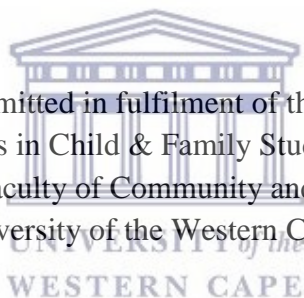


# **Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.**

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Full Thesis submitted in fulfilment of the requirements  
for the Degree of Masters in Child & Family Studies (CFS), Department  
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**Supervisor:** Professor Catherina Schenck

**Date:** May 2019

## ABSTRACT

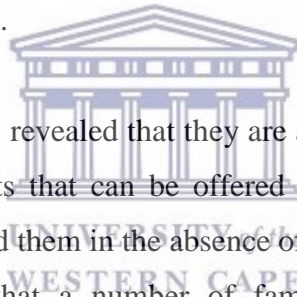
Children are the future of any nation and they need to be well nurtured, protected, supported and directed to become responsible citizens and future leaders of a nation. A high number of children end up as orphans and vulnerable children due to losing one or both parents as a result of motor vehicle accidents. Most studies in the past have concentrated on orphans that arise due to HIV/AIDS but very few studies have been conducted on orphans that arise due to motor vehicle accidents.

The main organisation which was the focus for this study was the Motor Vehicle Accidents (MVA) Fund of Namibia which pays Loss of Support to orphans under the age of 21 years left behind by one or both parents due to motor vehicle accidents. The Loss of Support is payable to the minor's legal guardian on an annual basis. An MVA Fund staff member visits them annually, one month prior to payment, to verify and check if the orphan is still with the same caregiver and how they spent the money paid the previous year. The MVA staff member then makes a recommendation either for the MVA Fund to proceed paying, or to effect the necessary changes if there are any to be made.

The aim of this research was to explore the experiences of orphans and their caregivers, of services rendered to them due to motor vehicle accidents and how these impact their well-being. In order to correctly interpret this study a sequential exploratory mixed method design was chosen to best suit the nature of the study. This study drew on mixed methods in the form of open-ended questionnaires and semi structured questions for one on one interviews with participants were conducted to orphans and caregivers who resulted from motor vehicle accidents in Oshana; Oshikoto and Khomas Regions in Namibia.

The sampling method used to select the questionnaire respondents from the list was simple random sampling. The researcher generated 12 numbers to select 12 orphans from the total caseload of 246 from Oshana Region and the same exercise was repeated to select 3 orphans from the caseload of 218 from Oshikoto Region, as well as 5 orphans from the caseload of 806 from Khomas Region. If a beneficiary was selected, her/his caretaker then automatically became a respondent that made up the population of 40 respondents in total for the three selected Regions. The selected orphans' ages ranged between 14 and 21 and the caregivers were any caregiver to such orphan, regardless of age. A column was added to the list of the orphans receiving Loss of Support benefits from the MVA Fund to indicate their age so as to make it easier to filter the ones between the ages of 14-21years

The researcher used related literature from studies conducted in the past to gain a better understanding of how orphans benefit from their experiences in terms of service delivery and to identify generic areas that need improvement. Various models were used in this study notably, the people-centred health care approach makes a unique contribution to the study, which was specifically used to look holistically at the needs of the children in order to improve the quality of services provided. Ethical principles were adhered to. Data from questionnaires was analysed by using Creswell's steps of data analysis. The process of identifying key issues, themes and concepts by Tesch at which data can be referred and examined, was also used.

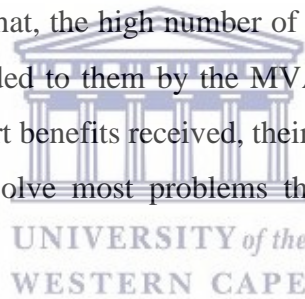


In this study the orphans revealed that they are aware of the MVA Fund Loss of Support benefits that can be offered by the MVA Fund, the benefits received assisted them in the absence of their parents. However, the findings revealed that a number of families and relatives had reluctance to claim Loss of Support benefits for orphans due to motor vehicle accidents with the MVA Fund well on time. The reasons given for the reluctance range from a lack of information to do so or not being aware of when to claim, which resulted in the benefits not paid well on time, and children suffered for few months until the money was paid. Another concern that featured was that, some caregivers were unhappy that the MVA Fund officers are not visiting them at home, the same way

they do annually to all the beneficiaries before payment is made, which resulted in them visiting the MVA Fund offices to report themselves.

Although the children sounded happy about the financial support provided by the MVA Fund, it came out clear in this study that, orphans due to motor vehicle accidents go through lots of psychological trauma due to the sudden loss of their parents. The caregivers also pointed out a lot of psychological issues they had to go through especially at the beginning of starting to take care of the orphans. Furthermore, they stressed that, they had no knowledge on how to handle children going through traumatic stress.

It is hereby concluded that, the high number of orphans are quiet happy with the services provided to them by the MVA Fund and appreciated that with Loss of Support benefits received, their physiological needs are covered and helps to solve most problems that could not be solved without it.



**Based on the findings of the study, the following recommendations are proposed:**

- Policies that address the plight of children orphaned should also cater the needs of orphans due to motor vehicle accidents in Namibia in order to improve their well-being

The MVA Fund should

- organize campaigns or information sharing sessions so as to educate the guardians to register the orphans.

- arrange campaigns or public education sessions to provide information to communities on the mandate of the MVA Fund and types of claims offered.
- liaise with Government or other NGOs in the communities to provide psycho-social support to orphans and also to link them with other services.
- design programs so as to educate caregivers in providing love and support for the children under their care.
- initiate support groups as platforms to encourage orphans to speak out what they go through so as to eliminate stigma associated with orphanhood, abuse and stigma.
- Recommendations on support of households and communities caring for orphans.
- provide education in financial management to caregivers, to avoid mismanagement or misuse of orphans' Loss of Support benefits
- do an evaluation to improve service provision although their commitment to assist the orphans through provision of Loss of Support benefits is commendable.

The research project was concluded by demonstrating how the goal of the study was achieved through the mixed research approach and is highly recommended for use by other researchers.

## **KEYWORDS:**

Orphans

Vulnerable

Children

Experiences

Caregivers

Services

Explore

Qualitative

Human needs

Motor vehicle accidents

Well-being



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## DECLARATION

I declare that, “*Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accidents: A Case Study of the Motor Vehicle Accident (MVA) Fund of Namibia.*” is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Hilda Antindi

May 2019



Signed: .....



## ACKNOWLEDGEMENTS

Firstly, and foremost I would like to thank God Almighty for His grace, and mercy He bestowed on me. I thank Him for the strength He gave me throughout my study until I complete it. The most challenging part for me during the journey was to balance work responsibilities and studies.

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## Acronyms and abbreviations

OVC	-	Orphans and Vulnerable children
CRC	-	Convention on the Rights of the Child
HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immune Deficiency Syndrome
MVA Fund	-	Motor Vehicle Accident Fund of Namibia
PEPFAR	-	President's Emergency Plan for AIDS Relief
MGECSW	-	Ministry of Gender Equality and Child Welfare
MHSS	-	Ministry of Health and Social Services
NGO	-	Non-Governmental Organisation
UNICEF	-	United Nations Children's Emergency Fund
CMG	-	Child Maintenance Support
FCG	-	Foster Care Grant
GIPF	-	Government Institutions Pension Fund



# Chapter 1 – Introduction

This chapter introduces the study by providing the background and rationale of the study, the problem statement and research questions. The aim of the study, its objectives, as well as its significance are also outlined in this chapter. Finally, the chapter outlines the format of the study and provides definitions for the keywords used in the study.

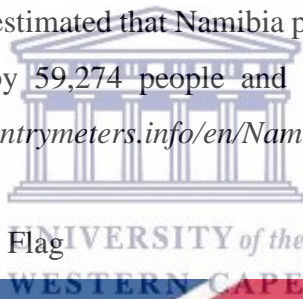
## 1.1 Background and Rationale

Namibia is a country in Southwest Africa, which is distinguished by the Namib Desert along its Atlantic Ocean coast. Namibia's current population as of 1 January 2018 stands at 2,600,857 people. This is an increase of 2.28% (57,953 people) compared to a population of 2,542,904 the year before. In 2017 the natural increase was positive, as the number of births exceeded the number of deaths by 58,258.

According to the migration report produced by the Namibia Statistics Agency (NSA), About 41,000 people in Namibia migrated to diverse Regions between 2010 and 2011, whereas 707 000 migrated to different constituencies in 2011 in search for greener pastures, compared to those who remained at their places of birth. The report further states that, 63% of migrants cited unemployment as the main reason for migrating to urban areas. Urban areas are attracting more people with high hopes of

finding better opportunities. However, the migration to urban area especially to Windhoek, the capital city of Namibia, caused too much congestion in roads especially during peak hours when people are going to and from work, and this resulted in Khomas Region recording the highest number of motor vehicle accidents in the country in comparison to other regions. According to Road Crash and Claims Report (2018), Khomas Region experienced the highest proportion of crashes, accounting for 37% of all recorded injury crashes in Namibia. (Road Crash and Claims Report, 2018:9)

Country meters (2018), estimated that Namibia population is projected to increase during 2018 by 59,274 people and reach 2,660,131 in the beginning of 2019. (*Countrysmeters.info/en/Namibia*, 2018)



**Figure 1.** The Namibian Flag



Namibia is the 2<sup>nd</sup> lowest densely populated country in the world. The distance between towns in Namibia are far from each other and one has to use distance calculator Namibia to check distances in or around Namibia. The driving distance from Windhoek, the capital city to Oshakati is 715 kilometres according to DistanceCalculator.net.

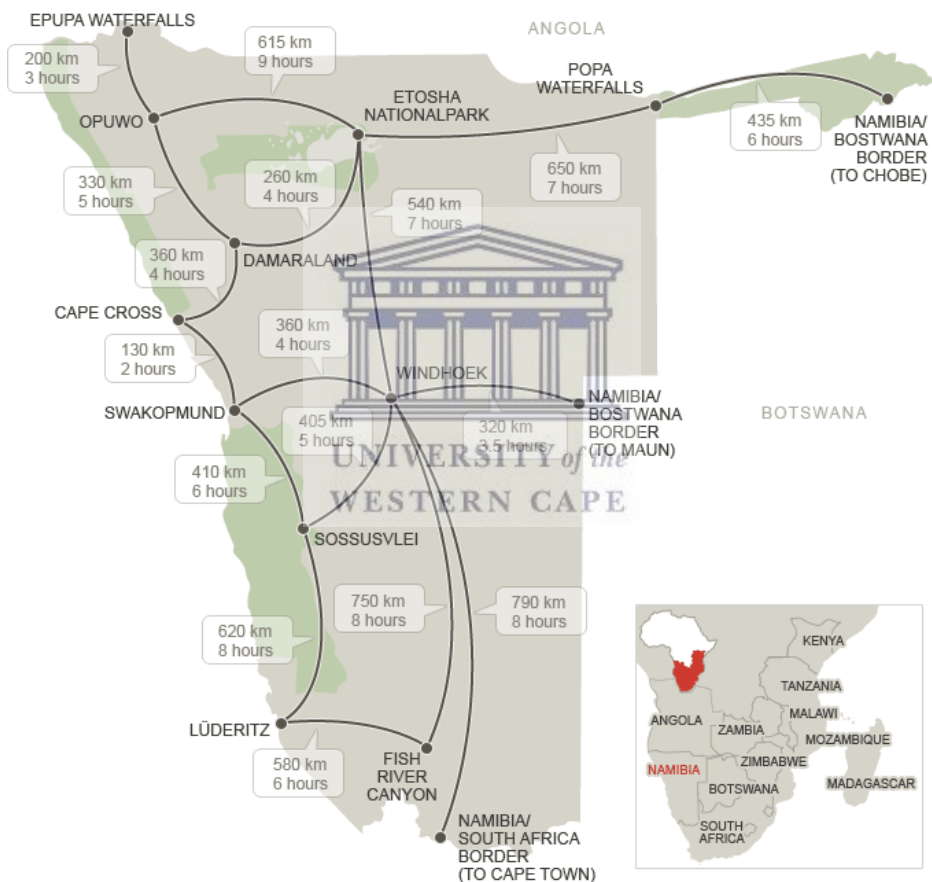
**Figure 2:** *Photo to depict the vastness of the Namibian landscape*



*<https://www.thewholeworldisaplayground.com/namibia-itinerary-self-drive-route/>*

Below are the Namibian Map depicting kilometres from one place to another in Namibia.

**Figure 3:** Distances between towns in Namibia



(*Countrysmeters.info/en/Namibia*, 2018)

Travelling from one town to another in Namibia

**Figure 4:** *An example of a gravel road*



**Vast distances and gravel roads are some of the reason for the high instances of accidents on the Namibian road.**

<https://www.thewholeworldisplayground.com/namibia-itinerary-self-drive-route/>

Namibia Statistics Agency (NSA, 2014), reported that, Namibia like most countries in sub-Saharan Africa, faces challenges in managing orphans and vulnerable children in terms of ensuring that they are well taken care of and lead productive lives (NSA, Namibia Social Statistics, 2014). According to the National Plan of Action Report, there are 250,000

orphans and vulnerable children in Namibia overall of whom 155,000 are orphans (NPA, 2010). According to the Ministry of Gender Equality and Child Welfare overall 104,100 OVC are registered (MGECW, 2009). In 2015, statistics revealed that Namibia had 278,280 orphans and vulnerable children overall, of whom 170 818 are orphans (NSA, Namibia Social Statistics, 2014). Namibia's population, which is already small, with a population of only 2, 600,857, has a high number of orphans. According to statistics, 11% of the population comprises of orphans and vulnerable children (UNDESAPD, 2016). This is an indication that Namibia is faced with an increase in the number of orphans because although the number doesn't look high, the population is small.

The Bangladesh Health and injury survey in Dhaka (2005), revealed that 7,900 fathers die due to road traffic crashes injuries annually, leaving nearly 22 100 children in households without a primary wage earner (Rahman A, 2005). The most common causes of death in fathers in Namibia are road traffic crashes. (New Era, Wednesday, Nov. 20 2013).

Research in South Africa shows that in 2014, 1.8 million children were living with mothers only and the fathers had died (Hall, 2015). This means that most children in households have lost their primary wage earner. According to the data collected by the Namibian MVA Fund Call Centre in November 2013, speeding; drunken driving and dangerous overtaking were the main causes of road accidents. The data further

shows that people between 16 and 35 years old are over-represented in road fatalities. Namibia loses over 500 lives every year as a result of road crashes (New Era, Wednesday, Nov. 20 2013). In 2014, Namibia was ranked first in the world in terms of the number of road deaths per 100 000 residents (Sivak & Schoettle, 2015). The research further alluded that although Africa accounts for just 2 percent of registered vehicles, the continent is responsible for about 16 percent of annual global road deaths. Africa makes up 12 percent of the world's population. (New Era, Wednesday, Nov. 20 2013)

Motor vehicle accidents are on the increase in Namibia, mainly due to long distance driving, speeding, drunken driving and driving during the night where the visibility becomes a challenge. In 2012, the statistics of the Namibia Motor Vehicle Accident (MVA Fund) revealed that 561 people died on the roads of Namibia. According to the website of the MVA Fund of Namibia, in August 2013 alone, 65 people died on the Namibian roads and 351 people were killed in motor vehicle accidents while 3555 injured on Namibian roads between Jan 2013 - 13 Aug 2013 (MVA Fund, 2013).

In January to June 2014 there were 1761 crashes, 2853 injuries and 294 fatalities; between 01 January to 12 July 2015, 2128 motor accidents occurred on the Namibian roads whereby 3741 people got injured and

364 died and this inevitably contributes to a high number of orphans and vulnerable children (Sivak & Schoettle, 2015) (MVA Fund, 2013 & MVA Fund, 2016).

The recent comparative crashes statistics, showed that between 01 Jan-6 May in 2017, the crashes were 1389; injuries 2,421 and fatalities were 273 while at the same time in 2018, the crashes were 1,157; injuries 1,957 and fatalities were 163 which shows a slight decrease in the number of deaths. The fact remains that motor vehicle accidents are high in Namibia.

Based on the World Health Organization's (WHO, 2011) Global Status Report on Alcohol and Health, Namibia is ranked fifth on the African continent in terms of annual alcohol consumption with the average Namibian consuming 9.62 litres of alcohol per year. The WHO (2011), measured this by the amount of pure ethyl alcohol consumed per capita per year by people aged 15 and older. According to the WHO (2011) report, Namibia has a wide breakdown of favourite drinks, but beer carries the most weight with 67% of alcohol consumption. Spirits make up 20%, wine makes up 7% and "others" chip are at six 6%.

During the 2012 financial year, Namibia Breweries Limited (NBL) reached a historic milestone by selling over 1 million hectolitres of beer only in Namibia (excluding those that are exported) (WHO, 2011).



The WHO (2011), further reported that Namibians now consume 11.8 litres of pure alcohol per person a year.

In Namibia, The Motor Vehicle Accident (MVA Fund) Fund was established in 1991, in terms of Act 30 of 1990, shortly after independence, to compensate people injured in motor vehicle crashes or the dependents of people killed in such crashes. Then a “fault- based” system compensation was paid as a result of negligence or any other unlawful act on the part of the driver.

Today, after successful policy review, the Fund is mandated to design, promote and implement crash and injury prevention measures, provide assistance and benefits to all people injured and the dependents of people killed in road crashes in accordance with the MVA Fund Act No.10 of 2007. Hence, it operates on a hybrid system where all people injured in motor vehicle crashes, regardless of who caused the crash, receive fair and reasonable benefits (subject to some limitations and exclusions). Such payments are issued in accordance with administrative law principles, (MVA Fund Act No.10 of 2007). According to the Motor Vehicle Accident Act, 2007, a person can be excluded from benefits if he was the driver during the accident and do not hold a driver’s license or was driving a stolen vehicle.

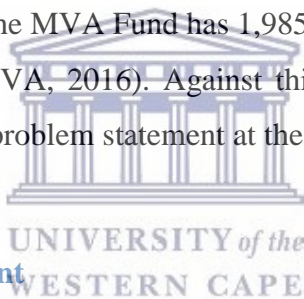
A person's benefits can be limited if it comes out that he was wholly responsible for the accident. As a customer-centric organisation, the MVA Fund effectively anticipates and responds to the changing needs of its customers. One of the biggest challenges that hampered service delivery was the long distances customers had to travel to submit claims, a situation which prompted the Fund to develop an expansion strategy with the ultimate aim of increasing national presence and thereby taking service closer to the customer. This national expansion agenda is testimony of the Fund's commitment to support Government's efforts towards its decentralisation policy of bringing equitable access to services to all Namibians, regardless of economic and social standing in line with Vision 2030. According to the Corporate Affairs of the MVA Fund Report (2016) the MVA Fund of Namibia is able to fulfil its mandate and meet obligations toward its customers through the fuel levy provided by the Ministry of Mines and Energy. In the year 2016, the Fund received 47.7cents per litre of petrol and diesel sold. The MVA Fund continues to focus on providing superior customer service which boosts the expansion of its responsibility toward its claimants by placing much emphasis on the outputs of the injured persons. This objective is being met through building more sustainable relationships with the customer, knowing their unique needs and involving them in their journey to independence. (MVA Fund Strategic Plan, 2014-2019).

In furthering its mission to empower customers through tailored injury prevention programmes and to support their return to a meaningful life, the Fund indicates that it will ensure that injured persons are returned to work, school and independence through a holistic outcome-based approach, improving investment in skills and expertise building internally, and fostering strategic relationships with key partners in the medical fraternity. (MVA Fund Strategic Plan, 2014-2019)

The MVA Fund pledges that it will continue to focus on key strategic areas such as; service performance, human resources management, effective internal process and financial performance. (MVA Fund Strategic Plan, 2014-2019).

The Motor Vehicle Accident Fund (MVA) is a statutory body established to design, develop, promote, and implement motor vehicle accident and injury prevention measures. The Fund plays a huge role in providing assistance and benefits to all people injured and dependants of those killed in motor vehicle crashes in accordance with the MVA Fund Act 10 of 2007. Loss of Support – is one of the benefits offered by the MVA Fund. It may be claimed by a dependent of a deceased in the case where there is proof that the deceased paid tax on income for the tax year preceding the injury (MVA -Fund Newsletter, 2013). The dependant can be a surviving spouse to the deceased; children 21yrs or younger at the time the parent died in the motor vehicle accident, or a parent to the

deceased, who was depended on the deceased for survival and proven indigent. The MVA Fund does not pay Loss of Support if the deceased was not employed at the time of death and was therefore not receiving a salary, in this case the children will benefit from the Social Grant for the Government of the Republic of Namibia. The MVA Fund states that dependent's amounts received on an annual basis differ from case to case depending on the income of the deceased and it is payable annually until the child turns 21 years old. In the event of the family member dying, the next of kin will collect the money on behalf of the orphan children. The MVA Fund is not a private entity but it is a Parastatals of the government of Namibia. Currently, the MVA Fund has 1,985 orphans receiving Loss of Support annually (MVA, 2016). Against this background, the next section will discuss the problem statement at the core of this study.



## **1.2 Problem Statement**

Despite Article 15 of the Namibian Constitution stipulating the rights of children, the ratification of the United Nations Convention on the Rights of the Children (UNCRC), as well as the consequent implementation of a National Policy on Orphans and Vulnerable children (2004), OVCs are still experiencing survival hardships in Namibia.

In some cases, OVCs are turned away from school when they cannot buy uniforms, stationery or pay the School Development Fund (SDF) despite

the existence of an Education Sector Policy for OVCs. The policy is important because it states how the case of OVCs should be handled; defines the tasks and responsibilities to be carried out by specific offices either at the Head Office or Regional offices and the specific officials who will carry out the tasks. The Policy also spells out the doers, thus the accountability for unaccomplished tasks is easy to follow up.

Hence the need to research and find ways in which OVCs in Namibia can be helped, using existing means and developing new vehicles for OVC sustenance because the reality on the ground is that the support provided to orphans and vulnerable children is limited and many of the OVCs are failing to achieve basic secondary education, which is more expensive than primary education (Education Sector Policy for Orphans and Vulnerable Children, 2008).

Unless we pull together to get involved in this monthly task, we are not going to be effective, alluded Clayton Michaela, Coordinator of the Legal Assistance Centre (LAC) which drafted the new policy as part of the multi-sectoral permanent task force and vulnerable children. (The Namibian, 2010). This is the current available data for virtual gaps in the natural response and our understanding about whether current interventions are fulfilling the needs and improving the lives of the orphaned children must be looked at with a microscopic eye to increase the effectiveness of the MVA Fund and its impact on the orphans (Ministry of Gender Equality and Child Welfare, 2010).

This mainly emanates from the fact that most studies done to date such as, *A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa* by Geoff Foster and John Williamson during 2000, in Zimbabwe; *Interrogating the relevance of the extended family as a social safety net for vulnerable children in Zimbabwe*, 2014 by Mushunje, Mildred, T.; focused more on exploring the orphans' experiences of the services rendered to them due to the HIV/AIDS pandemic but to date, no study has been conducted on children that ended up orphaned due to motor vehicle accidents in Namibia.

The reason for undertaking this study is to understand the experiences of orphans whose parents died as a result of motor vehicle accidents, as well as identify where the MVA Fund is lagging behind in providing them with effective care and support.



### 1.3 Research Questions

The research questions are:

- What are the needs of orphans that arise due to motor vehicle accidents?
- What are the experiences of the orphans about the services rendered to them by the MVA Fund?
- What problems do orphans and their caregiver's experience?
- How are the effects of the challenges experienced by orphans and their caregivers mitigated?

- What recommendations are advised so as to improve the services of the MVA Fund?

## **1.4 Aim of the study**

This research study aimed to explore and describe orphans and caregivers' experiences of services rendered to them by the Motor Vehicle Accident Fund of Namibia.

## **1.5 Objectives of the study**

The objectives of the research study were to:

- explore and describe the needs of children who became orphans due to motor vehicle accidents
- explore how orphans of the motor vehicle accidents experience the services provided to them by the MVA Fund
- explore the problems experienced by the orphans and their caregivers
- explore the challenges experienced and provide recommendations so as to improve their services

## **1.6 Significance of the Study**

This is the first study focusing on the orphans supported by the MVA Fund as a result of losing their parents due to road accidents.

The findings of this study, being the first of its kind, will be used to guide the MVA Fund on how to improve its services, as well as guide them on how best they can render the most effective services to orphans and their caregivers, in order to improve the lives of these victims.

This study will inform the stakeholders of the effectiveness of service delivery on the orphans and their caregivers.

Furthermore, the study explored on the existing relationship between the MVA Fund and children orphaned as a result of motor vehicle accidents to reveal how and if the MVA Fund is helping orphans due to motor vehicle accidents; as well as contribute to existing research for informed future decision making and policy formulations.

The findings of this study, if used, may contribute towards improved experiences for all concerned stakeholders and in delivering improved interaction; as well as personalised interactions for individual customers.

Academically, the study will improve the existing research gap and governing an existing gap on the area of research by adding knowledge in the level of service delivery existing in some Non-Governmental Organisations (NGOs) and Parastatals. The study may also benefit other Western Cape academics and the wider academic world as it may serve as a reference to be used by other students and researchers to conduct further studies. The study's recommendations may assist the MVA Fund



on how to improve the current system. The researcher benefited by gaining knowledge while conducting the study.

## 1.7 Format of the Study

The study comprised of five (5) chapters: -

**Chapter 1** introduced the research. It contained the background to the problem, the problem statement, the aim and objectives of the study, the research questions and the significance of the study.

**Chapter 2** presented a review of related literature. The related studies were described and analysed in the context of the current research. It provided the reader with an overview of the field and offered clear definitions of important terms.

**Chapter 3** discussed the research methodology of the study. This chapter described and justified the research design, the population, and the type of sample used. The chapter also describes the data collection process and the way in which the data was analysed. Finally, the quality and rigour of the research design and research ethics were also addressed in this chapter.

**Chapter 4** outlines the findings from the analysed data collected from the interviews with caregivers and dependents/orphans regarding their experiences with services rendered to them by the MVA Fund, linking it to the Literature Review.

**Chapter 5** concluded the study, whereby the researcher indicated what has been achieved and what is still lacking in terms of further areas for research. The chapter concluded the dissertation by providing recommendations.

## 1.8 Definition of terms

### 1.8.1 Orphan



Although the most common global definition of ‘orphan’ in international social work is ‘a child with two deceased biological parents’, this is by no means universal. Different societies have different conceptions about orphans, and understanding orphan -hood – both biologically and socially as a phenomenon and mode of life of children is culture-specific. UNICEF defines an orphan as “a child who has lost one or both parents”. A child who has lost one parent is defined as a “single-orphan”, whereas someone who has lost both parents is a “double-orphan”. However, UNICEF also mentions that in some countries both parents must be

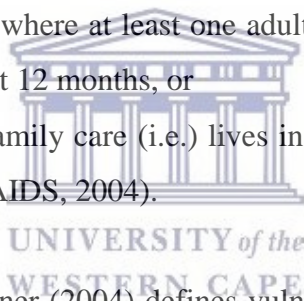
deceased in order for a child to be classified as an orphan. These definitions are an indication that the term is used differently from one organisation to the next. An orphan, in the context of AIDS, is a child under the age of 15, who has lost his/her mother as a result of HIV/AIDS (UNAIDS, 2004).

On the contrary, the researcher is of a different opinion regarding the international definition of an orphan. The latter argues that orphans do not cease to have needs upon reaching the key age of 15, nor do they necessarily become socially and economically independent of their caregivers, hence her disagreement with the international definition. Although many children may take on the responsibility of heading households when their parents are deceased, this responsibility is dynamic, depending on whether the children have acquired social maturity or not, the presence or absence of adult co-residents and other members of the extended family system, etc. In Namibia, according to the National Policy on OVCs (2004), orphans are defined as children under the age of 18 whose mother, father or both parents and primary caregiver has died. In as much as orphan hood is a result of various causes of death, this research focused particularly on children who are orphans as a result of motor vehicle accidents.

## 1.8.2 Vulnerable Child

The definition of vulnerability varies from society to society; therefore, definitions are community specific. According to the UNAIDS definition, a vulnerable child is a child who is under the age of 18 and:

- i) has lost one or both parents or
- ii) has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or
- iii) lives in a household where the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died, or
- iv) lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months, or
- v) lives outside of the family care (i.e.) lives in an institution or on the street) (UNICEF & UNAIDS, 2004).



On the other hand, Skinner (2004) defines vulnerable children as those who have no or limited access to their basic needs, or those for whom only some basic rights are fulfilled. According to the government of Namibia, a vulnerable child is a child between 0 and 18 years, who is in need of care and protection (MGECW, 2009:4). This definition of vulnerability could encompass all children in Namibia since all children need care and protection, but every programme or project is targeting its intervention at a unique set of children.

### 1.8.3 Caregivers

The Ministry of Health and Social Services MHSS (2008:258) in Namibia defines caregivers as families or individuals taking care of Orphans and Vulnerable Children. These are the people providing the OVCs with basic needs and who receive donor support on their behalf. A caregiver can be a guardian or a parent.

### 1.8.4 Motor Vehicle Accident Fund

The Motor Vehicle Accident Fund of Namibia (MVA Fund) – is a statutory body established to design, develop, promote and implement motor vehicle accident and injury prevention measures and provide benefits to all people using our roads in accordance with MVA Fund Act 10 of 2007. The MVA Fund organisation has a mandate to provide assistance and benefits to all people injured and the dependents of those killed in motor vehicle accidents in accordance with the MVA Fund Act No.10 of 2007. Loss of Support – is one of the benefits offered by the MVA Fund. It may be claimed by a dependent of a deceased in the case where there is proof that the deceased paid tax on income for the tax year preceding the injury (MVA Fund Newsletter, 2013).

## 1.9 Summary

This chapter introduces the study by providing the background and rationale of the study, the problem statement and research questions. The aim of the study, its objectives, as well as its significance are also outlined in this chapter. Finally, the chapter outlines the format of the study and provides definitions for the keywords used in the study. This chapter set the direction for the rest of the chapters, whereby the vast distances one has to travel in Namibia from one town to another is explained, as well as alcohol abuse as the contributing factor to road accidents. The next chapter looked at literature review related to orphans and vulnerable children as well as their families. The review will examine the situation of orphans, their effects and what are their needs, service delivery especially in the case of orphans or surviving spouse, how it should run and how it generally affects performance/perception of the institution.

## **Chapter 2 - Literature Review**

### **2.1 Introduction**

In this chapter, the literature is reviewed in order to understand the situation of orphans and vulnerable children and their families, as well as the disparities and disadvantages these children face. This review aims to examine existing literature and how such literature can be applied to Namibia and children orphaned motor vehicle accidents. This review aims to examine the situation of OVCs, the effects of being an OVC and what they need, and services rendered to them in Namibia, Africa and globally. Since the literature related to this study is limited, the researcher relied on literature focusing on children orphaned due to HIV/AIDS. This chapter therefore comprises of the following sections:

- a) Caring for OVCs
- b) Challenges of being an orphan
- c) Needs of orphans
- d) People centered approach

### **2.2 Caring for OVCs**

#### **2.2.1 International and African perspectives of OVCs**

According to the United Nations AIDS (UNAIDS, 2016) report and the Federal Ministry of Women Affairs and Social Development of Nigeria

(OVC National Plan of Action, 2006-2010:5), an orphan is defined, as a child under the age of 18 years who has lost either his/her mother, father, or both parents. However, in their definition the UNAIDS focused on children orphaned as a result of HIV/AIDS, whereas for the Federal Ministry of Women Affairs and Social Development of Nigeria (OVC National Plan of Action, 2006-2010:5), the definition includes any orphan below the age of 18 years, who has lost one or both parents irrespective of the cause of death. Badamasiuy (2009:35), on the other hand defines orphans and vulnerable children as children who are compromised as a result of the illness or death of an adult who contributed to their care and or financial support.

UNICEF (2014), estimates that anywhere between 500 thousand and 1.5 million children endure violence and abuse due to their vulnerability such as uncertainty as a result of the hidden nature of much abuse but it also suggests many countries have little idea what may be happening across their populations.

For the children living under the care of people other than their mother or father, the situation is assumed to be the direst, particularly in the developing world (of which Namibia is one). Neglect, discrimination and malnutrition affect orphans more commonly compared to their non-orphaned peers (UNAIDS, 2014). Research has shown that, such children are more likely to go to bed hungry and to be exploited in a number of



ways such as being subjected to child labour and less likely to be enrolled in school (UNAIDS, 2008).

In a study conducted by the International Labour Organisation (ILO, 2013), researchers confirmed that studies conducted on child abuse and neglect among orphaned children and youth living in extended families are the best studies, as they are remarkably consistent in researching how orphans are maltreated and on the overall findings stipulate similar perceived risk factors for orphans such as maltreatment, poverty, stigma, non-biological caregivers; alcohol abuse and property grabbing.

According to Pendukeni Ithana, Namibian Justice Minister (Land and Property Rights of Women and Children, 2012) speaking at a two-day national conference in Windhoek on the land and property rights of women and children said that, “traditional practice following the death of a husband in the rural northern areas of the country has seen women and children lose most of their assets, including livestock and household items, to their in-laws. She further said that, new legislation to prevent their victimization was currently being drafted with the aim of securing the property rights of women and children. (IRIN, Securing Property for Rural Widows and Children, 11 July 2005)

According to Norman Tjombe, the Human Rights Lawyer at Namibia Legal Assistance Centre (IRIN, Securing Property for Rural Widows and

Children, 11 July 2005), all communal land belongs to the state and in the event of the death of a land-rights holder, the chief and the land board must re-allocate the land. He further alluded to the fact that there is a “grey area” as the tribal authorities often disregard the widow’s eligibility for inheriting the husband's right to the land. The latter further states that land rights should also be given to a minor, because there are more and more households headed by double orphans in rural areas. (IRIN, Securing Property for Rural Widows and Children, 11 July, 2005)

Norman Tjombe (IRIN, Securing Property for Rural Widows and Children, 11 July 2005) further emphasised that women equally have the right to apply for communal land as their male counterparts. However, this is yet to be fully recognised by some traditional chiefs, despite the fact that the law on communal land was translated into most indigenous languages and widely distributed.’ Namibia's First Lady, Penhupifo Pohamba (National Conference in Windhoek on Land and Property Rights of Women and Children, Friday, 27 July 2012) commented that, "the practice of evicting widows and their children from the land and stripping them of their properties should not be allowed in an independent Namibia,"

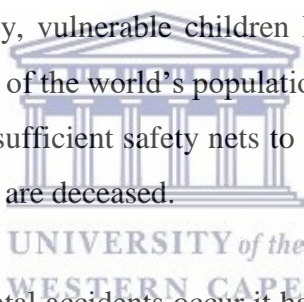
When women and children end up evicted from their homes after the death of their husband/father, the end results is often poverty due to inability to sustain themselves.

According to Schmidt (2009), poverty is a broad term that indicates a shortage of basic necessities things such as food, clothing, shelter and safe drinking water, all of which determine the quality of life. Measuring poverty is therefore not a straightforward exercise. Who is poorer: someone who earns enough money to send her children to school but doesn't have access to safe drinking water, or someone who has safe drinking water but can't pay for the education of her children? A common measure used to determine the welfare of a household is income, which can pay for many basic needs (Schmidt, 2009).

Interventions to curtail child maltreatment will likely only be partially successful unless are coupled with poverty reduction and income generation projects and stigma reduction campaigns. Through the studies of the ILO (2013), a wide variety of problems were reported for children, including discrimination within the household relative to biological children material and educational neglect, labour exploitation, sexual, physical and emotional abuse (UNAIDS, 2016). In as much as lot of progress for vulnerable children has been made by the United Nations, there are still major issues that children around the world, mainly the orphaned and abandoned face, including hunger, poverty, access to education and medical care. (UNICEF 2016).

According to the ILO report, there are 168 million OVC's worldwide who are exposed to child labour amounting for almost 11% percent of

children. While UNESCO (2016) reported that 124 million orphaned and vulnerable children are out of school, UNICEF (2016) gave an account of 61 million children of primary school age (typically 6-11 years) not being in school as well as 60 million adolescents of lower secondary school age (typically aged 12-15) also not being in school. More than one-half of all out of school children according to UNESCO (2016), are in Sub-Saharan Africa. There are 62.8 million orphaned children who suffer from acute malnutrition, (World Bank, 2016). Nearly half of all deaths in children under 5 are attributable to under nutrition. This translates into the necessary loss of about 3 million young lives a year, (UNICEF, 2016). Finally, vulnerable children living in abject poverty roughly represent a third of the world's population (UNHCR 2016). This shows that there are no sufficient safety nets to assist the children when one or both their parents are deceased.



Needless to say, when fatal accidents occur it has a major impact on the remaining dependents especially, if the victim of the accident was the breadwinner. This therefore implies that such dependents are left at the mercy of surviving relatives and the safety net of the community and government. If none of these exist, the children will be even more vulnerable.

Studies of homelessness, according to Sanchez (2010), are confronted with many conceptual and methodological challenges depending on the

definitions used for the concept “homeless”. The UNCHS classifies the homeless as people who are roofless, houseless, have insecure accommodation, and inferior or substandard housing. To complicate matters, Sanchez (2010) and Tipple and Speak (2005) further state that the individuals also have their own subjective idea of what homelessness is and where “home” might be. There are those in the category of “absolute homelessness” sleep in the open and then there are those who are “at risk” of becoming homeless. The ‘absolutely homeless’ people are seen as sleeping in the open one or more nights per week and/or making use of shelters for the homeless (Seager and Tamasane, 2010). Olufemi (2010), adds to the description of the homeless by indicating that they cannot meet basic needs or lack access to basic services such as water or sanitation, and cannot satisfy personal needs (Olufemi, 2010). For the purpose of this study, the focus will be on “absolute homelessness”, the “roofless” or those “sleeping rough” in Observatory, Cape Town.

The increasing number of mortality rates among adults due to motor vehicle crashes have resulted in growing number of orphans. These orphans often end up in destitute state whereby they lost almost everything that were left behind by their parents, including their parent’s houses.

The study by Sanchez (2010), found that it is mostly faith-based organizations in Johannesburg and Pretoria which render a variety of

services to the homeless, including providing shelter, assistance in finding jobs, food, health care and counselling. Sanchez (2010), further indicates that these organizations have a good understanding of the complexity of being homeless and their services are regarded as very valuable; however, these organizations do not offer sustainable structural solutions which provide opportunities to exit conditions of poverty and homelessness (Richter et al., 2012).

Foster (2005), said that, safety nets are formal and informal measures that protect people from the worst effects of low income and poverty. Public includes government, NGOs and (in this classification) community-based organizations, whilst private refers mainly to individuals, households and markets.

He further highlighted that, formal and informal safety nets provide support to households facing social and economic crises:

- NGOs and governments provide formal and public sector safety nets using mechanisms such as price subsidies, public works, food or micro-credit programmes and cash transfers to targeted households through pensions and allowances.
- Informal transfers involve transfers or exchange of cash, food, clothing, informal loans, assistance with work or child-care and the provision of accommodation.

These informal and private safety net mechanisms may be provided in two ways, namely, by:

- relatives belonging to extended families
- community members, either individually or corporately (Foster, 2005).

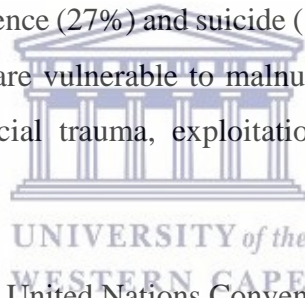
Children without parents are not only among the most vulnerable members of society – their care and protection also presents a major child-care policy challenge (Ennew, 2005).

Strategies for the care of orphans bears witness to notable shifts in the dynamics of developmental aid, and what is regarded as interests of orphaned children from unreliable research and reporting in terms of prioritisation and channels used to deliver aid to OVCs (MoHSS, 2002). The Ministry of Health and Social Services Report (2002), further divulged that, it was also important to note that millions of children have been orphaned by the HIV and AIDS pandemic at a global and regional level. However most third world countries are worst hit by the HIV/AIDS pandemic and billions of children have been left orphaned and vulnerable by the death of parents not only from HIV/AIDS but through road accidents, a shorter life span, maternal mortality, war, occupational fatalities, poverty and poorer communities amongst other causes (MoHSS, 2002).

Furthermore, the plight of maternal orphan hood does not necessarily entail a more desperate situation than that of paternal orphan hood

(Whiteside and Sunter, 2000). Although the mother is crucial to the direct child-care process, children suffer economic difficulties on a breadwinner parent or both parents at once and, as a result, their well-being is severely compromised (Chirwa 2002; Abebe 2005).

The issue for orphans due to motor vehicle accidents is not limited to Africa alone as Rahman (2005), revealed that in Bangladesh, around 7 900 fathers die from injury annually, leaving nearly 22 100 children in households that have lost their primary wage earner. The most common causes of injury death in fathers in Bangladesh are road traffic crashes (36%), followed by violence (27%) and suicide (12%). Children deprived of one or both parents are vulnerable to malnutrition, illness, impaired development, psychosocial trauma, exploitation and abuse (Rahman, 2005).



Among other things, the United Nations Convention on the Rights of the Child (UNCRC, 2005) establishes standards for the fulfilment of the well-being of children without parental care. Different articles of the Convention also stipulate the provision, protection and participation of orphans and other vulnerable children in similar circumstances. These include Article 9 (on children's right to continued contact with parents when in the care of the state); Article 10 (on family reunification if children and parents become separated by national borders); Article 20 (on the state's responsibilities and alternative forms of care for children



separated from their parents); Article 21 (on adoption); and Article 25 (on the need for periodic reviews of placements for children without parents in institutional or alternative care).

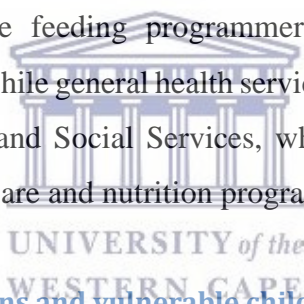
The assumption in international social work and children's rights is that families are the best place for children's rights and well-being to be secured. The duty of a state is to support families in doing this by providing accessible social services and social protection (Articles 18, 26 and 27 particularly), as well as ensuring the integrity of the family (as, for example, in Articles 7, 8, 9 and 10). The role of social networks of families in looking after parentless children is immense. (UNCRC, 2005)

Orphans faces a wide array of challenges in Africa and Namibia in particular: neglect, abuse, lack of parental love, lack of food, high labour demand at home, stigmatisation at school because of lack of school uniforms and learning materials to mention but a few. Compared to non-orphans, orphaned students are more likely to be malnourished, more likely to drop out of school and have limited access to health and social services as well as being prone to exploitation

These challenges create emotional stress and trauma, hampering concentration and learning in the classroom (Chikwature, 2016).

According to Hewlett, (2010), studies have found that over 60% of all orphans globally are cared for by their grandparents (in most cases the

grandmother) with meagre incomes or pensions, which boils down to the need for additional aid to enable survival of the orphaned children. It is rather unfortunate that while struggling to make ends meet for these orphans and vulnerable children, 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 organizations (NGOs), faith-based organizations and community initiatives are involved in providing services to these groups, which could therefore ease the burden of the various caregivers, as well as make provision for better living conditions for the OVCs. According to Yates (2004), services include feeding programmers 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 programmers.



### **2.2.2. Services to orphans and vulnerable children**

A study by UNICEF (2005) revealed that many orphans in Namibia are not receiving the maintenance and foster care 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. In Namibia, the process to get national documents is very difficult, especially when one parent died without making sure her/his children have the documents

such as birth certificates or IDs, and as a result most people delayed from getting the benefits entitled to them.

Yates (2004:6) identified several NGOs involved in service delivery to OVCs and their caregivers in Windhoek, Namibia. 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 OVC from paying school fees, paying for accommodation, etc.
- Healthcare services such as anti-retroviral compliance, fee exemption for basic health services, and nutritional monitoring.
- Psycho-social 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.

According to Mchombu (2009), attempts made to meet the basic needs of the OVCs by various stakeholders included provision of shelter, food, school uniforms and financial grants. One gap which has not been closed, however, is the provision of adequate information to both OVCs and their

caregivers in the country, to empower and enable these children to manage their lives better. Access to information, as Mchombu (2009) pointed out, is a human right and the most basic of all human needs.

Skinner (2004), identified basic rights as including –

- Name and nationality
- A safe home and community environment
- Education
- Family care
- Adequate food
- Protection from abuse
- Security from the government and community
- Health care
- Shelter
- Love
- Clothing and
- The right to make decisions about their life.



Both Mchombu (2009), and Skinner (2004), support provision for adequate information to the orphans and their caregivers but, it is a gap that need to be filled.

In summary, OVCs are indeed suffering in number of ways. The United Nations and other organisations have provided guidelines to direct orphans to access services available to them, but there is still a lot to be

done. This could be done by analysing their situations and what they need.

## 2.3 Challenges of being an orphan

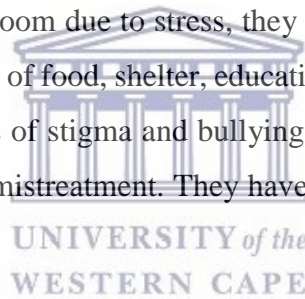
The impact of orphanhood can be seen under the emotional, physical, psychological and social perspective. Rubaba (2009), pointed out that neglect, abuse, lack of parental love, lack of food, high labour demand at home, stigmatisation at school because of lack of school uniforms and learning materials to mention but a few, are some of the challenges facing children orphaned due to motor vehicle accidents. Kafwa (2010), argued that compared to non-orphans, orphans not taken care of are more likely to be malnourished, more likely to drop out of school and have limited access to health and social services, and are more prone to exploitation.

Hewlett (2010), argued that, motivation is the drive for learning and in case of OVCs, since they lack basic needs such as love from parents, good shelter, food, clothes, they will be less motivated to perform well in class. The latter's argument is supported by Maslow (2009), who is also of the opinion that, for one to be motivated in whatever he/she does, basic needs cited above should have been satisfied.

The UN estimate that more than half of the children in South Africa live in poverty, a situation caused by fatalities of parents due to HIV/AIDS

and motor vehicle accidents, sweeping the nation and leaving South Africa with a population of children. According to MRC (2007), 1 in 5 children were orphans in South Africa and it was s estimated that this figure would rise to 1 in 3 by 2018, MRC (2007).

According to Tadesse (2009), the challenges faced by orphans and vulnerable children are as follows: They experience negative health, social and development outcomes resulting in poor school attendance, educational achievement and leads to juvenile truancy. They struggle to concentrate in the classroom due to stress, they have a lack of resources to meet their basic needs of food, shelter, education and health care. They experience higher levels of stigma and bullying at school. They are at a great risk of abuse and mistreatment. They have poor psychological and physical well-being.



Kolthar (2012), argues that one of the major influence affecting OVCs is their access to the child grant. Every child is entitled to a child grant, however many orphans do not have the correct papers in a place in order to access it. According to Gafiths (2010), the child care advocates work with the families to gain their grants and ensure that their rights are understood. Keeping orphans and vulnerable children in education is also a key role of the child care advocates.

According to Brink (2010), OVCs are more likely to live in temporary households, moving from place to place and disrupting their schooling. They often need additional support to cope with the emotional demands of having lost their parents. OVCs are less likely to attend school or miss it, so it is vital for child care advocate to maintain consistency with schooling and educational needs. The child care advocates have access and reflection to hardship funds to help provide school uniforms and work closely with the schools to monitor the children's education and emotional needs. Sadly, according to Maguwe (2012), many OVCs are at risk of abuse from family members and locals within the community as they are seen as easy targets. Rape and sexual violence among orphans and vulnerable children is on the rise in South Africa, fuelled by increasing levels of poverty.

The childcare advocates follow the children's cases who have been raped, they report them to the police and follow the cases through to conviction.

In Namibia the OVCS are facing many challenges. This is because the government is failing to cope because of the growing numbers which overwhelm available resources (UNICEF 2014). UNICEF (2014) is of the opinion that orphans in Namibia have behavioural problems which sometimes can be a serious as juvenile delinquency and sexual abuse, truancy or bullying. Other behavioural problems are however of a minor nature, for example lying and not being punctual. Chimbenga (2010) also pointed that behavioural problems in the classroom frustrate the teacher

during the teaching and learning process, thus interfering with the classroom learning activities of the learner.

Makame, Ani and McGregor (2013) carried out a survey using an adapted version and found out that orphaned children showed a markedly higher internalising problem, increased suicidal ideation, often went to bed hungry and were more likely to be out of school. In addition, according to Jacobs (2011), HIV/AIDS affected learners from disrupted societies and those left homeless due to HIV/AIDS and poverty, in contrast with their more affluent peers, join gangs rather than youth groups to attain a sense of belonging and to escape their loneliness.

Nyamukapa (2010), found out that in the need for emotional security, orphans may lack the ability to explore and make choices and may show signs of aggression, helplessness, sadness, depression and negative self-concepts. A major challenges facing the Namibia society is how to protect the orphans who are affected by physical, psychological and emotional risks. UNICEF (2009) shares the same sentiment with Nyamukapa (2010) regarding the above statement. Also according to UNICEF (2009), school must be a place of play and healthy interaction, preventing confrontation, harassment and anti-social behaviour, abuse, bullying, sexual exploitation, violence, stigma and discrimination.

In Windhoek, Namibia OVCs face many challenges which can be categorized into the following five themes: poverty to care for the OVCs’



needs such as paying for the School Development Fund (SDF), food, clothing and other basic needs. Either orphans did not go to school or did not receive their examination report cards because they did not pay SDF, Ministry of Education (2008).

The education sector policy for orphans and vulnerable children mandate that SDF be waived for orphans, however principals were not adhering to this policy, Verguani et al. (2010). The dire need for revenue forces principals to force orphans to make contributions toward SDF.

The maintenance grants for OVCs of N\$300 per month per orphan is not sufficient to care for their needs and to pay the SDF, UNAIDS (2009).

As a direct result of poverty all families were food insecure. Some families share food equally UNAIDS (2014).

It has been confirmed in various studies that HIV/AIDS and deaths due to road accident are the significant contributory factor to the ever increasing number of OVCs in Namibia. Ministry of Gender Equality and Child Welfare (2009).

Some orphans are abused at home. Most of the female orphans are sexually molested by guardians. Other orphans are treated as slaves. The census studies indicate that many of the orphans were exposed to abuse and neglect, lack of caring and compassion in their daily lives is visibly noticeable. Preparing them for a future as uncaring and under stimulated

adults who will have little sustaining experience to draw on their future relationship with the children in their care and little resources for constructive problem solving when faced with the vicissitudes of life, Verguani et al (2010).

(Chikwature, 2016) stresses that in Zimbabwe and most African Countries, extended families have assumed responsibility of taking care of OVCs and this affects their educational performance because of neglect and surviving on minimal resources. It is imperative to understand that in most African cultures after the death of parents, children are taken to their grandmothers in the rural areas who would also be struggling to make ends meet due to poverty (Hall, 2015).

UNICEF (2016), estimates that globally 140 million children worldwide are orphans and there are more than 34 million orphans in the African region today, of these, 11 million are orphaned by AIDS. Most importantly to understand the severity of the OVC one has to note that UNICEF (2016), established that eight out of every 10 children in the world whose parents have died of AIDS live in sub-Saharan Africa. This can only indicate the immense pressure on traditional support systems, which is threatening to break this major function of supporting the children. Furthermore, the extended family system has for generations met most of the basic needs of children and provided a protective social environment in which they could grow and develop (Chikwature, 2016).

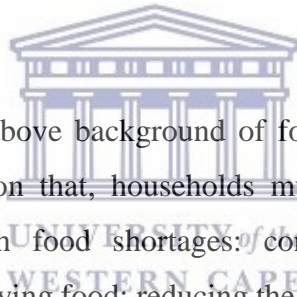
Finally, in one study carried out by researchers, orphans indicate that they could not concentrate on their studies when they were hungry. (Ministry of Gender Equality and Child Welfare, 2006). This finding confirms what Nyambedha et al (2011), found out that orphaned and vulnerable children who go hungry do not attend school or shy away because they do not want to face the rigorous academic pursuit in school.

## 2.4 Needs of orphans

A need can be defined as a condition within an individual that is essential and necessary for the maintenance of life, for nurturance of growth and well-being (Reeves, 2010:6). According to UNICEF (2016), children whose parents are dead encounter painful experiences. Orphans lack education, good health, economic and material items. They are also psychologically affected and they need to be protected (UNICEF, 2016).

The needs of orphans seem to a great extent to be influenced by household dependency ratio, (UNICEF, 2016). Dependency ratio was defined as the sum of children under 18 and person 60 years or older in a household divided by the number aged 18-59 years, (UNICEF, 2016). Dependency ratio signifies the proportion of household productive capacity versus the number of people that need to be assisted or supported. High dependency ratio suggested that the households had more difficulties to provide the needs of the member than a lower dependency ratio household.

Research conducted in Sub-Sahara Africa suggests that orphans and vulnerable children need adequate food, (Kimani-Murage *et al.*, 2010). Greenblott and Greenaway (2007), posed that a large number of orphans live in food insecure household especially households with multiple orphans or orphans living with a chronically sick household member. Rivers et al (2010), conducted a similar study later and found out that households with multiple orphans were six to eight times more vulnerable to food security than households with no orphans. Hall et al (2012), suggested that a lack of food greatly affect the orphans physically and academically at school.



Therefore, against the above background of food insecurity, Cardwell (2008), is of the opinion that, households must adopt the following strategies to cope with food shortages: consuming cheaper food; borrowing money for buying food; reducing the number of people eating at home or reducing the number of meals per day.

Potentially negative consequences of food insecurity lead to malnourished orphans (Greenblott and Greenaway, 2007). Malnutrition causes poor growth among the orphans compared to non-orphans. A study conducted in Kenya by Sala (2009), found out that 29% of orphans from foster homes were malnourished because of a poor diet. Often they had one meal a day.

In addition, in Zimbabwe, Watts *et al.* (2005), conducted a quantitative data analysis of 31,672 children aged 0-17 years and 6753 aged under 5 years. Findings showed that less than five-year-old orphans and vulnerable children were more likely to be stunted and underweight than their counterparts.

According to the United Nation Children Rights Commission, education is recognized as human right for every child, including orphans for fulfilling their dreams and aspirations, (UNAIDS, 2008 and UNICEF, 2014). UNAIDS (2008), suggest that orphans who access quality primary education have a chance of a better future life. This is because children who can read, write and acquire numerous skills have a solid foundation for continued learning for their entire life and achieve their potential.

Orphans need breakfast, school uniforms and good clothes in order for them to attend school on a daily basis as their non-orphan friends (Nyalangaba, 2009). In Sub-Saharan Africa, there seems to be sufficient evidence to suggest that orphans were more likely to have poor school attendance, for example absenteeism and dropping out of school because of food shortage (Operario *et al*, 2008).

In South Africa, Operario et al. (2008) found out that 23% of orphans did not complete school although school was free and the education system

was compulsory. This is an indication that school fees might not be the only factor causing orphans to drop out of school as compulsory education allowed children to finish secondary school at 16 years. A number of reasons contributed to the situation including child labour, a lack of food, particularly breakfast, lack of school uniform and good clothes. Funkguest, Erickson and Muulu (2007), further reported that orphans had a record of poor school attendance because of these basic necessities which they greatly want.

Researchers in Sub-Sahara Africa postulate that orphans and vulnerable children want access to health like any other children. Robertson *et al.* (2010), conducted a research to ascertain whether orphans and vulnerable children risk contracting the deadly virus because of poor health awareness, for example, education on using condoms when indulging in unprotected sex. Apart from infant orphans and vulnerable children, older male and female orphans had a higher risk of contracting the deadly virus which cause AIDS, (Pascoe et al., 2010). Orphans who had lost both parents had a higher risk of HIV/AIDS infection, experienced sex early and were less likely to use condoms than other children.

In Uganda, Sewamala *et al* (2010), found that access to economic assets was an effective strategy for reducing risky sexual behaviour among orphans and vulnerable children.

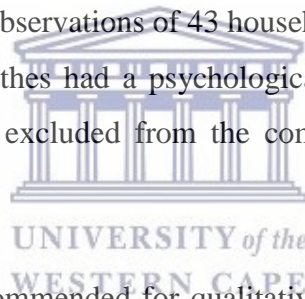
Enwereg (2007)' suggests that a lack of access to health was caused by orphans living in poor condition that were characterized by a poor sanitary environment, which included overgrown grass surrounding the house and lack of toilets, dilapidated houses and a lack of proper kitchens. As a result, OVCs suffered various forms of illnesses causing hospitalisation. The common illnesses were malaria, fever, malnutrition, diarrhoea and injuries.

Lack of access to health services which is a need not a want may exacerbate the orphan's poor health status (UNAIDS, 2009). There is evidence that OVCs suffer from psychosocial stress. In essence, they need guidance and counselling. Nyamukapa *et al.* (2008), found out that all orphan types displayed more severe distress than non-orphans. There are multiple factors affecting the emotional and behavioural well-being of OVCs (Clever and Gardner, 2008).

Orphans and vulnerable children want economic and material needs met. The death of parent is associated with the reduction in household income because of reduced cultivated land, reduction in production of cash crop and of farm business. OVCs need shelter. Studies suggest that OVCs lacked clothes, shelter and beddings more than non-orphans, Mogotlane *et al* (2010). According to Mogotlane *et al* (2010), a study of child-headed households in South Africa found that the households needed basic access to food, health and shelter and clothing. A study in Kenya found that

orphans live in dilapidated houses that were left by the parents. Culturally, if the deceased parents were not married through customary law, the houses were not repaired. In addition, the orphans often lost assets because they were ignorant of legal procedures for safeguarding the deceased's estate, while other orphans had their property taken by relatives.

Lack of shelter, clothes and beddings among orphans varied between studies. Mogotlane et al. (2010), found out that a lack of clothes and books often prevented OVCs from going to school. Dalen (2009), through narratives and observations of 43 households found that the lack of shelter, food and clothes had a psychological effect on OVCs. The orphans felt neglected, excluded from the community and eventually dropped out of school.



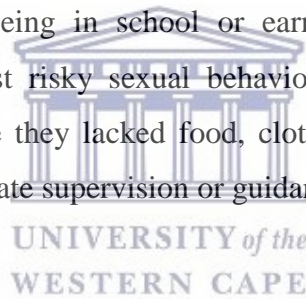
The research may be commended for qualitative methods that allowed respondents to express their experiences, because most studies use quantitative methods. In additions, the approach provided orphans to share their views, by drawing pictures and writing about their feelings, instead of caregivers reporting on behalf of the children (Wood, 2006).

Orphans and vulnerable children need protection. There appears to be evidence that orphans in Sub-Saharan Africa, may be exposed to more abuse than non-orphans (Kang *et al.*, 2009). Based on a four- year



quantitative longitudinal study from 2005-2009, Cluver *et al.* (2011), found out that in Cape Town, South Africa, an orphan's risk to emotional and physical abuse were by determined by factors such as parental sickness.

Researchers are reporting an increase in the number of girls at risks of sexual abuse, including rape and sexual assault (Cluver *et al.*, 2011). There seems to be a gender dimension on the need for protection between boys and girls. Primari *et al.* (2008), compared the risky behaviour between male and female orphans in Tanzania. The research suggested that the females engaged in unsafe sex more than the males. While boys consistently felt that being in school or earning an income was a protective factor against risky sexual behaviour, the female orphans engaged in sex because they lacked food, clothes and protection as a result of a lack of adequate supervision or guidance by the caregivers.



## **2.5 People- Centred Approach**

This research has adopted a people-centred health care framework and has applied it to orphan service delivery, which are both vital in addressing human needs. Klassen et al (2010), argued that quality health care is the degree to which health services for individuals and populations increase the likelihood of desired health.

According to the WHO (2007), people-centered health care is one in which individuals, families and communities are served by and are able to participate in trusted health systems that respond to their needs in humane and holistic ways. The health system is designed around stakeholder needs and enables individuals, families and communities to collaborate with health practitioners and health care organizations in the public, private and not-for-profit health and related sectors in driving improvements in the quality and responsiveness of health care.

People-centered health care is rooted in universally held values and principles which are enshrined in international law, such as human rights and dignity, non-discrimination, participation and empowerment, access and equity, and a partnership of equals. It aims to achieve better outcomes for individuals, families, communities, health practitioners, health care organizations and health systems by promoting the following:

1. A culture of care and communication. Health care users being informed and involved in decision-making and having choices; providers showing respect for their privacy and dignity and responding to their needs in a holistic manner.
2. Responsible, responsive and accountable services and institutions. Providing affordable, accessible, safe, ethical, effective, evidence-based and holistic health care.
3. Supportive health care environments. Putting in place appropriate policies and interventions, positive care and work environments,

strong primary care workforce, and mechanisms for stakeholders' involvement in health services planning, policy development and feedback for quality improvement.

This framework with several elements was found to be useful and adaptable in different circumstances and settings of care. It can also be applied to orphan care.

A handful of analytic frameworks for quality assessment have guided measure development initiatives in the public and private sectors. One of the most influential is the framework put forth by the Institute of Medicine (IOM), which includes the following six aims for the health care system;

- Safety: Avoiding harm to patients from the care that is intended to help them.
- Effectiveness: Providing services based on scientific knowledge to all who could benefit, refraining from providing services to those not likely to benefit (avoiding underuse and misuse respectively).
- Patient-centred care: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

- Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- Efficiency: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitability: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status. This framework with several elements were found to be useful and adaptable in different circumstances and settings of care.

Literature on orphan care services in Sub-Saharan Africa cover six element of quality care, which can be compared to Namibian situation, namely; 1. comprehensiveness; 2. coordination; 3. continuity; 4. accessibility; 5. equity and 6. efficiency. The orphan care literature indicates an interaction between the elements of quality care.

#### *Comprehensiveness:*

Comprehensive services are the extent to which there is a range of services provided that is broad enough in scope and depth to meet client needs. It means that all orphans regardless of the cause of the parents' death will benefit from the services. According to Fosters (2009) "in Sub-Saharan Africa both provision and lack of comprehensive services to orphans are visible". Schools provide evidence that comprehensive

services work when they use community based services, family focused services and provision of cash transfers, in the implementation of services to orphans (Fosters, 2009).

Community based services are essential in caring for OVCs. . Community based organisations service providers can be described as grassroots organisations, managed by members on behalf of the community (Nabanyaba, 2009). There is sufficient evidence that community based interventions have great capacity to provide comprehensive services. Orphans and vulnerable children access services from the community based initiatives through community based organisations, schools, faith based organisations, home and family based interventions (Fosters 2008).



### *Coordination*

Coordination is the provision of services that are continuous, integrated and organised around the client, both within and across service settings and over time.

A number of studies have shown that communities based services appear to possess certain attributes that promote a culture of helping vulnerable households including OVCs with comprehensive services (Foster, 2008).

In addition, communities appear to have self-reliant characteristics which help mobilizing local communities to assist households with difficulties

(Foster, 2008). Community led initiatives serve the needs of OVCs better because they adopt and respond to their changing needs. (Foster, 2008).

The World Bank conducted research in 23 countries to explore the dimensions of need in poor households and through their findings described and recognised community care support as an informal family support system. (Foster, 2008). From the World Bank's perspective, community care is an immediate social and institutional context for household relationships which include neighbourhood, village or wider geographical network or family that provide a wide range of material and non-material support to OVCs (Foster, 2008).

Literature suggests that service providers that adopt family centered services have great potential to address the wider needs of OVCs (Wakhweya, 2008). Wakhweya (2008:25), reported that family centred interventions provided a continuum of care for adults and children, including primary health care, educational support, food security and nutrition, shelter support, psychological support and counselling, spiritual support, protection of neglected orphans against abuse, households economic strengthening and legal support.

### *Continuity*

They should ensure that services for orphans and vulnerable children continue.

In addition, Help Age International (2009), state that in resource poor countries it is a morally imperative responsibility of service providers to care for all OVCs, to ensure that orphans and their covers are not forgotten. The author contends against service providers who do not serve the orphans beyond their needs. In addition, Help Age International (2009), continues to state that governments should address the diverse needs of family members including psychological needs, protect the rights of caregivers and involve service users.

### *Accessibility*

This refers to the fact that services should be accessible to orphans and vulnerable children, although this is a critical factor in Namibia where there are vast distances from one town to another. Accessibility overall is a problem, as covering all the affected communities remains a challenge.

Assessments that were made in different parts of the world constantly provide evidence that cash transfers are more effective in providing comprehensive services to families with OVCs as well as vulnerable households to address their needs. (Desmond and Namibia NGO Forum, 2009).

Adato and Basset (2009) in agreement with Desmond and Namibia NGO Forum (2009), argue that principally, cash transfers offer multiple benefits. Cash transfers according to them, serve preventive, protective, promotional and transformational functions to OVCs. Adato (2009),

found out that unconditional transfers addressed the basic needs of adults and children by providing them with clothing, food and clothing expenses. Apart from addressing basic needs, cash transfers simultaneously promoted investment in human capital and increased women's autonomy.

A mixed method study was used to assess the impact of cash transfers in Namibia known as the Basic Income Grant Project (BIC) among vulnerable households with orphans and other children (Namibia NGO Forum, 2009). The study used a baseline and follow-up evaluation survey, as well as interviews with key informants and case studies. The findings suggested that cash transfers helped families with orphans to address multiple needs Such as – paying for school fees, buying nutrients food, and providing households with capital to engage in income generating activities such as brick making, baking and dress making. As a result, school dropout fell by 40%, Child malnutrition was reduced by 42%. The police reported that the crime rate reduced by 42% in the community. Similar findings were also reported by the World Bank (2009).

There is evidence from literature in this section which indicates a close interaction between access and equitable services. In addition, two elements interacted with the coordination element. The studies in this section provided evidence that service access and equity sometimes worked, but in other situation they did not.



A study that was conducted in Malawi, Zimbabwe and Kenya provide both positive and negative evidence on OVCs' access to education services (Kendall, 2009). They suggested that access to education was negatively affected by poor coordination, cost of services, distances and lack of preparedness by service providers to provide necessary services.

First and foremost, service inefficiency is caused by services providers' insufficient technical and management capacity (Naranyan, 2008). The World Bank (2009), commissioned a study to assess the impact of formal and informal institutional services in improving well-being of poor households including households that hosted orphans in 58 countries in Sub-Saharan Africa (Naranyan, 2008). The findings suggested that, while NGOs were delivering basic services to the poor and using a bottom up approach, NGOs had myriad capacity limitation and had inefficient service delivery practices.

The NGOs were weak in the area of leadership, finance management, planning skills, monitoring and evaluation. They depended solely on donor aid, therefore worked as "contractors rather than community catalysts" (Naranyan, 2008). The NGOs had corrupt practices and were not transparent with donor aid. In addition, Edwards (2009), stressed that NGOs' work appeared to fall below donors' expectations in service delivery, performance and accountability. Donors had anticipated that NGOs would perform much better than government institutions. NGOs services were less cost effective and less sustainable in comparison with

government services. It was argued that NGOS often failed to account for their activities. They tended to have multiple accountability demands on donors, government and the people they served. Accountability was defined as the means by which individuals and organisations reported to recognized authority and were held responsible for their actions (Edwards, 2009). Furthermore, a lack of conditional capacity by CBS providers resulted in inefficient service delivery to OVC's. It has been argued that efforts were hindered by a lack of knowledge, skills and poor management of volunteers (Fosters, 2008).

### *Equity & Efficiency*

This refers to the fairness and efficiency of service provision to OVCs.

In 2015, the MGE CW provided grants to 171 302 registered orphans and 12739 vulnerable children and the numbers have been drastically increasing each year (MoHSS, 2014). The Namibian government has also put in place the Standards-Based Quality Improvement programme (2007), with the following seven standard areas of OVCs' needs, in line with the 6+1 CSI domains: Education and vocational training; Psychosocial support; Shelter and care; Food and nutrition; Health; Child protection and Economic strengthening. The aim of the standards was to ensure that the care children are receiving is making a difference in their lives.

In a study conducted by Van der Brug (2010), it was found that the social welfare grant system was one of the most important policies in Namibia to tackle child poverty and assist families in the costs of care. Two types of cash transfers are most common for OVCs, namely; The child maintenance grants (CMG), which are paid to a biological parent of a child who is under age 18 years and whose spouse is either receiving an old age or disability grant, has died, or is in prison, and who is implicitly conditional on a child's school attendance. The second type of grant is the foster care grant (FCG), which is paid to any person who undertakes the temporary care of a child who has been placed in his or her custody in terms of the Children's Act of 1960 (Steinitz, 1998:55). In Namibia, a child in the foster care placement is a child that has been identified by the Social Worker as 'a child in need of care'. According to the Children's Act of 1960, "a child in need of care refers to a child who:

- has been abandoned or with no visible means of support
- has no parent/s or guardian
- has parent/s or guardian who do/does not or is unfit to exercise proper control over the child.
- is in the custody of a person who has been convicted of committing a crime upon that child.
- cannot be controlled by his parents or guardian.
- is in the custody of a habitual truant person
- is in the company of an immoral or vicious person.
- begs

- is under 12 years of age and engages in any form of street trading
- is in a state of physical or mental neglect (Act no. 33 of 1960).<sup>54</sup>

The number of recipients of child welfare grants has rapidly increased in Namibia — from 9 739 in 2003 to 113 995 in 2010 (MGECW, 2010). Namibia has also instituted school feeding programmes and an exemption of the payment of school fees (school development fund contributions) for child welfare grant recipients.

In Namibia, the following are some of the programmes in place in support of the OVCs:

**The National OVC programme of the Government of Namibia** - It is a programme overseen by the Permanent OVC Task Force chaired by the MGECW composed by line Ministries, NGOs and several donor agencies.

**Schooled for Success** - It promotes Full School Participation by OVC and it is a Catholic AIDS Action (CAA) programme aiming at ensuring school attendance and success of OVC in schools. It campaigns on the rights of OVCs, for their psychosocial support in the community and caters for the provision of school supplies and uniforms to those who qualify through a joint venture with the private sector.

**Psycho-social Support (PSS) training for OVCs conducted by Philippi Namibia** -This programme aims at training peer counsellors and identifying potential youth leaders who, in the future and after further training, would provide care and support to OVCs. It also provides PSS to children through holiday camps and kids clubs.

**AIDS Law Unit of the Legal Assistance Centre (LAC)** - This project focuses on the rights of people living with HIV/AIDS and OVCs. The AIDS Law Unit not only has greatly contributed to the drafting of the national OVC Policy but has also drafted the National HIV Policy for the Education Sector, which addresses the rights of vulnerable children and education. Christian Alliance For Orphans (CAFO) “has the aim of encouraging and empowering local churches and other faith-based organizations to provide emotional, spiritual and/or material assistance to needy orphans and other vulnerable children in their communities” (Verduijn, 2004:42)

**Special Programme for Vulnerable Children (SPVC)** -This programme serves the families and the community due to the increase in the number of OVC and the weakening of the extended families due to poverty. This programme helps the caregivers in income generating projects that will contribute to the basic needs of the OVCs under their

care. Through SPVC, the communities are sensitized on Children's Rights and the services available for OVCs in the communities.

UNICEF is operating in 5 regions that are highly affected by HIV/AIDS assisting OVCs. These regions are Omusati, Oshana, Oshana-Nama, Kunene, Kunene, Kunene and Kunene. Different activities are taking place in the above-mentioned regions such as sewing, gardening, and bakery, bricks making projects, PSS and soup kitchens for OVCs.

The researcher is in agreement with a baseline survey done by Project Hope (2006), which indicated that, despite the commitment shown by the Namibian government to support OVCs, the reality on the ground is that the support provided to orphans and vulnerable children is limited. Besides, there are few visible control mechanisms in place ensuring that the support provided to orphans is actually benefiting them and not somebody else. In most cases the support provided to orphans and vulnerable children benefits families who are residing in urban areas in comparison to their counterparts in rural areas (Project Hope, 2006).

Most of the studies reviewed concentrated mainly on children orphaned as a result of HIV/AIDS. Although an orphan is just an orphan whether the parent died due to illness of any kind or accident, this study will draw more findings that were not found by other researchers.

## 2.6 Summary

In summary this section highlighted that there are indeed measures and services to help orphans and vulnerable children. The Sub-Saharan literature on service provision to orphans suggested the existence of both strengths and weaknesses in the service delivery system for orphans. Finally, the literature suggested that some control mechanisms in the relatedness between the elements for quality of care existed. The following unit will look at the research methodology which details how the current study was executed.



## Chapter 3 - Research Methodology

### 3.1 Introduction

This chapter outlines the research process followed to obtain the desired data. A research method consists of a systematic approach and accurate execution of the research design. It focuses on the research process and the kind of tools and procedures that were employed in collecting data from the research participants (Babbie & Mouton, 2016).

This study explores and describes the orphans and caregivers' experiences of services rendered to them by the staff of the MVA Fund of Namibia. The chapter further outlines the research design of the study, covering the population of the study, sampling technique and sample size and the methods of data collection of the study. The very important aspect of ethical considerations is also discussed in this chapter

### 3.2 Research Questions

The research was guided by the following questions:

- What are the needs of orphans and caregivers that arise due to motor vehicle accidents?
- What are the experiences of the orphans and caregivers about the services rendered to them by the MVA Fund?



- What problems were experienced by the orphans and their caregivers?
- How can the effect of such challenges be mitigated and what recommendations can be advised so as to improve the services rendered to the orphans?

### **3.3 Aim of the study**

This research study aimed to explore and describe orphans and caregivers' experiences of services rendered to them by MVA Fund of Namibia.

### **3.4 Objectives of the study**

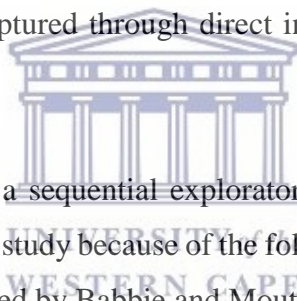
The objectives of the research study were to:

- explore and describe the needs of orphans and their caregivers.
- explore how orphans and caregivers of the motor vehicle accidents experience the services provided to them by the MVA Fund.
- explore the problems experienced by the orphans and their caregivers
- explore the challenges the orphans and caregivers experience and provide recommendations so as to improve their services

### **3.5 The Research Approach**

To answer the above question and obtain the objectives, the study adopted a sequential exploratory mixed method design as the best approach.

Creswell, (2014:41) defines a Research approach as an “active and reliable process because the interviewee and interviewer interact and collaboratively build up, receive and interpret information in a society context”. This research approach is suitable for this research because it is consistent with the nature of the research questions which this research sought to address namely “what” ‘how’ and why. (Green and Thorogood, 2009). It is also good for this research because a qualitative approach is regarded as a tool for learning about people’s feelings, thoughts, perceptions and experiences (Thorogood, 2009). In this research, lived experiences of orphans due to motor vehicle accidents and their caregivers were captured through direct interactions with orphans and caregivers.



The researcher selected a sequential exploratory mixed method design approach for this current study because of the following characteristics of this approach, as described by Babbie and Mouton (2001: pp. 270-273):

- Qualitative research is conducted in the natural settings of social actors, which is exactly the case with this research, as the researcher physically had to interact with the orphans and caregivers. Qualitative research is especially appropriate for the study of those experiences, best understood within their natural setting, as opposed to the somewhat artificial settings of experiments and surveys. De Vos et al. (2011: p. 65) state that a qualitative researcher tends to collect data in the field, at the site where

participants experience the issue, or problem, under study. The researcher gained first-hand understanding of orphans and caregivers' experiences, through interviews with the caregivers, and the children during home visits, as well as through observation in their natural settings at homes.

- Qualitative research focuses on process rather than outcome. The emphasis on the natural setting indicates that qualitative research is well suited to the study of social processes over time. Henning (2004: p. 4) asserts that in a qualitative study the “variables” are usually not controlled, as it is exactly this freedom and natural development of action and representation that the researcher wishes to capture. De Vos et al. (2011: p. 65) state that, in the entire qualitative research process, the researcher should concentrate on establishing the meaning that the participants attach to a problem, and not the one that the writers in literature convey. The researcher conducted a number of interviews with the participating orphans and their caregivers, and observed various interactions attentively, in a concerted effort to view the phenomenon under study through the eyes of the participants.

- In qualitative research, the primary aim is in-depth descriptions and understanding of actions and events. The researcher prefers to use categories and concepts, used by the participants themselves, as a further attempt to stay true to the meanings of participants themselves. Through the interviews, home visits and the literature review, the researcher was

able to provide a thicker description of the phenomenon, as facts were confirmed by the participants in this study.

Although this is a mixed method study the Researcher has asked some questions directly to the participants to be able to provide statistical figures to the MVA Fund, therefore percentages are used in the study.

### **3.6 Research Design**

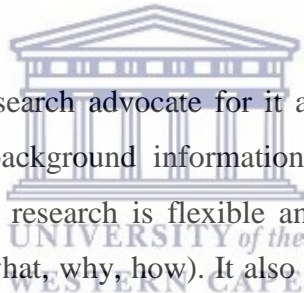
#### **3.6.1 Types of Research**

A research design refers to the researchers' overall plan or blue print of how the research is to be conducted (Babbie & Mouton, 2001). An exploratory design was chosen to collect the data and listen to the lived experiences of the participants in this study. An exploratory research design is defined as a design that focuses on queuing an insight and familiarity for later investigations. An exploratory design is appropriate to use when the research being conducted is about a research problem for which there are few or no earlier studies to refer to (Creswell, 2014).

The exploratory design was implemented in this study to understand the nature of the problems of children orphaned due to motor vehicle accidents, potential support systems and care for orphans as well as social conditions of these children. The exploratory aim of the study was to gain

understanding of the subjective experiences, needs and context of the orphans and their experiences of the services rendered to them.

No such study was conducted before with the OVCs as a result of motor vehicle accidents. Saunders (2012), asserts that, exploratory research is often used to generate formal hypotheses and develop more precise research problems. Exploratory studies help establish research priorities, they also benefit from flexibility and adaptability to change. Saunders (2012), further states that exploratory research is effective in laying the groundwork that will lead to future studies.

The logo of the University of the Western Cape is a faint, light blue watermark in the background of the text. It features a classical building with a pediment and columns, with the text 'UNIVERSITY of the WESTERN CAPE' written below it.

Users of exploratory research advocate for it as its design is a useful approach for gaining background information on a particular topic, furthermore exploratory research is flexible and can address research questions of all types (what, why, how). It also provides an opportunity to define new terms and clarify existing concepts (Saunders, 2012).

The researcher deems exploratory research as appropriate for this research because it familiarises the researcher with basic details, settings and concerns. It gives the research a well-grounded picture of the situation developed. It is further used as a useful approach because it generates new ideas and assumptions, development of tentative theories or hypotheses. Exploratory research is flexible and can address research

question of all type for example the ‘what “why” and how questions. Finally, the exploratory design is suitable for this research because it helps establish research priorities (Creswell, 2015).

Creswell (2015) asserts that exploratory research explores the research questions and does not intend to offer final and conclusive solutions to existing problems. It is conducted in order to determine the nature of the problem, this type of research is not intended to provide conclusive evidence, but helps us to have a better understanding of the problem. While conducting the research, the researcher was flexible in changing her direction as a result of revelation of new data and new insights. Moreover, it has been stated that “an exploratory study may not have as rigorous a methodology as it is used in conclusive studies, and its sample sizes may be smaller. (Nargundkar, 2010, p.41).

### **3.6.2 Population**

According to Namibia Statistic Agency (NSA), the latest 2011 census figures indicate that Namibia has a population size of 2.1 million people as per the Census indicators (NSA, Namibia Social Statistics, 2014). Namibia has 14 Regions, which are further sub-divided into 121 constituencies. For the purpose of this study, a total number of 20 orphans and 20 caretakers which consisted of 10 orphans and their 10 primary caregivers from Oshana, and Khomas Regions, were initially selected for the purpose of this study. However, it did not work out as planned as not

all the participants contacted were found. Instead, 12 orphans and their 12 caregivers were interviewed in Oshana Region, 3 orphans with their 3 caregivers from Oshikoto Region; and 5 orphans with their 5 caregivers from Khomas Region, Windhoek, that made up the total of 40 participants. These three regions were selected based on their location and population structure, as they are the ones with the highest caseload of orphans and beneficiaries for loss of support (MVA Fund, 2013). In Oshana and Oshikoto Regions, the research was conducted in urban areas, as well as the surrounding rural areas of Oshana while in Khomas Region, the focus was mainly in Windhoek where all participants interviewed live in urban areas.

A population is any group of individuals that have one or more characteristics in common, which are of interest to the researcher (Cassell and Symon, 2009). A research population is also known as a well-defined collection of individuals or objects known to have similar characteristics. All individuals or objects within a certain population usually have a common, binding characteristic or trait (Brown, 2012).

The population of the study consisted of primary caregivers of orphans receiving Loss of support benefits from the MVA Fund, residing in rural and urban areas of the Oshana, Oshikoto and Khomas Regions. Their primary caregivers became participants of the study on the basis that they

are claimants for Loss of Support benefits from the MVA Fund on behalf of these children.

### **3.6.3 Sample and Sampling Procedures**

A sample is a sub - unit of the population that allows the researcher to produce accurate generalizations about the population (De Vos et. al, 2011), In the case of this study, the population consisted of orphans receiving Loss of support benefits from the Motor Vehicle Accident Fund of Namibia and their primary caregivers. The sample was 20 children selected according to the following criteria:

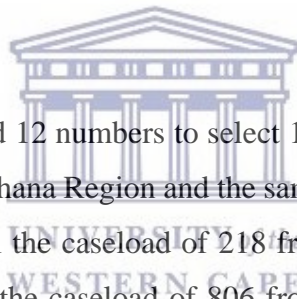
- Between the ages of 14 - 21 randomly selected from the caseload of orphans benefitting from the Loss of support benefits of the MVA Fund of Namibia. The researcher chose this category of children because they are a bit mature and able to give responses to interviews in detail, unlike the children below the age of 13.
- The 20 primary caregivers for the children selected, leading to a total of 40 respondents from both selected regions.

According to the MVA Fund Act, (Act 10 of 2007) and the operational guidelines of the MVA Fund, the definition of OVCs caters for children or young adults until the age of 21 as they are likely to still be progressing with their studies and therefore will still require assistance (MVA Fund, 2016).



The sampling method used to select the questionnaire respondents from the list was simple random sampling. According to Govender, Mabuza, and Ogunbanjo, (2014), simple random sampling is when a list containing all of the population is created and used to select participants randomly. Random numbers can be generated, for example in an Excel spread sheet, to decide which people in the list to select.

This type of selection guarantees that each individual has an independent and equal chance of being selected. This method is very fair, unbiased and easy to carry out; it is the most common and highly-recommended technique.



The researcher generated 12 numbers to select 12 orphans from the total caseload of 246 from Oshana Region and the same exercise was repeated to select 3 orphans from the caseload of 218 from Oshikoto Region, as well as 5 orphans from the caseload of 806 from Khomas Region. If a beneficiary was selected, her/his caretaker then automatically became a respondent that made up the population of 40 respondents in total for the three selected Regions. The selected orphans' ages ranged between 14 and 21 and the caregivers were any caregiver to such orphan, regardless of age. A column was added to the list of the orphans receiving Loss of Support benefits from the MVA Fund to indicate their age so as to make it easier to filter the ones between the ages of 14-21years. The sampling for the orphans and their caregivers were then, from number 10.;20.; 30.;

40.; 50.; 60.; 70.; 80.; 90.; 100. If the number e.g. 30 happened to be for someone closer to the researcher in Ongwediva, then the next number, e.g. 40 on the list was chosen.

Although the researcher planned to interview 20 orphans and 20 caregivers from each of the two initially selected regions (Oshana and Khomas), it unfortunately did not work out as planned. All the 20 selected participants were contacted but not all were found therefore, instead, 12 orphans and their 12 caregivers were interviewed in Oshana Region, 3 orphans with their 3 caregivers from Oshikoto Region; and 5 orphans with their 5 caregivers from Khomas Region, Windhoek that made up the total of 40 participants. The reason why the researcher ended up with the large sample from Oshana Region is because it is where the researcher is based. It was easy to access the respondents, especially during weekends and after work while it posed a bit of a problem to access the respondents in Khomas Region due to the distance since it is 733 kilometres away from Ongwediva, where the researcher resides. The 3 orphans with their caregivers from Oshikoto Region were just added for the sample to add up to 40.

The researcher did not need a representative sample but used Probability Sampling to select the people for the study. Coyne (1997) defines Probability sampling, as a process by which a selection of the population can be chosen by researchers as they have characteristics that can be

viewed as representative of a wider society, although it was not the case in this study.

### **3.7 Data collection methods**

The study used a combination of data collection methods namely short questionnaires participants' biographic data and semi-structured interviews to guide the interviews with the respondents.

The researcher designed forms that were used during data collection. They are attached as the following appendices:

Appendix 1- An information sheet containing information about the researcher and the research to be conducted. The researcher gave these to the participants at the beginning as they explain the importance of partaking in the research.

Appendix 2 - A parental/ guardian permission form which the parents or guardians were requested to sign as proof that they gave consent for the child/children to partake in the research

Appendix 3 – A consent form for caregivers which they had to sign once they agreed to partake in the research.

Appendix 4- A Questionnaire for the orphans who participated in this research, mainly to determine their biographical data

Appendix 5 –A questionnaire for caregivers on which they provided the participating orphans' biographical data.

Appendix 6- An interview schedule with questions aimed for the orphans.

Appendix 7 – An interview schedule aimed for caregivers

Appendix 8 – Permission Letter, which request the MVA Fund Management permission to conduct the study

### **3.7.1 Instrument Construction**

According to Reid and Mash (2014), most qualitative researchers design semi-structured interviews using a predetermined interview guide that sets out the broad issues that are assumed to be important through a sequence of open-ended questions. Developing an interview guide requires careful consideration of the main research question and its constituent parts; and particular attention needs to be given to the phrasing of the questions. The initial open question in the interview guide can reflect the overall research question of the study almost directly, whilst subsequent questions will probe specific aspects of the issue under discussion. Questions should move from general to more specific questions and the order should be relative to the importance of issues in the research agenda. It is important that each question is structured in an open-ended way so as to avoid one-word answers and encourage elaboration.

### **3.7.2 Instrument items**

In this study, the researcher designed the semi-structured questions for interviews for the participating orphans (see Appendix 6) and a separate

one for their caregivers (see Appendix 7). All the questions were structured in an open-ended way so that the participants can elaborate more during the interview. The Questionnaires (see Appendix 4 & 5) were also designed in a simple and clear way to give information such as age; gender and home language. The questionnaires are designed in such a way for the participants only to choose the applicable field. The information sheets (Appendix 1 to 3) were also designed to be used during data collection of this study.

### **3.7.3 Pilot Study**

According to Naoum (1998), good research practice starts with a pilot study before the actual study is carried out. This is the way to trace any discrepancies in the design of the questionnaire. Liaw & Goh (2002) stated that a pilot study is not mandatory in research design, but it is a normal practice before an actual study. A pilot study is used to test the consistency of internal data, the reliability of the measurement scales for the variables used in the questionnaire and to test the goodness of data (Sekaran, 2000). In addition, a pilot study ensures that the respondents understand the questions, makes required data available, and avoids misinterpretations (Naoum, 1998).

Prior to the actual data gathering, the questionnaire and interview schedule were pilot tested. The researcher used two (2) orphans and two

(2) caregivers in the Oshana Region where the researcher resides in order to obtain a clearer indication of the relevance of the questionnaire and interview schedule as planned for the main study. Therefore, no discussion about the topic took place as it could lead to the participants being biased. Creswell (2008) recommends the use of a pilot test to refine and develop research instruments, assess the degree of observer bias, frame questions, collect background information, and adapt research procedures. The pilot test cases are selected on the basis of convenience, access and geographic proximity. The two orphans and two caregivers used in the testing were not included in the main study because their final answers would be biased as they might still be tethered to their initial responses. The pilot study was advantageous as it reduced costs and ensured the efficient use of time because all participants completed their instruments within the anticipated time. The pilot exercise helped the researcher to determine whether she would get the information needed for the study. It also helped the researcher to get rid of errors and ambiguities from the data collection method. As a result, changes in terms of content were made to the questionnaires.

### **3.8 Data collection**

Permission was sought from the Management of the MVA Fund of Namibia in writing during July 2015, to get access to interview the orphans who were recipients of Loss of Support benefits from the MVA Fund and their caretakers who are claimants of the MVA Fund (attached

in Appendix 8). Furthermore, ethical clearance was granted by the UWC Research and ethics committee to conduct the study. An information letter and consent forms were given to participants as well as their caretakers/guardians for permission to participate in this study. Confidentiality and anonymity were guaranteed to them.

In this study, the biographical data questionnaire and semi-structured interviews were used as methods of gathering data. The questions in the questionnaires and in the Interview schedule were designed in English but translated in respondents' home language, mainly 'Oshiwambo language' during the interview especially for Oshana Region respondents which were the majority of the participants. The researcher speaks Oshiwambo fluently, but the interviews were designed in English. According to Ageing (2010), language differences play a role when translation is required in later phases, which is the case in most studies where participants and the main researcher speak the same non-English native language because publication is sought mainly in English outlets. Ageing (2010:314, further said that the message communicated in the source language has to be interpreted by the translator (often the researcher himself or herself) and transferred into the target language in such a way that the receiver of the message understands what was meant. Being in a language the participants were comfortable with and in which they could express themselves best, the questions helped the participants to understand what was asked and therefore responded correctly.

During the interview process, one needs to identify interviewees based on one of the purposeful sampling procedures proposed by Creswell (2008) such as, determining what type of interview is practical and will get the most useful information to answer the research questions. Assess the types available such as a telephone interview; a focus group interview or a one-on-one interview.

The researcher made telephonic appointments with parents and guardians of the participating orphans selected for the purpose of conducting interviews and made arrangements to see both the child and the caregiver at their preferred venues. All participants who were seen for one-on-one interviews preferred to be seen at their homes. The researcher decided to see the participants at home to cut on unnecessary transport costs and during telephone contacts all of them preferred to be seen in their natural settings, at home. The researcher created a free and friendly relationship that allowed the participants to express their opinions freely. According to Creswell (2008:133), the researcher should determine the place for conducting the interview, to find, if possible a quiet location free from distractions. The bottom line of the interview is to give the participant the opportunity to tell their story. Creswell (2008), recommended prospective interviewers to design and use an interview protocol, a form about four or five pages in length with approximately five open ended questions and ample space between the questions on which to write the interviewee's responses, which was the case in this study.



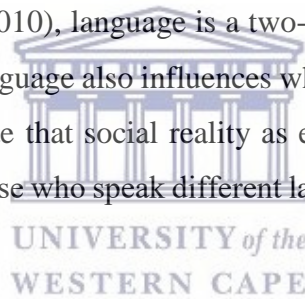
Cresswell (2008) recommended the researchers assess the type of interview applicable to the situation under study. The telephonic interview was chosen and conducted with participants from Khomas Region, Windhoek because it is far from where the researcher lives and to avoid the delay in data collection.

The interviews in Oshana Region where the researcher resides were conducted on a one-on-one basis because it is where the researcher stays and the areas are accessible and within the researcher's. However, 4 out of 20 participants from Oshana Region were interviewed telephonically because they were not found at their residential addresses. All the participants in Oshikoto Region were conducted on a one-on-one.

According to De Vos et al. (2011), interviewing is the most used tool for data collection in qualitative research. Both parties, the researcher and the participant, are thus necessarily and unavoidably active and involved in meaning-making work (De Vos et al., 2011). During the interviews, observations such as a caretaker giving unnecessary information not asked, physical presentation of children, some children presented shy to respond to questions then completed the forms with relevant information necessary for this study, were noted as well as written down for both face to face and telephonic interviews.

The researcher explained to the participants that she was not there to test or to judge them, and that there was no wrong or right answer to the questions. All the participants were prepared before-hand by the researcher by going through the information sheet together (see Appendix 1). The participants were informed that participation is voluntary and when they agreed to participate, the consent forms (see Appendices 2 & 3) were then completed before the interviews. The participants were informed that the information given would be kept confidential and that was how important.

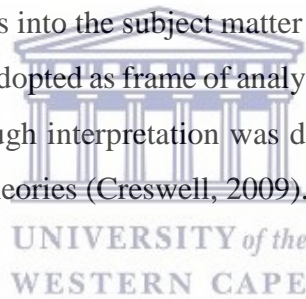
According to Ageing (2010), language is a two-way process and is used to express meaning. Language also influences what can be expressed and some linguists even state that social reality as experienced is unique to one's own language; those who speak different languages would perceive the world differently.



During the interview, the researcher took notes and entered them on the interview forms. During the first interview, the researcher observed that the children were not free to give more information when interviewed in the presence of the caregivers, the scenario was then changed in the next interviews. The children who were seen on their own without a caretaker, gave more information and expressed themselves freely.

### 3.9 Data Analysis

Data analysis refers to the categorising, ordering, manipulation and summarizing of data to obtain answers to research questions while interpretation refers to the assignment of significance or coherent meaning to the data (Christensen, Johnson, & Turner, 2010). The researcher utilised the data generated from the interviews to analyse the phenomenon of orphans due to motor vehicle accidents, their experiences of services rendered to them by the Motor Vehicle Accident Fund of Namibia, as well as to analyse the experiences of caregivers in caring for the orphans. The insights into the subject matter were provided using the theoretical perspective adopted as frame of analysis. To ensure credibility of the findings, a thorough interpretation was done in terms of existing literature and relevant theories (Creswell, 2009).



The initial analysis of data commenced during the fieldwork and involved daily management of data. Responses from the interview questions were compiled in a summary sheet. The summary sheet was important because it highlighted themes and illuminated incidences about the interview. Interviews with caregivers, and with orphans were done in English and translated to Oshiwambo.

The researcher used the following steps as introduced by Creswell (2009). He:

1. Organised and prepared the data for analysis whereby files for data were created and organised;
2. Read through all the data to gain a general sense of the information and reflect on the overall meaning.
3. Conducted analysis based on the specific theoretical approach and method. This involved coding or organising related segments of data into categories.
4. Generated a description of the people and identified themes from the coding and searched for theme connections. The researcher wrote a composite description of the phenomenon incorporating both the textural and structural descriptions; present narration of the “essence” of the experience in tables, figures or discussions. In this study it was a description of “what” the participants experienced with the services provided and “how” they experienced it.
5. Represented the data within the research report. The researcher used the most popular approach; a narrative passage to convey the findings of the analysis
6. Interpreted the larger meaning of the data. This step involved interpreting data in which direct quotes from individual responses based on emerging themes were presented selectively and were used to illuminate overall findings. To ensure credibility of the findings, a

thorough interpretation was done in terms of existing literature and relevant theories (Creswell, 2009).

Data analysis involved accessing the data, transcribing it and then re-reading the data. Subsequently, the researcher identified the most common themes and sub-themes through the process of coding, which is discussed in the ensuing section (Braun & Clarke, 2006).

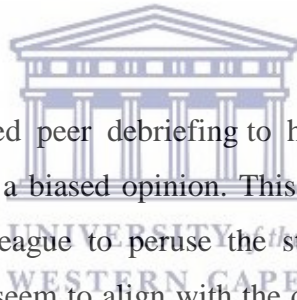
The process of identifying key issues, themes and concepts by which data can be referred and examined, was used (Pope et al 2010:116). The process produced a coding index for labelling the data into manageable chunks for subsequent retrieval and exploration (Pope et al., 2010:73).

With the guidance of the research questions and themes emerging from the data, the researcher looked for association between themes for the findings. The researcher triangulated the results (orphans and caregivers) and also triangulated the results and literature so that the results should be much richer and narrative.

### **3.10 Validity and Reliability**

To ensure validity and reliability, as this is a mixed method, the researcher needed to check for accuracy of the results. This was done through documenting the research procedures, using an independent coder, rich and thick descriptions, triangulation with literature and

member checking (Creswell, 2009). To improve validity and the reliability of information from interviews with orphans and caregivers, the information was documented and made available to those who were interested. Credibility was used in this study to establish trustworthiness by examining the data, data analysis, and conclusions to see whether or not the study is correct and accurate. To ensure credibility the researcher engaged in prolonged interactions so as to learn the traditions and customs of the participants and build trust. The researcher spent a good amount of time with the participants to examine any distortions, including perceptual, selective, and misconstruction of the researcher's questions (Trochim, 2006).



The researcher also used peer debriefing to help make sure that the researcher did not have a biased opinion. This was achieved when the researcher asked a colleague to peruse the study for credibility and determine if the results seem to align with the data. The researcher also used referential adequacy to store raw data in a file to examine later and compare to other future studies to show the credibility of data. Based on this concept, the findings of the study can be reasonably applied to all other regions (Trochim, 2006).

### 3.11 Limitations of the Study

The researcher made the interviews anonymous to such an extent as is reasonably possible. The study was limited to only 40 participants due to following factors:

- **Time** - the period of collecting, analysing and organising the data from the respondents was limited due to the researcher's other commitments such as work demands.
- **Drawbacks or shortfalls of exploratory research** - It can be regarded as a limitation of the study that all the children and caregivers could not be interviewed separately. The exploratory nature of the research inhibits an ability to make definitive conclusions about the findings. The research process underpinning exploratory studies is flexible but often unstructured, leading to only tentative results that have limited value in decision-making. Exploratory studies generate qualitative information and interpretation of such type of information is subject to bias (Trochim, 2006).

### 3.12 Elimination of Bias

In order to limit the impact of bias while conducting the research, the researcher had the responsibility to keep the participants focused on the topic, setting limits, and knowing when to back off to avoid emotional involvement or inappropriate use of language during interviews. Qualitative research is a type of scientific investigation that aims to provide answers to a question without bias. It uses predetermined procedures such as interviewing participants to the collection of information and production of findings. Biases occur naturally in the design of the research, but the impact can be minimised by recognising and dealing with them. An impartial qualitative research project respects the dignity of the research participants, observes fundamental principles of ethics and takes all of the variables into account. The following considerations were taken into mind to reduce bias (Nigel, 2007);

- Design problems were avoided by understanding the limitations of the sample group.
- The researcher ensured that research participants were independent and treated with respect so that they were protected from exploitation. This ensured that people were not selected based on a desire to prove a specific research objective.



- Respondents were allowed enough time to respond to the questionnaires. Procedural bias can occur if one puts too much pressure on them.
- Errors in data collection and measuring processes were considered by retesting the procedure and instrument.

### **3.13 Ethical Considerations**

The researcher obtained permission from the MVA Fund organisation in Namibia, dealing with orphans that have lost parents due to motor vehicle accidents, as well as from the participants themselves to conduct the research. Participation was voluntary and the participants were well informed that they could withdraw at any stage if they wished so.

Anonymity and confidentiality were assured. Participants were guaranteed that what they disclosed to the researcher would remain confidential and would be used for research purposes and also to improve the quality of services provided to them. The collected information was used specifically for this study and not for any other purposes.

### **3.14 Self-reflection**

The research itself was an eye opener to the researcher who gained a better understanding of the challenges faced by OVCs. As a researcher, I feel I made an impact in the community with this study which is the first of its kind. The practical data collection and analysis will be presented in

the following chapters, presenting views which can be included in the overall service delivery that MVA Fund can use to improve their operations as an institution.

### **3.15 Summary**

This chapter focused on the research methodology that the researcher used. The mixed methods research approaches were used, combining both qualitative and quantitative research methods. The whole research process was explained. Ethical considerations were discussed in this chapter as well. Basically the research methods discussed were found to be useful especially in regard to the research topic in question. The following chapter, presents the findings.



## Chapter 4 – Research Findings and Discussion

### 4.1 Introduction

In this chapter, the findings from the analysis of the data collected from the interviews with caregivers and orphans regarding their experiences with services rendered to them by the MVA Fund is going to be presented. As discussed in Chapter 1, the aim of this research was:

*To explore and describe the experiences of orphans' and caregivers' regarding services rendered to them by the MVA Fund of Namibia.* The findings therefore, respond to the research goal and research questions.

The research questions were:

1. *What are the needs of orphans and caregivers that arise due to motor vehicle accidents?*
2. *What are the experiences of the orphans and caregivers about the services rendered to them by the MVA Fund?*
3. *What problems were experienced by the orphans and their caregivers?*
4. *How can the effect of such challenges be mitigated and what recommendations can be advised so as to improve their services?*

The research objectives were:

1. *To explore and describe how the children who became orphans of the motor vehicle accidents experienced the services provided to them by the MVA Fund*
2. *To explore the experiences of the caregivers of the services rendered to the orphans of the MVA Fund*
3. *Explore and describe the needs of orphans due to motor vehicle accidents*
4. *Explore the problems and challenges experienced by the orphans and their caregivers so as to improve their services*

Thematic analysis was used in this study, as it is the most common method of qualitative analysis, and refers to “a search for themes or patterns and in relation to different epistemological and ontological positions” (Clarke & Braun, 2006: 79). The findings of the data analysis are presented (in the most common themes and sub-themes that emerged from the data), discussed and substantiated by literature, which supports, or contrasts, the themes and sub-themes. The researcher followed the steps submitted by Tesch to analyse the data (Babbie, 2016; Babbie & Mouton, 2007; Creswell, 2014; Schurink, Fouché and De Vos, 2011).

In order to provide a broader view of the data collected, the researcher prepared a demographic profile of the participants, which is discussed in the next section.

## 4.2 Demographic Profile of the Participants

The demographic profile of the participants as orphans receiving Loss of support benefits from the Motor Vehicle Accident Fund of Namibia and their primary caregivers informs the reader on who the participants were, and provides a description of the observations made during the home visits conducted by the researcher. The demographic data of the participants are presented in table form, with a subsequent discussion of the demographic data.

A total number of 20 orphans and 20 caretakers which consisted of 10 orphans and their 10 primary caregivers from Oshana and Khomas Regions, were initially selected for the purpose of this study. However, it did not work out as planned as not all the participants contacted were found. Instead, 12 orphans and their 12 caregivers were interviewed in Oshana Region, 3 orphans with their 3 caregivers from Oshikoto Region; and 5 orphans with their 5 caregivers from Khomas Region, Windhoek, that made up the total of 40 participants.

**Table 4.1. Biographical data of orphans**

<b>Partici pant</b>	<b>Gende r</b>	<b>Age Category</b>	<b>Home Language</b>	<b>Region</b>	<b>Location</b>
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<b>D1</b>	<b>M</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>D2</b>	<b>M</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>D3</b>	<b>F</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>D4</b>	<b>M</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>D5</b>	<b>F</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>D6</b>	<b>M</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>D7</b>	<b>M</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>D8</b>	<b>F</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>D9</b>	<b>F</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>D10</b>	<b>M</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>D11</b>	<b>M</b>	<b>14-17yrs</b>	<b>Afrikaans</b>	<b>Khomas</b>	<b>Urban</b>
<b>D12</b>	<b>M</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Khomas</b>	<b>Urban</b>
<b>D13</b>	<b>F</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Khomas</b>	<b>Urban</b>
<b>D14</b>	<b>M</b>	<b>14-17yrs</b>	<b>English</b>	<b>Khomas</b>	<b>Urban</b>
<b>D15</b>	<b>F</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Khomas</b>	<b>Urban</b>
<b>D16</b>	<b>M</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>

<b>D17</b>	<b>M</b>	<b>18-21yrs</b>	<b>Oshiwambo</b>	<b>Oshikoto</b>	<b>Rural</b>
<b>D18</b>	<b>F</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>D19</b>	<b>F</b>	<b>18-17yrs</b>	<b>Oshiwambo</b>	<b>Oshikoto</b>	<b>Rural</b>
<b>D20</b>	<b>M</b>	<b>14-17yrs</b>	<b>Oshiwambo</b>	<b>Oshikoto</b>	<b>Urban</b>

Source: research data

**Table 4.2. Biographical data of caregivers**

<b>Participant</b>	<b>Gender</b>	<b>Age Category</b>	<b>Home Language</b>	<b>Region</b>	<b>Location</b>
<b>C1</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>C2</b>	<b>F</b>	<b>21-35yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>C3</b>	<b>M</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>C4</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>C5</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>C6</b>	<b>F</b>	<b>+61yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>C7</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>C8</b>	<b>F</b>	<b>+60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>

<b>C9</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>C10</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Urban</b>
<b>C11</b>	<b>F</b>	<b>46-60yrs</b>	<b>Afrikaans</b>	<b>Khomas</b>	<b>Urban</b>
<b>C12</b>	<b>F</b>	<b>36-45yrs</b>	<b>Oshiwambo</b>	<b>Khomas</b>	<b>Urban</b>
<b>C13</b>	<b>F</b>	<b>21-36yrs</b>	<b>Oshiwambo</b>	<b>Khomas</b>	<b>Urban</b>
<b>C14</b>	<b>F</b>	<b>46-60yrs</b>	<b>English</b>	<b>Khomas</b>	<b>Urban</b>
<b>C15</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Khomas</b>	<b>Urban</b>
<b>C16</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>C17</b>	<b>F</b>	<b>+60yrs</b>	<b>Oshiwambo</b>	<b>Oshikoto</b>	<b>Rural</b>
<b>C18</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshana</b>	<b>Rural</b>
<b>C19</b>	<b>F</b>	<b>36-45yrs</b>	<b>Oshiwambo</b>	<b>Oshikoto</b>	<b>Rural</b>
<b>C20</b>	<b>F</b>	<b>46-60yrs</b>	<b>Oshiwambo</b>	<b>Oshikoto</b>	<b>Urban</b>

Source: research data

#### **4.2.1 Gender distribution of participants**

Table 4.1 shows that the majority of dependents are males and they accounted for 60%, where the female dependents who participated in this



study accounted for 40%. The gender distribution of this study reveals that the majority of participants who were males. This was not surprising at all as this unequal distribution of gender, reveals that males' orphans were more than female orphans. The sampling method used to select the questionnaire respondents from the list was simple random sampling because it is a fair, unbiased and easy to carry out method. According to Govender, Mabuza, & Ogunbanjo (2014), simple random sampling is when a list containing the population is created and used to select participants randomly. Random numbers can be generated, for example in an Excel spread sheet, to decide which people in the list to select. This random selection guarantees that each individual has an independent and equal chance of being selected. This method was used in this study and it is very fair, unbiased and easy to carry out; it is the most common and highly-recommended technique. This means all dependents regardless of their gender had equal chance to be selected.

Table 4.2 shows that 95% of the participants were female caregivers to the orphans while only 5% accounted for male caregivers. This finding that the majority of caregivers were females seems to support the findings by Udjombala (1998) who found that 90% of the caregivers were females. This might be due to the fact that, culturally in Namibia, care giving is regarded as the women's responsibility.

#### **4.2.2 Age and location distribution of the participants**

The orphans that were in the range of 14-17 years accounted for 50% were while the other 50% was in the age group of 18- 21 years. The equal distribution of the participants was not due to the selection criteria because all the orphans were on the list provided, regardless of their age and location and all had an equal chance of being selected.

Table 4.2 indicated that 2 caregivers who participated in the study were in the age category of 21-35 years, 2 were in the 36-45 age group, 13 were in the 46-60 age group, and only 3 in the 61 years and above group. As shown in the above Table 4.2, the age distribution of the caregivers who were interviewed, more than 50% are in the age category of 46-60years, in both urban and rural areas. The study also shows that, all the caregivers above the age of 60years live in rural areas of Oshikoto and Oshana Regions.

#### **4.2.3 Language distribution of the participants**

Ninety per cent (90%) of the orphans speak Oshiwambo; while 5% English and 5% speak Afrikaans, which is the same figure for the caregivers who participated in the study. These statistics actually confirms the with Namibia Statistics Agency (2018) report that says the Ovambo people make up half of Namibia's population. Although the study covered Khomas Region which is a home to people from diverse ethnic origins, Oshiwambo speaking people were still the majority.

### 4.3 Discussion of main themes and sub-themes

The following table contains the main themes and sub-themes that emerged from the data analysis of the questionnaires and semi-structured interviews with orphans and caregivers.

**Table 4.3 Main themes and sub-themes for the questionnaires and semi-structured interviews with orphans and caregivers.**

Main themes	Sub-themes
<b>Theme 1.</b> Understanding the work of the MVA Fund	1.1 Awareness of the orphans of the MVA Fund allocation
<b>Theme 2.</b> Experiences of the work of the MVA Fund by the orphans and caregivers	2.1 Orphans' experiences of the work of the MVA Fund
	2.2 Caregivers' experiences of the work of the MVA Fund
<b>Theme 3.</b> Experiences of the orphans about the caregivers	3.1 Funds allocation
	3.2 Needs met
<b>Theme 4.</b> Challenges/needs of the participants	4.1 Challenges/needs of the orphans

	4.2 Challenges/needs of the caregivers
<b>Theme 5.</b> Suggestions by the participants to the MVA Fund	5.1 The orphans' suggestions 5.2 The caregivers' suggestions

### **4.3.1 Discussion of the main themes and sub-themes in relation to the literature**

The various themes and sub-themes are going to be discussed in this section, as they emerged from the analysis of the data collected. Five (5) major themes with sub-themes emerged from the analysis of data collected from the interviews with orphans and caregivers.

#### **Theme 1. Understanding the work of the MVA Fund**

As discussed in Chapter 1, the MVA Fund is a statutory body established to design, develop, promote, and implement motor vehicle accident and injury prevention measures. The Fund plays a huge role in providing assistance and benefits to all people injured and dependents of those killed in motor vehicle crashes in accordance with the MVA Fund Act 10 of 2007. Loss of Support – is one of the benefits offered by the MVA Fund. It may be claimed by a dependent of a deceased in the case where there is proof that the deceased paid tax on income for the tax year preceding the injury. (MVA - Fund Newsletter 2013).

The MVA Fund does not pay Loss of Support if the deceased was not employed at the time of death and was therefore not receiving a salary, in this case the children will benefit from the Social Grant for the government. The MVA Fund states that, dependent's amounts received on an annual basis differ from case to case depending on the income of the deceased and it is payable annually until the child turns the age of 21. The amount paid to dependents differ from case to case and it is calculated as per income of the parent who perished in an MVA. It also depends how many children are sharing the benefit. In the event of the family member dying, the next of kin will collect the money on behalf of the orphan children. The MVA Fund is not a private entity but it is a Parastatals of the government of Namibia (MVA - Fund Newsletter, 2013).

The following sub-theme emerge from this main theme: Awareness of the orphans about the Loss of Support benefit allocation.

### **1.1 Awareness of the orphans about the Loss of Support benefit allocation**

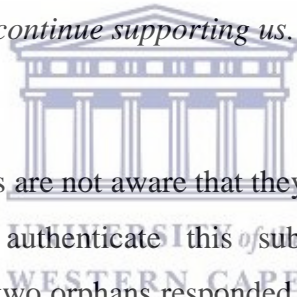
In this study 85% of the orphans indicated that caregivers share with them that they are receiving Loss of Support benefits from the MVAF. 85% of the orphans indicated that the caregivers informed them about the Loss of Support benefit received at the MVAF.

To substantiate this sub-theme, the following extracts were taken from the orphans during the interview:

*“Loss of Support is the financial assistance paid by the MVA Fund to someone who takes care of orphans/children without one or both parents that died in car accidents.” (Participant D1)*

*“Loss of Support is the money received after a parent dies in a car accident. It is for orphans that are left behind and they are still schooling.” (Participant D4)*

*“I understand that the MVA Fund helps us with money because our parents are no more, to continue supporting us.” (Participant D3)*



Only 15% of the orphans are not aware that they are MVA Fund Loss of Support orphans. To authenticate this sub-theme, the following quotations refer to how two orphans responded to during the interview with the researcher.

*“I am not aware that I am receiving any benefits from MVA Fund but I heard of financial support provided to orphans of MVAs”. (Participant D5)*

*“I am not aware of services provided by the MVA Fund as no one ever informed me. I don’t know it.” (Participant D6)*

*“I am not aware of any service provided. Not aware of Loss of Support.”*

**(Participant D18)**

The claimant was asked the reason for withholding information from the orphan and responded that he withheld it with the fear that it might bring disruption and children might end up demanding money from him at such young age.

This came out as a concern and needed to be addressed by the Social Worker to engage the caregivers and the orphans.

In this study, the majority of the orphans revealed that they are aware of the MVA Fund Loss of Support benefits that can be offered by the MVA Fund.



**Theme 2. Experiences of the work of the MVA Fund by the orphans and caregivers**

**2.1 Orphans experiences of the work of the MVA Fund**

Six (6) out of 20 respondents indicated that they had not seen or met an MVA Fund officer. This accounted for 30% of the respondents. While 14 out of 20 respondents indicated that they had met with the MVA Fund officer. This accounted for 70% of the respondents.

In total, 18 out 20 orphans indicated that they had been interviewed by the MVA Fund officer. This accounted for 90% of the respondents. Only

2 out of 20 respondents indicated that they had never been interviewed by the MVA Fund officer. This accounted for 10% of the respondents.

The following comment was made by one of the orphan who had never met the MVA Fund officers.

*“I never met the MVA Fund officials to talk to them. I take the situation as it is’.*

18 out of 20 orphans indicated that the MVA Fund provides them with money to buy food. This accounted for 90% of the respondents while 17 out of 20 indicated, they are grateful to be beneficiaries of the MVA Fund because the money they get helps them to buy the basic necessities they need.



Here are some of the quotes from Participants:

*“The money paid by MVA Fund assists with paying school fees; buying uniforms; etc.” (Participant D1)*

*“The Loss of support helps us so much, because now I can afford to solve my problems. Thank you, MVA Fund, my life has gone far because of your support.” (Participant D3)*

*“The services are needed because they assist orphans in the absence of biological parents so that the children cannot suffer. It assists to pay my school; buying school uniform and all that I need and my aunt open an account for me.” (Participant D15)*



*“The MVA Fund does the best to keep us happy. They provide money that we can use even to pay school fees, food, clothes, etc.” (Participant D14)*

*“The services are relevant because without it, our needs will not be met and many orphans will not make it.” (Participant, D4)*

It is clear from this study that the orphans are very happy and appreciative of the financial support received from the MVA Fund. It assists them in acquiring their daily needs, until they are self-reliant. According to Wright (2014), the Child Support Grant in South Africa was found to be helpful in protecting dignity: it is a vital contribution to the cost of raising a child, it helps to reduce poverty, helps caregivers to fulfil their roles as caregivers, which is the same way the orphans and caregivers in Namibia deem MVA Fund Loss of Support to be highly beneficial to them.

## **2.2 Caregivers experiences of the work of the MVA Fund**

In this study, all 20 caregivers interviewed indicated that they have met with the MVA Fund officers at the Oshana, and the Khomas branches. This accounted for 100% of the respondents. None of the respondents indicated that they did not meet with the MVA officers.

All the caregivers highlighted that they are indeed happy with the services rendered by the MVA fund. They indicated that they always get the money on the specified date. Of all the respondents, 70% indicated that the MVA Fund must keep up with the good work of helping the beneficiaries. However, 20% of the respondents that did not comment,

they indicated that they have no suggestions to make, finally 10% of the respondents indicated that the MVA Fund officers should visit the orphans at least twice a year.

The caregivers, gave their views based on their experiences of the work of the MVA Fund which accounted for 90% positive and only 10% negative remarks:

*“The family wanted a portion of the funds but thanks to MVA Fund personnel who explained that it is for the needs of orphans and not an inheritance. I am happy because the money is now on the safe side.”*

**(Participant C2)**

*“The services are always good and the beneficiaries always go with a happy face.”* **(Participant C3)**

*“I am satisfied with the services because, had they not been there, the child would have been in a difficult situation.”* **(Participant C5)**

*‘MVA Fund officers are customer friendly, orphans sensitive and caring.’* **(Participant C10)**

*“I am satisfied with the services because it helps me address my needs.”* **(Participant C19)**

Herewith are the two negative comments:

*“My experience with the MVA Fund office was not good. They never visited us at home. I always have to take the child to the office since 2012.*

*I feel bad because other children are visited but not mine. It makes me feel bad and excluded.” (Participant C12)*

*“They never visited us, always have to report myself at the MVA Fund offices. Make sure that all received their Fund instead of waiting them to ask.” (Participant C15)*

### **Theme 3. Experiences of the orphans about the caregivers**

This theme emerged from the responses to the question which enquired about their experiences as orphans as a result of motor vehicle accidents; as well as the question on the quality of care the orphans received from the MVA Fund. The latter formed part of the orphans’ questionnaire.

In this study, 19 out of 20 orphans indicated that they are under the custody of the caregiver. This accounted for 95% of the orphans. While only one (1) indicated not under the custody of the caregiver. This accounted for 5 % of the orphans. This means 5% of the children do not live with the people who are receiving their benefits from the MVA Fund but live with other extended family members and they are supported with the money received from the MVA Fund.

#### **3.1 Funds allocation**

**Table 4.4** Administering of funds

Fees/ uniforms	17	85%
Necessities	17	85%
Bank Account	10	50%
Invest Money	6	30%

Source: research data

The table above indicates that 85% of the orphans indicated that the caregivers use the money to buy the orphans' school uniforms and pay school fees. Furthermore, at the same time 17 out of 20 orphans highlighted that the caregivers buy them their basic necessities, this accounted for 85% of the orphans. Fifty per cent (50%) orphans indicated that their caregivers opened bank accounts for them and 30% indicated that their caregivers have opened saving accounts for them and are investing the money on their behalf. The orphans shared the following views on how the caregivers administered the funds from MVA Fund:

*“My guardian is so caring, she makes sure I am happy and provided with all that I need. I feel accepted and I am happy here.”* **(Participant D6)**

*“The Funds helps with all my necessities such as clothes, food for all of us, medical expenses, uniform and all other needs. My elder sister also opened an account for me.”* **(Participant D7)**

*“I experienced the sudden loss of a parent but the caregiver is taking good care of me.”* **(Participant D10)**

Table 4.3 revealed that these orphans revealed different experiences in terms of how their funds were administered by the caregivers. The table revealed that at least 85% of the orphans revealed that indeed their caregivers buy them food and other basic necessities. This shows that they can see how their money is being used because without food and necessities there is no life. This is supported by Skinner (2004), stating

that basic necessities are of paramount importance to the life of an orphan for example food and clothing, family care, shelter, just to mention a few.

### **3.2 Needs met**

Table 4.4 reveals whether the needs of orphans were not met by their caregivers. The Table presented the following needs that need to be met and they are physiological and safety needs, love and belonging, esteem needs and self-actualization. Makame, Ani and McGregor (2013) postulate that the above needs are of paramount importance as orphans who lack them may show signs of aggression, helplessness, sadness, and depression and negative self-concepts. A major challenge facing the Namibian society is how to protect the orphans who are affected by the physical, psychological and emotional risks.

This statement is supported by UNICEF (2009), who emphasized that the society must create a supportive environment with schools focusing on the orphans and vulnerable children's needs as a whole, their health, safety, security, nutritional status and psychological well-being. Based on the findings of this study, it was obvious that the needs of orphans due to motor vehicle accidents are being met.

**Table 4.5 Needs met**

Physiological needs	10	50%
Safety needs	14	70%
Love and belonging	10	50%
Esteem needs	10	50%
Self-Actualization	10	50%

Source: research data

The Table indicates that 10 out of 20 orphans indicated that their psychological needs are met. This accounted 50% of the orphans, while 10% indicated that their psychological needs are not being met; and 40% of the respondents did not indicate that their psychological needs are being met or not. 14 out of 20 orphans indicated that their safety needs are being met. This accounted for 70% of the orphans interviewed, while 30% did not indicate that their safety needs are met.

Furthermore, 10 out of 20 orphans indicated that love and belonging needs were met by their guardians. This accounted for 50% of the orphans, while on the other hand 15% indicated that their love and belonging needs were not being met, and 35% did not indicate anything. Again, 10 out of 20 orphans indicated that their esteem needs were being met. This accounted for 50% of the orphans. While 3 out of 20 orphans indicated that their esteem needs were not met, and the remaining 7 did not respond. Finally, Table 4.4 indicates that 10 out of 20 orphans indicated that their self-actualization needs were being met and 3 out of

20 orphans which is only 30% of the participants, indicated that that their self-actualization needs were not being met, and 7 did not comment. Herewith are some of the comments from the orphans on the needs met:

*“Yes, all my needs are met. I have a school uniform and other clothes, transport to school and food.” (Participant D8)*

*“Yes all my needs are met. It helps me to solve many problems such as paying school, school uniforms and other clothes, pay taxi to school and buy food, etc.” (Participant D11)*

*“My needs are met, we always have enough food, clothes and whatever I ask for is given to me. The school is paid and there is money saved for me. (Participant D13)*

Out of 20 orphans, 15 indicated they are indeed satisfied with the care given by their guardians and claimants. This accounted for 75% of orphans while 5 out of 20 orphans indicated that they were not satisfied with the care provided by their guardians. 16 out of 20 orphans indicated that all their needs are being accommodated by their caregivers.

Out of 20 orphans, 12 indicated that the MVA Fund provides them with money to buy food. This accounted for 60% of the respondents while 8 out of 20 indicated, they are grateful to be beneficiaries of the MVA Fund because the money they get, helps them to buy the basic necessities they need.

The findings show that the orphans/dependents' physical needs are met but their emotional well-being is not attended to because of the trauma they went through. The MVA Fund Social Workers need to give Psycho-social support to these orphans/dependents.

Here are some of the Quotes:

All the orphans interviewed indicated that they are grateful because of the money they receive from the MVA Fund. They further indicated that had it not been for the MVA Fund, they would probably have died of hunger.

Four dependents were interviewed in the presence of their caregivers while 16 were interviewed on their own.

14 Out of 20 dependents, 14 indicated that they feel happy of being part of the family. *"The funds cater for all my needs. I feel loved and happy here"* (**Participant D7**). Another dependent said, *"My needs are all catered and I am happy. The Funds assists with all my needs such as clothes, food, school materials, a bank account was opened and money is being saved for me to use at university when I get older."* (**Participant D12**) This accounted for 70% of the respondents, while 2 out of 20 indicated that they don't feel safe being part of the new family due to change. This shows that the orphans are still mourning the loss of their parents and the Social Workers need to ease their situation by giving Trauma Counselling to them. They had this to say: *"We now live in a*



*house without a parent, when our mother died in a car accident, our elder sister took over to care for us. (Participant D6) Another commented that, sometimes we are sad when think about our mom.” (Participant D3)*

*“The death of our parent left us traumatized because it was sudden. It left me sad. Sometimes I cry when alone and when I think of my parent.” (Participant D9).* However, 4 participants could not give their response to this topic. This accounted for 20%

## **Theme 4. Challenges/needs of the participants**

### **Subtheme 4.1 Challenges/needs of the orphans**

It came out clear in this study that orphans due to motor vehicle accidents go through lot of psychological trauma due to the sudden loss of their parents. This study agrees with Nyamukapa et al (2008), also share the same sentiment that orphans suffer from psychosocial stress and as a result, they need guidance and counselling.

Herewith, are responses from the orphans on the psychological stress they suffered after losing parents in motor vehicle accidents:

*“Experiencing the loss of a parent at a young age, so traumatic, not expected. It affected me so badly, my performance in school and my happiness dropped. It makes me feel bad, sad and sometimes I think too much.” (Participant D1)*

This study agrees with Mogotlane et al. (2010) who found out that a lack of clothes and books often prevented OVCs from going to school. Dalen (2009), through narratives and observations of 43 households also found that a lack of shelter, food and clothes had a psychological effect on OVCs. The orphans felt neglected, excluded from the community and eventually dropped out of school. However, it differs in this study as the orphans responded that their needs are met especially once the financial assistance (Loss of Support) from the Fund is received. Below, are more of the responses from the orphans:

*“The Funds from MVA Fund mean so much, as it caters for all my needs and I am no more struggling” (Participant D2)*

*“The funds assist my mother to buy all I need such as food and clothes. The funds are relevant because my father who used to support me is the one who died in car accident. It is not so bad because our mom takes good care of us. Life goes on after our dad passed on. All my needs are met because of the support from MVA Fund” (Participant D3)*

*“The money helps pay buy my school uniform; buy all my necessities and my guardian has opened a new bank account for me for future use. My needs are met because of the financial assistance received from the MVA Fund.” (Participant D4)*

*“All my needs are catered for, thanks to MVA Fund.” (Participant D1)*

*“It helps with all my needs and other children’s needs such as food to put in our lunch boxes for school; pay school fees and school uniform as well as any other needs” (Participant D13)*

Based on these findings, it is evident that Loss of support paid out to caregivers of orphans due to motor vehicle accidents are well taken care of and the money is spent on the needs of these orphans.

#### **4.2 Challenges/needs of the caregivers**

The caregivers had to go through some challenges. Herewith are some of their responses:

*“There was a bit of conflict among the family members about who should take the child because of the money but with the intervention of the MVA Fund officer, it was resolved in the best interest of the child. The matter was resolved and now there is peace.” (Participant C2)*

*“I waited so long to receive the money and did not have the means to support the orphan. I could not cope financially but I am relieved now that it is being paid.” (Participant C8)*

*“It is just fine because I am the biological father to the children and have been living with them even when their mother was alive. Since the children’s mother passed on, there has been no communication between me and maternal family of these children. It affects me so badly because*

*children are growing up in this situation and they see that there is no communication.” (Participant C3)*

*“The experiences are not bad because of the help we get from MVA Fund. The experiences were difficult at the beginning but the assistance from MVA Fund, it brought relief.” (Participant C15)*

*“ce Since the child was my elder sister’s, I had to step in to take care of her. It was not easy to take it but the support from MVA Fund brought a relief. I TAKE IT AS NORMAL. It is part of our culture once your sister is no more, you take up the responsibility over her children. Things are calm now; it was a bit hard to taking care of an orphan.” (Participant C19)*



## **Theme 5: Suggestions by the participants to the MVA Fund**

95% of the respondents indicated that they were all happy with the services rendered by the MVA Fund offices. They indicated that the money they provide is able to assist them with the basic needs such as clothing, food, and many other basic necessities.

### **Subtheme 5.1 The orphans’ suggestions**

The orphans suggested the following to the MVA Fund in regard to the services currently provided to them:

Out of 20 orphans, 16 suggested that the MVA Fund office must keep up the good work of providing them with the money so as to enable them to survive and that the funds provided by the MVA Fund means a lot to them in terms of financial assistance to meet their daily needs. Some of their responses are as follows: *“I am satisfied with the services provided by the MVA Fund. All I say is, “’ thank you for providing me with this service to help me solve my problems, keep up the good work”*. **(Participant D2)**. *“No suggestion as such because the money they provide caters for all my needs, it is enough. I suggest the MVA Fund should continue to continue providing people with the money they usually give.”* **(Participant D1)**. This accounted 80% of the participants while 4 which is 20% out of 20 orphans stated that the MVA Fund is doing a good job and thus there was no suggestion for improvement.

Some of the responses from the orphans are as follows:

*“Thank you, keep helping and assisting me and other dependents. It is because of your help I am where I am today.”* **(Participant D17)**

*“Thank you, MVA Fund, my life has gone far because of your support.”* **(Participant D9)**

*“We are requesting MVA Fund to keep assisting orphans even though they are above the age of 21 and those at higher institutions.”* **(Participant, D12)**

*“My suggestion is that you should just continue providing us with the money you usually provide annually.” (Participant D20)*

In a nutshell, the data collected from the orphans indicated that the caregivers share with them what they get on their behalf from the MVA Fund. Some of the responses were: *“The experiences are not bad because my aunt is taking good care of me” (Participant D10)*. Further, the data indicated that the caregivers do buy them the basic necessities they need. The quotes to support this are as follows: *“The orphans further indicated that their physiological and safety needs are met. The data also indicated that they felt loved by the caregivers. They further indicated that they are indeed in the custody of their caregivers. They also indicated that the caregivers try their best to provide for them using the money they get from the MVA Fund. The orphans were also able to identify the services provided by the MVA Fund office and they were able to explain what Loss of Support entails. They also highlighted their experiences in their new environments and the changes they would like to see regarding the current services provided by the MVA Fund.*

Some of the responses of orphans are as follows:

*“No suggestions but I just would like to thank MVA Fund for helping me and other orphans.” (Participant, D13)*

*“No, I do not propose for additional services to be provided because the money provided caters all my needs. I only suggest the MVA Fund to continue to provide the services they are providing currently.”*

**(Participant, D16)**

*“I am satisfied with the services provided by the MVA Fund. All I can say is, “Thank you for providing me with the services to help me solve my problems, keep up the good work.”* **(Participant, D8)**

## **5.2 The caregivers’ suggestions**

The caregivers suggested as follows to the MVA Fund in regard to the services currently provided to them:

The caregivers highlighted that they are indeed happy with the services rendered by the MVA fund. They indicated that they always get the money on the specified date. 70% of the respondents indicated that the MVA Fund must keep up with the good work, helping the orphans. The respondents that did not comment accounted for 20%, they indicated that they had no suggestions to make, finally, 10% of the respondents indicated that the MVA Fund officers must at least visit orphans twice a year.

Most caregivers indicated that they take care of the children as if they were their own. All of them indicated that it does not affect them in any way in their own communities.

The caregivers indicated that they did not have any suggestions, all they could say was that the MVA Fund officers must keep up the good work of providing financial assistance to the orphans.

In summary the data provided by the caregivers highlighted that most of the caregivers are female and they are in the 46-60 year's age group. This correlate with Udjombala (1998), who studied 20 caregivers at the Orphanage Unit of the Oshakati Regional Hospital and found that 90% of the caregivers were females and 85% of them were older than 50 years. It is becoming a common trend in Namibia and the aged are burdened with the children of their children and grandchildren, most of whom have died due to motor vehicle accidents. The data further indicate that the caregivers do buy the daily necessities for the orphans. They are also of the assertions that the MVA Fund is doing a great job in assisting these orphans. The data also indicates that the MVA Fund officers should at least visit orphans twice a year and the caregivers seemed to be aware of what Loss of Support entails. Finally, the caregivers did indicate that the money they claimed is doing a great job in assisting the orphans by buying the daily necessities and other things that they need.

Here are some of the responses from caregivers:

*“Yes, I am proposing for MVA Fund to assist also wife's or husbands of the late, otherwise I am happy and thankful for the assistance offered to us.” (Participant C9).* The Fund plays a huge role in providing assistance



and benefits to all people injured and orphans of those killed in motor vehicle crashes in accordance with the MVA Fund Act 10 of 2007.

*“No suggestions, MVA Fund should keep up the good service.”*

**(Participant C2)**

*“I recommend the money to be paid twice a year and to be paid on time; and not to wait for me to visit the office in order for it to be paid.”*

**(Participant C11)**

*“No, MVA Fund should keep up the good service”* **(Participant C15)**

*“No suggestion, all are fine. MVA Fund should continue to provide its services to customers”* **(Participant C19)**

The study further revealed that the caregivers were extremely happy with the quality of services rendered by the MVA Fund to orphans due to motor vehicle accidents. This is supported by the MVA Fund Newsletter (2013). The Motor Vehicle Accidents (MVA) Fund has a mandate to provide assistance and benefits to all injured and the dependents of those killed in motor vehicle accidents in accordance with the MVA Fund Act 10 of 2007.

The study also indicated that most caregivers responded by stating that they were indeed using the funds to benefit the orphans. Table 4 shows that caretakers are indeed aware of the importance of food, basic necessities, clothing and uniforms to the orphans. Chikwature (2016)

supports the caregivers by stating that food, shelters, clothing, school uniforms and other basic necessities are of importance.

In summary, the discussion of findings highlighted the experiences of the orphans, and the challenges they face in their daily lives. The discussion also highlighted the caregiver's experiences, their views about the services offered by the MVA Fund office and the way they use the funds to benefit the orphans. The caregivers also gave a thumbs up to the MVAF for providing money to help the orphans.



## Chapter 5 – Conclusions and Recommendations

### 5.1 Introduction

The aim of this research was to explore the orphans and caregivers' experiences of services rendered to them by the MVA Fund of Namibia and how these impact their well-being. In this chapter, the researcher provides the conclusion and possible recommendations for practice; policy and for further research arising from the mixed method research methodology that guided the research.

The research objectives of the study were:

- To explore and describe the needs of orphans due to motor vehicle accidents
- To explore how orphans of the motor vehicle accidents experienced the services provided to them by the MVA Fund
- To explore the problems experienced by the orphans and their caregivers
- To explore the challenges experienced and provide recommendations so as to improve their services.

The findings of this study revealed that the experiences of orphans and caregivers for the services rendered to them by the MVA Fund of

Namibia are quite good as the majority indicated that they were extremely happy with the quality of services provided.

The study found out that orphans' physical needs are met but their emotional well-being, which includes the trauma they went through is not attended to.

## **5.2 Conclusions pertaining to Research Findings**

The conclusions and recommendations of the research findings are presented according to the five themes that emerged during the data analysis process.

The data from the open-ended questionnaires and semi structured one on one interviews with participants were categorised into five main themes, with accompanying sub-themes, which were summarised, and its conclusions and recommendations per theme are presented in this section as follows:

### **5.2.1 Theme 1. Understanding the work of the MVA Fund**

In this study the orphans revealed that they are aware of the MVA Fund Loss of Support benefits that can be offered by the MVA Fund, the benefits received assisted them in the absence of their parents. Most of the participants interviewed, responded that they are aware of Loss of Support benefits that are offered by the MVA Fund, while only 5% of the

participants were not aware of services provided by the MVA Fund as no one ever informed them about it.

Some respondents seem not quite familiar with the regulations guiding services provided by MVA Fund, and suggested that the MVA Fund should also assist orphans above the age of 21 years in higher institutions and also to assist the surviving spouse.

### **5.2.2 Theme 2. Experiences of the work of the MVA Fund by the orphans and caregivers**

It is apparent from the discussion in this research about the experiences of the orphans, and the challenges they face in their daily lives that they are satisfied with the work of the MVA Fund and they would like the support to continue. The discussion also highlighted the caregiver's experiences, their views about the services offered by the MVA Fund. The concern that featured was that, some caregivers were unhappy that the MVA Fund officers are not visiting them at home, the same way they annually do to all the beneficiaries before payment is made, which resulted in them visiting the MVA Fund offices to report themselves.

It is hereby concluded that, the high number of orphans are quiet happy with the services provided to them by the MVA Fund and appreciated that with Loss of Support benefits received, their physiological needs are covered and helps to solve most problems that could not be solved

without it. The only concern pointed out by some participants (children) is that they would like to meet with MVA Fund officer and share their concerns with them.

### **5.2.3 Theme 3. Experiences of the orphans about the caregivers**

Most of the children interviewed live with their caregivers, while only 5% live with extended family members by arrangement and the claimant is supporting the children with the money received from the MVA Fund.

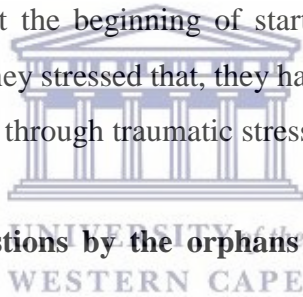
- What is disheartening being the reluctance of families and relatives to claim Loss of Support benefits for orphans due to motor vehicle accidents with the MVA Fund well on time. The reasons given for the reluctance range from a lack of information to do so or not being aware of when to claim, which resulted in the benefits not paid well on time, and children suffered for few months until the money was paid.

Based on the findings in this study, it was obvious that the needs of orphans due to motor vehicle accidents are being met.

#### **5.2.4 Theme 4. Challenges/needs of the orphans and caregivers**

Although the children sounded happy about the financial support provided by the MVA Fund, it came out clear in this study that, orphans due to motor vehicle accidents go through lots of psychological trauma due to the sudden loss of their parents. This study agrees with Nyamukapa, et al., (2008) who found out that, orphans and vulnerable children suffer from psychosocial stress and as a result, they need the guidance and counselling which they lack.

The caregivers also pointed out a lot of psychological issues they had to go through especially at the beginning of starting to take care of the orphans. Furthermore, they stressed that, they had no knowledge on how to handle children going through traumatic stress.



#### **5.2.5 Theme 5. Suggestions by the orphans and caregivers to the MVA Fund**

The caregivers indicated that they did not have any suggestions to the MVA Fund and what they can say is that the MVA Fund officers must keep up the good work of providing financial assistance to the orphans and indicated that the money they claimed is doing a great job in assisting the orphans by buying the daily necessities and other things that they need.

It came out clear from the study that most participants are indeed very thankful to the quality of service offered by the MVA Fund and encouraged them to keep up the good work. They further highlighted that the MVA Fund officers should visit the orphans at least twice a year. The study also revealed that some of caregivers are aware of what Loss of Support entails. Finally, the study revealed that the caregivers did not have other suggestions for the MVA Fund office in its quest to provide quality service. They indicated that the MVA Fund was providing quality services to orphans.

### **5.3 Recommendations:**

Based on the findings of the study, the following recommendations are proposed:

#### **5.3.1 Recommendations for policy**

- Policies that address the plight of children orphaned should also cater the needs of orphans due to motor vehicle accidents in Namibia in order to improve their well-being

#### **5.3.2 Recommendations for practice**

The MVA Fund should

- organize campaigns or information sharing sessions so as to educate the guardians to register the orphans.



- arrange campaigns or public education sessions to provide information to communities on the mandate of the MVA Fund and types of claims offered.
- liaise with Government or other NGOs in the communities to provide psycho-social support to orphans and also to link them with other services.
- design programs so as to educate caregivers in providing love and support for the children under their care.
- initiate support groups as platforms to encourage orphans to speak out what they go through so as to eliminate stigma associated with orphan-hood, abuse and stigma.
- Recommendations on support of households and communities caring for orphans.
- provide education in financial management to caregivers, to avoid mismanagement or misuse of orphans' Loss of Support benefits
- do an evaluation to improve service provision although their commitment to assist the orphans through provision of Loss of Support benefits is commendable.

### **5.3.3 Recommendations for further research**

This current study explored the experiences of orphans and their caregivers of the services rendered to them by the Motor Vehicle Accident Fund of Namibia. The findings cannot be generalized to other contexts and settings, as this study only focused on the beneficiaries of

Loss of Support benefit received from the MVA Fund and as well as the caregivers of these beneficiaries. Therefore, it is recommended that research be conducted in the following areas:

- The future of orphans beyond >18yrs, the research question should be, what happens to orphans after the age of 18yrs when their benefits/ support is stopped/ceased?
- There is a need for further research, to explore and describe the parenting styles of caregivers, who care for children exposed to a high level of trauma, as well as the impact of their parenting style on the behavior of these children.
- The challenges faced by other NGOs, working with orphans going through trauma and loss and caregivers who care for these orphans, needs to be researched further.
- Competencies of care givers in resource-limited settings. What competencies does an OVC caregiver need and what strategies can be adopted to develop these competencies?

## **5.4 Chapter Summary**

The final chapter concluded the research project by demonstrating how the goal of the study was achieved through the qualitative research approach. The mixed method research process was applied to investigate the research topic under discussion, and is highly recommended for use

by other researchers. The chapter comprised of a summary, conclusions and recommendations arising from the research findings, according to the themes and sub-themes that emerged during the data analysis process. The recommendations were made to the MVA Fund organisation, policy makers and for further researches.



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## Appendices

### Appendix 1 Information Sheet



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E-mail: [cschenck@uwc.ac.za](mailto:cschenck@uwc.ac.za)

**Project Title:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.

This is a research project being conducted by Hilda Antindi at the University of the Western Cape. We are inviting you to participate in this research project because you are a beneficiary for Loss of Support benefit of the Motor Vehicle Accident Fund or a caretaker of that beneficiary. I am currently conducting a research study which seeks to explore the experiences of orphans of motor vehicle accidents and their care givers regarding services rendered to them by the MVA fund. This research will assist to identify the problems experienced by the orphans and their caregivers and to explore the challenges experienced so as to improve the

services. The study is expected to improve the quality of services rendered to orphans by the Motor Vehicle Accident (MVA) Fund.

The study will be conducted by means of one on one interviews. The criterion for participation is that the participant should be an orphan as a result of a motor vehicle accident and should be between the ages of **14-21 years**. The other participant should be the caregiver of such an orphan. I will be available to provide assistance in completing the questionnaires. Participation in this study is **voluntary** and all the information provided is strictly **confidential**. Your name will be protected by assigning aliases to individuals. Please note that you may change your mind and withdraw from participating in this study at any time you wish.

If the discussion results in any emotional discomfort or trauma, **counselling** will be arranged by the researcher. If you like, you will have access to the final report of this study once completed. Your participation will be greatly appreciated. Should you have further queries, feel free to contact me on +264 65234069, email: [hilda@mvaFund.com.na](mailto:hilda@mvaFund.com.na)

Principal Researcher: **Hilda Antindi**

Signature: ..... Date: .....

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Prof C J Schenck (Contact Details provided as letter head)

## Appendix 2 Parental/Guardians Permission Form



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**Project Title:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.

I, ....., the undersigned, hereby give consent for my son/daughter, ....., to participate in the research study.

I understand the nature of the research. All my questions about the research have been answered. Confidentiality is maintained at all times. My child's identity will not be disclosed and the researcher will monitor access to the information he/she provides.

My permission needs to be secured to disclose information.

The information will be disseminated to the public via publications.

I confirm that I have read and understood the information sheet attached.

I give permission for my son/daughter to participate in his/her individual capacity.

**Signature of Parent/Guardian:** .....**Date:** .....

**Signature of Researcher:** ..... **Date:** .....

**Study Coordinator’s Name:** Prof C J Schenck (details above)

**Appendix 3    Consent form for caregivers**



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**Title of Research Project:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant’s name.....

Participant’s signature.....



Witness..... Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator's Name: Prof C J Schenck (Details provided above)**

#### **Appendix 4 Questionnaire for Dependants**



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UNIVERSITY of the  
WESTERN CAPE

**Title of Research Project:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.

#### **INSTRUCTIONS**

Please read the Information letter first before you complete this questionnaire.

If you agree to partake in this research, please read the questions carefully before you answer and mark your answer with an X.

**Section A**

**1. Identifying information**

1.1 In which age category do you fall under?

14- 17 years	
18 – 21 years	

1.2 What gender do you fall under?

Male	
Female	

1.3 What is your home language?

Oshiwambo	
English	
Nama/Damara	
Herero	
Rukwangali	
Afrikaans	

Others please specify

.....

1.4 In which Region do you live?

Oshana	
Oshikoto	
Khomas	
Other (please specify)	

1.5 Do you live in an urban area or rural area?

Urban area	
Rural area	

## **Section B**



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## **2. Background Information**

2.1 Are you aware that you are an MVA Fund Loss of Support dependant?

Yes	
No	

2.2 Did your parent/guardian share with you that she/he is receiving Loss of Support benefits from the MVA Fund on your behalf?

Yes	
No	

2.3 Who informed you about the Loss of Support benefit received at MVA Fund?

Parent/Guardian	
MVA Fund officer	

Others please specify.....

### 3. Quality of care provided to orphans of MVA Fund



3.1 How does your parent/guardian administer your funds?

Pay my school fees/uniforms	
Buy my necessities	
Open a bank account for me	
Invest some money	

Others please specify.....

3.2 Do you have your needs met?

Physiological needs	
Safety needs	
Love and belonging	
Esteem needs	
Self-Actualization	

Explain

how.....

.....

3.3 Are you under the custody of the claimant?

Yes	
No	

3.3.1 If the answer is no, who is taking care of you?

Extended family members	
Friends	

Others please specify

.....

3.4 Are you satisfied with the level of care provided to you by the claimant/guardian?

Yes	
No	

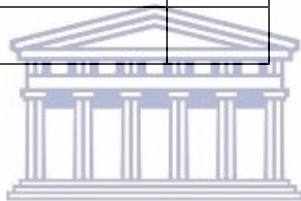
Please explain

.....

3.5 Do you feel safe and happy being part of the new family?

Yes	
No	

### **Section C**



## **4. Quality of services provided by the MVA Fund to orphans of the motor vehicle accidents**

4.1 Did you ever met with the MVA Fund officer?

Yes	
No	

4.1.1 If the answer is yes, where?

School visit	
--------------	--

Home visit	
MVA Fund office	

4.2 Were you ever interviewed by the MVA Fund officer?

Yes	
No	

4.3 Are you satisfied with the services currently rendered to you by the MVA Fund?

Yes	
No	

Please explain

.....  
 .....



4.4. What are your suggestions to the MVA Fund in regard to the current services provided to you?

.....  
 .....

.....

.....

## Appendix 5 Questionnaire for Caregivers



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**Title of Research Project:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.

### INSTRUCTIONS

Please read the Information letter first before you complete this questionnaire.

If you agree to partake in this research, please read the questions carefully before you answer and mark your answer with an X.

### Section A



## 1. Identifying information

1.1 Which age category do you fall under?

21-35	
36-45	
46- 60	
61 & above	

1.2 What gender do you fall under?

Male	
Female	

1.3 What is your home language?

Oshiwambo	
English	
Nama/Damara	
Herero	
Rukwangali	
Afrikaans	

Others please specify .....

1.4 In which Region do you live?

Oshana	
Oshikoto	
Khomas	
Other (Please specify)	

1.5 Do you live in an urban area or rural area?

Urban area	
Rural area	

## **Section B**

### **2. Background Information**

2.1 Are you a claimant of the MVA Fund Loss of Support on behalf of a minor?

Yes	
No	

### **3. Quality of care provided to orphans of MVA Fund**

3.1 How are you administering the minor's funds?

Pay his/her school fees/uniforms	
----------------------------------	--

Buy his/her daily necessities	
Open a bank account for the minor	
Invest some money	

Others please specify.....

3.2 Is the minor under your custody?

Yes	
No	

3.2.1 If the answer is no, who is taking care of him/her?

Extended family members	
Friends	

Others, please specify

.....

### **Section C**

#### **4. Quality of services provided by the MVA Fund to orphans of the motor vehicle accidents**

4.1 Did you ever met with an MVA Fund officer?

Yes	
No	

4.1.1 If the answer is yes, where?

Home visit	
MVA Fund office	

4.2 Were you ever interviewed by the MVA Fund officer?

Yes	
No	

4.3 Are you satisfied with the services currently rendered by the MVA Fund?

Yes	
No	

Please explain

.....  
 .....

4.4. What are your suggestions to the MVA Fund in regard to the current services provided?

.....

.....

## Appendix 6 Interview Questions: Dependants (Orphans)



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**Title of Research Project:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.

**Explain, the type of services provided by the Motor Vehicle Accident Fund to children orphaned as a result of motor vehicle accidents.**

Explain, the types of services are provided.

How do the services provided by the MVA Fund benefit you, please explain?

Are they really relevant or not, please explain?

**Explain what do you think Loss of Support is?**

What does it mean to you as a dependant of the MVA Fund?

**What are your experiences as a child orphaned as a result of a motor vehicle accident?**

Can you please tell me more about it?

How does it affect your whole being in the community?

**How is your experience in your new environment?**

Explain how your day to day life is.

Are your needs met? Please explain

How do these experiences affect you?

What changes would you like to see in your current environment? If any,

**What would you like to see change in regard to the current services provided to you by the MVA Fund?**

Do you propose for additional services to be provided? If so, what do you propose? Please explain

## Appendix 7 Interview Questions For Caregivers



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**Title of Research Project:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.

**Explain, the type of services provided by the Motor Vehicle Accident Fund to orphans of the motor vehicle accidents**

Explain types of services are provided.

How do the services provided by the MVA Fund benefit the dependants, please explain?

Are they really relevant or not, please explain?

**Explain what do you think Loss of Support is?**

Explain how you understand it?

What does it mean to you as a claimant of the MVA Fund?

**What are your experiences as a caregiver to a child orphaned as a result of a motor vehicle accident?**

Can you please tell me more about it?

How does it affect your whole being in the community?

How do these experiences affect you?

What changes would you like to see? If any,

**What changes would you like to see in regard to the current services provided by the MVA Fund to children orphaned as a result of a motor vehicle accident?**

Do you propose for additional services to be provided and what do you propose? Please explain?



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## **Appendix 8 Permission Letter**



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## **MVA FUND MANAGEMENT**

**Project Title:** Experiences of orphans and caregivers regarding services rendered by the Motor Vehicle Accident (MVA) Fund of Namibia.



I am currently conducting a research study which seeks to explore the experiences of orphans of motor vehicle accidents of services rendered to them towards their well-being. This research will assist to identify the problems experienced by the orphans and their caregivers and to explore the challenges experienced so as to improve the services. The study is expected to improve the quality of services rendered to orphans by the Motor Vehicle Accident (MVA) –Fund.

The study will be conducted by means of semi-structured questionnaires, one to be completed by orphans as a result of motor vehicle accidents and the other questionnaire is designed for the caregivers. The other form will be one on one interviews with participants. The criteria for participation are that the participant should be an orphan due to a motor vehicle accident between the ages of **14-21 years**. The other participant should be the caregiver of such an orphan. I will be available to provide assistance in completing the questionnaires. The participation will be voluntary and all the information provided will be treated confidential. The participants' names will be protected by assigning aliases to individuals.

If the discussion results in any emotional discomfort or trauma to any of the participants, counselling will be arranged by the researcher. The final report of this study will be made available to the MVA Fund, once completed.

I therefore humbly request your permission for me to conduct this study.

Principal Researcher: **Hilda Antindi**

Signature: ..... Date: .....

