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Information Needs and Information-seeking Behaviour of Orphans and Vulnerable Children and their Caregivers in Okahandja, Namibia

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Abstract

This study ascertained the information needs of orphaned and vulnerable children (OVC) and their caregivers and the information disseminating strategies used by key stakeholders in managing the OVC situation in Namibia. Both qualitative and quantitative methods were used, in the form of interviews, focus group discussions and questionnaires. Preliminary findings indicate that the OVC preferred oral and interpersonal communication, and used relatives, teachers and friends as their main sources of information. Television, books, radio, newspapers and church leaders were also popular information channels. Caregivers preferred interpersonal communication, and use social workers and relatives as their main sources of information. Other channels used for communicating information included workshops/ seminars, radios and newspapers. Most service providers produced leaflets and posters, and organised meetings in order to disseminate information to their target groups.

Keywords

Orphans, vulnerable children, caregivers, information-seeking behaviour, HIV, AIDS

Introduction

Despite promising advances in addressing Acquired Immune Deficiency Syndrome (AIDS) in terms of treatment and prevention programmes, the number of people living with the Human Immunodeficiency Virus (HIV) and dying as a result of AIDS is increasing. Statistically, the Sub-Saharan African region is the worst afflicted, with two-thirds (63%) of all people living with HIV residing in this region. The worst affected area within this region is Southern Africa (which includes Namibia), where 34 % of all deaths reported in 2006 were AIDS related (UNAIDS and WHO, 2006). Family members left behind, especially children who rely on their parents for all their needs, are often the worst affected victims of this illness. With the predicted rise in cases where children are left orphaned or vulnerable as a result of HIV/AIDS, care of these children has been placing an increasing burden on already overstretched extended families and communities (Save the Children UK, 2006; Ruiz-Caseres, 2007).

Based on current trends, it is expected that Namibia will have approximately 250,000 orphans (over 10% of the population) within the next 20 years, and over three quarters of these orphans will be children (Yates 2004; UNICEF, 2006). Within the traditional African society, caring for orphans becomes the responsibility of the extended family, but the extended family is often unable to fulfil this obligation towards the orphans. In instances where children are left vulnerable through the death of one parent, many of these households are headed by a child who has to take care of the other sick parent and, if they have any, their siblings (Barnett and Whiteside, 2006; UNICEF, 2007). Poverty, illiteracy and lack of knowledge on how to get assistance often lead to the exploitation or ill-treatment of orphaned and vulnerable children (OVC) by their caregivers.

Basic and Information Needs of OVC and the Roles of Caregivers

For their daily survival, orphaned and vulnerable children (OVC) experience needs that cover a wide variety of issues and concerns. A study done in 2001 by the World Bank revealed that OVC's major needs centre around coping skills, physical and economic survival, and the ability to protect themselves from exploitation by both caregivers and community members. Other needs concern health and legal related issues, business skills, education, and the need to be cared for (The Task Force for Child Survival and Development and World Bank, 2001). Although information has not been explicitly mentioned as a need, access to information underpins the children's ability to empower themselves for survival.

Studies have found that over 60% of all orphans globally are cared for by their grandparents (in most cases the grandmother), who do so on very meager incomes or pensions. This is also the case in Namibia (UNICEF, 2006; Masabane 2002; Moody, 2007). But OVC and the grandparents and other caregivers are often unaware of available government assistance (Haihambo et al., 2004). Other than the government, a number of non-governmental organisations (NGO's), faith-based organisations and community initiatives are involved in providing services to these groups. According to Yates (2004), services include feeding programmes and educational and psychological support, while general health services are provided through the Ministry of Health and Social Services, which targets all children through primary health care and nutrition programmes.

Caregivers, who include organisations, family members or communities caring for OVC, need guidance on where to find assistance. A study by UNICEF (2005) revealed that many orphans are not receiving the grants due to them. This is partly due to the caregivers' ignorance on where to obtain certain forms of documentation, such as birth certificates, death certificates and other supporting documentation needed to apply for grants. Kumar, Aarti and Arabinda (2001) additionally identified the following information needs: basic knowledge about HIV/AIDS; the children's emotional states and how to address them; health problems, such as symptoms and signs of medical problems; nutritional requirements; methods to combat the stigma and discrimination directed at the child or family; how to access services such as grants, identification documents, etc; and counselling.

In order for government and other service providers to intervene and be of assistance, knowledge and an understanding of the needs and environment of OVC and their caregivers are imperative. Effective service delivery planning is therefore essential. The basis of all service delivery should be knowledge of the nature and extent of the problem at hand. Although general statistics on the people affected by HIV/AIDS are available, Haihambo et al. (2004) found that data identifying the number and whereabouts of orphaned and vulnerable children in Namibia are not known. Nor is there any comprehensible statistics available that provide insight into what services are currently used by the OVC and/or their caregivers. There are, however, several policies guiding service delivery to these groups in Namibia. UNICEF (2005) noted that the known number of OVC was moving beyond the coping capacity of the country, and that timely and correct information is now needed to manage the crisis. This information includes: actual numbers and profile of the affected children; services, support and care required; available service providers; and the effectiveness of the diverse intervention programmes and OVC care approaches.

Yates (2004:6) identified several NGO's involved in service delivery to OVC and their caregivers. Their services concentrated mainly on six areas, i.e.:

- The provision of food by way of feeding schemes, soup kitchens and food parcels.
- Assistance with education by providing uniforms, exempting school fees, paying for accommodation, etc.
- Healthcare services, such as anti-retroviral compliance, fee exemption for basic health services, and nutritional monitoring.
- Psychosocial support by way of home visits,

organizing camps and clubs, training, counselling, and sport and recreation.

- Teaching protection through life skills, information on rights, will writing and involvement in law reforms.
- Providing general assistance through the teaching of income generating activities, access to grants, outreach programmes to caregivers, and temporary shelters and homes.

Most of these activities have (within them) information needs, and information provision and dissemination aspects that require to be investigated, understood and serviced to the benefit of the recipients.

Purpose of the Study

The purpose of this study was to examine the information needs of orphaned and vulnerable children and their caregivers and to identify the information disseminating strategies used by key stakeholders in managing the OVC situation in Namibia. The objectives of the study were as follows:

- To determine the information needed by orphaned and vulnerable children in order to cope with their situation;
- To establish the information needs of caregivers dealing with the OVC situation in Namibia;
- To identify the sources and channels of information used by orphaned and vulnerable children and their caregivers when addressing their information needs;
- To determine the usefulness of information sources and services; and
- To establish the problems that caregivers and service providers experience when accessing, disseminating and sharing information.

Methodology

The study examined the information needs and seeking behaviour of orphans and vulnerable children (aged between 8–18 years) and their caregivers and the role of service providers in Okahandja, Namibia.

Okahandja, which is located 70 km north of Windhoek (“Okahandja”, 2007), had, according to the 2001 population census, a population of 14,039 – 7,064 females and 6,975 males. The number of orphans under the age of 15 years, according to the census, was 51,068 for the whole Otjozondjupa region, of which Okahandja is a part (National Planning Commission, 2003). Unfortunately, present day figures for Okahandja are not available. Okahadja was chosen as a pilot study site mainly because of convenience.

The purposive sampling technique was used to select OVC and caregivers because it was difficult to identify the population. The assistance of “experts” familiar with the chosen research groups, such as social workers, traditional leaders and church leaders, was used to identify a sample of respondents for inclusion in the study. This worked well because these community leaders and social workers have a good knowledge of the OVC situation in the small town. Sixty-two respondents participated in the study, 15 of whom were caregivers, eight were service providers, and 39 were OVC.

As there was no authoritative list of service providers, the snowball technique was used to access government departments, NGOs, community-based organisations, faith-based organisations, and traditional leaders. The service providers identified were contacted by telephone to determine whether or not they qualified for inclusion in the study, and whether they would be willing to participate. To qualify for participation, the service providers had to be involved in one or a few of the following: food provision (school feeding programmes); educational support (providing school uniforms, school funds, fees exemption, training skills); health services (providing nutritional food, ARV therapy, referral services); psychosocial support (after-school programmes, kids clubs, counselling); financial support (bursaries, social assistance grants, supplies); and/or protection (places of safety, homes, legal services). The chosen service providers did not necessarily have to be situated within Okahandja, as they could be delivering their services from other locations (for example, most of the government agencies servicing this area were located in Windhoek, the capital of Namibia).

This study used individual (one-to-one) interviews, a focus group interview and a survey questionnaire to collect data. One-to-one interviews were used to gain information from the caregivers, and both one-to-one interviews and a focus group interview were used in the case of the OVC. Both the one-to-one interview and the group interview dealt with the same questions. A total of twenty three OVC were interviewed, and 16 participated in the focus group interview. These two interviewing approaches were used in order to obtain more in-depth information from the OVC, and the oral method of communication was deemed most appropriate because most OVC and caregivers are semi-literate. A mailed questionnaire was also used to gather data from service providers. This was used because it was the most cost effective way to collect information from geographically scattered service providers. The field study was conducted in January 2007.

Findings

The findings are reported here separately for OVC, caregivers and service providers.

Orphans and Vulnerable Children (OVC)

Twenty three children participated in this aspect of the study.

Demographic Characteristics

Eleven (48%) of the OVC were between the ages of 13 -17 years, ten (44%) were between 8 and 12 years, and two were 18 years old. Most of the OVC surveyed were girls (74%). Their educational backgrounds ranged from school dropout to grade 12, with eight of them in the grades 4 – 7 category, eight others in the grades 1 – 3, five in the grades 8-12, while two were primary school dropouts. The above demographic characteristics refer to only the OVC who participated in the one-to-one interviews.

Information Needs

In order to determine their information needs of the OVC, respondents in both the one-to-one and the focused group interviews were asked to identify their specific needs. The one-to-one responses showed that 21 (91%) needed information on how to get school fees and financial assistance, 19 (82%) needed information on child care, and 18 (78%) each needed information on psychological support, health services and farming skills. Seventeen (74%) indicated that they were in need of information on feeding schemes and will writing, while 16 (69%) wanted information on how to obtain identity documents. Information on grants was needed by 12 (52%), how to make a memory box was indicated by eight (30%) as a need, and information on inheritance law was needed by six (17%) of the respondents. Two (9%) indicated that they needed information on obtaining land for farming purposes. In the focus group discussion, four of the 16 discussants needed information on financial assistance and grants, two needed information on school fees or fee exemptions, child care support, and feeding schemes, and one each stated the need for information on health services, counselling, farming skills, and memory boxes. Two did not express any need for information.

Respondents were also asked to indicate the type of information they often found most useful. Nineteen (82%) of the one-to-one interviewed respondents indicated that information on financial assistance and grants was the most useful. Next was information on health services and nutrition with 11 (48%) responses, followed by information on school fee exemptions and identity documents/birth certificates, each with nine (35%) responses, child care support eight (30%), will writing seven (26%), and training opportunities six (22%). The following three categories had five (17%) responses each: farming skills, psychosocial support, and counselling. The focus group discussion also cited information on financial assistance and grants, psychosocial support, and counselling, as the most useful six (38% responses each), followed by farming and fishing skills five (31%), identity documents three (19%), inheritance information (two percent), and establishing small businesses (two percent). Health and nutrition received the lowest response, with only one (6%) respondent indicating that it was useful.

Information Sources Used

Table 1 summarises the data on the sources consulted by the respondents when experiencing problems. Relatives (70%) and teachers (13%) were the main sources mentioned by the respondents during the individual interviews. However, during the focus group discussion that involved 16 participants, relatives were mentioned by fewer respondents (38%); while friends came second (19%), and teachers were not mentioned at all. In both the individual interviews and the focus group discussions, respondents who reported no one to consult were 13% and 25% respectively.

Table 1: Individuals consulted when experiencing problems

In order to determine their level of knowledge about the availability of organisations that provide services to OVC, respondents were asked during the one-to-one interviews if they know any organisation/institution that could assist them. Among those interviewed, 15 (65%) did not know of any, while eight (35%) knew of some organisations. However, when they were asked to name the organisations, 13 (57%) could not name any, and the rest 10 (44%) knew of at least one organisation. The organisations mentioned and the number of respondents mentioning them in brackets were: The Ministry of Gender Equality and Social Welfare (two), Evangelical Lutheran Church (two), Table Rock Church [USA] (one), Okahandja Home-based Caregivers (one), Okahanja Samaritan Network (one), The Dutch Reformed Church (two), The Church for Alliance (CAFO) (one), Magdalene Kahere (one), and Christ for Hope (one). In the focus group discussion, respondents identified mostly churches - Roman Catholic Church (four mentions), Pentecostal Church (two), and Dutch Reformed Church (two). Two respondents mentioned the Ministry of Gender Equality and Social Welfare. Six did not know of any organisations which provide services to OVC.

Knowledge of the service providers was gained through several sources. In the one-to-one interviews, most respondents 11(48%), cited friends/relatives as their primary source. Other sources mentioned were social workers five (22%), My Future My Choice — a life skills programme at schools four (17%); teachers four (17%), and the radio three (13%). The following three sources were indicated by two (9%) respondents each: television, pamphlets and home-based care volunteers' Window of Hope. The library was mentioned only once. The same question elicited the following responses during the focus group discussion: the majority nine (56%) were informed by friends and relatives, while one was made aware by teachers. Six (38%) did not respond.

Information Channels Used

The study also investigated the different channels used by OVC to obtain required information. Table 2 summarises the data.

Table 2: Information channels used by OVC

Among the interviewed respondents, television (100%), radio (100%) and books (96%), newspapers (91%) and church leaders (78%) were identified as the main channels for accessing information. Other channels identified by slightly fewer respondents were: library (43%), school, and traditional leaders (each by 17%). Data from the focus group discussion indicate that respondents identified fewer channels than the interviewed groups: newspapers, television, and radio were all identified by three each.

The study also sought to determine the importance of the different sources of information. Among the interviewed respondents, the radio, teachers and television were ranked as the most important sources of information 12 (52%), closely followed by church leaders 10 (43%). Newspapers, traditional leaders, friends and relatives attracted nine (39%) responses each. Guest speakers and workshops/seminars were rated at eight (35%) each. At the lower end of the scale were the following: sign posts six;(26%), regional councilors five (22%), libraries/resource centres five (22%), and politicians and NGOs four (17% each). Posters, the Internet, and memory boxes were each indicated by three (13%) respondents. Video shows, books, and the trade fair were least mentioned, by two (9%) respondents each. In the focus group discussion, television, radio, church leaders and traditional leaders were rated as moderately useful sources of information by three discussants each. This was followed by just one discussant who indicated the library/resource centre**.** In contrast, friends and relatives were not considered very useful by four of the discussants.

The data presented here indicate, therefore, that radio, television, and newspapers are the main channels through which OVC get information. These results are similar to the findings of a study done by Metcalf, Harford and Myers (2007), who found that 89% of their respondents cited radio as their most important source of information about HIV/AIDS.

During the one-to-one interviews, the orphans and vulnerable children were asked whether the information they obtained from different sources was helpful. Most of the respondents (87%) stated that it was useful, while the rest (13%) indicated that the information was not useful. As a follow up question in the one-to-one interviews, respondents were asked to state how the information had helped them. The question aimed to find out the impact of the information on the children. The distribution of the respondents’ answers were: obtained financial grants (35%); not applicable (22%); learnt to face my fears/ learnt to live with foster parents (22%); helped to obtain school fees (13%); acquired skills on dealing/ living with HIV/AIDS (9%); and learnt about my future (9%). The answers with fewest mentions (each with 4%), were: got some money, got information on where to get clothes, and got information on my rights.

During the one-to-one interviews, respondents were asked whether they faced any problems when accessing the information they needed. Most, 11 (48%), stated that they did not face any problems, while eight (35%) said they sometimes experienced problems and four (17%) experienced problems most of the time. But the findings from the focus group discussion contradicted this, as the majority 14 (88%) said they faced difficulties when accessing the information they needed, while only two (13%) indicated that they sometimes faced difficulties.

In the individual interviews, respondents were asked how they solved problems related to information access. Most respondents (83%) said that they didn't do anything, two (9%) said they seek help from their grandmothers, and one (4%) each said that he/she seeks help from a teacher, a pastor or through prayer.

The final question sought to get the individual respondents' opinion on how they think the flow of information could be improved so that they might improve their lives. A number of suggestions were made by the respondents, generally only a few of the respondents had any concrete ideas on how the flow of information could be improved.

The responses, along with the corresponding numbers of respondents were: more information should be put on TV/radio so parents/caregivers can know where to get help four (17%); help should be provided on where to get school bags, shoes and uniform three (13%); train caregivers to love orphaned and vulnerable children and take good care of them, as they would their own children two (8%). The following suggestions had only one mention each: government should translate information into local languages; more children's homes need to be built; more information is needed on how to get social grants; it should be ensured that information on orphaned and vulnerable children reaches the community; government must improve the way in which it provides information; there should be a kids' club where children meet in order to get information and solve problems; build houses and give food and clothes to children who don't have anyone to support them; government should help those in the San community to get an education; information should be given by word of mouth (orally); there is a need for Internet access to get information; and give donations to children's homes.

The same question was asked during the focus group discussion, and the responses indicated that the participants wanted an increased role for schools, churches, and social workers. The following quotes from three different respondents capture these views:

> *Schools must provide me with information so I can have a better future. I would also like to live with my biological mother so that she can provide me with more information.*
>
> *I need people to assist with educational materials like books, shoes, and uniforms and the social workers should assist us with information for further studies after we complete grade 12.*
>
> *The churches should provide more support and information to OVC. Different groups should be started in different localities whereby we can get information.*

To sum up, most OVC are in school, while some are out of school. While most live with guardians, some live on the street, with the municipality's swimming pool being the preferred residence in the latter's case. They mostly depend on social grants for their survival and education - without such help most would drop out of school. Their information seeking behaviour is directed towards relatives if they live at home, and teachers and friends if they don't live at home. Most know of a few organisations that provide orphaned and vulnerable children with assistance. Their information needs are dominated by basic/survival needs, and information regarding the preparation of health and legal documents.

Caregivers

Demographic Characteristics

A total of 15 caregivers participated in the study, and most of them belonged to the 25 – 32 years (34%) and 33 – 40 years (27%) age groups. Caregivers were mostly female (87%). Twelve (80%) of the caregivers had attained an education between grades 8 and 12, and two had university education. The fact that most of the respondents had attended school and gained basic literacy is encouraging, as this indicates that information can be provided to them in printed or textual format, and that they would probably be able to access information online or in electronic form, if necessary. Their ability to write also makes them less dependent on third parties, in order to receive information communicated to them.

Unemployment amongst the respondents is rife, as the data indicates that only four (27%) earned a steady salary, while the majority 11 (73%) were unemployed. Out of the 15 caregivers, two mentioned that they earned between 100 – 499 Namibian Rands (N$) per month (11 Namibian Rand = one US dollar in October 2008). One of the caregivers indicated earnings of between 500–999 N$, another earned between 1000 – 1499 N$, and yet another indicated an income of 2000 – 2499 N$. Eight of them did not indicate any income, evidently because of unemployment. This shows the high level of poverty among the caregivers. Caregivers need to be economically empowered in order to help both themselves and the OVC left in their charge.

Information Needs and Seeking Behaviour

The 15 caregivers were asked whom they consulted when faced with an information need or problem. Six of them preferred social workers; four consulted relatives; two asked teachers; two didn't ask anyone; and one asked the doctor.

Almost all the caregivers use oral and interpersonal communication as their main sources of information. Most caregivers in this study preferred interpersonal communication as opposed to printed material, despite the majority having attained at least grades 8-12 of education.

The respondents were also asked if they are aware of any organisations that provide services to OVC. Twelve respondents knew of one or more organisations. Specific organisations mentioned were: the Ministry of Gender Equality and Child Welfare (four), Okahandja Home-Based Care (two), and ARK Okahandja (two). Christ's Hope, the Dutch Reformed Church, Catholic Aids Action, Church Alliance for Orphans, and the US Embassy, were mentioned by one respondent each. Three respondents did not mention any organisation by name.

When asked what services they received from the service providers, responses by the caregivers indicated that they received foster-care grants, clothing, food, shelter, assistance with birth certificates, advice and psychosocial support, home-based care and counselling.

The caregivers' knowledge about the service providers and their offerings were obtained primarily through home-based care volunteers and social workers, (12 respondents, 80%), and also through workshops and seminars (80%). Four respondents got information from leaflets/pamphlets; three by way of the radio; two through friends; and one each mentioned traditional leaders, TV, billboards, computers (e-mail), and through the children. Four respondents indicated that they did not have any knowledge of the service providers.

The information needs stated by the caregivers varied, and are summarized in Table 3.

Table 3: Information Needs of Caregivers (N=15)

As expected, economic matters were the most pressing concern, with most of the respondents indicating that information that dealt with financial assistance, grants and the exemption of school fees was important. Many of the stated information needs also referred to the attainment of basic services, such as health, counselling for traumatized children, and coping skills. However, when asked to rank their information needs in order of most pressing to least pressing, a slightly different picture emerged, as indicated in Table 4. However, economic and survival necessities were still top priorities for most of the respondents.

Table 4: Information most needed (N=15)

The caregivers were also asked about the channels they used to obtain and disseminate or share information. Their responses are summarized in Table 5.

The most useful channels were given as follows: workshops/seminars and TV (seven); the radio, church leaders, NGOs and government department officials (six each); Internet/email (five); friends(four); newspapers, signposts, and books (three each); and posters, regional councillors, video shows, politicians, the library, and guest speakers (two each). An interesting observation from the table is the high preference by the caregivers for workshops and seminars as channels both for gaining and for disseminating information, as this would not normally be a channel associated with people with the low educational levels indicated earlier. However, the interactive nature of these two sources could possibly be an indication of why they were preferred, as issues can be immediately clarified and direct assistance and guidance provided. The influence of mass media instruments, such as the radio, newspapers and TV, is something that service providers (such as the government) should take note of, particularly because these channels reach a large number of people.

Most of the respondents (i.e., 14 or 93%) indicated that the information received from these

Table 5: Preferred channels of information (N= 15)

channels was helpful, with only one answering negatively. When asked to indicate how the information helped them, various responses were given ranging from empowerment towards providing better care to patients, to ability to apply for grants. The following response aptly captures this view:

> *It helped me to care for HIV/Aids patients and provided information on how to apply for grants and how to handle children, including how to care for and love them. It also assisted me in preparing children to accept death in the family. It also assisted me to provide better home based care.*

Most respondents indicated that they faced problems in providing care to OVC: three (20%) stated that they experienced problems most of the time, eight (53%) stated they faced problems sometimes, while four (27%) stated that they did not experience any problems. Among the 20% who experienced problems most of the time, the issues raised included the following: how to obtain childcare support and social grants (two); getting money for food (one); difficulties in obtaining court orders from social workers as the workers don't have transport (one); patients refusing to take ARVs because they don't have food (one); counselling children in order for them to understand that there is life after death in the family (one); no knowledge on how to apply for grants (one); and difficulties in working with patients, as this requires patience and love (one). In relation to these problems, four respondents said they did not do anything about it, while one respondent each took the following actions: talk to the school principal, provide the social worker with transport, ask relatives for assistance, walk to the Ministry of Gender Equality to ask for help, encourage patients to take medicine, pray, ask for help from nurses and doctors, and encourage the child to talk. The reason four of the respondents did not do anything to find solutions to their problems could possibly be attributed to ignorance in terms of which sources or services to use, or whom to ask for assistance.

When asked how information could be made more accessible, the caregivers provided several suggestions. They proposed that information sources should be brought closer to people, but could not specify how this should be done. Other suggestions were: more workshops and seminars; more volunteers should be used to disseminate information; more community meetings; the Ministry of Gender Equality and Child Welfare should provide more support to OVC; increase the number of social workers; providing better facilities; provide more information on radio, TV, and in buses; more group discussions on issues pertaining to OVC.

Service Providers

Twelve questionnaires were sent to different service providers, but only eight responded. Of the responding organisations, one was Ministry of Gender Equality and Child Welfare, four were faith-based organisations: Okahandja Samaritan Network, Ark Okahandja, Dutch Orphans Charity, Betesda Life Fighter; two were non-government organisations (NGO): The Namibian Men Planned Parenthood Network, Namibian Farmers Aids Awareness Initiative; and one was a community based organisation (CBO): OVC Care Forum. Thus, NGOs and faith-based organisations play a crucial role. Meintjes et al. (2007:1) point out that as the number of orphaned and vulnerable children increases in Africa, so will the number of NGOs that mushroom in order to provide care for them.

Activities

The organisations were asked about their main activities. All the services organisations target children and caregivers. The government ministry assisted foster parents with court cases and filing in application forms, counselling, screening juveniles before court hearings, and placing children who needed care in institutions. Okahandja Samaritan Network organized kids clubs for the children, prepared soup kitchens, assisted children with school enrolment, and helped caregivers and children with income generating activities.

Ark Okahandja taught Christianity and provided support to people living with HIV/AIDS by handing out ARVs. Dutch Orphans Charity provided food, clothes, counselling, psychosocial support, and information regarding reproductive health, and assisted the children with their homework. Betesda Life Fighter provided home-based care and counselling, and helped to register orphaned and vulnerable children with the MGECW. The Namibian Men Planned Parenthood Network provided sexual and reproductive health education to young people, home-based care, education regarding gender violence, soup kitchens, life skills development, and counselling.

The Namibian Farmers Aids Awareness Initiative provided HIV/AIDS testing, counselling, psychosocial support and information on family planning and sexual reproductive health. Lastly, OVC Care Forum assisted with school enrolment, fees, and a meal programme.

The data shows that most of the organisations provided outreach programmes and dealt with orphaned and vulnerable children and caregivers. There was some duplication, such as soup kitchens, home-based care, and assistance with school enrolment. Unique services mainly consisted of those provided by the government ministry (e.g. foster care, trauma counselling, etc).

Information Provision

The organisations were asked how they made the targeted group aware of their services. Most (six or 75%) of the organisations used community meetings, leaflets, posters, and the radio. Two organisations use Parent-Teachers Association (PTA) meetings; churches; informing caregivers (directly); outreach programmes in schools; workshops, seminars and conferences; talking to farm owners who pass the information on to other farmers; teaching the children drama; brochures; and collaborating with other organisations.

The respondents were asked about the channels of communication they used to disseminate their information. Most (three) of the organisations use community awareness meetings, followed by radio (two) in local languages. Other channels used are leaflets (one), posters (one), PTA (one), booklets (one), songs and drama (one), sending letters to churches (one), sending faxes to distant farms (one), and driving to the farms (one). It emerged from the survey that almost all the organisations created an awareness of their services mostly through word of mouth, but booklets and leaflets were used occasionally.

The service providers were asked whether they believe the channels to be effective. Two organisations stated that their channels were effective because more people were visiting their offices, and more caregivers and children were responding to and attending outreach and training programmes.

In order to obtain data on the type of information required by their clients, service providers were asked to give an indication of the questions that are regularly asked. Some clients complained that the government takes a long time to process papers, while others struggled to obtain school fees and asked about the availability of funds, counselling services, advice on sexual and reproductive health, their rights, and the availability of centres to rehabilitate OVC. The most popular question was concerned with the availability of grants and school fee exemptions. Some of these findings are similar to those of UNESCO (2005), which noted that caregivers needed to provide a number of documents before they can access grants. Obviously, it takes a long time for documents to be processed.

When asked about the format in which they provide information, all eight organisations stated that they provide information orally, followed by the print media (four) and video screenings (two). The data shows that all the organisations used more than one channel to disseminate information.

The organisations were asked where or to whom they referred their clients in cases where they didn’t have the required information. The organisations gave more than one response. The majority four (50%) referred clients to the social workers of MGECW, while two referred them to school psychologists. Other service providers referred clients to the library/ resource centre (one), or other service providers (one). Most (six) of the service providers referred clients to professionals to get the assistance they needed. One organisation didn’t do referrals because the clients are afraid to move around and always need an escort.

Organisations were asked to indicate the problems they faced when disseminating information about their services. Four organisations responded that they didn’t have problems, while two organisations responded that they did not have the right equipment. One organisation lacked fuel to travel to the surrounding farms, while another did not have sufficient funds and sometimes people did not come to them.

The issue of collaboration was also raised to see how the organisations work together in order to use their scarce resources effectively. The information obtained indicates that the government under the Ministry of Gender Equality and Child Welfare usually brought together all the organisations dealing with orphaned and vulnerable children, collaborated with teachers in the counselling of the children, and normally had meetings with other organisations.

The organisations were asked how to improve communication between different service providers and the children and caregivers. The organisations gave a number of responses: communities at grass roots level should be involved and assist each other when services are needed; caregivers need to be made aware of the available opportunities; there should be regular consultative meetings; electricity power generators, videotapes, photocopying machines and fax machines should be made available as they are necessary to reach farm workers; and more branches should be opened to support farmers and train the caregivers on the farms.

The organisations were asked in which areas the children and caregivers needed more information. Responses were as follows: information on best practices and how other countries deal with caregivers and OVC; and information on parental care, grants from the ministry, reproductive and sexual health, rights, nutrition, financial assistance, school development funds, how to deal with teenage pregnancies, counselling, and health services.

Finally, the organisations were also asked to suggest areas in which government could improve information provision to the children and caregivers. All the organisations suggested financial assistance, assistance with school development funds, counselling and psychosocial support, and how to obtain identity documents.

Conclusions and Recommendations

This study found that the information needs of OVC, caregivers and service providers are focused on addressing the difficult circumstances in which they live. Information for survival was cited as fundamental by both OVC and caregivers. This included information on financial schemes from government and donor agencies, school fee exemptions, will writing, how to obtain identity documents, child care support, and health services. However, the mentioned items are seldom found in one place, making it a daunting task for people to get all the required information or to determine where to find it.

The channels used for information access and dissemination differed slightly between the groups, with the caregivers preferring direct contact, while the OVC preferred the mass media. It was found that despite all the channels available, there were still gaps in the flow of information to the OVC and caregivers, to the extent that many still did not know where to get the basic services provided by government and other service providers.

Most of the caregivers and OVC thought that the information that they retrieved or accessed was helpful, although there was some indication that not all the information was considered useful. This potentially leads to frustration and a feeling of helplessness in an already critical situation.

Service providers should therefore strive to make the information available - through their information services and resources - in a manner and format suitable to the environment in which the caregivers and OVC live, so that the information reaches them in a timely and effective manner. The preferences for different channels for accessing and disseminating information by the OVC and caregivers should be taken into account when attempting to provide them with information. It would also be ideal to empower/provide school teachers and OVC guardians with skills that enable them to deal with OVC’s psychological problems, and avail them with basic information on the different services available to the OVC in their geographical areas.

Furthermore, the OVC problem is a national problem; thus, there is a need to establish a national information strategy that can provide basic information to OVC and caregivers all over Namibia in order to address their needs. This information could also be available on a website that radio stations and television stations could access and broadcast to the various stakeholders.

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