

**SOCIAL SUPPORT TO ORPHANS AND VULNERABLE  
CHILDREN (OVC): A BENEFICIARY CASE STUDY OF  
THE MINISTRY OF GENDER EQUALITY AND CHILD  
WELFARE INITIATIVE PROGRAMME IN THE  
OSHANA REGION**

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**ABSTRACT**

The phenomenon of the increasing number of orphans and vulnerable children is not overlooked by Namibia. In fact, the situation is aggravated by the deaths of young adults as a result of the Human Immuno Virus (HIV) and the Acquired Immuno Deficiency Syndrome (AIDS). Subsequently, a huge number of children are left behind and forced to provide for themselves. Families are torn apart as parents, siblings, aunts, uncles and relatives die. Children are left alone and disadvantaged. Their support system disappears and they are ever afraid.

The Government of the Republic of Namibia, particularly the Ministry of Gender Equality and Child Welfare (MGECW), caters for orphans and vulnerable children (OVC) by providing financial support through social grants. This paper departs from the social support to OVC as provided by the MGECW. It examines institutionalised support objectives of the non-governmental organizations, accessibility and quality of services as advocated by Conventions on the Rights of the Child (CRC). The research concluded that the majority of the Oshana Region OVC are still not being catered for. The findings further reflect that the MGECW and the community at large in the Oshana Region still have much to do in terms of social support to OVC.

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**DECLARATIONS**

I hereby declare that this work, entitled “Social support to Orphans and Vulnerable children (OVC): A beneficiary case study of the Ministry of Gender Equality and Child Welfare initiative programme in the Oshana Region” is my own independent work except where stated otherwise in the acknowledgements or the text, and that it has not been previously submitted in whole or in part for an award at any institution.

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Signed \_\_\_\_\_

Kornelia Shilunga

<b>Day</b>	<b>Month</b>	<b>Year</b>

## NOMENCLATURE

<b>Child</b>	Any person under the age of 18 years.
<b>Orphan</b>	A child under the age of 18 years of age who has lost one or both parents.
<b>Vulnerable Child</b>	A child who needs care and protection
<b>Foster grant</b>	Money given to the person who is legally taking care of the Child in need of care as declared by the Commissioner of Child Welfare
<b>Maintenance grant</b>	Money paid to the parent of this child where family has no income or income under N \$500 whereby <ul style="list-style-type: none"> <li>• The other parent of the child has died</li> <li>• The other parent is in prison</li> <li>• The other parent receives any other social grant /pension (old age pension or disability grant) from the state</li> </ul>
<b>Social support</b>	Free assistance in terms of money, clothing or food given to improve the standard of living of this person who is unable to support him/herself because of various circumstances e.g. poverty, lack of family support and natural disasters that destabilizes families.
<b>Beneficiary</b>	Any person who is registered and benefiting from the social support system.

**LIST OF ABBREVIATIONS**

AIDS	Acquired Immuno Deficiency Syndrome
CAA	Catholic Aids Action
CAFO	Church Alliance for Orphans
CBO	Community-Based Organization
CBOSP	Community-based Orphan Support Programme
CHIN	Children In Need
CPTs	Care and Prevention Teams
CRC	Convention on the Rights of the Child
ECD	Early Childhood Development
GIPF	Government Institution Pension Fund
HBFC	Home Based Family Care
HIV	Human Immuno Virus
IECD	Integrated Early Childhood Development
ISS	Institute of Social Studies
MDG	Millennium Development Goals
MGECW	Ministry of Gender Equality and Child Welfare
MOHSS	Ministry of Health and Social Services
MRLGH	Ministry of Regional, Local Government and Housing
MWACW	Ministry of Women Affairs and Child Welfare
NACP	National AIDS Coordination Programme
NCBC	Namibia Catholic Bishop Conference
NDP	National Development Plan

NECDP	National Early Childhood Development Policy
NGOs	Non-Governmental Organizations
NPA	National Programmes of Action
NPC	National Planning Commission
NPOVC	National Policy on Orphans and Vulnerable Children
ONARC	Oshana Regional Council
OTC (a)	Ongwediva Town Council
OTC (b)	Ondangwa Town Council
OVC	Orphans and Vulnerable Children
PH	Project Hope
PPA	Public Policy and Administration
PSS	Psycho Social Support
SADC	Southern Africa Development Community
SSC	Social Security Commission
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children `s Fund
USAID	United States Agency International Development
WFP	World Food Programme

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## CHAPTER 1

### INTRODUCTION

#### 1.1 Background of the study

A report by (USAID/UNICEF/UNAIDS 2004) stated that the number of orphans as a result of HIV/AIDS is projected to reach 25 million globally by 2010. An area of great concern in this respect continues to be Sub-Saharan Africa, where the epidemic has had its greatest effect thus far. The number of children orphaned by AIDS in Sub-Saharan Africa will continue to increase quite dramatically if current trends are not stopped. The number of double orphans (a child who has lost both parents) in Africa is also predicted to increase by 180 percent from 1990 and reach 7.8 million by 2010. Studies have shown that countries with high levels of HIV and AIDS will have disproportionately higher number of double orphans. Double orphans have been shown to be more disadvantaged than single orphans. There are also an increasing proportion of maternal orphans (a child whose mother has died). While more research is needed to fully assess the implications of this type of household, surveys have shown that maternal orphans are likely to be 'virtual' double orphans (Ibid), [meaning that the father, though still living, is absent from the child's life].

A study by UNAIDS (2000:88) revealed the situation in Africa as follows: Tanzania is at the top with about 810,000 orphans and Zimbabwe with 780 000. South Africa estimates having over 660 000 orphans while Namibia has about 81 000 orphans. The study further indicated that 50% of all orphans in Namibia are the result of HIV.

Family structures may become disorganised and also become unable to provide a stable emotional home for the children, and meaning that they no longer fulfil their basic needs which causes frustration and increases vulnerability.

Assuring the survival, protection and education of children is a dream of every country in the fight against poverty and underdevelopment. The (MWACW 2002:1) emphasizes that:

“The Republic of Namibia ratified the United Nations Convention on the Rights of the Child in September 1990 when it adopted Article 144 of the Namibian Constitution, and under this Article the country commits itself to the provision of the United Nations (UN) Convention on the Rights of the Child (CRC), which puts the best interests of the Child as a primary consideration in all actions concerning children and calls on governments, opposition groups and all other actors who exercise control over children to adhere to this principle in all matters concerning the treatment of the children.”

According to Namibia’s National Policy on Orphans and Vulnerable Children (MWACW 2002: 1), the country unfortunately ranks among the top five countries in the world that are most affected by the HIV/AIDS pandemic. Nearly half (48.2%) of the population of Namibia is under the age of 18, which means that this group of the society falls under constitutional protection.

The fundamental right of children to be cared for and looked after by the family concerned includes the access to a home, to a safe and supportive neighbourhoods and healthy surroundings free from harm (basic human rights).

The Oshana Region, one of the thirteen administrative Regions in Namibia, consists of 10 Constituencies, in which approximately 161 916 people are living, 87,958 are female and 73,957 male (NPC 2001:15). The growing number of orphans and vulnerable children constitutes one of the many challenges the Oshana Region is facing.

In 2002, the Cabinet tasked the then Ministry of Women Affairs and Child Welfare (MWACW) (today Ministry of Gender Equality and Child Welfare) to ensure the legal care and protection of children, which includes orphaned and vulnerable children in the Oshana region. Subsequently, the MWACW institutionalized the legislative and executive structures necessary, seeking to implement the Orphans and Vulnerable Children Policy countrywide at national, regional and local levels to cater for all.

This study focuses on the Oshana Region, one of the four key Regions in the central north of Namibia. The three proclaimed Towns--Ondangwa, Oshakati and Ongwediva along the main regional road to Ruacana-- are the most populous and famous commercial centres of the north under development, in contrast to their rural hinterlands. The urban centre Oshakati offers all key services such as the Regional Council, Regional Hospital, Government Institutions Pension Fund (GIPF), Social Security, the Central Bank and the Regional Court to people of the said four regions. The urban settlements attract many migrants who seek employment opportunities, business ventures or health treatments. Consequently, the Oshana Region tends to attract many people with their social problems, including orphans and vulnerable children.

## **1.2 Statement of the problem, research questions and objectives**

A study by (UNICEF 2002:2) on children, orphaned by AIDS in Eastern and Southern Africa, states that among the many vulnerable members of the society young people who have lost one or both parents are among the most exposed. This is particularly true in Sub-Saharan Africa where few social support systems exist outside of families and where basic social services are largely inadequate. Caregivers such as grandparents experience a lack of social support and are isolated from their peers due to the demands of raising many children at a point in their lives when they would otherwise rest and have few childcare responsibilities.

Orphaned children are more likely to drop out of school than others in their age group and have to support themselves due to lack of parental guidance. They take on adult responsibilities, and the girl children are usually the first to be affected. The situational analysis of orphans and vulnerable children in Namibia, conducted by the Ministry of Health and Social Services (MOHSS 2004: 4), shows that a base-year number of orphans were estimated by the consultants at 27,493 including 10 AIDS orphans at the time. Assuming that all other variables held constant, the numbers were projected at the “with AIDS” national population growth rate”. The analysis estimated 82,671 total orphans, of whom over 50% were AIDS orphans and it has also estimated 251,054 orphans, with almost 200, 000 of these being AIDS orphans. The analysis also pointed out that no formal database exists, noting all organizations involved in orphans care specifically.

Nzimande (1996:5) defines the family as the ideal support system for any child's needs to be met. Ideally, the family (or parents) provides for physical needs of the child. It provides information that the child is loved and cared for, that the child is valued and esteemed and that the child belongs to a network of mutual obligations. When a child is deprived of this support system, the child may be tempted to find fulfilment external to the family unit. The traditional deep-rooted kinship system that existed in Africa the extended family networks of aunts and uncles, cousins and grandparents, is an age-old social safety net for such children that has long proved itself resilient even to major social changes (ibid:3). However, traditional safety nets for OVC are weakening, which has necessitated multi-sectoral collaboration to ensure the safety and survival of these children.

OVC are on the increase and present a big problem in the Oshana Region. There is a need to find out whether there are support systems in place to cater for them. Traditional absorption mechanisms for children have become strained, and in some places completely exhausted. This affects also the non-orphaned, critically vulnerable children with their regular education, health and social protection programme (UNAIDS 2002:55).

Although support structures and systems for orphans and vulnerable children are available, sometimes these systems are overburdened, not accessible to all or not well known (not properly marketed). This can be due to poverty, lack of resources or

lack of coordination between relevant stakeholders, e.g. NGOs/CBOs and Government departments.

Many children in the Oshana Region live under difficult circumstances as orphans, vulnerable, street children or displaced children, and children as heads of families, irrespective of their ages. These children deserve special attention, protection and assistance from their families and communities, thus social support. The situation in which orphans and vulnerable children find themselves puts them at risk of having to shoulder adult responsibilities. Very often they do not have access to the information or services accessible to them. Therefore, the Ministry of Gender Equality and Child Welfare has to ensure social support services for all orphans and vulnerable children, and facilitate coordination between support services and stakeholders to cater for their needs, according to their mandate.

Failure to fulfil this task has implications for the human capital development of the region and eventually on Namibia as a whole. The generic processes of organizational management such as planning, budgeting, implementation, monitoring and evaluation will always affect the service provision of the Ministry, any shortcomings in those areas may have negative effects on social support services meant for orphans and vulnerable children. Therefore, the study looks at all orphans and vulnerable children, whatever the cause of their situations are and on whether they can access and benefit from the social support in place.

Against this background, it becomes evident that an enquiry into the conditions (e.g. physical, financially, emotionally) of OVC is a crucial necessity. The focus of the Ministry of Gender Equality and Child Welfare (MGECW) is in supporting the vulnerable target group in the Oshana Region. Subsequently, the analysis includes the mode of assistance and support the MGECW delivers to orphans and vulnerable children in fulfilling the Convention on the Rights of the Child (CRC).

Since the governmental care extended to OVC does not suffice, the thesis broadens its scope of inquiry by examining institutionalised support objectives of non-governmental organizations. These objectives are reflected in the relevant mandates, relationships in the OVC – support network, obstacles to and success of non-governmental delivery.

### **1.3 Importance of study**

The findings are offered to policy-makers and implementers in the complex field of OVC support. It remains important that research on OVC generates data in order to improve the knowledge and understanding of the problematic, the public awareness on which has to be kept high on the agenda in order to not exclude OVC from becoming integrated members of the Namibian society.

The study will help policy makers to focus on Child Welfare when it comes to planning and implementation. It will benefit future researchers and scholars in that they will be able to obtain the necessary data. It will serve as an exposition of the

orphans and vulnerable children (OVC) of the Oshana region and may contribute to growth of knowledge and academic debate.

#### **1.4 Methodology and limitations**

The study was entirely based on descriptive analysis and secondary information. It began with review of the literature on orphans and vulnerable children, and Government policies. In particular, the Institution of Social Studies (ISS) library served as an important source of research literature. The study also drew on the experiences of various stakeholders in orphans and vulnerable children issues in the Oshana Region.

##### **1.4.1 Questionnaires**

Questionnaires are a frequently used research technique in social sciences, which is the most practical way of collecting standardised data on large numbers of people (Giddens 2000: 544). The study made use of questionnaires (see Addendum A), which was responded to by orphans and vulnerable children, and Addendum B, which was responded to by key-informants from various organisations that are expected to be involved in the care of orphans and vulnerable children.

The Questionnaires were self-administered and distributed to OVC in all the ten Constituencies of the Oshana Region.

Though the phenomenon of orphans and vulnerable children is not new, information on empirical evidence is limited, and further research on the topic needs to be done to complement the findings of this paper.

#### **1.4.2 Key - informant interviews**

Qualitative approaches enable the researchers to get in-depth knowledge of the topic under study, e.g. participant observations, case studies, and key-informant interviews and focus group discussions. In this research, key-informant interviews were conducted with different stakeholders involved in the care of orphans and vulnerable children in the Oshana Region. The key-informant interviews were administered to heads of organisations and the social worker of the Ministry of Gender Equality and Child Welfare. Pertaining to the limitations, the study faced a lack of finances when the need to travel arose, especially in rural areas where the majority of people live. Time was another constraining factor faced the researcher and did not allow the undertaking of an in-depth and exhaustive research project because the researcher has to divide time for study and for work.

#### **1.5 Structure of the paper**

In her introductory chapter the author focuses on the wider background of the problematic(s) that emerge from the social welfare approach the Ministry of Gender Equality and Child Welfare (MGECW) employs towards weaker groups of the Namibian society, namely vulnerable children and orphans. Against the setting of her Introduction (Chapter 1) the author designs her research work, reasons her research

methodology, guided by empirical field work, and theoretical foundation that is followed by an accentuated literature review (Chapter 2). Chapter 3 examines existing national and international Legal Frameworks and Policy conditions, preparing the reader for understanding the writer's investigation into the relationship between Government and stakeholders that is instrumental in providing the essential social support to OVC (Chapter 4). Social support to orphans and vulnerable children is provided in order to cater for their various needs; therefore chapter 5 explores whether provision is a worthwhile and analyses the data from the questionnaires. The last chapter (6) concludes the study and outlines policy implications.

## CHAPTER 2

### THEORETICAL FRAMEWORK AND LITERATURE REVIEW

#### **Introduction**

Brink (2001:76) states that the literature review is a process involving finding, reading, understanding and forming conclusions about published research and theories on a particular topic.

The chapter discusses the key concepts, the theoretical frameworks adopted by the study, which are process evaluation and impact evaluation approaches advocated by Purdon et al and Chen, respectively. The research paper then considers different views on the issue of orphans and vulnerable children.

#### **2.1 Definitional Issues**

Literature review and re-analysis of data sets will help to understand issues related to Orphans and Vulnerable Children. The Namibia 2<sup>nd</sup> National Conference on Orphans and Vulnerable Children (MWACW 2002:7) in conformity with the Namibia Children's Act and the Namibian School System came up with a working definition that states: "*Orphans and vulnerable children (OVC)* are children up to the age of 18 whose mother, father or both parents have died, affected by HIV/AIDS, are in need of care including those disadvantaged, in conflict with the law, subject to abuse and violence. It further explained that the death of a child's mother, father or both parents will make the child an orphan and the child may thus be more vulnerable".

The term “*affected by Aids*” also appears in that definition as inclusive to ensure that it captures:

- (1) ‘Children who may be living with the virus,’
- (2) ‘Children whose circumstances may change because their parents are living the with virus’ or
- (3) ‘Children whose parents have died because of it. The term could also mean a combination of all three factors.’

The conference also looked at the term “....*are in need of care*, including disadvantaged...” is again an inclusive term, which includes neglected and abandoned children, children subjected to exclusion, and those who may not be able to access services because of their cultural identity. The term “subjected to abuse and violence” is believed to be self-explanatory. Generally, in Namibian terms a child is described as any person under the age of 18 years.

Vulnerability can worsen the situation in such a way that OVC can become street children; these are defined through the study conducted by the Ministry of Gender Equality and Child Welfare (MWACW 2002:7) as either “*Children on the street*”, who are children who have homes and usually “find themselves on the street” to contribute toward the financial support of their families, or “*children of the street*”, who on the other hand usually have little or no contact with their families and are on the street to survive.

## **2.2 Theoretical Framework**

### **2.2.1 Purdon's Process Evaluation**

Process evaluation verifies the essence of any programme and also whether or not it is delivered as intended to the recipients. It is assumed that all large scale evaluations of government policy usually include some elements of process evaluation. The question is how a policy can be managed or developed in the future. Purdon and others (2006:2) delineated possible scenarios for the use of process evaluation. They include:

Checking an established programme that is under-performing or where questions have arisen about organization, delivery, quality, or success;

Examining a programme where effectiveness is known or assumed and only the implementation and delivery are in question;

For a relatively new programme where further development is likely before an assessment of the impact of the final model is needed, the process evaluation would be considered as 'formative'.

Where impact evaluation is ideally wanted but the size of the programme, its expected effect or the length of time available to allow outcomes to emerge is too small to make outcome evaluation possible.

For the purpose of this study the first scenario is applicable in order to check an established programme of OVC that is under-performing or not delivering the service to the recipients, who are the OVC of the Oshana Region. Thus, process evaluation throws more light on what aspects we need to know about the workings of the national policy on orphans and vulnerable children in the Oshana Region. The impact of the policy can be measured in the light of its desired outcomes in the

programme to provide social support for OVC, that is, through the registration and provision of foster and maintenance grants by the social worker mandated to carry out this role in the regional office of the Ministry of Gender Equality and Child Welfare. Process evaluation is thus useful for identifying the pros and cons of the structures put in place.

According to Purdon and others (2006:2) evaluations sometimes may only focus on either the process or the impact of the policy or programme. More commonly, the research involves both elements and thus both types of evaluation. This evaluation can be considered as formative or summative. The essence of formative evaluation is to provide information that will be used to improve the social support programme for the orphans and vulnerable children. A by-product of this process evaluation is the summative evaluation to form a summary judgment on the success level of providing social support for the OVC in the Oshana Region.

### **2.2.2 Chen's theory-driven impact evaluation**

This theory-driven model deals with two major misconceptions, i.e. evaluation of programme looking at official/programme goals and actual or operational goals (the situation on the ground).

Chen suggests that, when evaluating programme, one needs to look not only at what the programme was intended to achieve but also at the situation on the ground, what actually happens. Chen's theory is further confirmed by Hanekom (1987:1) who stated that any policy serves as an input to the comprehensive public administrative

process, which translates it into action programmes; thus numerous factors can influence the choice of the desired course of action, as it is visualised through planning which could often differ from what is politically feasible, economically viable and administratively practical. By applying Chen's theory, impact evaluation will help by looking at the programme goals which are real programme intentions of the OVC programme (national and international instruments) under the Ministry of Gender Equality and Child Welfare. It will also facilitate getting the information on the factual situation of orphans and vulnerable children in terms of accessing and benefiting from the services provided.

### **2.3 Literature review**

The research assessed the role of the Ministry of Gender Equality and Child Welfare in the situation of OVC in the Oshana Region and the social support accessible to them. The study also looked at policy measures in place, orphans and vulnerable children's needs and the impact of social support. The National Population and Housing Census data in the Statistic Office by the (NPC 2001: 4) revealed that there were 156, 165 orphans between the age of 0-19 in Namibia. The number of adults dying of AIDS rises over the next decade, increasing numbers of orphans will grow up without parental love and care, and be deprived of their basic rights to shelter, health, food and education.

It is estimated that by 2021 there will be over a quarter million orphans in Namibia of which three-quarters will be children orphaned by HIV/AIDS. This is a threat to stability which will exacerbate inequalities within the country and between countries,

undermining previous gains in development and harming children (UNAIDS/UNICEF 1999:15).

Orphan hood has been recognized as a public crisis. Everybody agrees that children deserve help. Government and non-governmental organizations have responded to the crisis by providing welfare services starting with the needs that providers deem as more urgent, for example food. Yet children can have different priorities altogether. Some young people who have been invited to express their views consider the consequent lack of emotional support and guidance even more harmful than inadequate nutrition (UNICEF 2003(b): 274).

The report by UNAIDS (2001:110) states that in every country, stability and good progress depend on social cohesion. Bringing up orphans and vulnerable children in a society with increased political alienation and reduced social networking may lead to social breakdown, increase in crime and much conflict with the law. These orphans and vulnerable children can end up being recruited into all sorts of illegal activities with the promises of food, alcohol and drugs as well as providing a sense of family.

According to Steinitz (1998:15), inadequate attention to the basic human needs in the care of orphans and vulnerable children in the current situation threatens to seriously undermine improvement in the situations of orphans and vulnerable children in Namibia. There is a need to respond to the growing problems, as the future survival

and success of orphans and vulnerable children depends on the collective and comprehensive efforts.

Article 27 of the Convention on the Rights of the Child (CRC) entitles children to a standard of living that is adequate for their “physical, mental, spiritual, moral and social development” (UNICEF 1995:8). This approach recognizes children as rights holders and not merely as recipients of services or beneficiaries of protective measures (ibid: 8).

The family, regardless of the structure, is an important unit in society for fulfilling the fundamental basic human needs of children and for enabling them to develop to their highest potential. Basic human needs go beyond just food, water and shelter, they include both physical elements needed for human growth and development, as well as all those things humans are innately driven to attain (Platt and others 2004:8).

UNICEF’s Report (2000:7) on growing up alone reported that “for every child orphaned by AIDS, there are several others about to be orphaned or nursing ill parents, or already acting as primary carers of younger siblings. Many suffer the isolation of fear surrounding the virus, hiding the secret of HIV-in-the family in case they are shunned by friends and neighbours. Even before they become orphans, thousands of children are effectively “growing up alone” because of the shame and stigma which surround the disease”.

The children are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, of playing, learning and

growing. Their future should be shaped in harmony and co-operation. Their lives should mature gradually as they broaden their perspectives and gain new experiences, but for many children the reality of childhood is altogether different (UNICEF 1990: 20).

The UNAIDS / UNICEF study (1999: 19) on Zambia showed that 32% of orphans in urban areas were not enrolled in schools as compared with 25% of non-orphaned children. Often emotionally desperate, orphaned children are more likely to be sexually abused and forced into exploitative situations such as prostitution as a means of survival.

The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS (UNAIDS/UNICEF 2004:5) showed that by 2010 the number of children orphaned by AIDS alone globally is expected to exceed 25 million. The same study also showed that families and communities are the first line of response to the crisis. They have reacted with tremendous resilience and compassion, absorbing orphans mainly within the extended family system. Yet, there is growing evidence that families are increasingly struggling under the strain and failing to provide fully for their children's needs. Households headed by women and elderly persons, who are already at the edge of poverty, most stretch their meagre resources further to accommodate additional children. An increasing number of households are made up of children alone who are left to fend for themselves.

The USAID / UNICEF & UNAIDS Report (2002:4, 5) emphasises that the impact of AIDS on children as being both complex and multifaceted, with children suffering psychosocial distress and increasing material hardship. They may be pressed into caring for ill and dying parents, required to drop out of school to help with farming or household work, or experience declining access to food and health services, and many are at risk of exclusion, abuse, discrimination, and stigma.

UNICEF (2002:13) stated that HIV/AIDS catches children in two ways. They must support themselves and their families, often under the pressure of serious poverty, thus many are forced out of school just when they most need to prepare for their own futures. Girls are often the first to drop out, which not only undermines their own health and well being, but also that of the next generation.

In the SADC Region each and every country endeavours to respond to the crisis of orphans that is aggravated by HIV/AIDS. Botswana, Malawi, Zambia and Zimbabwe are among the top ten most affected countries in the world. The study conducted by UNAIDS / UNICEF (1999:7-29) highlighted the responses to the crisis set in motion by the countries mentioned above as follows:

“In *Botswana*, HIV/AIDS is threatening to wipe out hard won gains achieved in social development and child health, nutrition and education. In 1999, projections indicated for the year 2004 that AIDS will be responsible for 64 per cent of deaths of children under five years of age in the country. The rate at which children have been orphaned in Botswana has quadrupled in just three years between 1994 and 1997. By

the end of 1997, around 4 per cent of Botswana's children under 15 had become orphaned by AIDS. A national Orphan programme was established in April 1999, and is run by various government departments, NGOs, CBOs and the Private Sectors and the objectives are to review and develop policies, build and strengthen capacity, provide social welfare services, support community-based initiatives and monitor and evaluate activities. The programme's major goal is to develop a comprehensive National Orphan Policy; based on the Convention on the Rights of the Child. A number of existing laws that address issues of child support, paternity, custody, financial support and guardianship are being reviewed or amended."

To assist policy makers in their planning, Botswana's Ministry of Finance has developed a way to model the impact of the epidemic on population growth and structure, social services and economic activity. The model was aimed at providing the Government with a clearer picture of the numbers of children requiring care and their needs. All organizations aim to integrate families and community support projects into larger programmes dealing with health, education, agriculture, water and sanitation. The Government of Botswana does not support institutionalisation of OVC and it encourages extended family to absorb these children as in the past. Caretakers for OVC in Botswana are predominantly women.

Nationally, 47 per cent of households are headed by women, most of whom are single, and female-headed households make up the majority of all households living in poverty. A number of NGOs and CBOs have taken the lead to support these extended and foster families, including Child Line Botswana, Botswana Christian

Council, Botswana Christian AIDS Intervention Program and Tirisanyo Catholic Mission. These organizations provide services in communities throughout the country, ranging from family counselling and day care for orphans to providing for basic needs such as food, clothing and education (UNAIDS/UNICEF 1999:8).

There is an Orphan Trust in Botswana called 'Bobirwa' to which the government has contracted the services. The trust is made up of community volunteers and local extension staffs who are Government employees that include social workers, family welfare educators, home based care coordinators and the sub-chief. These officials register orphans through home visits, schools and churches. They also screen orphans, initiate community-based foster placements and do referrals to the Council of Social Welfare and Community Development Department. Orphans in need are always provided with food, clothing blankets, toiletries, counselling, day care services, toys, bus fares to and from schools, school uniforms and other needs.

Interestingly, in *Malawi* the same study (UNAIDS/ UNICEF, 1999:9) suggested that "over 25 percent of women attending antenatal clinics in the urban centres of Blantyre and Lilongwe, test HIV positive, and girls aged 15-24 are six times more likely to be sero-positive than boys of the same age. The AIDS crisis has had a crippling impact on the country's children. By the end of 1997, 6 per cent of children under the age of 15 in Malawi were orphans. It was recognised early on that because communities are in the best position to assess their own needs, they would play an important role in addressing the AIDS orphan crisis. One of the Government's main strategies, therefore, has been to promote and support community-based

programmes. As early as 1991, the Government of Malawi established a National Orphan Care Task Force – made up of national and district representatives from the Ministry of Gender, Youth and Community Services; the National AIDS Control Programme (Ministry of Health and Population) ; NGOs; religious organisation and UNICEF – is responsible for planning, monitoring and revising all programme on orphan care. The guidelines serve as broad blueprint to encourage and focus sub-national and community efforts. Over the years, the guidelines have been revised and have guided many of the local and district efforts to support orphans. The Government will use the lessons learned from these initiatives to develop a National Orphan Care Policy. The Task Force has also established a subcommittee that is reviewing existing laws and legal procedures to provide greater protection to vulnerable children. Recommendations for modifying several laws to protect orphans have been submitted to the Ministry of Justice. These laws include the Wills and Inheritance Act, the Adoption Act, the Child and Young Persons Act and the Foster Care Act. A shortage of lawyers in the Ministry of Justice, however, has significantly delayed this process”.

In 1992, the Government of Uganda and NGOs advised Malawi’s National Orphan Care Task Force to develop guidelines for the care of orphans which includes; community-based programmes expansion of formal foster care, recording of the next of kin by the hospitals for easy tracing of relatives, improved registration of births and deaths , protection of property rights of orphans , self-help groups NGOs to come up with community-based care, all OVC to be assisted without discriminating on gender, religion or cause of parents death and lobbying for donors support . In all

those services the Ministry of Gender, Youth and Community Services has to play a leading role and ensure continuous planning, monitoring and revision of programmes and policies.

In Malawi children in need are followed up. Community health workers monitor their growth and health status. The capacity of CGOs has improved with the assistance of the district authorisation which trains caregivers on childcare, income generating activities and psychological support to OVC and their guardians.

Anti-AIDS clubs have also been created to educate communities about HIV/AIDS transmission and prevention, as well as to address the needs of those infected with the virus. Many NGOs and community-based organisation work closely with government ministries and district authorities to plan and carry out orphan programmes. Most extension workers from different ministries are member of the community Orphan Care Committees and provide support through various activities. Social welfare workers have a school social work programme that also looks at ways to support needy orphans in school.”(UNAIDS/UNICEF 1999: 11)

*Zambia* has also reacted to the situation. After Uganda, Zambia has the world `s highest proportion of children orphaned by AIDS. By the end of 1997, some 360, 000 children – 9 per cent of the children under 15 – were orphaned because of AIDS, and the numbers are increasing rapidly. Families already worn out by widespread and extreme poverty are stretched beyond their capacity. About 80 percent of the country’s rural population is considered to be living below the poverty line, more

than 50 percent of children are chronically malnourished and large numbers of families are forced to ration food. It has been estimated that 42 percent of all young Zambian children suffer from stunted growth (UNAIDS/UNICEF 1999: 17).

The crisis is crippling the Government's ability to provide services, while at the same time increasing the demand for them. Among all African countries, Zambia's Primary Health Care System was rated as the best administered and thought to be well decentralised, but now it is faced with poverty, external debt obligations and heavy demand on health services due to HIV/AIDS.

Zambia does not provide free primary education to children. With high national poverty rates, parents and guardians are finding it increasingly difficult to pay for the school fees, uniforms and books needed to send their children to a government school. A study in urban areas revealed that 32 percent of orphans are not receiving formal schooling, compared to 25 per cent of non-orphans; in rural areas, the figures for children not enrolled in school were a staggering 68 per cent of orphans in comparison to 48 per cent of non-orphans (UNAIDS/UNICEF 1999: 17).

There is a community-based Orphan Support Programme (CBOSP) at Chikankata Salvation Army Mission Hospital, a pilot programme, started in two communities in 1995 and expanded in 1999. This programme is meant to strengthen the communities' capacity to address the growing number of orphans and to create awareness about the problems these children face. It provides education and health services; facilitates local income-generating projects; conducts HIV/AIDS awareness

and prevention among vulnerable children and links up local communities with agencies working with orphans outside the community. The hospital provides technical support and training for Care and Prevention Teams (CPTs) that consist of community members, chiefs, farmers, teachers and businessmen. These are the focal points for community responses to all HIV/AIDS-related matters. They are responsible for identifying and care for those who are infected with HIV; help mobilise resources; coordinate activities with local partners and train community volunteers. In addition to CPTs, local Children in Need (CHIN) Committees were also formed, responsible for registering OVC, conduct home visits for need identifications and organize income-generating activities.

Although NGOs, CBOs, churches and other volunteer organizations are making significant contributions in strengthening local communities (UNAIDS/UNICEF 1999: 20) further reports that they have a long way to go before making an impact nationally. “First, their responses are not consistent and there is little coordination between them. Second, Government involvement is severely limited at the present time. Third, the funding is totally inadequate to address the issue at a large scale. Finally, institutions are overwhelmed responding to immediate needs of these children and families. With little funding and relying heavily on volunteers, many are stretched almost to breaking point. They have few resources to analyse what is working and what is replicable, much less to scale up efforts”.

Zimbabwe is also one of the worst affected by HIV/AIDS epidemics in the world. “Currently, 26 per cent of all adults are infected with HIV, according to figures from

the National AIDS coordination Programme (NACP). The UN Population Division has projected that in the years 2000-2005, half of all child deaths in the country will be due to AIDS. As Zambia, by the end of 1997, there were some 360,000 children orphaned by AIDS -7 per cent of all children under 15 – and the likely hood is that many more children will share this face” (UNAIDS/UNICEF 1999: 21).

The Government of Zimbabwe developed a National Policy on the Care and Protection of Orphans in 1995, which was finally approved by cabinet in May 1999. The Policy does not support institutionalisation of orphans. By the mid 1990s, the Department of Social Welfare had begun piloting three models of Community- based Orphan Care: a rural-urban and commercial farm model. Today, 30 communities are at various stages of implementing the three models. Zimbabwe’s Community-based Orphan Care Project has phases such as assessing the situation, increasing awareness of the problems affecting AIDS orphans and children in need of special protection and strengthening communities (Ibid:21).

Zimbabwe `s orphan Policy on Care and Protection of Orphans was drafted in 1995, but its approval was delayed due to financial implications of the policy on the national budget. The Cabinet finally approved the policy in May 1999 and, according UNAIDS/UNICEF (1999: 22), its main tenets include:

- Care of orphans in institutions should be only a last resort and should be temporary.
- All children, including orphans, should receive education, and there should be laws and guidelines to enforce this right.

- The property rights of orphans should be safeguarded by legislation.
- The care and protection of orphans must comply with the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

Local government, communities themselves and non – governmental organisations are working together at local level on the implementation of the national policy.

#### **2.4 Chapter conclusions**

In the context of the above theoretical frameworks the paper looks at the work of Namibia `s Ministry of Gender Equality and Child Welfare to determine whether it caters for OVC needs as entrusted to it. Related literature was also reviewed to acquaint the researcher with various opinions on the issue of orphans and vulnerable children in the Oshana Region. Different countries' responses to the crisis were also reviewed for familiarisation on policies of other countries in the SADC region. This was done with the aim of identifying shortcomings and recommending possible remedial steps.

## **CHAPTER 3**

### **LEGAL AND POLICY FRAMEWORKS**

#### **Introduction**

Legal and policy frameworks are the guiding tools for any programme /activity. Hanekom (1995:7) defined policy as “an indicative of a goal; a specific purpose; a programme of action that is decided upon; a formally articulated goal that the legislator intends pursuing with society or with a societal group; a desired course of action to achieve particular goals; a mechanism employed to realise societal goals and allocate resources.”

Therefore, in terms of care and support to orphans and vulnerable children these are the directives that ensure provision of proper services to orphans and vulnerable children of Namibia and the Oshana Region in particular. The chapter looks at international, national and ministerial instruments that are put in place and advocating the care and protection of orphans and vulnerable children in Namibia.

#### **3.1 The Convention on the Rights of the Child**

Namibia ratified the Convention on the Rights of the Child on 2 September 1990, just nine months after its adoption by the United Nation (UN) General Assembly. The ratification of the Convention on the Rights of the Child by Namibia’s Parliament received wide news coverage. It was both preceded and followed by efforts to raise public awareness of the Convention through a variety of channels.

The Convention has been a centrepiece of many of the conferences and workshops on children`s issues in Namibia (UNICEF 1993: 7).

The Convention on the Rights of the Child (CRC) requires states to develop National Programmes of Action (NPA) for children through which government and development partners such as the United Nations and Non-Governmental Organisations (NGO), put together human and material resources on national, district and community levels to respond to the needs of children. Namibia was among the first countries to adopt a NPA for children in 1999 (MWACW 2004:2).

The NPA has been made part of Government planning and was incorporated in the first and second National Development Plan (NDP 1 and 2).

Immediately after the ratification, the national ombudsman for children was recommended to conduct the monitoring and to be assisted by regional representatives. In Namibia, the United Nations Children`s Fund (UNICEF) has made tremendous contributions towards the implementation of the Convention.

### **3.2 The Constitution of the Republic of Namibia**

The Constitution is the Supreme Law of Namibia which is enforced by an independent judiciary. As a newly independent country, Namibia as a country faces many challenges in making the rights of children a meaningful reality for all the children of the nation, including those of the Oshana Region. The legacy of apartheid and colonialism cannot easily be erased as it has negatively affected the minds of many, but Namibia has made progress in its short history as a sovereign country.

The Namibian Constitution (Art 15 (1)) recognises the best interests of the child as the primary guiding principle in family matters by providing that children have the right from birth to know and be cared for by their parents, subject to legislation enacted in the best interests of the child (UNICEF 1993: 11).

The Namibian Constitution received worldwide recognition for its protection of fundamental human rights and freedom which are meant for everybody, including orphans and vulnerable children irrespective of age. The Constitution provides for an independent ombudsperson to mitigate complaints regarding the violation of constitutional rights and freedoms and take action accordingly. In 1990 the Government put forward its policy statement on children with specific goals in health education and improvement of general living standards to ensure adherence to the Conventions on the Rights of the Child as agreed upon.

In 1990, Namibia adopted the World Declaration for the Survival, Protection and Development of Children and its plan of action, additionally to the United Nations Convention on the Rights of the Child, in all to exclude deviations from the principles of these policy instruments and to serve in the best interests of the child.

The Namibian Constitution does not contain a clear-cut definition of the Child, but applies various protections to children of various age groups. For an example, children under the age of 16 enjoy constitutional protection against economic exploitation and hazardous employment at all levels. The Constitution makes education compulsory until the age 16 or until the completion of primary education, whichever comes first [(Article 20 (3)]. Therefore, orphans and vulnerable children's

programmes under the Ministry of Gender Equality and Child Welfare have roots in the Constitution of the Republic, trying to turn policy statements into realities.

### **3.3 National Policy on Orphans and Vulnerable Children (NPOVC)**

This policy is initiated by the Ministry of Gender Equality and Child Welfare to give guidance on how to go about caring for orphans and vulnerable children in Namibia.

The National Policy on OVC came into being in order to improve coordination and organisation among various stakeholders on issues pertaining to OVC, from community level to national level. It serves as a foundation for caring of children affected by HIV/ AIDS, as well children in need of care and protection.

The former Ministry of Women Affairs and Child Welfare (today Ministry of Gender Equality and Child Welfare) was entrusted with ensuring the legal care and protection of children as per the said policy. It is further committed to ensuring the provision of adequate care and protection for all orphans and other vulnerable children and to providing leadership for the implementation of the policy on orphans and vulnerable children (MWACW 2004:3). Government is committed to minimising the number of children orphaned by AIDS as well as the impact of HIV and AIDS on orphans and other vulnerable children, and to reducing the vulnerability of orphans and other vulnerable children to HIV infection (ibid:3). The policy is developed in order to ensure that orphans and vulnerable children have access to education, health services, psychosocial support, clothing, shelter and nutrition. It is further aiming at alleviating child poverty, improving access in rural and marginalised communities and ensuring research and multi-sectoral collaboration.

The National Policy on Orphans and Vulnerable Children is guided by the LUSAKA principles and the goals as stipulated in the United Nations General Assembly Special Session (UNGASS) Declaration on HIV/AIDS as follows: (MWACW, 2004:5)

1. “The best interest of the child
2. Political leadership and commitment
3. Multi-sectoral approach and partnership
4. Promotion and protection of human rights
5. The right to survival, life and development
6. The right to express views and have them taken into account
7. HIV prevention, treatment, care, support and impact mitigation
8. Good governance, transparency and accountability
9. The best solution for orphans and other vulnerable children close to home”

As per the (MWACW 2004:6) the Policy has provisions to:

“Strengthen and support the capacity of families, social networks, neighbourhoods and communities to protect and care for orphans and other vulnerable children. Stimulating and strengthening community based responses. Ensuring that government protects and provides essential services to the most vulnerable children. Strengthening the capacity of children and young people to meet their own needs. Creating an enabling environment for affected children and families”.

Through a Cabinet directive the Government has established a Trust Fund for Orphans and Other Vulnerable Children to cater for the needs of OVC under the Ministry of Gender Equality and Child Welfare. OVC have to be registered for social grants through the Ministry to be able to access the services. All Government and non-governmental institutions are called upon to budget for the interventions, hence multi-sectoral collaboration. Government has to ensure collaboration with donors, United Nation agencies, international organisations, faith-based organisations and the private sector to assist in a crisis of OVC, and to further ensure the establishment of proper structures and to decentralize services to Regions, Districts and community levels.

The implementation of the policy needs to be properly monitored and evaluated in order to detect where it has not been properly followed in accordance to the rules and regulations. The policy has also to be reviewed regularly to ensure its applicability to current changing situations.

#### **3.4 The Ministry of Gender Equality and Child Welfare's Strategic Plan**

The strategic plan is developed with the aim of guiding the Ministry of Gender Equality and Child Welfare for the period 2005-2011. It serves as a guiding tool for the implementation of different activities the Ministry is undertaking, directs resource utilization, ensures proper coordination and avoids duplications within the whole system of the Ministry. The Ministry is mandated to ensure gender equality and equitable socio-economic development of women, men and children. Its vision is a society of equal opportunities for all. The Ministry's mission is to create and

ensure an enabling environment in which gender equality and the wellbeing of children can be realized.

**3.4.1 Objectives related to Orphans and Vulnerable Children as stipulated by the strategic plan (MGECW 2005: 48)**

To improve access of services to orphans and vulnerable children in rural and marginalized communities. To ensure effective implementation of policies, legislation and programmes with regard to children. To ensure the collaboration and coordination of services and programmes to OVC and their caregivers.

**3.4.2 Objectives related to Early Childhood Development (ECD) as stipulated by the plan (MGECW 2005: 43)**

To promote the establishment of affordable quality care community-based IECD centres and services for children from 0-6, including orphans and vulnerable children. To ensure the implementation of the integrated early childhood policy and community development programmes.

**3.5 National Early Childhood Development Policy (NECDP)**

The Ministry of Gender Equality and Child Welfare is also charged with the responsibility of children aged 0-6, under its division of Community and Early Childhood Development. This division concentrates mainly on Early Childhood Development (ECD) programme. Early childhood programmes have close links with orphans and vulnerable children due to the fact that among these children, one finds orphans and vulnerable children.

The National Early Childhood Development Programme is developed with an aim of defining Namibia's position with regard to Early Childhood Development programmes.

It is concerned with the issues of young children's development and educates the public on the importance of creating a stimulating and supportive environment for children (MRLGH 1996: 9). The Policy establishes the position of early childhood programmes in relation to national development priorities and defines the roles of Government, churches, non-governmental organisations, the private sector and parents in provision of early childhood development programmes in the whole of Namibia.

The National Early Childhood Policy will strive to (MRLGH 1996: 26):

- “Consolidate existing laws, programmes and activities related to early childhood development for the maximum benefit of all children, particularly those in rural areas and those living in difficult circumstances.
- Bring together the sectors involved in early childhood programming, providing them with a framework within which to take action, and allowing the coordination of efforts.
- Clarify the roles, responsibilities and relationships between Government, non-governmental agencies, churches, NGO's, the private sector, communities and families for the betterment of children's lives.
- Mobilize and allocate resources for early childhood development programmes within the Government and from others.

- Provide guidelines and standards for those wishing to develop quality ECD programmes.”

The National Early Childhood Development Policy’s underlying principles recognize that the support of the child’s health, growth and development lies within the family and that early childhood development programmes have to be developed and expanded through partnership.

### **3.6 Chapter conclusions**

The chapter introduces the reader to various policy instruments with the aim of looking at the expected role of the Ministry of Gender Equality and Child Welfare. Whether the programmes are conducted as stipulated by national and international frameworks remains a question to be answered later when the situation on the ground is examined as advocated by Chen (1990) and Hanekom (1995) earlier in the text.

## CHAPTER 4

### SOCIAL SUPPORT PROVISION TO OVC IN THE OSHANA REGION: GOVERNMENT AND STAKEHOLDERS RELATIONSHIP

#### **Introduction**

The relationship between Government and various stakeholders on Orphans and Vulnerable Children issues is vital in the whole exercise. One can look at the society in the Oshana Region by applying the views of Lawton and Rose (1994:52) on the system theory who perceives a “system as an organised unitary whole composed of interdependent parts or subsystems and with boundaries separating it from its environment and other systems.” The Oshana Region appears to be a system with different stakeholders as subsystems which are interdependent within the framework of institutional differences. These organisations enforce and complement one another for the benefit of the whole OVC population in the Oshana Region. When they work together it helps to avoid the duplication of activities, complement each other, fill the gaps and ensure proper coordination.

The term “stakeholders” is not always clear. Carol, Forrest and Renee (1997:32) define it as the term typically used to define persons or groups who have an interest in or could be affected by an issue or a situation. It should also include persons or groups who perceive themselves as affected, such as elected officials, local business organisations and local environment organisations. Therefore, this chapter looks at different organisations (governmental, non-governmental, regional and local authorities) that are expected to be involved in the care of orphans and vulnerable children in the Oshana Region.

#### **4.1 The Ministry of Gender Equality and Child Welfare (MGECW)**

The Ministry is charged with legal care and protection of all children in Namibia including orphans and vulnerable children of the Oshana Region. The Ministry of Gender Equality Child Welfare through the Trust Fund of OVC as approved by Cabinet, administers different types of grants as follows:

##### **4.1.1 Maintenance grant**

This is money paid to the biological parent of the child where the family has no income or income under N\$500 per month. This grant is given in case the other parent of the child has died, is in prison or receives any other social grants/pension (old age or disability) from the state.

##### **4.1.2 Special maintenance grant / Disability grant under 16 years of age**

This grant is given to any child with disability under the age of 16 years as confirmed by the state medical doctor. When the child reaches the age of 16 years, the responsibility of the grant goes to the Ministry of Health and Social Services.

##### **4.1.3 Foster Care Grants**

This type of grant is given to children who have lost both parents and are cared for by the foster parent as stipulated by Section 31(1) (b) of the children's Act (Act No.33 of 1960) (MGECW 2006: 2). It further refers to money given to the person who is legally taking care of the child in need of care as stipulated by the commissioner of child Welfare.

An amount of N\$200 is paid to the first child and only N\$100 to any additional child except for the disability grant under 16 years of age. The grant ceases when the child dies, reaches the age of 21 years, leaves school or reaches the age of 16 years in case of the disability grant for children under 16 years of age.

#### **4.2 The United Nations World Food Programme**

Commitment to the best interest of the child as generated from the United Nation Conventions on the Rights of the Child is further highlighted in Namibia, when the United Nation World Food Programme felt the need of Orphans and Vulnerable Children in Namibia, and together with the Ministry of Gender Equality and Child Welfare signed a memorandum of understanding to provide food assistance, supplementary feeding and micro projects, promoting food security for OVC in the six northern regions including the Oshana Region. The World Food Program is distributing food with the assistance of implementing partners such as Catholic Aids Action in the case of the Oshana Region.

#### **4.3 Non-Governmental Organisations (NGOs) and Community-based Organisations (CBOs)**

These are very important stakeholders when it comes to the issue of OVC; they include private entities, faith-based organisations and organisations initiated by communities themselves.

#### **4.3.1 YELULA - a joint Alliance 2015 project**

YELULA means “lift up” in Oshiwambo. The name reflects the energy, drive and spirit which exist in all of YELULA’s activities. The project is the product of a collaboration of six European NGOs that formed *Alliance 2015*, aiming at achieving the UN’s Millennium Development Goals (MDG), and specifically focusing on HIV/AIDS which is recognized as one of the main causes of poverty and injuries in southern Africa (YELULA 2006: 2). YELULA started its operations in 2004 and works with groups at local levels, trying to enhance organisational and leadership capacity at all levels. It also seeks to promote new and effective methods of HIV prevention in order to support basic human rights principles applicable to HIV / AIDS sufferers, helping to secure access to both care and treatment in the Regions of the north (ibid:3).

YELULA works with communities and individuals in rural northern Namibia in order to strengthen their financial resource base as well as to support the vision they subscribed to in responding to the HIV and AIDS pandemic that is threatening. The implementation includes various programmes such as networking, training, mentoring, sponsoring and outreach. At the centre of its work, the project adopts an approach that listens and attends to the needs, aspirations, knowledge and experiences of the local people who are beneficiaries to the service they provide. The organisation works at the grassroots level under the guidance of and together with people living with HIV and AIDS, who know better the type of service they would like to have. YELULA is commended by many in the Oshana Region and is at the forefront of the response to the HIV/AIDS epidemic in northern Namibia.

In terms of orphans and vulnerable children, Y<sub>ELULA</sub> gives financial support in the form of grants to community-based organisations that are involved in the care of OVC and their trainings. They serve as a facilitating agency and not as an implementing institution for the programmes. Y<sub>ELULA</sub> and the Ministry of Gender Equality and Child Welfare are partners, but their communication needs to be improved.

#### **4.3.2 Project Hope**

This project aims at strengthening the capacity of families looking after Orphans and Vulnerable Children in the Oshana Region. The organisation has established community networks linking the relevant families and tries to improve the economic status and the quality of life of all families caring for OVC. Components of Project Hope's care include safety and security; education; health; food and nutrition; psycho-social support (PSS); human rights; duties and responsibilities. Project Hope provides women who are caring for orphans and vulnerable children with access to micro credit (loan) that ranges from N\$200 to N\$500 (Project Hope, 2006:2). This type of credit has to be repaid every fortnight for a period of five months (10 instalments).

Future loans may be considered and even a higher amount may be credited as long as the recipient has shown the ability and commitment to repay the first loan. The project provides training for Orphans and Vulnerable Children and to their care givers (guardians; parents), enabling them to cope with their respective situation.

The organisation wants to expand their services to other regions in the future depending on the availability of resources. Project Hope and the Ministry of Gender Equality and Child Welfare maintain good relations and frequently communicate to each other.

#### **4.4 Faith-based Organisations**

A study conducted by UNICEF and the World Conference of Religions for Peace draws attention to the roles of faith-based responses to HIV/AIDS in six African countries. It surveyed Kenya, Malawi, Mozambique, Namibia, Swaziland and Uganda. The study argues that despite some negative perceptions of their role and impact, faith-based organisations (FBOs) are among the most viable institutions at both local and national levels and have developed experience in addressing the multidimensional impact of AIDS and its particular impact on children (UNICEF, 2003).

##### **4.4.1 Catholic Aids Action (CAA)**

Their 2006 report states that in August 1998, Catholic Aids Action (CAA), a faith-based organisation, was launched in the courage to fight and the strength to care; CAA is under the umbrella of the Namibian Catholic Bishops Conference (NCBC). In 2002, Catholic Aids Action started its operations in the Okatana Mission (Oshana Region), the Oshikuku Mission (Omusati Region) and the Tonateni Multipurpose Centre in Oshakati. For the purpose of this study, the author is only focusing on the services provided by the Catholic Aids Action in Okatana and the Tonateni Multipurpose Centre which are located in the Oshana Region.

CAA provides the Home Based Family Care (HBFC) service to all clients registered with them in their own homes. The organization has recruited volunteers to provide the services and is continuously involved in the campaign against the spread of HIV/AIDS, including the fight against the stigma society attaches to it.

In orphans and vulnerable children programmes, Catholic Aids Action plays an active role through providing assistance to children living in difficult circumstances. (see also Table 1 below).

The faith-based organisation started registering Orphans and Vulnerable Children in 1999 for Psycho–Social Support (PSS) through home visits, fun days and seasonal parties.

According to CAA (2006: 2), the organisation provides the following services:

- Material and financial assistance, e.g. school uniforms, old clothes and food;
- Assisting children to acquire legal documents, and giving information to the respective caretaker on the importance of these documents;
- Ensuring that children participate in the national and regional conferences on OVC.

At the Tonateni Centre, a soup kitchen is run serving 162 needy children and 25 adults living within a walking distance (ibid:3) which is provided for five working days per week. The children receive an after-school programme as part of their

psycho–social support. The programme helps children to complete school home work and provides extra-mural activities for entertainment.

Catholic Aids Action was also selected as an implementing agency for the distribution of food as part of the Government World Food Programme that is administered by the Ministry of Gender Equality and Child Welfare for 2006 / 2007.

**TABLE 1: CAA SUPPORT TO OVC IN THE OSHANA REGION BY ITEM AND CENTRE (01-06 / 2006)**

<b>OFFICE</b>	<b>NUMBER OF CHILDREN</b>	<b>SCHOOL UNIFORM</b>	<b>FULL SECONDARY SCHOOL SUPPORT</b>	<b>MATERIAL SUPPORT</b>
Okatana	2700	1208	15	878
Tonateni Centre/ Oshakati	202	112	-	11
<b>Total</b>	<b>2902</b>	<b>1320</b>	<b>15</b>	<b>889</b>

Source: CAA Oshana and Omusati Activity Briefing (2006: 2)

Pertaining to their relationship with the Ministry of Gender Equality and Child Welfare, CAA continues proving itself as a reliable partner, especially in the distribution of food for the World Food Programme. Their relationship is more enforced by the World Food Programme that they run together and not necessarily by the issue of Orphans and Vulnerable Children in general. It may be noted that the members of the said partnership need to reconsider their level of assistance to Orphans and Vulnerable Children.

#### **4.4.2 Church Alliance for Orphans (CAFO)**

CAFO is Namibia's national inter-faith networking organisation founded in 2002 by the Council of Churches in Namibia (CCN). This organisation is dedicated to the development and sustainability of support programmes for OVC in their respective communities. The Alliance aims at helping all churches and faith-based organizations in Namibia that are caring for Orphans and Vulnerable Children. It provides training in psycho-social support to caregivers, conducts counselling for family members, and renders direct support for OVC in the form of grants through their member organizations. Communication between CHURCH ALLIANCE FOR ORPHAN'S and the Ministry of Gender Equality and Child Welfare is quite good.

#### **4.4.3 Four Square Church's AIDS Care Prevention Project**

This faith-based organisation, called Ongwediva AIDS Care Prevention Project is engaged in providing food, religious education and social support to OVC. The members believe that educated OVC will contribute to the attainment of Vision 2030. The organisation keeps good relations with the MGECW and the Ministry has even provided them with application forms for grants.

### **4.5 Regional and Local Authorities**

#### **4.5.1 Oshana Regional Council**

The Oshana Region which has ten Constituencies and covers 5 291 km<sup>2</sup> is home to approximately 162 000 people (ca. 54 % female). Urban services and amenities in the major centres: Oshakati, Ondangwa and Ongwediva have likely contributed to the highest population density in the northern central area of Namibia (NPC 2001: 2).

Some of the Oshana Regional Council's objectives are to ensure efficient and effective service delivery within the Region and to address the socio-economic impact of HIV/ AIDS throughout the Region by empowering individuals, families and community members with knowledge and skills for prevention, home based care and self-protection in order to reduce the transmission of HIV/AIDS (ONARC 2006:2). There is a Regional Aids Coordinator who deals with HIV/AIDS in general. Despite those objectives the Council does not have a specific programme on OVC, and, as a sub-national government, it coordinates delegated functions of the Ministry of Gender Equality and Child Welfare which is a lead agency to orphans and vulnerable children programmes. The Oshana Regional Council supports the current program of the Ministry of Gender Equality and Child Welfare as it feels strongly that the exercise contributes to the human capacity of the Region that is required to enhance the socio-economic development of Namibia and the Oshana Region in particular.

#### **4.5.2 Oshakati Town Council**

Oshakati lies at the centre of the central northern area and as such enjoys the status of a second 'capital', as the largest group in the northern regions of the country lives there. According to the Population and Housing Census (NPC 2001:15), Oshakati has a population of 42,649, is the urban centre that offers all key services such as; the Regional Council, Regional hospital, Government Institutions Pension Fund (GIPF), Social Security Commission (SSC), the Central Bank and Regional Court to the people of the four Northern Regions i.e. Oshana, Omusati, Oshana and Oshikoto.

Though the Town Council organises Christmas parties and presents gifts sometimes to OVC in the Oshakati Hospital, it does not feel the need for an OVC programme as it is not their mandate to do so and they are not aware of the OVC needs and policy in place. The Town Council further recommends that the Ministry of Gender Equality and Child Welfare needs to do more as far as campaigns and sensitizations on OVC issues are concerned in order to make organisations realise the need for assistance in the plight of OVC. The Council does not have any relationship with the MGECW at all.

#### **4.5.3 Ongwediva Town Council**

Ongwediva Town Council is situated in the Oshana Region, less than 6 km from Oshakati, the regional capital. It has an overall population of 25 000 people of which 3500 live in the informal area of the town (OTC (a) 2006: 2). As part of their social responsibility the Council initiated a multipurpose centre where OVC care is one of the components. Ongwediva is the only town that has felt the need for an OVC programme and responded to it. This has resulted from a good relationship with their customers, the inhabitants of Ongwediva.

##### **4.5.3.1 Sam Nujoma Multipurpose Centre**

The Sam Nujoma Multipurpose Centre was built by the Ongwediva Town Council in 2002 with the assistance of its sister municipalities Ardooi and Lommel in Belgium (OTC (a) 2006: 2). The Centre has many programmes such as; the support group for people affected and infected by HIV/AIDS, a Peer Education programme, an outreach to schools and the corporate world, and an OVC after-school programme

with a soup kitchen. At this Centre extra lessons are given after school to enable OVC to keep up and cope with their schoolwork.

The centre works closely with the MGECW and they value that relationship. They believe that some OVC need to have direct access to their grants, as some caretakers tend to misuse them. They recommend that the MGECW shorten the waiting period for the grants, as it now takes too long, which is a disadvantage for OVC. They are some of our future leaders, and caring for them contributes to the attainment of Vision 2030.

#### **4.5.4 Ondangwa Town Council**

Ondangwa Town is one of the three towns in Oshana Region; it has a total population of 31694 people, including both rural and urban (OTC (b) 2006:2). Although the Ondangwa Town Council is responsible for the welfare of its inhabitants, they do not have a programme for OVC, and there is no link with the MGECW.

#### **4.5.5 Uukwambi and Ondonga Traditional Authorities**

These traditional tribal authorities cover partly Oshana and Omusati Regions (Uukwambi) and Oshana, Ohangwena and Oshikoto Regions (Ondonga). Their focus is on the welfare of their respective tribes on matters pertaining to their traditions. They allocate land in communal areas, maintain peace and stability within their respective tribal authorities and solve problems and disputes which fall under the traditional authority. Though the plight of OVC is felt, they do not have a specific

program for OVC. These authorities sometimes help in emergencies, e.g. when a house is destroyed by fire which is a common concern. They get information on OVC issues over the radio but do not have a relationship with the MGECW which spearheads the programme.

#### **4.6 Chapter conclusions**

The chapter looked at various stakeholders, governmental, NGOs/CBOs, faith-based organisations, traditional, regional and local authorities within the Oshana Region. One may conclude that though the OVC issue is regarded as a national crisis, some authorities feel that it is not their responsibility to cater for them and they must be cared for by the MGECW. The MGECW needs to sensitize the different stakeholders more to be able to get the attention of various stakeholders in the plight of OVC.

## **CHAPTER 5**

### **THE IMPACT OF SOCIAL SUPPORT TO OVC: EMPIRICAL DATA ANALYSIS**

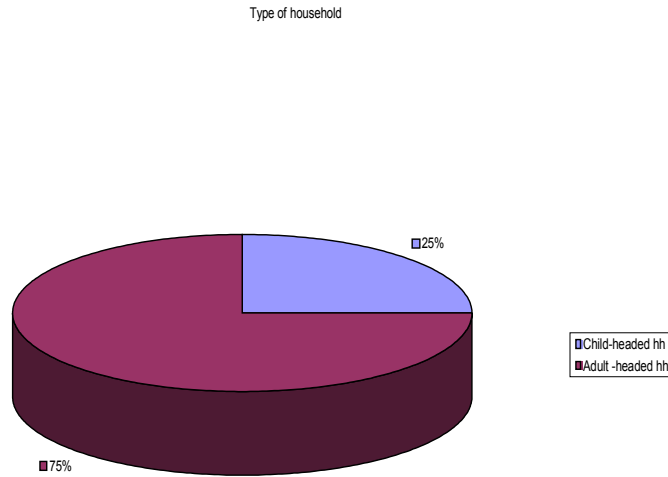
#### **Introduction**

The chapter presents the detailed interpretation and analysis of data obtained from the questionnaires (samples attached; see appendices A & B) of the study. The findings received from the analysis of the responses during the interview campaign provide a rather general insight into the situation of the OVC in the Oshana Region. Despite the fact that interpretation of the results will be individualised, no respondent's identity will be released. The interpretation of the results of the data represents individualised answers entered in the questionnaire.

#### **5.1 Analysis and presentation of data**

##### **5.1.1 Orphans Vulnerable Children Analysis**

From twenty interviewees, forty-five percent of the respondents represent the age group of 11-15, thirty-five the age group of 16 – 20, while the remaining children is the group younger than ten years of age. Two third of the interviewees are female residents of the Oshana Region, and as indicated in Figure 1, the majority (75%) of the respondents [N = 20] live in adult-headed households, 25% in child-headed households, meaning that these children have to look after themselves. Unfortunately, the analysis confirmed the assumption that girl children are too often heading households / families, revealing the burden they carry.

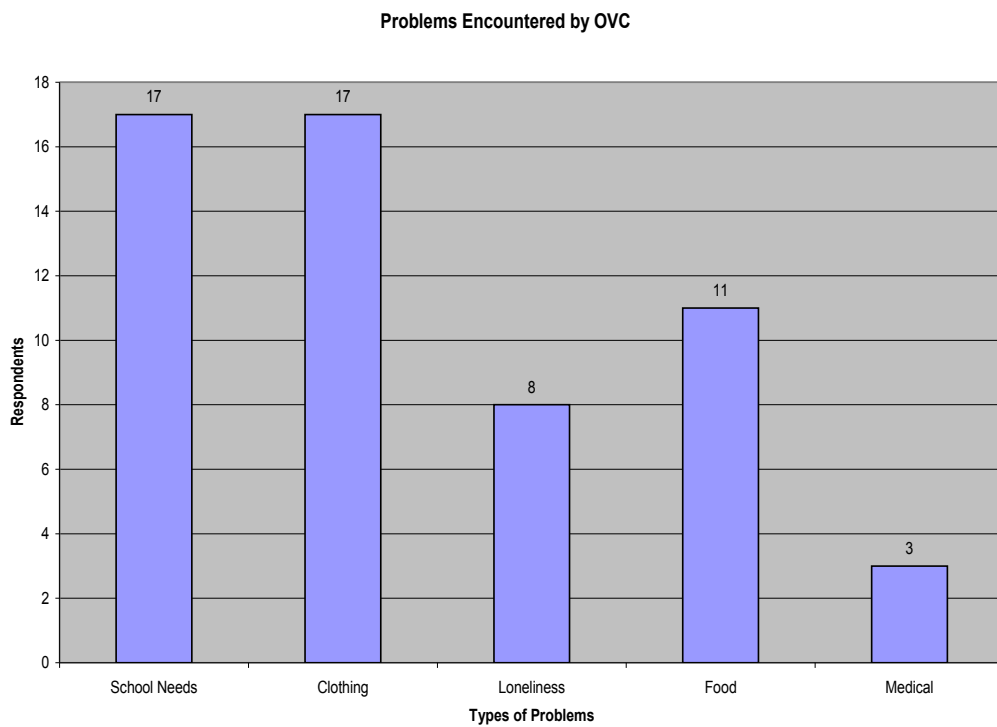
**Figure 1: Child and adult-headed households (in %)**

**Source: Own elaboration**

This burden becomes evident from the opinions expressed by the OVC that participated in the interview campaign. The respondents articulated their needs as school-related, clothing, loneliness in the absence of the biological parent(s), food and medical / illness-related. In other terms, this means a threat to the children who obviously cannot sustain their basic human needs or, from another perspective, who do not have access to these basic human needs. School-related needs and clothing appear to be the dominant needs, and they account for 35% each. The school related needs may be explained by the OVC `s pressure to conform to their peers. This may also be true for the clothing needs, especially since most help to OVC concentrates more on food and articles that are considered to be more pressing needs than food. The need for food is next at 30 %, followed by loneliness in the absence of the

parent(s) that is also felt by 24 %. This highlights the need for psycho-social support to OVC, while the remaining 6% reported sickness and medical related problems.

**Figure 2: Problems encountered by OVC**

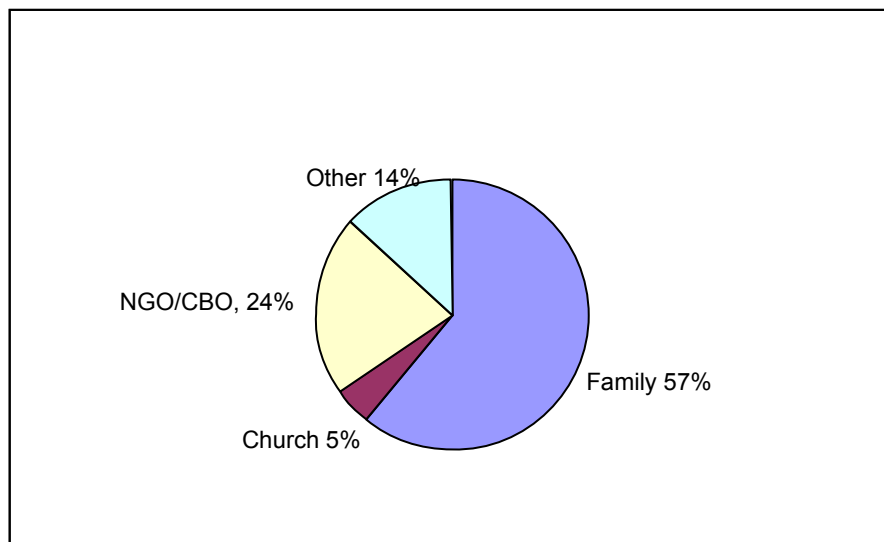


**Source: Own elaboration**

Though the extended family support is not generally as strong nowadays as in the past due to the fact that the system may not keep pace with modernity and civilisation, there appears to be a strong extended family support for the OVC in the Oshana Region as 80% of the respondents are cared for by their relatives (mainly grand parents). Some of the respondents are staying with their elder siblings who are themselves still too young to look after a family. Only one of the respondents is being cared for by a surviving parent while the remaining three respondents are cared

for by guardians who are not related to them (mainly parents' friends). Therefore, there is a demand for the society as a whole to get involved in the care for Orphans and Vulnerable Children. Increased participation by all stakeholders in the society will enable the adoption of different strategies, aimed at helping families to cope with the crisis. As indicated by Figure 3, findings revealed that the majority (57%) has the support of their families, 24% are either catered for by non-governmental or community-based organizations. The church supports (5%) of the respondents, while 14% indicated other supports.

**Figure 3: Support mechanism for OVC**



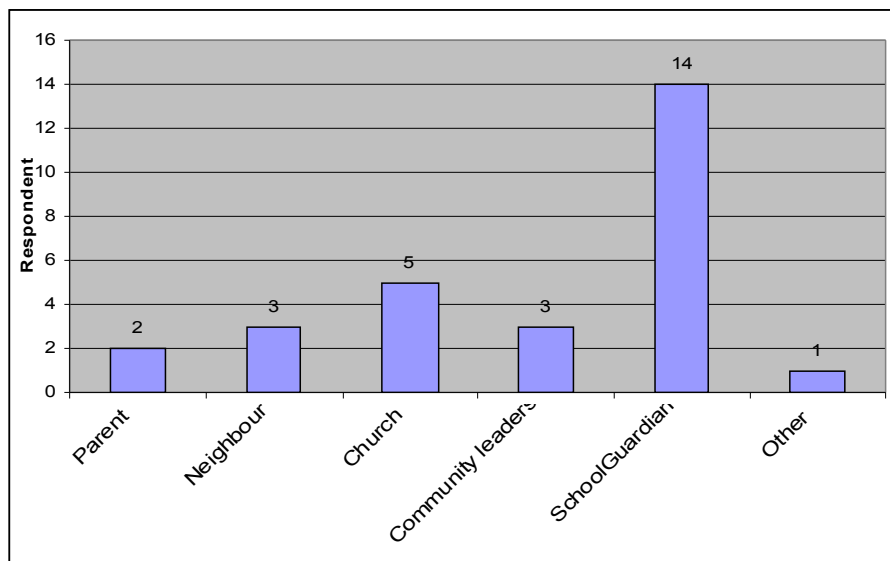
**Source: Own elaboration**

Since the support mechanisms are not always available and since these children are faced with various problems as indicated above, there is a need for them to be connected to somebody who can listen to their needs every now and then, and help them cope with their problems (see Figure 4). Many (53%) indicated that when faced

with problems, they always contact their caretakers/guardians, which is sometimes problematic to OVC who find it difficult to communicate with their caretakers. Though the majority of the Namibian society is said to be Christian, only 19% indicated contacting the church when faced with problems.

All the respondents are students, but when encountering problems, none is assisted by the school. The majority (53%) indicated that they are assisted by their families and that four percent contact their parents. Neighbours and community leaders were also found to aid OVC, each of these groups accounts for 12%.

**Figure 4: Contacts when in crisis**

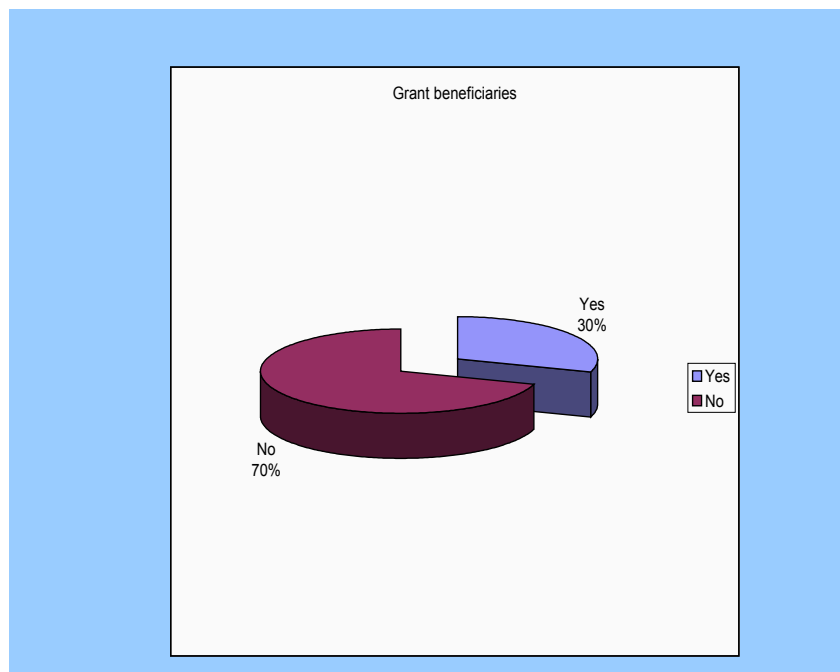


**Source: Own elaboration**

The need for assisting OVC is also felt by the government which made grants available for OVC but information on where to register for grants becomes crucial to OVC and their caretakers. The MGECW has to ensure that caregivers have access to

this information. Only 40% indicated knowing where to get registered while the rest (60%) do not have that information. The national OVC policy states clearly that each and every OVC in Namibia has to be registered for by either maintenance grant or a foster grant. Though the best interest of the child is advocated for by the UN Convention on the Rights of the Child (CRC) and other instruments, the findings show that among the respondents, only 30% are beneficiaries of the grants, the rest (70%) are non – beneficiaries (see Figure 5, below).

**Figure 5: Grant beneficiaries**



**Source: Own elaboration**

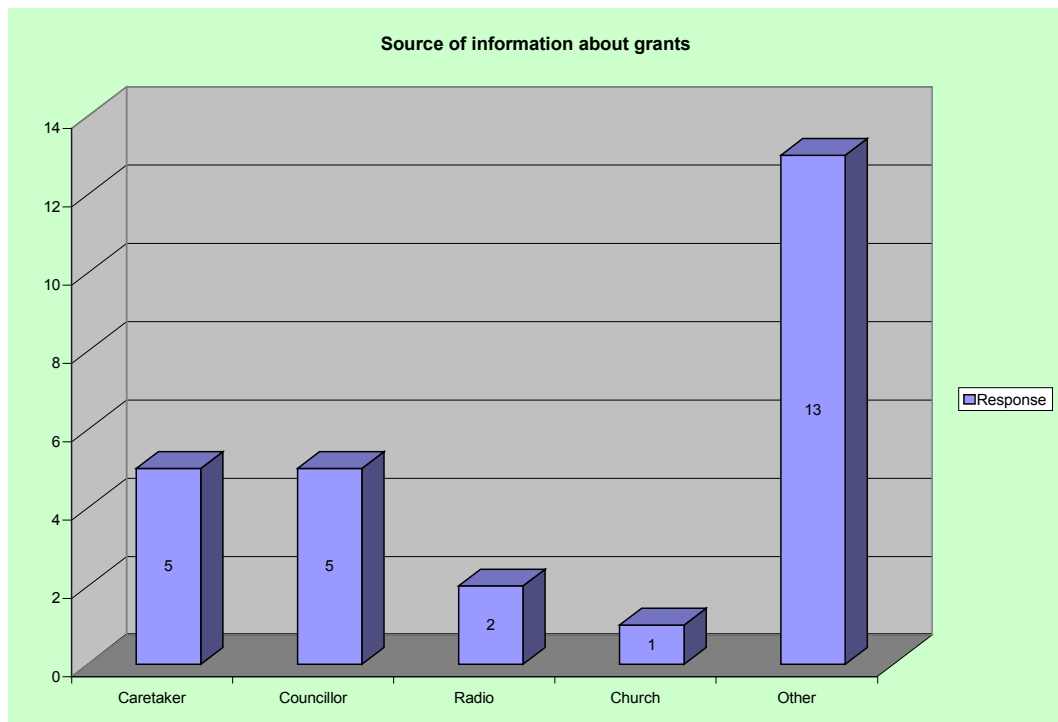
As to the types of grant available, OVC can either be registered for maintenance or foster grant. A foster grant is given to the person who is legally taking care of the child in need of care, as declared by the Commissioner of Child Welfare. A maintenance grant refers to money paid to the parent of the child where the family

has no income, has income under N\$ 500 when the other parent of the child has died or is in prison or receives any other social grant or pension (old age or disability) from the State. Out of 100% respondents only 30% of the respondent were registered for maintenance or foster grants, seventy percent are the non - beneficiaries and gave different reasons for not being registered. Forty percent of those not registered reported it was because they have either insufficient information or no information at all. 20% of those unregistered are OVC whose living parent(s) cannot be traced to provide the necessary documents and other required information for registration. Those that are hampered by lack of transport or not having the required documents account for 7% each. The remaining group of 26% mentioned various other reasons. The grants are given for OVC to cater for their needs. Abraham Maslow developed a theory of human needs (1940) which ranks them their relative importance for physical survival and development of an individual as a whole (Huitt, 2004:4). OVC have different needs just like any other person, but for the purpose of this study, only physiological needs are discussed, because they are pressing, and demand satisfaction at all times; these include the needs for food, water, air, shelter, warmth, rest, sleep, elimination and avoidance of pain. It is very interesting to find out whether the grant is being spent to meet some of these basic needs.

Among the respondents only 30% are direct beneficiaries of the social grants. They spent the grants as follows: Many (40%) spend the grant on food, 33% on school related needs and 27% for clothing. No respondent indicated any savings from the grant, which shows that even OVC that are cared for by well-off families, their grant (money) is perceived to be for either food, clothing or school-related needs.

Information is crucial in planning and executing programmes as in the provision of social support to OVC. Though the MGECW uses radio services which quickly inform the communities, many are not aware as to how and where to go for grant registrations. As shown in Figure 6, caretakers and councillors were found to be the source of information (18.5% each). Seven percent indicated getting information from the radio, 4% from the Church, 4% have not heard about the grant before and the majority 48% obtained the information from any other sources such as fellow community members.

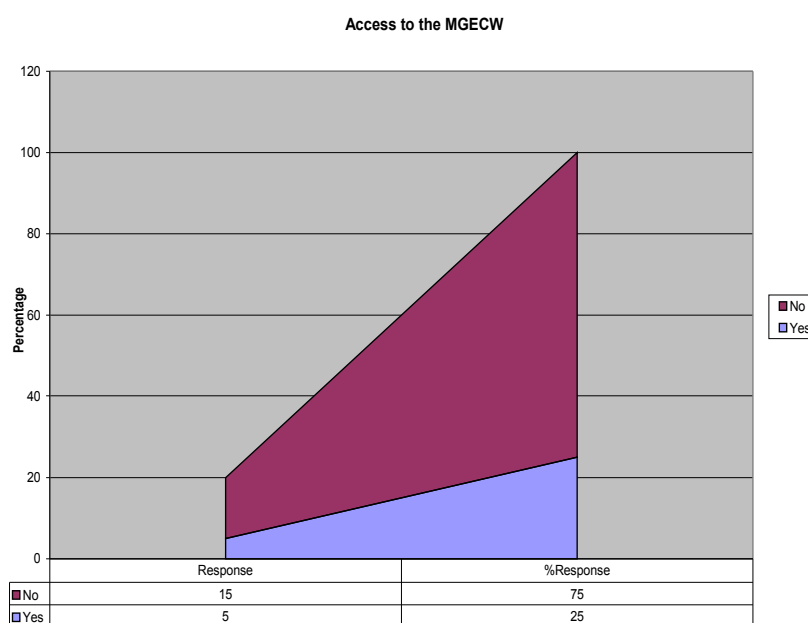
**Figure 6: Source of information about the grant**



**Source: Own elaboration**

OVC can have information where to get the service, but they need to have access to the MGECW in order to be able to register for the grants. 75% of the respondents indicated not having access to MGECW, one can only register at the constituency or regional offices. Those without transport, especially the child-headed households do have no guidance on how to access these services. Only 25 % responded as having access to the offices as per the figure 7 below.

**Figure 7: Access to the MGECW**

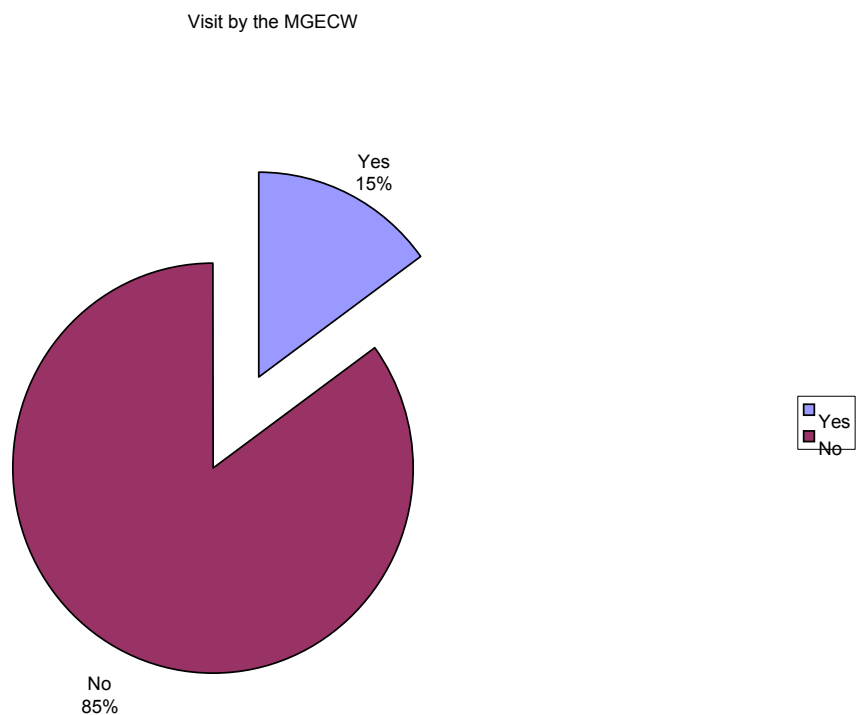


**Source: Own elaboration**

OVC that have access to the MGECW are not happy with the service provided as only 5% rated the service as excellent, 10% rated it as good, 30% felt that the service is adequate but the majority (55%) rated the service as poor. One might conclude that this may be due to the absence of an outreach programme and the issue of understaffing (lack of social workers) to reach all corners of the Oshana Region.

Before recommendations made for approval of the grants, home visits have to be conducted by the social worker whose numbers are insufficient for the task. The home visits are the backbone of social work in the care of OVC, they are the source of information and decisions have to be made accordingly. There is only one social worker in the whole of the Oshana Region, who has to do these home visits. The shortage of social workers in the MGECW has led to an impaired implementation of OVC programmes. The study shows that 85% of the respondents were never visited at their homes by the social worker; only 15% have been visited as shown by Figure 8.

**Figure 8: Visit by the MGECW**



**Source: Own elaboration**

The length of the waiting period for the grant application is another problem indicated by the interviewees. The time of the application ranges from one to three months, according to the information obtained from the MGECW but the respondents indicated that some of them had to wait for a period ranging from one to three years for the grant to be approved. Moreover, when the grant application takes that long, there are no arrangements for back pay for the months between the application and its approval. Therefore, the majority (73%) of respondents registered their unhappiness about the length of that period.

### **5.1.2 Stakeholders analysis**

Stakeholders are the institutions that are expected to improve the situation of OVC in the Oshana Region. A pre-coded questionnaire was administered to ten institutions, i.e. the Ministry of Gender Equality and Child Welfare, Oshakati Town Council, Ongwediva Town Council (Sam Nujoma Multipurpose Centre), Yelula Project, Catholic Aids Action (CAA), Project Hope, Church Alliance for Orphans (CAFO) the Four Square Church, Ondonga Traditional Authority and Uukwambi Traditional Authority. Therefore, these institutions are grouped as follows: Oshana Regional Council, Oshakati, Ondangwa and Ongwediva Town Councils and the Ministry of Gender Equality and Child Welfare, representing governmental institutions. Non-governmental organisations were: Yelula, Project Hope and Uukwambi Traditional Authority and, last but not least, the Catholic AIDS Action (CAA), Church Alliance for Orphans (CAFO), and the Four Square Church representing faith-based organizations that are also believed to prove success in such programmes. The

majority of the respondents (70%) [N=10] provide support to OVC, while the remainder feels is not their mandate to do so.

The support provided by these organizations varies as shown in Table 2.

Stakeholders were also requested to indicate how their respective organisations are responding to the crisis. Among the seventy percent that provide assistance to OVC, thirty percent stated that their organisations are providing an excellent service, forty percent feel it is only adequate because of some setbacks such as lack of resources i.e. finances, transport, manpower and office equipments; poor communication and the OVC policy that is not clear. The remaining thirty percent are not providing any service as they feel it is not their mandate to do so.

The home visit is the backbone of social support provision in the Oshana Region and stakeholders need to conduct them frequently. The MGECW, the custodian of the whole programme is only conducting home visits when there is transport which is not always available. This affects communication in the process of service provision to OVC in the region. Communication is very much needed in any programme as success depends a great deal on how it is perceived and responded to by the communities. Forty percent of the stakeholders responded that they do have good communication with the Ministry. Twenty percent feel that communication is adequate, while thirty percent feel that their communication are very poor and need to be improved. Only ten percent indicated an excellent relationship and communication with the Ministry. Despite that, 50% of the respondents rated their communication and relationships with the MGECW as poor. Therefore, the MGECW still has much to do in terms of improving their communication with the other stakeholders to enhance the service provision to OVC. Although most of the stakeholders have future plans for OVC as indicated by the table above, stakeholders would like the Ministry to ensure that, more OVC are registered for the grants,

enrolled in schools and have access to their grants, because some caregivers misuse them. There is a need for collaboration and coordination among all stakeholders; more emphasis needs to be placed on the provision of home-based psycho-social support to OVC, and more research is needed on the issue of OVC.

All stakeholders strongly feel that caring for OVC will contribute to the attainment of Vision 2030 because OVC are future leaders, doctors, engineers, and that educated OVC will contribute to the economy of the country as they grow into responsible adults and live life to their fullest. Capacity building of OVC will assist in reaching the objectives of vision 2030 as educated OVC contribute to a better developed and more prosperous nation.

## CHAPTER 6

### CONCLUSION AND POLICY IMPLICATIONS: PROSPECTS

#### **Introduction**

Highlighting the importance of an initiative programme on Orphans and Vulnerable Children in the Oshana Region is what this paper has attempted to do, by looking at the issue of whether OVC who qualify for the programme have access to it and are benefiting from it. This chapter is to conclude and recommend measures to improve the implementation of this important initiative. Conclusion and recommendation were made according to the objectives that had been established. Throughout the study the researcher strove to describe and explore the role of the MGECW and other stakeholders in social support to OVC in the Oshana Region. Information gathering from OVC and stakeholders was not easy, which made the research process difficult. Despite some obstacles, the study resulted in some recommendations which the researcher believes will bring about improvements in the whole process.

#### **6.1 Conclusion**

The study looked at the social support that has to be given to OVC in order to cater for their needs. It was found that the process is cumbersome and bureaucratic, which makes it slow to attend to the needs of OVC many of which are urgent. The Ministry Gender Equality Child Welfare, as the custodian of Orphans and Vulnerable Children programme does not have all the necessary capacity to accelerate the process. There is only one social worker and a clerical assistant who has to cater for all ten constituencies in the Oshana Region. Most recommendations need to take

place after home visits by the social worker, but this is very difficult for her to accomplish for the whole Region. From time to time Social workers are leaving the Ministry for greener pastures; proving also that the Ministry cannot retain or recruit new staff members. Monitoring and evaluation are also lacking due to the shortage of staff though crucial in policy management.

Purdon `s process evaluation of looking at an established programme that is under – performing or at questions that have arisen about organizations, delivery, quality, or success is proven useful because after this evaluation, it came out clearly that the programme is under–performing because of the poor capacity of the MGECW. E.g., instead of having eight Social Workers as per the staff establishment to run the program, there is only one Social Worker, and this situation is very dissatisfying.

The findings of this study confirm Chen`s theory-driven evaluation on impacts evaluation which stated that official (programme) goals may not necessarily be the same as actual (operational) goals. International, national and ministerial policy instruments might have some goals that cannot be realised at operational level due to different factors. For instance the policy stated that all OVC have to be registered to benefit from social grants (official/programme goal), but at operational level, the child has to come or be brought to the regional office with copies of all relevant documents such as birth and death certificates and school reports. Under the unfortunate situation the child might not have all the necessary documents and there is nobody made responsible for acquiring them. The Social Worker cannot leave her/ his work to assist in acquiring the documents. Eventually the child will go home and

not return to the office. Therefore, the official goal is to register all OVC, but since there is no outreach program to reach those with no access, the operational goal cannot reach the official goal. The official goals might be appropriate, but the situation on the ground has some obstacles that prevent them from being realised.

The findings of this study can serve as a basis for future improvements of the current situation of Orphans and Vulnerable Children in the Oshana Region in particular, and Namibia as a whole.

As a result of the current increase of Orphans and Vulnerable Children, Government is faced with challenges, insufficiently providing for them. The following recommendations are made in relation to the situation of OVC in the Oshana Region.

## **6.2 Recommendations**

### **6.2.1 Policy implementation**

The Government cannot solely be held responsible for the effective implementation of the policy; other stakeholders need to be involved to ensure the smooth application of the policy.

Therefore, political leaders must be committed to putting the execution of the policy into action as it aims to protect the interests of the OVC.

Regional committees could be set up to monitor the implementation of the National policy, and the policy can be translated into local languages to improve execution of the policy.

### **6.2.2 Government activities**

In terms of Government services with other stakeholders the MGECW has to ensure proper coordination.

Government needs to mobilize resources, strengthen the capacity as well as acknowledge the work of other stakeholders. Government needs to provide and protect essential services for the most, if not all vulnerable children.

The Ministry of Gender Equality and Child Welfare needs to have a strong collaboration with the Ministry of Home Affairs in assisting Orphans and Vulnerable Children to acquire national documents so that they will be able to register for the grants. There is a need for (more) participation of NGOs/CBOs, the private sector, parastatals and international organizations in OVC related programmes.

HIV/AIDS campaigns need to be strengthened to continuously inform the communities about the danger of the disease and how to deal with it.

### **6.2.3 Community activities**

Communities have to be involved more by stimulating and strengthening community based responses. Regional councillors, governors and traditional leaders should identify OVC in their Regions and refer them for appropriate assistance.

Community members of, especially neighbours, have to be sensitized to give little acts of kindness and to see it as a responsibility of all to take care of OVC, especially child-headed households.

More community-based organizations need to be established within the communities. Community leaders, different institutions and various authorities, e.g. regional, local and traditional authorities, have to be sensitized to the needs of and take part in the care of OVC.

The capacity of families and communities to protect and care for OVC has to be strengthened and supported.

#### **6.2.4 OVC activities**

OVC need to be listened to. There needs to be a proper platform where they can express their opinions about their situations. They need to be advised and guided by their parents, guardians, neighbours, volunteers and the community as a whole.

OVC need to be encouraged to do things for themselves that make them stronger for their existence. It is important to remember that institutions are not the best places for children, but families are.

OVC opinions should be taken into account before steps are taken that affect them directly. These should be included in committees and workshops so that their needs and views can be heard. OVC can participate in conferences that discuss their interests and aspirations in order to air their views as they know what they need.

Children and young people should be supported and empowered to meet their own needs. This goal can be achieved by creating an enabling environment for affected children and families. OVC, who are significantly older than the normal school entry

age when they first apply for school, should still be considered for access to education.

The Ministry of Education can contribute to a positive attitude by acknowledging the factors that prevented the OVC from attending school at the appropriate age.

The prevalence of child-headed households should be investigated and appropriate psychosocial support provided.

#### **6.2.5 Training and support**

Stakeholders should be involved in providing suitable infrastructure for OVC, like an orphanage, children's centres and projects for children.

Relevant stakeholders should provide suitable information and training workshops to caregivers of OVC.

Some living parents are not traceable, and support should be provided to grandmothers and/or caregivers to obtain necessary documents for OVC to be able to register for the grants.

More social workers should be appointed to travel to remote areas to identify and support OVC.

More CBOs should be established.

There should be outreach programmes for OVC, to reach the masses in all corners of the Oshana Region.

### **6.2.6 Research and Information**

A call for more research on OVC issues in Namibia, especially the problems of accessibility and information about available services, should be answered.

Information leaflets in local languages should be used to make communities more aware of the plight of OVC.

### **6.3 Chapter Conclusion**

If Namibia wants to address the orphan crisis there is a need for strong partnership between the State, civil society and the children themselves. Strengthened partnership will prove a formidable force against the problem/crisis of OVC.

This important initiative of the MGECW in particular and Government in general can only be successful, provided the MGECW is fully equipped especially in terms of enough staff, facilities and decentralized services to constituencies.

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**APPENDIX A:**

**QUESTIONNAIRE FOR ORPHANS AND  
VULNERABLE CHILDREN**

**UNIVERSITY OF NAMIBIA**

Thesis: Social Support to Orphans and Vulnerable Children (OVC): A beneficiary case study of the Ministry of Gender Equality and Child Welfare, Initiative Programme in the Oshana Region

Faculty of Economics and Management Science  
**Master in Public Policy and Administration (MPPA)**

**Addendum A, to be responded by OVC**

**Constituency:** .....

**Village:** .....

1. Age

2. Sex

1.	Female	
2.	Male	

3. Type of household

1.	Child headed household	
2.	Adult headed household	

4. What type of problems do you encounter as an orphan/vulnerable child?

1.	School needs	
2.	Clothing	
3.	Loneliness	
4.	Food	
5.	Sickness & Medication	

5. How is your caretaker related to you?

1.	Aunt	
2.	Mother	
3.	Father	

4.	Guardian	
5.	Relative	
6.	Other	

6. What type of support mechanism is available?

1.	Family	
2.	Church	
3.	NGO/CBO	
4.	Support group	
5.	Councillor	
6.	Other	

7. When you have a problem where do you get assistance?

1.	Parent	
2.	Neighbour	
3.	Church	
4.	Community leaders	
5.	School	
6.	Guardian	
7.	Other	

8. Do you have information as to where to get registered for maintenance/foster grant?

1.	Yes	
2.	No	

9. Are you a beneficiary of any grant offered by MGECW?

1.	Yes	
2.	No	

9.1 If the answer is yes which grant?

1.	Maintenance	
2.	Foster	

9.2 If the answer is no, why?

1.	No means of transport	
2.	No documents	
3.	No money	
4.	No trace of living parent	
5.	No information	
6.	Other	

9.3 If you are a beneficiary of any grant, on what needs do you spent most of it?

1.	Clothing needs	
2.	School related	
3.	Food	
4.	Saving	
5.	Only the caretaker knows	
6.	Other	

10. Where did you get information about the grants the MGECW is offering?

1.	MGECW	
2.	Caretaker	
3.	Councillor	
4.	Radio	
5.	Church	
6.	Other	

11. Do you have access to the MGECW's Regional Office?

1.	Yes	
2.	No	

12. How do you rate the service of the MGECW?

1.	Excellent	
2.	Good	
3.	Adequate	
4.	Poor	

12.1 Are you happy with the length of the waiting period of the grant offered by the MGECW?

1.	Yes	
2.	No	

12.2 If the answer is no, explain.

.....  
.....

12.3 Have you ever had any visit by the MGECW's Social worker?

1.	Yes	
2.	No	

**APPENDIX B**  
**QUESTIONNAIRE FOR STAKEHOLDERS**

**Part B for Local, Governmental and non-governmental organizations (NGO) and CBO in support of OVC**

Name of Organization: .....

1.	Governmental Institution	
2.	Non-governmental Institutional (NGO)	
3.	Faith – based organization	

1. How do rate your communication with the MGECW in terms of OVC?

1.	Good	
2.	Satisfactory	
3.	Poor	

2. How would you rate the support provided to OVC by the MGECW?

1.	Excellent	
2.	Good	
3.	Adequate	
4.	Poor	

3. (a) Does your organization provide any support to OVC?

1.	Yes	
2.	No	

(a) If yes, what type of support do you provide?

.....

.....

.....

.....

4. How would you rate your organization in the support to OVC?

1.	Excellent	
2.	Good	
3.	Adequate	
4.	Poor	

5. How regularly does your organization do OVC home visits?

1.	Twice a year	
2.	Twice	
3.	Once a year	
4.	None	

6. What are the major setbacks your organization is facing in supporting OVC?  
(circle all that apply)

Setbacks (Supporting organization)	Circle
Shortage of funds	1
OVC policy not clear	2
Lack of staff	3
Not your mandate	4
Lack of communication	5
Lack of transport	6
Other (specify)	7

7. What are your organization's future plans for further and improved services to OVC?

.....

.....

.....

8. What changes do you want to see in the care of OVC?

.....  
.....

9. (Personal view) do you think caring for OVC can contribute to the goal of vision 2030? If yes how?

.....  
.....  
.....

10. Comments (if any)

.....  
.....  
.....  
.....  
.....

**NB.: PLEASE ATTACH A BRIEF EXPLANATION OF YOUR ORGANIZATION'S PROFILE/STRATEGIC PLAN/ ACTION PLAN OR ANY OTHER INFORMATION OUTLINING YOUR SUPPORT TO OVC**