

**ORPHANS AND VULNERABLE CHILDREN IN
NAMIBIA: A COMPARATIVE STUDY OF SOCIAL
WELFARE GRANTS IN THE OSHANA AND THE
KHOMAS REGIONS**

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ABSTRACT

Namibia is one of the countries in Southern Africa seriously affected by HIV/AIDS. To that end the pandemic contributed heavily to the burden of Orphans and vulnerable children in the country. The loss of a parent causes trauma and jeopardizes the future of the child. It is also observed that the death of a parent due to HIV/AIDS contribute to the rejection, isolation and exclusion by both the family members and caretakers.

This study examines the living conditions and problems and challenges faced by the Orphans and vulnerable children in the Oshana and the Khomas regions. Special attention is paid to caregivers receiving grants on behalf of the orphans. The study investigates whether grants received from the Ministry of Gender Equality and Welfare is utilized in the best interest of the child

The study found that some of the caregivers, especially mothers and aunts are receiving, the orphans and vulnerable children grants even if the children are not living with them. The study further shows how different role players in caring Orphans and vulnerable children plays a significant role in the distribution of food and the registration of orphans to be incorporated into the grant system. The study also revealed that as a result of the HIV/AIDS pandemic a number of orphans have accepted new roles and responsibilities of heading the households.

The study recommends the mobilizing of communities to join hands with role players looking after orphans and vulnerable children to take ownership of orphans and to initiate income generating projects aimed at assisting them.

TABLE OF CONTENTS

| | Page |
|---|---------------|
| ABSTRACT | ii |
| TABLE OF CONTENTS | iii |
| ACKNOWLEDGEMENTS | vi |
| DEDICATION | vii |
| DECLARATIONS | viii |
| ABBREVIATIONS | ix |
| CHAPTER 1: INTRODUCTION | 1 |
| 1.1 Introduction | 1 |
| 1.2 Statement of the problem | 3 |
| 1.2.1 Children Orphaned by HIV/AIDS | 3 |
| 1.2.2 Challenges facing orphans and vulnerable children | 5 |
| 1.3 The research questions | 10 |
| 1.4 Objectives of the study | 10 |
| 1.5 Research methodology | 12 |
| 1.6 Limitations | 13 |
| 1.7. Data analysis and procedure | 14 |
| CHAPTER 2: LITERATURE REVIEW | 15 |
| 2.1. Introduction | 15 |
| 2.1.1 Orphans and other vulnerable children in Namibia | 15 |
| 2.1.2 Theoretical Approaches | 17 |
| 2.1.3 Care for Orphans and Vulnerable Children | 18 |
| 2.1.4 Policies and Laws | 22 |
| 2.1.5 Education | 26 |

| | |
|--|-----------|
| CHAPTER 3: THE STAKEHOLDERS INTERVENTION IN THE CARING OF ORPHANS AND VULNERABLE CHILDREN | 28 |
| 3.1 The role of different stakeholders in caring for Orphans and Vulnerable Children | 28 |
| 3.2 The Ministry of Gender Equality and Child Welfare | 28 |
| 3.3 Types of Grants provided by the Ministry of Gender Equality and Child Welfare | 29 |
| 3.3.1 Maintenance Grants | 30 |
| 3.3.2 Special Maintenance Grants | 31 |
| 3.3.3 Foster Care Grants | 31 |
| 3.3.4 Place of Safety Allowance | 32 |
| 3.3.5 Disqualification/Deletion from the Grant system | 32 |
| 3.4 United Nation World Food Programme | 33 |
| 3.5 Programme carried out by the United Nations World Food Programme | 34 |
| 3.5.1 Food Assistance | 34 |
| 3.6 The Nawa Life Trust | 35 |
| 3.7 Yelula Project | 36 |
| 3.8 Catholic Aids Action | 36 |
| 3.9 The Namibia Red Cross Society | 37 |
| 3.10 Project Hope | 39 |
| 3.11 UNICEF Partnership with the Ministry of Gender Equality and Child Welfare | 39 |
| 3.12 The Church Alliance for Orphans | 40 |
| 3.13 The Young Women Christian Association of Namibia | 41 |
| CHAPTER 4 | |
| 4.1 Statement of findings, analysis of data and interpretation | 42 |
| 4.2 The Oshana region | 42 |
| 4.2.1 Population structure and composition | 43 |
| 4.2.2 Findings | 43 |
| 4.2.3 Parent/caregivers/guardians in the Oshana region | 43 |
| 4.2.4 Orphans and vulnerable children in the Oshana region | 43 |

| | | |
|--|---|-----------|
| 4.2.5 | Living Conditions and Problems of Orphans and Vulnerable Children in the Oshana Region | 44 |
| 4.2.6 | Problems experienced by caregivers in looking after orphans and vulnerable children in the Oshana region | 46 |
| 4.2.7 | How is the social grant being utilized in the Oshana region? | 46 |
| 4.2.8 | Effects of social welfare grants on the living conditions of orphans and vulnerable children in the Oshana region | 48 |
| 4.3 | The Khomas region | 48 |
| 4.3.1 | Population structure and composition | 48 |
| 4.3.2 | Findings | 49 |
| 4.3.3 | Parent/caregivers/guardians in the Khomas region | 49 |
| 4.3.4 | Orphan and vulnerable children in the Khomas region | 49 |
| 4.3.5 | Living conditions and problems of orphans and vulnerable children in the Khomas region | 50 |
| 4.3.6 | Problems experienced by caregivers in looking after orphans and vulnerable children in the Khomas region | 51 |
| 4.3.7 | How are the social grants being utilized in the Khomas region? | 51 |
| 4.3.8 | Effects of social welfare grants on the living conditions of orphans and vulnerable children in the Khomas region | 52 |
| 4.4 | Comparison of social welfare grants in the Oshana and the Khomas regions | 53 |
| CHAPTER 5 | | 61 |
| 5.1 | Conclusions and recommendations | 61 |
| REFERENCES | | 65 |
| Questionnaire 1: Interview questions on Parent/Guardian/Caretaker in the Oshana and the Khomas regions | | 71 |
| Questionnaire 2: Interview Questions on Orphans and Vulnerable Children in the Oshana and the Khomas regions. | | 74 |

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This study is dedicated to Mr. Salomo Iihuhwa for registering me at Ongwediva Training College, without his assistance I would never have been able to enroll in Form One. You created an enviable, strong educational foundation for me to step on.

DECLARATIONS

I, Kornelius Kwellah Kapenda declare, hereby that this study is a true reflection of my own research, and that this work, or part there of has not been submitted for a degree in any other institution of higher education.

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KORNELIUS KWELLAH KAPENDA

DATE:

ABBREVIATIONS

| | |
|---------------|---|
| AIDS | Acquired Immuno-Deficiency Syndrome |
| CAA | Catholic Aids Action |
| CBO | Community based Organization |
| CRC | Convention on the Right of the Children |
| EASA | Evangelical Lutheran Church in Namibia Aids Action |
| ELCIN | Evangelical Lutheran Church in Namibia |
| FBO | Faith Based Organization |
| FFW | Food for Work |
| HIV | Human Immuno-Deficiency Virus |
| MGECW | Ministry of Gender Equality and Child Welfare |
| MHEVTC | Ministry of Higher Education Training and Job Creation |
| MOHSS | Ministry of Health and Social Services |
| MWACW | Ministry of Women Affairs and Child Welfare |
| MTP3 | Third National Strategic Medium Term Plan |
| NDP2 | 2 nd National Development Plan |
| NPA | National Programme of Action |
| NPC | National Planning Commission |
| NPOVC | National Policy on Orphans and Vulnerable Children |
| NRCS | Namibia Red Cross Society |
| OVC | Orphans and Vulnerable Children |
| PLWHA | People Living with HIV/AIDS |
| SMG | Special Maintenance Grants |
| TB | Tuberculosis |
| UNICEF | United Nations Children's Fund |
| UN | United Nations |
| UNAIDS | Joint United Nations Development Programme |
| UNWFP | United Nations World Food Programme |

CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION

Since the achievement of independence in 1990, Namibia has enjoyed political stability, the rule of law, commitment to the Constitution and a peaceful transfer of power. After independence the nature of the struggle has changed. The fight is no longer for freedom from political domination, but against poverty, unemployment and HIV/AIDS. Nearly all aspects of Namibia's policies were re-examined, reformed, or created anew, some of which are relevant to orphans and vulnerable children.

The government faced challenges such as the reduction of poverty as well as job creation and giving hope to those who go to sleep on an empty stomach, wondering where the next plate of food would be coming from, for those caregivers who observe the orphans they cared for growing thinner as a result of inadequate food.

A study conducted in 2004 (MWACW, 2004:1) indicates that Namibia is one of the countries most seriously affected by HIV/AIDS. On average, 23% of Namibian's HIV/AIDS related orphans are between 15 and 18 years. Young people aged from 10 to 14 years account for nearly 60% and most of these orphans are girls. The rate at which the number of orphans and vulnerable children is increasing in Namibia is such higher that one cannot turn a blind eye.

The statistics of the 2001 National Census (2001 National Census) revealed that at that time there were 156 165 orphans in Namibia aged between 1 day and 19.years Namibia is divided into thirteen political regions. Of the numbers of orphans and vulnerable children given above, 6 191 are from the Khomas region and 10 914 from the Oshana region. As the numbers of adults dying of AIDS rise daily, over the next decade (2010), the number of orphans and vulnerable children growing without parental love, care and are deprived of their basic and constitutional right to shelter, health, education and food will increase. By the year 2021 it is expected that the number of orphans in Namibia will increase to 251 054, of which one third will be children orphaned by AIDS (UNAIDS, 1999: 6).

Table 1: Population by orphanage, age group and sex, (Namibia, 2001 Census)

| With out Mother | | | | | Without Father | | |
|-----------------|---------|---------|---------|------------|----------------|---------|---------|
| Age Group | Total | Female | Male | Not Stated | Total | Female | Male |
| 0-4 | 3 982 | 1 946 | 2 036 | | 10 082 | 5 012 | 5 070 |
| 5-9 | 11 073 | 5 608 | 5 465 | | 22 721 | 11 495 | 11 226 |
| 10-14 | 16 815 | 8 577 | 8 238 | | 32 504 | 16 655 | 15 849 |
| 15-19 | 19 373 | 9 972 | 9 401 | | 39 615 | 20 364 | 19 251 |
| 20-24 | 21 133 | 10 624 | 10 509 | | 45 653 | 23 465 | 22 188 |
| 25-29 | 23 180 | 11 631 | 11 549 | | 49 307 | 25 603 | 23 704 |
| 30-34 | 23 546 | 12 220 | 11 326 | | 48 487 | 25 798 | 22 689 |
| 35-39 | 24 248 | 13 014 | 11 234 | | 48 096 | 26 183 | 21 913 |
| 40-44 | 25 070 | 13 563 | 11 507 | | 44 776 | 24 613 | 20 163 |
| 49 | 24 368 | 13 140 | 11 228 | | 40 270 | 21 891 | 18 379 |
| 50-54 | 25 203 | 13 760 | 11 443 | | 37 627 | 20 600 | 17 027 |
| 55-59 | 21 713 | 11 633 | 10 080 | | 30 114 | 16 122 | 13 992 |
| 60-64 | 25 031 | 13 675 | 11 356 | | 30 839 | 16 961 | 13 878 |
| 65-69 | 20 584 | 11 284 | 9 300 | | 23 371 | 12 944 | 10 427 |
| 70-74 | 19 541 | 11 313 | 8 228 | | 20 955 | 12 151 | 8 804 |
| 75-79 | 14 660 | 8 866 | 5 793 | 1 | 15 210 | 9 204 | 6 005 |
| 80-84 | 12 880 | 7 889 | 4 991 | | 13 156 | 8 067 | 5 089 |
| 85-89 | 4 906 | 3 080 | 1 826 | | 5 034 | 3 150 | 1 884 |
| 90-94 | 2 227 | 1 446 | 781 | | 2 300 | 1 488 | 812 |
| 95+ | 2 384 | 1 634 | 750 | | 2 476 | 1 677 | 799 |
| Not stated | 7 910 | 3 724 | 4 186 | | 11 756 | 5 370 | 6 386 |
| Total | 349 827 | 188 599 | 161 227 | 1 | 574 349 | 308 813 | 265 535 |

In order to address the problem and the plight of orphans and vulnerable children, strategies should be put in place to ensure that they are protected, cared for if they are on their own, or if those with whom they live are unable to care for them adequately. This includes provision of treatment, health care support, clothing, shelter, good nutrition and access to safe water.

1.2 STATEMENT OF THE PROBLEM

The explosion of HIV/AIDS in our communities took most of us by surprise. Many people in Namibia live in fear and uncertainty due to the threat of HIV/AIDS. It now threatens our survival by cutting our lives short. AIDS is destroying our families and communities. Unfortunately, the most affected are the children who do not have life experience or the resources to cope effectively.

Many children are growing up without parents and are forced to live in poverty, both economically and emotionally. As a result they will not be able to enjoy a childhood as the responsibilities they must shoulder weigh them down (CAA, 2004: 4).

1.2.1 Children Orphaned by HIV/AIDS

If HIV/AIDS enters a household, and infects one or both parents, the very fabric of the child's life falls apart. Around 15 million children in the world under the age of 18 years had been orphaned by the pandemic by the end of 2003. Eight out of 10 of these children live in Sub Saharan Africa; the situation is worsening rapidly in Asia and Western Europe. It is estimated that by 2010, over 18 million African children (Namibia included) under the age of 18 will have lost one or both parents to

HIV/AIDS. The number of orphans will increase by 2 million over the same period, many of them will live with dying and sick family members, and as a result they become more vulnerable to the effects of HIV/AIDS (UNICEF, 2005: 14).

Between 1990 and 2003, Sub-Saharan Africa's population of children orphaned by AIDS increased from less than 1 million to more than 12 million. Due to the 10 year time lag between HIV infection and death, experts predict that the orphan population will grow for at least two decades after a country has reached its peak HIV infection rate. In Uganda for example the number of orphans under the age of 15 continued to climb for 10 years after the country's infection rate peaked. Thailand, long hailed for having significantly reduced its HIV/AIDS rate, is still witnessing an increase in children orphaned by AIDS (Salaam, 2005: 1).

The crises of children left behind by AIDS are a challenge of extraordinary percentage. The epidemic is leading to an ever-increasing "caring deficit", as the number of children in need increases while the number of caretakers declines. It is estimated that in 41 African countries, the number of orphans will account to at least 15% of the children population by 2010. In Lesotho, for example, it is estimated that a person who turned 15 in 2000 has 74% chance of becoming infected by HIV/AIDS by his or her 50th birthday (Forster, 2004: 3).

The impacts of HIV/AIDS on children, families, communities and countries are products of many interrelated factors and require responses that vary by family, community and country. These factors include the local pattern of the spread of HIV

infection, economic activities, service availability, resources ,public knowledge and awareness, the social environment, culture, the legal environment and political leadership. For responses and interventions to be effective with strategic use of resources, they must be informed by a working understanding of the most significant of these factors and how they relate to each other in terms of causality and mitigation of the devastating impacts (DeMarco, 2005: 1).

Orphanhood is as old as mankind. It is not a new phenomenon in Namibia, Africa and the rest of the world. The loss of a parent is a blow to a child. It causes trauma and jeopardizes the future of the orphaned child.

Namibia faces an enormous burden of orphaned children, despite its relatively small population. The HIV/AIDS pandemic is increasing rapidly and regarded as the main contributing factor in the increase of orphans and vulnerable children in the country (MHEVTC, 2003: 12).

1.2.2 Challenges facing orphans and vulnerable children

Orphans and vulnerable children are facing various problems, factors contributing to that include the following:

- (a) Very often dying parents do not leave a will mentioning who will inherit and take care of their children.
- (b) In some instances official documents of the deceased e.g. birth certificate, identification documents as well as death certificates, are either “inherited” by relatives, destroyed, burnt down or buried with the deceased. Without such

official/national documents children cannot be registered to benefit from the social grants, which hampers the plans of the government to improve the living standard of orphans and vulnerable children.

- (c) Living with sick parent(s), living in poverty and harsh conditions, as well as discrimination against one's HIV status.
- (d) The myths surrounding a death of the parent as a result of HIV/AIDS contribute to the rejection, isolation and exclusion by both the family members and caretakers. Orphans and vulnerable children are often subjected to different types of abuse by the caretakers. Children are exposed to impoverishment, insecurity and separation from brothers and sisters. On top of that they are overburdened with domestic roles and new responsibilities (Ramolemane, 2005: 3).

The death of parent or parents is disrupted to domestic circumstances of orphans and vulnerable children. Siblings are separated, because the households which take them in are unable to provide necessary support, children may be sent elsewhere to be cared for.

Most households who are taking care of people living with HIV/AIDS and orphans are facing social and economic difficulties and living in poverty (JUNP, 2002: 11). As highlighted by James Ssekiwanuka (in Foreman, 1992:58) of the SASE children in Uganda, orphans are usually left without or with limited resources to survive, as most resources were spent on caring for the sick, funeral expenses of their parents or what is remaining is inherited by other family members of the dying. He further

went on to say that if orphans and vulnerable children are taken care of by the extended families their conditions deteriorate.

People who were infected years ago are now falling sick and dying, with children losing their parents and caregivers. As parents and family members fall sick and die, children take on greater domestic agricultural and income responsibilities. Young girls may drop out of school to care for their young siblings. Orphans and widows are deprived of productive assets, as often after a husband and father dies, relatives strip them of their productive properties. (UNICEF, 2005: 3).

In Namibia, there is also an alarming trend of the number of child-headed-households. Although their number remains relatively small, they are expected to increase as the crisis worsens. Child-headed households will be doubled in the next 10 years. As soon as they assume the new tasks of heading the households, it becomes the norm to drop out of school in order to concentrate on their new roles and responsibilities.

According to the National Policy on HIV/AIDS for the Education Sector (MHEVTC, 2003: 1), HIV/AIDS is a continuing, critical public health issue. HIV/AIDS is now the leading cause of death in Namibia and Africa and the fourth cause of death worldwide. The HIV/AIDS crisis continues to expand in numbers and extent, without immediate solution in view. HIV/AIDS is not only a health issue, it has socio-economic implications as well.

Many Namibians are living in poverty and have insufficient opportunities for employment and limited access to social welfare. Apart from improving the living standard of the majority of the Namibian people, the government is addressing other socio-economic imbalances inherited from the past, characterized by unequal distribution of resources and featured racial and ethnic lines.

Findings (MOHSS, 2001: 9), revealed that there is a growing recognition of the considerable social and economic consequences in Namibia, arising from the dramatic rise in the number of orphans. Evidence highlighted the fact that the AIDS crisis is not just affecting the lives of the orphans it leaves behind, but also of the other children and care givers in the households that take them in.

Issues of orphans and vulnerable children are cross cutting on all levels of life, among families and communities and all sectors of development. The impact of HIV/AIDS on orphans and vulnerable children and their families is not a simple problem with an easy solution. Many of the caregivers are unemployed and some are living with disabilities. Due to their weak economic status they cannot afford to take care of extra family member (MHEVTC, 2003: 13).

When orphans were few, they received all attention they needed from their extended families and communities. Family caring for an orphan made sure that the child had a maximum protection and love. It was understood that the children involved had already suffered and grieved enough, and that they did not need to be reminded of their situation. The existence of strong extended family, friends, neighbours and

community leaders is of great importance in caring for the orphans and vulnerable children and for integrating them into society. In the past, orphans were raised by aunts and uncles who never distinguished between the orphan, their own children, cousins and children of non-family members. Nobody maltreated such a “precious gift” because society regarded such conduct as a taboo and against God’s will. Many go an extra mile to keep orphans in school, including borrowing money and selling their own assets to support orphans and vulnerable children.

It has traditionally been said that there is no such thing as an orphan in Africa. Normally, children who lose their parents are incorporated into the care of their family’s relatives. For the most part, relatives treat orphans they care for in the same way as their own biological children (Forster, 2004: 3).

Currently it is very disappointing that traditional family relationships are declining so fast. With the introduction of new life styles, members of the extended family are often regarded as “strangers”. This system makes people selfish, destroying the intrinsic moral values that shape human beings (MOHSS, 2002:30).

Orphans often don’t have access to food, proper housing, safe water, clothing and health care. Many caregivers are elderly people or living with disabilities, facing a particular problem in coping with looking after children (NPC, 1998-2002: 21). Orphans and vulnerable children, as young as seven years old, are being forced into prostitution, have to sleep under pipes and bridges, beg for food and money, while others turned to crime as their only way of surviving.

1.3 THE RESEARCH QUESTIONS

In considering the above scenario, the study will seek answers to the following questions:

- What is the impact of social welfare grants on the living standards of orphans and vulnerable children in the Khomas and the Oshana regions?
- What are the living conditions of orphans and vulnerable children in the Oshana and the Khomas regions?
- What problems do caregivers experience in looking after orphans and vulnerable children in the Oshana and the Khomas region?
- How is the social welfare grant being utilized by individual caretakers in the Oshana and the Khomas regions?
- What is the effect of social welfare grants on the living conditions of orphans and vulnerable children in the Oshana and the Khomas regions?

1.4 OBJECTIVES OF THE STUDY

The overall objective of this study is to shed light on how the living conditions of orphans and vulnerable children could be improved. The broad objective of the study can be disaggregated into the following specific objectives. For this purpose it is necessary:

- To examine the objectives of the existing orphans and vulnerable children policies.

- To investigate the living standard related problems and challenges that orphans and vulnerable children are facing.
- To give recommendations on how orphans and vulnerable children can be assisted to meet their basic rights and to regain their self esteem and look forward to a productive role in adult life.
- To examine the living standards of the orphans, their plight and see how they can be assisted. It will focus on the capacity of caregivers to provide care, love, and to give psychological and emotional support.
- To examine whether the social grants are used for their intended purpose.

It will hopefully benefit the Government in budgeting, future forecasting in order to demonstrate its commitment to informed decisions in its attempt to address and improve the welfare of orphans and vulnerable children. It will assist policy makers to measure the impact of social grants in the Oshana and the Khomas regions. The study will serve as a reference and source of information for future researchers and academics. It will benefit the Ministry of Gender Equality and Child Welfare through recommendations that would hopefully result in improved social grants management.

The paper will mainly concentrate on children in the Oshana and the Khomas regions. The choice of the two said regions is due to the fact the Oshana is the smallest region in Namibia and yet it is having the highest number of orphans. Secondly, the Khomas region is regarded as more developed and many people are immigrating to the Khomas to look for greener pasture, and yet the statistics of the

2001 National Census (NPC, 2003) revealed that the Khomas region has less orphans compare to its population. Lastly, the results will be compared between the Oshana and the Khomas regions.

1.5 RESEARCH METHODOLOGY

The research methodology is used to gather data and information aimed at supporting the objective of the study. The research is drawn from published works on the topic, article in journals, academic books, newspaper reports, written-up case studies, minutes of the meetings and official government documents. Libraries served as an important source of literature, transcripts from the Inter-net were also utilized.

This study used a combination of quantitative method for gathering information about the orphans and vulnerable children in the Oshana and the Khomas regions as well as qualitative method for assessing the quality of government intervention in the caring of orphans and vulnerable children.

Qualitative study is selected due to its flexibility, which allows methods to be devised as the research progresses (Struwig, 2001: 17). Researchers using qualitative method developed several ways to thoroughly link abstract ideas to measurement procedures that will produce quantitative information about empirical reality (Neumann, 2003: 175).

Quantitative data is based on meanings expressed through words and analysis conducted using conceptualization (Saunders et al, 2003:378).

The orphans and vulnerable children were sampled from the register list provided by the Social Workers in the two regions. The sampling was done on a systematic basis, e.g. one in every 15 children in the register of the Social Workers. Respondents were traced at physical addresses obtained from the register of the Social Worker. In the Khomas region a map provided by the City Police was used to find the place.

1.6 LIMITATIONS

Time constraints have not allowed the conducting of in-depth exhaustive research project especially in the Oshana region.

- Language barriers made it difficult for face to face interviews because of multiple cultures in the Khomas region.
- The long distance between the Oshana and the Khomas regions, extensive travelling and the vastness of the regions hampered the work of the researcher.
- Lack of financial resources hindered the author to undertake field visits and data collecting particularly in the Oshana region.

To overcome the problems the following measures were put in place:

- The researcher employed an interpreter to translate the proceedings.

- Applied for study leave to concentrate full time on the research paper on a full time basis.

1.7 DATA ANALYSIS AND PROCEDURE

A pre-coded questionnaire was processed using appropriate statistical software like Micro Soft-Excel, Micro Soft-Word and Access to analyse the data, graphs and to present the findings.

Variables like the background information of the orphans and vulnerable children were related to the types of benefit they receive from the social welfare grant.

The questionnaire addresses the following:

- Who is the guardian?
- Type of vulnerability
- Status of household
- Age
- Sex
- Level of education
- Religion
- Who do you live with?
- Do you face the problems related to living conditions?

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is aimed at contributing towards clearer understanding of the nature and meaning of the problem that has been identified (Delpont et al, 2002: 127). It outlines literature relevant to the study of orphans and vulnerable children.

The researcher has consulted various literatures on orphans and vulnerable children. This chapter aims to discuss the findings in the literatures with regards to the circumstances of orphans and how they are coping with the hardship and suffering.

2.1.1 Orphans and other Vulnerable Children in Namibia

The concepts and definitions of an orphan differ from author to author and vary from one culture to another. An orphan and vulnerable child is defined as, “a child under the age of 18 years who lost one or both parents or primary caregiver and is in need of care” (MWACW, 2004: 31).

Vulnerable children are those children who are in need of special help in order to meet their needs. The broad definition of vulnerable children includes orphans, HIV positive children, children living with disabilities, children of farm workers, street children, children in remote areas, children of families in extreme poverty, children from broken marriage homes, children of parents in distressed relations, working

children, sexually abused children, refugee children, neglected children and severely malnourished children (MOHSS, 2001: 11).

Due to the HIV/AIDS pandemic, orphans and vulnerable children make their way through life impoverished, abandoned, neglected and discriminated against. For them life is a daily struggle for survival. Whether they live in urban or rural areas, they risk missing out on their childhood; they are excluded from essential services such as hospitals and schools, lacking the protection of family and the community. For them childhood as a time to grow, play, learn and feel safe is meaningless (UNICEF, 2006: 1).

Namibia is party to the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child which constitute the formal obligations of the government in the field of the rights and responsibilities of the child, under the articles 7, 8, 9, 19, 24, 25, and 28 of the United Nations Convention on the Rights of the Child (UNICEF, 2005: 1-57).

Specific commitments made or reaffirmed by the Ministry of Health and Social Services included: reduction of under five mortality rates by at least one-third by 2010 and by two-thirds by 2015; to ensure that by 2015 all children have access to and complete primary education that is compulsory, free and of good quality; to eliminate gender disparities in primary education, to eliminate any form of child labour, to take stern international and national actions against the sale of organs of

dead children, sexual exploitation and abuse, including the use of children for pornography, prostitution and paedophilia (MWACW, 2002: 6).

Therefore, the Namibian government has the responsibility to ensure that children are protected and cared for. The Government of the Republic of Namibia is also responsible for providing basic services that improve the welfare of all children including orphans and vulnerable children, through the provision of safe water, education, health services and the right to protection from abuse and being neglected children (MOHSS, 2002: 39).

2.1.2 Theoretical Approaches

Several theoretical approaches have been consulted e.g.

- Entitlement Approach of Amartya Sen
- Evaluability Assessment
- Invisibility Theory

This research will not endeavour to assess the relevancy of different theories. It is a purely empirical study focusing on the following:

- The living conditions of orphans and vulnerable children in the Oshana and the Khomas regions
- Problems experienced by caregivers in looking after orphans and vulnerable children in the Oshana and the Khomas regions
- How the Social Welfare Grants is utilized in the Oshana and the Khomas regions?

- Effects of Social Welfare Grants in the Oshana and the Khomas regions

Sen (1984) defines entitlement as a set of commodity bundles that a person can command in society, using the totality of rights and opportunities that he/she faces. It shows the importance of leaving a will behind for inheritance to flourish. In his theory Sen discussed four different forms of entitlement that he classified into production based; trade based; own labour and inheritance and transfer based.

Assessment evaluability refers to the conducting of evaluation on required programs especially those targeting women and vulnerable children. According to Smith (1989:3) an evaluability assessment is conducted when the evaluation of existing programme is required. This assessment will determine to what extent an evaluation is possible.

Harris (2000) pointed out that orphans and vulnerable children are invisible in the sense that it is difficult to determine their exact numbers. He further went on to say that it does not make sense to talk about orphans and vulnerable children without addressing their invisibility.

2.1.3 Care for Orphans and Vulnerable Children

The problems experienced by orphans and vulnerable children start before the death of a parent or a caregiver. Children are psychologically traumatized by the illness of their parents. The shock is made worse by the shame and social stigma associated

with HIV/AIDS. Therefore, it is of great important that caring for them should also start at the earliest possible point.

Orphanhood is now becoming a public crisis in Namibia and everybody agrees that children need help. It is not only the responsibility of the government, health sector, Local and Community Based Organizations, Welfare Associations, and Churches to care for orphans but also of the community and families themselves.

The study conducted by Berry in 2004, indicates that there is no easy solution to the problem of caring for them. Children who are left destitute should be cared for by extended family, Faith Based Organizations and the community at large. Orphans and vulnerable children are confronted with severe threats to their well-being including isolation, loss of income, educational access, shelter, nutrition, and other essentials. They are more likely to be malnourished, or to fall ill and less likely to get health and medical treatment they need. The community - based support is the final safety net for many children and it may not hold if many people are dying.

According to Zeliser (1985), adults view children as ‘incomplete’ ‘incompetent,’ ‘half person’ in process of preparation for adults, requiring ‘socialization’ as the main input from adults, as vulnerable, passive and dependent as separated from the world of work and devoting their time to learning and play, and thus are economically ‘worthless and emotionally ‘priceless’.

Fattore (2005: 21) points to the way social policy has rendered children invisible only by recognizing them within the family relations as dependants not as individuals with rights. Bolzan (2002) demonstrates the necessity of the children's visibility of them being civilians. Robinson (2002) concludes that children are social actors and social agents in terms of making differences in whatever situation they find themselves.

Edwards (1996:814) notes that adults do not often seem to be creators of societies in which children can flourish. "We value children highly in emotional terms but deem them 'useless' in any formal sense, excluding their contributions from measurements of work and production and making them invisible in statistics, debate and policy-making. We may want to educate children in freedom and democracy, but mostly they experience control and discipline."

The loss of a parent implies more than just the disappearance of a caregiver. It pervades every aspect of a child's life: their emotional well-being, physical security, mental development and overall health. It deprives them of the right to live in a family environment. It implies that part of the child's safety net against violence, abuse, exploitation, stigmatization and discrimination is lost, often further isolating them from others at a time when they need as much care and support as possible. In the most extreme cases, children can find themselves utterly devoid of family support, forced out to hostile or unfamiliar places and even end up living on the street (UNICEF, 2005: 6).

As indicated in previous discussions, the loss of a parent takes away the right of a normal life from a child. Caregivers lose their production, trade and own labour entitlements due to ill health (Mwiinga, 2005: 15).

The extra burden of looking after orphans affects the well being of other children living in the same households often as severely as it affects the orphaned child. The crisis of orphanhood raises a big question about the relationship between the epidemic, poverty, class and gender-based biases, and discrimination. All these need to be addressed through the participation of other affected groups like women, minority groups, sex workers, prison inmates and PLWHA (MOHSS, 2003: 15).

Namibia's development depends to a large extent on the development of its human capital. Namibia's resources are being eroded by HIV/AIDS. As a consequence, the Ministry of Education has recognized the centrality of the prevention of HIV/AIDS, the support of people infected and affected with HIV/AIDS and the mitigation of the effect of the epidemic (MWACW, 2002: 1).

In addition, the Third National Strategic Medium Term Plan (NPC, 2001-2007: 13) for HIV/AIDS includes a strong component on mitigating the impact of HIV/AIDS on orphans and vulnerable children and their families. The MTP3 report recommends that certain legislation is still needed with regard to inheritance in order to protect the interest and property of the orphans.

2.1.4 Policies and Laws

Appropriate government policies are essential to protect the rights of orphans and vulnerable children. Every child has the right, no matter what country/region they coming from, no matter how old they are, no regardless their gender or whether or not they are orphans.

Every country needs a policy and legal framework for protecting and caring of orphans. The essence of child protection is to remove situations or problems that may hamper a child's balanced and positive growth. A comprehensive situation analysis considers the adequacy of current policies that affects children's well-being, identifies gaps, weaknesses and political changes; lays out the comparative advantages, strengths and weakness of government and civil society in providing services and delineates their respective roles and responsibilities. It must also consider the resources and capacities necessary to implement the policies effectively (DeMarco, 2005: 3).

Children's rights are protected by the United Nations Convention on the Rights of the Child. A Convention is an agreement between two countries to obey the same laws and is legally bound to make sure that the child's rights are respected.

Namibia has ratified the United Nations human rights instruments dealing with economic, social and cultural political and civil rights. It also ratified treaties to eliminate discrimination against women, to protect the right of the children, to

eliminate racial discrimination, a treaty against torture, and to prevent genocide (Nico, 2006:2).

The Convention on the Rights of the Children (CRC) requires countries to develop a National Programme of Action (NPA) for children through which government and development partners bring together human and material resources, on national, district and community levels to respond to the needs of orphans and vulnerable children (MWACW, 2004: 2).

Article 15 of the Namibian Constitution states that “Children shall have all the right from birth to a name, the right to acquire a nationality and, subject to legislation enacted in the best interest of the children, as well as the right to know their parents and to be cared for by them. 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 of physical, mental, spiritual, moral or social development”. Articles 8, 14, and 20 of the Namibian Constitution are also of particular relevance. Article 8 (1) provides that “the dignity of all persons shall be inviolable”. Article 14 regards the family as the natural and fundamental group unit of society, entitled to protection by society and the State. Article 20 provides the right to education and free compulsory primary education (Namibian Constitution, 2002: 7-12).

Klees (1994: 83) points out that the best child protection legislation in the world emerged from a country facing economic and social straits. He regards the legislation

as a motivating factor for the children to speak up and demand an end to violence, poverty and intolerable situations.

The Ministry of Women Affairs and Child Welfare (MWACW, 2002: 1) now Ministry of Gender Equality and Child Welfare, formulated the Namibian National Policy on orphans and vulnerable children. The policy provided a solid foundation for strategic planning. Apart from making provision and supporting the capacity of families, it will also strengthen social networks, neighbourhood and communities to protect and care for orphans and vulnerable children.

Objectives of the orphans and vulnerable children Policy are:

- To create a framework for protecting and promoting the well-being of all orphans and vulnerable children in Namibian.
- To reduce the vulnerability of orphans and other vulnerable children to HIV/AIDS.
- To improve the provision of treatment, care and support for orphans and vulnerable children living with HIV/AIDS and to mitigate the impact of HIV/AIDS on orphans and vulnerable children and their families.
- To ensure that orphans and vulnerable children have adequate access to skills for sustainable development (education, knowledge and life skills) preventive and curative health services, psychosocial care and support, clothing, shelter, good nutrition, protection and legal care
- To alleviate child poverty.
- To improve access by rural and marginalized communities to services for orphans and vulnerable children and their caregivers.

- To adopt an action learning approach to applied research to effectively assess intervention effectiveness and modify programmes and responses accordingly.
- To strengthen the multi-sectoral and multi-disciplinary institutional framework to coordinate and monitor the provision of services and programmes to orphans and vulnerable children and their caregivers (MWACW, 2004: 4).

Namibia is privileged country where the Constitution guarantees human rights to its citizens. These rights are to be making life more comfortable and to make individuals free to live life to the full. Consequently discrimination is regarded as a daily violation of their fundamental rights to freedom from any form of discrimination and equality before the law (Nico, 2006:2).

Despite a tougher legislation, like the Combating of the Rape Act (At No. 8 of 2000), violence and abuse of women and children, especially girls, remains major obstacle to children reaching their potential and realizing their rights. It has been noted that violence is a result of unequal power between men and women (MOHSS, 2002: 4).

It is evident from the statistics (NPC: 2001) that discrimination, abuse and violence against women and orphans and vulnerable children are increasing at an alarming rate in Namibia.

Foreman, (1992) pointed out that it is a common phenomenon that orphans and vulnerable children and people living with HIV/AIDS are discriminated against on a daily basis. In the home environment they face rejection by family, friends and partners. In the work environment they are rejected by fellow workers, sometimes facing dismissal. Milkenson (2000: 13) echoed the same sentiments that because of discrimination orphans and vulnerable children faced multiple obstacles before they could receive education which they are entitled to.

The Beijing Declaration (2001: 73) gives considerable attention to domestic violence, abuse, discrimination against women and children, promoting and protection of their rights

2.1.5 Education

Although education is regarded an eye opener and a very relevant source of knowledge and information, the focus of this research is the social welfare grants offered by the Ministry of Gender Equality and Child Welfare and how it is utilised in the Oshana and the Khomas regions.

The International Convention on the Rights of the Child (Article 28) stipulates that every child has the right to education. Education is the principal weapon against the spread of HIV/AIDS, and the best defensive mechanism against abuse, neglect and impoverishment.

Sebagabo (2004) states that, education is a tool for improved health, through access to information and awareness. Interventions in education should provide the knowledge and encourage the development of attitudes and skills, with which the spread and impact of the epidemic could be alleviated.

Education plays a vital role in the well being of orphans and vulnerable children. It offers them a chance for their future apart from being developmental stimuli. The HIV/AIDS pandemic has resulted in decreasing number of teachers due to mortality and growing numbers of children are not able to stay or attend school.

A child's right to education including the right to rest, play and recreation is often jeopardized when caregivers become sick or die, since it propels children out of school and into the adult roles of caring and providing for the families. As HIV/AIDS often exacerbates poverty, it places children at an increased risk of engaging in hazardous labour and of being exploited (Salaam, 2005: 2).

CHAPTER 3: THE STAKEHOLDERS INTERVENTION IN THE CARING OF ORPHANS AND VULNERABLE CHILDREN

3.1 THE ROLE OF DIFFERENT STAKEHOLDERS IN CARING FOR ORPHANS AND VULNERABLE CHILDREN

Orphans generate social problems. They are part of the community and they need to be cared for, accepted as human beings, protected from abuse and helped to grow irrespective of whom they are and where are they coming from.

There are many service providers engaged in the care for orphans. All their services and contributions need to be well coordinated in the best interest of the child.

3.2 THE MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

The government of the Republic of Namibia is committed to meet the needs of children including orphans and vulnerable children through the provision of appropriate services and protection from harm.

The current Ministry of Gender Equality and Child Welfare is mandated with child welfare and charged with the responsibility of promoting the well-being of all children so that they may achieve their full potential and develop into responsible citizens who will contribute to the social and economic development of the country.

The Ministry ensures the professional interventions, counselling services for children provision of financial assistance to children and institutions taking care of orphans and vulnerable children. It strives for their enrolment in schools, proper nutrition and good health and protects them from all form of abuse, violence, exploitation discrimination, trafficking and loss of inheritance (MGECW, 2005: 1).

3.3 TYPE OF GRANTS PROVIDED BY THE MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

Currently Namibia has 156 000 orphans. The number is expected to rise as the pandemic takes more lives. To date the ministry is providing grants to 53 929 children (Weidlich, B, 2006: 5).

As the custodian of orphans and vulnerable children, the Ministry of Gender Equality and Child Welfare introduced four different types of grants to address the plight of children: (MGECW, 2005: 1).

- Maintenance Grants
- Special Maintenance Grants for children with disabilities (less than 16 years of age)
- Foster Care Grants
- Place of Safety Allowances

3.3.1 Maintenance Grants

Maintenance Grants are paid to:

- A biological parent with children less than 18 years of age and:
- whose spouse, the breadwinner receives an old age pension or disability grant
- Whose spouse, the breadwinner has died
- Whose spouse, the breadwinner, is in prison for six months or longer

It is applied for by any person mentioned above by submitting the following documents:

- Certified copies of applicant's birth certificate and ID
- Certified copies of child's full birth certificate, confirmation of birth, or baptism card
- Certified copy of the applicant's marriage certificate, (if applicable)
- Certified copy of the breadwinner's death certificate
- School reports of children, if they are attending school
- Letter from prison if the breadwinner is in prison and declaration from breadwinner in prison
- Proof of breadwinner receiving old age or disability grant
- If employed, a pay slip with the name, telephone number and address of the employer, stating the amount of money the applicant earns.

The grant is N\$200-00 per first child plus N\$100-00 in all cases for every additional child for a maximum of three children per applicant per family per month.

3.3.2 Special Maintenance Grants

It is paid to a disabled child less than 16 years of age. The applicant can apply for the grant by submitting the following documents:

- Certified copy of child's full birth certificate
- Certified copy of the parent's ID and birth certificate
- Medical certificate from the state medical doctor confirming the disability
- The disabled child is entitled to N\$200-00 per month.

3.3.3 Foster Care Grants

This grant is paid to a foster parent who undertakes the temporary care of any child found in need of care and who has been placed in his/her custody in terms of Section 31(1)(b) or Section 50(1) of the Children's Act, (Act No. 33 of 1960). When applying for the grant the foster parent must submit the following documents:

- Certified copy of the child's birth certificate
- Certified copy of the parent's ID and birth certificate
- Certified copy of court order
- School progress report

In this case an amount of N\$200-00 is payable to the first child and N\$100-00 to every additional child per applicant per month.

3.3.4 Place of Safety Allowances

Place of Safety Allowances is paid any person or institution in whose care, or place at which a child under the age of 18 years is placed by the Commissioner of Child Welfare. The Commissioner of Child Welfare is a Legal Expert responsible for issuing detention orders, scrutinising and approving of application forms for grants and placement of children in the place of care, adoption and control as per the recommendation of the Social Worker.

Place of Safety it is any place suitable for the reception of a child into which the occupier is willing to receive the child. The following documents are required when applying for place of safety allowance:

- Order of detention issued by the Commissioner of Child Welfare
- Claim form signed by claimant and Commissioner of Child welfare.

In this case an amount of N\$10-00 is paid per child per day.

3.3.5 Disqualifications/Deletion from the Grant System

According to the policy of the Ministry of Gender Equality and Child Welfare, the child can be disqualified from receiving a grant:

- When the child dies
- When the child reaches the age of 21 years
- When the child leaves school
- When Special Maintenance Grants (SMG) child reaches the age of 16 years

(MGE CW, 2005: 1-4)

3.4 UNITED NATIONS WORLD FOOD PROGRAMME

Due to the devastating impact of the HIV/AIDS pandemic, hundreds of orphans and vulnerable children are severely malnourished in Namibia. Such high levels of under nutrition have prompted the United Nations World Food Programme (UNWFP) and the Ministry of Gender Equality and Child Welfare to sign a Memorandum of Understanding for food assistance to orphans and vulnerable children in April 2006.

Through the partnership of the United Nations World Food Programme and the Ministry of Gender Equality and Child Welfare, assistance is provided food to 111 000 children in six northern and northern-eastern regions, namely Omusati, Oshana, Oshikoto, Ohangwena, Kavango and Caprivi. The primary objective of the programme is to contribute to efforts of integrating all orphans and vulnerable children into the Government safety net, until such a time that they are entitled to the grants, paid through the Ministry of Gender Equality and Child Welfare. The food package received is only serving as interim assistance to those households with orphans and vulnerable children who are found to be food insecure and not yet receiving any grants. The programme is expected to come to an end in December 2007 and will offer temporary relief to the children before they can be absorbed into the grant system (UNWFP, 2006: 5).

Both the Ministry of Gender Equality and Child Welfare and the United Nations World Food Programme (WFP) are working with other stakeholders such as Catholic

Aids Action (CAA), Namibia Red Cross Society and Evangelical Lutheran Church in Namibia Aids Action (ELCIN) (UNWFP, 2006:1).

3.5 PROGRAMME CARRIED OUT BY UNITED NATIONS WORLD FOOD PROGRAMME

3.5.1 Food Assistance

The initial objective of the food assistance programme is to contribute to the nutritional wellbeing of malnourished children and to protect their livelihoods during acute food insecurity situations for orphans and vulnerable children, including those affected by HIV/AIDS (Gaomas, 2006: 2).

The purpose of the orphans and vulnerable children food support programme is to contribute towards the family resources. This is expected to ease the burden of supporting orphans and vulnerable children. It provides food rations to households, based on the number of orphans and vulnerable children per household.

The programme is targeting up to 46 000 orphans and vulnerable children. The aim of this programme is to ensure that orphans and vulnerable children not already receiving other form of assistance, but identified through CBO/FBO and volunteer networks, are not left out, as in the case above individual rations will be provided pending social grant coverage.

Supplementary Feeding aims to provide food assistance as part of an integrated health nutrition service to malnourished children, mostly less than five years of age (up to 59 000 children cumulatively, with up to 10 000 at one time).

Micro Projects is a small scale projects promoting food security, with an orphans and vulnerable children focused outcome, such as home/school gardening, junior farmer life skills, aqua culture, FFW and FFT (up to 27 500 children cumulatively, with up to 5 000 at one time) (UNWFP, 2006: 3-4).

3.6 THE NAWA LIFE TRUST

The Nawa Life Trust is a non-governmental organization aimed at assisting and supporting the National Campaign for HIV/AIDS through the control and behaviour change programme as well as to strengthen community care for orphans. It is to identify the individual needs of orphans for appropriate action to be taken and to spread the message of hope to the infected and affected, including orphans.

Nawa Life Trust is involved in Namibia's HIV prevention efforts through development of HIV-AIDS information, education and communication materials and providing technical assistance in the development of mass campaigns.

Nawa Life Trust operates at grass root levels with fourteen groups of volunteers known as Community Action Forum, in nine regions of the country. It works closely with other agencies, health centres and Faith Based Organizations (Carmen, 2006:5).

3.7 YELULA PROJECT

Yelula Project was established in 2004. The project is aimed at achieving the United Nations Millennium Development Goals, focusing on HIV/AIDS as one of the key forces of poverty and injuries in Southern Africa. The project operates with societies at grass root level, developing and improve organisational and leadership capacity among community based organizations.

It is promoting new and effective methods of HIV/AIDS prevention for women and vulnerable children. Yelula offers financial support for training to orphans and vulnerable children.

A core activity of Yelula is the provision of resources through grants programme. The organization is targeting people living with HIV and AIDS, orphans and vulnerable children and the community based organizations supporting them (Shilunga. 2006: 23).

3.8 CATHOLIC AIDS ACTION (CAA)

Catholic Aids Action (CAA) was established in 1998. It is a non-governmental, non-profit, non-political organization registered with the Government of the Republic of Namibia (CAA profile, 1998: 1).

The aim of Catholic Aids Action (CAA) is to challenge the AIDS pandemic through the courage to fight the pandemic and the strength to care for the benefit of all. In the same spirit it will ensure that orphans and vulnerable children receive love, care, and other services that they are entitled to and equip them with personal knowledge and skills. It will also enable them to live responsible lives, and to avoid the risks of being infected. It further ensures that PLWA live a longer and quality life, emotionally, spiritually, physically, without discrimination and plan for the future.

CAA is performing a regional supervisory role as a leading implementing partner in Oshana, Omusati and Kavango regions, overseeing and coordinating the delivery of WFP food assistance to the beneficiary level. They prepare monthly distribution plans, receipt and distribution of food at final distribution points and monitoring of distributions (UNWFP, 2006: 4).

3.9 THE NAMIBIA RED CROSS SOCIETY (NRCS)

The Namibia Red Cross Society was established in 1992.

It is a humanitarian, non-governmental, non-profit, non-political organization registered with the Government of the Republic of Namibia.

The aim of the organization is to develop working partnerships with identified communities: to foster human dignity in all communities by addressing basic needs

of people in accordance with the fundamental principles of the International Red Cross and Red Crescent Society.

The NRCS is major focus is to address the plight of orphans and vulnerable children and the HIV/AIDS pandemic. The strong comparative advantage of NRCS lays in its capacity in home based and community care programming, including the following: Training of home based care providers and provision of care, hygiene articles, and psychological support to individuals and families affected; Integrated prevention and management of HIV, TB and other opportunistic infections as well as Malaria; Community ART preparedness and literacy; orphan care support; food, nutritional education and livelihood security; self support group empowerment through positive living and income generating activities; provision of clean and safe water; networking and development of referral and support systems (NRCS profile, 1992: 1).

The NRCS is performing a supervisory role and as a regional lead implementing partner in Oshana, Omusati and Kavango regions, overseeing and coordinating the delivery of WFP food assistance to the beneficiary level. It also prepares monthly distribution plans, receipt and distribution of food at final distribution points and monitoring of distributions (UNWFP, 2006: 2).

3.10 PROJECT HOPE

Project Hope takes the challenges of the AIDS epidemic by educating, training, empowering, strengthening and motivating the infected, affected and all concerned individuals and groups at all levels. It focuses on several targets such as:

- Home based care and counselling in communities through establishment of networks.
- Cooperation with traditional leaders to educate the communities about HIV/AIDS.
- Education and awareness campaign about HIV/AIDS through community groups.
- Care and support for people living with the pandemic including orphans and vulnerable children.

Project Hope provides financial support (loan) to women taking care of orphans and vulnerable children. The loan is aimed at assisting women to become self sustainable, support their families, job creation and to contribute to the Namibian economy (Shilunga, 2006:24).

3.11 UNICEF PARTNERSHIP WITH THE MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

UNICEF in Namibia received US\$170 000-00 from the Government of Italy. The donation is in response to UNICEF's appeal in early 2004 to assist the Namibian

Government in its emergencies and the fight against AIDS pandemic and poverty. The funds will be used to support the Ministry of Gender Equality and Child Welfare's activities such as:

- Combating malnutrition among the most vulnerable children in vulnerable households.
- Establishing a nutrition and food security surveillance system, training and developing the capacity of health workers.
- Addressing gender equality for both men and women and alcohol abuse.
- Improving access to data on domestic violence with the goal of ensuring practical policy making and interventions. (Cortes, 2005: 3).

3.12 THE CHURCH ALLIANCE FOR ORPHANS (CAFO)

The Church Alliance for Orphans (CAFO), was launched in October 2002, as Southern Africa's first inter-religious coordinating body, aiming at encouraging and empowering local churches and other Faith Based Organizations:

- To provide emotional, spiritual and material assistance to orphans and vulnerable children;
- Build capacity, provide technical and administrative support, management expertise and facilitate financial assistance to churches and Faith Based Organizations in Namibia that are committed to the care and support of orphans and vulnerable children;
- Facilitate, promote, and provide a reliable and efficient support system, financially and otherwise, to the orphans and vulnerable children;

- Gather and distribute reliable information and statistics on orphans and vulnerable children on centres that might be able to assist orphans;
- Raise funds to finance the HIV/AIDS programme; and
- Promote the work of churches and Faith Based Organizations at community, regional, district and national levels.

CAFO focuses on a holistic approach in addressing the plight of orphans and vulnerable children. The organization is working closely with the Ministry of Gender Equality and Child Welfare in developing policies and programme designed to support the existing community-based structures and family caregivers (CAFO, 2004: 4).

3.13 THE YOUNG WOMEN CHRISTIAN ASSOCIATION (YWCA) OF NAMIBIA

The Young Women Christian Association (YWCA) of Namibia is a voluntary, non-governmental organisation, working in cooperation with the Council of Churches in Namibia. It promotes and sustains women's leadership to support justice, peace, health, human dignity, freedom and care for orphans and vulnerable children. YWCA is active in the following areas:

- Income-generating projects
- Pre-schools and primary schools
- HIV/AIDS education
- Training and awareness raising programs to stop the violence against women and children, and the spread of AIDS (YWCA, 2006: 4).

CHAPTER 4: STATEMENT OF FINDINGS, ANALYSIS OF DATA AND INTERPRETATION

4.1 STATEMENT OF FINDINGS, ANALYSIS OF DATA AND INTERPRETATION

The purpose of this Chapter is to analyze and present findings in accordance with the methodology used in Chapter 2. It describes the findings and analyses the data. The selection of respondents in the Oshana was done on the basis of one in every 15 in the register provided by the office of the Social Worker, while in the Khomas respondents were selected by purpose sampling targeted at the urban areas.

Due to the lack of funds, distances involved and time constraints it was not possible to interview people living on the farms.

The face to face interviews were conducted with the parents, caregivers, guardians and orphans. All respondents participated willingly and none refused to be interviewed.

4.2 THE OSHANA REGION

The Oshana region is one of the smallest of Namibia's thirteen regions; in terms of its size. It has a surface area of 5291 km². To the north the region is bordered by the Ohangwena region, to the east it shares a common border with the Oshikoto region, to the south the region borders into the Kunene region while the Omusati region

borders to the west. A portion of the Etosha National Park, inclusive of the Okaukuejo Rest Camp falls within the southern part of the region (NPC, 2004: 14).

4.2.1 Population Structure and Composition

The Oshana region is divided into 10 constituencies with a population size of 161 916. Out of that population, 10 914 are orphans. According to the 2001 Population and Housing Census (2001:56) 30 % of the households in The Oshana region have a child less than 15 years of age without one or both parents (NPC, 2005: 57).

4.2.2 Findings

The following findings were observed:

A total of 25 parents/caretakers and 25 orphans and vulnerable children were interviewed in the Oshana region.

4.2.3 Parents/caregivers/guardians in the Oshana region

The ages of parents/caregivers/guardians interviewed were between 24 years and 84 years old. The statistics revealed that all of the respondents are Christians. Lutherans are in the majority, representing 68%, followed by Catholics 28% and Anglicans 4%.

4.2.4 Orphans and vulnerable children

The ages of children interviewed is between 5 years and 18 years old, and are in grade 2 to grade 12. Eighty percent are female and 20% are males. Only one respondent is living with disability and is not attending school. The majority 72% is

from poor households without income, 24% from lower income households while 4% is from middle income households. Although some of the children are 18 years of age and they are in advanced classes, according to the definition they are still vulnerable. All the children interviewed are Christians, Lutherans 60%, Catholics 36% and Anglicans 4%.

It was observed that fulltime employed caregivers who are able to maintain themselves are also receiving grants on behalf of the orphans.

4.2.5 Living conditions and problems of Orphans and vulnerable children in the Oshana region

Many children are orphans because they have lost their parents due to HIV/AIDS. When parents died they are left in the care of the caretaker. The caretaker can be any person appointed by the family and confirmed by law to take care of the children without payments except grants. It can be a grandmother, grandfather, brother, sister, uncle, aunt, extended family member or friends of the deceased.

Orphans often perceive that they are living in harsh conditions. Fifty-six percent indicated that they are facing problems related to their living conditions. At some point they are labelled as AIDS orphans, their rights are violated, they are not considered as human beings and are not treated well.

In the household environment they are being abused by caretakers and threatened that something terrible will happen if they disclose it. At school they are often teased

and bullied by fellow learners, which makes it difficult for them to concentrate on school work. They are vulnerable to abuse by their foster parents, forced to take adult responsibilities of taking care of small ones, cleaning the household or selling “kapana” (delicacy foodstuff sold on the streets) and “vetkoekies” (pancake) during school hours. Orphans have to accommodate to new changes, adapt to new environments and learn to live in unfamiliar situations such as drinking grandfathers and smoking grandmothers.

It was also observed that some were driven to opt for criminal activities at a much tender age, abuse alcohol, and drop out of school and engage in prostitution, which could also put their lives at risk of contracting HIV/AIDS (Stephen, 2003:2).

Fifty-two percent of orphans interviewed lost both parents. Thirty-two percent lost a mother, 12% lost a father and 4% were disabled. In order to qualify for any grants, provided by the Ministry, the policy requires that orphans must be cared for by a caregiver. The research revealed that 32% of the caretakers are grandmothers, mothers are representing 24%, aunts 16%, grandfathers 8%, sister 4%, others (friends of the deceased) 12% child headed households four percent 4%. Eighty-four percent are living with their guardian four percent 4% are living in child headed household, while the remaining 12% are living with friends. On the question why they are living with friends, the response was that they were chased out of the homestead or ill treated by the caretaker.

Surprisingly, and very strange, is the fact that none of the respondents is being taken care by the father, brother or uncle. In some African cultures mostly in rural areas only people from the mother's side are regarded as family.

4.2.6 Problems experienced by caregivers in looking after orphans in the Oshana region

Many caregivers in households visited are taking care of more than 10 children. In some instances out of 10 children in the household six of them can be orphans. The policy of the Ministry of Gender Equality and Child Welfare stipulates that the grant should only be received by four children per family. Some caretakers are pensioners, unemployed and do not have income to supplement the grants, in taking care of the family including orphans.

It was also observed that there is limited involvement in the upbringing of the orphans from the father's family. Another observation is that mothers who are not living with the orphans are receiving the grants which are not benefiting the orphans. At times orphans are demanding the grants from the caretakers or to be paid directly into their bank accounts, which is against the Ministry's policy.

4.2.7 How is the social grant being utilized in the Oshana region?

The grants received by the orphans are administered by a person/caretaker who voluntarily takes care of the child, nominated by the family and confirmed by the court of law. In the Oshana region 96% of the orphans interviewed receive Maintenance Grants, 4% is receiving Special Maintenance Grants. The study found

out that 32% of the caretakers receiving grants are mothers and aunts, grandmothers 24%, grandfathers 4%, uncles 8%.

Like all other children, orphans have a diversity of needs, they need food, shelter, safe water, education, clothing and medical care.

The grants are normally utilized to cater for:

- | | |
|--|-----|
| • School fees and school uniforms | 50% |
| • Groceries and daily needs | 20% |
| • Pocket money | 6% |
| • Transport expenses | 9% |
| • Medical expenses and | 10% |
| • Others (wheelchair and nappies for the disabled) | 5% |

Seventy-two percent of the respondents indicated that grants are too little, but are satisfied with what the government is contributing to the well being of the orphans.

A worrying factor is that 34% of the caretakers are mothers and aunts which do not stay with the orphans, at the same time they are receiving the maintenance. Important to mention is the fact that 32% does not send the money to the children where ever they are. It can be concluded that the system is open to abuse and the money is not utilized for its intended purpose but is enriching some individuals.

4.2.8 Effects of social welfare grants on the living conditions of orphans and vulnerable children in the Oshana region

The grants contribute economically towards the family resources. This is hoped to ease the burden of supporting orphans and vulnerable children.

4.3 THE KHOMAS REGION

The Khomas is the most populated region in Namibia, with 93% of people living in the urban area of Windhoek. Population density is more than three times higher than the national average. Population growth is high in the Khomas due to net immigration and despite lower fertility levels. Due to its level of development, the region attracts a high number of people from the rest of the country (NPC, 2005: 63).

4.3.1 Population structure and composition

The Khomas region is divided into 10 constituencies with the population size of 250 262. Out of that population size a number of 6 191 are orphans. The 2001 Population and Housing Census (2001: 57) revealed that about thirteen percent of the households in the Khomas region have a child less than 15 years of age without one parent. The proportion of households with a child under 15 years without both parents is close to two percent. This implies that in 1 out of every 50 households there is a child without both parents and relying on the extended family for survival.

4.3.2 Findings

A total of 22 parents and 21 orphans and vulnerable children were interviewed in the Khomas region. Ninety-percent from both groups were separately interviewed. Twenty five respondents from both groups were targeted like in the case of the Oshana region but some of the guardian/caregivers were at work and children were attending classes or out to play when their places were visited.

4.3.3 Parents/caregivers/guardians

The ages of parents/caregivers/guardians interviewed were between 32 years and 62 years old. The statistics revealed that the respondents are Christians. Lutherans are the majority, representing 45%, followed by Catholics with 27% and Methodist and other religions sharing the third place with 14 % each.

4.3.4 Orphans and vulnerable children in the Khomas region

The ages of orphans and vulnerable children interviewed were between seven years and 18 years old and were in grade 2 to grade 12. Fifty-two percent are female and 48% are males. Only one respondent is living with disability and is not attending school.

The majority is from poor households without income 24%, 67% from lower income households while 9% is from middle income households.

Although some of the children are 18 years of age and they are in advanced classes, still according to the definition they are still vulnerable. All the children interviewed

are Christians, Lutherans 43%, Catholics 19%, Methodists 9% and other religions 29%.

4.3.5 Living conditions and problems of orphans and vulnerable children in the Khomas region

When parents die, orphans are left in the care of the guardian/caretaker. The guardian/caretaker can be a person appointed by the family and confirmed by law to take care of the children. It can be a grandmother, grandfather, brother, sister, uncle, aunt, extended family member or any other person.

The Khomas region is highly developed, with a lot of opportunities, in this way the living conditions of orphans in the Khomas differs from that of the Oshana region and only few are living in harsh conditions.

Forty-three percent of orphans interviewed lost both parents; 29% lost a mother, 14% lost a father and 14% are disabled. The research revealed that 24% of the guardians are aunts, grandmothers 19%, fathers 14%, mothers 14% and uncles 14% each, while grandfathers, extended families and others scored 5%. All orphans and vulnerable children interviewed (100%) in the Khomas region are living with caretakers. Unfortunately none of the respondents is being taken care of by a brother or by a sister.

4.3.6 Problems experienced by caregivers in looking after orphans in the Khomas region

Many caretakers in households visited are taking care of more than 12 children. Out of 12 six children can be orphans. According to the Ministry's policy the grant is only received by four children per family. In the Khomas region most of the caretakers are employed (64%), still they are complaining that the grant is just a drop in the ocean.

It was also observed that the father's family is not playing a role in the upbringing of the orphans. Like in the Oshana region, mothers/aunts who are not living with the orphans are receiving the grants that is not benefiting the orphans.

As a result orphans are threatening the caretakers to hand money over to them, or alternatively for the money to be paid directly into their bank accounts which is against the ministry's policy.

4.3.7 How is the social grant utilized in the Khomas region?

The grants received by the orphans are administered by a person nominated by the family and confirmed at the court of law. In the Khomas region 68% of the orphans interviewed receive Maintenance Grants, 32% is receiving Special Maintenance Grants. The study found out that 33% of the caretakers receiving grants are aunts, grandmothers 14%, grandfathers 5%, extended family 10%, and sister 5%.

Like all other children the orphans have a diversity of needs, they need food, shelter, safe water, education, clothing and medical care.

The grants are utilized normally for the following purposes:

- School fees and school uniforms 41%
- Groceries and daily needs 30%
- Pocket money 9%
- Transport expenses 15%
- Medical expenses and 3%
- Others (wheelchair and nappies for the disabled). 2%

Sixty-four percent of the respondents are not really satisfied with the grants considering the high cost of living in the city.

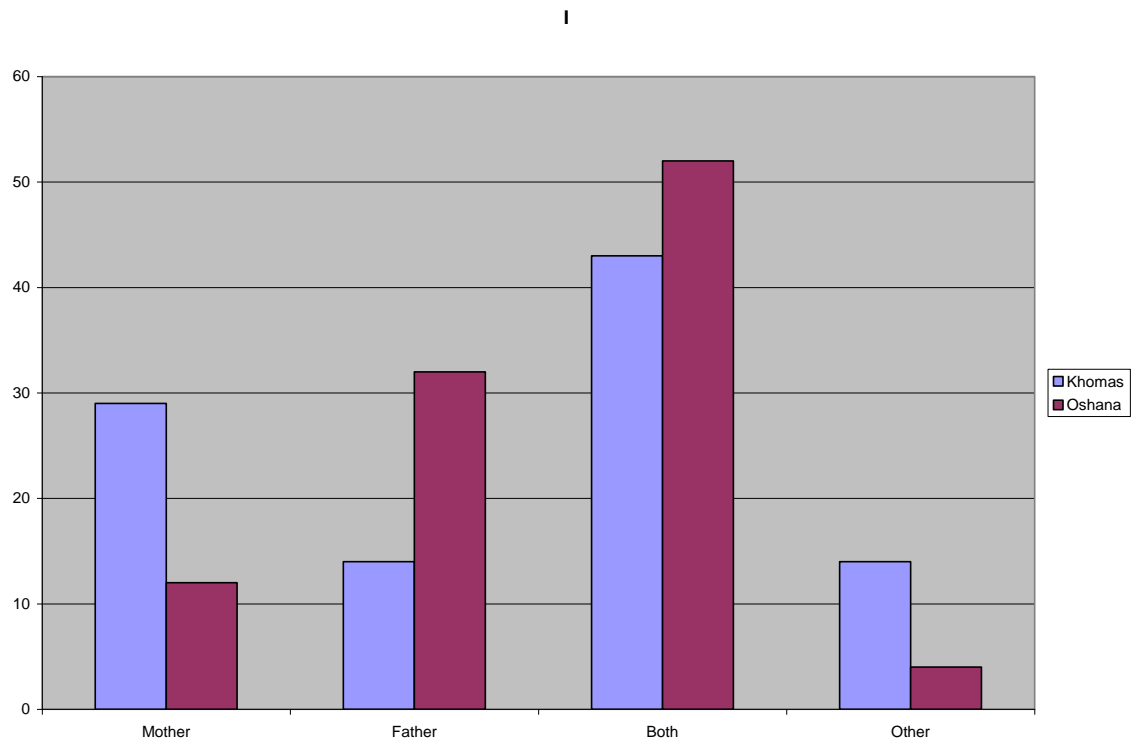
Even the majority (32%) of the guardians are mothers and aunts, at times the grants are received by people not living with the orphans and use the money for themselves.

4.3.8 Effects of social welfare grants on the living conditions of orphans and vulnerable children in the Khomas region

The grants contribute towards the family resources. This is hoped to ease the burden of supporting orphans and vulnerable children financially. To provide food rations clothing and other basic needs. It improves the beneficiary's life by reducing poverty and inequality.

4.4 COMPARISON OF SOCIAL WELFARE GRANTS IN THE OSHANA AND THE KHOMAS REGIONS

Graph 1: Indication of loss

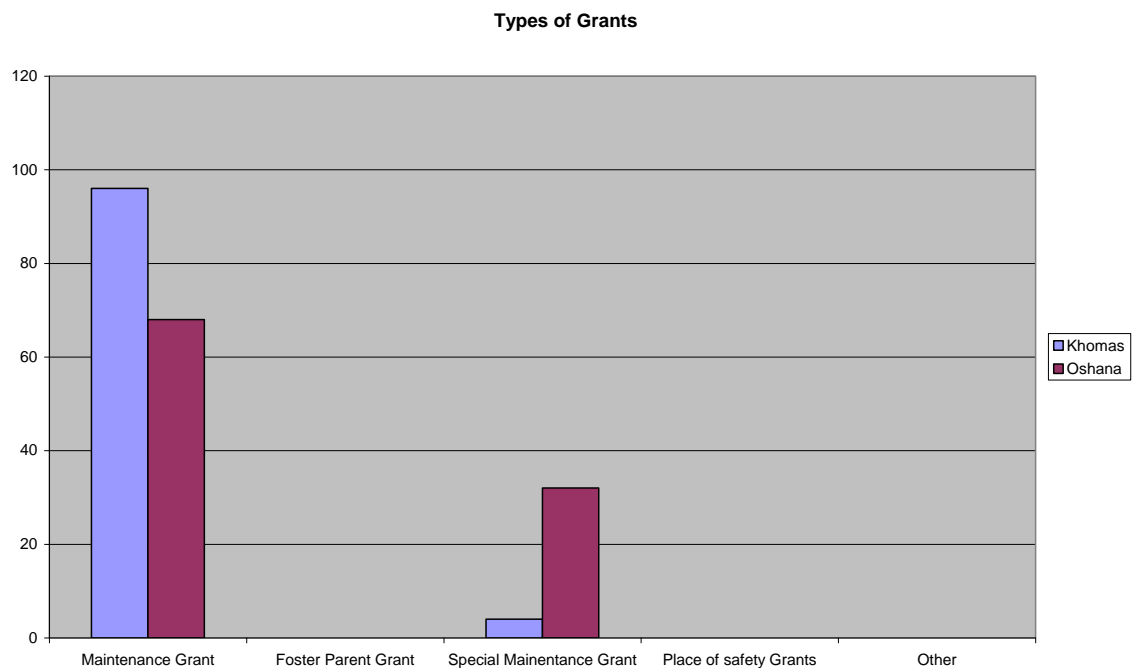


Indication of loss refers to an orphan or vulnerable child who lost one or both parents or primary caregiver and is in need of care.

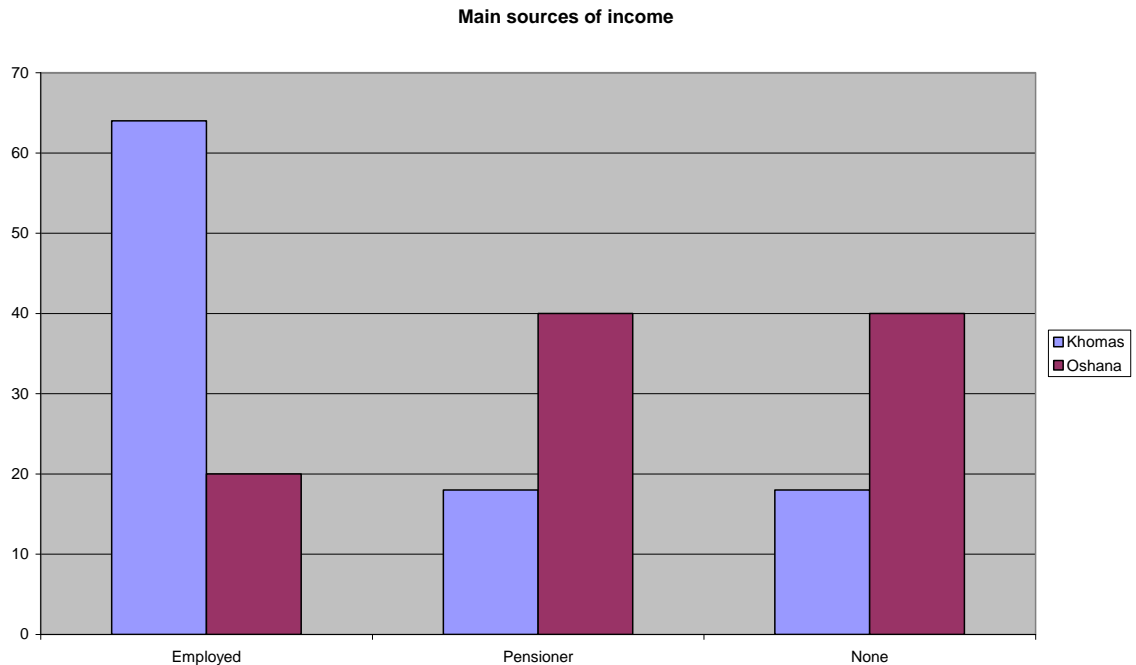
The HIV/AIDS pandemic is not selective and can affect persons of all age groups, mostly those who are sexually active and at productive ages. The statistics show that in the Oshana region, 52% lost both parents, 32% lost a mother, twelve present 12% lost a father and 4% are disabled. In the Khomas region 43% lost both parents, 29% lost a mother, 14% lost a father and 14% are disabled.

The Oshana region is hosting the majority of orphans, mainly as a result of people of the young ages immigration to towns, looking for jobs. Subsequently when they pass away they children are sent to the rural area to be cared for.

Graph 2: Types of Grant

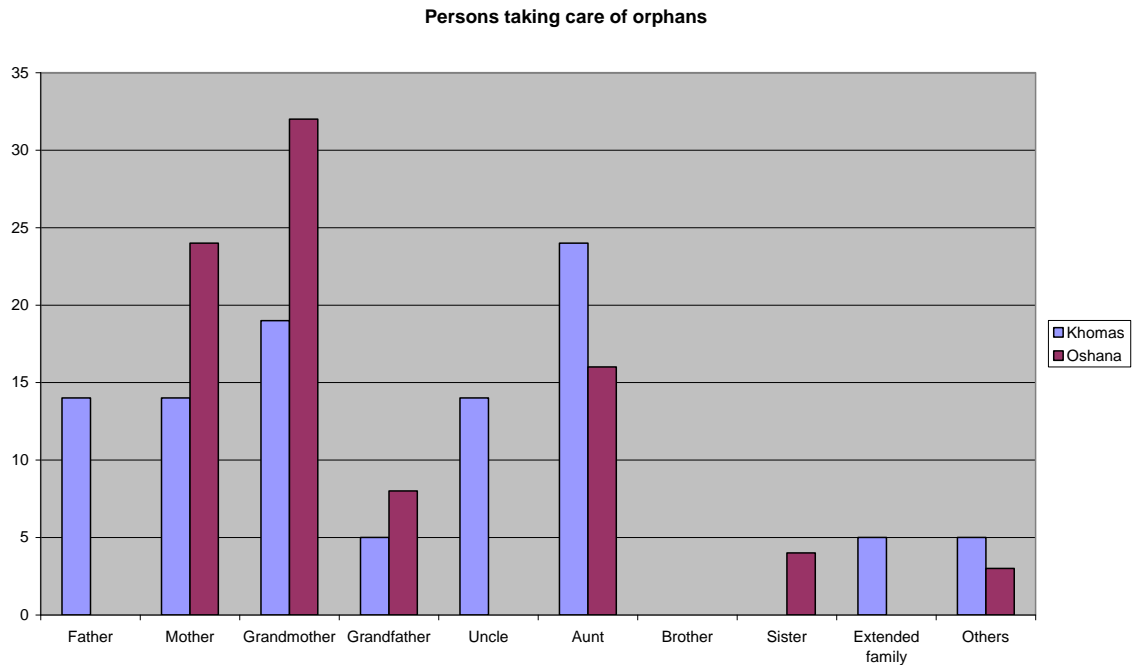


The grants are introduced to assist the caregivers in looking after orphans. Both in the Oshana and the Khomas regions orphans are receiving Maintenance and Special Maintenance grants. Maintenance grant is higher in the Oshana region (96%) compared to 68% in the Khomas region. The survey revealed that in the Oshana and the Khomas regions none of the respondents is receiving Forster Parent Grant or Place of Safety Allowances Grants.

Graph 3: Main source of income

The aim of the grant is to benefit the caregivers who cannot afford basic needs, but in the Oshana and the Khomas regions it is received by those who are employed and can maintain themselves.

The study established that in the Oshana region most of the respondents are from poor households without income representing 72%, 24% are pensioners (lower income households) and 4% from middle income households, while in the Khomas region the picture is different. Twenty four percent are from households without income, 67% percent from lower income households and 9% from middle income households. According to the findings most of the respondents in the Khomas region stated that the grants are not sufficient. The amount of grants is the same in all households in the Oshana and the Khomas regions and is mainly utilized for the same purpose.

Graph 4: Persons taking care of the orphans

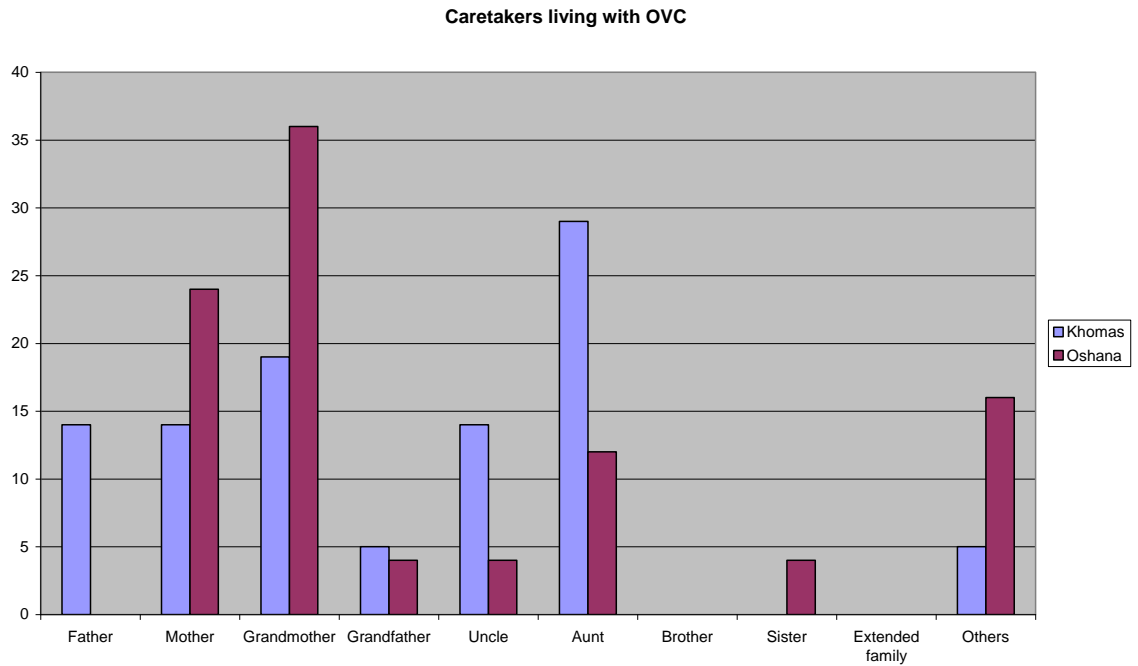
There are different caretakers involved in taking care of the orphans, namely grandmother, grandfather, brother, sister, uncle, aunt, extended family member or any other person in whose care a child under the age of 18 years is placed by the Commissioner of Child Welfare.

According to the findings most of the orphans and vulnerable children in the Oshana region are cared for by grandmothers, 32% mothers are representing 24%, aunts 16%, grandfathers 8%, sisters 4%, others (friends of the deceased) 12%, child headed households 4%. While in the Khomas region the aunts are the majority taking care of orphans and vulnerable children, 24%, grandmothers 19%, fathers 14%, mothers 14% and uncles 14% while grandfathers 5%, extended families 5% and others scored

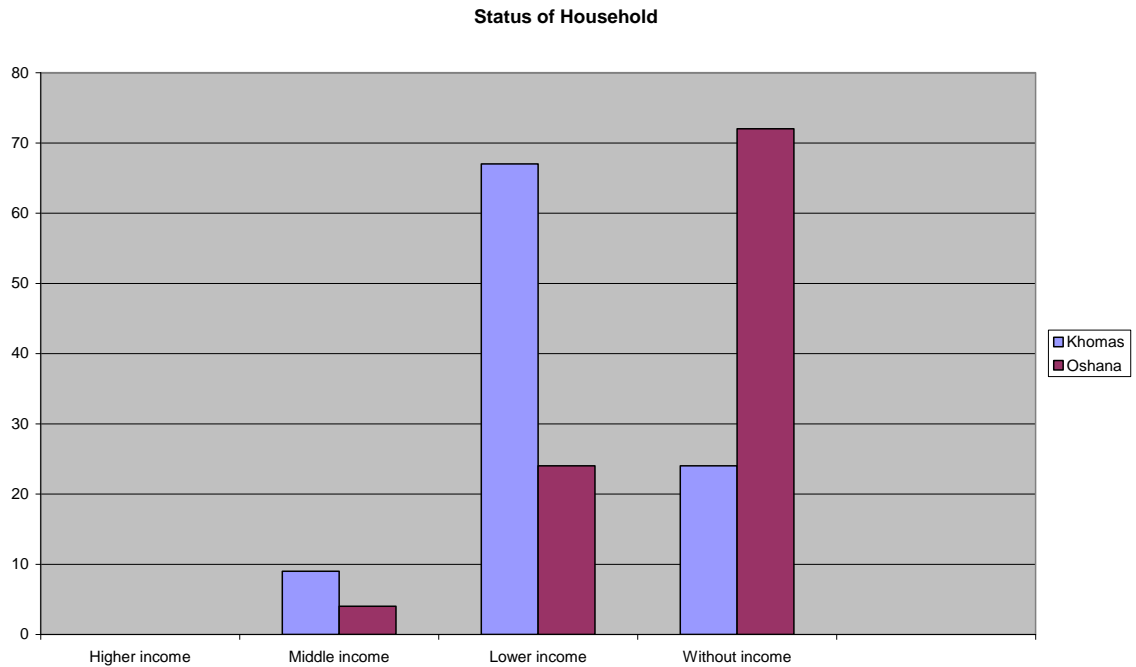
5%. The researcher found out that some of the children were placed in the care of other people before their parents died.

It was observed that two households in Okatana Constituency in the Oshana region are headed by orphans. The first household visited is accommodating four orphan all of them attending school. The eldest are twins and attending school at Andimba Toivo yaToivo Senior Secondary School. The other two are at the local primary school. The grants are received by the aunt who is staying in Oshakati and she is not contributing anything to benefit them.

The second household is taking care of two orphans, a boy and a girl. When the parents died they were cared for by an uncle who is receiving the grants. Immediately after the grant was approved he chased them out of the household so that he can take over the properties. The girl has dropped out of school to take up the adult role of caring for his brother. The grant is not benefiting them. The boy's school fees are sometimes paid by a local Nun from Okatana Parish. The orphans are living in poverty and depend on handouts from neighbours. Since they are receiving grants, they cannot benefit from the United Nations World Food Programme.

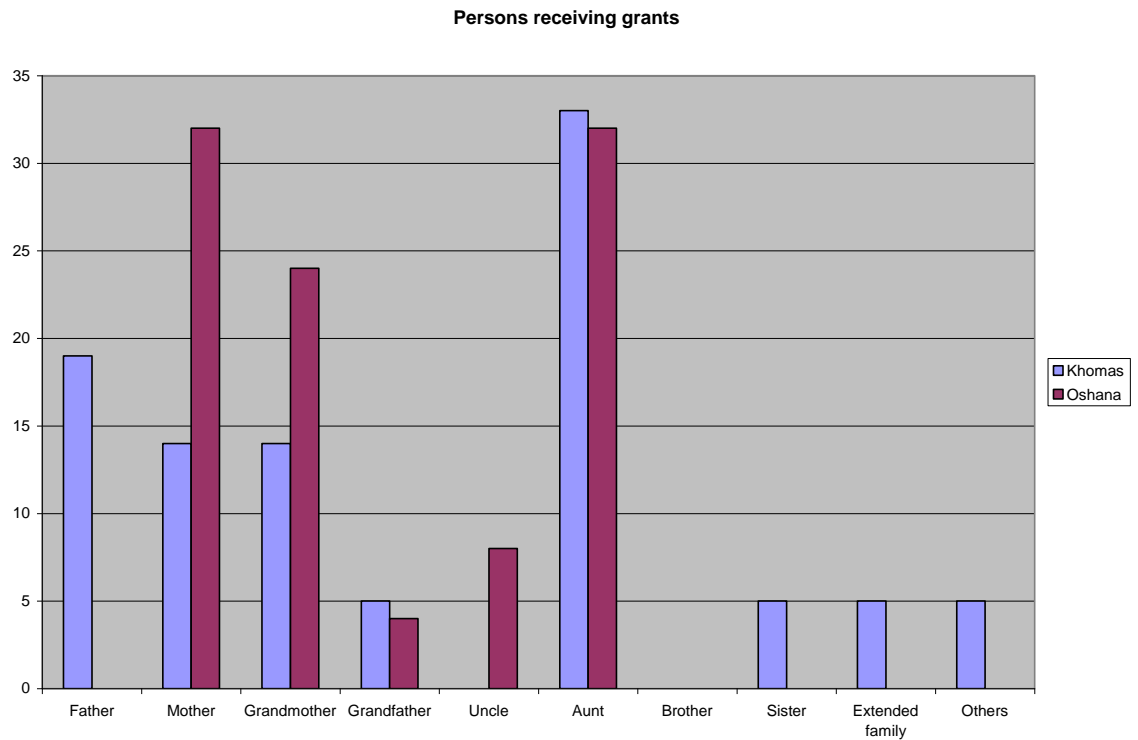
Graph 5: Caretakers living with orphans

As shown in Graph 5 most of the orphans and vulnerable children in the Oshana region are living with the grandmothers unlike in Khomas where they are cared for by aunts. Poverty in rural areas forced many people to look for jobs in towns. The moment the parents died the children remain in town because of opportunities and better education.

Graph 6: Status of Household

All stakeholders, government, community, private sector non-governmental organizations are required to make constitutional provisions as a living experience of orphans for their well being, focusing on strengthened household's capacity.

The study established that in the Oshana region most of the respondents are from households without income representing 72%, 24% are from lower income households and 4% from middle income households. In the Khomas region is totally different. Twenty-four percent are without income, 67% lower income and 9% from middle income households. It can be concluded that the inequality is attributed to insufficient job opportunities in the Oshana region.

Graph 7: Persons receiving grants

As a result of the HIV/AIDS pandemic and the high number of orphans and vulnerable children in Namibia the government is faced with the challenges of addressing poverty and insufficient job employment opportunities.

As revealed in Graph 7 the majority of the mothers in the Oshana region are receiving grants on behalf of the orphans (32%), while in the Khomas region the grants are received by who aunts are taking care of the orphans. In the opinion of the researcher, the situation was caused by the movement of people from rural areas to towns.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS AND RECOMMENDATIONS

This chapter gives conclusions drawn from the research findings.

Many orphans and vulnerable children are facing an uncertain future. In principle it is practically possible to care for the orphans and vulnerable children by meeting their physical, social and emotional needs and by applying their rights as guaranteed by the Constitution, but in reality it is a daunting task involving everybody. According to the statistics, most orphans stay with grandmothers who might be too old and sickly to give them the required care.

The study focused on organizations like Yelula Project, Nawa Life Trust, Catholic Aids Action, Namibia Red Cross Society, Project Hope, The Church Alliance for Orphans, The Young Woman for Christian Association, United Nations Children's Fund and United Nation World Food Programme who are involved in orphan care, whether material or social.

It should be noted that awareness campaigns need to be introduced to educate the community about the rights of orphans and vulnerable children, how they can be assisted, cared for and accepted in society as any other children and to be considered as human beings.

Currently the number of AIDS orphans is increasing daily, due to the HIV/AIDS pandemic. Still there is no immediate hope that the pandemic can be defeated. Orphans and vulnerable children can be put at high risk by the disease, posing a threat to social stability. It is a time bomb that we cannot ignore.

The high population of orphans will lead to dependency on assistance from government. Dependency on government hand outs will have a negative impact on economic growth. The sustainability of the grants, in the long run is not guaranteed. On the other hand the country's scarce resources will be depleted; productivity will decrease, resulting from the death of young people at the productive ages leaving orphans behind to be care for by the government.

The government's policy of distributing social welfare grants is discriminating; it allows only four orphans per applicant to receive grants, leaving other orphans in the same household without any assistance. It is worrisome that some households are taking care of more than four orphans, additional to the qualifying number of recipients. This is not just a blow in the face of the caregiver, but also a problem to the child being cared for.

HIV/AIDS can affect most people in the household, and can kill both parents. Children are often orphaned and forced to take up the responsibility of heading a household, a situation that never existed in the past. Faced with such a huge task, orphans are left without any income for survival. Most of the resources were spent

on the caring of the parents when they were sick or what is left is inherited by the family.

Extended family caring system is dying slowly. This system can never cope with the current situation especially when considering the high numbers of orphans to be cared for. With the introduction of mixed culture living styles extended family members are regarded as “strangers” and have no significant role to play. This system has taken away the moral fibre of the community and cultural values. In addition caring of orphans is becoming a burden because it affects the well being of both the orphan and other children in the same household.

Despite the contribution made by the government towards the well being of orphans, the biggest challenge facing it is the grants received by the people not living with the orphans. Secondly the high cost of living and the ability to meet the future needs of the orphans especially when they enrol at higher learning institutions

Based on the above conclusions the following recommendations are made:

- That the government in consultation with development partners must develop a business culture among the communities and initiate income-generating projects aimed at assisting poor people in rural areas especially women and orphans and vulnerable children in reducing poverty and providing household income.

- Mobilize the communities to take ownership of the fight against the HIV/AIDS epidemic and collectively share the full responsibility of caring for orphans.
- Strengthen family and community-based care, including that provided by the informal sector and health care systems.
- To support individuals, groups, households, families and communities affected by HIV/AIDS.
- It is vital to establish orphans and vulnerable children education fund to assist the children to complete tertiary and vocational training. Once educated, they will contribute to the development of the country and sustain the fund.
- Integrating orphans and vulnerable children and child-headed households within extended family structures in order to increase their support networks and accesses to education, health and safe water.
- Put mechanisms in place to benefit the fifth orphan in the family; currently excluded from receiving the grants.
- Laws should be formulated and policy should also be developed to make HIV/AIDS a notifiable disease in Namibia.
- To force parents to leave a will behind mentioning who will benefiting from their inheritance the moment they are no more.
- Communities should be encouraged to care, support and protect orphans from abuse, harm and child labour.
- What is required is a combination of political will and resources. Since resources are scarce, communities need to be sensitized to take care of the resources. In addition, a monitoring mechanism should be put in place to detect those who are abusing the social welfare grants and at the same time to prosecute the wrongdoers.

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**QUESTIONNAIRE 1: INTERVIEW QUESTIONS ON
PARENT/GUARDIAN/CARETAKER IN THE OSHANA AND THE
KHOMAS REGIONS**

For the following statements please tick the box that matches your view

1. What is your gender?

| | |
|--|--------|
| | male |
| | female |

2. How old are you?

.....

3. In which region are you residing?

| | |
|--|--------|
| | Khomas |
| | Oshana |

4. What is your religion?

| | |
|--|-----------|
| | Catholic |
| | Lutheran |
| | Anglican |
| | Methodist |
| | NG |
| | Other |

5. How many children in the household are you taking care off?

.....

.....

6. How many are orphans?

.....

.....

7. If they are more than how many are receiving grants?

.....

.....

8. What type of grants do you get?

| | |
|--|---------------------------|
| | Maintenance grants |
| | Foster Parents grant |
| | Special Maintenance Grant |
| | Place of Safety Allowance |
| | Other: |

If other explain

.....

.....

.....

9. How much do you receive per month per child?

N\$.....

N\$.....

N\$.....

10. How are the grants being utilized?

.....

.....

.....

.....

11. Are you satisfied with the grants you are receiving?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

If no explain

.....

.....

.....

12. What are your main sources of income/lively hood?

.....

.....

.....

13. What problems do you experiencing in looking after the orphans

.....

.....

.....

.....

.....

Thank you for taking the time to (answer) completes this questionnaire

**QUESTIONNAIRE 2: INTERVIEW QUESTIONS ON ORPHANS AND
VULNERABLE CHILDREN (Child questionnaire)**

For the following statements please tick the box that matches your view.

SECTION A: DEMOGRAPHIC INFORMATION

1. What is your gender?

| | |
|--------------------------|--------|
| <input type="checkbox"/> | male |
| <input type="checkbox"/> | female |

2. How old are you?

.....

3. In which region are you residing?

| | |
|--------------------------|--------|
| <input type="checkbox"/> | Khomas |
| <input type="checkbox"/> | Oshana |

4. What grade are you?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Grade..... |
| <input type="checkbox"/> | No school..... |

5. What is your religion?

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | Catholic |
| <input type="checkbox"/> | Lutheran |
| <input type="checkbox"/> | Anglican |
| <input type="checkbox"/> | Methodist |
| <input type="checkbox"/> | NG |
| <input type="checkbox"/> | Other |

SECTION B: LIVING CONDITIONS AND PROBLEMS OF OVCs:

1. Have you lost any of your parents?

| | |
|--|--------|
| | Mother |
| | Father |
| | Both |
| | Other |

2. Who is your guardian? **(Please tick the person who is taking care of you)**

| | |
|-----------------|--|
| Father | |
| Mother | |
| Grandmother | |
| Grandfather | |
| Uncle | |
| Aunt | |
| Brother | |
| Sister | |
| Extended family | |
| Others | |
| None | |

If none, explain

.....

.....

.....

3. Are you living with your guardian?

| | |
|--|-----|
| | Yes |
| | No |

If no, Why?

.....

.....

4. Who do you live with?

| | |
|-----------------|--|
| Father | |
| Mother | |
| Grandmother | |
| Grandfather | |
| Uncle | |
| Aunt | |
| Brother | |
| Sister | |
| Extended family | |
| Other | |

5. Who is receiving the grants on your behalf?

| | |
|-----------------|--|
| Father | |
| Mother | |
| Grandmother | |
| Grandfather | |
| Uncle | |
| Aunt | |
| Brother | |
| Sister | |
| Extended family | |
| Other | |
| None | |

If none, where is the grant go?

.....

.....

.....

.....

6. Status of household

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Higher income |
| <input type="checkbox"/> | Middle income |
| <input type="checkbox"/> | Lower income |
| <input type="checkbox"/> | Without income |

7. Do you face the problems related to living condition?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

If yes, explain

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.....

.....

Thank you for taking the time to (answer) completes this questionnaire.