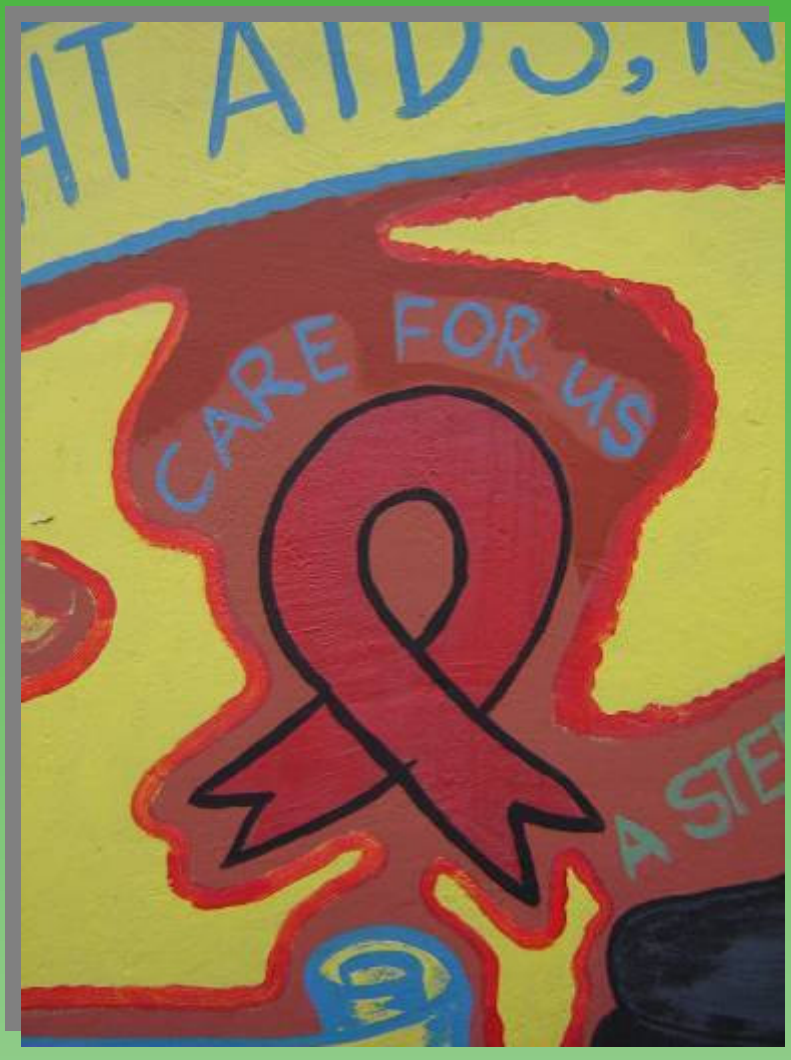
"I just want to have a good life"

OVC and human rights in five regions of Namibia



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I live with my grandmother, my mother passed away in 2007 and my father in 1990. My grandmother treats me badly sometimes and doesn't give me time to study. I want to study hard in order for me to pass my grade 10 with high symbols. I don't have a person whom I trust in this world. I used to feel bad when I saw my friends working with their parents. I believe that parents are the greatest of all because without them life is like coffee without sugar.

I believe God knows why people say bad things to me. Sometimes I don't bother, but when I was young it used to get to me and when I thought of it I would cry. I don't have a person who pays for me school fees, I struggle on my own to get money to pay school fees. I wish in the future to have a good life which I'm seeing in others.

I have one sister and one brother. My sister is in grade 7 and my brother is in grade 5. We all live together and we don't have clothes. The clothes which we have we were given to us by people. I would like in the future to take care of my family and have a good life. I must have self confidence and respect my life by trusting in God. Life does not have to be bad to a person; it's only a person who can be bad. Sometimes I feel good when I'm with my friends and we teach other how a person must behave. Most of my father's family work but they don't take care of us. The best thing is to believe in myself and do what I think is best.

Executive summary

According to the National Policy on Orphans and Vulnerable Children (OVC), an orphan is “a child who has lost one or both parents because of death and is under the age of 18 years” and a vulnerable child is “a child who needs care and protection”.

This study assesses rights violations and challenges faced by orphans and vulnerable children (OVC). In order to fully appreciate the impact of HIV/AIDS on the lives of children, there is need to hear the magnitude of the impact from the children themselves. The study explores various rights of children including survival and protection rights. It is understood that the violation of these rights has major repercussions on the development of children.

The study was conducted in five regions :namely Khomas, Karas, Omusati, Kavango and Caprivi. The participants were *OVC only* aged between 9-16 years, and these were drawn from schools, orphanages, households and the streets. A total of 500 (100 per region) OVC participated in the study. Qualitative and quantitative methods were used to collect data; however emphasis was put on the qualitative methods.

Frequency counts and cross tabulations were used in data analysis using SPSS. Results show that OVC are faced with a myriad of challenges and of violations of their rights in their daily lives.

OVC are among the most vulnerable groups in society. This is so because there are so few support systems outside the family for them. These children endure overwhelming losses with little chance of being assisted as they live in societies already weakened by poverty and the AIDS pandemic.

Government and other stakeholders have made major strides, but much more needs to be done.

A number of propositions are made with regard to research findings.

1. Ensuring that Government protects the most vulnerable children
2. Strengthening families and communities
3. Creating an enabling environment for the affected children
4. Improving access to services
5. In-depth qualitative research is needed to better understand children’s grieving processes.
6. Strengthening the youth and the voices of children

Section 1:

Introduction

This document

This study assesses rights violations and challenges faced by orphans and vulnerable children (OVC) in five political regions of Namibia: Khomas, Karas, Omusati, Kavango and Caprivi.

Hereafter, it is divided into five broad sections:

1. This introductory section
2. A literature review, which gives a very brief overview of human rights instruments and legislation applicable to OVC in Namibia
3. Field work and population, which discusses our methodology and sample
4. Synthesis and analysis, which provides an overview of our findings in various areas; and
5. Recommendations and conclusions.

According to Namibia's National Policy on Orphans and Vulnerable Children (OVC), an orphan is "a child who has lost one or both parents because of death and is under the age of 18 years" and a vulnerable child is "a child who needs care and protection". This is the definition that has been used throughout.

Background to this study

The **Legal Assistance Centre (LAC)** is a public interest law centre and was established in 1998 to provide legal services to indigent individuals and communities. The LAC has a proud history of assisting clients to resist unjust apartheid legislation in the past and is now paying a major role in building of a constitutional democracy and a human rights culture in Namibia. The **Aids Law Unit (ALU)** is a project of the Legal Assistance Centre (LAC). Founded in 1999, the ALU promotes a human rights-based response to the HIV/AIDS epidemic and provides an avenue for remedies for people with HIV and AIDS who have been discriminated against on the basis of their status.

UNESCO (Namibia) has estimated that by the end of the decade, there will be over 206,000 orphans in Namibia, meaning that "at the current rates of infection and death, a child born in Namibia today has more than a one in three chances of becoming orphaned before reaching adulthood."(UNESCO Namibia, 2006). These statistics are alarming in light of the discrimination that OVCs presently face in Namibia.

OVCs affected by the epidemic are repeatedly discriminated against in Namibian civil society due to a lack of overall awareness of children's rights in general. Due to this lack of knowledge, OVCs face

discrimination at home, school and in their communities. At school, OVCs are often barred from attending because they cannot afford the school fees or are financially unable to purchase the required uniforms. In the home environment, they face rejection by their family, friends and supposed caretakers. Testimonials abound of orphans being denied food, being forced to sleep outside or in the back of the home, or being sent to work instead of attending school. Due to this discrimination in their early years, OVCs are left without resources for education, healthcare and love and support required by children, making them increasingly vulnerable to HIV infection.

Promoting and protecting fundamental children's rights is a way of addressing the underlying legal, social, cultural and economic conditions that make people vulnerable to HIV infection. Female OVCs, for instance, are more vulnerable to HIV infection as they often do not have the power to refuse unprotected sexual intercourse. Poverty, in turn, forces both male and female OVCs into economic or social lifestyles that increase their vulnerability to HIV infection. In particular, female children are rendered vulnerable as many times, engaging in unprotected sex is the only way to solicit an income to cover their basic needs.

There is thus a continuing need to promote a human rights-based approach to HIV/AIDS in Namibia, to address issues around HIV-related discrimination and to provide an avenue for remedies for OVCs who have been discriminated against. This project will seek to improve the quality of life of OVCs by identifying gaps in the realization of OVC rights and empowering local communities to promote and protect OVC rights. The Aids Law Unit of the Legal Assistance Centre seeks to reduce the vulnerability of children in the epidemic by addressing discrimination and promoting a human rights-based approach to HIV/AIDS.

There are number of reasons why orphans and vulnerable children (OVC) should be studied. From a sociological perspective, children form a segment of the population that provides linkages between their preceding generations and their proceeding ones. They do so by carrying on existing ideologies, values and traditions while creating the new ones of their own. A good part of social continuity and changes can be seen through the people of younger generation (Danzinger, 1994). Youth studies therefore can be seen as a monitor of social continuity. Thus, focusing on young people (including OVC) is likely to be the most effective approach in confronting the pandemic, particularly in high prevalence countries like Namibia.

Introduction

HIV/AIDS is an extraordinary kind of crisis and one of the greatest challenges facing today's generation. At the end of 2003, an estimated 40 million people around the world were living with HIV/AIDS (UNAIDS, 2004). Sub Saharan Africa remains one of the most affected regions, with 70% of all people living with HIV resident in this area. An estimated 22 million adults and children were living with HIV in sub-Saharan Africa at the end of 2007. During that year, an estimated 1.5 million Africans died from

AIDS. The epidemic has left behind some 11.6 million orphaned African children (AVERT, 2008). Because of the lag time between infection and death, the numbers of orphans will continue to increase even in countries where HIV infection rates are declining.

Namibia is one of the countries in Sub-Saharan Africa hardest hit by the HIV/AIDS pandemic. Namibia's HIV infection rate among adults was estimated at 19.6% end of 2005 (UNICEF, 2006) and rose slightly to 19.9% in 2006 (MOHSS). The country is in the top 5 countries hardest hit by the pandemic (UNAIDS, 2003). Namibia has a rapidly growing number of orphans and vulnerable children (OVCs), mainly as a result of HIV/AIDS. This number has been steadily climbing over the last decade. The latest UNAIDS/WHO country update (UNAIDS/WHO, 2008) estimates that between 12 000 and 14 000 children are living with HIV in Namibia and that between 50 000 and 85 000 children have been orphaned by the pandemic. But it is not just those orphaned by HIV who are vulnerable and at risk. In 2003, Namibia's total number of orphans (0-17 years) was estimated to be 120 000 (UNICEF, 2005). UNICEF's State of the World's Children Report (2006) estimated the number of 'orphans (0-17) due to all causes' to be 140 000.

As shocking as these statistics are, they fail to capture the impact of the pandemic on humanity, especially on the lives of children. Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, stigmatized by society, plunged into economic crisis and insecurity by their parents' death and struggling without services or support systems in impoverished communities.

HIV/AIDS damages a child's life in three main ways:

- through its effects directly on the child
- through its effects on that child's family
- and through its effects on the community that the child is growing up in.

As a consequence of HIV and AIDS, Namibia is facing one of the largest challenges it has ever had to confront. The lives of tens of thousands of children, adolescents and young people have been redefined by HIV and AIDS.

HIV/AIDS is one of the greatest threats to childhood in the world today. The impact of HIV/AIDS is most profoundly reflected in the lives of children, whose very survival and development are at stake. It continues to pose an acute threat to children's human rights in general. It is difficult to overstate the trauma that HIV/AIDS has brought to children. The pandemic has certainly derailed efforts to uphold and fulfill children's rights. These children suffer the loss of their families, depression, increased malnutrition, lack of immunization or health care, increased demands for labor, lack of schooling, loss of inheritance, forced migration, homelessness, crime and exposure to HIV infection (Jackson, 2002). Children do not need to have HIV/AIDS to be devastated by it. When HIV/AIDS enters a household by infecting one or both parents, the very fabric of a child's life falls apart. Millions of children live in

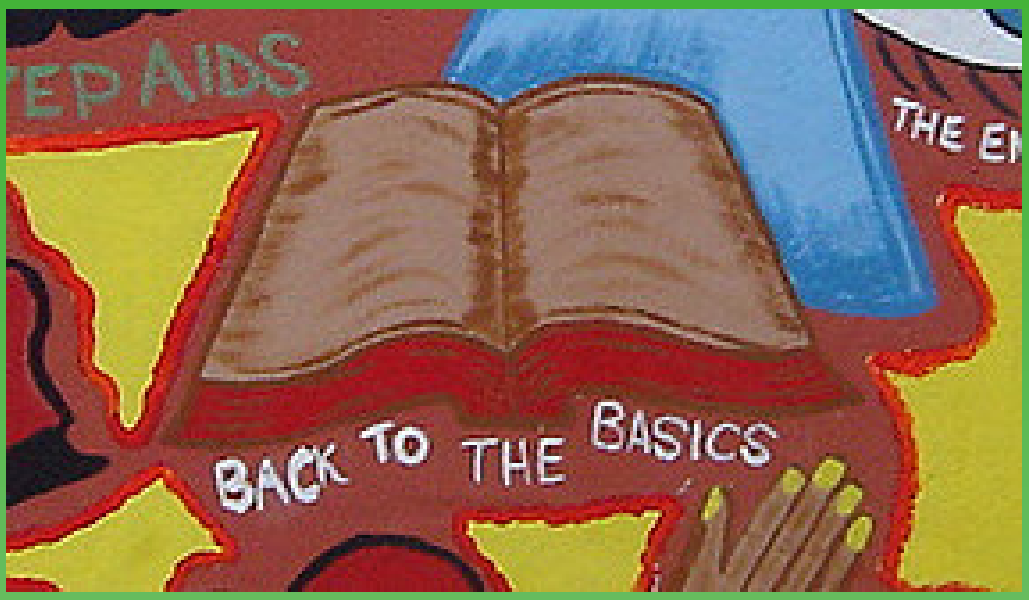
households with sick and dying family members. Although they are not yet orphaned, these children also suffer the pernicious effects of HIV/AIDS (Foster, 2000).

By destroying families, HIV/AIDS removes a child's safety net. Without the protection of a family environment, children risk abuse, stigmatization, and discrimination. As the proportion of children affected by HIV/AIDS grows, child abuse also increases (Anderson, 1994).

The protection and promotion of human rights is a crucial element of a global response to HIV/AIDS. While this concept has been increasingly accepted in terms of adults, the protection and promotion of the human rights of children in the context of the HIV/AIDS epidemic has not been fully addressed.

Section 2:

Literature review



Global and national responses

Global

Generally, international human rights law creates obligations on every country to comply and implement specific rights. The importance of complying with and adhering to international law standards is made clear in the Namibian Constitution (Anon, 1990. Article 144).

United Nations Convention on the Rights of the Child

In the 1940s the United Nations produced the Universal Declaration of Human Rights, which was adopted in 1948. This declaration applies to children as well as adults. However, growing awareness of the rights of children led to calls for a dedicated children's human rights treaty.

In 1959 the UN General Assembly adopted the second Declaration of the Rights of the Child. This consisted of ten principles for working in the best interests of the child. This was not legally binding, however, and was only a statement of intent.

The Convention on the Rights of the Child was drafted over the course of 10 years between 1979 and 1989. Representatives from all societies, religions and cultures contributed, and a working group was given the task of drafting the convention. Like all human rights treaties, the Convention on the Rights of the Child had first to be approved, or adopted, by the United Nations General Assembly.

On 20 November 1989, the governments represented at the General Assembly (which included the UK) agreed to adopt the convention into international law. It came into force in September 1990.

The Convention on the Rights of the Child is presently the most widely ratified international human rights instrument. All UN member states except for the United States and Somalia have ratified the convention. It is the only international human rights treaty to include civil, political, economic, social and cultural rights, and sets out in detail what every child needs to have a safe, happy and fulfilled childhood. Upon ratification, states commit themselves to respecting these rights.

It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The convention gives children and young people over 40 substantive rights. These include the right to:

- Special protection measures and assistance
- Access to services such as education and health care
- Develop their personalities, abilities and talents to the fullest potential

- Grow up in an environment of happiness, love and understanding
- Be informed about and participate in achieving their rights in an accessible and active manner .

The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child (UN, 1990). Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child. The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services.

The convention is a comprehensive instrument which sets out rights that define universal principles and norms for the status of children. It not only sets out these fundamental rights and freedoms, but also takes into account the need for children to have special assistance and protection due to their vulnerability. It is the most complete statement of children's rights ever produced and has 41 substantive articles. It is also the first legal instrument to focus solely on the child, regardless of where the child was born and to whom, and regardless of sex, religion and social origin.

However, despite the good intentions of the UN and of the nation states who are signatory to this Convention, in many instances children's rights continue to be addressed as second-class within the development sphere - particularly in the context of the HIV and AIDS epidemic.

Declaration of Commitment on HIV/AIDS

The United Nations General Assembly Special Session on HIV/AIDS in 2001made the following promises (United Nations, 2001) to children orphaned and made vulnerable by HIV/AIDS:

Develop and implement national policies and strategies to build and strengthen governmental, family, and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by:

- providing appropriate counselling and psychosocial support
- ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children
- protecting orphaned and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;
- Ensuring non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of destigmatization of children orphaned and made vulnerable by HIV/AIDS
- Urging the international community, particularly donor countries' civil society as well as the private sector to complement effectively national programmes to support programmes for

children orphaned and made vulnerable by HIV/AIDS in affected regions, in countries at high risk, and to direct special assistance to sub-Saharan Africa.

National

Namibian Government's response to HIV/AIDS and OVC

The Namibian government has provided strong leadership in the context of HIV/AIDS. In keeping with international treaties and standards, the government of Namibia has developed a number of policies and strategies which set out those fundamental rights which all people should enjoy , including OVC.

National policy frameworks and plans provide a starting point in protecting the rights of OVC. The government has adopted a number of policies and passed legislation aimed at supporting OVC (UNICEF, 2006).

The government of Namibia has established a National OVC Permanent Task Force. The National OVC Permanent Task Force is mandated with:

- developing implementation guidelines for the National OVC Policy,
- coordinating and monitoring the Strategic Plan of Action on OVC, and
- establishing working groups within the Permanent Task Force.

The **National Policy for Orphans and Vulnerable Children** (OVC) and the **National Plan of Action (NPA) for OVC** are intended to address the rights of all OVC to health, education, care and protection and full participation in Namibian society.

The Namibian National Policy on Orphans and Vulnerable Children upholds the principles of the Universal Declaration of Human Rights and other protocols. The NPA complements the Policy by identifying concrete activities in support of policy goals and is complemented by other national policies and multi-sectoral provisions to protect, care for and support OVC.

Namibia has an array of policy provisions and instruments for achieving **MDG 2**: *Achieve universal primary education.* These include:

- Exemption from payment of the School Development Fund (SDF) fees for poor children (2001)
- Education Development Fund (policy 2001, established 2006)
- Policy Options for Educationally Marginalized Children (2002)
- School Feeding Scheme for schools in poor and remote areas (1991)

- HIV/AIDS Policy for the Education Sector (2005)
- Education and Training Sector Improvement Programme (ETSIP, 2006)
- Education Sector Policy for Orphans and Vulnerable Children (draft).

Apart from the policy provisions in the education sector, other plans and policies include the Medium Term Plan for HIV/AIDS (2005-2009), the National Policy for Orphans and Vulnerable Children (OVC) 2005 and its corresponding Plan of Action for OVC (2008-2012), Old Age Pension Grants (since 1992), Child Welfare Grants which include, maintenance grants, special maintenance grants, foster care grants, and place of safety allowances.

Other policies of relevance include the Infant and Young Children Feeding Policy and The Integrated Early Childhood Development Policy. All these instruments fall under the umbrella of the National Development Plan, which works towards the broader goals of Vision 2030.

National HIV/AIDS Policy

As a way of scaling up its endeavours to curb the HIVAIDS pandemic, the government of Namibia has developed a National HIV/AIDS Policy, geared towards efforts expanding the national response to the pandemic. The Policy contains a section devoted to OVC. It puts forward a range of policy measures to protect young people. The Policy clearly states that the rights and dignity of PLWHA and those affected (such as OVC) should be respected, protected and fulfilled. In addition, their status should not be the basis for discrimination in accessing essential services.

Namibian HIV/AIDS Charter of Rights

Recognizing that people living with HIV/AIDS (PLWHA) and those affected continue to face discrimination and prejudice which exclude them from right of entry to services and benefits, a civil society coalition developed the Namibian HIV/AIDS Charter of Rights – which has been adopted - that *"sets out those basic rights which all people enjoy or should enjoy and which should not be denied to persons affected by HIV or AIDS, as well as certain duties"* (Anon, 1999).

Its section on children, adolescents and HIV/AIDS (Anon, states:

- Children and adolescents enjoy the same rights as adults in respect of access to information, privacy, confidentiality, respect, informed consent and means of prevention.
- Quality health care, information and education should be made available to all children and adolescents, including those living with HIV/AIDS. This should include information relating to HIV/AIDS and STD prevention and care, inside and outside school, which is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality and rights.

- Children and adolescents should be ensured adequate access to user-friendly, confidential sexual and reproductive health services. These services should include information on HIV/AIDS and STDs, sexual health advice, counselling, HIV testing and prevention measures including free access to condoms and social support services. The provision of these services to children/adolescents should reflect an appropriate balance between the rights of the child or adolescent to be involved in decision-making according to his or her evolving capabilities and the rights and duties of parents or guardians for the health and well-being of the child.

Legislation

Since independence, Namibia has enacted several laws which improve protection of OVC and children in general in various ways. The **Combating Rape Act of 2000** provides a stronger framework for addressing sexual abuse. The **Combating of Domestic Violence Act 2003** provides remedies in cases of threats of domestic violence. The **Maintenance Act 2003** assists children by improving the system whereby caregivers can obtain maintenance for children with absent parents. The **Children's Status Act 2006** removes discrimination against children born out of marriage (particularly as regards inheritance) and provides new rules for parental custody and access in respect of such children. In 2007, a new **Labour Act** was passed which aimed at preventing harmful forms of child labour.

Proposed legislative changes that will also ensure better social protections for children include the **Child Care and Protection Bill** which will replace the old Children's Act.

The government of Namibia in 1993 created **Women and Child Protection Units** in an effort to provide services to vulnerable members of the society. The WCPUs primarily handle cases of rape, domestic violence and child abuse.

Section 3:

Field work and population

Methodology

HIV infection in a family has multiple ramifications on children's lives. The immediate consequences of the pandemic include: deprivation of basic rights and needs (food, education, shelter and health care) and psychosocial needs.

This study was exploratory. It explored rights violations from the perspective of OVC themselves. Thus, most of the data gathered and analysed came directly from OVC, rather than from caregivers, institutions or other intermediaries. We sought, through working with OVC, to assess rights violations and challenges they faced, and identify the exact nature and extent of violations of rights and gaps in the provision of basic services. The investigation used both quantitative and qualitative tools in achieving this objective.

Save the Children (2003) gives the following reasons why consultation with children is important:

- It improves the relevance and appropriateness of public and organisational decision-making on children's issues by ensuring that those with the direct experience of a situation are able to have their voices heard
- It brings particular benefits to the poorest and most marginalised groups of children who, even more than most children, have most often been excluded from the social, cultural, political and economic life of their communities and societies
- It acknowledges a shift in the view of children as 'beneficiaries' of adult interventions towards respect for them as 'rights holders' who are key 'makers and shapers' of their own destinies and that of their own societies.
- It is the main means by which children can be more actively included in their society as active and responsible citizens – in societies where they often make up 40 % or more of the population. It also helps prepare children for the exercise of their more formal civic responsibilities as adults.
- It increases the visibility of children's issues and helps to improve the accountability of adult institutions for what happens to children.
- The Convention on the Rights of the Child affirms children's right to express their views freely in all matters that affect them. The Convention also enhances children's participation through the recognition of children's right to seek and receive appropriate information; freedom of expression; freedom of thought, conscience and religion; and the right to form and join associations.

However, there are also special challenges related to consulting OVC. The World Bank (2005) highlights the following three particular reasons:

- First, many OVC are psychologically repressed and not accustomed to being asked to express their opinions. This would, for instance, be the case of some working children and some children living with disabilities. Patience is, therefore, necessary.

- Second, many OVC have been forced to conceal issues perceived as shameful or traumatizing. Children who are affected by AIDS or have been exposed to sexual abuse may be particularly vulnerable to these types of feelings. Talking about these issues may further traumatize the child.

- Third, some OVC in extreme situations have adopted survival strategies that are based on making up stories. It is important to understand that these stories are not lies, but reality distortions that are necessary for the child to cope with extreme realities. This is often the case with street children, children with substance abuse problems, child prostitutes and some child soldiers. Commonly, the child tries to give you the impression that he or she is OK in the current situation, has chosen to be there, and is fully in control. Or, to the contrary, a child may aim to appear as pathetic as possible to gain your sympathy, concealing possible resources and sources of support.

The general methodology mainly employed qualitative data collection methods: namely case studies and focus group discussions, field visits in the identified areas, interviewing of OVC, and meetings with key stakeholders.

Ethical Procedures

Undertaking research with vulnerable populations such as OVC requires researchers to adhere to strict ethical principles; hence in accordance with principles promoting the best interest of the child, ethical conduct of the study was paramount for the research team. Relevant resources were consulted to develop a research protocol that ensured child protection, informed consent, voluntary participation, and confidentiality. Informed consent is a basic ethical tenet of scientific research on human populations. Thus all OVC in the study had the right to refuse or consent to an interview.

Quality Assurance

Training sessions for supervisors and RAs were conducted for two days. The areas of focus during the training were: interviewing skills, research ethics and quality control checks during and after interviews.

Data analysis

Frequencies, cross-tabulations and other descriptive statistics (using SPSS) were used to analyse most of the quantitative data. Frequency tables and figures were used to present the data. Qualitative interview data was coded, categorized and synthesized to generate meaningful themes and recurring patterns.

Constraints

A number of constraints should be noted:

- The research sample was small, given the total number of orphans in the country.
- Research drawing on the views of children is complex, difficult and demands careful management.
- The floods in north central Namibia slowed down fieldwork, and necessitated a second visit to Omusati.

The population of the study

The population of the study was all households with young orphans, older orphans and other vulnerable children in the specified regions. Moreover, the population also included institutionalized OVC and those living on the streets. Notable governmental and non-governmental organizations service providers were also included in research processes as they are important stakeholders.

Sample

Using systematic stratified sampling, households with OVC were drawn from the selected regions. A hundred (100) OVC were drawn per region. However, the 100 per region was split into two: 50 OVC participated only in individual interviews whilst the remaining 50 participated in focus group discussions and case studies. The regions under study were: Caprivi, Kavango, Omusati, Karas and Khomas.

Data was collected from five regions shown in table A below. Fifty (20%) OVC were interviewed in each region. The towns and villages covered in each region are shown in the table.

Table A: Regions, towns and villages

REGION	Town/City/Village	REGION	Town/City/Village
Khomas	Windhoek Dordabis Groot Aub	Caprivi	Katima Bukalo Kanono
Karas	Keetmanshoop Tses	Omusati	Outapi Onesi Ogongo
Kavango	Rundu Ncamangoro		

Profile of the Sample

A total of 250 OVC (54% males and 46% females) were interviewed for this study, and 250 took part in the group discussions. Slightly more than half of the respondents were male. As shown in table B below, the average age of the sample was 13.6 (age range 9 to 16 years).

Gender division of participants

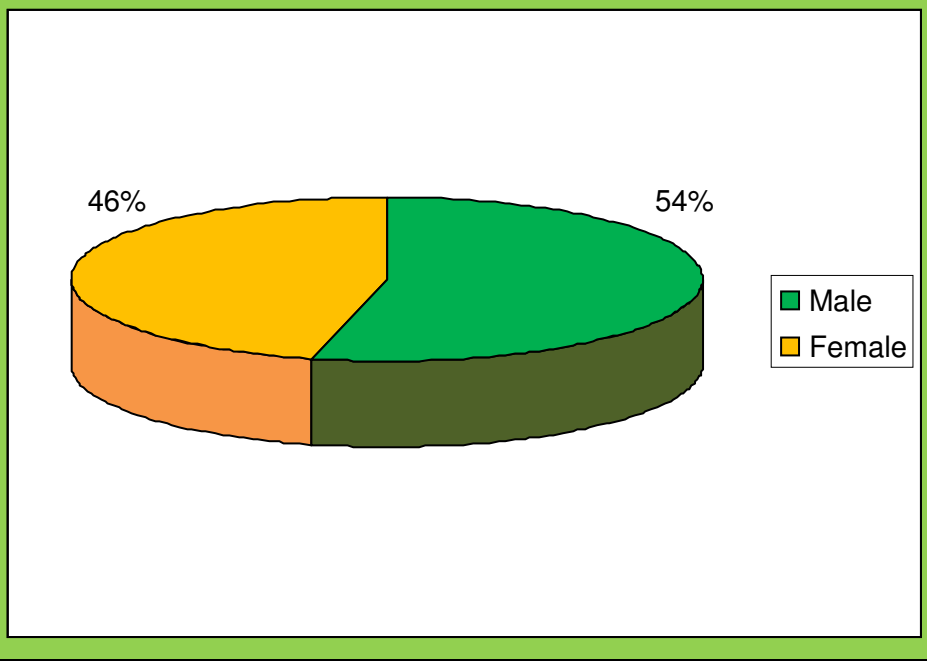


Table B: Percentage distribution of age

Age	Frequency	Percentage
7.00	1	.4
9.00	9	3.6
10.00	9	3.6
11.00	13	5.2
12.00	24	9.6
13.00	44	17.6
14.00	60	24.0
15.00	54	21.6
16.00	36	14.4
Total	250	100.0

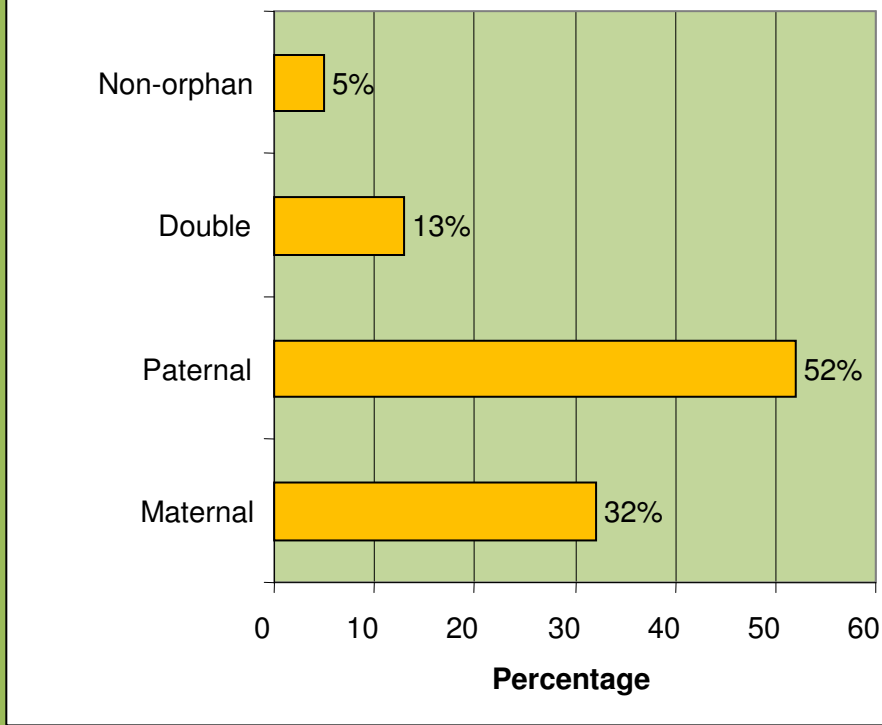
Slightly over half of the participants had accessed formal education up to secondary level, as shown below. All had had access to at least some primary education.

Table C: Level of education attained

Level	Frequency	Percentage
Primary	119	47.8
Secondary	130	52.2
Total	249	100.0

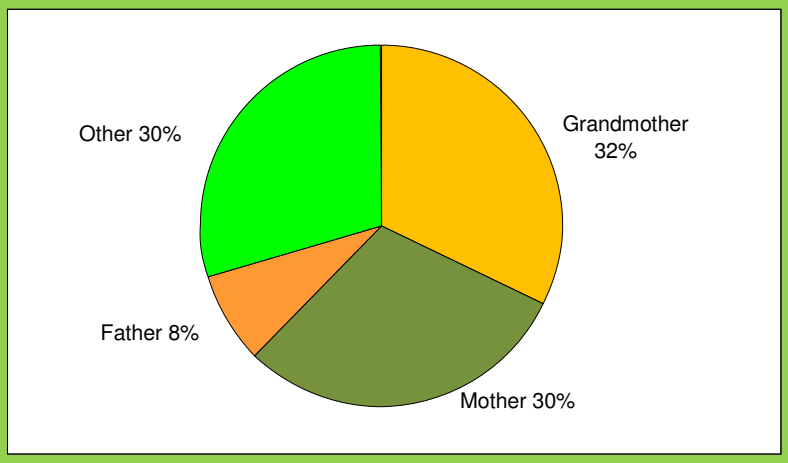
Survival status of parents

At the time of the survey, 52 percent of participants were paternal orphans (father deceased), 32 percent were maternal orphans (mother deceased), 13 percent were double orphans (both parents deceased), and 5 percent were non orphans.



Findings indicate that a large proportion of the respondents (32 percent) were being cared for by grandmothers, and 30 percent reported that their households were headed by their mothers. Only 8 percent of the respondents were being looked after by their fathers. 30 percent of respondents fitted into none of these categories, and had other household structures, including shild-headed households and institutions.

Head of Household



My name is HF, I am a girl of 16 years in grade 8. I am an orphan, my mother was in hospital and died first, and my dad followed in 2003. I failed grade 6, until I got to grade 8. When my daddy passed away we were suffering until my granny took us in.

Section 4:

Synthesis and analysis

Synthesis and analysis of the findings

The main findings from the research are synthesized and discussed under the following headings:

- Standards of living
  - Poverty
  - Housing
  - Nutrition
  - Water and sanitation
  - Energy
  - Personal possessions
- Basic services
  - Healthcare
  - Education
  - Denial of services
- Abuse
  - Physical abuse
  - Sexual abuse
- Stigma and discrimination
  - Social support
- Life changes
  - Psycho-social distress
  - Issues of inheritance
- Knowledge
  - Knowledge of Children's Rights
  - Knowledge of HIV/AIDS
- Resilience

In each of these areas, a brief overview is provided before specific findings are discussed.

Standards of living

Poverty

Poverty wears a multitude of faces and has numerous dimensions. Poverty inhibits the capacity of families and communities to take care of children, through the inability to fulfill their rights and needs: health, nutrition, education, water and sanitation, protection from harm, exploitation and discrimination. AIDS also undermines communities' ability to secure stable incomes and expand their asset bases (Foster, 2000).

It is important to note that the majority of the OVC interviewed were paternal orphans implying that they had lost a breadwinner. Results also reveal that most of the respondents lived in female headed

households (headed by mothers or grandmothers). Some of the grandmothers' only source of income is the government pension they receive, which is rarely enough for family upkeep given the rising numbers of orphans under their care. Household manifestations of poverty are discussed in more detail below.

My name is FJ, I live with both my parents but they don't work and we don't have a field where we can grow some crops to support the family. They get money from the wood they collect from the forest so that they can pay school fees. If there is no food we sleep hungry and go to school like that. If you do not fetch water they will not give you food to eat. My parents do not buy us clothes until you go and work at another house then they will give you N$20.00 to buy clothes or food.

Housing

Adequate housing is essential for human survival with dignity. Without a right to housing, many other basic human rights will be compromised including the right to family life and privacy, the right to freedom of movement, the right to assembly and association, the right to health and the right to development.

The right to housing has particular significance for children. Because of their vulnerability they have special needs for care and protection. Without decent secure accommodation children are unlikely to realise their right to grow and develop in an atmosphere of moral and material security, free from abuse and neglect.

The right to housing is clearly supported by international law, including the international human rights system in the Universal Declaration of Human Rights (UN, 1948). This Declaration, adopted by the United Nations in 1948, establishes an internationally recognised set of standards for all persons without qualification. Article 25 of the Declaration provides:

"*Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including .... housing*".

Most of the houses where OVC live were made of sub standard construction materials. The majority of the respondents reported that the floors of the houses they lived in were sand (39 percent), 38 percent mentioned tiles/cement, and 16 percent smoothed mud. The outer walls of most of the houses where OVC were staying were reported to be made of iron sheets (28 percent), 26 percent were constructed of wood, 17 percent unfired bricks and 16 percent burnt bricks.

The majority of the houses lived by OVC were reported to be made from iron sheets (58 percent) and grass (32 percent).

The majority of the OVC interviewed revealed that the accommodation they were staying in belonged to relatives (53 percent) whilst 37 percent reported that it belonged to their parents. In addition, a large proportion of the respondents stated they did not pay rent for the accommodation they were living in.

The majority of the OVC interviewed reported that three people slept in a room, 30 percent mentioned "two" and 23 percent reported "four". Analysis shows that on average three people slept in one room.

Nutrition

Good nutrition is essential for the physical growth and development of children. It is also necessary for full development of their immune system.

Certain groups of children are particularly vulnerable to nutrition problems. These include young children, orphaned children and children living with HIV/AIDS. Although some studies have shown no nutritional problems among orphans compared with non-orphaned children in the same community, many studies have shown that orphans are more likely to suffer stunting, wasting and reduced weight.

Food security has been described as a state where a household always has both physical and economic access to enough food for a productive and healthy life. Food security is especially important to people with HIV/AIDS as they need good, nutritional food on a regular basis to stay healthy.

HIV/AIDS is having serious effects on agriculture and food security in severely-affected areas. Families affected by HIV/AIDS commonly switch their agricultural efforts away from producing cash crops. They focus their efforts on producing food crops for eating. If the situation worsens, they may seek to meet short-term economic needs by selling agricultural assets, such as livestock and farming tools.

Malnutrition has been on the rise in Namibia during the past couple of years. In 2000, 24% of Namibian children under five years were stunted which increased to 30% in 2006 (UNICEF, 2008). This implies that one in three Namibian children under the age of five is not getting enough nutrition and care to ensure proper growth and development. Regional statistics which came out of the study indicate that the Kavango region has the worst record, with about 39% of children chronically malnourished. It must be stated that Kavango is also the only region were the school feeding

programme seems to have firmly taken root. However during our study we discovered that the feeding programme has ran out of food, which indicates that though present, it is not well managed.

This study found that the majority of OVC face food shortages. Almost three-quarters (71%) of the respondents reported that they did not have adequate food. Forty-six percent of the respondents reported having three meals a day, 38 percent two per day, and 14 percent only had one meal per day. It is worth noting that although a relatively large proportion (46 percent) of the respondents mentioned that they had three meals a day, the three meals did not constitute what would be termed a nutritious diet. The meals mainly consisted only of porridge.

Poor food consumption may hinder these children's cognitive development, which adversely affects their performance in school.

In the discussions, children stated that sometimes they go for weeks without food and go to school on empty stomachs. For instance, in Kavango the research team encountered an orphan who had gone without food for four days, and while in other regions there were stories such as:

"If there is no food we sleep hungry and go to school like that".

"I get food from my grandmother, but sometimes we sleep hungry".

"I don't always get enough food".

'I live with both parents, but father is now in jail. My mother doesn't work and we are suffering, sometimes we sleep hungry because we won't be having maize meal".

The far reaching effects of malnutrition include promoting the spread of HIV as children may engage in transactional sex to secure access to food.

As evidence of the primacy of nutritional interventions in HIV/AIDS treatment, disease management and prevention, the 59th World Health Assembly in January 2006 adopted the *WHO Resolution on Nutrition and HIV/AIDS*, which urged Member States to integrate nutrition into their HIV/AIDS response and calls for strengthened political commitment and intensified action on nutrition in the context of HIV/AIDS. According to WHO, HIV-infected adults have 20–30 percent increased energy needs; while children's energy needs increase by 50–100 percent.

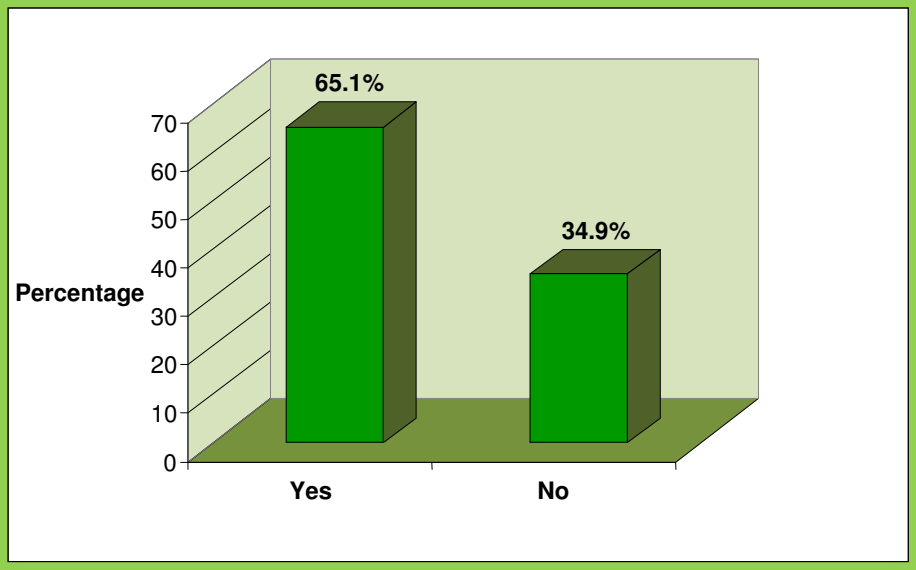
Water and sanitation

Although strides have been made in expanding access to clean water sources, families in rural areas of Namibia have the poorest access to safe drinking water in the country. The Namibian Government recognizes that access to safe water and improved sanitation is the prerequisite for improved public health and a reduction in child mortality and morbidity rates. A policy on universal access to safe water and sanitation by 2006 was adopted in 1993. Substantial progress has been made in implementing the policy. Currently, 98% of the urban population and 66% of the rural population have access to safe drinking water.

Lack of access to safe water and proper sanitation means that outbreak of diseases in affected families increases. In many communities hard hit by HIV/AIDS, access to safe water and sanitation has been identified as a severe problem for orphans, other vulnerable children and their families.

Findings from the study show that most OVC (65 percent) fetch water domestic use. The main source of drinking water was reported to be piped drinking water from a public tap (40 percent). Furthermore, most OVC (53 percent) reported that they had no access to a toilet facility of any kind in the vicinity of their dwelling.

Do you fetch water?



Energy

Energy is essential to meet our most basic needs: cooking, boiling water, lighting and heating. It is also a prerequisite for good health. What has come to be known as 'fuel poverty' is important for health and development in a number of ways. The collection of wood and other fuels impacts on the local environment, is typically very time consuming, and exposes women and often children to injury through carrying heavy loads. Open fires are an important cause of burns in children. Caught in the trap of poverty, poor households are on the one hand unable to afford cleaner fuels and appliances, while on the other are held back in their prospects for economic development by such factors as poor health, loss of time, inadequate lighting and the inability to use energy applications and appliances that can contribute to income generation.

Results from this survey indicate that most of the households' source of energy was firewood. The main source of energy (67 percent) for most of the households was reported to be firewood while 30 percent of the respondents mentioned that they used electricity and 2 percent used gas.

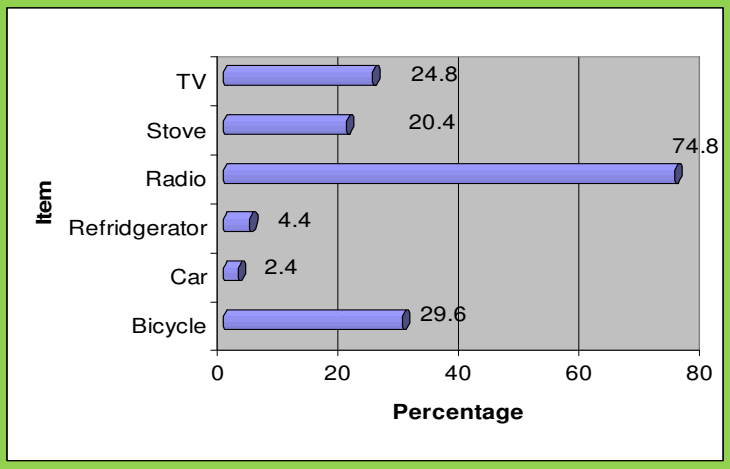
My name is NJ. I do not have parents and stay with my granny. She is getting pension, and uses this money to buy electricity, food, clothes and shoes from good Samaritans. The only problem I have is that I fetch water and wood so that my granny can prepare food.

Personal Possessions

While possessions owned do not solely define poverty or wealth, personal possessions can give some indication of the level of well-being in a household if they are measured against the societal norm for the area. Our survey looked at a range of possessions from a radio – owned by most households, even in poor rural areas – through a bicycle, stove, television, car and fridge.

The results are presented in the graph below.

Items owned by households



Basic Services

Health care

The global rates of infant and child mortality have been declining steadily over the past half century. Yet many of the achievements in child survival are increasingly at risk because of the HIV/AIDS pandemic. At the heart of the World Summit for Children's action plans was the concern to improve children's survival

and control the major childhood diseases. Facing social stigma and isolation and bereft of basic care and financial resources, orphaned children are more vulnerable to mortality and morbidity as they are less likely to be immunized, more likely to be malnourished and more vulnerable to exploitation and abuse.

Although the study did not seek to study morbidity and mortality rates per se, some of the causes of these two variables were explored in the study. As mentioned earlier, the study found that the majority of the children (71 percent) faced food shortages. In addition, a large proportion of the respondents (65 percent) reported that they fetch water for domestic use. Majority of the respondents (53 percent) also reported not having access to a toilet facility of any kind in the vicinity of their dwelling hence the only option was the bush. This has a bearing on hygiene. Deprived of food and not having access to sanitation and water, morbidity is increased which further jeopardizes these children's chances of survival and reduces the likelihood that they will be able to take full advantage of schooling.

The Convention on the Rights of the Child in article 24 recognizes the right of children to enjoy *"the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health."* Despite heavy public investments in health since independence, human development indicators are reversing, due mainly to the impact of HIV and AIDS. Life expectancy at birth - 61 years in 1991 - dropped to less than 44 years by 2005 (USAID Namibia 2006).The Namibian government has responded to the challenges posed by HIV and AIDS with a strong commitment to reverse the course of the disease by expanding its health care system to provide broad affordable access, and in establishing effective partnerships with civil society, the private sector, and donor community. While the health care laws and policies of Namibia appear to meet the Convention standards, the situation on the ground is different. Findings from the group study show that 39 percent of the respondents had at one point in their life been denied access to health care services, the major reason cited for this being financial constraints. However, it should be noted that a majority of the children (97 percent) reported that whenever they were sick their first call for help was at the clinic/hospital.

Diarrhoea is the third common cause of hospital attendance and the second highest cause of pediatric admissions in Namibia (UNICEF, 2007). Findings indicate that only 19 percent of the surveyed OVC had suffered from diarrhoea and 26 percent from malaria. When looked in terms of regional statistics the Caprivi Region is worse off when it comes to diarrhoea, while Omusati is more affected by malaria.

Key barriers to access to health care for orphans and other vulnerable children listed in International AIDS Alliance/FHI ,2008 are:

- Lack of money
- Distance to the health facility and availability of transport
- Lack of time to seek health care
- Lack of a family care giver
- Lack of health knowledge among children and care givers
- Negative attitudes and limited skills of some health workers
- Lack of appropriate services at health care settings .

It is reasonable to suppose that all of these barriers are operating in Namibia, and that addressing them will make a significant difference to the ability of OVC to access health care.

Education

HIV/AIDS poses an enormous danger to the achievement of the world's millennium goal of education. Children affected by HIV/AIDS—including those who are or whose parents are living with the disease, or those orphaned by AIDS—may face significant barriers to attending school. The cost of education, both directly and in terms of the loss of the child's labour, can be a significant barrier for AIDS-affected children who already face significant economic burdens caused by AIDS. Children from affected families who are still in school may also face discrimination and this subsequently affects learning and socialization.

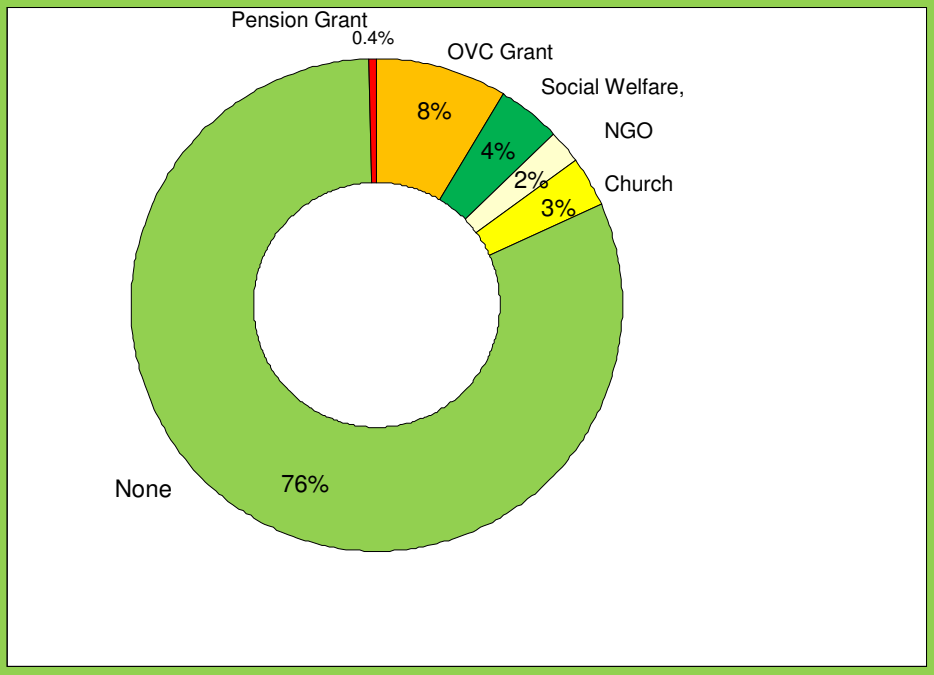
Research on OVC indicates that a significant number of orphans show high dropout rates, erratic attendance, poor concentration and behavioural disturbances. The majority of teachers interviewed agreed with the statement that being orphaned has a major negative impact on school performance. Frequently cited problems by orphans that predispose them to educational disadvantages include factors such as:

- Deprivation of material needs: including lack of proper meals, temporary or long term inability to pay for uniforms, levies, fees and basic materials. Those in child headed households or living with a grandparent tend to prioritize work in order to put food on the table as well as other essential needs above educational costs.
- Psychosocial problems due to stress, grief, stigmatization, neglect and abuse.
- Loss of parental guidance and socialization to reinforce learning and school attendance.
- Increased household responsibilities. Girls are often the first to drop out of or to be withdrawn from school in times of household crises. Even when successfully enrolled in school, their subsequent achievements may lower because of gender stereotyping or because household responsibilities frequently interrupt their attendance. This appears to be more frequent among maternal orphans (24%) and children who live with grandparents (32%) (UNICEF, 2002).
- Lack of responsiveness of schools to the needs or orphans and other vulnerable children. Many schools seem to recognize learners' stress only when it emerges as disciplinary problems or other late stage manifestations. UNESCO believes that schools that are unfriendly, unresponsive and unsupportive of children contribute to the problem of school dropouts (UNESCO, 2001).

Results from the study do show, however, that a high percentage (94 percent) of the OVC were attending school. Most of the OVC (52 percent) interviewed had attained secondary level of their education whilst 48 percent were in primary school.

Forty percent of the respondents reported that relatives paid their school fees, whilst 36 percent stated that their mother paid. Although the government has put in place some mechanisms (grants and exemptions) to ensure that orphans, children infected with HIV and other vulnerable children have access to education and are retained in school, results indicate that most of the OVC had no access to these grants. The majority of the respondents (76 percent) mentioned that they did not have any alternative funding for their studies besides that which they got from their parent (s), guardians or relatives. Only 8 percent of the OVC interviewed stated that they were receiving the OVC grant. The study also revealed that despite receiving the grant, those who do receive it see little benefit as the money is used by family members for unrelated issues. Although grants are theoretically available to OVC, it would seem that they are relatively unsuccessful in benefitting their intended target. A focus on improving access to and monitoring use of the OVC grants has the potential to make a significant difference in these children's lives.

Figure: Alternative sources of funding



It is encouraging to note that most of the OVC surveyed were going to school. However, they are in need of financial assistance to cover their school expenses as most OVC reported they faced financial constraints. Education has been found to have a preventaive impact on HIV/AIDS. Thus, the first line of defence should be to keep these children in school. However, it is not enough to simply enrol these

children in school. There is also a need to consider all the factors which enhance their education, such as feeding programmes and addressing stigma and discrimination from teachers and school mates. Despite most saying that there was no discrimination against them, many felt the word 'Orphans' as used by teachers is not desirable.

Though government has succeeded in broadening access to education, the burden being placed by the OVCs lack of finance on the school fund is enormous. The principals spoken to complain of a lack of materials , and of schools struggling to cope with administrative costs.

Denial of Services

Orphans and vulnerable children (OVC) are being denied access to public services. Financial constraints are perceived as major problems by most respondents in accessing social services.

Findings indicate that most of the respondents (41 percent) have been, at some stage, denied access to education, and 39 percent reported being denied access to health care. Respondents were also asked about a range of constraints in accessing services in their daily lives. Not surprisingly, not having enough money (92 percent) emerged as a major reason for denial of services. Consequently, the key challenge faced by the OVC in accessing the stated services was reported to be financial (86 percent).

The majority of the OVC interviewed and in group discussions had been in one way or another denied access to public services essential in their life. There is a need to enforce the policies which exempt OVC from paying for public services. For instance, denying OVC access to education reverses national development and human development in general. Similarly, denial of health care may overturn the developments made in improving child health and mortality rates. Access to health also implies access to quality health services. It does not help if there is access to a hospital, but the essential medicines or the service is lacking. The study found that many of the state run hospitals are below standard when it comes to quality service.

Abuse

HIV/AIDS deprives orphans and vulnerable children their first line of protection – their parents. Separation from parents and family is usually detrimental to the overall well being and development of the child. Children without the guidance and protection of their primary caregivers are often more vulnerable and at risk of becoming victims of violence, exploitation, trafficking, discrimination or other abuses.

Physical and emotional abuse

I am currently staying with my stepmother. At times she is good, but then other times she is not good cause she also shouts at me that you are just going to die like your parents died. Or she will say that it is why your parents died. She only shouts at me and my little brother, but not her kids. Every day I am the only who should wash the dishes and clean the house. I like to clean and wash, but then we must all do it together, because we all eat. When I tell my father he just keeps quiet. The teachers tried to talk to my stepmother, but every time they talk to her she becomes worse.

This study made clear that OVC experience widespread abuse and maltreatment. Lacking adult protection, the OVC are extremely vulnerable. Participants in the focus group discussions reported high levels of maltreatment, including exploitation and abuse. Participants gave examples of how they had been taken advantage of and abused:

"I was very disappointed when my stepmother threw me out of my father's house".

".....my stepmother used to beat me all the time. I also have an experience of ploughing on the farm".

Although performing household chores is part of socialization, in some cases it became extreme that it turned into abuse. One girl said,

"My work that I do at home is to fetch water, collect firewood and cook, I don't rest".

Another child mentioned that,

"After school, I go to the market to help my grandmom for 2 hours. I come back home and study and go back again to the market and help grandmom wash dishes and do other things. When we get home, if the house is dirty I start cleaning and then cook. By the end of the day I feel tired. This is what I do every single day".

An emerging trend is that of child abuse by stepparents and guardians. Step parenting is a common phenomenon in Namibia and is on the rise due to HIV/AIDS and instability of marriages. In a report by UNICEF (2002) on the "Situation of Orphans and Vulnerable Children and Adolescents in Zimbabwe", children reported being beaten up, overworked and deprived of food by stepparents.

One Namibian girl in our study narrated her story:

I'm a girl of 14 years. I lost my parents in 2004. After that, I lived with my stepmother and she didn't take care of me. She supports her children and I have an aunt who loves me and I love her and I went to live with my aunt. I was very disappointed when my stepmother threw me out of my father's house. The bad things that have happened to me, when I was with my stepmother? She used to beat me all the time. I have an experience of ploughing on the farm. The good things that have happened to me are when I was still with my father, he used to give me money and food to eat at school and used to take me to school and help me with my homework.

Similarly, another girl said,

"My life is not good; I live with my stepmother and my father. They always say something that makes me cry. She says I'm not your mother. Sometimes I sleep hungry. She uses me to cook and fetch water".

Discussions showed that much of the abuse takes place within the confines of the child's home.

According to group participants, many interrelated factors contributed to the mistreatment of OVC. In addition to stigma, there is the absence of a respected adult in their lives who could shield them from abuse. As one OVC said:

"*we are powerless*."

Several youth felt helpless and alone in coping with abuse.

Orphans and vulnerable children (OVC) face physical and emotional abuse from community and family members. Reports of verbal insults were frequently mentioned during focus group discussions and case studies, along with other types of abuse perpetrated by guardians.

"My stepmother always insults me and says something that makes me cry. She says I am not your mother".

"I am denied food even it is there".

Punishment is used to reprimand and discipline children and is a part of growing up, yet in some instances punishment becomes excessive and turns into abuse. Slightly above half of the participants(51 percent) reported that they were beaten when they did something wrong, 28 percent reported that they were shouted at or scolded.

When asked which type of activities should children not be engaged in, a relatively high proportion of the OVC stated prostitution (38 percent) and drugs (30 percent).

Discussions revealed that more of the children in the custody of fathers, aunts and uncles were exposed to physical and emotional abuse than those who lived with their mothers or grandmothers. Some of the children reported being excessively beaten by their stepmothers and also being called names and having their deceased mothers being insulted. For all these children, the psychosocial impact can be grave as the physical.

In terms of regional statistics the South proved to be worse than elsewhere when it comes to abuse. The study discovered that the police in the South are reluctant to investigate reports of abuse, and therefore more victims opt to suffer in silence.

Despite abuse being common, the majority of the OVC (79 percent) surveyed reported that they trusted adults to take care of them. Just over half of the OVC (52 percent) stated that the most significant person in their lives was their parent, 22 percent mentioned a guardian and 16 percent listed their grandmother.

Sexual abuse

I'm a girl of 14 years. I have lost both of my parents, they were very sick. I have two brothers and another sister. When I am hungry I go to my uncle's house then he gives me food. The other day I was forced to have sex, and it was very painful. I did not tell anyone, because when I told the police they did nothing. I want to become a police officer one day. It is all I can say.

It is evident that Namibia has impressive laws that seek to prevent the abuse, neglect, ill treatment and exploitation of children. However, the effectiveness of these laws in Namibia is open to question: the social reality does not measure up to the laws. The number of reported rape cases in Namibia rose from 564 in 1991 to 854 in 2000 to 1184 in 2005. UNICEF (2007) in its issue paper reports that:

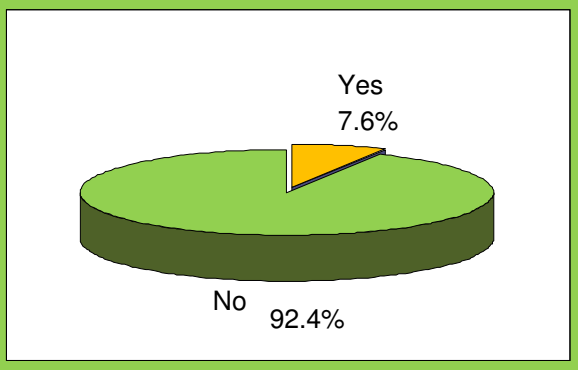
"for every 100 000 people there are currently around 60 reported rape cases per annum, one third of which involve children under the age of eight years".

The UNICEF and WCPU study report that rape is rife in Namibia. According to the study there are a staggering number of minors involved and the police officers at WCPUs confirmed processing juveniles as young as ten years old for sexual assault on even younger children, including toddlers and babies.

Contrary to expectations, a significantly low number of respondents reported cases of sexual abuse and rape. Only 8 percent of the total OVC interviewed reported having experienced forced sex and another 6 percent reported being touched intimately by a household member. It is difficult to tell whether these

reports are accurate or not: sexual matters are sensitive and people are reluctant to disclose information. Furthermore, most children who experience sexual violence are often intimidated by the perpetrators who instil fear in them, and hence are often hesitant to open up to strangers. The research team suspects that in reality the figures are much higher.

Have you ever been forced to have sex?



Girls are more likely to experience sexual violence than boys. Of the nineteen (19) respondents who reported that they had at one time been forced to have sex, 18 (7 percent) were girls and only one (0.4 percent) was a boy.

Although most of the OVC reported that they had not experienced sexual abuse in any form, it cannot be ruled out that some of the children are being sexually molested. Sexual matters are sensitive and this usually discourages individuals from disclosing anything which involves their sexuality. Results also suggest that girls are usually the primary target of sexual abuse. Participants in discussions revealed that sexual abuse was usually perpetrated by someone you know and trust, such as relatives or someone from the community. It should also be noted that the overcrowded accommodation in which OVC lived also encouraged abuse.

Despite the fact that no child reported engaging in prostitution, this does not rule out the possibility that it is happening.

Stigma and discrimination

Stigma and discrimination mean that people are not treated equally or fairly. The right to be treated equally is part of the UN Convention on the Rights of the Child. Children in difficult circumstances suffer from distress because of the shame, fear and rejection that often surround HIV/AIDS. Because of stigma and the often irrational fear surrounding AIDS, children orphaned by the pandemic may end up being mistreated or disregarded by their foster households, friends and the community at large.

Effects of stigma and discrimination include:

- Fear of members of the stigmatised group.
- Verbal and physical abuse of children and young people.
- Fear of disclosing information, including results of HIV tests. This may mean that people do not get the treatment they need.
- Reduced self-esteem and confidence among children.
- Children and young people being isolated socially. This can mean they are 'excluded' from society.
- Withdrawal, depression and other psychosocial problems.
- Children and young people running away from the place where they are experiencing stigma and discrimination. This may involve them moving from rural to urban areas. This carries the risk of them ending up living on the street (AIDS Alliance/FHI ,2008) .

Contrary to existing literature, findings from the interviews conducted for this study show that orphans and vulnerable children were not experiencing stigma and discrimination. The majority of the OVC interviewed reported that children in their community played with them (97 percent), adults in their community talked to them (97 percent) and they did not feel rejected by their peers and classmates at school (87 percent).

However, group discussions revealed a different picture as participants reported that they experienced stigma and discrimination on a daily basis in their lives. One girl said,

"My friends once chased me away when I wanted to share a book with them. We are neglected by friends and at home in food sharing".

Failure to report stigma and discrimination may itself be a result of stigma and discrimination, and efforts to combat stigma and discrimination linked to HIV/AIDS should be continued.

Social support

Lack of social support from community, church, and teachers was common. Disappearance or breakdown of a social support system or safety net can result in children becoming homeless, heading households or working to sustain themselves (Danzinger,1994). The vulnerabilities of these children are increased by the fact that they are cared for by impoverished families and they reside in already weakened communities. The study indicates that orphans and vulnerable children (OVC) do not have support networks available to them. Social support questions revealed that the church (80 percent), community (83 percent) and teachers (87 percent) "never" supported them.

Although the extended family network has remained the backbone of society in Namibia, HIV/AIDS coupled with socio-economic problems is now eroding the system. As a consequence, many children are falling through the net of the extended family. There were mixed responses with regards to support rendered by relatives with 16 percent reporting "never", 29 percent "sometimes", 28 percent "often" and the remaining 28 percent reported "always".

Table D: How well do you feel supported by each of these groups?

	Never %	Sometimes %	Often %	Always %	Total %
Relatives	15.6	28.8	27.6	28.0	100
Church	80.4	12.8	5.6	1.2	100
Community	83.2	15.6	.8	.4	100
Teachers	87.1	12.1	.8		100

While vulnerable children must have their basic needs met to survive, they need more than this to cope with the adversities in their lives. It is clear from the survey and focus group discussions that many long to have someone to talk to, someone to teach them skills, someone to protect and defend them, and, most of all, to feel that the community cares about them. This love, support, and comfort cannot come just from an NGO; it must come from the community of people to whom these children belong—the neighbours, family, and friends who comprise the network of social connections in their lives. The OVC are likely to experience psychosocial problems if they lack an adult in their lives who supports and cares for them. In all the areas where the study was contact, it emerged that the church is amongst the least supportive of institutions for orphans and their problems.

Life Changes

Loss of parent (s) brings about numerous changes in a child's life. Children orphaned or made vulnerable by HIV/AIDS face significant psychological and material difficulties. While the death of a caregiver affects a child's access to shelter, nutrition, education, medical care, and his/her psychological wellbeing, HIV/AIDS poses some unique problems. Unlike other causes of parental death, AIDS often takes both parents, further increasing a child's vulnerability. Studies have shown that double orphans (children who have lost both biological parents) suffer more material hardships, including difficulty in obtaining education. In addition, HIV/AIDS commonly carries significant stigma, which can limit a child's access to help.

The OVC reported that their life had changed significantly since the death of their parent or a household member. Respondents reported that the loss of their parent (s) had negatively impacted on their lives in various ways, with 30 percent reporting lack of food, 17 percent lack of clothing and 12 percent reporting they were experiencing emotional discomfort because they missed their parents.

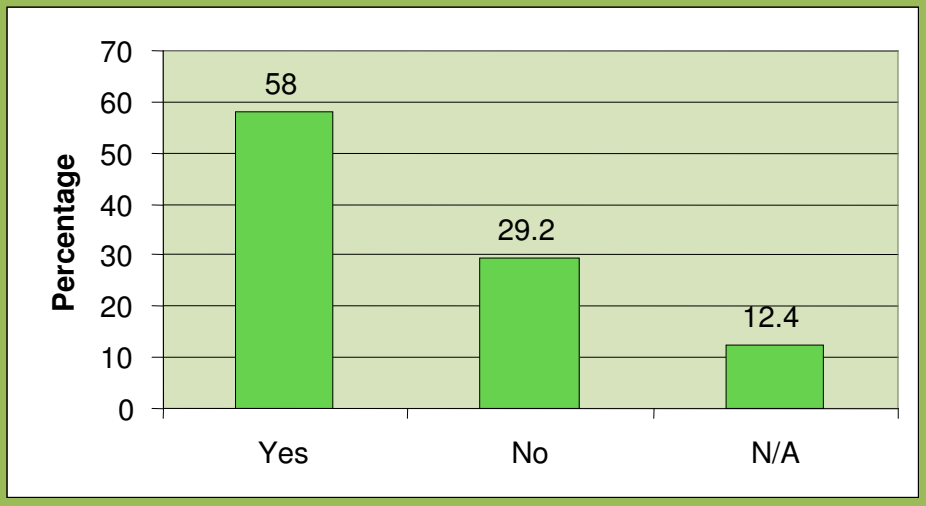
My name is TK. I was very unhappy when my mother passed away. My life was very bad an uninteresting. When I was with my mother my life was nice and beautiful. When my mother passed away my father re-married. I always think of my mother.

My father, my sister and my brothers treat me well but sometimes I feel bad when they say bad things and I think about my mother. My father, sister and brother love me and pay my school fees and buy for me everything I want. On my birthday they bought me a big cake.

My brother pays my fees and put me in the hostel for me to study hard. Most of our neighbours like me because I have a good attitude and respect them. My brother and sister work in Rundu. My brother is an office worker or computer programmer but does not get enough salary. I want to become a clerk or nurse. If I become a nurse I will help people who are sick from the common diseases.

Sometimes I feel bad because being without a mother is a bad thing in life. I just want to study and have a good life. If they treat me so badly I sometimes cry until my eyes are red, especially my step mother who says bad things and her children always say I don't have a mother.

Since your parent /household member died, has your life changed?



In the focus groups, the OVC also highlighted loneliness and a deep sense of loss due to the death of their parent (s):

"My life is not good because I live with my stepmother and my father. My stepmother always insults me and says something that makes me cry. She says I am not your mother".

"My father used to buy me clothes but now I have to work at another person's house so that they can give me N$20.00 to buy clothes".

".....when I was still with my father, he used to give me money and food to eat at school and used to take me to school and help me with my homework".

"When I was with mother, I used to have everything I wanted, but when she passed away I felt like it was a dream".

"After the burial of my father, I went to live in Windhoek for a year and then I came back to Rundu where I now stay with my grandmother".

Psychosocial distress

Responses to various questions indicated a high level of distress among respondents. Given the cumulative impacts of death and loss on the psychological health of young people, respondents were asked about the loss of parents and how it had affected their lives. Depression-like symptoms which scored high on the "sometimes" scale included having headaches (71 percent), finding it difficult to concentrate on things (44 percent), feeling lonely (62 percent), performing poorly in class (56 percent), having uncomfortable feelings in your stomach (50 percent), feeling tense, nervous, or worried (61 percent) and feeling tired (66 percent). The variables which had a relatively high score on the "never" scale included thinking of killing yourself (89 percent), thinking of running away from home (81 percent), finding it to make decisions (72 percent), crying without being provoked (69 percent), poor appetite (60 percent), having problems sleeping (62 percent), losing interest in things (56 percent) and finding it difficult to enjoy your daily activities (50 percent).

In case studies, some of the children described the psychological distress they were going through. For example, one girl had this to say,

"When my mother passed away, I was very unhappy, I could not even laugh. Sometimes I feel so bad and think about my mother when they say bad things. When they treat me badly, I sometimes cry until my eyes are red".

Another child mentioned that: *"When my dad died, I was not ready to lose him".*

One girl said: *"When I think about the death of my mother, tears come out of eyes".*

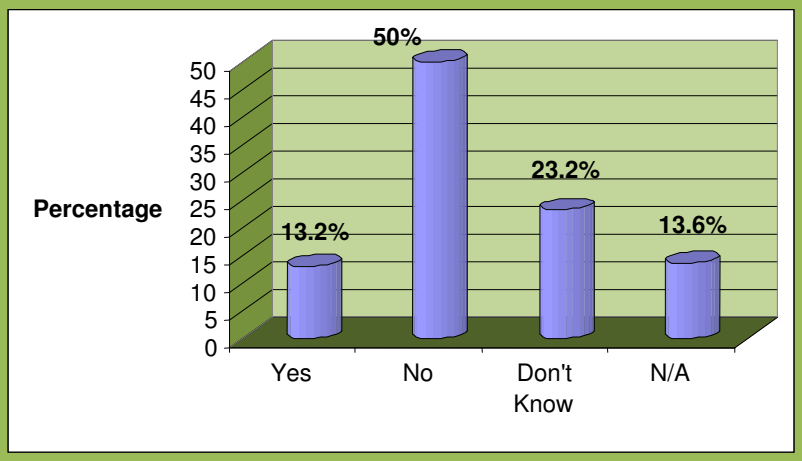
Issues of Inheritance

Responses to questions on plans made for the children by their parents before their death indicate a lack of future plans for children by parents. Half (50 percent) of the respondents reported that no plans were made by their parent(s) and 23 percent reported that the "did not know" if any plans had been made.

Respondents were asked about things which they regarded as most important in their lives. The most commonly reported as an "important thing" was food (40 percent), with family coming in second (17 percent) . In addition, respondents were asked about what they were most afraid of in their lives. The question drew mixed responses with 39 percent reporting 'death', 23 percent 'sickness' and another 23 percent 'abuse'.

My name is CK, I want clothes and money, and I do not have shoes. Sometimes we pound mahangu, but if we say we are tired they beat us, and if we refuse we do not eat until the following day at lunch. I do not have both parents, but my uncle took me in. I do not know what happened to my parents' goods as I was given nothing until today.

Plans made by parent(s) before death



The majority of the children reported that there were no plans made for them before their parents' death. This could be attributed to the fact that in the African culture, people are still reluctant to think about or discuss life after death as it is believed it brings bad omens or it is as if people are wishing for somebody to die. However, this lack of communication and reluctance to make plans for children results in impoverishment of the children after the parents' death, and in some cases the children are robbed of their inheritance by wayward relatives. Lack of inheritance or property affects children's welfare. In summary, access of these children to inheritance is a key factor in determining their survival, health, education and physical security. The Caprivi and Omusati regions stand out as the worst with regard to children losing their inheritances to relatives. According to the study, many relatives are eager to lay their hands on the orphans' inheritance, and then fail to support the orphans.

Knowledge

Knowledge of Child Rights

The majority of the respondents (59 percent) had heard about child rights. However, when asked to list those rights, the majority only managed to list education.

Knowledge of HIV/AIDS

There is no biological vaccine against HIV, but education can serve as a social vaccine to protect children as they grow up. When the epidemic was new and the causes and means of protection unknown, it was often the more educated members of society that became infected. But today this pattern has reversed. An eleven year study in Uganda, for example, has shown that a child who drops out of primary school, or who never enrolls, is almost three times as likely to be infected in her twenties as a child who completes a basic education.

Misconceptions about HIV/AIDS are widespread among young people and more so OVCs, as they may not be going to school where they receive essential information on the pandemic. This misinformation is especially dangerous in a country where the prevalence rate is on the rise which implies that there is a heightened possibility that a potential sexual partner is infected with HIV.

The majority (89 percent) of the interviewed children had heard about HIV/AIDS, although some of the younger OVC reported not having heard about HIV/AIDS. Of those OVC who had heard about HIV/AIDS, the majority (86 percent) reported that they had not heard of medicines to prevent mother-to-child-transmission.

Table E: Have you ever heard of HIV/AIDS

	Frequency	Percentage
Yes	222	88.8
No	28	11.2
Total	250	100.0

Prevention is the key to reducing infection rates and ultimately defeating AIDS. The three most mentioned methods of preventing HIV were

- condom use
- abstinence, and
- having one faithful partner.

Eighty percent of the OVC mentioned condom use as a way of preventing HIV, 73 percent mentioned abstinence, and 69 percent having one uninfected faithful partner.

Stigma and often the irrational fear surrounding AIDS make people reluctant to be tested for HIV infection. This problem is compounded by cultural norms related to sexuality which promote silence. Even when they suspect they have an infection, many young people do not seek medical care because they fear that their privacy will not be respected. They may also be too embarrassed or feel too guilty to seek treatment. In line with this, the study found out that the majority of the respondents (94 percent) had not been tested for HIV infection, although they reported that they knew where one can be tested (83 percent).

Table F: Have you been tested for HIV

	Frequency	Percentage
Yes	14	6.0
No	220	94.0
Total	234	100.0

The study found that a large proportion of the children (81 percent) had heard about HIV/AIDS through teachers. Most of the children had heard about HIV/AIDS from teachers because there are programmes and extracurricular activities *(My Future My Choice* and *True Love Waits*, for example*)* run in schools on HIV/AIDS and reproductive health in general.

Although the mass media is a powerful weapon against HIV/AIDS and can tackle difficult issues such as how to handle unwanted sexual advances, negotiate condom use and redefine what it means to be a 'real man', a very low proportion of the surveyed children reported having heard about HIV from the media such as TV (9 percent), radio (23 percent) and newspapers (8 percent).

Studies have found out that in homes where families communicate openly about sexuality, young people often make safer choices with regard to sex. But many parents and adults are unwilling to talk about sex or uncomfortable doing so because they lack the knowledge or they fear that informing young adolescents about sex and how to protect themselves will make them sexually active. In line with this, results show that very few OVC reported their source of information being parents (13 percent), relatives (12 percent), health providers (24 percent) and religious leaders (0.9 percent).

In line with expectations, the majority (75 percent) of the children perceived AIDS to be a "serious problem" in their communities. Contrary to expectations, the majority (59 percent) of OVC did not know any person who had died of AIDS in the 3 months preceding the study.

Resilience

I'm a girl of 12 years. I lost both of my parents in 2002 and 2003. Currently, my teacher is buying me food and school things when I am at school. I wish I could stay with my teacher the whole time, but she is not from our village. I pray that I grow up one day and become a teacher in my village. My teacher is telling me that my parents died of Aids, but if I look after myself I will not get HIV/AIDS.

I believe God will help me, and that one day I will become strong and have a big family and buy my kids a lot of good stuff whenever they want.

Despite hardships, many youth demonstrate resilience and hope for the future.

While all of the OVC surveyed experienced difficult circumstances and many reported negative consequences, it is important to recognize their resilience as well. In spite of the hardships they face, the children have plans for the future and a sense that things will work out all right one day.

These are some of the aspirations of the participants:

"I want to go to high school"

"I want to go to university'

"I would want to work in an office"

"I want to become president"

"I want to be a lawyer".

One child in the study wrote few words they wished to share with all:

"People in this world take care of us orphans, we are also human beings like you. Don't let us on the streets because we are the future of tomorrow. Good future will smile on you if you show compassion to others".

Section 5:

Conclusions and Recommendations

Conclusions

From the beginning, the HIV/AIDS epidemic has been accompanied by fear, ignorance and denial, leading to silence and inaction on the part of governments and other stakeholders. Orphaned and vulnerable children are often victimized by stigma, discrimination and abuse against people with HIV/AIDS and their families. Stigma and discrimination engender rejection, hostility and isolation and can lead to human rights violations. Reducing stigma and discrimination will require increasing access to information, challenging myths and transforming the public perception of HIV/AIDS. Faith-based organizations, civic associations and other non-governmental organizations can play an important role in raising awareness and promoting community responsibility to help those affected by HIV/AIDS. Faith-based and other community groups also play a critical role in identifying the most vulnerable among those affected and help mobilize community responses to their needs.

When a household begins to feel the effects of HIV/AIDS, family relationships are the first and most immediate source of support. Mothers and fathers who lose their spouse to AIDS are burdened with increased economic and childcare responsibilities and, in some cases, may also be ill themselves. The vast majority of orphaned and vulnerable children are living with surviving parents or their extended family. Even the majority of children living or working on the streets live with or maintain ties with their families. Given this reality, the core of a strategy to respond to orphaned and vulnerable children must be to strengthen the capacity of families to care for and protect their children.

Families are the best hope for the care of vulnerable children, but they require support from outside sources for both immediate and longer-term survival needs. Families need a combination of economic, material and psychosocial support, as well as measures to help those living with HIV/AIDS to live longer, better and in greater dignity. Areas of interventions that are vital to the coping capacity of families include: improvement of household economic capacity, provision of psychosocial support to affected children and their caregivers, strengthening and supporting childcare capacities, support of succession planning and will-making, prolonging the lives of parents and strengthening young people's life skills. A partnership of governmental, non-governmental and community agencies, will be needed to provide this support.

Emerging patterns could be a result of things not discussed in this study, but many of the patterns are clear and suggest responses. The findings reveal that OVC face a number of socioeconomic and psychosocial challenges, and a number of these children's rights are being violated each and every day.

As shown by results, OVC are among the most vulnerable groups in society. This is so because there are so few support systems outside the family for them. These children endure overwhelming losses with little chance of being assisted as they live in societies already weakened by poverty and the AIDS pandemic.

Government and other stakeholders have made major strides, but much more needs to be done.

Deprivation in one aspect often accentuates other deprivations. OVC in rural areas are likely to experience more violation of their rights.

Recommendations

HIV/AIDS is one of the greatest threats to childhood in the world today. But the lines of response to the plight of OVC are clear, provided all stakeholders involved have the will to pursue them. The following strategies are recommendations to various stakeholders who wish to alleviate the plight of children affected by HIV/AIDS, and who wish to strengthen their access to accepted human rights.

1. Ensuring that Government protects the most vulnerable children

While the family has primary responsibility for the care and protection of children, national governments have the ultimate responsibility to protect children and ensure their well-being. Almost all countries have ratified the United Nations Convention on the Rights of the Child and by doing so have accepted this responsibility. In order to meet these obligations, countries must undertake and be supported in a broad range of multisectoral actions, including adopting national policies, strategies and action plans; and allocating and mobilizing increased resources for children. Namibia has several policy instruments and pieces of legislation that relate to the rights, protection, care and support of children (see section 3). Most importantly, effective structures are needed to implement and enforce legislation. Generally, all human rights impose three *specific obligations* on States: obligations to *respect*, obligations to *protect*, and obligations to *fulfill* (United Nations, 2002).

No ministry has sole jurisdiction over the issues surrounding orphaned and vulnerable children. Our Government and other stakeholders, including the LAC, must continue to work on finding ways to bring together the main stakeholders to respond in a coordinated and effective way to assure that resources reach communities and that these responses meet the many needs of orphaned and vulnerable children.

Many areas of work remain. For example, it would be useful for Government to ensure that the regions have adequate numbers of social workers. For instance in Caprivi at the time of the study there was only one Social Worker, while the region has sixteen constituencies. According to this Social Worker, the workload is so high that she fails to reach even a single orphan, and is finding it impossible to facilitate social grants.

2. Strengthening families and communities

When families cannot adequately meet the basic needs of their children, the community provides the next level of a safety net. In practice, care for orphaned and vulnerable children comes from nuclear families with support from the extended family. With organized community assistance, extended families can keep relationships intact when the nuclear family structure is no longer able to bear the

strain of increased numbers of dependent children. In extreme cases, communities will need to care for children with no family involvement to maintain social cohesion. The foundation of an effective response that matches the enormous scale and long-term nature of the impacts of HIV/AIDS on children is therefore to reinforce the capacity of communities to provide support, protection and care. To be successful, this approach requires that local leaders be engaged in responding to the needs of vulnerable community members. It is important to recognize that faith-based and non-governmental organizations, along with other community structures, have a key role to play in mobilizing and supporting community efforts.

The extended family is and should remain the key source of support for children affected by HIV/AIDS. When deprived of the opportunity to grow up in a supportive family environment, children receive less stimulation, individual attention and love and are ill prepared for life and healthy social interaction. Children who grow up outside of families whether on the streets or in institutions, often face discrimination and may feel unloved or excluded (UNAIDS/UNICEF, 2001). However, the ability of families and communities to care for children depends largely on the resources available. Among the approaches that can be adopted to strengthen families and communities are:

- Fostering the economic well being of households caring for children affected by HIV/AIDS, for example, by ensuring they are reached by social safety nets such as poverty alleviation initiatives, including social grants, income generating activities and seed funding.
- Offering affected children and their caregivers psychosocial counselling and support.
- Improving caregivers' skills especially in the area of early childhood development and making community based childcare available.
- Encouraging parent to child communication including helping parents write their own wills and talk about the future of the children
- Enabling parents to live longer, better and in greater dignity.

3. Creating an enabling environment for the affected children

- Fostering dialogue on HIV/AIDS within communities in order to dispel myths, combat ignorance and maximize the chances that people will respond to affected children's needs with compassion.

- Sensitizing local leaders including religious and traditional authorities, teachers and other prominent citizens to the impact of HIV/AIDS on children and mobilizing their support.

4. Improving access to services

A critical component of the response is to increase access to essential services and to ensure access on an equal basis by orphaned and vulnerable children, compared to non-orphans. These essential services include education, birth registration, basic health and nutrition, and access to water and sanitation. Government plays a critical role in providing services to all children and communities. As part of overall government service-provision plans, there is a need for increased resources and innovative services, such as combined mobile services to reach children where they live. To ensure greater impact and

sustainability, interventions that build the capacity, quality, collaboration and reach of effective service-delivery programmes are warranted.

5. *In-depth qualitative research is needed to better understand children's grieving processes.*

Such research would focus on cultural attitudes and children's attitudes in particular, toward illness, loss, and death. The findings would be useful for psychosocial support (PSS) programs working with children on grief resolution.

Other strategies that can help are:

- Organizing cooperative support for affected households. This can involve home visits, community day care programmes or childcare to give caregivers some respite. The support can also be material, for example, assisting vulnerable households through pooled funds.

6. *Strengthening the youth and the voices of children*

- The first line of defense is keeping children in school so that they can take care of themselves. Interventions should address factors such as school expenses, introducing school feeding programmes and ensuring access to life skills education to reduce the risks of HIV infection.

- Psychosocial support – losing a parent is a traumatic experience and children need immediate support as they deal with a host of new difficulties and challenges.

The requirement to consult with children has a strong basis in international law. According to the United Nations' *Convention on the Rights of the Child*, children's rights fall into three categories:

- Those dealing with provision – what should be provided for children, such as basic health care and education.

- Rights associated with protection against abuse, neglect and sexual and economic exploitation.

- **Rights associated with the rights of children to be heard in all matters that affect them**, including that children should have their thoughts taken into account subject to their evolving capacity and with parental guidance.

The rights associated with the right of children to be heard and respected for their views are fundamental to our work. It is the obligation of the state, not only to give the child the opportunity to express his or her views, but, importantly, also to guarantee that due weight is given to those views in all decision-making affecting the child.

'This obligation includes a duty to find and to use the appropriate methods for communicating with children as well as a duty to try to motivate children and youth to take active roles.

Respect for children's rights to participation demands that children be viewed not just as 'subjects of study and concern', but also as 'subjects with concerns' (Prout, 2000).

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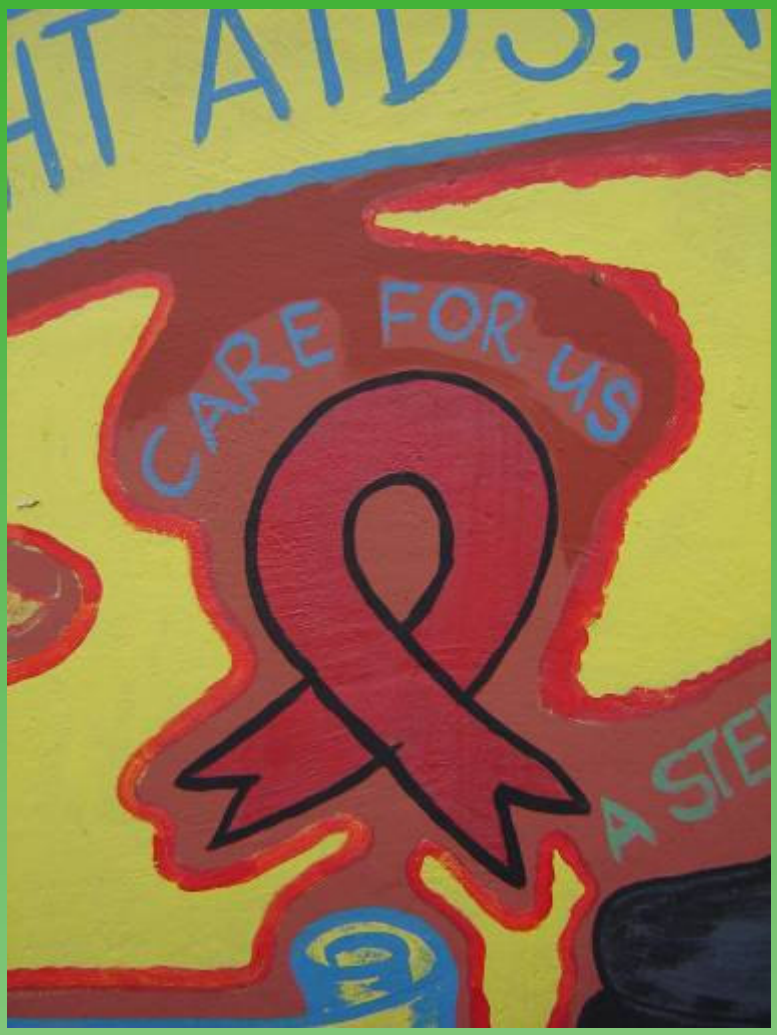

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Appendix 1: Terms of Reference for the Study

TERMS OF REFERENCE : CONSULTANT

The Legal Assistance Centre (AIDS LAW UNIT) is inviting dynamic applicant to apply for a position of Consultant.

Consultancy on Technical Assistance to conduct and develop a Situational Analysis on Orphans and Vulnerable Children (OVCs) throughout Namibia.

Background

The **Legal Assistance Centre (LAC)** is a public interest law centre and was established in 1998 to provide legal services to indigent individuals and communities. The LAC has a proud history of assisting clients to resist unjust apartheid legislation in the past and is now paying a major role in building of a constitutional democracy and a human rights culture in Namibia. The **Aids Law Unit (ALU)** is a project of the Legal Assistance Centre (LAC). Founded in 1999, the ALU promotes a human rights-based response to the HIV/AIDS epidemic and provides an avenue for remedies for people with HIV and AIDS who have been discriminated against on the basis of their status.

UNESCO (Namibia) has estimated that by the end of the decade, there will be over 206,000 orphans in Namibia, meaning that "at the current rates of infection and death, a child born in Namibia today has more than a one in three chances of becoming orphaned before reaching adulthood."[1] These statistics are alarming in light of the discrimination that OVCs presently face in Namibia.

OVCs affected by the epidemic are repeatedly discriminated against in Namibian civil society due to a lack of overall awareness of children's rights in general. Due to this lack of knowledge, OVCs face discrimination at home, school and in their communities. At school, OVCs are often barred from attending because they cannot afford the school fees or are financially unable to purchase the required uniforms. In the home environment, they face rejection by their family, friends and supposed caretakers.

[1] UNESCO Namibia. *Orphans and Vulnerable Children* (2006).

Testimonials abound of orphans being denied food, being forced to sleep outside or in the back of the home, or being sent to work instead of attending school. Due to this discrimination in their early years, OVCs are left without resources for education, healthcare and love and support required by children, making them increasingly vulnerable to HIV infection.

Promoting and protecting fundamental children's rights is a way of addressing the underlying legal, social, cultural and economic conditions that make people vulnerable to HIV infection. Female OVCs, for instance, are more vulnerable to HIV infection as they often do not have the power to refuse unprotected sexual intercourse. Poverty, in turn, forces both male and female OVCs into economic or social lifestyles that increase their vulnerability to HIV infection. In particular, female children are rendered vulnerable as many times, engaging in unprotected sex is the only way to solicit an income to cover their basic needs.

There is thus a continuing need to promote a human rights-based approach to HIV/AIDS in Namibia, to address issues around HIV-related discrimination and to provide an avenue for remedies for OVCs who have been discriminated against. This project will seek to improve the quality of life of OVCs by identifying gaps in the realization of OVC rights and empowering local communities to promote and protect OVC rights. The Aids Law Unit of the Legal Assistance Centre seeks to reduce the vulnerability of children in the epidemic by addressing discrimination and promoting a human rights-based approach to HIV/AIDS.

Purpose and Objective:

The aim of the consultancy is to conduct a situational analysis of the rights violations and challenges faced by OVCs from OVCs in Namibia, in order to assess their status in the Namibian Civil Society. The analysis will also assess what resources are lacking for OVCs and determine denial and/or violations of OVCs fundamental rights and freedoms.

Duties and Responsibilities:

- Gather information by conducting interviews with focus groups such as the OVCs themselves, caregivers, social workers, principals, etc.
- Site visits to schools and homes in all 13 regions in Namibia to identify the needs of OVCs
- Conduct extensive interviews with orphans and caregivers
- Extensive consultative meetings with stakeholders to solicit inputs and comments on OVCs needs, i.e UNICEF, Ministry of Gender and Child Welfare, Ministry of Education, NGOs dealing with OVCs
- Conduct interviews with caregivers, i.e grandparents and principals in order to ascertain their needs and challenges faced in caring for OVCs
- Compile a draft report on the status of OVCs and the rights violations and challenges that they face
- Finalise the report on the status of OVCs
- Required to report to Project Co-ordinator

Stakeholders

- NGOs responsible for orphans
- Ministry of Gender and Child welfare, ie social workers
- Ministry of Education
- Ministry of Health
- UNICEF
- Schools, mostly Primary Schools, i.e Principals
- OVCs themselves
- Members of households, ie caregivers, grandparents etc.
- Representatives of foster homes or houses of safety

Minimum qualifications:

An advanced degree in social science or law with child protection background is required. A Masters degree in the above fields will be an added advantage.

Experience:

- Extensive research experience
- Extensive work experience in child protection issues
- Proven experience in conducting and developing situational analysis

Skills and Competencies:

- Excellent Research skills
- Good analytical skills
- Good English communication and language skills (oral and written)
- Good presentation skills
- Ability to facilitate discussions and information sharing
- Demonstration of good teamwork
- Good computer skills,
- Ability to write clearly and concisely
- Good language ability
- Ability to meet deadlines
- Ability to structure information in a clear and concise manner
- Good judgment and decision making skills
- Very good planning and organizing skills

Timeframe:

- The field work will commence on 3 September 2007 and should be finalized by 21 September 2007

- The draft report should be finalized by 5 October 2007 and the final report by 19 September 2007.

Proposals together with your curriculum vitae should be submitted to:

Ms Basilia Ngairo at P.O Box 604 Windhoek, e-mail address: bngairo@lac.org.na direct your queries to Amon Ngavetene at telephone no: 061-223356 e-mail angavetene@lac.org.na.

Detailed terms of reference can be obtained at the Legal Assistance Centre, Aids Law Unit, 4 Korner Street, Windhoek

Closing date: 27 August 2007 (Only short listed candidates will be contacted)