was intended to establish the challenges facing the CCW in their obligations of administering social grants. It was discovered that the CCW are facing many challenges that may also contribute to the slow process of acquiring social grants by the OVC care givers.

4.8.1 Lack of transport and drivers` licences

It was discovered that most of the CCW do not have the drivers` licenses and there are also no drivers to take them to the communities. Consequently, the CCW have to walk long distances to execute the outreach programmes. 67 % of the CCW interviewed have revealed that they need transport in order to reach all the corners of their Constituencies.

One CCW says that “most of us do not have the driving licences and there are no drivers in the region to take us to the communities”.

4.8.2 OVC not receiving grants

The CCW have stated that they are discouraged when the OVC are coming to their offices for grants registration, but some are not receiving due to various barriers described earlier. 67 % of the CCW have indicated that they are not happy because some OVC are not receiving grants or receiving after a long period of time. “There is high number of OVC in the Region that have registered but only few who are receiving the grants (asserts one of the interviewees).

Another CCW says “what makes me feel sad is that I want to assist but the community do not have the national documents, they keep on coming to the office, you feel pity for them and they feel it is you who do not want to assist them”.

4.8.3 Inadequate office space and office equipment

The study has revealed that the MGECW is not having enough offices in the region. Most CCW are hosted in the Constituency offices. 50 % of the CCW have indicated that lack of office space and office equipment such as telephones and faxes prevent the smooth running of their administrative work.

“There is no enough office space here; you can see I have been accommodated in the board room which is also used by other people. The clients find it difficult to talk about confidential issues in the presence of other people” (says CCW).

Some offices are not installed with telephones and faxes which makes communicating with clients and other stakeholders a challenge. One interviewee asserts that “telephones are not in all the offices and you cannot discuss confidential matters in someone`s office, you may even be forced to use your

credit on your cell phone to contact the clients. The fax is also far away from where you are operating”.

4.8.4 Misuse of grants

The CCW are not only challenged by the inability of some OVC care givers to receive grants but also by the misuse of grants by those who receive them. 42 % of the CCW indicated that the misuse of the social grants is a challenge to them. A CCW stipulates that “some people who receive the grants are not living with the OVC and use the money for their own benefits and that is not good to both the OVC and us”. The main aim of social grants is to benefit the OVC. However, there are some people who are helping themselves with the money at the expenses of the children for whom it was intended (Maqoko & Dreyer, 2007).

4.8.5 Other CCW challenges

25 % of the CCW have mentioned that they are not being properly supervised. It was reported that sometimes the supervisors are issuing different instructions to the CCW at different offices to do the same thing. One CCW says that “one of the challenges I am facing is the way our supervisor gives us information. Sometimes you are been told to do something but when you have done it you will be asked who told you to do it or sometimes you are asked why you have not done something which you have not being told to do it”.

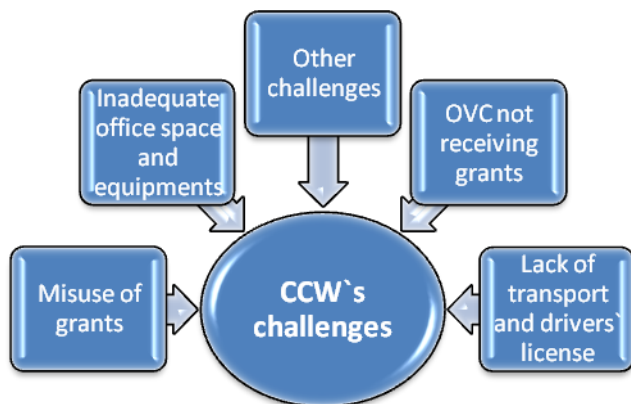
25 % of the interviewees have indicated that sometimes the communities make their work to be difficult. Some people do not like to attend information sharing meetings. As a result some of the OVC have not been registered to obtain the social grants.

Some members of the community are having negative attitudes towards the CCW. One of interviewees asserts that “some clients are aggressive, they come shouting, insulting and not cooperating”.

Some community are too secretive and do not like to share some valuable information. A CCW says that “community members do not give the needed information, you find children who are dead or no longer attending schools due pregnancies or for some other reasons but they have not been reported, so that they can be removed from the payroll”.

Some CCW have also indicated that they need to be provided with cleaning materials and cleaners to clean the offices.

Figure 4.9 The challenges facing the CCW.



4.9 Questionnaire results and discussions

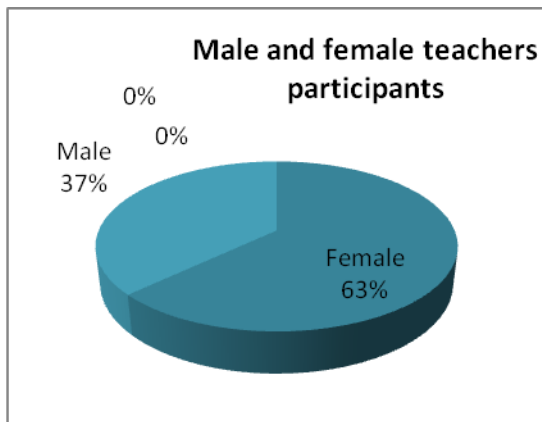
The questionnaires have been distributed to twenty four schools in Omusati Region. Two schools have been randomly selected from each twelve Constituencies. The questionnaires have been given to the teachers working with the OVC. Some schools are having specific teacher(s) assigned to deal with OVC matters, whereas at others schools, OVC matters are dealt with by the principals.

The questionnaire was constructed to establish, whether the OVC have birth certificates, receive social grants, continue attending school, paying school fees and whether the schools have the relevant policies on HIV/AIDS and OVC.

4.9.1 The demographic characteristics of teachers

63 % of the respondents are females and 37 % are males. The youngest subject is 27 and the oldest is 56 years. The high percentage of female teachers working with OVC shows that women are more caring than men. All the participants are middle aged and have worked with OVC for more than two years.

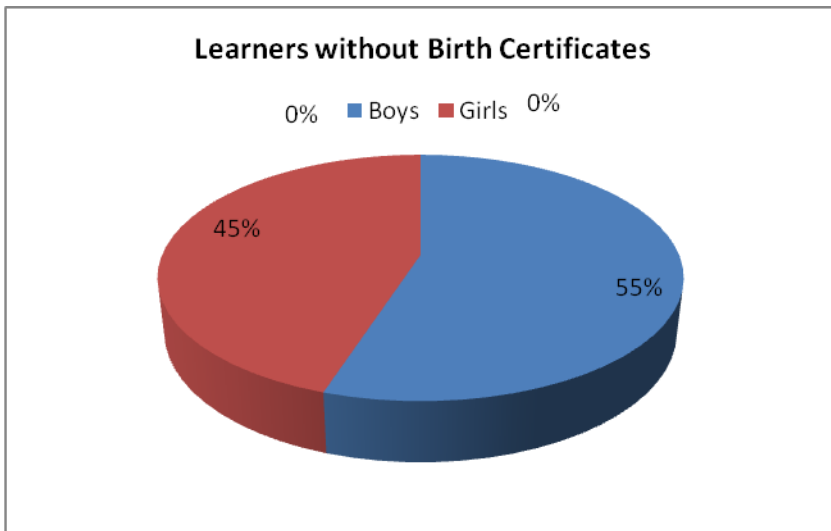
Figure 4.10



4.9.2 Birth certificates

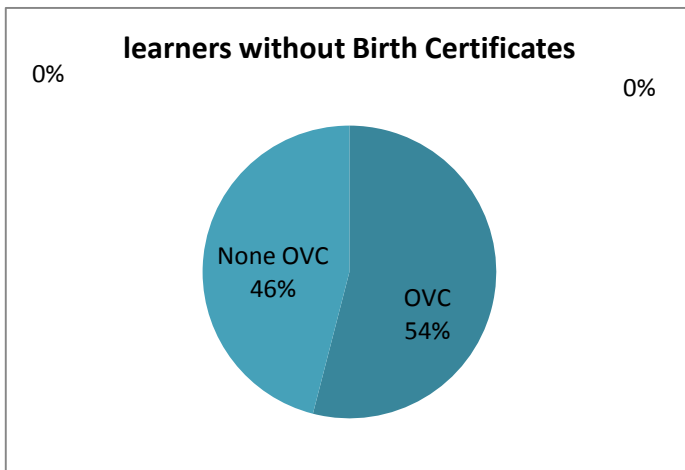
The study has discovered that many learners do not have birth certificates. 1409 of learners at 24 schools participated in the study do not have birth certificates. 55% of these learners are boys and 45 % are girls. It should be considered that the study has not established the total number of all learners at these schools.

Figure 4.11

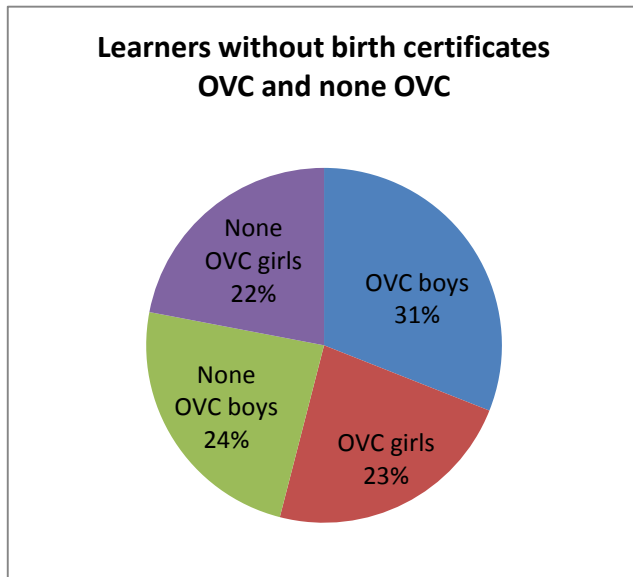


The study has discovered that there are 1409 learners without birth certificate at the 24 schools that have been included in the study of which 54 % are OVC and 46% are not.

Figure 4.12



23 % of the OVC without birth certificates are girls and 31 % are boys, whereas, 24 % of learners without birth certificates are none OVC boys and 22 % are none OVC girls.

Figure 4.13

Both percentages of OVC and none OVC boys without birth certificates are more than OVC and none OVC girls. The literature has indicated that the school enrolment of boys is more than girls. Therefore, more boys are not having birth certificates compared to girls.

The results also show that there are more OVC learners without birth certificates compared to other learners. It has been discussed earlier that some OVC are living on their own without parents to organise for them to have birth certificates.

4.9.3 Reasons for learners not to have birth certificates

The study discovers that there are various reasons that prevent the learners from having birth certificates. 42 % of the respondents have indicated that learners cannot have birth certificates because their parents or guardians also do not have the national documents.

38 % have indicated that the learners' birth certificates have been either lost or destroyed by rain or fire. 29 % have reported that children born by foreigners do not have birth certificates and 29 % indicated that due to ignorance of parents or guardians, learners do not have birth certificates.

25 % of participants have cited that some learners are not having birth certificates because their fathers' whereabouts are not known and the same percentage of subjects asserts that some parents or guardians are not willing to give their documents for the children to be registered for birth certificates.

It was also indicated by 17 % of teachers participated in the study that some of the children without birth certificates are taken care by old people who do not have the means to take them to acquire the birth certificate.

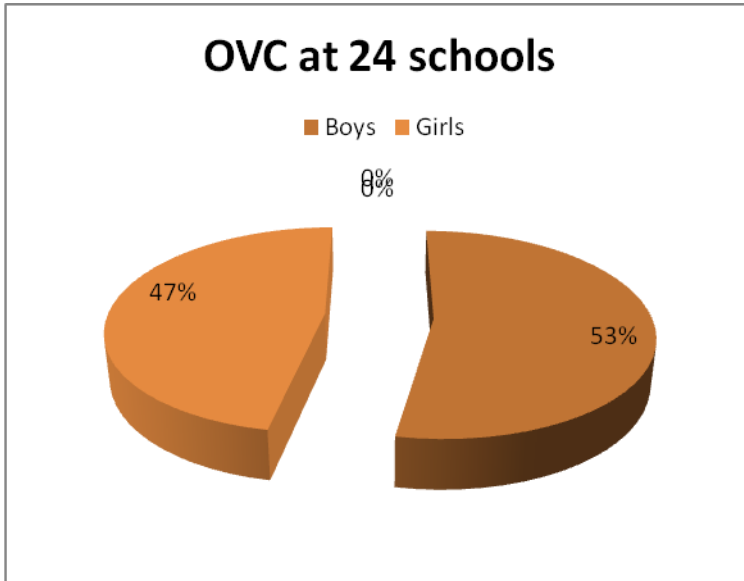
Figure 4.14

Barriers to acquire BC		%
Parents/Guardians without birth certificates		42
Lost or destroyed		38
Foreigner parents		29
Ignorance of parents/guardians		
Fathers whereabouts not known		25
Parents not willing to give documents		
Old care givers		17

4.9.4 Social grants

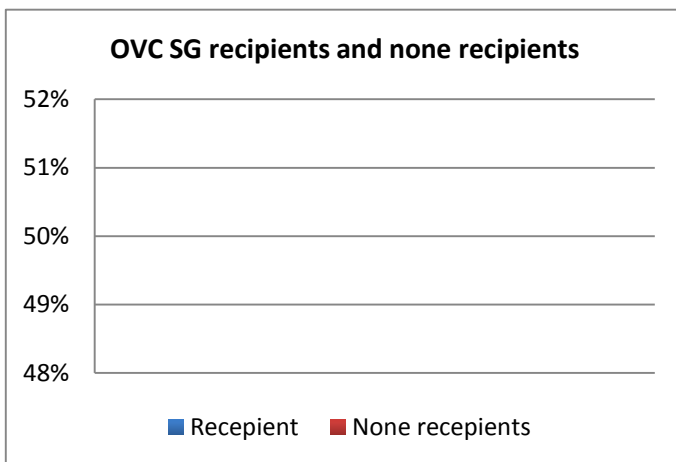
Some of the information discovered from the teachers dealing with OVC is that not all OVC are receiving the social grants. There are 2915 OVC at the 24 selected schools of 275 schools in Omusati Region. One may conclude that there is an average of 33 401 OVC attending schools in the Region. The 53 % of 2915 OVC are boys and 47 % are girls.

Figure 4.15



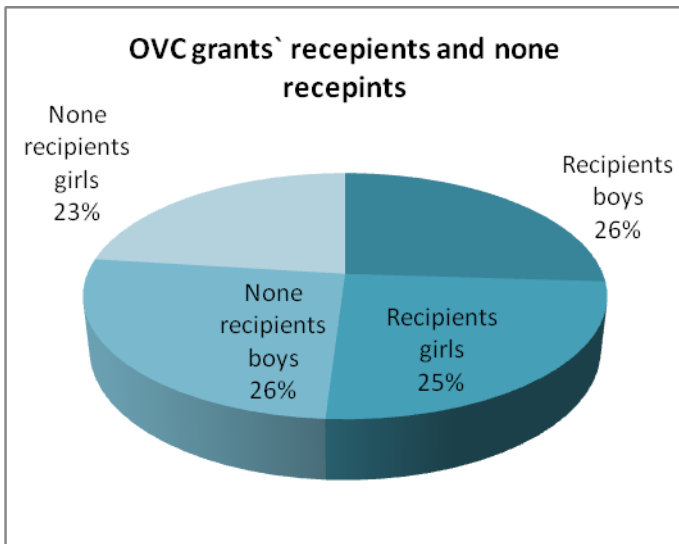
Out of 2915 OVC, 1499 are receiving social grants. In other words 51 % are receiving and 49 % are not receiving the grants. 26 % of the OVC that receive the social grants are boys and 25 % are girls. 26 % of the OVC that do not receive the social grants are boys and 23 % are girls.

Figure 4.16



There is no significant difference between the OVC grant recipients and none grants` recipients. Taking into consideration that this number is only from 24 out of 275 schools and there are OVC who do not attend school, a lot still needs to be done in order for all the OVC in the Region to benefit from the social grants.

Figure 4.17



4.9.5 Barriers to grants accessibility

Lack of documents, ignorance, bureaucracy in the process of issuing documents and registering OVC for social grants, OVC care givers receiving a salary that is more than N\$ 1000,00 , the criteria that exclude some OVC from becoming beneficiaries and conflict among the families have been cited as the barriers preventing some of the OVC from receiving the social grants.

The percentages of teachers` responses to these barriers have been summarized in the table and pie chart below.

Figure 4.18

Barriers	%
Lack of documents	63
Ignorance	25
Bureaucracy	8
Salary that is more than N\$ 1000,00	

Criteria	4
Conflict among the families	

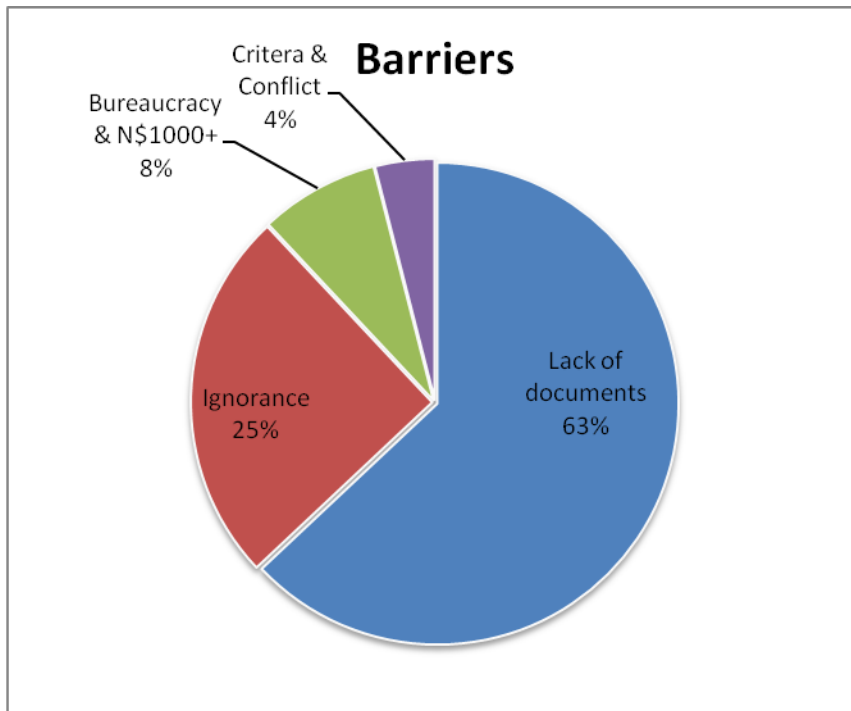


Figure 4.19

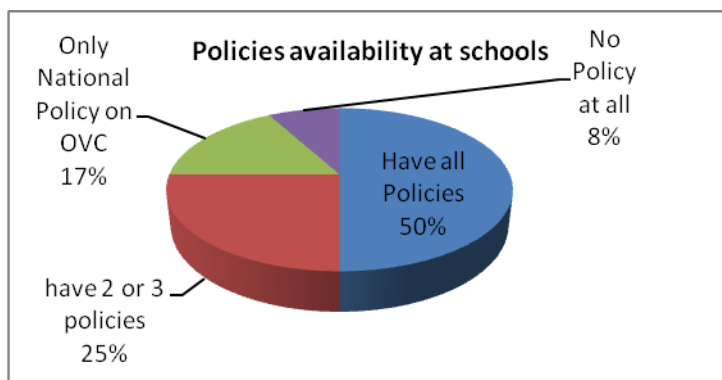
4.9. 6 Availability of HIV/AIDS policies at schools

The schools have been asked whether they have the relevant HIV/AIDS guiding documents such as National Policy on OVC, National Policy on HIV/AIDS, National Education Policy on OVC and HIV/AIDS workplace policy. All these documents should be made available to schools by the Ministry of Education except the Workplace Policy that should be formulated by the schools themselves.

It was established that only 50 % of the schools have all the policies, 8 % do not have any policy at all, 17 % have only the National Policy on OVC and 25 % have two or three of the policies. HIV/AIDS policies are important documents that guiding schools when dealing with HIV/AIDS related matters including OVC issues.

In absence of policies schools may use own discretion when handling HIV/AIDS related matters. Sometimes schools` decisions may be in contrast with the guidelines and that is very dangerous.

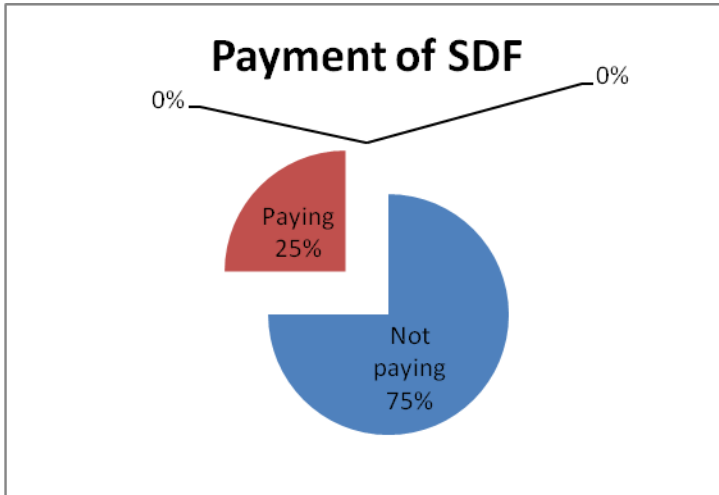
Figure 4.20



4.9.7 Payments of school development fund by OVC

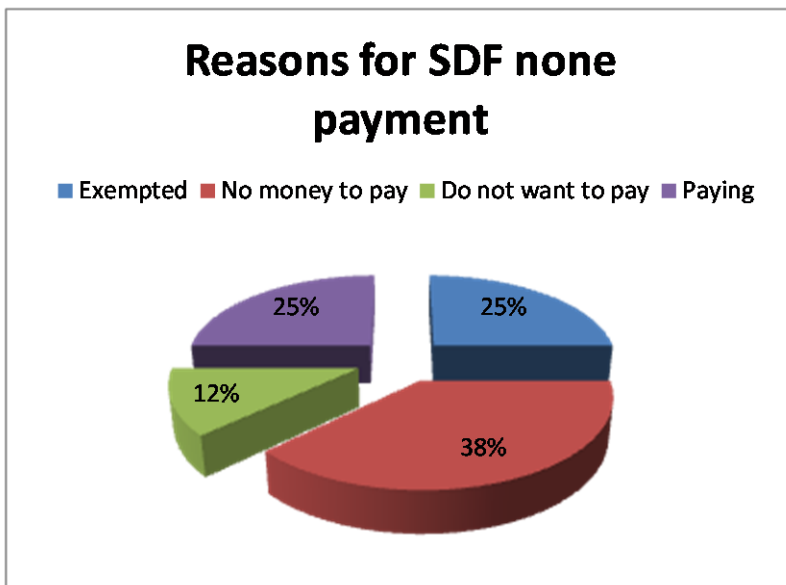
It was unearthed that at 75 % of schools included in the study, OVC learners do not pay the school development funds; whereas 25 % of teachers have indicated that their OVC learners contribute to the funds.

Figure 4.21



It was established that at the 75 % of schools where the OVC learners are not paying the schools development funds is because of different reasons. Different schools state different reasons why OVC are not paying. 25 % of schools have indicated that OVC are not paying the school development fund because they are exempted from paying. 38 % assert that OVC are not paying because their parents or care givers do not have money to pay. 12 % have said that OVC are not paying because their parents do not want to pay.

Figure 4.22



Schools need to be provided with all the relevant HIV/AIDS policies so that they can base their decisions on these documents. It has been clearly stated in the National Policy on OVC that OVC should be exempted from paying the school development fund and they should not be excluded from government school because they are unable to pay (National Policy on OVC, 2004).

The government will ascertain that policies and programmes are in place to mitigate the potential negative effects on quality of education as a result of waving of school fees for OVC (National Policy on HIV/AIDS, 2007).

4.9.8 OVC attendance and dropout

This study finds out that the school attendance of OVC are normal and there is no school that prevents them from attending because of none payment of the school development fund. Among the 2915 OVC recorded at 24 schools included in the study, only three (0, 10%) OVC have been dropped out of school during the 2012 academic year.

High attendance and low dropouts revealed by this study is contrary to some researches' findings that suggest low attendance and high dropouts among the OVC. Due to economic and other reasons many OVC dropout of school (UNAIDS, 2004). The OVC situation in 2004 could be different from current situation. Many communities have become resilient and managing although not smoothly to accommodate the OVC. This could be the reason for the difference in the past and contemporarily researches' findings.

4.10 Focus group results and discussion

The focus group has extensively discussed about the factors that prevent some of the OVC care givers from accessing the social grants. Before presenting the results obtained from the group discussion, it is important to have some information about the characteristics of the subjects participated in the discussion.

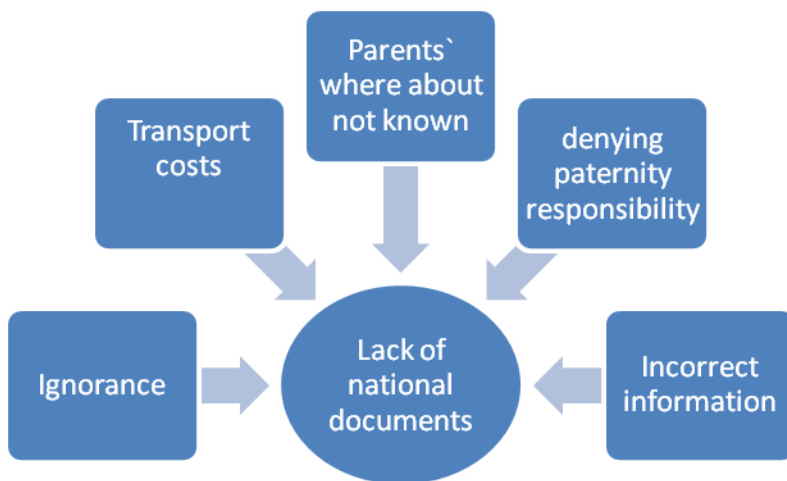
4.10.1 Demographic characteristics of the group participants

Three males and three females formed up the focus group, which is a fifty- fifty gender representation. The advantage of equal gender representation in a focus group is to avoid the discussion from being dominated by the majority of gender in the group. Like the CCW and the teachers, the focus group participants are also middle aged. The youngest participant is 25 and the oldest 34 years. The subject that served the shortest period has been employed by the Ministry for two years, while the longest public servant in the same Ministry has worked for 11 years.

4.10.2 Barriers to acquire social grants

The group has mentioned that there are various reasons why some OVC are not getting the social grants. The preventative factor mentioned is the lack of documents due to ignorance, denying of paternity responsibility by some men, parents where-about not known, transport costs and misinformation from other community members.

Figure 4.23



An illustration of how various factors lead to the lack of documents needed for social grants is shown above.

4.10.3 Ignorance

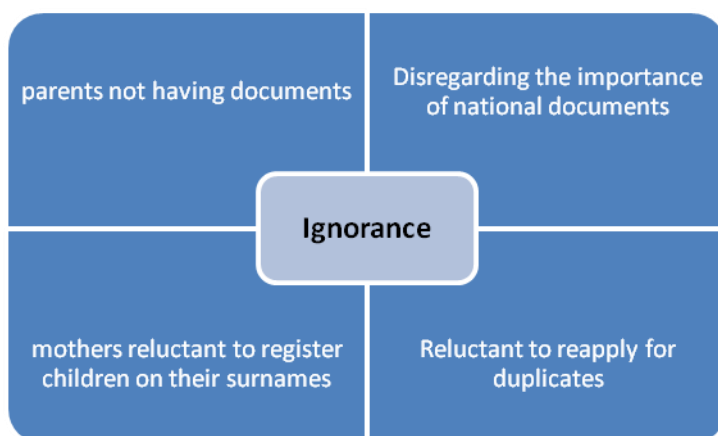
The group has discussed and agreed that many people do not have the national documents because of ignorance. It was mentioned that some people are ignorant about the importance of the national documents and only become interested to have them when they realized that they can only obtain certain benefits if they possess the national documents.

It was discussed that some people were having national documents but after they lost them, they do not make an attempt to reapply to be issued with the duplicates.

Due to ignorance some parents do not have national documents. Consequently, after they die it is difficult for their orphans to be registered for birth certificate which will qualify them for the social grants.

The focus group has discussed that there is a provision that if the father's whereabouts is not known, the mother has the right to register the child to her surname but because of ignorance most mothers are reluctant to do so. Their children remain without birth certificates and thus deprived from receiving social grants.

Figure 4.24



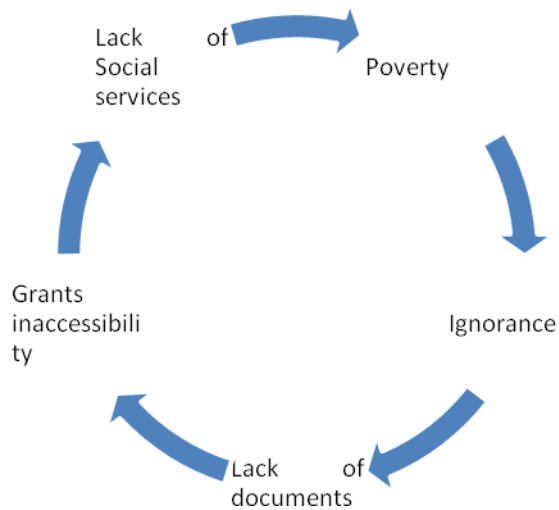
The above matrix shows how ignorance plays a central role that leads to some people not to have the national documents required for grant registration.

Ignorance has dominated the discussion and cited by all the participants to be one of the factors that prevent some of the OVC from receiving the social grants.

4.10.4 Most difficult documents to obtain

The focus group has mentioned that the birth and death certificates are the most difficult documents to be obtained. According to the focus group, birth certificate for a person older than one year cannot be easily obtained. It requires a thorough proof and verification because there are many people trying hard to register themselves or relatives as Namibians whereas they are not. Most foreigners especially Angolans want to become Namibians because of social benefits that are not available in their country. That is the reason the MHAI is having strict policy for issuing the national documents. Through the discussion it become clear that lack of parents' documents, foreigners parents, parents where-about not known and ignorance to register children for birth certificates are the barriers that denying the children`s right to birth registration. The death certificate is difficult to have (says the focus group) because some people bury their dead without registering the death. Some family members of the deceased are not willing to give the death certificates for the orphans to be registered for the social grants.

The community needs to be sensitized about the importance of having the national documents such as birth certificates and identification cards. They also need to be aware that when death occurs in the family, it needs to be registered because the death certificate opens doors for the orphans to social benefits. Without the required documents because of ignorance on part of their parents, OVC will not receive the social grants, education & health services, become poor, ignorant themselves and the cycle repeats itself for generations as it shown below.

Figure 4.25

4.10.5 Challenges facing the MHAI employees

The focus group has discussed about various challenges facing them in their job of issuing the national documents. It was discussed that providing false information to acquire the documents is a major challenge hampering the process. The participants stated that some people are trying to have double or triple birth certificates with different surnames. Some parents try to register foreigner children as their own biological kids. Others attempt to register children as orphans whereas they are not so that they can benefit from the OVC grants.

During the discussion, it was raised that when people lost their documents, instead of applying for the duplicates, they just apply as if they are doing it for the first time.

Another challenge the focus group focused on was the registration of birth that took place at home. There is no proof that the birth really took place where it is reported to have been taken place. In comparison to the birth that took place at the hospital.

The focus group has also discussed that there is communication breakdown among themselves which make their work to be difficult. Another issue raised by the group is that sometimes they experience a shortage of forms needed for documents application.

4.10.6 Conclusion and discussion

The research`s results obtained from interview, questionnaire and focus group discussion are having a lot in common. All the data sources have indicated that the crucial obstacle towards social grants accessibility is lack of the required documents. Ignorance, where-about of parents not known, inconsistency information on personal documents, documents destroyed or lost, unwillingness of some people to give documents and transport costs have been mentioned by all the participants in the study as the factors that deprive the OVC and their caregivers from having the required documents to qualify for the social grants.

Both teachers and CCW have indicated that criteria, bureaucracy and salary that is more than N\$ 1000, 00 prevent some OVC from receiving the social grants.

The study has further discovered that both the focus group and the interview participants have agreed that some people do not register the deaths of their deceased family members which results in lack of death certificates needed for social grant registration.

Each data source has provided also some unique information based on their knowledge and experiences. The CCW have indicated that shortage of social workers, magistrates and magistrate courts and inconsistency in doctors` disability`s diagnoses are some of other factors that making the acquisition of the required documents to be very difficult.

During the discussion the focus group has indicated that denial of paternal responsibility and incorrect information disseminated among the community members also serve as impediments towards social grants accessibility.

Figure 4.26

The relationships of the results generated from the interview, focus group discussion and questionnaire is illustrated by the overlapping circles above. The overlapping results is an indication that the research's findings are reliable, valid and credible.

It was also discovered that the study participants are faced by different challenges in their work. One challenge affecting the CCW and officials from the MHAI mentioned is the improper communication among the employees and their supervisors. It was also discovered that the MGECW does not have enough office spaces and equipment to allow the CCW to carry out their work smoothly. Occasionally shortage of forms used for document application in the MHAI has also been raised during the focus group discussion

Chapter 5: Conclusions and Recommendations

5.1 Conclusions

It can be concluded that there are various factors that prevent the OVC care givers from accessing the social grants entitled to the OVC. Some of these factors are socio-economic and cultural in nature and highly complex to address. In order to change some of the preventing factors described in this study such as registering the child on the mother`s surname for the child to have a birth certificate for an example, requires a paradigm shift and change of the mind-set.

Other factors discovered facing the OVC in the process of obtaining grants such as the MHAI`s strict policies of issuing documents, Ignorance on part of the parents, parents not known where they are, shortage of personnel and facilities, community`s members attitude towards social grants, transport cost etc need to be addressed so that all the OVC can benefit from the social grants.

It was also discovered that the criteria used for the social grants eligibility is discriminatory in nature because it excludes some orphan and vulnerable children who also in need of psycho-social and financial support. This study has also revealed that there are some OVC who are living on their own and need parental guidance. These children are at the extreme end of the social grants benefit.

It is pleasing to note that at 75 % of schools included in the research, OVC are not paying the school development funds, although these schools state different reasons for non-payment. Despite the fact that the policies are very clear about the OVC status on school development fees, it was found that at 25 % of the schools in the study OVC are paying the school development fees.

Allowing OVC to contribute to the school fees is not a surprise revelation because another discovery is that not all schools are having the HIV/AIDS policies in which OVC rights and privileges are stipulated. If all what have been described in this study can be addressed then all the OVC will be able to receive the social grants entitled to them.

5.2 Recommendations

In order for all the OVC to receive the social grants, the identified barriers that prevent the grants accessibility need to be addressed. It transpires that the major factor preventing the OVC from being registered and receive grants is lack of the required documents. OVC are not having the required documents because of multiple reasons.

In order to address the lack of documents issue, the parliament needs to pass an act that allow the MHAI to accept declarations from traditional authority, regional councillor, social worker, teacher church leader plus two or three respected community members about the legitimacy of the person to be issued with the document.

It involves resources in terms of time and money to acquire the declarations from all the stakeholders specified above. However, it is worthy it rather than leaving the OVC not receiving grants because their parents who are well- known are nowhere to be found or do not have the national documents.

Such provision will also assist the orphans to be registered for social grants even if there is no death certificate because the death has not been registered. The traditional leaders need to be trained and given responsibility of registering birth and death occurring in areas of their jurisdiction. The traditional leaders` records can be used as references whenever the birth and death certificates are lost or having incorrect personal particulars that need to be corrected.

The second obstacle preventing the OVC from receiving the grants featured in this study is ignorance. It requires a multi-sector approach to effectively address ignorance about the importance of having the national documents among the community members. Traditional, spiritual and political leaders plus all stakeholders such as MHAI, MHSS, MGECW and the Ministry of Education should sensitize the community about the importance of having the national documents. The rights of children need to be known by all people in the communities and it is the responsibility of all the stakeholders to reach this noble goal.

The criteria for grants eligibility exclude some OVC. It is recommended that children of both unemployed poor parents and single orphans whose surviving parents are earning more than N\$ 1000, 00 also need to become social grants recipients.

The MGECW is recommended to vigorously market the importance of the career in social work during trade fairs. The Ministry also need to visit senior secondary schools and provide information to the learners about the career in social work and the availability of scholarships the Ministry offers to students wishing to pursue their studies in that field. Enough social workers will reduce the work load currently carried by the few available social workers.

The magistrates are advised to increase the number of days when the foster care cases are to be heard. Arrangements can also be made for the foster care cases to be heard at satellite courts. Thus, adequate social workers and enough courts and magistrates will reduce the waiting period for the foster care grant to be processed and approved.

The MGECW is further recommended to have specific doctors in hospitals whom they will refer the special maintenance grant applicants for disability diagnoses. This will establish a good relationship that will facilitate proper communication between the institutions.

Happy workers produce more, therefore it is recommended that the MGECW and MHAI to revisit the communication channels between the supervisors and the subordinators and identify and remove the blockage from the system. Unhappy employees compromise the delivery of quality services therefore; it is advisable for the employees to be provided with comfortable working environment with necessary equipment.

It is recommended that the Ministry of Education should ascertain that all the schools are provided with all the relevant national HIV/AIDS policies and make sure that these policies are implemented accordingly. Schools are also encouraged to formulate and implement their own HIV/AIDS workplace policies and programmes which should be tailored according to each school's unique needs.

5.3 Limitation of research

This research study has discovered relevant solutions to the research problem. However, it has also its shortcomings. The research results could have been more rich and diverse if OVC and their care givers have also been included in the study to share their personal experiences. Recruiting OVC and their care givers who are not receiving the social grants in Omusati Region is a daunting task. Consequently, the researcher decided to exclude them.

More schools could have been included in the study to provide different accounts of OVC situations at their respective schools. However, time and money were the limiting factors. It was also vital to have two focus group discussions that could have contributed diverse ideas and views but because of the available limited number of the MHAI's employees, the researcher only managed to constitute one focus group.

5.4. Areas for further research

This study has raised interest for the research to be conducted in the following areas:

1. To establish whether the social grants given to the OVC are adequate to address their basic needs
2. To find out whether the OVC social grants are used in the best interest of the OVC
3. To investigate whether there is a difference in the living standards between the OVC that receive grants and those that do not receive the grants

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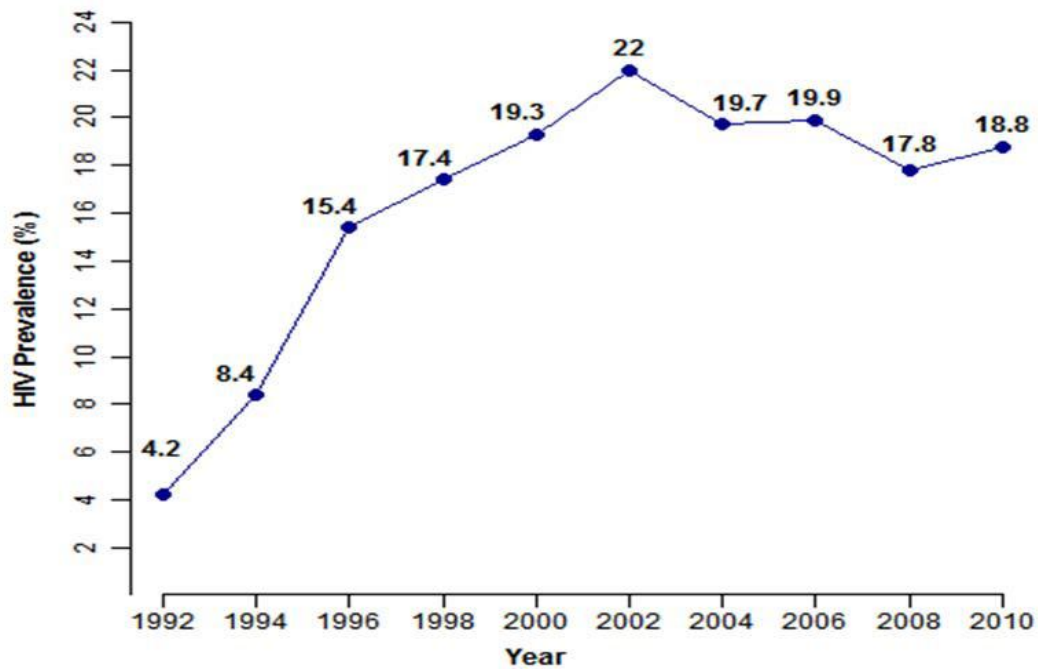
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7. Appendices

Appendix 1-National HIV Sentinel Survey



HIV Prevalence rate in pregnant women, biannual survey 1992-2010, Namibia

Source: MHSS, 2010: National HIV Sentinel Survey

Appendix 2-Consent to participate in the focus group discussion



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CONSENT TO PARTICIPATE IN RESEARCH

Some of the care-givers find it difficult to access the social grants entitled to the orphans and vulnerable children (OVC).

You are asked to participate in a research study conducted by Aktofel Ndetshipanda Tshikongo MPhil student, from the Africa Centre for HIV/AIDS and management at Stellenbosch University. The result of this study will contribute to a research paper. You were selected as a possible participant in this study because you are issuing National Documents which permit the OVC to receive social grants and you will provide valuable information to this study.

1. PURPOSE OF THE STUDY

The purpose of the study is to determine the factors that prevent some of the OVC care givers from accessing the social grants entitled for the OVC and see how best those obstacles can be removed.

2. PROCEDURES

If you volunteer to participate in this study, I would ask you to do the following activity:

You are humble requested to take part in a group discussion about the challenges facing some of the OVC care givers in obtaining the relevant documents.

3. POTENTIAL RISKS AND DISCOMFORTS

There is no any risk in participating in this study. The reason to participate is to provide information that will improve the living standard of the OVC.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The research`s finding will be made available to the Ministry of Home Affairs and Immigration for improving the quality service delivery. This in turn will allow the majority of OVC to receive their entitled grants and alleviate the financial burden on the shoulders of the OVC care givers.

5. PAYMENT FOR PARTICIPATION

The participants will not be paid or remunerated for taking part in the study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of locking the collected information in a storage container and the data will be processed and stored on a personal computer locked with pass word only known and used by the researcher.

The information provided might be availed to ‘the University of Stellenbosch because the University is the supervisor of this research study.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant him doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Aktofel Ndetshipanda Tshikongo at work telephone: 065-272133 (working hours), cell: +264811274118 email: aktofelshikongo@yahoo.com or Dr. Thozamile Qubuda (Study Supervisor) on 0218083999 or tqubuda@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
--

The information above was described to me by Aktofel Ndetshipanda Tshikongo in English and I am in command of this language. *I* was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Subject/Participant

Signature of Subject

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____.
He/she was encouraged and given ample time to ask me any questions. This conversation was
conducted in English and no translator was used.

Signature of Investigator

D---

Appendix 3-Letter requesting the permission from the MGECW

P.O Box 1213

Oshakati

7 July 2011

The Regional Head Office
Ministry of Gender Equality and Child Well Fare
Private Bag 523
Outapi
Omusati Region

RE: Permission to conduct a research

Care givers find it difficult to access the social grants entitled to the orphans and vulnerable children (OVC)

In partial fulfilments of the requirements of the Masters of Philosophy Degree in HIV/AIDS Management from the Africa Centre for HIV/AIDS Management at Stellenbosch University. I am carrying out a study with the above title.

The purpose of the research is to collect information about the factors that make it difficult for some of the OVC care givers to access the social grants entitled to benefit the OVC.

The aim is to know these obstacles and see how best they can be minimized in order for the majority of the OVC to be able to obtain grants and improve their standard of living. The information to be unearthed will help the process of issuing grants to be more convenient so that most if not all OVC

can receive their entitled grants. This will reduce poverty. Poverty is among the driving forces of HIV/AIDS epidemic.

I am intending to carry out this project in Omusati Region interviewing the Community Childcare Workers at all twelve Constituencies.

It is against this back ground that I am requesting a permission to conduct this study using the employees of the MGECW as respondents.

I hope that my request will receive your utmost consideration.

Sincerely Yours,

Aktofel Tshikongo (Mr)

Appendix 4- Interview schedule

Interview schedule

Information

This interview will last between 25 to 30 minutes. The questions will be answered on an anonymously basis. In other words no name, telephone number or address or any information that may link the responses to the respondent will be provided. All the responses will be treated strictly confidentially.

Thank you for participating in this interview

1. The Ministry of Gender Equality and Child Welfare gives grants to OVC but not all OVC are getting these grants. What prevent some of the OVC care givers from receiving the grants?
2. Among the different grants the Ministry provides which type of grants is difficult to obtain?
3. Why that grant is difficult to get?
4. Which documents are needed for the OVC to be qualified for social grants?
5. Among the required documents which ones are more difficult to obtain?
6. Why they are so difficult to get?

7. What do you think need to be done so that OVC and their caregivers can easily obtain the required documents?
8. What do you think are the challenges preventing the OVC care givers from coming to the relevant offices?
9. What are the challenges facing you in your job as a Community Childcare worker?
10. What other information do you think is relevant to this research project?
11. Your age_____
12. Sex Male Female
13. For how long have you been working as a Community Child Care-worker? _____

Thank you again for your time!

Appendix 5-Questionnaire

Questionnaire

This questionnaire will take you 15 to 20 minutes to complete it. The questions will be answered on an anonymously basis. In other words no name, telephone number or address or any information that may link the responses to the respondent should be provided. All the responses will be treated strictly confidentially. Please answer all the questions following the instructions accompanying each question.

Thank you for taking (15-20) minutes of your time to fill in this questionnaire.

1. How many OVC have been enrolled at this school since the beginning of 2012, academic year?

Boys_____ Girls_____

2. Among the OVC registered this year, how many are still attending classes? Boys_____ Girls__

3. What are the reason(s) for school drop out if any?

4. How many OVC at this school receive social grants? Boys _____ Girls _____

5. Why some of the OVC are not receiving social grants?

6. What do you think need to be done so that all the OVC can get social grants?

7. Do all the OVC contribute to the school development fund? Yes No

8. If the answer in question 7 is no, why not please explain?

9. How many learners at this school do not have birth certificates? Boys _____ Girls _____

10. Among the learners without birth certificates, how many are OVC? Boys _____ Girls _____

11. What could be the reason(s) maybe for these learners not to have birth certificates?

12. Are the following documents available at this school? Tick the appropriate answers.

i. HIV/AIDS work place policy, Yes No

ii. National Policy on OVC, Yes No

iii. National Education Policy on OVC, Yes No

iv. National Police on HIV/AIDS, yes No

13. What other information do you think is relevant to this research project?

14. Sex: Male Female

15. Age _____

16. Number of years working at this school _____

17. Number of years working with OVC _____

Thank you very much for your time and valuable information!

Appendix 6-Focus group discussion schedule

Information

The focus group discussion will last between 45 to 60 minutes. This discussion will be treated as confidential and no information linked to the participants will be divulged. In order for the discussion to take place smoothly, the participants are humbly requested to give each other chances and respect others` point of views.

Thank you for decided to take part in this group discussion.

1. One of the reasons for some of the OVC not to receive the social grants given by the Ministry of Gender Equality and Child Welfare is the lack of national documents. Why some people do not have the national documents?
2. Among the national documents the OVC and their care givers need to have in order for them to qualified for the social grants, which documents are more difficult to obtain?
3. Why those documents are more difficult to obtain?
4. What do you think need to be done so that the OVC and their caregivers can easily obtain the required documents?
5. What do you think are the challenges preventing the OVC care givers from coming to obtain the needed documents?
6. What are the challenges facing you in your job of issuing national documents?
7. What other information do you think is relevant to this research project?
8. Age, sex and duration at current job will be recorded.

Thank you very much for your time and participation!

Personal profiles of the focus group participants

1. Gender: Female Male

Age _____

Duration at the current job -----

2. Gender: Female Male

Age _____

Duration at the current job -----

3. Gender: Female Male

Age _____

Duration at the current job -----

4. Gender: Female Male

Age _____

Duration at the current job -----

5. Gender: Female Male

Age _____

Duration at the current job -----

6. Gender: Female Male

Age _____

Duration at the current job -----