The Effectiveness of Child Welfare Grants in Namibia

Study Findings and Technical Notes
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Ministry of Gender Equality and Child Welfare
GOVERNMENT OF THE REPUBLIC OF NAMIBIA

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“The child welfare grants are definitely making a difference. Even though it is only a small portion, I believe that it is spent on food that the child needs. The other needs can be divided into personal needs. At least we know that the money will make it possible for them to meet some basic needs of that household. Even if the money does not go directly to the child, you at least know that there will be food. Everybody including the child will be able to eat.”

- Social worker, Kavango

“When the parents get the money, they just buy food. Because if they do not buy food, we go to school hungry.”

- Tosh, FCG beneficiary, Kavango

“... it has made education possible for almost all of these children. I know that this grant is used for educational needs of the child, and this is outstanding.”

- Chief Clerk, Hardap
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Abbreviations

CBN   Cost of Basic Needs
CBS   Central Bureau of Statistics
CCCW  Community Child Care Worker
ECD   early childhood development
FCG   Foster Care Grant
FGD   focus group discussion
HSRC  Human Sciences Research Council (South Africa)
MG    Maintenance Grant
MGECW Ministry of Gender Equality and Child Welfare
MoE   Ministry of Education
MoF   Ministry of Finance
MoHSS Ministry of Health and Social Services
MoHAi Ministry of Home Affairs and Immigration
MoLSW Ministry of Labour and Social Welfare
NDHS  Namibia Demographic and Health Survey
NGO   non-governmental organisation
NHIES Namibia Household Income and Expenditure Survey
NPOVC National Policy on Orphans and Vulnerable Children
NPA   National Plan of Action (for OVC)
NPC   National Planning Commission
OAP   Old-Age Pension
OVC   orphans and vulnerable children
PSA   Place of Safety Allowance
PTF   Permanent Task Force (on OVC)
REC   Research Ethics Committee (of the HSRC)
SDF   School Development Fund
SMG   Special Maintenance Grant
ToR   Terms of Reference
TWG   Technical Working Group
UNAM  University of Namibia
UNICEF United Nations Children’s Fund
USAID United States Agency for International Development
WFP   World Food Programme
Definitions

Child
A person who is under the legal age of majority

Orphan
“A child who has lost one or both parents because of death and is under the age of 18 years.”
(NPOVC, 2004)

Vulnerable child (1)
“A child who needs care and protection.”
(NPOVC, 2004)

Vulnerable child (2)
“A child –
(i) living with a chronically ill caregiver which caregiver was or is too ill to carry out daily chores during 3 of the last 12 months;
(ii) living with a caregiver with a disability who is not able to complete household chores;
(iii) of school-going age who is not able to attend a regular school due to disability;
(iv) living in a household headed by an elderly caregiver (60+ years) with no one in the household between 18 and 59 years;
(v) living in a child-headed household (a household headed by a child below the age of 18);
(vi) who has experienced a death of an adult (18-59 years) in the last 12 months.”
(NPA for OVC, 2007)

Vulnerable child (3)
S/he belongs to one or more of the following categories:

Economic Vulnerability:
(i) His/her parents or caregivers have insufficient resources to provide shelter, clothing and three meals a day to the children in their care.
(ii) S/he is living in a household headed by a child.
(iii) S/he is living on the street.

Emotional Vulnerability:
(iv) S/he is an orphan.
(v) S/he is neglected or abused by his/her parents, caregivers or other person.
(vi) S/he is infected with HIV or AIDS.
Educational Vulnerability:
(vii) S/he has such a burden of responsibilities in the home that school attendance is reduced.
(viii) S/he has disabilities which require specialised educational facilities, equipment or expert teaching interventions beyond those normally available in schools.
(ix) S/he is a member of an indigenous minority living in a remote area.

(Namibia Education Sector Policy for Orphans and other Vulnerable Children)

Vulnerable child (4) A child who –
(i) has a parent who was very sick* for at least three months in the past year; OR
(ii) lives in a household where an adult has been very sick* for at least three months in the past year; OR
(iii) lives in a household where an adult has died in the past 12 months and was very sick* for at least three months before s/he died.

* In the definition above, ‘very sick’ means that the person was too sick to work or perform normal activities.

(NDHS 2006-07)
Since Independence in 1990, there has been increasing political, policy and programmatic attention devoted to the situation and needs of orphans and vulnerable children (OVC) in Namibia. As with many other countries in the sub-region, the HIV/AIDS pandemic has resulted in significant numbers of children being orphaned as well as exacerbated their vulnerabilities in respect of poverty, food insecurity and access to critical services such as education and health. The interaction between HIV/AIDS and other determinants of poverty has also raised concerns about the straining and undermining of traditional family and community safety nets, thereby placing families and children at risk. This has generated a sense of urgency for designing and implementing social protection programmes, especially in the form of cash transfers, as an effective social policy tool for responding to the challenges of chronic poverty and vulnerability.

Four types of child welfare grants are provided for OVC in Namibia, namely the Maintenance Grant (MG), the Foster Care Grant (FCG), the Special Maintenance Grant (SMG) for children younger than 16 years with disabilities, and the Place of Safety Allowance (PSA). The Ministry of Gender Equality and Child Welfare (MGECW) is the lead government ministry tasked with ensuring that OVC are protected. In 2004, the MGECW inherited responsibility for the administration of child welfare grants from the Ministry of Health and Social Services (MoHSS). Since then, there has been a rapid scaling up in the coverage of child grants in the country, with the total number of MGs and FCGs rising from 9000 in September 2002 to approximately 106,000 in September 2009. This impressive expansion has led to considerable resources being devoted to the grants, rising from N$57 million in 2001/02 to N$202 million in the 2009/10 financial year, as well as the need to increase human resources and capacity to meet the administrative demand at regional and constituency levels. It has also created interest in reviewing the implementation and impact of the child welfare grants and gaining a better appreciation of the relationship between the receipt of a child grant and access to other critical services, with the aim of improving efficiency and effectiveness of such support.

The purpose of this report, which was commissioned by the MGECW and with financial support from UNICEF Namibia and USAID through Pact Namibia in late 2008, is to provide a qualitative assessment of the effectiveness of the two principal child welfare grants – the MG and FCG – as a form of social protection to help address the needs of OVC in the country. Specifically, it aims to provide decision makers and other stakeholders with evidence of the barriers preventing access to the two main child grants, the use and effects of the grants in meeting the basic needs of children and facilitating access to essential services, in addition to the impact of grant administration on the capacity to fulfil other service delivery obligations to vulnerable children.
Methodology

The design for this qualitative study consisted of four principal components. Firstly, a review of available research relevant to the implementation of the child welfare grants in Namibia was undertaken. Secondly, focus group discussions (FGDs) were conducted in three administrative regions (Khomas, Kavango and Hardap) as the basis for eliciting detailed evidence on the expressed attitudes and experiences of caregiver recipients and non-recipients of the MG and FCG, as well as child beneficiaries and eligible non-beneficiaries aged 15-17 years. Factors informing this choice included: geographic spread and rural-urban location, variation in livelihood strategies, differentiated levels and ease of access to child welfare grants and services, and the relative performance at regional level in providing the MG and FCG to eligible children. In total, 25 focus group discussions were completed, with 171 participants. The third research component involved regional stakeholder interviews in each of the three study regions, based on a predefined list of government officials and civil society representatives familiar with the implementation of the child welfare grants and other critical services for children in need. Finally, a select number of interviews with senior government officials were conducted at central level to provide key contextual information about the administration and implantation of the child welfare grants and other critical services for children in need.

Barriers to accessing child welfare grants

Some of the barriers to accessing the MG and FCG cited by participants were: the transport costs associated with the grant application process; lack of awareness and incorrect application of eligibility criteria; bureaucratic challenges such as misplaced files, perceived inefficiency of officials and the need for repeat visits; and problems with essential documentation, especially birth and death certificates. Some of the factors mentioned that facilitate access to the grants were: having all the relevant documentation; knowing someone who can assist with the application process; and a willingness to make personal sacrifices in terms of time and expenses.

Grants facilitating access to other essential services

In terms of educational access, the study pointed to the disjuncture between the policy framework and practice in terms of exemptions for OVC. Most children in the study were not receiving school fee exemptions. Non-payment of fees appears to be resulting in the withholding of school reports and, in instances, children were even being prevented from attending school. There were also reports of learners whose parents were unable to pay school expenses being reproached and pressured by teachers and textbooks being withheld. Yet, in spite of these experiences, children were still in general attending school. The most frequently mentioned reason provided for exemption policy implementation problems was that grant recipients may actually be relatively privileged compared to other non-beneficiary children. The child grant income sets orphans and their households apart from other poor households. In a context where large proportions of learners are unable to pay, schools are relying on contributions from the grant recipients to maintain the schools. While many standard concerns were raised about the quality of education, these do not appear to be acting as a disincentive to school attendance for grant beneficiaries or non-beneficiaries.
As for accessing public health services, there was also mention of OVC being turned away because they could not pay user fees in clinics and hospitals. Grant beneficiaries referred to trade-offs in expenditure priorities, with the payment of school fees serving to crowd out health expenditure, as well as the fact that non-payment was resulting in debt at health facilities. Where children were not being turned away, there were reports that they are made to wait for long periods as paying clients are attended to first. There were also some cases where participants felt that non-payment was resulting in inferior treatment. There were strong calls for exemption on health user fees for OVC.

Child grant administration and MGECW human resource constraints

Given the relative scarcity of social workers, especially at regional level, it is unsurprising that the study found that the processing of applications for FCGs is imposing significant strain on human resources. This, in turn, is creating unfortunate trade-offs in the provision of other critical services, such as psychosocial support and monitoring progress and general wellbeing of children. The FCG investigation process is extremely time-consuming, often involving complicated cases and considerable travelling distances. This has resulted in a situation characterised by backlogs, high caseloads and delays in follow-up home visits. Focus group participants complained that the period between application and approval can be as long as several years, while social workers feel overburdened, overworked and dissatisfied with the service they are able to render to children under current constraints.

Spending of the grant income

Each participating child grant beneficiary and caregiver was asked to specify the four main items (in order of priority) that the grant is spent on. Food was the most commonly cited spending item for all the focus group participants receiving a child welfare grant (40%). School fees were mentioned by 35% of participants as the main spending item. If one adds pre-school/child care, school hostel fees and other school expenses to this figure, then the percentage nominating education-related expenses as the main spending item rises to 43%. Therefore, food and broad education expenditure alone represent the main forms of spending of grant income for nearly 85% of participants. In terms of the second to fourth grant spending items, school-related expenses remain of note, as does food to a lesser extent. The purchasing of children’s clothing (excluding uniforms) and spending for health care for children assume increasing importance. The use of grant income to support productive activities (e.g. agricultural inputs) hardly features among spending priorities. Therefore, while grants are contributing to basic needs, such as food and clothing, many caregivers are using the grant income for school fees and other school expenses for which they are supposed to be exempted. For many caregivers the grant is their main or only source of income but it is not enough to meet their own or their children’s basic needs. While many non-recipients expressed the view that the grants were being misused, there was little corroborating evidence to support that assertion.
Perceived strengths and weaknesses of the child welfare grants

There was generally positive sentiment about the child welfare grants among study participants, although this was offset by claims that the value of the grants is too low. Many regional stakeholders highlighted this as a weakness of the grant guidelines, with the grant amounts described as being inadequate to meet the needs of beneficiaries, especially with the rising costs of living. Other weaknesses that were cited included the long waiting period for beneficiaries to receive grants, as well as the potential for the misuse of the grants and grant dependency.

In terms of the National Policy on Orphans and Vulnerable Children (2004), participants were optimistic about there being a framework that prioritises needy children. Yet, they were concerned about insufficient inter-ministerial collaboration, the lack of effective implementation of policy provisions and human resources capacity to monitor progress, the continued need for OVC to pay school fees in practice, the absence of well-functioning government offices at constituency level, and the scarcity of social workers.

Policy considerations and recommendations

These considerations and recommendations are not prescriptive but are suggestions for improving the effectiveness of child welfare grants.

Policy options relating to the child welfare grant system

The foster care consultancy (MGECW, 2009) conducted parallel to this study recommended that the new Child Care and Protection Bill incorporate a clear legal distinction between kinship care and foster care. Kinship care refers to the care of a child by a member of the child’s family or extended family, while foster care is explicitly care of a child by a person who is not the parent, guardian, family member or extended family member in terms of an order of the children’s court. A number of proposals are made that involve a reconfiguration of the grants system to better support both informal kinship care and formal foster care.

- The Maintenance Grant is adjusted so that it becomes a means-tested grant for all poor and vulnerable children in the country. Children in kinship care would be eligible for this grant rather than a Foster Care Grant. It is recommended the financial support to kinship carers is provided upon the transfer of parental responsibility to them.

- For children placed in foster care, a Foster Care Grant is provided to the foster carer at the time of placement once the court order has been issued.

- Equalise the amount of the two main child grants to address the situation where caregivers receiving a Maintenance Grant or a Foster Care Grant for more than one child are paid differential amounts (currently N$200 for the first child and N$100 for subsequent children).

- Raise the current value of the two main child grants in order to address concerns that the amount is insufficient to meet the basic needs of children and to accommodate the
lack of inflation adjustment over the last decade. The new grant values reflect the real costs of caring for a child. It is considered whether the Foster Care Grant amount should be higher than the Maintenance Grant amount.

- In terms of follow-up research, it is suggested that the following policy options be properly costed in order to inform budgetary processes:
  - Equalising the grant amounts for all children who qualify.
  - Increasing the value of the child welfare grants by different amounts and under different assumptions about the number of child beneficiaries.

Other cross-sectoral policy considerations

- It is recommended to amend the foster care placement procedure: introduce a contract between kinship carers, parent or guardians and the MGECW in which roles and responsibilities are specified. This would render home visits and court procedures unnecessary, and in turn reduce the workload of social workers and the court.

- To overcome some of the barriers to OVC accessing child welfare grants:
  - Facilitate greater flexibility in grant administration, especially with respect to eligibility criteria, so that the option of affidavits as opposed to formal documents is considered in some instances.
  - Sustained public communication recommended on grant entitlements and eligibility criteria, as well as with MGECW social workers, record clerks and volunteers.
  - Co-ordination and communication between the MGECW and the Ministry of Home Affairs and Immigration (MoHAI) should be strengthened with regard to accessing national documents for children and their caregivers. This could include options for improved service provision through mobile registration units.

- As a social protection programme complementary to the child welfare grants, it is recommended that additional and more in-kind services are introduced in order to extend their reach to all vulnerable children in the country, rather than orphans exclusively. In doing so, it is recommended that emphasis be placed on combined, multi-sectoral co-ordination. As an example, school uniforms could be provided free to children receiving grants in a joint initiative between government and NGOs involved in providing uniforms.

- Improved coordination between government departments and with other organisations involved in the provision of services to children in need is necessary.

- Address the social worker human resource issue:
  - From a long-term perspective, filling social worker posts by investing more in training additional social workers for the government sector.
  - Training social workers for the private sector.
  - From a short-term perspective, providing training to all workers in all directorates in the MGECW to increase capacity, as an innovative way of using current staff.
  - Re-defining the concept of a Child Care Worker and developing a clear job description as well as training programme for such workers.
  - Linking these activities with the human resource plan that is under review.
• Consultations recommended with the Ministry of Education to address school fee exemption policy implementation challenges. It is recommended that an automatic exemption of school fees and School Development Fund contributions be granted to children who receive a child welfare grant. Other related suggestions include clarifying the exemption policy across departments, and addressing the lack of uniformity in exemption forms and protocols.

• To overcome barriers to accessing health care facilities, it is recommended the MoHSS is engaged to discuss the study findings and find workable means of expediting progress towards proposals for promoting free health services for children in need. For children receiving child welfare grants, automatic exemption from paying the prescribed health fees is recommended to be considered.

• There needs to be a strengthening of complementary services for children. The provision of grants takes precedence over other equally important services, such as early childhood development (ECD), the counselling of abused children and victims of substance abuse, child protection and services to street children. As such, it is recommended to: explore the feasibility of rolling out ECD; explore the feasibility of supporting children beyond high school in the form of study loans and insurance; and better co-ordinate the activities of different ministries. In terms of child protection, it is recommended that: further education and awareness-raising programmes are considered in relation to the adverse consequences of corporal punishment; additional research is conducted on the nature and extent of different forms of child abuse in the schooling context; and the linkages to school service providers are strengthened to ensure that abuses of authority are prevented or investigated.
**1 Introduction**

**1.1 History and purpose of the study**

Since Independence, but particularly over the last decade, there has been increasing political, policy and programmatic attention devoted to the situation and needs of Orphans and Vulnerable Children (OVC) in Namibia. As in many other countries in the sub-region, the HIV/AIDS pandemic has resulted in significant numbers of children being orphaned, and has exacerbated their vulnerabilities in respect of poverty, food insecurity and access to critical services such as education and health (Save the Children UK, 2006). A 2007 estimate has placed the number of OVC in the country at 128 000 (MGECW, 2007a), though more recent results from the 2006-07 Demographic and Health Survey indicate that the number might be as high as 155 000 (MOHSS and Macro International, 2008). The interaction between HIV/AIDS and other determinants of poverty has also raised concerns about the straining and undermining of traditional family and community safety nets, thereby placing families and children at risk (Adato & Bassett, 2008). This has generated a sense of urgency for designing and implementing social protection programmes, especially in the form of cash transfers, as an effective social policy tool for responding to the challenges of chronic poverty and vulnerability.

Namibia is one of several African states with a longstanding history of providing cash transfers, and while the non-contributory Old-Age Pension (OAP) has received some attention in social policy literature, comparatively little available research exists in relation to the government’s provision of child welfare grants. Four types of child welfare grants are provided for children in Namibia, namely the Maintenance Grant (MG), the Foster Care Grant (FCG), the Special Maintenance Grant (SMG) for children younger than 16 years with disabilities, and the Place of Safety Allowance (PSA). These grants are rooted in the Children’s Act 33 of 1960, a piece of South African legislation which came into effect in 1977.

The Ministry of Gender Equality and Child Welfare (MGECW), which was initially established in 2000, is the lead government ministry tasked with “ensuring that orphans and vulnerable children are protected and nurtured” (MGECW, 2007a). In recent years, it has made notable progress in relation to legislation and policies to protect OVC, with the adoption of the National Policy on Orphans and Vulnerable Children (NPOVC) in 2004 and the National Plan of Action 2006-2010 (NPA) in 2007. The MGECW also chairs the multi-sectoral OVC Permanent Task Force (PTF), which was established in 2001 by Cabinet and is responsible for coordinating implementation and monitoring of these frameworks. In 2004, the MGECW inherited responsibility for the administration of child welfare grants targeted to OVC and families caring for OVC from the Ministry of Health and Social Services (MoHSS). A Child Welfare Division was established to manage these new functions, and in late 2006 the
division was upgraded to a full directorate in recognition of the critical role of the system of social grants for children.

In the late 1990s, one assessment showed that the number of beneficiaries of MGs and FCGs combined was only around 3 500, and concerns were raised about implementation problems, an apparent urban bias as well as regional asymmetries (with few children in the north receiving grants) (Subbarao, 1998). Since then, there has been a rapid scaling up in the coverage of child welfare grants in the country, with the total number of these two main grants rising from 9 000 in September 2002 to 54 000 in September 2006, and to approximately 106 000 in September 2009. This impressive expansion in the reach of the grants has led to considerable resources being devoted the grants, rising from N$57 million in 2001/02 to N$202 million in the 2009/10 financial year, and to the need to increase human resources and capacity to meet the administrative demand at regional and constituency levels. It has also created interest in reviewing the implementation and impact of the child welfare grants and gaining a better appreciation of the relationship between the receipt of a child welfare grant and access to other critical services, with the aim of improving efficiency and effectiveness of such support.

In response, in 2008 the MGECW, with financial assistance from UNICEF Namibia and USAID through PACT Namibia, decided to “undertake a qualitative effectiveness study on access of OVC to critical services”. The Human Sciences Research Council (HSRC) was commissioned to undertake the research, while Survey Warehouse (formerly Research Facilitation Services, or RFS), an independent research organisation based in Windhoek, was contracted for the fieldwork component of the study.

1.2 Research questions

In its conceptualisation, the study has three overarching focus areas. The first of these relates to the implementation of the National Policy on Orphans and Vulnerable Children (NPOVC) (2004) and the National Plan of Action 2006 to 2010 for Orphans and Vulnerable Children in Namibia (NPA) (2007), with particular reference to knowledge of the policy, barriers preventing access and factors facilitating access for the two main child grants – the MG and the FCG. The second focus of the study concerns the impact of grant administration on the MGECW, notably the capacity of social workers to fulfil other obligations to vulnerable children. Thirdly, the study focuses on the use and effects of child welfare grants, with special attention paid to the manner in which they contribute to meeting the basic needs of the children, and the extent to which they serve to enhance access to critical child services such as health and nutrition, education and protection services.

The study aims, firstly, to enhance understanding about: (i) knowledge amongst the FCG- and MG-eligible population and government officials of the government’s child grant policy; (ii) implementation of child grant policy; (iii) the impact of child grant administration on the capacity of the MGECW to fulfil other service delivery obligations to children (such as social work service provision); and (iv) use of the child grants with special attention paid to how they help meet the basic needs of the children and enhance access to critical services for children (health, education and protection). Secondly, the intention is to use the study findings to make recommendations for: (i) improving vulnerable children’s access to child
welfare grants; (ii) enhancing MGECW capacity to administer grants and other services to vulnerable children; and (iii) improving child access to critical services through the child welfare grants.

Based on the terms of reference and subsequent discussion with the Technical Working Group, the study was structured to address eight research questions, as follows:

1. What is government’s policy for child grant access and linking child grant recipients to other benefits and services, and how do eligible children and caregivers understand it?
2. What are the budgetary and governance arrangements for translating the child grant policy into practice?
3. What impact has grant administration been having on MGECW social worker capacity to render other services?
4. How is the grant access process for the FCG and MG working in practice? What are the barriers/challenges to access? What are factors facilitating access?
5. On what and on who are the two main child grants (FCG and MG) being spent, and how is grant spending contributing to meeting basic needs?
6. What is the interface between child access to grants (FCG and MG) and other benefits and services?
7. What are the strengths and weaknesses, in both policy and implementation, of the child grant system?
8. What recommendations flow from the study for: (i) improving OVC access to child grants; (ii) improving MGECW ability to deliver grants and other services; and (iii) enhancing child access to critical services through the child welfare grants?

1.3 Structure of the report

This report is a more technical and detailed accompaniment to the shorter volume which contains a synthesis of the research findings and recommendations. More specifically, this report is a reference document that provides a comprehensive presentation of the qualitative data derived from the study. It also contains a fuller description of: (i) the socio-legal and administrative context in which the study occurs; (ii) the methodological design adopted for the study; and (iii) the characteristics of focus group participants and their households. Finally, the terms of reference for the study, together with all the research instruments developed for data collection purposes, are attached as a set of appendices.

In Chapter 2, a brief outline of the socio-economic situation of children in the country is provided, together with a description of the nature and evolution of child grants to address the needs of OVC. This will include the policy and legal framework, governance and budgetary arrangements, and trends in the coverage of the child grants. The principal findings of previous empirical research that touches on aspects of Namibia’s cash transfers for children will also be highlighted.

Chapter 3 begins by describing the factors informing the selection of the research sites. The strategy employed for collecting the qualitative data for the study is then discussed at length. This includes the use of a series of focus group discussions to capture the voices and
experiences of the caregivers of beneficiaries and eligible non-beneficiaries of the two main child welfare grants, as well as beneficiaries and eligible non-recipients aged 15-17 years. It also outlines the semi-structured interviews that were conducted with specific government and non-governmental stakeholders at the regional level, and with a select group of national-level stakeholders. An overview of the set of research instruments designed for these discussions and interviews is provided, together with a profile of the research participants.

Chapter 4 analyses data from the Focus Group Participant Information Sheets to provide an overview of the individual and household-level characteristics of the sample in order to further contextualise the study.

Chapter 5 documents the main findings, clustered into a set of eight principal themes that align with the study’s research questions.

Chapter 6 distils the research findings into a set of options and recommendations for consideration by key stakeholders actively engaged in protecting, nurturing and assisting Namibia’s OVC.

1.4 Study regions and constituencies

Figure 1: Regional map of Namibia

Figure 2: The study regions and constituencies

KEY
- Gibeon Constituency in Hardap
- Ndiyona Constituency in Kavango
- Tobias Hainyeko Constituency in Khomas
- Other constituencies in the three study regions (Khomas, Kavango, Hardap)
2 Background: Context of the Research

2.1 Social protection and child poverty

In the sub-Saharan context, investing in social protection programmes in the form of cash transfers has assumed increasing prominence and favour as a policy option due to the strain that HIV and AIDS has imposed on traditional safety nets provided by the family and community (Adato & Bassett, 2008). As a heavily AIDS-affected society, the provision of child welfare grants in Namibia has come to be considered a critical part of the broad response to addressing the needs of children affected by the pandemic. To date, the focus has been predominantly on providing cash grants – mainly Maintenance Grants and Foster Care Grants – for orphaned children in order to overcome the poverty and deprivation they face by helping to meet their basic needs and facilitate access to critical services.

As the take-up of the child welfare grants has rapidly increased over the last decade, there has begun to emerge some discussion and debate about the appropriateness of specifically targeting the grants to orphaned children as a category of children that is distinct from others. This dialogue is premised on the recognition that it is not exclusively orphaned children who are affected by HIV/AIDS, and that in communities which have been affected by the pandemic and where there exists chronic poverty and deprivation, evidence is increasingly suggesting that orphans are rarely worse off relative to other vulnerable children (Richter, 2008). The implication is that directing welfare grants to children on the basis of their orphanhood may serve to neglect other children and families who may be equally if not more impoverished and in need. As Meintjies et al (2003) argue in relation to the South African context, this providing grants for orphans as a distinct category of children “mistargets crucial resources; is inequitable; is located in questionable assumptions about children’s circumstances; risks further overburdening the child protection system; and is not, as a whole, a cost-efficient way of adequately supporting the largest possible number of poor children who require assistance”.

Available evidence supporting the notion that households in Namibia with vulnerable children are at least as poor as households with orphaned children is still relatively circumscribed, though suggestive that this may indeed be the case. For instance, a study conducted jointly by the MGECW and the World Food Programme (WFP) in 2006 to evaluate food support
programmes for OVC in northern Namibia discovered that orphan status was not directly associated with vulnerability. In particular, it was found that not all households containing orphaned children were poor or vulnerable and that many non-orphaned children were vulnerable to food insecurity and poverty. The report is therefore notable in that it is one of the first local studies drawing particular attention to children in need who were not orphaned and falling through gaps in the social security system (MGECW & WFP, 2006). Levine et al (2009) have also emphasised this as a topic for further policy reflection, by questioning whether certain other poor children may have even greater needs than many OVC but currently do not qualify for these because the eligibility criteria for the child welfare grants are so strongly focused on the orphan status – single or double – of the recipients.

To date, there has been little measurement of child poverty in Namibia using nationally representative data. Recently, Namibia’s Central Bureau of Statistics (CBS) established a new set of poverty lines based on the Cost of Basic Needs (CBN) approach, which has become part of the poverty monitoring standard among the Southern African Development Community and most developing countries (CBS, 2008). The lines, which were developed using the expenditure data in the Namibia Household Income and Expenditure Survey (NHIES) 2003/04 are an upper-bound line of N$262.45 and a lower-bound line of N$184.56 expenditure per adult equivalent per month in 2003/04 Namibian dollars. Roberts, Streak and Levine (2010) use the new poverty lines to develop a profile of child poverty. Using the upper-bound poverty line (N$262 per adult equivalent per month), they find that 43.4% of all children younger than 18 years are poor, which is higher than that for adults (32.8%).

Table 1: Incidence, depth and severity of child poverty by orphan status, using expenditure per adult equivalent as the welfare measure and with the poverty line set at N$262.45 per month

<table>
<thead>
<tr>
<th>Orphan status</th>
<th>CHILD POVERTY (0-17 YEARS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poverty headcount rate ($P_0$)</td>
</tr>
<tr>
<td></td>
<td>Rate (%)</td>
</tr>
<tr>
<td>Single or double orphan</td>
<td>45.3</td>
</tr>
<tr>
<td>Not an orphan</td>
<td>42.9</td>
</tr>
<tr>
<td>All children &lt;18 years</td>
<td>43.4</td>
</tr>
</tbody>
</table>


Looking specifically at differences in child poverty on the basis of orphan status, there emerges only a small difference in the incidence of poverty between orphaned and non-orphaned children (45% and 43% respectively). Also important to note is that orphaned children only represent 18% of all poor children in the country, with non-orphaned children accounting for the majority share. Table 1 also includes both the poverty gap and squared poverty gap measures, which in turn provide evidence on the depth and severity of poverty. Again, it is

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1. The concept of adult equivalence that is critical in child poverty measurement is explained in section two below. Section four explains the adult equivalence scale used for the setting of the two official poverty lines in Namibia and which is also the scale used in this analysis and its source.

2. See Review of Poverty and Inequality in Namibia by the Namibian Central Bureau of Statistics and National Planning Commission (2008) for details on the method used to derive the two poverty lines. Between September 2003 and August 2004, the period during which the survey was conducted, the average exchange rate between the Namibian dollar and the US dollar was 6.7.
clear that the variation in the depth and severity of poverty for orphaned and non-orphaned children is nominal. These findings lend further credence to the view that targeting the child grants to orphans overlooks other equally poor cohorts of children.

It is in light of such evidence that there has been some discussion within the MGECW and among other stakeholders about whether a more equitable and appropriate mechanism for supporting Namibian children in the context of HIV and AIDS would be to consider cash transfer options that extend the safety net to cover increasingly greater numbers of impoverished children irrespective of their orphan status. The current study on the effectiveness of the child welfare grants should therefore be seen as another empirical contribution to the debate about expanding the coverage of cash transfers to strengthen children and families affected by HIV and AIDS.

2.2 Policy and legal framework governing provision of child grants

This section provides a brief review of the legal and policy frameworks that aims to protect the rights of vulnerable children in Namibia, especially those who are affected or infected by HIV/AIDS. After achieving Independence, Namibia became one of the first signatories of the United Nations Convention on the Rights of the Child (CRC) in September 1990. Since then, the Government of Namibia has sought to fulfil its obligation to provide care and support to children, especially OVC, through the development and adoption of a wide-ranging tapestry of legislation, policies and programmatic interventions. A full articulation of the framework that has been put in place is beyond the scope of this report, but the outline that follows should serve to impart a reasonable sense of the breadth of the provisions that have been made, at least in principle. How effectively the legal and policy platforms are actually being implemented is something that will be revisited and reflected on later in the report.

2.2.1 Legal framework

Constitution of the Republic of Namibia (GRN, 1990)

When, after years of struggle, Namibia became an independent nation in March 1990, the Constitution of the Republic of Namibia was adopted as the supreme law for the country and a system of governance was introduced that was premised on constitutionalism, the rule of law and respect for individual human rights (Amoo & Skeffers, 2009). Entrenched within the Constitution is a strong Bill of Rights (Chapter 3, Articles 5-25) that focuses primarily on the protection of fundamental first-generation (civil and political) human rights and freedoms. In addition, the Constitution contains a set of principles governing state policy (Chapter 11, Articles 95-101). Of particular note is Article 95 on the “promotion of the welfare of the people”, which broadly approximates second-generation (economic, social and cultural)3 and third-

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3 Examples of socio-economic and cultural rights would include the right to education, work, social security, food, self-determination and an adequate standard of living, as enshrined in the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966).
generation (group or solidarity) rights in terms of international rights law. For instance, Article 95 states:

The State shall actively promote and maintain the welfare of the people by adopting, inter alia, policies aimed at the following:

\[\text{(e) ensurance that every citizen has a right to fair and reasonable access to public facilities and services in accordance with the law;}
\]

\[\text{(f) ensurance that senior citizens are entitled to and do receive a regular pension adequate for the maintenance of a decent standard of living and the enjoyment of social and cultural opportunities;}
\]

\[\text{(g) enactment of legislation to ensure that the unemployed, the incapacitated, the indigent and the disadvantaged are accorded such social benefits and amenities as are determined by Parliament to be just and affordable with due regard to the resources of the State;}
\]

\[\text{(j) consistent planning to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and to improve public health;}
\]

However, the principles above cannot be classified as constitutional rights, as the way they are formulated means they are not “legally enforceable by any Court” (Article 101). As such, they are treated more as societal goals for policy and programmatic intervention rather than legally binding provisions or entitlements (Mubangiuzi 2006; Nakuta 2009; Horn 2009).

Despite this limitation to a Constitution that is much lauded for being among the most liberal and democratic in the world (Ambunda & Mugadza, 2009), important socio-economic rights that have been included in the Namibian Constitution and which are of particular relevance to this study are the right to education (Article 20) and children’s rights (Article 15). On education, Article 15(1) stipulates that “all persons shall have the right to education”. This is reinforced by a provision stating that primary education is compulsory and that the government will provide no-fee schools to effect this right (Article 15(2)). In terms of children’s rights, the Constitution dictates that each child has the right from birth to a name, nationality and to know and be cared for by its parents (Article 15(1)); that children are entitled to protection from exploitation by anyone for economic benefit (i.e. child labour) (Articles 15(2-4)); and that no child under 16 years shall be detained (Article 15(5)).

**Children’s Act 33 of 1960**

The origins of the child welfare grants in the country are located in a piece of pre-Independence legislation, specifically the Children’s Act 33 of 1960. The Act was inherited from South Africa and made applicable in Namibia with effect from 1 January 1977 by means of the Children’s Amendment Act 74 of 1973. Section 89(1) of the Act provides for (at ministerial discretion) Maintenance and Foster Care Grants for children under 18 years of age, as well as Place of Safety Allowances. In addition, the Act caters for the appointment of commissioners of child welfare and establishment of children’s courts; the protection and welfare of certain children and their supervision; the establishment or recognition of certain institutions for the reception of children and juveniles; the treatment of children and juveniles after their reception in such institutions; contribution orders; and the adoption of children.
The Act has received criticism for being outdated and colonial, and in need of stronger provisions that are better tailored to the care and protection of children in post-Independence Namibia and which reflect the country’s international commitments to children's rights (Hubbard, 2009; Kangandjela & Mapaure, 2009). In response to such concerns, efforts were initiated by the Ministry of Health and Social Services (MoHSS) (and later taken over by the MGECW) soon after Independence to amend the Children's Act and introduce legislation that was more relevant to the needs of children in Namibia. The process has been a long one, involving many actors and drafting and consultation processes, a fuller account of which has been provided elsewhere (Kangandjela & Mapaure, 2009). Important to recognise is the decision early on in the preparation of the new draft legislation to produce two distinct documents on the basis of thematic content, namely a Children's Status Bill and a Child Care and Protection Bill, in order to make the law less cumbersome.

The Children's Status Act 6 of 2006 was signed into law on 22 December 2006 and became operational in November 2008. The Act provides for family law reforms in relation to the equal treatment of children born outside of marriage, as well as for matters relating to custody, access, guardianship and inheritance for children born outside of marriage.

**Draft Child Care and Protection Act (CCPA) (MGECW, 2009)**

The MGECW, with assistance from the Legal Assistance Centre (LAC) and UNICEF Namibia and the Permanent Task Force on Orphans and Vulnerable Children (OVC PTF) have spent most of 2009 revising the Child Care and Protection Bill. A first draft version of the Bill was prepared in 1994 and has since been through several rounds of revision. With the protection of children's rights at its heart, the Bill aims to legislate on a wide-ranging number of thematic issues of child care and protection, including: children's courts and court proceedings; prevention and early intervention services; procedures for removing endangered children from the home and placing them in alternative care, foster and kinship care; intra- and inter-country adoption; child trafficking and abduction; child-headed households; and grants (Hubbard, 2009; MGECW, 2009a, 2009b).

The preparation of this important piece of child care legislation has, during 2009, involved extensive public consultation with a range of stakeholders. This has included regional workshops with representation from all 13 administrative regions, a series of thematic workshops with specific stakeholder groups to discuss key aspects of the Bill, and engagement with national and international partners. A set of user-friendly fact sheets were developed in different languages to guide these engagements. A vigorous media campaign was also undertaken with information disseminated through radio channels and newspapers, and feedback collated through sms, facebook, email and postal submissions. The culmination of this set of activities has been the preparation of a final Bill for tabling in Parliament.

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Early versions of the draft Bill did not include specific new provisions for grants. One of the fact sheets prepared for consultation was entitled “What else should be included in the Act? (Part 2)”, which discussed, among other things, a number of issues pertaining to child welfare grants for public debate, such as the following:

- **Eligibility criteria for state grants for children**: Various problems are raised in relation to the current set of eligibility criteria for the existing child welfare grants, leading to questions about possible changes or refinements.
- Who gets the grants to care for children, and whether there should be one-kind or different types of child care grants.
- Whether there is a need for any new grants.

### 2.2.2 Policy framework

**National Policy on Orphans and Vulnerable Children (MGECW, 2004)**

The National Policy on Orphans and Vulnerable Children (NPOVC) was developed by the MGECW, approved by Cabinet in late 2004 and launched at the Third National Conference on Orphans and Vulnerable Children held in Windhoek in February 2005. As a framework for protecting and promoting the wellbeing of orphans and other vulnerable children, the provisions contained in the document are structured according to five priorities for OVC, namely:

- strengthening and supporting the capacity of families, social networks, neighbourhoods and communities to protect and care for OVC;
- stimulating and strengthening community-based responses;
- ensuring that government protects and provides essential services to the most vulnerable children;
- strengthening the capacity of children and young people to meet their own needs; and
- creating an enabling environment for affected children and families.

(MGECW, 2004)

The provision of social welfare assistance is advocated as one of the core measures for strengthening and supporting the capacity of families to protect and care for OVC (s5.1.2). Furthermore, it is stated that government must ensure that “laws and policies governing the granting of social assistance grants for orphans and other vulnerable children and their caregivers as well as laws and policies governing the placement of children in need of protection are revised and amended to ensure efficient and speedy access … to such assistance” (s.5.3.3).

**National Plan of Action 2006-2010 for Orphans and Vulnerable Children in Namibia (MGECW, October 2007)**

Having a national action plan specifically for OVC represents one of eight elements that are monitored by international agencies to evaluate national responses to the situation facing OVC (UNICEF, 2008). Having a well-conceived national action in place is considered critical

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5 The other components are: a national situation analysis of OVC; consultative processes; a coordinating mechanism; policy; a legislative review; monitoring and evaluation; and resources.
for the successful implementation of OVC-focused interventions, and such plans are also
recognised for the role they play in improving political commitment, scaling up the national
response, and increasing consultation and coordination with stakeholders (ibid, p.14). The
purpose of national plans of action for OVC is to structure a comprehensive response to OVC
issues and to attend to areas that have been inadequately addressed through pre-existing
OVC services (Sabates-Wheeler & Pelham, 2006).

In Namibia, the National Plan of Action for Orphans and Vulnerable Children 2006-2010 (NPA)
was designed to build on the 2004 NPOVC by identifying a set of critical activities that would
serve to advance the primary goals articulated in the policy document. It is intended as a
guiding document and promotes a coordinated and multi-sectoral approach to assisting OVC
in the country, drawing together interventions being undertaken by the Ministries of Education,
Health and Social Services, Agriculture, Local Government and Housing, and Trade and
Industry, in addition to local government structures, the private sector, and non-governmental
and faith-based organisations (MGECW, 2007a).

The activities outlined in the NPA are structured in accordance with five identified strategic
areas, namely: Rights and Protection; Education; Care and Support; Health and Nutrition; and
Management and Networking. Each of these strategic areas contain an overarching objective
and target, and a series of related activities. The OVC PTF, which operates under the MGECW’s
direction, will assume primary responsibility for coordinating the implementation and
monitoring of the NPA. The MGECW will also be the lead ministry responsible specifically for
activities falling under the Care and Support and Management and Networking components
of the NPA. The set of activities contained in the NPA have been costed and a Monitoring and
Evaluation Plan has been developed.

Child welfare grants are addressed primarily under the Care and Support strategic area in
the NPA. The document recognises the importance of the grants in providing economic
opportunities to poor families caring for children and expanding access to critical services,
and notes the rapid expansion in the coverage of the grants in recent years. A number of
concerns are raised in relation to the grants. The first of these is the exclusion of particularly
vulnerable groups of OVC due to the current eligibility criteria for the Maintenance Grant. The
groups not being reached that were identified are:

- children in situations where both parents are alive but unable to contribute
  sufficient maintenance because they are unemployed and without assets;
- double orphans (although those who have lost both parents may qualify for a
  foster care grant if they are in foster care;
- child-headed households;
- children with one or two parents who are untraceable;
- children in households with an income of more than N$1 000/month, which may
  have to be shared amongst large numbers of dependants; and
- children who have six other siblings already receiving a maintenance grant.
  (MGECW, 2007: 31)

In response, the NPA suggests that the eligibility criteria be re-examined, amended and
enshrined in either legislation or published regulations. A second concern mentioned is the
time-consuming nature of foster care placements and the differential value of the FCG depending on the number of children being applied for by the caregiver. Again reference is made of the need to scrutinise and consider revising the regulatory framework for foster parents. Despite dramatic increases in child welfare grant uptake figures, other lingering problems highlighted in the NPA include lack of information about available assistance and the grant application procedures, as well as difficulties associated with acquiring all required documentation for grant applications.

In terms of activities proposed over the five-year period of the NPA which have a bearing on the child welfare grants, Activity 3.1 in the area of Care and Support entails the following:

“Review and revise social welfare grant criteria and procedures to ensure that extended families or persons caring for OVC can access appropriate social assistance quickly and that the neediest OVC are not excluded, and enact legislation or regulations embodying the revised grant criteria and procedures to provide a high degree of transparency, certainty and clarity.”

(MGECW, 2007b: 34)

In addition, there is a clear emphasis on activities for communication and publicity relating to how to access cash transfers for OVC using various media (Activity 3.2 and Activity 1.6). Provision is also made for legal arrangements to further protect OVC and the incorporation of grant eligibility criteria into this new legislation (Activity 1.3).

The first annual progress and monitoring report for the NPA, covering the period April 2007 through March 2008, was recently finalised (MGECW, 2009b). With respect to the child welfare grants, the report further acknowledges growth in grant coverage and an improvement in the availability of social welfare grant information, while drawing attention to the administrative burden of foster care placements on the country’s limited cadre of social workers and the compromise this may be posing in terms of fulfilling other ministerial functions and providing care services for OVC. Concerns are also raised about the extent to which grants are being spent, either on education-related expenses or on the needs of household members other than the focal child or children. Corresponding to these issues, the following recommendations are made:

- Reduce the administrative burden of education and healthcare exemptions and grant provision, and update eligibility criteria to improve access, reduce the time taken to provide exemptions and reduce the workload of grant provision.
- Provide the resources necessary to enable the MGECW to provide the spectrum of care services within its remit, ensuring that it is not solely a grant provider.
- Provide recipients with information/education about Social Welfare Grants so that they are used appropriately to support OVC and not to pay general household expenses.
- Continue to recruit Community Child Care Workers to replace Social Workers in administering Social Welfare Grants and enable Social Workers to focus on care plans and direct psychosocial support for children, particularly those based in Children’s Homes and Places of Safety. Also consider developing a ‘para-social worker’ role to assist Social Workers.

(MGECW, 2009b: viii, 19)
2.2.3 Other legislation and policies relevant to critical services for OVC in Namibia

2.2.3.1 Education

Education Act (No. 16 of 2001)

The Education Act 16 of 2001 was approved by Parliament in December 2001 and came into force on 28 October 2002. The constitutional right to free primary education as well as compulsory school attendance is reaffirmed in sections 38(1) and 53(1) of the Act:

38. (1) All tuition provided for primary and special education in state schools, including all school books, educational materials and other related requisites, must be provided free of charge to learners until the seventh grade, or until the age of 16 years, whichever occurs first.

Furthermore, section 39 of the Education Act and the associated Regulation 42(6) also provide a procedure for applying for exemption from the payment of tuition, boarding or hostel fees, and other related education-related fees.

39. The Minister, in the prescribed manner and form and on such conditions as the Minister may determine, may partially or fully exempt any learner or any category of learners from payment of tuition, boarding or any other fees.

42. (6) A parent whose learner is boarding in a hostel and who cannot afford to pay boarding fees in terms of section 38(3) of the Act, may apply to the Minister for partial or full exemption from payment of boarding fees.

Although no formal school fees are raised by the government for state-run primary schools, the Education Act in section 25 enables school boards to establish a School Development Fund (SDF) for maintaining and improving school facilities and supporting educational, sport and cultural activities. The SDF consists of monetary contributions that are charged of parents, together with donations. In practice, most schools use their SDF to purchase books and equipment, and to maintain school infrastructure. School boards are tasked in sections 25(8) and (9) to annually determine the SDF contribution amount that parents have to pay, but also to establish the procedure for and issue either partial or full exemption to parents who are financially unable to pay the contribution. The Act also unequivocally states that schools are prohibited from withholding the school report of a learner in a situation where the SDF is not paid (section 59(2)).

National Policy Options for Educationally Marginalised Children (MBESC, 2000)

This policy document served to identify certain groups of children as educationally marginalised and in need of special interventions to make certain that they access education. The groups of educationally marginalised children discussed in the report are farm workers, children in remote rural areas, street children, children in squatter areas and resettlement camps, children with

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physical or mental impairments, over-aged children according to existing policies, and children of families in extreme poverty. Among other things, the report advocates for affordable education for children from poor families by enforcing exemptions relating to school fees and uniforms, and the continuation and extension of the school feeding programmes.


Goal 2 of the EFA National Plan of Action focuses on “ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality” (MBESC, 2002: 21). Some of the programmatic activities suggested as a means to realising this development objective included the further provision of adequate facilities (classrooms, teaching and learning materials), improving educator working conditions and professional development opportunities, revising policies that may act as a barrier to children accessing primary school (uniforms, levies, transportation), and strengthening school support structures.

**National Policy on HIV/AIDS for the Education Sector (MBESC & MHETEC, 2003)**

Section 7 of the National Policy on HIV/AIDS for the Education Sector deals specifically with the needs of OVC. With regard to fee exemptions and financial difficulties in paying school-related expenses, the policy notes:

7.1 All heads of government education institutions, parents and caregivers shall be provided with information about allowable exemptions for the payment of school and hostel fees by learners of compulsory school-going age who are unable to pay such fees.

7.2 No learner shall be excluded from a government school only as a result of their inability to pay school fees or to afford a school uniform. No learner shall be excluded from examinations conducted at a government school as result of their inability to pay examination fees.

Other stipulations include the sensitisation of education sector employees to the needs of OVC and facilitating their access to support and counselling services and school feeding schemes; the establishment of effective inter-school systems to minimise disruption to schooling in the event of parental or caregiver death; and preferential consideration to vulnerable children in the allocation of hostel accommodation.

**National Policy on Orphans and Vulnerable Children (MGECW, 2004)**

The NPOVC emphasises the retention of OVC in school as a means of strengthening them to meet their own needs in the long run. This policy also re-states the relevant provisions from the National Policy on HIV/AIDS for the Education Sector.

**Education and Training Sector Improvement Programme (ETSIP) (MoE, 2005)**

The ETSIP pays specific attention to the educational needs of OVC and proposes to provide, in the period between 2006 and 2011, a specialised training package on OVC for caregivers.
in the field of Early Childhood Development, increased access to pre-primary education for OVC, and increased educational and psychosocial support through schools.

**National Policy on HIV/AIDS (NAC, 2007)**

Recognising the challenging situation confronting many OVC in Namibia, the National Policy on HIV/AIDS identifies them as one of a number of vulnerable groups requiring protection, care and support. In terms of policy provisions, those articulated under the National Policy on HIV/AIDS for the Education Sector are re-stated.

**Education Sector Policy for Orphans and Vulnerable Children in Namibia (MoE, 2008)**

The Education Sector Policy for OVC is directed at ensuring that all OVC of school-going age attend school, that factors such as poverty, material or psychosocial need, stigma or discrimination do not impede school access, and that remedial interventions are introduced to provide educational opportunities to out-of-school OVC (MoE, 2008:10). Among the range of policy provisions are the following on addressing financial constraints to paying school-related expenses (MoE, 2008:13):

- Heads of educational institutions shall ensure that no child is refused admission to a school or denied continued attendance at school if their parents are unable to pay the School Development Fund (SDF) contribution or other school-related expenses, such as hostel-related funds and fees as appropriate, or a school uniform. (s3.1.1)
- School boards shall exempt certain learners from paying the SDF according to the Education Act Section 9 and Regulations 11(4) and 11(6c) (2001). (s3.1.2)
- No full-time learner in a school shall be excluded from examinations on account of inability to pay examination fees. (s3.1.3)
- Heads of educational institutions shall ensure that no child is denied participation in a school-related activity due to an inability to pay. (s3.1.4)
- Heads of educational institutions shall ensure that no child’s school reports are withheld due to inability to pay the SDF. (s3.1.5)
- Heads of educational institutions shall ensure that no learner will be reproached, individually or in class, about their SDF contributions or any fees payable by their parents. (s3.1.6)
- The Education Ministry will determine how the Education Development Fund (EDF) shall reimburse schools to partially offset the loss in revenue incurred to the SDF as a result of exemptions granted to OVC. (s3.1.7)

**2.2.3.2 Child health**

The Constitution does not include a provision that serves to entitle children to the right to health (Ambunda & Mugadza 2009), though Article 95(j) does commit the government to promoting and maintaining public welfare by adopting policies that ensure “consistent planning to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and to improve public health”. With regard to the health of the country’s children, a range of policies, programmes and reforms have been introduced in the course
of the last two decades that aimed at either indirectly or directly influencing the wellbeing of young Namibians. A brief summary of some of these interventions is provided below.

**Primary Health Care (PHC) Programme**

At the time of Independence in 1990, Namibia’s health care system was highly inequitable, providing differential resource allocation and services along racial, ethnic and geographic lines, and focusing almost exclusively on curative rather than preventative health services delivered through district and central hospitals (MoHSS 2007). The MoHSS subsequently introduced health sector reforms guided by the primary health care (PHC) approach adopted at the World Health Organisation’s Alma Ata conference in 1978, as contained in the *Official Primary Health Care/Community Based Health Care Guidelines* (MoHSS 1992). With a strong emphasis on equity and decentralisation, the guidelines mandated the MoHSS to introduce a programme of primary health care and community-based health care aimed at redressing historical disadvantage through “preventive services and basic care provided by clinics, mobile health teams and volunteers” (MoHSS 2007: 8). In 1998, the MoHSS introduced a policy framework, *Towards Achieving Health and Social Well-being for all Namibians* (MoHSS 1998), which articulated roles and responsibilities at various levels, as well as the principles that were to govern the health sector in the pursuit of integrated service delivery. The latter included a renewed focus on equity, as well as concerns such as accessibility, affordability, community involvement, sustainability, inter-sectoral collaboration and quality care.

In accordance with the PHC approach, policy and programmatic interventions have been structured to accommodate the following core pillars: (i) promotion of proper nutrition and adequate supply of safe water; (ii) maternal and child care, including family spacing; (iii) immunisation against the major infectious diseases; (iv) basic housing and basic sanitation; (v) prevention and control of locally endemic diseases; (vi) education and training in the prevention and control of prevailing community health problems; (vii) appropriate treatment for common diseases and injuries; and (viii) community participation in health and social matters.

Public health services are provided by means of 30 public district hospitals, 44 health centres, and 265 clinics, while three intermediate hospitals and one national referral hospital offer support to the district hospitals. Due to the sparse population distribution that characterises the country, combined with non-access to permanent health facilities in some localities, mobile clinic services are provided at an estimated 1 150 outreach points across the country (MoHSS and Macro International, 2008). Health care services are highly subsidised by the government and fairly nominal user fees are charged for treatment provided through public sector hospitals and clinics. According to policy, no one is supposed to be turned away from a health care facility due to an inability to pay the user fees, and people in financial need are able to contact the person in charge of the health facility to request a fee exemption. As noted in the first *OVC National Plan of Action Annual Progress and Monitoring Report* (MGECW 2009), there exists anecdotal evidence indicating that OVC are being turned away from health facilities because they cannot afford the user fees, hence the call for fee exemptions for health services for OVC to be systematically enforced and supported.
Food security

With regard to ensuring freedom from hunger, a number of policies have been developed to promote food security for all Namibians, especially for children. The Government of Namibia declared the period 1992-2002 the “Food Security and Nutrition Decade”, and in 1995 the Ministry of Agriculture, Water and Forestry (MAWF) produced both the National Agriculture Policy (MAWF 1995a) and the Food and Nutrition Policy (MAWF 1995b). In the same year, the National Food Security and Nutrition Council published the Food Security and Nutrition Action Plan (NFSNC 1995), followed in 2000 by the Food and Nutrition Guidelines for Namibia (NFSFC 2000). The core focus of these documents is on improving the nutritional status of Namibians by attempting to alleviate food insecurity and malnutrition. Food security has also featured prominently in the three National Development Plans (NDPs) produced to date.

2.3 Budgeting and governance arrangements for child grants

At present there are four basic types of child welfare grants in Namibia which are provided as cash-based forms of social protection for OVC, namely a Maintenance Grant, a Foster Care Grant, a Special Maintenance Grant and a Place of Safety Allowance. The grants are all currently administered by the Directorate of Child Welfare Services in the Ministry of Gender Equality and Child Welfare, a function that was transferred from the Ministry of Health and Social Services in 2004.

The Maintenance Grant (MG) is intended for a biological parent of a child younger than 18 years whose other parent (a) is receiving an old-age pension or disability grant, (b) has passed away, or (c) is serving a prison sentence of six months of longer. The grant is means tested, with the applying parent having to earn less than a gross income of N$1 000 per month to qualify for the grant. Although the grant was not explicitly conceived as a conditional cash transfer, the latest school report of each school-going child older than 7 years is required, implying that in practice this provision may act as a soft condition that elicits a behavioural response from grant recipients. The following documents are required for the grant application process:

- Certified copies of the applicant’s birth certificate and identity document (ID).
- A certified copy of the child’s full birth certificate, or written confirmation of the birth, or a baptism card.
- A certified copy of the applicant’s marriage certificate (if applicable).
- The latest school report of each school-going child.
- A certified copy of the other parent’s death certificate (if applicable).
- If the other parent is in prison, his/her written confirmation of this as well as a letter from the prison confirming this.
- Proof that the other parent is receiving a disability grant or an old-age pension (if applicable).
- If the applicant is employed, a pay slip with the name, phone number and address of the employer.

Children over the age of 18 who are still attending secondary or tertiary school on a full-time basis may continue to receive the MG until the age of 21. The current value of the MG
is N$200 per month for the first child and N$100 per month for each additional child up to a maximum of six children per applicant. These values have remained constant since 2000, signifying that the real value has eroded significantly over the decade.

A Special Maintenance Grant (SMG) to the value of N$200 per month is paid to the caregivers of children who are younger than 16 years of age and who have been diagnosed by a state medical officer or doctor as being either temporarily or permanently disabled. The following documents are needed to process the application for the SMG:

- A certified copy of the child’s full birth certificate.
- Certified copies of at least one parent’s ID and birth certificate.
- A medical certificate from a state medical officer or doctor confirming disability.
- A social background report from a social worker.

The Foster Care Grant (FCG) has been designed to be received by any person who undertakes the temporary care of any child who has been found to be in need of care and placed in this person’s custody in terms of the Children’s Act of 1960 (to be replaced by the Child Care Protection Act once approved). The documentation required for the application process is as follows:

- A certified copy of the Court Order or the Transfer Order if the child is transferred to another foster parent.
- A certified copy of the child’s birth certificate, or written confirmation of the birth, or a baptism card.
- A certified copy of the foster parent’s identity document (ID). (There may be two parents, but the grant is issued in only one parent’s name, so only that parent’s ID is needed.)
- A certified copy of the marriage certificate of the foster parents (if applicable).
- A certified copy of the death certificate/s of the biological parent/s (if applicable).
- The latest school report of each school-going child.

The grant value is the same as the MG, i.e. N$200 for the first foster child and N$100 for any additional foster children per applicant, with no upper limit on the number of children in this instance.

Finally, the Place of Safety Allowance (PSA) is paid to any person or institution taking care of a child younger than 18 who has been placed by a Commissioner of Child Welfare in accordance with section 33 of the Children’s Act of 1960. The value of the grant is N$10 per child per day, and the documents to be supplied together with the application for the grant are as follows:

- A Place of Safety Claim Form, completed and signed by the Magistrate’s Office and the claimant.
- A Detention Order from the Magistrate’s Office.
- For the first claim, the social worker’s background report.

Before Independence, the child welfare grant system was discriminatory in nature in that the amounts paid varied on the basis of the applicant’s ethnicity, with white caregivers receiving significantly more than other ethnic groups. After Independence, an application was made by
the MoHSS to the Ministry of Finance for the equalisation of the child grant values, which was subsequently authorised in February 1997. The value of the MG and FCG after equalisation in 1997 was N$160 for the first child and N$60 for each additional child. The raising of the value of these two grants in 2000 represents the only time that the grants have been adjusted for inflation since equalisation (Levine et al, 2009). This is part of a deliberate strategy employed by the MGECW to expand coverage of the grants first, after which the grant value was to be increased to keep pace with inflation. The PSA was also equalised in 1997, though the value of the allowance has not been adjusted since. The consequence of not inflation-linking the child welfare grants (as has been the case with the old-age pension) is that the real value of the MG and FCG has reduced by 23% since 1999, while the real value of the PSA has fallen by nearly half (46%) over the same period (Levine et al, 2009). The purchasing power of the grants has thus diminished considerably over the decade, which in turn is likely to constrain the spending choices of recipients in catering for the basic needs of children.

In terms of applying for the different child welfare grants, a PSA can only be applied for at a magistrate’s office, after which the form is forwarded to the MGECW for processing. Application for the other three grants should occur at the regional MGECW office closest to the applicant’s place of residence.7

There are four modes of grant payment that applicants are able to choose from. These are an electronic transfer into a bank, collection at a post office or institution (old-age home), or by cash disbursement via mobile paypoints. According to administrative data, approximately two-thirds (65%) of social transfers in the country are claimed by means of cash from a mobile automated teller machine (ATM) attached to an all-terrain vehicle (Levine et al, 2009). The cash distribution system has been operated by a private company, United Paymaster (a subsidiary of the United Africa Group), for nearly a decade. A biometric system based on the thumbprint identity is employed to verify the identity of the person claiming the payment.

2.4 Government expenditure on child grants and beneficiary numbers

Figure 3 on the next page uses administrative data sources to chart the changes in the number of beneficiaries receiving the two main child welfare grants since the mid-1990s. In the first decade after Independence, the number of child beneficiaries of the grants was circumscribed, with only an estimated total 4000 children receiving a grant in March 2001 (Schleberger, 2002). This situation has been ascribed to a number of factors, including the lack of MG availability in the northern regions before Independence, a lack of necessary documentation for grant application, and absence of basic awareness of the child grants (Levine et al, 2009; UNICEF, 1991; Ashby et al, 2006). Since 2001 the coverage of the two grants has risen appreciably, most especially with respect to the MG. In April 2002 there were 8823 children registered and receiving either the MG or the FCG (7098 in the case of the former and

7 There is an office of the MGECW in each of Namibia’s 13 administrative regions, located in the following cities/towns: Katima Mulilo in Caprivi; Swakopmund in Erongo; Mariental in Hardap; Keetmanshoop in Karas; Rundu in Kavango; Windhoek in Khomas; Opuwo in Kunene; Eenhana in Ohangwena; Gobabis in Omaheke; Otapi in Omusati; Oshakati in Oshana; Tsumeb in Oshikoto; and Otjiwarongo in Otjozondjupa.
By September 2009, the number of child beneficiaries had risen dramatically to 105,822, with 91,461 MG beneficiaries and 14,361 FCG beneficiaries. This represents a twelve-fold increase on aggregate over the interval.

From a regional perspective, there has been a significant change in the distribution of child grant beneficiaries over the last fifteen years (Table 2). This is especially evident in the north, where grant access has rapidly expanded, partly due to concerted programmatic efforts by the MGECW together with the World Food Programme to provide temporary food aid to OVC in six northern regions (Omusati, Oshana, Ohangwena, Oshikoto, Kavango and Caprivi) while transferring eligible children to the grant system (Ashby et al., 2006; WFP/MGECW, 2007). Based on 1996 child grant beneficiary data, Subbarao (1998) reflected on the skewed regional distribution of the MG and FCG. In particular, he observed how few grants were being claimed in poor regions in the north. At the time, there were only 16 MG and 5 FCG beneficiaries in total in the six northern regions. By contrast, 75% of the MGs and 88% of the FCGs were at the time being received by beneficiaries located in three of the thirteen regions, namely Khomas, Hardap and Karas. Conveying how significantly the situation has changed, administrative data for September 2009 reveals that the northern regions accounted for 44% of all MGs and 58% of all FCGs paid out, while only a third of MG beneficiaries and a fifth of FCG beneficiaries were located in Khomas, Hardap and Karas. As Levine et al. (2009) illustrate, by December 2008, more than 10% of children younger than 18 years in Caprivi, Ohangwena, Oshikoto and Oshana were receiving child grants, compared to less than 1% in 2003.

Table 3 provides annual data on total cash transfer expenditure by different types of grants in Namibia since the 2001/02 financial year. The increasing coverage of the child grants has translated into a three-and-a-half times expansion of the budget from N$57 million to N$202 million between 2001 and 2009. Although expenditure on social pensions has demonstrated a similar pattern of increase to that of the child grants, this is reflective of inflation adjustments...
in the value of the pension combined with a notable but relatively smaller rise in the number of beneficiaries of the old-age pension. In the 2009/10 financial year, the old-age pension and disability grants account for more than two-thirds (69%) of total expenditure on the main forms of cash transfer expenditure, with the remaining share split fairly equally between the child grants and war veterans grants.

Table 2: Child welfare grant recipients by administrative region

<table>
<thead>
<tr>
<th>Administrative Region</th>
<th>APRIL 2002</th>
<th>DECEMBER 2005</th>
<th>SEPTEMBER 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MG</td>
<td>FCG</td>
<td>Total</td>
</tr>
<tr>
<td>Caiprivi</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Erongo</td>
<td>382</td>
<td>144</td>
<td>526</td>
</tr>
<tr>
<td>Hardap</td>
<td>1300</td>
<td>362</td>
<td>1662</td>
</tr>
<tr>
<td>Karas</td>
<td>818</td>
<td>159</td>
<td>977</td>
</tr>
<tr>
<td>Kavango</td>
<td>124</td>
<td>200</td>
<td>324</td>
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<tr>
<td>Khomas</td>
<td>1600</td>
<td>294</td>
<td>1894</td>
</tr>
<tr>
<td>Kunene</td>
<td>237</td>
<td>64</td>
<td>301</td>
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<tr>
<td>Oshangwena</td>
<td>185</td>
<td>12</td>
<td>197</td>
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<tr>
<td>Oshana</td>
<td>606</td>
<td>113</td>
<td>719</td>
</tr>
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<td>Oshikoto</td>
<td>277</td>
<td>48</td>
<td>325</td>
</tr>
<tr>
<td>Otjozondjupa</td>
<td>715</td>
<td>236</td>
<td>951</td>
</tr>
<tr>
<td>Namibia</td>
<td>7098</td>
<td>1725</td>
<td>8823</td>
</tr>
</tbody>
</table>

Table 3: Government expenditure on social grants, 2001/02 – 2009/10

<table>
<thead>
<tr>
<th>Year</th>
<th>01/02</th>
<th>02/03</th>
<th>03/04</th>
<th>04/05</th>
<th>05/06</th>
<th>06/07</th>
<th>07/08</th>
<th>08/09</th>
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<tr>
<td>In N$ millions</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Maintenance and Foster Care Grants</strong></td>
<td>57</td>
<td>57</td>
<td>57</td>
<td>49</td>
<td>90</td>
<td>100</td>
<td>130</td>
<td>193</td>
<td>202</td>
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<tr>
<td><strong>Social Pensions (old-age and disability grants)</strong></td>
<td>252</td>
<td>332</td>
<td>381</td>
<td>443</td>
<td>455</td>
<td>590</td>
<td>660</td>
<td>851</td>
<td>880</td>
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<tr>
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<td>14</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td>14</td>
<td>17</td>
<td>21</td>
<td>120</td>
<td>197</td>
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<tr>
<td><strong>Total grants and pensions</strong></td>
<td>322</td>
<td>401</td>
<td>450</td>
<td>504</td>
<td>559</td>
<td>707</td>
<td>811</td>
<td>1165</td>
<td>1279</td>
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<td><strong>Total expenditure</strong></td>
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<td>11399</td>
<td>12245</td>
<td>12771</td>
<td>13193</td>
<td>15279</td>
<td>17827</td>
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<td><strong>GDP</strong></td>
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<td>33142</td>
<td>34506</td>
<td>37300</td>
<td>41526</td>
<td>48228</td>
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<td>0.04</td>
<td>0.04</td>
<td>0.20</td>
<td>0.30</td>
</tr>
<tr>
<td><strong>Total grants and pensions</strong></td>
<td>1.11</td>
<td>1.21</td>
<td>1.30</td>
<td>1.35</td>
<td>1.35</td>
<td>1.47</td>
<td>1.51</td>
<td>1.96</td>
<td>1.98</td>
</tr>
</tbody>
</table>

Source: Levine et al (2009), compiled from budget documents
Note: Figures from 2007/2008 onwards are estimates and projections. Figures do not reflect administrative costs.
The total expenditure on social transfers in the 2009/10 financial year is estimated at approximately 2% of GDP and 6% of the total government budget, while spending on the two main child grants comprises around 0.3% of GDP and 1% of all government expenditure for the year. While during the 1990s, spending on the MGs, FCGs and PSAs constituted a marginal share of total budgeted expenditure (0.2% or less), since 2001 the expenditure share devoted to child grants has steadily begun to rise alongside the expansion in coverage of the child grants, increasing from 0.55% in the 2001/02 financial year to 0.93% of total budgeted expenditure in 2009/10. It is not possible to easily or accurately determine the cost associated with administering and distributing the social transfers based on the available budgetary information, and estimates that have been attempted vary widely from a modest 4% of the value of the transfer to 36% (Subbarao, 1998; Clausen, 2005; Levine et al, 2009).

2.5 Existing evidence base - child welfare grants in Namibia

As previously mentioned, the existing evidence base pertaining to the child welfare grants in Namibia is relatively limited, with considerably more emphasis being placed on the nature and effectiveness of the old-age pensions in the country. This section will briefly outline the principal findings of the few studies that have been undertaken on the child grants since Independence.

In a World Bank working paper, Subbarao (1998) examined the country's social safety net as a whole, incorporating both informal sharing arrangements within and between households as well as formal safety nets in the form of cash transfers, the school feeding scheme, the shelter/housing programme, and contributory social security (death/retirement benefits, maternity and sick leave). In relation to the child welfare grants, the report focused on the MG, the FCG and the PSA, which at the time were being administered by the Directorate of Social Welfare in the MoHSS. The primary concern with respect to the child grant system at the time was the uneven regional coverage in favour of relatively developed urban regions. Nominal numbers of children were receiving grants in the north, and Khomas claimed a disproportionate share of the grants paid out. Subbarao also drew attention to an apparent privileging of middle-class children in the disbursement of the grants, a situation ascribed to the programme being designed to serve the white population prior to Independence and having yet to be suitably adapted to post-Independence realities and needs. In terms of barriers to accessing the grants, lack of awareness of the grants and difficulty in providing supporting documentation (especially in rural locations) are cited, while limited administrative capacity and associated delays in processing applications are listed as implementation challenges. In terms of recommendations, a key focus is on overcoming the regional asymmetry, through either staff redeployment or other means, as well as on reducing the number and complexity of the cash transfer programmes.

In a report prepared for the MGECW and the WFP, Ashby et al (2006) review the system of OVC grant registration and payment, and make a set of recommendations directed at surmounting identified barriers in order to strengthen the grants system. One of the main findings was that the eligibility criteria for MGs that were inherited by from the MoHSS in 2004 serve to exclude some of the more vulnerable OVC, in particular the following:
Children whose parents are alive but they are unemployed, have no assets and are unable to contribute any maintenance.

- Double orphans (children who have lost both parents), including child-headed households, who are encouraged to access FCGs.
- A child whose mother or father is untraceable (e.g. no death certificate, or the child was born of an unsolved rape).
- Children of an applicant who earns more than the means test threshold (N$500 at the time, but currently N$1 000).
- Children from large households where the maximum number of siblings are already on MGs (at the time a maximum of three, but currently six).

Consequently, it was recommended that the eligibility criteria for the MG be amended to reflect the context of the high HIV/AIDS prevalence and vulnerability confronting families and children. The proposed adjustments included allowing the applicant to be the primary caregiver and a close relative of the child instead of a biological parent, and allowing parents who are both unable to financially support the child to apply, though concerns were raised about the budgetary implications of this broadening of the criteria. Recommendations were also made about relaxing the limit on the number of children per application and the adoption of a sliding scale with regard to the means test.

Ashby et al also list various bottlenecks that emerge in relation to the MG and FCG. The main barriers mentioned in relation to the MG were clarifying who is eligible for the grant, as well as acquiring certified copies of the requisite documents for application purposes of the applicant, children and where applicable the procurator. With regard to the FCG, key issues were the shortage of social workers to assess foster placements, and the delays resulting from the processual requirement of going to court to secure a foster placement prior to applying for the grant. Suggested changes included a mass media campaign to promote awareness of grant eligibility criteria, and training a cadre of volunteers or ‘community advocates' to assist social workers with the administrative demands of the grant system.

Nekundi (2007) undertook a small qualitative study in Oshana to explore the types of OVC support being provided and accessed by families in urban and rural settings, and to identify supply- and demand-side barriers that operate in relation to these services. The research established that a range of different forms of support were available for OVC and their caregivers, irrespective of urban-rural location. The most common forms of support available were social grants, food assistance (food parcels, cooked meals, etc.), and school uniforms and other educational supplies. The principal barriers documented in terms of accessing OVC support, especially the child grants, were the lack of necessary documents (birth and death certificates), insufficient funds to cover transport costs associated with grant application, and being unable to trace a surviving parent. Concerns were also voiced about the length of the grant application process. The payment of school-related expenses (SDF contributions, hostel and examination fees, school uniforms) was consistently raised as a serious financial challenge, and despite policy provisions, attempts at securing full or partial exemption of SDF contributions had proven unsuccessful for many. School attendance among the OVC in the study nonetheless remained high. The study concluded by recommending that more be done to effectively implement the legal and policy framework focusing on the care and support of OVC, and included specific suggestions in relation to establishing constituency-level
mobile MoHAI services, increasing human resources devoted to the processing of grant application, the decentralisation of OVC support services to rural areas, and a strengthening of monitoring and evaluation capacity to further assist in improving the targeting of resources.

In mid-2007, a human resources and capacity gap analysis focused on improving child welfare services was undertaken by the MGECW (MGECW, 2007). The report acknowledged the enormous effort that ministry staff are investing in ensuring that the rapidly escalating number of child grant applications are being processed to accommodate more OVC, but that in a context of limited human resources this has resulted in other duties such as coordination of efforts among stakeholders, sensitisation of the public and developing counselling services beginning to lag behind. The report emphasises that the Directorate of Child Welfare Services will struggle to fulfil its mandate unless challenges in relation to structure, staffing and training are addressed. Of particular concern is the high number of vacant social worker posts, especially in rural areas, and the impact this has on service delivery. Reasons offered for the vacancies include the low number of social workers graduating from the University of Namibia (UNAM) and the lack of incentives to attract staff. Recommendations in this regard focus on the innovative use of current staff, including Community Child Care Workers and local volunteers, staff training, as well as working with UNAM to recruit students. Further information dissemination and awareness raising in relation to eligibility for the child welfare grants and OVC rights and protection is also recommended, as is the strengthening of monitoring and evaluation capacities in order to ensure the effective implementation of the OVC National Plan of Action.

Finally, Levine, Van der Berg and Yu (2009) use the 2003/04 Namibia Household Income and Expenditure Survey (NHIES) and administrative data to review the system of cash transfers in Namibia. The paper finds that the value of the child welfare grants has fallen significantly in real terms and relative to other social grants. The empirical analysis reveals that the receipt of the MG or FCG does have a statistically significant poverty-reducing effect, using measures of both the depth and severity of poverty. In particular, the grants are shown to be quite effective in reducing the more severe forms of impoverishment. The old-age pensions are found to be better targeted towards the poor than the child welfare grants. This is partly explained by the fact that the rapid expansion of grant coverage had not occurred to any significant extent at the time of the survey, and that the means test was not being rigorously applied. Further analysis reveals that in 2003/04 there were sizable errors of inclusion, whereby non-poor households were receiving child grants, as well as errors of exclusion, according to which poor households with eligible children were not receiving child grants. Issues that are flagged for consideration are the budgetary implications of errors of inclusion, and whether current eligibility criteria are precluding specific groups of poor children with greater needs than many OVC from qualifying for a child welfare grant.
3 Study Methodology

3.1 Rationale for the selection of the three study sites

Based on in-depth discussion with the Technical Working Group and senior officials of the MGECW, three of the country’s thirteen administrative regions were selected for inclusion in the study, namely Khomas, Kavango and Hardap. A number of factors informed this choice and are discussed below.

Given that the purpose of qualitative research is description rather than generalisability of the findings (Glaser 2004), we aimed to design the study in such a way as to accommodate (as far as is possible) heterogeneity in living environment and socio-demographic characteristics of the families of beneficiaries and eligible non-beneficiaries of the two child welfare grants being examined. For this reason, it was decided to ensure geographic spread in the selection of the research sites by opting for one region from each of the northern, central and southern areas of the country. In addition, it was decided to ensure an appropriate rural-urban dimension and, as such, the research focused on an urban constituency in Khomas (Tobias Hainyeko) and rural constituencies in both Kavango (Ndiyona) and Hardap (Gibeon).

By adopting this regional and rural-urban stratification of research sites, we felt that we would be likely to better capture variation in livelihood strategies employed by poor families. Northern Namibia has relatively higher rainfall than average, making it suited for crop farming. Therefore, in regions such as Omusati, Oshana, Ohangwena, Oshikoto, Kavango and Caprivi, small-scale subsistence crop production (sorghum in particular) is a common livelihood source. The rest of the country generally experiences substantially lower levels of rainfall, meaning that in southern regions such as Hardap and Karas, livestock rearing rather than crop cultivation serves as a livelihood strategy of note (Devereux & Naeraa, 1996; Frayne, 2005; Levine et al, 2009). In Khomas, proximity to Windhoek means that wage income is relatively more common. Apart from differentiation in livelihood strategies, it was envisaged that this choice of sample would provide sufficiently differentiated levels and ease of access to child welfare grants and services.

The final selection of the three regions was informed firstly by examining basic statistics on the relative performance at a regional level in providing child grants to eligible children.
Official data on grant take-up as of November 2008 provided by the MGECW was combined with an analysis of the regional distribution of poor children and OVC based on data from the 2003-04 Namibia Household Income and Expenditure Survey (NHIES) (Table 4). Of the northern regions, Kavango appeared interesting in that it contained (alongside Ohangwena) the largest share of poor children in the country, but receives a disproportionately low share of Maintenance Grants (MGs). Consequently, the region exhibits the greatest disparity between the share of the country’s poor children and the share of MGs. Similarly, the region has one of the largest proportional shares of the country’s OVC, and a somewhat lower regional share of Foster Care Grants (FCGs). According to the 2006-07 Namibia Demographic and Health Survey (DHS), Kavango also has the lowest reported level of birth registration of the thirteen regions (MoHSS and Macro International, 2008).

**Table 4: Regional shares of Maintenance and Foster Care Grants relative to the regional distribution of poor children and OVC**

<table>
<thead>
<tr>
<th>Region</th>
<th>Regional Share of MGS</th>
<th>Share of Poor Children</th>
<th>Difference</th>
<th>Regional Share of FCGs</th>
<th>Share of OVC</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Northern regions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caprivi</td>
<td>5.5</td>
<td>4.4</td>
<td>1.0</td>
<td>2.2</td>
<td>7.0</td>
<td>-4.8</td>
</tr>
<tr>
<td>Kavango</td>
<td>7.3</td>
<td>20.2</td>
<td>-12.9</td>
<td>10.2</td>
<td>15.5</td>
<td>-5.4</td>
</tr>
<tr>
<td>Ohangwena</td>
<td>17.2</td>
<td>20.7</td>
<td>-3.5</td>
<td>12.5</td>
<td>17.7</td>
<td>-5.2</td>
</tr>
<tr>
<td>Omaheke</td>
<td>2.8</td>
<td>3.2</td>
<td>-0.4</td>
<td>4.2</td>
<td>1.6</td>
<td>2.5</td>
</tr>
<tr>
<td>Omusati</td>
<td>16.7</td>
<td>12.8</td>
<td>3.9</td>
<td>9.6</td>
<td>16.9</td>
<td>-7.3</td>
</tr>
<tr>
<td>Oshana</td>
<td>14.7</td>
<td>6.3</td>
<td>8.4</td>
<td>12.0</td>
<td>12.9</td>
<td>-0.9</td>
</tr>
<tr>
<td>Oshikoto</td>
<td>12.7</td>
<td>12.5</td>
<td>0.2</td>
<td>9.3</td>
<td>11.9</td>
<td>-2.6</td>
</tr>
<tr>
<td>Otjozondjupa</td>
<td>4.6</td>
<td>6.4</td>
<td>-1.7</td>
<td>7.7</td>
<td>2.9</td>
<td>4.8</td>
</tr>
<tr>
<td><strong>Central regions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erongo</td>
<td>2.6</td>
<td>1.7</td>
<td>0.9</td>
<td>5.9</td>
<td>2.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Khomas</td>
<td>6.9</td>
<td>2.0</td>
<td>4.9</td>
<td>10.0</td>
<td>6.1</td>
<td>3.9</td>
</tr>
<tr>
<td>Kunene</td>
<td>4.1</td>
<td>3.4</td>
<td>0.7</td>
<td>3.5</td>
<td>1.9</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Southern regions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hardap</td>
<td>2.8</td>
<td>3.9</td>
<td>-1.1</td>
<td>7.9</td>
<td>2.2</td>
<td>5.7</td>
</tr>
<tr>
<td>Karas</td>
<td>2.1</td>
<td>2.6</td>
<td>-0.5</td>
<td>5.1</td>
<td>1.3</td>
<td>3.8</td>
</tr>
<tr>
<td>National</td>
<td>100.0</td>
<td>100.0</td>
<td>-</td>
<td>100.0</td>
<td>100.0</td>
<td>-</td>
</tr>
</tbody>
</table>

**Note:** Beneficiary data for November 2008 was supplied by MGECW; child poverty and OVC shares derived from NHIES 2003/04.

By contrast, Khomas has low shares of the country’s poor children and OVC and, by virtue of its comparably higher shares of the two grants, appears to be better performing in rolling out the child grants to eligible children. Recent analysis of the 2003/04 NHIES indicated that the region has the lowest incidence of poverty of the thirteen regions (CBS, 2008). Practical considerations also played a role in the selection of Khomas. Since the Technical Working Group and the data collection team were based centrally in Windhoek, the need to pilot the research instruments locally served as an additional consideration in selecting Khomas as one of the study areas.

Finally, Hardap was chosen partly because it did not appear substantially different from Karas in terms of regional share of the two grants, with both demonstrating a more mixed performance in rolling out the child grants to eligible children (slightly poorer performance in relation to MGs with a better observed performance in relation to FCGs). Logistical concerns
 relating to travelling distances and level of difficulty in identifying and recruiting focus group participants also influenced the choice of Hardap over Karas.

3.2 **Approach to data gathering: overview of the focus groups and stakeholder interviews**

In designing the qualitative data collection process, three basic strategies were ultimately decided upon, relying principally on focus group and in-depth interviewing techniques. Within each region, a set of focus groups were planned as the basis for eliciting detailed evidence on the similarities and differences in expressed attitudes and experiences of participants. This was coupled with in-depth regional key informant interviews with a pre-defined set of government and non-government stakeholders, using a semi-structured interview schedule. Finally, a select number of key informant interviews were conducted at the national level in order to provide high-level contextual information about the policy, institutional and operational framework within which child welfare grants and other critical services are provided to children in need in Namibia.8

3.2.1 **Focus group discussions**

Due to the study’s qualitative research design and the associated small sample size, it is important to acknowledge and caution that the findings are not statistically representative of the social groups being studied and, as such, are not generalisable. Nonetheless, the intrinsic value of the qualitative approach is its ability to generate rich, in-depth response sets to key policy and implementation questions, in addition to serving as an informational resource with which to inform future quantitative and qualitative research.

Based on lengthy deliberations, it was resolved that the study would deviate from the original fieldwork design contained in the terms of reference and that a total of eight focus group discussions (FGDs) would be conducted per study region (Figure 4). The motivation for this decision was a desire to distinguish – for analytical purposes – between child welfare grant beneficiaries and eligible non-beneficiaries, between caregivers and children aged 15-17 years, and between the two main child welfare grant types (MGs and FCGs). Therefore, the eight focus groups consisted of:

- caregivers of children receiving the two grants (FGD 1-2);
- children aged 15-17 years who are beneficiaries of the two grants (FGD 3-4);
- caregivers of children who are eligible for, but not receiving, the two grants (FGD 5-6); and
- children aged 15-17 years who are eligible for, but not receiving, the two grants (FGD 7-8).

One of the main differences between this new configuration and the terms of reference is the inclusion of separate FGDs for the MGs and FCGs. This was done to enhance the ability

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8 Survey Warehouse was responsible for both the focus group discussions and key informant interviews in the three regions, while the HSRC conducted the national-level key informant interviews.
of the study to generate more nuanced and quality information on access and effect issues for each child grant.

**Figure 4: Structure of the focus group discussions conducted in each study region**

In terms of the **criteria adopted in relation to FGD composition**, it was stipulated that there should be between six and eight participants per focus group, with equal representation by gender in order to explore whether any discernible attitudinal and experiential differences exist. However, recognising the difficulty of recruiting male caregivers, it was ultimately agreed that the aim should be to have an even distribution of girls and boys in the child focus groups, with at least some male participants in the caregiver focus groups. For comparative purposes, a further criterion was to recruit some caregivers and child participants from the same households. This would facilitate the investigation of differential child/caregiver perspectives on access to services and the grant application process.

Turning to **recruitment protocols**, FGD participants were recruited with the assistance of the MGECW. Using the official child welfare grants database, the MGECW supplied lists of approximately 20 potential participants residing in the study locations and fulfilling the focus group criteria to Survey Warehouse. The lists contained the name and surname of the child beneficiary, the contact number of the caregiver and the household address.

For the focus groups with **caregivers of child grant beneficiaries**, where insufficient male participants were present on the lists to ensure gender parity, an attempt was made to recruit at least two male participants and four female participants. In instances where no male caregivers were listed or found through the assistance of community informants, six female participants were recruited. **Child beneficiaries aged 15-17 years** were recruited in a similar manner, with the MGECW providing lists of 20 eligible child beneficiaries, divided evenly by gender, from which a sub-sample of 6-8 would be selected. Two male and two female child beneficiaries who were invited to join the child beneficiary focus groups would be the children...
of participants from the caregiver focus groups. This was done in order to facilitate at least some direct comparison between the perspectives and voices of children and their caregivers.

In the context of the study, caregivers of eligible non-beneficiaries consisted of two sub-groups recruited in different ways. The first group were caregivers who had already been through the grant application process but were not yet receiving the grant. Where available, lists of people in this situation were provided by the MGECW, from which four were chosen to participate in the focus group. The second sub-group comprised those who were caregivers of eligible children but who had not applied for a child grant. Four participants in this situation were identified and recruited through community informants. Where none of the individuals listed were reachable, community informants were relied on exclusively, with a focus on achieving a balance between the two sub-groups. For the focus groups with eligible, non-beneficiary children aged 15-17 years, half of the participants were recruited from the MGECW lists and half through community sources. Again, an effort was made to recruit some of the children of the participants in the caregiver focus groups.

The data collection team would contact caregivers telephonically and arrange for a personal visit to explain the purpose of the study, and to ask them whether they would be interested in participating in the study. In the case of the child focus groups, permission was requested from the caregiver to invite eligible children aged 15-17 years, and an assent form was signed. Where caregivers were not reachable at the contact numbers supplied, field staff made personal visits to possible participants. Once participants were identified, the team arranged to meet them at a central point situated close to their homes or schools, and travelled with them to the FGD venue.

Several factors complicated the recruitment process. In both Tobias Hainyeko Constituency in Khomas and Gibeon Constituency in Hardap, contact numbers and household addresses contained in the MGECW lists were outdated, with many telephone numbers no longer in existence and premises either vacant or with new occupants (many of whom did not know the whereabouts of the caregivers). In Ndiyona Constituency in Kavango, the inability to reach many potential participants telephonically was especially challenging due to the subsequent need to rely on unannounced personal visits and the significant distances between villages. The availability of children was a common issue in all three study sites. Many children of Khomas attend school in other regions and reside with the recipient caregiver only during school holidays, while in Gibeon, many of the children were attending school in town and thus residing in hostels. This meant that certain children could not be included in the FGDs or that special arrangements had to be made. Similarly, in Kavango, many children attend school outside the constituency studied, and arrangements had to be made with caregivers to conduct the FGDs over a weekend. In Khomas, finding age-eligible children (15-17 years) proved a challenge.

3.2.2 Stakeholder interviews

The Technical Working Group decided that, in each region, a total of 10 in-depth interviews would be conducted with key informants from the government and non-governmental sectors. The aim was to select stakeholders who are experienced and knowledgeable about issues to
be explored in the study. Another consideration was to get stakeholders who deliver services in areas which are close to where the FDG participants live.

The specific stakeholders identified for interviewing in each region are as follows:

**Government interviews (key informants)**

1. Clinic nurse (health representative)
2. Social worker (MGECW)
3. Volunteer assisting to register children as grant recipients
4. Unit Commander of Woman and Child Protection Unit
5. Teacher or school principal
6. Magistrate
7. Record clerk

**Non-government interviews (key informants)**

1. Traditional leader or other community representative
2. Constituency Councillor
3. Non-governmental representative working on OVC issues

Possible stakeholders were identified in collaboration with the MGECW. Others were sourced through community informants or discussion with focus group participants. All possible stakeholders were contacted prior to the start of data collection, and interest in participating in the study was confirmed. Interviews were then scheduled and conducted face to face. All interviews were audio recorded with each participant’s permission.

In addition to the data to be collected in the FDGs and regional stakeholder interviews, it was deemed necessary to conduct a limited set of key informant interviews at central-government level. In particular, it was intended that the following officials would be approached:

- MGECW officials working on child grant and OVC policy and budget allocations (2), as well as the MGECW Permanent Secretary
- A Ministry of Finance (MoF) official involved in budget allocations to the MGECW for child grants (1)
- A Ministry of Education (MoE) official working together with the MGECW in implementing the NPA and NPOVC (1)
- A Ministry of Health and Social Services (MoHSS) official working with the MGECW in implementing the NPA and NPOVC (1)

As with the regional stakeholder interviews, written consent was secured and all interviews were audio recorded with each participant’s permission.
3.3 Description of research instruments used in the focus groups and stakeholder interviews

For the FDGs, two instruments were developed to collect data in each of the eight focus groups outlined above, namely: (i) a Focus Group Interview Schedule; and (ii) a Focus Group Participant Information Sheet.

The Focus Group Interview Schedule (see Appendix 2) was designed to include 10-12 guiding questions that would be used by moderators to obtain detailed and nuanced information with which to address the research questions. The content of the schedule is similar for both caregiver and child beneficiary focus groups and focus groups with eligible non-recipient (caregivers and children), but with minor permutations (Table 5).

Table 5: Themes contained in Focus Group Interview Schedules

<table>
<thead>
<tr>
<th>Caregiver and child beneficiary focus groups</th>
<th>Focus groups with eligible non-recipient (caregivers and children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of knowledge regarding grant application and broader policy</td>
<td>Awareness of the child grants and knowledge regarding the grant application process</td>
</tr>
<tr>
<td>Experience of application process</td>
<td>Experience of application process (where applicable)</td>
</tr>
<tr>
<td>Knowledge about other benefits/services child entitled to</td>
<td>Knowledge about other benefits/services child entitled to</td>
</tr>
<tr>
<td>Conditions of grant receipt</td>
<td>–</td>
</tr>
<tr>
<td>Pattern of grant spending</td>
<td>–</td>
</tr>
<tr>
<td>Access of child receiving MG or FCG to critical services</td>
<td>Access to basic services</td>
</tr>
<tr>
<td>Perception of quality of critical services received</td>
<td>Quality of basic services</td>
</tr>
<tr>
<td>Child grant recipient’s access to support and services provided by non-governmental sector</td>
<td>Child grant recipient’s access to support and services provided by non-governmental sector</td>
</tr>
<tr>
<td>Perceived impact on eligible child(ren) and other family members</td>
<td>Perceived impact on eligible child(ren) and other family members should a grant be received</td>
</tr>
<tr>
<td>Perceived sufficiency and child needs/rights still not met</td>
<td>Perceived sufficiency of household resources and child(ren)’s unmet needs/rights</td>
</tr>
<tr>
<td>Views on grant design</td>
<td>Views on grant design</td>
</tr>
<tr>
<td>Stigma</td>
<td>Stigma</td>
</tr>
</tbody>
</table>

The Participant Information Sheet (see Appendix 3) is an instrument designed for completion by each person who agreed to participate in the focus groups. The intention was to collect some basic individual and household characteristics of the participants, and, in the case of FDGs with beneficiaries, descriptive information on the child grant(s) received as well as how grant income is spent. Importantly, the forms include an introduction which explains the research study and requests the participant’s written consent. In the case of the focus groups with child participants aged 15-17 years, an assent form that their guardians had to complete beforehand was developed. This dual consent was required for the child focus groups due the participants’ status as legal minors. More detail on the structure and content of the Participant Information Sheet is provided in Table 6.
Table 6: Structure of Focus Group Participant Information Sheets

<table>
<thead>
<tr>
<th>Section A: Focus group identification information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unique respondent ID</td>
</tr>
<tr>
<td>• Region</td>
</tr>
<tr>
<td>• Constituency</td>
</tr>
<tr>
<td>• Name of settlement/village</td>
</tr>
<tr>
<td>• Date of interview</td>
</tr>
<tr>
<td>• Facilitator’s name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B: Focus group participant details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sex and age of participant</td>
</tr>
<tr>
<td>• Possession of key documentation</td>
</tr>
<tr>
<td>• Educational attainment</td>
</tr>
<tr>
<td>• Employment status</td>
</tr>
<tr>
<td>• School attendance</td>
</tr>
<tr>
<td>• Relationship of primary caregiver to child</td>
</tr>
<tr>
<td>• Biological mother and father alive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C: Household details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Household composition</td>
</tr>
<tr>
<td>• Receipt of different government grants by household members</td>
</tr>
<tr>
<td>• Lived poverty index</td>
</tr>
<tr>
<td>• DHS child deprivation variables (a blanket; a pair of shoes; two sets of clothes)</td>
</tr>
<tr>
<td>• Household income</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section D: Description of grant(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frequency of payment</td>
</tr>
<tr>
<td>• Mode of payment</td>
</tr>
<tr>
<td>• Amount paid</td>
</tr>
<tr>
<td>• Consistency of grant value</td>
</tr>
<tr>
<td>• Year grant received</td>
</tr>
<tr>
<td>• Collection of grant payment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E: Spending of the grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Who the grant is mostly spent on</td>
</tr>
<tr>
<td>• Main items grant is spent on</td>
</tr>
<tr>
<td>• Use of grants to pay for child services</td>
</tr>
</tbody>
</table>
Stakeholder Interview Schedules were developed to collect information from the in-depth interviews with government and non-governmental stakeholders at regional level (see Appendix 4). Drawing on the research questions, the schedules contain a set of items to probe the following:

- Knowledge of OVC policy framework and benefits and services available
- Budgetary processes relating to the child grants
- The impact of grant administration on the MGECW’s capacity to deliver other services to vulnerable children
- Barriers and supporting factors in relation to grant access
- Perceptions of spending of the child grant
- The role of grants in facilitating access to other critical services
- The quality of government benefits and services provided to OVC
- The role of NGOs in facilitating access and providing services
- Strengths and weaknesses in child grant policy and implementation
- Suggested improvements for government child grant support

The stakeholder forms were used for interviews at both regional and national level, and were accompanied with the standard consent forms.

3.4 Training and data collection

Initial versions of the instruments outlined above were developed and presented for comment at a Technical Working Group meeting convened at the end of March 2009. The recommendations made during the meeting were integrated into the instruments, followed by a process of simplification of language and terminology in order to facilitate translation and conceptual equivalence. Training of data collectors was undertaken jointly by the HSRC and Survey Warehouse in late April, which led to a further round of refinements, with the MGECW issuing final input on the instruments in early May.

The survey instruments were field tested on 3-5 June 2009, with four FGDs undertaken in Khomas. Specifically, the pilot FGDs were with:

- beneficiaries of the MG aged 15-17 years;
- caregivers of beneficiaries of the MG;
- eligible non-beneficiaries of the MG aged 15-17 years; and
- caregivers of eligible non-beneficiaries of the MG.

Piloting was done exclusively with MG beneficiaries since the contact information of FCG beneficiaries was not received in time. Three stakeholder pilot interviews were also conducted. Two were with government representatives (a social worker and a social work volunteer) and one was with a non-governmental stakeholder.

Based on feedback from this pilot process and consultation with the Technical Working Group in mid-June, minor adjustments were made. The research instruments were translated into three languages, namely Afrikaans, Oshiwambo and Rumanyo.
The data collection for the study took place in July and August 2009. In terms of sequencing, FGDs and stakeholder interviews were first held in Khomas. Afterwards, the data collection teams split up, and interviewing in Kavango and Hardap was carried out concurrently. In all cases, interviews were conducted in the language of the participants.

With regard to the FGDs, all eight were successfully conducted in each of the three regions. A supplementary FGD was conducted in Khomas with caregivers of eligible non-beneficiaries of the FCG due to a concern over a couple of participants not fulfilling the focus group screening criteria. With regard to the aim of having between five and eight participants per focus group, this criterion was achieved in 22 of the 24 cases. In both Khomas and Hardap, there was one focus group where only five participants were secured. There was a relatively good gender balance in the child FGDs, and there were more male caregivers than anticipated (though the numbers are still low). There are 17 cases where, for comparative purposes, caregivers and child participants were able to be recruited from the same household. Of these, one caregiver-child pair was in Khomas, while four were in Hardap and twelve in Kavango.

As Table 7 illustrates, the regional stakeholder interviews were also largely completed with three exceptions: a clinic nurse in Khomas, the Unit Commander of the Woman and Child Protection Unit in Kavango, and a traditional leader in Hardap. In the first two instances, the stakeholders requested official approval from national government before consenting to be interviewed, though this was not resolved before the end of the fieldwork period. Although several appointments were made with the relevant traditional leader in Hardap, these were ultimately cancelled by the leader due to conflicting commitments. Several additional interviews with non-governmental stakeholders were conducted instead.

<table>
<thead>
<tr>
<th>Stakeholder Interviews: government officials</th>
<th>KHOMAS</th>
<th>HARDAP</th>
<th>KAVANGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic nurse (health representative)</td>
<td>Unsuccessful</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Social worker (MGECW)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Volunteer assisting to register children as grant recipients</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Unit Commander of Woman and Child Protection Unit</td>
<td>X</td>
<td>X</td>
<td>Unsuccessful</td>
</tr>
<tr>
<td>Teacher or school principal</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Magistrate</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Record clerk</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stakeholder interviews: non-governmental stakeholders</th>
<th>KHOMAS</th>
<th>HARDAP</th>
<th>KAVANGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional leader or other community representative</td>
<td>X</td>
<td>Unsuccessful</td>
<td>X</td>
</tr>
<tr>
<td>Councillor of constituency</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Non-governmental representative working on OVC issues</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Note: In Hardap, a control prosecutor was interviewed instead of a magistrate, and the chief clerk in the councillor’s office was interviewed instead of a councillor.
### 3.5 Data analysis approach

Transcript-based data (Krueger & Casey, 2000) was used to provide information for analytical purposes. The audio tapes from the FGDs were listened to and transcribed, and translated into English. Participants were issued with identification codes (in the form of pseudonyms) for the purpose of analysis and write-up. No participant name was used during the analysis and write-up in order to guarantee the confidentiality of the participant information and transcript data.

Thematic analysis, which is one of the most common approaches employed in qualitative research, was used to analyse the data. The research questions and the draft report structure that was developed and approved by the Technical Working Group were used as guiding documents in derivation of the themes.

### 3.6 Research ethics

The study design and research tools were submitted to the Human Sciences Research Council's Research Ethics Committee (REC) for approval. The REC issued approval for the research study subject to (i) a letter of approval from a relevant ethics committee in Namibia or (ii) a letter from government saying that there is no relevant operational authority. At the time, it was discovered through wide consultation with a number of government ministries and institutions that a research ethics committee was in the process of being established at the University of Namibia, but was not yet functional. An ethics committee exists within the MoHSS, but it does not have jurisdiction to preside over a study conducted by the MGECW. The Permanent Secretary of the MGECW took up the matter of ethical clearance and a letter signed by the Minister of Gender Equality and Child Welfare was formally submitted for approval by the National Planning Commission (NPC). Authorisation for the study was subsequently granted by the NPC and, on this basis, the HSRC’s REC issued permission to proceed with the research.

As previously mentioned, after carefully introducing the study and explaining the issues of confidentiality and anonymity, potential participants were asked for written informed consent. Written permission for young Namibians under 18 years of age who were either beneficiaries or eligible non-recipients of the MG and FCG to join FGDs was also secured from their parents/guardians. In line with this, pseudonyms have replaced the actual names of study participants.
In total, there were 171 participants across the 25 focus group discussions (FGDs) conducted by Survey Warehouse. As can be observed, there is a fairly even distribution across the three regions, the two types of child welfare grants, and the caregiver/child and beneficiary/eligible non-beneficiary subgroups (Table 8).

**Table 8: Focus group interview sample by region (number of participants)**

<table>
<thead>
<tr>
<th></th>
<th>GRANT</th>
<th>KHOMAS</th>
<th>KAVANGO</th>
<th>HARDAP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver of child beneficiary</td>
<td>MG</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>14</td>
<td>14</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Beneficiary 15-17 years</td>
<td>MG</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>13</td>
<td>16</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>Caregiver of eligible non-beneficiary</td>
<td>MG</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>10</td>
<td>8</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>16</td>
<td>16</td>
<td>14</td>
<td>46</td>
</tr>
<tr>
<td>Eligible non-beneficiary 15-17 yrs</td>
<td>MG</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>13</td>
<td>16</td>
<td>16</td>
<td>45</td>
</tr>
<tr>
<td>All participants</td>
<td>MG</td>
<td>27</td>
<td>32</td>
<td>26</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>29</td>
<td>30</td>
<td>27</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>56</td>
<td>62</td>
<td>53</td>
<td>171</td>
</tr>
</tbody>
</table>

4.1  **Individual characteristics of participants**

4.1.1  **Sex and age of FGD participants**

Since gender representation served as one of the key criteria in the participant recruitment guidelines, and given the uncertainty of how successful the study team would be in locating and securing the participation of male caregivers, Table 9 profiles the participants across the
eight types of FGD conducted. In the caregiver focus groups, about 19% of the participants (n=16) were on average male, with little difference between the beneficiary/non-beneficiary groups. There was more success in recruiting the male caregivers of foster children than male caregivers of children receiving or eligible for the MG (9% versus 28%). In contrast with the caregiver focus groups, as expected there was better representation of participants by gender in the focus groups with children aged 15-17 years, with 48% on aggregate being male and 52% female. There was generally a higher share of male participants in the child grant beneficiary FGDs compared with the eligible non-beneficiary groups, and higher male participation in the MG focus groups relative to the FCG focus groups.

### Table 9: Focus group interview sample by gender (row % and number of participants)

<table>
<thead>
<tr>
<th></th>
<th>GRANT</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MALE</td>
<td>FEMALE</td>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver of child beneficiary</td>
<td>MG</td>
<td>31.8 (7)</td>
<td>68.2 (15)</td>
<td>100.0 (22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>5.6 (1)</td>
<td>94.4 (17)</td>
<td>100.0 (18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>20.0 (8)</td>
<td>80.0 (32)</td>
<td>100.0 (40)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiary 15-17 years</td>
<td>MG</td>
<td>63.2 (12)</td>
<td>36.8 (7)</td>
<td>100.0 (19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>52.4 (11)</td>
<td>47.6 (10)</td>
<td>100.0 (21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>57.5 (23)</td>
<td>42.5 (17)</td>
<td>100.0 (40)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver of eligible non-beneficiary</td>
<td>MG</td>
<td>23.8 (5)</td>
<td>76.2 (16)</td>
<td>100.0 (21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>12.0 (3)</td>
<td>88.0 (22)</td>
<td>100.0 (25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>17.4 (8)</td>
<td>82.6 (38)</td>
<td>100.0 (46)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible non-beneficiary 15-17 yrs</td>
<td>MG</td>
<td>43.5 (10)</td>
<td>56.5 (13)</td>
<td>100.0 (23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>36.4 (8)</td>
<td>63.6 (14)</td>
<td>100.0 (22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>40.0 (18)</td>
<td>60.0 (27)</td>
<td>100.0 (45)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All caregiver participants</td>
<td>-</td>
<td>18.6 (16)</td>
<td>81.4 (70)</td>
<td>100.0 (86)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All child participants (15-17 years)</td>
<td>-</td>
<td>48.2 (41)</td>
<td>51.8 (44)</td>
<td>100.0 (85)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All participants</td>
<td>MG</td>
<td>40.0 (34)</td>
<td>60.0 (51)</td>
<td>100.0 (85)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FCG</td>
<td>26.7 (23)</td>
<td>73.3 (63)</td>
<td>100.0 (86)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>33.3 (57)</td>
<td>66.7 (114)</td>
<td>100.0 (171)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

While the mean age of the child participants, as per recruitment guidelines, ranged from 15 to 17 years, the mean age for caregiver participants was 43 years (with lower and upper 95% confidence intervals of 41 and 45 respectively), ranging from 21 to 76 years. Less than 10% of the caregiver sample was younger than 30 years, with around a two-thirds presently in their thirties or forties. Only 15% were aged between 50 and 59 years, with 10% 60 years and older.

### 4.1.2 Educational attainment and school attendance

There were only minor variations in the educational levels of participants in the caregiver FGDs, with caregivers of a beneficiary exhibiting a slightly lower level of attainment. A stronger gradient of difference in educational attainment was observed by region, with participants from Khomas generally better educated than those in the Hardap and especially the Kavango focus groups.

All of the child FGD participants reported that they had attended school. Furthermore, 98% of the 15-17 year-olds stated that they were currently in full-time education.
Table 10: Educational attainment by type of caregiver and region (col %)

<table>
<thead>
<tr>
<th>Caregiver of MG or FCG beneficiary</th>
<th>Caregiver of eligible MG or FCG non-beneficiary</th>
<th>Khomas</th>
<th>Kavango</th>
<th>Hardap</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
<td>2.5</td>
<td>10.9</td>
<td>0.0</td>
<td>16.7</td>
<td>3.9</td>
</tr>
<tr>
<td>Pre-school</td>
<td>2.5</td>
<td>2.2</td>
<td>6.7</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Some primary</td>
<td>30.0</td>
<td>26.1</td>
<td>6.7</td>
<td>43.3</td>
<td>34.6</td>
</tr>
<tr>
<td>Completed primary</td>
<td>7.5</td>
<td>10.9</td>
<td>13.3</td>
<td>6.7</td>
<td>7.7</td>
</tr>
<tr>
<td>Some secondary</td>
<td>45.0</td>
<td>34.8</td>
<td>43.3</td>
<td>30.0</td>
<td>46.2</td>
</tr>
<tr>
<td>Completed secondary</td>
<td>5.0</td>
<td>4.4</td>
<td>10.0</td>
<td>3.3</td>
<td>0.0</td>
</tr>
<tr>
<td>More than secondary</td>
<td>7.5</td>
<td>10.9</td>
<td>20.0</td>
<td>0.0</td>
<td>7.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td><strong>Base N</strong></td>
<td><strong>40</strong></td>
<td><strong>46</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

4.1.3 Employment status of caregiver FGD participants

Half of the caregiver participants were unemployed, with the majority of these indicating that they are actively looking for work. Close to a fifth (19%) were in full-time employment, 13% were in seasonal or infrequent employment, and 5% were self-employed. A further 14% stated that they were either retired or too old to engage in any form of employment.

Table 11: Employment status by type of caregiver and region (col %)

<table>
<thead>
<tr>
<th>Caregiver of MG or FCG beneficiary</th>
<th>Caregiver of eligible MG or FCG non-beneficiary</th>
<th>Khomas</th>
<th>Kavango</th>
<th>Hardap</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed throughout the year</td>
<td>17.5</td>
<td>19.6</td>
<td>33.3</td>
<td>3.3</td>
<td>19.2</td>
</tr>
<tr>
<td>Employed seasonally / part of the year</td>
<td>10.0</td>
<td>6.5</td>
<td>10.0</td>
<td>3.3</td>
<td>11.5</td>
</tr>
<tr>
<td>Employed once in a while</td>
<td>5.0</td>
<td>4.3</td>
<td>6.7</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Self-employed</td>
<td>5.0</td>
<td>2.2</td>
<td>6.7</td>
<td>0.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Unemployed (broad definition)</td>
<td>50.0</td>
<td>50.0</td>
<td>40.0</td>
<td>66.7</td>
<td>42.3</td>
</tr>
<tr>
<td>Unemployed, looking for work</td>
<td>25.0</td>
<td>47.8</td>
<td>40.0</td>
<td>40.0</td>
<td>30.8</td>
</tr>
<tr>
<td>Unemployed, not looking for work</td>
<td>25.0</td>
<td>2.2</td>
<td>0.0</td>
<td>26.7</td>
<td>11.5</td>
</tr>
<tr>
<td>Retired or too old to work</td>
<td>12.5</td>
<td>15.2</td>
<td>0.0</td>
<td>23.3</td>
<td>19.2</td>
</tr>
<tr>
<td>Missing</td>
<td>0.0</td>
<td>2.2</td>
<td>3.3</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td><strong>Base N</strong></td>
<td><strong>40</strong></td>
<td><strong>46</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

There was again not much difference between caregivers of child grant beneficiaries and eligible non-beneficiaries in terms of employment status, though the former did appear more likely to be discouraged work seekers. At the regional level, participants in Kavango were more likely to be either unemployed or retired, with only 10% declaring that they were in some form of employment (formal or informal).
4.1.4 Possession of essential documentation

Since the possession of key documentation is regularly cited as a barrier to accessing social grants in international and available national literature, participants were asked whether they had a select number of the documents that are required for the MG and FCG application process. Caregivers were asked whether they had either a Namibian ID card or a permanent resident permit, as well as their own birth certificate and those of their children under the age of 18 years. Although not required for processing a child welfare grant application, they were also asked whether children in their care aged 16-17 years had their Namibian ID cards.

Birth registration is deemed fundamental to a child’s legal status and therefore to their basic rights and access to services (MoHSS and Macro International, 2008). The 2006-07 National Demographic and Health Survey found that 67% of births in the five years prior to surveying were registered with civil authorities and that, of these, 60% had a birth certificate and 7% did not. A strong geographic divide was present in birth registration, with children born in rural areas less likely to have been registered than those in urban areas (59% versus 83%). Regional levels of birth registration of children under five years ranged from a high of 96% in Karas to a low of 46% in Kavango. In Khomas and Hardap, the births of more than 80% of children under five years had been registered (84% and 86% respectively) and they were in possession of a birth certificate (81% and 83% respectively). By contrast, only 26% of children under five years in Kavango were found to have a birth certificate. There was also a deeply entrenched difference based on wealth quintile, with those in the lowest quintile approximately half as likely as children from the wealthiest quintile to be registered or have a birth certificate.

Turning to the caregiver focus group sample, 87% of participants indicated that they had a Namibian ID card or permanent resident permit. Caregivers of child grant beneficiaries were more likely to have the ID card or permit than caregivers of eligible non-beneficiaries (95% compared to 80%). These differences are especially pronounced in Kavango, where there is a 37 percentage point difference between recipient and non-recipient caregivers (93% versus 56%). There was a greater tendency for caregivers to have a birth certificate for themselves (92% on aggregate), with the largest variation again observed between recipient and non-recipient caregivers in Kavango. An equally high share of caregivers had birth certificates for all children younger than 18 years in their care (92%), with the caregivers of non-beneficiary children again falling slightly below the average (solely attributable to differentials between recipient and non-recipient caregivers in Kavango).

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9 The Department of Civic Affairs in the Ministry of Home Affairs and Immigration (MoHAI) is responsible for issuing national identity cards and permanent resident permits. Identity documents were first introduced in the country in February 1972 in accordance with the South West Africa Act (Act 37 of 1970), with all persons permanently resident in the country 16 years or older being issued such a document. In June 1994, a new system was implemented and subsequently guided by the Identity Act, 1996 (Act 21 of 1996). These new identity cards continue to be for Namibians who are 16 years and older.
Table 12: Possession of key documents among caregiver and child FGD participants

<table>
<thead>
<tr>
<th>Documents</th>
<th>MG OR FCG BENEFICIARY</th>
<th>ELIGIBLE MG OR FCG NON-BENEFICIARY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Khomas</td>
<td>Kavango</td>
<td>Hardap</td>
</tr>
<tr>
<td>Namibian ID card or permanent resident permit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver's birth certificate</td>
<td>100.0</td>
<td>92.9</td>
<td>91.7</td>
</tr>
<tr>
<td>Birth certificates for all children 0-17 years in participant's care</td>
<td>85.7</td>
<td>100.0</td>
<td>95.0</td>
</tr>
<tr>
<td>ID card for child/ren aged 16-17 years in participant's care</td>
<td>21.4</td>
<td>7.1</td>
<td>41.7</td>
</tr>
<tr>
<td>Base N</td>
<td>14</td>
<td>14</td>
<td>12</td>
</tr>
</tbody>
</table>

In the child FGDs, participants were asked whether they have birth certificates and national identity cards. As with the caregiver participants, there was a generally high level of possession of birth certificates among grant beneficiaries and non-beneficiaries alike (95% and 87% respectively). For all groups, figures are above 80%, with the exception of non-beneficiaries in Kavango, where only 56% reported having a birth certificate. Although not related to MG or FCG access criteria, a very small share (8%) of child participants indicated that they had a national ID card. According to the Identification Act, 1996 (Act 21 of 1996), all Namibians aged 16 years and older are supposed to be issued with an ID card. Approximately a third of child participants had not yet reached their sixteenth birthday, and of the remaining 64% that were 16 or 17 years, 9% had an ID card (7% of 16-year-olds and 12% of 17-year-olds).

4.1.5 Caregiver relationship to child FGD participants

Information was collected in the Participant Information Sheet for participants in the child FGDs on their relationship to their primary caregivers, as well as the survival status of the biological parents of each child. On aggregate, the primary caregiver of the child FGD participants is most likely to be the biological mother (38%), followed by a grandmother (22%) or an aunt or uncle (20%) (Table 13). Other immediate or extended family members accounted for a further 20%. 
Table 13: Relationship between child FGD participants and their primary caregivers (%)

<table>
<thead>
<tr>
<th></th>
<th>MG beneficiary</th>
<th>FCG beneficiary</th>
<th>Eligible non-beneficiary of MG</th>
<th>Eligible non-beneficiary of FCG</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>79</td>
<td>14</td>
<td>43</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>Grandmother</td>
<td>16</td>
<td>33</td>
<td>13</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>Aunt or uncle</td>
<td>0</td>
<td>38</td>
<td>17</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Father</td>
<td>5</td>
<td>0</td>
<td>9</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Sister</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Grandfather</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Great-grandparent</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other family</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Other non-family</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Base N</td>
<td>19</td>
<td>21</td>
<td>23</td>
<td>22</td>
<td>85</td>
</tr>
</tbody>
</table>

There was some variation in relationship to caregiver based on whether the participant was a beneficiary of the MG or the FCG. The caregivers of MG beneficiaries more likely to be their biological mothers (79%), while in the case of FCG beneficiaries the caregivers were foremost aunts/uncles or grandmothers, with only a nominal share being biological mothers. While a similar trend can generally be observed in relation to child FGD participants who were eligible non-beneficiaries of the MG or FCG, there was slightly more diversity in caregiver-child relationships.

Table 14: Status of the biological parents of child FGD participants (col %)

<table>
<thead>
<tr>
<th></th>
<th>MG beneficiary</th>
<th>FCG beneficiary</th>
<th>Eligible non-beneficiary of MG</th>
<th>Eligible non-beneficiary of FCG</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents alive</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Only mother alive</td>
<td>84</td>
<td>10</td>
<td>70</td>
<td>27</td>
<td>47</td>
</tr>
<tr>
<td>Only father alive</td>
<td>16</td>
<td>14</td>
<td>26</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Double orphans</td>
<td>0</td>
<td>67</td>
<td>4</td>
<td>64</td>
<td>34</td>
</tr>
<tr>
<td>Mother deceased, father unknown</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Base N</td>
<td>19</td>
<td>21</td>
<td>23</td>
<td>22</td>
<td>85</td>
</tr>
</tbody>
</table>

Of the child participants aged 15-17 years recruited for the different FGDs, nearly half (47%) reported that only their biological mother was alive (Table 14). For a further 15% of the participants, only their biological father was alive, while approximately a third of the children (34%) were double orphans. A substantial majority of child participants who were beneficiaries and eligible non-beneficiaries of the MG were paternal orphans (84% and 70% respectively), with the remainder mostly maternal orphans. Approximately two-thirds of child beneficiaries and eligible non-beneficiaries of the FCG were double orphans. Child participants from Kavango were more likely (50%) than in Hardap (31%) and Khomas (19%) to be double orphans.
4.2 Household characteristics

4.2.1 Household size and composition

As can be seen in Table 15, the average household size reported by the FGD participants was eight members, with caregivers participants reporting moderately lower membership than child participants (a mean of 7.3 compared with 8.8 household members). Average household size also appears larger for child grant beneficiaries than for eligible non-beneficiaries. The average number of children in the household of the FGD participants is 4.1, with little variation across the different categories of caregiver and children. There is again limited variation in the number of children under 18 years who are in the care of the caregiver participants or the caregivers of the child FGD participants (an average of three children), though there was a tendency for child participants to provide slightly lower estimates.

<table>
<thead>
<tr>
<th></th>
<th>CAREGIVER FGD PARTICIPANTS</th>
<th>CHILD FGD PARTICIPANTS 15-17 YEARS</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beneficiary</td>
<td>Eligible non-beneficiary</td>
<td>Total</td>
</tr>
<tr>
<td>Average household size</td>
<td>7.6</td>
<td>7.0</td>
<td>7.3</td>
</tr>
<tr>
<td>Average no. children &lt;18 yrs</td>
<td>4.2</td>
<td>3.8</td>
<td>4.0</td>
</tr>
<tr>
<td>Average no. children in caregiver’s care</td>
<td>3.3</td>
<td>3.2</td>
<td>3.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of persons ≥60 years</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 persons</td>
<td>65</td>
<td>59</td>
<td>62</td>
<td>63</td>
<td>49</td>
<td>55</td>
<td>58</td>
</tr>
<tr>
<td>1 person</td>
<td>30</td>
<td>35</td>
<td>33</td>
<td>25</td>
<td>36</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td>2 persons</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>13</td>
<td>11</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>3 persons</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Average</td>
<td>0.4</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.7</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Base N</td>
<td>40</td>
<td>46</td>
<td>86</td>
<td>40</td>
<td>45</td>
<td>85</td>
<td>171</td>
</tr>
</tbody>
</table>

Close to 60% of FGD participants did not have a person aged 60 years or older living in their household, with a third having one such person and 10% having more than one person in this age threshold.

Household size, number of children under the age of 18 years and number of over 60-year-olds were found to be higher for focus group participants from rural areas in Kavango and Hardap than for those in urban Khomas. Among the caregiver participants, those from Kavango report higher size estimates than for those recruited in Hardap, while the converse is true of child participants.

4.2.2 Access to different government grants

One of the questions asked of the focus group participants was to identify whether any member of their household receives each of the different types of government grants. Around a third (36%) of participants stated that someone received an old-age pension in their household,
with access remaining constant irrespective of the category of participant (Table 16). Nearly a fifth of participant households receive a disability grant for at least one household member.

### Table 16: Receipt of different government grants by FGD participant households

<table>
<thead>
<tr>
<th></th>
<th>CAREGIVER FGD PARTICIPANTS</th>
<th>CHILD FGD PARTICIPANTS 15-17 YEARS</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beneficiary</td>
<td>Eligible non-beneficiary</td>
<td>Total</td>
</tr>
<tr>
<td>Old-age pension</td>
<td>35</td>
<td>37</td>
<td>36</td>
</tr>
<tr>
<td>Disability grant</td>
<td>10</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Maintenance grant</td>
<td>65</td>
<td>13</td>
<td>37</td>
</tr>
<tr>
<td>Foster care grant</td>
<td>45</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>War veteran’s grant</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Special maintenance grant</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Base N</td>
<td>40</td>
<td>46</td>
<td>86</td>
</tr>
</tbody>
</table>

The fact that a small number of participants from the eligible non-beneficiary focus groups reported that someone in their household receives the MG or FCG suggests that there is possibly some inclusion error in the sample. This will be addressed by excluding the transcripts for these individuals from consideration in the analytical section of the report.

The war veterans grant and Special Maintenance Grant were virtually absent from the households of the FGD participants.

### 4.2.3 Household deprivation

Given the well-documented complexities of accurately collecting information on household and individual income, it was decided to include a short set of measures in the Participant Information Sheet as a basis for assessing poverty and deprivation in the households of the participants recruited for the FGDs. Two specific sets of indicators were included, namely the Afrobarometer lived poverty questions and the Demographic Health Survey basic material needs for children items.

The Afrobarometer survey series, of which Namibia is a member, includes a set of questions asking respondents how often they were unable to secure the basic necessities of life over the last year. This has been used as an experiential measure of what has been termed “lived poverty” (Mattes, Bratton & Davids, 2003; Mattes, 2008). The specific question is as follows: “Over the past year, how often, if ever, have you or your family gone without ________ ?”, with the interviewer repeating the question for each of the following basic necessities: “... enough food to eat?”, “... enough clean water for home use?”, “... medicines or medical treatment?”, “... enough fuel to cook your food?”, “... a cash income?” and “... school expenses for your children (like fees, uniforms or books)?” Response options are: “Never”, “Just once or twice”, “Several times”, “Many times”; or “Always”.

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In Round 3 of the survey, which was undertaken in Namibia by Survey Warehouse (formerly Research Surveys) in February and March 2006, between 44% and 76% of households went without at least one of the six basic necessities in the year prior to surveying (Figure 5). Cash income was the most common form of deprivation (76%), followed by school expenses for those with children in the household (60%), with around half of households going without medicines or medical treatment, food, clean water and cooking fuel at least once during the reference period. Looking specifically at the core deprivation or lived poverty, which refers to those who regularly (many times or always) go without the basic necessities, cash income again stands out (27%) with the other items being regularly absent in between 8% and 14% of households.

**Figure 5: Lived poverty in Namibia, February/March 2006 (%)**

![Figure 5: Lived poverty in Namibia, February/March 2006 (%)](image)

*Source: Afrobarometer Round 3 (2005-06)*

Having established a benchmark of the national prevalence of lived poverty in the different domains, we can examine the extent to which the FGD participants approximate or deviate from the national average (Table 17). Combining information from all child and caregiver FGD participants together, irrespective of their status as child grant beneficiaries or eligible non-beneficiaries, we find that while on aggregate there is less than a 10% difference between the national sample and the FGD sample with regard to those having gone without a cash income, clean water or medicine / medical treatment in the last year, there were more sizable differences in relation to food, school expenses and cooking fuel.

**Table 17: Lived poverty in the households of focus group participants, 2009**

<table>
<thead>
<tr>
<th></th>
<th>Cash income</th>
<th>Food</th>
<th>School expenses</th>
<th>Cooking fuel</th>
<th>Medicine / medical treatment</th>
<th>Clean water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many times / always</td>
<td>37</td>
<td>32</td>
<td>49</td>
<td>30</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>Once / twice / several times</td>
<td>47</td>
<td>52</td>
<td>35</td>
<td>34</td>
<td>37</td>
<td>33</td>
</tr>
<tr>
<td>Never</td>
<td>13</td>
<td>15</td>
<td>16</td>
<td>35</td>
<td>39</td>
<td>41</td>
</tr>
<tr>
<td>Do not know</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td><strong>Base N</strong></td>
<td>171</td>
<td>171</td>
<td>171</td>
<td>171</td>
<td>171</td>
<td>171</td>
</tr>
</tbody>
</table>
However, when one specifically compares the extent of lived poverty (regular shortages of the six items) between the two samples, the level of deprivation in the household context of the FGD participants in terms becomes more apparent. Nearly half of respondents (49%) said they frequently had to go without paying school-related expenses for their children, which is 35 percentage points higher than the country average. Approximately a third of FGD participant households had food and cooking fuel shortages (32% and 30% respectively), which is more than 20 percentage points higher than for Namibia as a whole. Even in the cases of cash income, medicine / medical treatment and clean water, the FGD sample is at least 10 percentage points higher than average.

Figure 6: Lived poverty in the households of focus group participants, by child welfare grant status

![Bar chart showing lived poverty in the households of focus group participants, by child welfare grant status.](image)

**Note:** B = beneficiary of MG or FCG; NB = eligible non-beneficiary of MG or FCG

Given the study design, we also expect there to be discernible differences in household deprivation between different FGD participant sub-samples. This appears to be the case, with a lower share of the households of caregiver and child FGD participants that receive either the MG or FCG experiencing regular shortages of basic necessities than is the case for households of eligible non-beneficiary FGD participants (Figure 6). The only exception is in relation to cooking fuel, where the difference is negligible.

There is also a marked difference at regional level in terms of household deprivation (Figure 7). With regard to cash income, food and school expenses, the situation in the households of FGD participants from Kavango is especially stark and significantly higher than participants from Khomas and Hardap. Two-thirds (65%) of the sample from Kavango indicated that they are often unable to afford school-related expenses for children, and 56% mostly have to survive without a cash income. In addition, 40% of participants from Kavango reportedly experience serious household food insecurity.
4.2.4 Basic material needs of children

The 2006-07 Namibia Demographic and Health Survey (NDHS) collected information on whether children aged 5-17 years in the household had basic material needs (MoHSS & Macro International, 2008). Three particular items were focused on, namely possession of a pair of shoes, two sets of clothes and a blanket. The results of the study revealed that only half of children aged 5-17 years owned all of these three items. While there was not much variance by the age and sex of the children, there were considerable differences in ownership of the items by rural-urban location, administrative region and household wealth. Of particular note is that children in Kavango were, alongside Ohangwena, least likely to have all three items (18%), whereas children in Khomas had the highest level of access to the basic material needs (85%) (ibid, p.260).

For the FGD participant sample, a third of caregivers had all three items for each child aged 5-17 years in their care (Table 18). Caregivers of a child grant beneficiary were four times as likely as caregivers of eligible non-beneficiary children to have all three items (55% versus 13%). Among child FGD participants, 40% possessed all three basic material needs, with child grant beneficiaries twice as likely as eligible non-beneficiaries to have the items.
Table 18: Possession of basic material needs by orphans and vulnerable children (%)

<table>
<thead>
<tr>
<th></th>
<th>CAREGIVER FGD PARTICIPANTS</th>
<th>CHILD FGD PARTICIPANTS 15-17 YEARS</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beneficiary</td>
<td>Eligible non-beneficiary</td>
<td>Total</td>
</tr>
<tr>
<td>Has the following items for each child 5-17 years in their care:</td>
<td>Has the following items for each child 5-17 years in their care:</td>
<td>Has the following items for each child 5-17 years in their care:</td>
<td></td>
</tr>
<tr>
<td>A blanket</td>
<td>65</td>
<td>20</td>
<td>41</td>
</tr>
<tr>
<td>A pair of shoes</td>
<td>68</td>
<td>50</td>
<td>58</td>
</tr>
<tr>
<td>At least two sets of clothes</td>
<td>73</td>
<td>59</td>
<td>65</td>
</tr>
<tr>
<td>All three items</td>
<td>55</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
<td>Base N</td>
<td>40</td>
<td>46</td>
<td>86</td>
</tr>
</tbody>
</table>

Figure 8: Possession of basic material needs for children, by beneficiary status and region (%)

Among caregiver FGD participants of a child grant beneficiary, between two-fifths and two-thirds of children had the three basic necessities for all children 5-17 years in their care, with Hardap and Kavango performing slightly better than in Khomas (Figure 8). These figures are substantively higher compared to the situation confronting the caregivers of eligible non-beneficiaries of a child grant in the study sample. For this group of participants, only 6% of caregivers from Kavango were able to provide these three items for children in their care, with a high of 19% in Khomas. Similar discrepancies based on beneficiary status are reported in relation to possession of the three items by child FGD participants.

4.3 Description of child welfare grants

A short set of basic questions was included in the Participant Information Sheet of both caregivers and child FGD participants receiving the MG or FCG relating to access, payment of the grant and collection of the grant. The results are presented in this section.
4.3.1 Year when grant was first received

The year in which the caregiver recipients and child beneficiaries from the focus groups started to receive the MG or FCG is presented in Table 19. A quarter of the participants had been receiving the grant for a period of less than two years, while nearly three-quarters (71%) first began receiving their grant in the last five years (since 2005). Around a fifth (18%) began claiming their grant between 2000 and 2004, with very few stating that they started receiving the grant before 2000 (these were all in Hardap, and the earliest year cited was 1998). The 9% who do not know when the grant started to be received are all child participants, and mainly foster care grant beneficiaries.

Table 19: Year of receipt of different government grants by FGD participant households

<table>
<thead>
<tr>
<th>Year</th>
<th>All MG receiving</th>
<th>All FCG receiving</th>
<th>Total</th>
<th>All MG beneficiary</th>
<th>All FCG beneficiary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 2000</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2000-2004</td>
<td>32</td>
<td>28</td>
<td>60</td>
<td>30</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>2005-2007</td>
<td>41</td>
<td>39</td>
<td>80</td>
<td>79</td>
<td>29</td>
<td>108</td>
</tr>
<tr>
<td>2008-2009</td>
<td>27</td>
<td>22</td>
<td>50</td>
<td>39</td>
<td>22</td>
<td>61</td>
</tr>
<tr>
<td>Do not know</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>24</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>200</td>
<td>100</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Base N</td>
<td>22</td>
<td>18</td>
<td>40</td>
<td>19</td>
<td>21</td>
<td>40</td>
</tr>
</tbody>
</table>

4.3.2 Payment of grant

Payment of the MG and FCG can, broadly speaking, be made in three principal ways, namely (i) electronically through a bank or a post office, (ii) electronically through a post office, or (iii) in cash. Slightly less than half (49%) of FGD participants reported that their child grants are collected in cash (Table 19). Nearly two-fifths (38%) of participants have the money paid directly into a savings account at a post office, and a tenth (9%) arrange for the grant to be deposited into a bank account.

Table 20: Use of grant payment options by FGD participant households

<table>
<thead>
<tr>
<th>Payment option</th>
<th>All MG recipient</th>
<th>All FCG recipient</th>
<th>Total</th>
<th>All MG beneficiary</th>
<th>All FCG beneficiary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash collection</td>
<td>55</td>
<td>56</td>
<td>55</td>
<td>53</td>
<td>33</td>
<td>43</td>
</tr>
<tr>
<td>Post office savings account</td>
<td>41</td>
<td>44</td>
<td>43</td>
<td>32</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Bank deposit</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>16</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Do not know</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Base N</td>
<td>22</td>
<td>18</td>
<td>40</td>
<td>19</td>
<td>21</td>
<td>40</td>
</tr>
</tbody>
</table>

There is not much observable variance in payment options used by different types of FGD participant, apart from FCG beneficiaries aged 15-17 years, a fifth of whom were unsure of the mode through which the grant was paid to the caregiver. The child participants were also more inclined than caregivers to citing bank deposit as a payment option.
Important distinctions are however present at regional level (Figure 9). In Kavango, grant payment for the participants is almost entirely through cash collection. By contrast, participants in Hardap were relying overwhelmingly on electronic payment into post office savings accounts, with cash constituting proportionately less than on average. Electronic means of payment also predominate in Khomas, with bank accounts being used more extensively by participants that are receiving the FCG. These differences are probably partially explained by varied levels of access to banks and post offices and the transport costs of doing so, but it could also feasibly be influenced by factors such as concern over banking charges or lack of exposure to the banking system (Delaney et al, 2008).

**Figure 9: Use of grant payment options, by participant type and region (% n=80)**

There was almost universal acknowledgement by participants that government makes grant payments on a monthly basis. Only among child participants receiving the FCG was it suggested that grants were paid every two months or on a less frequent basis, and even in this instance these divergent responses accounted for barely a fifth (19%) of responses.

There was also a consensus (89%) that the value of grant payment had not changed much on a monthly basis in the year prior to interviewing, with the remaining 11% asserting that they had been experiencing inconsistent payments. The latter were largely caregiver participants receiving the FCG.

### 4.3.3 Collection of grant

Among the small sample of people included in the focus groups who received one of the two main child welfare grants, most (93%) reported that the primary caregiver of the child beneficiary assumed responsibility for collecting the grant payment. Only for child participants receiving the FCG did this share fall below 90%, with 81% stating that their caregivers collected the grant, a further 14% saying another relative collected the grant, and in the remaining 5% of cases the child beneficiaries collected it themselves.
This chapter details the findings from the FGDs held with beneficiary and non-beneficiary children and caregivers, as well as interviews held with regional and central stakeholders. It is important to note that there is no correlation between the number of quotations provided on a certain issue and its relative significance. As such, the significance of different issues in the sections that follow should not be weighted by the number of quotations. The aim is to include all relevant quotations on an issue in order to be inclusive and to document as much of the quotations as possible.

5.1 Access to child grants - experience of barriers and factors facilitating access

Levine et al (2009, citing Ashby et al, 2006) note that the main bottlenecks to expanding coverage have been the lack of necessary documentation required to register a child (especially a birth certificate) and a lack of awareness of the grants. Barriers to access identified in this research include a range of problems identified by both regional stakeholders and FGD participants in addition to those mentioned above: bureaucratic challenges; caregivers not having money for transport to apply; the incorrect applicant applying for a grant; and the FCG application process itself. The Director of Child Welfare Services in the MGECW identified a child not being able to access a grant because they do not qualify as a further barrier.

Not all caregivers receiving the grants experienced difficulties with accessing them. As would be expected, those caregivers not in receipt of the grants tended to experience difficulties in applying for them. Some of these stories are documented in the sections that follow.

5.1.1 Knowledge of child grant access

While there could be some improvement among some in raising awareness about the child grant policy, it does not seem that this is an area for great concern. Those who are eligible for the grants seemed to be well versed in the policy with only a few exceptions. Knowledge of the child grants does not appear to be a factor that explains differential take-up in the three study regions.
Activity 3.2 of the Care and Support Plan of Action which forms part of the Namibia National Plan of Action for OVC (see MGECW, 2007b) outlines the compilation and dissemination in popular form of information for caregivers, OVC and the public on how to access child welfare grants by various means (posters and pamphlets, radio broadcasts and video productions) in various languages.

Some of this is occurring already, according to some stakeholders, as the following quote shows:

*Usually we give information through the radio – the stations that are received in and around the area. And then we also go on outreach visits. We go to certain areas at a time and we tell the people about the grants.* (Record clerk, Hardap)

Moreover, the Director of Child Welfare Services and the Chief Accountant in the MGECW highlighted the fact that dissemination of information on the child grants was undertaken by volunteers when the World Food Programme was distributing food to orphans in 2003. These volunteers have since been replaced by record clerks. These volunteers took forms to applicants, and even made copies of documents. Radio talks were given to create awareness that there were people to assist them in grant applications. The Permanent Secretary of the MGECW indicated that information on the grants was broadcast through the Namibian Broadcasting Corporation (NBC) and through flyers, and recently a vehicle was purchased by the ministry for the purpose of disseminating information about the grants. The Director of Quality Assurance in the Ministry of Education described how a document which provides information on how to access child welfare grants was distributed to many schools. According to the Chief Accountant, raising awareness of the grants is therefore no longer a big barrier to access.

Two brochures have been released – one is on child welfare grants. This provides information on where to apply for the grants, information on the different grants (who qualifies, what documents are needed to apply and what the grant amounts are), the addresses, telephone and fax details of MGECW offices in all regions and information on other government ministries that can help. The second brochure is on services for children in need. It provides information on care alternatives, applying for the MG and the FCG and other assistance to OVC. There is another brochure that has not yet been released but which contains much information on critical services for children in need. It includes information on the child grants and on the registration of births and deaths. There are also two cartoon strips – one on why and how to register births and deaths, and another on critical services for children in need. The latter provides information on the different grants and on which government departments to contact for different information. Other strategies for communicating information about the grants include radio and television messages broadcast on the NBC and other radio stations – these have all drawn from the pamphlet script – and posters displayed in public places.

How aware of their rights with regard to child grants are beneficiary and non-beneficiary children and their caregivers? Participants in the FGDs stated a number of sources for their information on the child grants. These sources include family members (mother, grandmother, aunt, stepfather, sister, brother, father, parents, grandfather) and non-family members (neighbour, community, an orphan, friend, social worker, people of the community, ‘people I’m living with’, school principal). Various government and non-government departments, organisations and
meeting points were also mentioned as sources of information on the child grants: council, councillor, village development committee, community meeting, government department, MGECW, Catholic AIDS Action. The radio was stated as a source of information on the grants in all regions but most frequently in Hardap and Kavango. In Hardap, the Damara/Nama radio station was specifically mentioned.

This non-beneficiary child heard about the grant from different sources:

I heard about it on the radio and also from Catholic AIDS Action. They have people who go around telling people about these grants. (Team, non-beneficiary eligible for the FCG, Kavango)

While there was a wide array of sources of information on the child grants, the information that FGD participants had on the grants was usually but not always accurate. Participants in FGDs were in most cases in the know about the correct grant amounts but this was not always the case. Some stated that each grant is worth N$150, for example. In addition there was a perception among some participants that the FCG is for the unemployed only, which is incorrect. There was also a rumour shared by some participants about grant spending which they seemed to believe. In Hardap, two caregivers reported on having been told that the money is to be spent on the child and on the caregiver. Sara described what she was told:

I was also told that the money is for the child, but it’s actually for the foster parent. The other day a woman told me that if a child gets a N$200 then the N$100 is for the foster parent and the other N$100 is for the child ... If it is a N$100, then the money is divided 50/50, that’s what the woman told me. Then I told her that we heard about the parent grant, but it’s only for the children. She only told me that is how it works. (Sara, caregiver of FCG beneficiary, Hardap)

According to some regional stakeholders, it seems there is still some way to go in making all possible beneficiaries aware of their rights relating to grants. This is what they had to say on the issue:

You see, only a few people know about the grants that are available for vulnerable children and children without parents. I do not think the Ministry of Gender Equality and Child Welfare goes to rural areas to disseminate this information. So this information does not reach all the vulnerable people. A lot of people have very little knowledge about these benefits. (Health representative, Kavango)

But all this information must be given in all the languages. At times it is very difficult. I think a lot of people do not even understand what the Foster Care Grant is. They do not even know what their duties and responsibilities are or when a child is in need of care and things like that. (Magistrate, Kavango)

... very often the people also do not know that they are entitled to claim grants and where they should go to get assistance. I think the public is also in the dark regarding how to apply to the government ... for the grants. (Control prosecutor, Hardap)

Although this quote may refer more to other critical services, it makes the important point that illiteracy could be playing a part in the lack of knowledge of the child grants:
Some of our parents are illiterate ... Sometimes it is because they are not told, and they cannot read. So they do not know all the information they should have. (School principal, Khomas)

Two regional stakeholders were themselves not sure why the grant is given:

*Some of us do not know why this grant is given. Is it for food, school fees, for health services or what? That is the question we ask ourselves?* (Community leader, Kavango)

*The government should address why it is giving the money. Is it for educational purposes only or for food on the table? I have a big question mark over why the money is being given.* (Chief clerk, Hardap)

These quotes point to the need for information about the grants and specifically their purpose to be made public. A community leader from Khomas called for more dissemination of information on the child grants:

*The Ministry responsible for these grants should come to our community and give out the information. Not everybody knows how these grants work. We cannot help everybody by ourselves. We need them to also help us.* (Community Leader, Khomas)

A chief clerk in the councillor’s office in Hardap believes that information can best be disseminated to those who are eligible for the grants from the ministry via regional councils which are “the gateway to the households in the community”.

### 5.1.2 Transport costs

Another barrier to grant access may lie with finding the money for transport to complete the application for a child grant. FGD participants noted transport costs as a problem in terms of getting to and from application points and obtaining documents for an application. Not having transport costs may delay an application or prevent it from taking place. Transport costs may also place some applicants in debt.

The issue of transport costs was raised by both regional stakeholders and FGD participants. It was mentioned as a barrier to access in all three regions but mainly in Kavango and Hardap. This highlights the additional challenges of completing an application for a child grant in rural areas. Nekundi (2007) also finds a lack of transport to be a barrier to accessing the child grants for many in Oshana Region.

Transport costs may be for transport to and from application points:

*The other thing is maybe the distance preventing them. We might have a child who is really in need of that, but because of the distance from the offices and because they are not having the finances, for them to reach the offices, they might not be able to access the service.* (School principal, Kavango)

Or transport costs may be needed to obtain the documents needed for the application, as with Linkovovo and Limpowe:
I started going to offices to get these documents. I spent a lot of money going to these offices. (Linkovovo, caregiver of FCG beneficiary, Kavango)

Another problem is money. I do not have money to go get these documents. (Limpowe, caregiver of non-beneficiary eligible for MG, Kavango)

A regional stakeholder from Kavango also describes such costs as an impediment to making an application:

Challenges are distance. You see this child lives in the village. He must come to town to get documents first. Documents like birth certificates, IDs, and then he must come to town to get these forms to be registered or to the council’s office to get these forms to be registered and sometimes those forms are not there. All this bottle necks sometimes discourages children or prospective eligible children from accessing the fund. (Non-governmental representative, Kavango)

Whatever the case, it is clear from the following quotes that these costs are not always easily met by applicants:

The money that is from the government, I know it takes a lot of sweat to get it. When you get it, it is not enough. Sometimes you have owed people to give you taxi money in the process that you were fighting to get it. You owe people because you are not working. So, the moment you get it, you have to give back people’s money. (Pandu, FCG recipient and caregiver of non-beneficiary child eligible for the FCG, Khomas)

It is also difficult for the people to go to Mariental to obtain the documents that are needed. Because the people do not have any income. (Health representative, Hardap)

In some cases, not having transport money delays an application:

It was difficult. My mother did not always have money to pay for the transport to go to town. I also think that is why it took so long. (Mbuto, MG beneficiary, Kavango)

In the case of non-beneficiaries or their caregivers, not having transport money may prevent an application from taking place, and thereby prevent access to the child grant, as in the following examples:

I only saw my parents how they were moving around but I didn’t know what they were they looking for. The problem I know is of the birth certificate. They wanted to go to Rundu and get it, but they didn’t have money for transport. (Rooney, non-beneficiary eligible for the MG, Kavango)

They (caregiver applicants) first went to the community leader to get proof for the death of my parents, and what made it not succeed was that they did not have money to go to Rundu. (Pienaar, non-beneficiary eligible for the FCG, Kavango)

It is so difficult to go to the place were you have to do the application ... You have to hike to go do the application in Mariental and there is no money to go there. (Eva, non-beneficiary eligible for the FCG, Hardap)
The caregiver tried her best. She went to the community leader to get proof of my parents’ death, and she was even going to the office at Ndiyona and she was told to go to Rundu. And there she got stuck, because she doesn’t have money for transport to Rundu. (Nelly, non-beneficiary eligible for the FCG, Kavango)

It is a very difficult process as you have to look for a papers and sometimes you have to travel far to go find the papers. There is already a problem of income and how must you travel around? That is why I say it is actually a difficult process. (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)

One caregiver in Hardap, Linda, points to the amount it costs to go to and from the application point, which in her case constitutes a large portion of the amount of a child grant:

Firstly it is so difficult to go from here to Mariental. You have to go from here to Mariental with the bus and you have to pay N$80.00 to go and come back and even if you come back you still have to go look for the people. (Linda, caregiver of non-beneficiary eligible for the MG, Hardap)

Completing an application can also place some applicants in debt since they may have to borrow money for transport:

The process was difficult. I borrowed money from people to travel everywhere. (Shihako, caregiver of FCG beneficiary, Kavango)

5.1.3 “Incorrect” applicant

It may be the case that an application for a child grant is made but the applicant is told that they are not the correct person to make an application. This could be because the father of a child is still alive, something that is accurate for the MG but not for the FCG. A related problem was identified by Nekundi (2007) in Oshana Region: that of not being able to trace a surviving parent. For this study, in some cases the caregiver of the children was not able to apply for the grant because they were told that the father of the children was alive and that he was the correct person to make an application.

This was the case for Katiku who was trying to apply for an FCG:

I managed to get all the necessary documents, but my problem is the father of the orphans is still alive. They want the father to come and apply himself, even though it is me who live with the children. So the father is far, I am not in contact with him. That is why we are not getting the grant. (Katiku, caregiver of non-beneficiary eligible for the FCG, Kavango)

This was also the case for Sufra who was trying to apply for an MG:

I have tried to apply for it. But the people told me that I am not the mother of the child. They told me that if the father is alive, he should apply for the grant. From there we did not try to apply again and the child is really suffering a lot. (Sufra, caregiver of non-beneficiary eligible for the MG, Hardap)
In Sherley’s case, her grandmother who may be her caregiver but is not the ‘right’ person to apply does, instead of her mother, who is considered the ‘right’ person, and this is why she cannot gain access to the MG:

*I used to see how my grandmother was travelling to different offices as well as to the school trying to register me. Sometimes I was taken along. They did register me but things were not successful because it would have been better if my mother could go there. My mother doesn’t always go there.* (Sherley, non-beneficiary eligible for the MG, Kavango)

In the case of the FCG it appears that if the father is alive and the child is living with another caregiver, this caregiver should be able to apply for the FCG. Therefore, it would seem that Katiku, the applicant for the FCG, was told incorrect information. That is, the applicant caregiver is not supposed to be refused the grant. The stipulation that the father should be involved in the application process is being made by some offices in order to benefit the child (by having the father involved). However, in the case of the MG, a biological parent has to apply for the grant, and therefore both of the applicants for the MG were correctly informed: they are not eligible for this grant. However it does seem that the caregiver of a child who is orphaned, whether they are the biological parent or not, should be the one to apply for the MG, and this is a clear weakness of the MG criteria for application.

### 5.1.4 Bureaucratic challenges

Some caregivers mentioned bureaucratic difficulties as a barrier to accessing the grant. These include files being lost, welfare officials not following up on cases, and welfare officials being transferred or not being available.

In some cases, applicants are asked to stick to schedules which they find difficult to comply with. The following told by Chicco is such an example:

*She said to me you waited for so long because my file was forgotten somewhere. They said that my file went missing.* (Chicco, caregiver of FCG beneficiary, Khomas)

Chicco was able to access the grant despite this problem, but Ndahafa, Selma and Esther, whose stories follow, were not:

*The people who are working in the office are slow. Sometimes you go there and they say come back this date. And when you come back not that date they say they cannot find your file or they say they will call you and never do.* (Ndahafa, caregiver of non-beneficiary child eligible for the FCG, Khomas)

*I registered my child in 2004. Until today we never get these grants. I even went back in 2008, to find out. So they just said the file had been lost. From there the same year 2008, we filled in other forms. So this year in the beginning, I went there again and they told me that the person who works with these grants had transferred to Keetmanshoop. So there is another one to deal with these issues.* (Selma, caregiver of non-beneficiary child eligible for the FCG, Khomas)
I filled some forms there and they told me to come back on a certain day which I did. So as I went back they told me that they can’t find the child’s file. So they told me to go back again but that specific day I was occupied with some thing else. So I went there on the day that I was not busy, so they told me that the person who was dealing with my child’s file was not there that day. So even though they called her, that day I went back again they gave me another day to come back. So I came back a fourth time. I filled some forms in and I left my phone number with them. So they never called me and I also never went back. (Esther, caregiver of non-beneficiary child eligible for FCG, Khomas)

Challenges may also be relatively arbitrary and out of the applicant’s control, but relate to bureaucrats as the following quote illustrates:

I think it is difficult. You end up facing a lot of problems when you go to the office to apply. Like maybe, on the first day that you want to apply, they will tell you to come tomorrow. And then you are staying far. It takes a lot of taxi money to go there. Okay, then the following day, you go there, you will not have enough money to go there. Then you will be looking for money to go there. And when you get there the third day, when they said that you must not go there, they will send you back. (Maria, non-beneficiary child eligible for the MG, Khomas)

5.1.5 Problems with documents

Another barrier to accessing the child grants is when applicants do not have one or more correct documents to apply. This could be because a document is simply missing, or because names do not correspond on different documents. Another problem is disputes between family members which mean that documents cannot be obtained for an application. It may be that applicants experience difficulty in obtaining proof from community leaders should a document be missing. Another difficulty arises when someone dies a great distance away and the documents are difficult to obtain because of the distance. Some documents in particular are mentioned as being difficult to obtain: baptism cards, full birth certificates and death certificates. Some applicants experience difficulties in getting their documents from the Ministry of Home Affairs and Immigration, and here co-ordination between this ministry and the MGECW would be positive. Softening eligibility criteria with regard to documents is suggested but the MGECW indicates that this is unlikely to be a possibility.

Nekundi (2007) found for Oshana Region that many caregivers and OVC who qualified for the social grants could not access this support due to the absence of necessary documents, including birth certificates and death certificates.

With regard to this study, sometimes the problem is simply stated as a missing document, as in the following cases:

I managed to register the one which is my biological, but the others I did not because they needed more information on some documents which is missing. (Nampa, MG recipient, Khomas)
The reason why I’m not registered is that my father’s birth certificate burnt. My mother is always told that since she doesn’t have my father’s birth certificate, things will never get right. (Lambard, non-beneficiary eligible for the MG, Kavango)

What made my application not succeed is we have outstanding documents – both for my father and me. Even myself, I do not have a birth certificate and one of my mother’s document is also outstanding ... They needed my father’s ID at Home Affairs so that I could get my birth certificate. But I also do not have my father’s ID. (Ou Chris, non-beneficiary eligible for the FCG, Kavango)

For Benina in Hardap, the problem lies with not having an updated ID:

I also tried to apply but I did not have an ID. I do not have an ID because my surname has changed. (Benina, caregiver of non-beneficiary eligible for the MG, Hardap)

In addition, the problem of names not corresponding on documents was mentioned by Maria in Khomas and by a social worker in Hardap:

What makes things to take long is because the surname of one of my children and his father was not corresponding to each other. So they are concerned that the names cannot prove that this is the child’s father. Until today I am having these papers but they are still insisting I can’t get help because the names are not corresponding. (Maria, caregiver of MG beneficiary, Khomas)

We recently had a case where the name of the father on the birth certificate differed from the father’s name on his death certificate. The mother insisted the name on the death certificate was that of the child’s father, but we could not help the child because the birth certificate stated a different name. Things like that prolong the process; it’s usually problems with missing documents or with application forms that are not completely filled in. (Social worker, Hardap)

Another frequently mentioned problem was disputes between family members which mean that the correct applicants cannot obtain the documents required for an application. The quotes that follow – mainly from Hardap – outline this scenario:

I also think it was very difficult. The family of my father refused to give my late father’s documents. My family had to fight with them until they finally gave it to us. I was also not sure where my baptism card was. So once they eventually got all the documents, they went to apply for the grant. (Nyenge, FCG beneficiary, Kavango)

One of the problems is also the disputes among the two families as in the case of Anna. One of the families might have the child and the others might sit with the documents. That is also one of the reasons why the application process is so difficult. (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)

I could not do the application because the child’s other grandmother didn’t want to me to get the death certificate of the father. (Anna, caregiver of non-beneficiary eligible for the FCG, Hardap)
My parents also tried. My sister has all the documents and she does not want to give it to my parents ... Because she wants to register me. But I’m not staying with her. (Nokia, non-beneficiary eligible for the MG, Kavango)

I never tried to apply because the child’s father died in a car accident in Grootfontein. So I do not have the father’s documents and it’s really hard for me to get them. (Fanta, caregiver of non-beneficiary eligible for MG, Kavango)

I want to do the application for the child. I went to the child’s late father’s wife, his lawful wife. He passed away in last year May. She did not want o give me the death certificate. That is why I cannot apply for it. (Linda, caregiver of non-beneficiary eligible for the MG, Hardap)

When my husband died in 2004, up to 2006 I was doing nothing. And my in-laws did not want to give me the death certificate of my husband. (Magda, caregiver of MG beneficiary, Hardap)

For some, difficulty is experienced with getting proof from a community leader if documents are missing. The stories provided by Shihako and Motorola give more detail on this issue:

I faced a lot of problems. My mother went to get married to another man and they went to live deep down at the villages. Their house burnt and she lost all her documents. Later on my mother died, and I had to struggle to find a way to register my small sister and brothers. It was difficult because there were no documents. As I was struggling to get proof from the community leader, my husband also died. Now I stared to also register my child. With my late husband’s documents, I did not have a problem because I had all the documents. I tried to get all the proof from the community leader, and I was told to wait three months. (Shihako, caregiver of FCG beneficiary, Kavango)

I also don’t have a birth certificate that is why I’m not registered for the grant. It got burned. My parents were trying to go to the community leader to get proof but I don’t see any progress. (Motorola, non-beneficiary eligible for the MG, Kavango)

Traditional leaders can play an important role in providing affidavits in the absence of documents. However, a social worker in Kavango points to the importance of affidavits being obtained from the police as opposed to traditional leaders:

Sometimes they go to the headman and ask the headman to declare that the mother of a certain child has died on a specific date. We acknowledge that declaration. But it should still be accompanied by something from the police. The police must also declare that the mother has passed away. The grandmother should declare that she is the grandmother of the child at the police station. With those two documents you are able to go to Home Affairs who will be able to give a death certificate of the person who has died at home, if they did no die at the hospital. This is when there is no death certificate. As long as the name of the person is known and the person was known by the headman, those documents are fine for us. But it should be accompanied by a police declaration. Home Affairs has also relaxed their system and they have also assisted the people. And their aim is to provide documents. (Social worker, Kavango)
Another frequently mentioned problem was that of distance from where the person died whose documents were needed for the application. The following quotes describe such situations well:

*The problem with me was that my father passed away at a very far place and he was the one who caused a lot of problems because of the lack of his documents. People had to travel long distances to get the documents.* (Katiku, FCG beneficiary, Kavango)

*[the reason she has not applied for the children is] Because she could not get hold the death certificates of the children’s fathers because they died in the north of the country.* (Maria, caregiver of non-beneficiary eligible for the FCG, Hardap)

*Many of the girls here in the south go to Rundu and those places in the North to go work. When they come back, they come back with a child. When the child’s father passes, you do not know where to start to find the documents. As the child grows up the things also get more and more expensive. The documents play a very important role for me. Maybe the government can try to come up with some other way to do the application process. Then it can be easier for us.* (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)

*I also have an orphan and I heard from the councils. They were announcing that if you have children who does not have parents you have to come and register. But you have to have the required documents. So I did not even try to register my child because the father of the child, he was an Angolan. And the mother is my sister. So, they were having their house in Angola. So when they died, they both died in Angola, so I did not get hold of even one document. So there is nothing that is supporting the child to be registered.* (Anna, caregiver of non-beneficiary eligible for the FCG, Khomas)

*Nowadays people are getting pregnancies in different ways. A man might come from Katima to work here on contract. When his contract is finished, he goes back and if he happens to die, it will be very difficult to find the documents of that man.* (Community leader, Kavango)

Pandu in Khomas mentioned the problem of a child’s parents not being ‘together’ before they died, and the difficulties this creates:

*But the other problem comes when the parents were not together before they passed away. So it is also difficult to get the death certificates of the deceased. If you have to find it, people just send you around, saying it is not with them but with someone else. And you still need to work. There is not time to run around.* (Pandu, FCG recipient & caregiver of non-beneficiary eligible for the FCG, Khomas)

In some cases specific documents are missing and these are crucial for an application. Some FGD participants mention the baptism card as necessary for an application for the FCG. This is the case if a child does not have a birth certificate. The following quote by Tasi highlights the difficulty that she went through to receive a baptism card:

*They told me that I must bring the birth certificate of the child and the baptism card. This child was not having a baptism card because, in order to have that card, the parents have to attend first the Bible school and then the child will be able to be baptised. So both parents died. I started attending that school, and I managed to get the child’s baptism card.* (Tasi, caregiver of FCG beneficiary, Kavango)
The full birth certificate is highlighted as a document that many applicants do not have:

... but the problems that we are experiencing a lot here, are problems with the full birth certificate. Not many children have the full birth certificate ... Many times these applications are not approved, because there are some of the documents lacking. (Volunteer assisting to register children as grant recipients, Khomas)

The other requirement is that the child should have a full birth certificate from Home Affairs where the mother, the father and the child’s name should appear. (Social worker, Hardap)

An important development in the last year is that the Ministry of Home Affairs and Immigration began issuing the full birth certificate for all new births. This should therefore become less of a problem as time goes by.

The 2006-07 National Demographic and Health Survey showed that 60% of children have birth certificates, while the remaining 40% are not registered or have lost their birth certificates.

The Permanent Secretary of the MGECW indicates that after Independence it was decided that children must be registered for birth certificates. However a key problem is the fact that in many instances this is not done.

In addition the Permanent Secretary notes that death certificates are often not applied for after someone dies. Some FGD participants indicated that they had had difficulties in obtaining death certificates after someone died at home. Lipungu and a councillor, both from Kavango, provide examples in this regard:

For me I went through with difficulties because my husband died in the house. So I went to the community leader to get a letter saying that I live in these areas and my husband died in the house. And I took that letter to our local police station to make a declaration statement and I took it to our tribal authority secretary. I was again sent to the king to get another letter which I again took to the office of the tribal authority. I made copies and then I handed those documents to the Ministry of Gender and then I was told to wait for the social workers. I waited from 2002 until 2003. Then I was called again. So I had to start again from scratch as I did at first, going through the same procedures. (Lipungu, caregiver of MG beneficiary, Kavango)

You know in this rural area one might pass away in the deep down area, they will just decide to bury the person without getting a death certificate. Sometimes it is a matter of culture – they don’t want to see the image of this person. Then the identity card and other documents are just buried with them. (Councillor, Kavango)

A problem for some applicants lies with getting their documents from the Ministry of Home Affairs and Immigration as the following quotes show:

There are times when the clients come and they complain that they have gone to Ministry of Home Affairs and that they do not want to help them. Sometimes you have to trace the father so that he can come and sign. In that time the parent is really in need. Maybe the father is somewhere outside the borders. I think the Ministry of
Home Affairs must be better with these documents. They should try to concentrate more on the parent that we sent to them. That will help us to work faster. (Volunteer assisting to register children as grant recipients, Khomas)

I have tried to do the application, but did not have an I.D. And they told me I must wait until I have an I.D. and because I also do not have a voter’s card … I am still waiting. (Ben, caregiver of non-beneficiary eligible for the MG, Hardap)

Here some form of co-ordination between ministries appears necessary, in line with the following suggestion:

There needs to be a network. Between the Ministry of Home Affairs, which is facilitating a big part of this process with documents. Government should look at stopping these bureaucratic hick-ups. (Non-governmental representative working on OVC issues, Kavango)

It seems that some form of co-ordination has already taken place. The Director of Child Welfare Services in the MGECW describes how the MGECW has worked together with the Ministry of Home Affairs and Immigration on mobile campaigns to improve the situation in terms of documents.

Alarmingly, an occurrence of corruption at the Department of Home Affairs and Immigration was recorded by a caregiver of a non-beneficiary child:

So I forgot the date of the death, but they sold me the death certificate, which I never knew you can buy. (Pauyamba, caregiver of non-beneficiary child eligible for the FCG, Khomas)

Finally, a number of stakeholders and FGD participants suggested softening eligibility criteria to improve access to the grants. Specifically, making statements under oath if documents cannot be obtained is suggested:

I think some of the processes can really be shortened. They can even work with the village headmen. They can write letters to the social workers and the social workers can go to the villages and help the children on the spot. (Non-governmental representative working on OVC issues, Kavango)

The government should improve on the required documents. It seems the government is not much concerned with the documents required … It is just better to consider those documents they have found. It is very difficult to find the documents of the person who is very far. The government should look into that. (Community leader, Kavango)

One has to look at whether these requirement are making the programme roll out slowly, then get rid of those requirements or find ways of softening them, so that things are just done faster. (Non-governmental representative working on OVC issues, Kavango)

I also think the process of application should be more lenient. I think if an applicant gives sufficiently good reasons why they do not have the required documents; the government should not put the Red Tape in front of that application and say that
they cannot process the application. Statements under oath should be sufficient. With that the application should be processed. (Control prosecutor, Hardap)

Maybe they can allow you to work together with the police of the town, the pastor and the council members of your community so they can just declare on your behalf and put a stamp on for you. So you can take that declaration with you to the Ministry’s offices. (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)

If a person dies, they register that person as dead. Why can the government not just phone the Ministry of Home Affairs to confirm that the person is dead? That would make it much easier for us. (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)

Applicants often simply do not have the documents that are required for an application for a child grant. However, this is highly problematic as these are basic requirements by government for applications for child grants. The government indicates that there is very little room to maneuver when it comes to the required documents. The MGECW’s Director of Child Welfare Services notes the following:

The more the kids don’t have documents, the more we cannot support them. We also need to work under the acts, the regulations ... If we don’t have proof it is difficult to put this child on the system. (Director: Child Welfare Services, MGECW)

5.1.6  FCG approval process

In terms of access, a number of stakeholders who deal with grant administration mentioned that there are more barriers to access for the FCG than the MG. A number of factors mean that the FCG approval process takes much time. These include an accumulation of FCG applications, the need for involvement by social workers, specifically social workers not visiting prospective foster parents or not doing so timeously, and staying in a rural area where there are fewer social workers than in urban areas. It does not seem that the court process itself is a barrier to accessing the FCG.

The MG seems relatively simpler to obtain if the requirements are met. The process for obtaining the MG once an application has been submitted is described as follows:

If the documents are correct, we register them, we send them to the regional office and from there it goes straight to the head office. Then it is checked and approved. (Volunteer assisting to register children as grant recipients, Kavango)

While it is generally said to take about three months on average from application to receipt of the MG, the process can last a lot longer as in the case of Nancy:

I applied in 2006, but until now [2009] I am just waiting for the answers. So it’s a long process. You have to go up and down. (Nancy, MG recipient and caregiver of non-beneficiary child eligible for the MG, Khomas)

It is not clear why the application process has been delayed for three years.
However it is the FCG which is more challenging for applicants to obtain. From the comments of several FGD participants and regional stakeholders, it is evident that the ‘approval process’ for the FCG – that is, the process that takes place after an application has been submitted for the FCG – is itself a barrier to access for many.

There are a number of things which make this ‘approval’ process lengthy. For one, an accumulation of FCG applications is noted as impeding access to the grant by a record clerk in Hardap:

_Since we took the grants from Ministry of Health there has been a back log of cases. And the social workers, the administration is a bit slow. It can therefore have a slight negative impact. Let me say it has a medium impact, since there is a back log of old cases and new cases coming in. So it can for instance lead to children dropping out of school because the process is slow and lack of staff._ (Record clerk, Hardap)

A volunteer from Kavango describes something of the process once the FCG application has been handed in:

_Especially like here at our offices we can do it the same day, the next day we send it to the regional offices. The regional office there is where it takes time. Whereby social workers they have to come, and do some interviews with some parents who are taking care of these kids and from there they go back they type those reports. Then they call the parents and they go to the magistrate. Sometimes the parents do not show up. Sometimes they do not have money to go there. If the parent goes there they get a court order. Then they come back to our office and we register them. Then the application goes to head office for approval._ (Volunteer assisting to register children as grant recipients, Kavango)

Findano in Khomas who now receives the FCG, gives some detail of her personal experience with the process that follows handing in an application for the grant:

_The process was long. I found it little bit difficult at the office contacting the social worker. I have to go there, I can’t even remember how many times. Sometimes they ask you some questions and you go there again to another interview, and again they request some documents related to the parents. And from there you wait for the social worker to come and do a field visit to your house. They have to go and confirm whether the child is truly staying with you. They also sent forms for the principal to confirm that this child is schooling there. From there, I have to sit in the court to say that I will be responsible for the child and then from there, I wait for the confirmation letter that say you and your husband will be in charge._ (Findano, caregiver of FCG beneficiary, Khomas)

The need for involvement by social workers is given for this grant taking longer than the MG to access across the board. A record clerk in Kavango provides some information in this regard:

_For [the] maintenance grant it is fine, people are getting it. But for foster people – they are not getting it. Even if you register twenty of them, out of that it is only one who is getting paid, the rest not ... For foster, I can say it is the social workers_
who are making it difficult. Because they are not coming to the houses to come and interview the people. Even if you send the applications, they will just keep the application there without coming and making a turn. (Record clerk, Kavango)

Here the social workers simply not visiting or not timeously visiting prospective foster parents as part of the investigation is given as a clear barrier to accessing the FCG. This same point is emphasised in the following quote where social worker visits are undertaken three years after the initial application for the grant:

*Again from the court side, I will not say that we purposely or intentionally delay the procedures within the court. As soon as the report has been received from the Ministry of Gender Equality and Child Welfare, and it sees the child is [in] need of care, a court date is scheduled within ... the next month. And normally after the enquiries are then finalised, that is the date the court date is scheduled. But it came to my attention and that is evidence from the social worker[s] themselves, when they testify in court, that they were approached by the person looking after orphans already in 2006. They only conducted the investigation in 2009.* (Magistrate, Khomas)

Another stakeholder points to location as a challenge with regard to the FCG, with those in urban areas having a greater chance of seeing a social worker and therefore having the FCG approved, than those living in rural areas. This is a problem that has already been noted more generally with regard to the child grants:

*When you go to places like Windhoek, it goes much quicker. Because you have a control social worker there, reports are up to date and there is somebody who can verify these reports much faster. It is also easy to find this person’s address. But in rural areas it is difficult because people stay in villages. There are not enough social workers who can travel to these villages. There is a big need for someone to verify these things. But now it must go to another town to be verified ... Sometimes the person also does not know where the offices are. Sometimes they do not even know what the Foster Care Grant is. So they do not actually go to the social workers to apply. And most of these people do not have their documents. They are far away from Home Affairs and far away from the schools and it is difficult for them to obtain the documents.* (Magistrate, Kavango)

Importantly, the fact that prospective foster parents may not have money for transport to get to the court for the court hearing may further impede or delay access. However a number of FCG recipients in Kavango and Hardap stated that they had experienced no problems with the court process itself. So too Aputi in Hardap:

*We arrived in the morning and presented the daughter’s death certificate and our marriage certificate and in the afternoon we were done. I think that everybody who worked there was very helpful.* (Aputi, caregiver of FCG beneficiary, Hardap)

However there are individual circumstances which lead to difficulties in accessing the FCG. In one case in Hardap, the father of the child proves to be a barrier to access to the grant for this family:
For me it was very difficult because two of the children's fathers were alive. For the first child the mother already reported him and the court process was still going on. But the man denied that it is his child and that was what made it difficult for us ... The child was present and witnessed what he said. We were at the court three to four times. It was me, the father, the social worker and the Magistrate. (Ousiros, caregiver of FCG beneficiary, Hardap)

Even after the court has recommended that an FCG be given to an applicant, it can be some time before the applicant actually receives the grant, as these words from a magistrate in Khomas show:

When a court order is been made and the court recommend the payment of a Foster Care Grant to the foster parents, after three to four months they come and complain to me ... They tell me that they are still not getting the financial assistance to bring the child up. (Magistrate, Khomas)

It is however important to note that this contradicts the experience of a magistrate in Kavango, who finds no problems with the FCG:

Well so far it has been working. I have never heard about people coming to the office and say that they have not received this grant. And I also have not received complaints as long as I have been in this profession that people were unhappy. They never filed their complaints at our offices. But this grant is not sufficient or anything like that. (Magistrate, Kavango)

A range of time spans were given for the time from application to receipt of the grant, or non-receipt in the case of applicants still waiting on their applications. The longest of these was seven years for two recipients of the FCG: they applied in 2002 and only received the grant in 2009. Pandu in Khomas complains of the length of time it takes to receive an FCG:

The only problem is the process is too long. They have to shorten the process. (Pandu, caregiver of non-beneficiary child eligible for the FCG, Khomas)

Finally, Jan, the caregiver of a non-beneficiary who is eligible for the FCG, has some recommendations for government that relate to the FCG:

The problem is also that the government does not come back to you again and tell you how far they are with the application process. And if you go back to them to enquire, then they tell you that the things have been sent to the head office and I think also that is the problem that is making these application processes so difficult. (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)

The government is doing well by giving these grants. But they should make the process easier and faster so that all the children who need it can get the grant as soon as possible. (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)
5.17 Unusual stories

Some stories of access problems were unusual and do not fit neatly into the sections on the experience of access problems. These include siblings having to make applications at the same time, caregivers disagreeing over who should apply for a grant for a beneficiary child, and applications not being made because welfare officials pass comments about applicants’ appearances.

One such story, described by Rooney, a non-beneficiary eligible for the MG, is as follows:

*The difficulty was that I have a young brother and he doesn’t have a baptismal card. And when they went to the office, they were told that all of us, me and my brother have to start receiving the grant at the same time. It means that we now have to wait until my brother gets baptised. Then we will get registered.* (Rooney, non-beneficiary eligible for the MG, Kavango)

It is not clear how ‘legal’ this practice is and it would seem that siblings should be able to have applications made for them at different times.

Some children may not have only one caregiver and then the issue arises of who will apply for an FCG for an eligible child. As in Lativa’s case, this can lead to some discord between caregivers, and ultimately to the grant not being applied for:

*My caregivers tried their best as well. Both of them went to apply for me for the grant. Then the Ministry asked them who will be getting the money and they could not decide who should get it. So since they did not want to choose, we are not getting the money. They have stopped trying now … They said that they are both related to me and they were quarrelling on who should take me, and asked me to choose one of them … The person I chose never came to get me.* (Lativa, non-beneficiary eligible for the FCG, Kavango)

The barrier to access described next was pointed to by two caregivers from Khomas. It is about a negative experience at the application point that results in a failed application. Here Nancy documents this example:

*I have four children and three are orphans. I did not get because where I went to fill the forms in they said I was wearing nice clothes. So that talk discouraged me, and I never went back there since 2006. I thought she was making a joke but she was serious and I really got upset.* (Nancy, MG recipient and caregiver of non-beneficiary child eligible for MG, Khomas)

It seems quite disturbing that a potential application can be prevented because of this.

Finally, it may be that difficulty is encountered in accessing grants once the application has been approved. One story, described by a Unit Commander in Hardap, shows how barriers to access also come into play once grant applications have been approved:
I hear about one lady’s complaint. She applied for the Maintenance Grant. The father of the child was sentenced for two years. She applied for the grant and she was told to wait for three months. After three months she went to the Post Office and when she arrived there, she found out that someone else had already collected the money. (Unit Commander, Hardap)

It may be that more than one caregiver is listed on the application form and that one claimed the money before the other. Some beneficiaries and caregivers in Kavango also note that it takes a long time to access the MG once the application has been handed in:

The application was fine, but it took very long for us to start receiving the money. We had to wait quite long. That is what made it difficult. (Riana, MG beneficiary, Kavango)

Time periods given for waiting for the MG once the application has been handed in range from three months to three years. In the case of the FCG, this time period ranged from six months to seven years. It seems however that the very long time periods are the exceptions. Recent data from the MGECW shows that the average number of days for grant approval for all regions was 94 days. Broken down, this is 28 days on average within the region, 12 days on average at the head office, 42 days on average at the Office of the Prime Minister, and 11 days on average waiting for the grant to be paid out.

5.1.8 Factors facilitating access

Some factors that facilitate access to the child grants were mentioned in the FGDs and by regional stakeholders. These include knowing individuals who facilitate the process, being conversant in English, and some form of decentralisation.

A social worker in Kavango gave an outline of some of the things which open the door for an application for a child grant:

If they have all the national documents in place this can speed up the process. If the guardian knows what is required to come and apply and if he or she is aware of the services offered by the Ministry of Gender. They should also be willing to make some sacrifice, for example on the transport. Sometimes they must go from the village to Rundu. We have one office in each constituency. So if the parent or guardian is willing and they have all the national documents it will be easy for them to apply. (Social worker, Kavango)

It seems that sometimes an individual person can facilitate the application process. A non-governmental representative from Hardap mentions a clerk at the Ministry of Health and Social Services who “really helped the people to gain access to this grant”. However he is no longer working there and can therefore not provide this help any longer. It could be that this help was received when the grants were provided through the Ministry of Health and Social Services. The non-governmental representative from Hardap provides information on this issue:
These days, everything is much easier if you actually know somebody who can help you with the type of services that you are looking for. The workers at the Ministry are very ignorant and the documents that have been handed in just lies around without being attended to. But if you actually know someone then you will not wait for a long time. (Non-governmental representative working on OVC issues, Hardap)

Knowing someone who is involved in the process and can help was mentioned by some caregivers as well. The following quotes detail these scenarios:

*I got there again and there was a social worker. She knew me because she has seen me many times. And she said she wanted to see where I am staying.* (Nancy, caregiver of FCG beneficiary, Khomas)

*After some time I met one guy who works in that office and asked to see him in his office to see if my letter is there. So the next morning I went to his office and I found my letter in his office. And I was told to go to Nyangana after three months to see if my money is there. After three months I went there and luckily I found the money there.* (Likove, caregiver of MG beneficiary, Kavango)

*The social worker's elder sister is married into our family, so she made it a lot easier for me.* (Sara, caregiver of FCG beneficiary, Hardap)

In addition, an FCG beneficiary, Tosh, in Kavango mentioned that members of a Village Development Committee helped his caregiver to get all the documents.

One caregiver of an FCG beneficiary, Findano, described the fact that he was conversant in English as a facilitating factor:

*I am the only one who has got high qualifications and understands English. So, it is easy for me to contact offices.* (Findano, FCG recipient, Khomas)

One suggestion was made that would facilitate access to the grants. A health representative in Kavango pointed to the possibility of representatives from the government coming to rural areas to register people for the child grants. He also suggested some form of decentralisation to improve access to the grants:

*I think they should decentralise more of the work. Then people in communities can more easily access these services ... They can have place at the councilors offices or like here at the hospital. Or they should visit the hospital so that people here can also get access.* (Health representative, Kavango)

Here it seems that reference is being made to government employees registering people for the child grants. Decentralisation of OVC support services to rural areas is also suggested by Nekundi (2007).
5.2 Quality of and access to other critical government services

In this section the quality of and access to Namibian social services will be elaborated upon through the findings from the FGDs. The reason this is done is to establish whether the quality of services may be a disincentive to accessing these services.

5.2.1 Non-receipt of critical services

A number of those in receipt of the child grants spoke of not receiving any government services other than the grants. For instance, Lipungu says the following:

*We are from rural areas, we don't have water and electricity and we fetch our water from the river. We also cook on fire wood. We also pay for our children at the clinic before he is treated. We don't get benefits from the government.* (Lipungu, caregiver of MG beneficiary, Kavango)

Some, like these FCG beneficiaries in Kavango, complained that they were not getting any services because they had to pay for everything:

*We are not getting any benefits. We go to school, we pay for school as well as when we go to the hospital. So I think it is difficult because when you do not have money, you cannot get the services.* (Tosh, FCG beneficiary, Kavango)

*Everywhere you go they are asking money. You go to hospital and they ask money. You go to school and they ask for money.* (Nyenge, FCG beneficiary, Kavango)

Many in Kavango spoke of hearing that there would be exemptions from education and health fees but never experiencing this in practice. For example, Hawina and Mukuku have this to say:

*First we heard from the government that the orphans are not going to pay school fees and hospital fees. But that is not what we are seeing. Children are being turned from the school when they don't pay. Even if they are very seriously sick they do not get treatment if they do not pay.* (Hawina, caregiver of MG beneficiary, Kavango)

*People talk about free schooling and free health services. But in reality when our kids go to hospital, they pay. Also they pay school fees.* (Mukuku, caregiver of non-beneficiary eligible for the MG, Kavango)

There were frequent calls for free education and free health care.

5.2.2 Access to and quality of MGECW services

Some FGD participants – all from Hardap – spoke of the services offered by the MGECW, some being positive and others negative. Some of these relate to the services offered at welfare offices. Magda is quite positive about the service provision at the welfare office she visited:
I only had to travel once. But I found the three months quite long. But at least the people at the office were very helpful and their service was not too slow. (Magda, caregiver of MG beneficiary, Hardap)

In contrast, Ronell complains about lengthy periods of waiting at the welfare office:

Sometimes things happen very slow at the offices. There are many people there and sometimes if you come after the other people, you have to wait for a long time. (Ronell, FCG beneficiary, Hardap)

It seems that the child grants may also not be received by some recipients. Ponio, an FCG beneficiary, details his situation in this regard:

Sometimes the money is not paid to us and during that months we suffer and don’t have enough on our tables. So it is not always that we have food to eat. We also sometimes make food debts and pay back when we get the money. (Ponio, FCG beneficiary, Hardap)

Not enough is said about quality of and access to MGECW services to establish whether there is a disincentive to access such services.

### 5.2.3 Quality of education

In this section the perspectives of FGD participants on the quality of education is reflected. Some participants were happy with the quality of education, while some found it problematic that education has to be paid for. Other problems highlighted related to teachers and included not enough teachers and too many children per class, teachers not teaching, teachers being rude or unpleasant to learners, the use of corporal punishment, and the absence of teachers. Also mentioned was not enough or no text books, but in other cases enough text books was described. Finally, a problem with quality of education was pointed to with regard to school facilities, and these were identified as being in need of attention.

The Director of Quality Assurance in the Ministry of Education notes that in terms of the goals of “Education for All”, Namibia is doing very well. In particular, about 95% of learners are in school. This ministry is now focusing on quality, which includes establishing international standards for schools. One programme that is positive is that of mobile schools where the ministry “follows” parents and provides schooling to children, since these children are particularly vulnerable. The Director believes that the quality of education is improving and that the ministry is making every effort in this regard: “As a ministry we are trying our level best.”

Many FGD participants from Hardap and Kavango, as well as a regional stakeholder, also spoke of the quality of education as being good or fine:

They are getting quality education. I see them when they are coming from school, they speak in English. They are challenging themselves. (Namayara, caregiver of non-beneficiary eligible for the FCG, Kavango)
We think that the government is doing a lot in school. (Ricky, non-beneficiary eligible for the FCG, Hardap)

The education is good, because it will help us one day to have decent jobs. (Smitley, non-beneficiary eligible for the MG, Hardap)

I would say that I am very satisfied with the services that the children receive at the school ... Well you can see from the child’s behaviour. But thus far I have not noticed anything unusual. They are always willing to go to school and if they come home I ask them how the school was and look into the school books and can see that the child is not having a problem. (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)

I am very satisfied with W. M. Jod. I am also happy with the teachers, let me just say that I am thankful … But at least I know the quality of the school is good. (Linda, caregiver of non-beneficiary eligible for the MG, Hardap)

Government gives good education to our children and we must be thankful for that. They do this to keep children from becoming street kids, and also to lower the unemployment rate and also to reduce poverty rate in the future. (Non-governmental representative working on OVC issues, Hardap)

Others were less positive, but not entirely complimentary – they give more of a balanced view:

I think so far the quality is fine. Or maybe here and there, there are complaints. (School principal, Kavango)

The education in Namibia ... I think it is satisfactory. But I think it is not so good. But it is not so bad either. I think it is in-between. (School Principal, Hardap)

That depends from school to school. Some have qualified teachers and some not. (Levi, FCG beneficiary, Kavango)

There are advantages and disadvantages. The advantage is you get good quality education and the service delivery is good. (Ricky, non-beneficiary eligible for the FCG, Hardap)

A frequently cited comment was one of being happy with the state of education except for the fact that it has to be paid for. The following quotes, all from Kavango, are examples of this view:

The quality of education is better. The only problem is that one of looking for money. It is not always easy to pay for the school fees. (Nokia, non-beneficiary eligible for the MG, Kavango)

The quality of education is fine. The only problem is that if you did not pay and the exams come, they force you to pay. If you do not pay, they send you home and tell you that your parents must go to the school so that they can explain why your school fees have not been paid. (Rooney, non-beneficiary eligible for the MG, Kavango)
The quality of education is good. The only problem is the requirements. For example you can write exam and if you don’t pay your exam fees, you won’t get your report card. (Nelly, non-beneficiary eligible for the FCG, Kavango)

However for many, having to pay school fees and the consequences if this is not done are the reason that education is perceived in a negative light. Here it is important to note that there are various payments that have to be made for education: school fees which go to the School Development Fund for maintaining the school, examination fees for examinations and hostel fees for those who stay in a school hostel.

To me the quality of education is poor because of money. You can even finish your primary education and if you don’t have money to pay your secondary education you will just end up dropping school. (Pienaar, non-beneficiary eligible for the FCG, Kavango)

The education we get is very tough, because of the fees involved. Sometimes the parents can’t afford to pay school and hostel fees and examination fees and that can lead to the child losing his or her education. (Team, non-beneficiary eligible for the FCG, Kavango)

I am not happy with the services as children are being sent home if they do not pay the school fees. And they would not even send you a report to see the child’s progress for the whole year. From the Ministry’s side you will hear that a child must not be sent home for not paying the school fees, but that is what is happening. (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)

One participant in Khomas complained of a system where some students go to school in the morning and some in the afternoon, and the ones who go in the afternoon come home late at night because there is a great distance to cover to get home. Others highlighted the problem of children not having food, going hungry at school and not being able to concentrate in class. Some mentioned particular stories that showed the education system to be problematic.

One child mentioned the problem of not enough teachers and too many children per class:

The school where I was schooling there is not enough teachers. So the teacher does not have breaks in-between the periods she goes to one class and immediately she has to go to the next class … Sometimes it happens, like we do not have enough space. Some learners are in the class but some are waiting outside. All the classes are full. They get class outside. (Maria, non-beneficiary child eligible for the MG, Khomas)

A few participants pointed to problems with teachers. Findano, Lucia and Shipepo highlighted a problem of teachers not actually teaching learners:

I can say teachers themselves are not motivated. For example my child complained that some teachers, they come in the class, they go off, they light the cigarette, and go outside to smoke, until the period ‘s over. And on the next day they will not give this class which is behind, they jump it and do other things. (Findano, FCG recipient, Khomas)
School is good but sometimes teachers are lazy. Sometimes when we get to class they tell us to sit down and then we do nothing until the period is over. Sometimes it is bad, because we get behind in the subjects, especially like Accounting. (Lucia, non-beneficiary child eligible for the MG, Khomas)

And at school teachers they just teach you a few things and tell you that [you] must go and study on your own. (Shipepo, FCG beneficiary, Kavango)

I have a son who is now in Grade 1. He cannot even write his name. I think he is supposed to write his name by now but it is not the case. I am blaming the teacher for him not being able to write. (Piet, caregiver of MG beneficiary, Hardap)

Other children described teachers as being rude or unpleasant to learners:

The teachers are sometimes shouting at us when we are making noise in the class and also call us animals. (Taka, non-beneficiary eligible for the FCG, Hardap)

There is a teacher who is constantly underestimating our class, saying that the other classes are far better than us. (Missy, non-beneficiary eligible for the MG, Hardap)

Some teachers prefer other classes or they only acknowledge certain classes as being the best. (Isak, non-beneficiary eligible for the MG, Hardap)

Some teachers use foul language. (Talus, MG beneficiary, Hardap)

... the disadvantage is the depression and the stress that the teachers are getting. That is the time they are overreacting and taking out the stress on the learners. (Ricky, non-beneficiary eligible for the FCG, Hardap)

Jo-ann from Hardap outlines how teachers at her school use corporal punishment:

I also have a problem with some teachers. It is not allowed by the government anymore for the children to be beaten anymore. But there are still teachers that do that. They beat the children ... The teacher even beats you and sometimes blood comes out. (Jo-ann, MG beneficiary, Hardap)

The following comment from a fellow FGD participant verifies what Jo-ann said:

Yes, there was one day that I was talking in class and that teacher slap me and I started crying ... Sometimes you do not even have the guts to ask the teacher a question if you did not understand. They say that they are not there to talk for the whole period. And they say it is because you did not listen. (Ganus, MG beneficiary, Hardap)

Two caregivers from Hardap mention the relative absence of teachers:

Some teachers also arrive late at school or leave in the middle of the year. (Ousiros, caregiver of FCG beneficiary, Hardap)

Like at this school some teachers went out of school for a whole month. (Khamis, caregiver of FCG beneficiary, Hardap)
Another problem highlighted was that of no text books or only few text books which means sharing text books and the related challenges this introduces:

Some classrooms have text books for every child and some classrooms only provide one text book and that is a big problem. The government does not give books on time and this the seventh month. The biggest problem is the Grade 10’s who do not have books. What does the government expect from the child if there are no books and what can we as parents expect from the children? They will obviously fail. (Ousiros, caregiver of FCG beneficiary, Hardap)

I only have a problem with the textbooks at our school. We only have a few textbooks. Sometimes we get homework from the textbooks and then we have to share and some of the children live in the hostel and others outside. (Jo-ann, MG beneficiary, Hardap)

We are sharing textbooks at the school and I don’t think it is good … When we get homework then only one person can go home with the textbook and the other one does not complete the homework. (Tunette, FCG beneficiary, Hardap)

However this lack of provision of text books is contrasted with these stories which are positive:

The government gives maize meal, sometimes they bring books at school. There was a time when they said that learners should buy their own books, but when the school reopened recently, we saw the government bringing books to us. (Motorola, non-beneficiary eligible for the MG, Kavango)

We do not lack any types of books at school. It is enough. (Sonika, non-beneficiary eligible for the MG, Hardap)

One child, Motorola from Kavango, details how school materials are not received if school fees have not been paid:

They are teaching us nicely. The only problems are when teachers make copies of the handouts. They require you to contribute a dollar because we have not paid up our school fees. Then if you do not have the money, you will not get the handouts. (Motorola, non-beneficiary eligible for the MG, Kavango)

Some education-related complaints relate to the state of facilities at schools. This is something that the School Development Fund, which the school fees are paid into, should cover:

The problem is environmental health. Toilets are not flushing well. Things are not good for human use. (Tosh, FCG beneficiary, Kavango)

In our school the sewage is blocked. And the toilet is not flushing properly There is dirty water are all over. Mosquitoes are biting us. Even in the night if you want to go and help yourself the security guard will not allow you. He forced us to use that toilet and there is no toilet paper. (Katiku, FCG beneficiary, Kavango)

Yes we get quality education, but some of the classrooms have broken windows, and pupils feel cold. (Team, non-beneficiary eligible for the FCG, Kavango)
Finally, one stakeholder is concerned that a lack of funding to schools will lead to poor education:

But nowadays children have to buy everything: books and stationery. I don’t think the government provides stationery the way they use to. So at the end of the day if a school sits with 80% orphans and we say all that 80% should just go to school and receive free education. At the end of the day what kind of education will our children receive, they don’t have pens to write with, they don’t have paper to write on, you know. At the end of the day we [are] saying all of you can get free education, but we are giving you poor education. (Social worker, Hardap)

Overall, many stories were given of poor-quality education, although some positive stories were also told.

5.2.4 Access to education

To what extent does poor-quality education, particularly having to pay school fees, impact on access to education? In this section it is evident that accessing education is not a great problem on the whole. Despite what is often described as poor-quality education, and despite having to pay school fees, nearly all children involved in the study are still attending school (section 4.1.2). However in Hardap and Khomas, children who cannot pay their school fees are being prevented from accessing education until their fees are paid. To begin, the school fee exemption policy is outlined. There is some evidence among FGD participants of school fee exemptions being obtained. Most of the children do not receive exemptions, and for many this is despite trying to obtain them. Most children are trying to pay school fees although this is problematic for many.

If fees are not paid, this means that reports are withheld in Khomas Region (there was one mention of this practice in Hardap). This is a serious problem for children who then have no proof that a grade has been passed. In Hardap and Khomas it was widely noted by participants that children are sent home from school if their school fees are not paid. This is a negative experience for these children, not least because education is being missed out on. Having to pay the School Development Fund through payment of school fees is impacting on the ability to obtain a proper education for some. Other discrimination is also evident towards those who cannot pay their school fees. In practice the school fee exemption policy does not seem to be working. Schools need funds from the School Development Fund in order to function. If school fees are not received through exemptions being granted, schools will not be able to function. It seems that grant beneficiaries are expected to pay school fees because they are receiving an income, something which non-beneficiaries are not. In this way orphans may be better off than non-orphans, with expectations attached accordingly, despite the exemption policy being targeted at orphans.

According to the Director of Child Welfare Services in the MGECW, school development costs are not supported by government, and instead schools have to look for funding towards school development costs. Schools get this funding from pupils in the form of school fees.
The School Development Fund supplements and complements government allocations, and is mostly used for books, equipment and maintenance (Godana and Kalili, 2002).

However Activity 2.5 of the Education Plan of Action which forms part of the National Plan of Action (NPA) for OVC (MGECW, 2007b) aims to ensure that OVC who cannot afford the costs of schooling are exempted from all such costs. In the NPA it is stated that the current regulations require that learners who are orphans must be fully exempt from paying contributions to the School Development Fund if there is proof that there is no provision for the learner’s education. An exemption from school fees is a right for orphans. According to the Director of Child Welfare Services in the MGECW, either a social worker, the police or a pastor are given the authority to state that they know the child and that there is a need for exemption from school fees, should this be the case. The Director of Quality Assurance in the Ministry of Education describes how the School Development Fund then writes a recommendation to the ministry which then states that the child should be exempted from school fees. In this way exemptions are dealt with on a discretionary case-by-case basis. The NPA indicates that school boards are also authorised to accept contributions in kind, such as livestock or services to the school where parents are unable to make a financial contribution.

A school principal in Khomas outlined the exemption policy:

*For learners that are not able to afford, their parents have to contact the Ministry of Social Welfare, and they have to get forms that exempt them from paying school fees. But also at the Ministry of Education it is stated that those children that cannot afford to pay for school fees, they should apply to the school board of that specific school for exemption. Or full exemption or part exemption. ... As long as they apply to the school board, and they can convince the school board that they cannot afford to pay the school fees. Then they can be exempted. ... There is an application form that is available at school that they have to complete. It needs to be signed by a police officer, or commissioner of oath, just to make sure that what they are telling in the application form is the truth. And if we need the supporting documents, for instance if it’s an orphan we need the death certificate of the late parents. If the parents are not working, also we need a declaration that says they are not working.* (School principal, Khomas)

A social worker in Kavango also elaborated on the policy:

*With regard to education, for orphans and vulnerable children the Ministry of Education works very closely with us. And they have made out the policy with regard to the orphans and vulnerable children that clearly stipulates that if a child is unable to pay school fees ... they may be exempted from paying for this. That is what the policy states. The Ministry provides an exemption form. This form is taken by the parents or guardian to the specific school and the social worker states that the child is unable to pay school fees. This form is then taken to the school principal. The Principal should then share it with the board members and then the child is exempted on grounds of a social worker investigation.* (Social worker, Kavango)

In the Education Act it is noted that in practice the exemption procedure for orphans and poor children is rarely used due to a lack of awareness, and that some OVC are also excluded from schooling because they cannot pay hostel boarding fees. A problem relating to exemptions
is that while those who have applied for exemptions are waiting for their applications to be decided, school places and hostel places for these children are lost due to competition for such places. The receipt of exemptions from school fees was described by two beneficiaries of child grants. Base from Khomas, an MG beneficiary, is receiving an exemption from school fees. He points out that his grandmother took a long time to get him free schooling. Another MG beneficiary, Caro, also from Khomas, also receives an exemption. According to Caro, her mother asked the principal for a letter and she took it to the government and they wrote a cheque for the school fees. So too with a child of caregiver Khamis from Hardap:

_For Hendrik, I went to Mr. Fleermuis and explained the circumstances I’m living under and I’m not paying for him school fees at all. I only pay for Edison’s school fees and for my other children …. I know that money was given to the school to help support those parents who cannot afford their kids’ school fees._ (Khamis, caregiver of FCG beneficiary, Hardap)

It is not clear if the child on whose behalf an exemption is being received is a beneficiary or a non-beneficiary child. Finally, Sonika, a non-beneficiary eligible for the MG in Hardap notes that her siblings are not paying for school fees – this could mean they are receiving an exemption.

However these stories of receipt of exemptions were the exceptions. Most children were not receiving exemptions, some despite trying to access them. Godana and Kalili (2002) also did not find many parents who had applied for exemption from school fees. Sara in Hardap describes her experience in this regard:

_I have heard that we are supposed to get a discounted hostel fee, but I have not seen this. The other day I received a letter from the school saying N$250 is outstanding for school fees. I could not afford to pay for both children and could only pay half of the school fees for one and nothing for the other. So we asked the school board whether it was not possible to give us discount, but nothing happened._ (Sara, caregiver of FCG beneficiary, Hardap)

Most children are not receiving exemptions but are trying to pay their school fees. The following quotes indicate how having to do so is problematic for some beneficiaries:

_Sometimes my mom gives me money to go buy something to sell like apples. She also bakes cakes and popcorn to get money to pay my school fees._ (Mora, non-beneficiary child eligible for the FCG, Khomas)

_Because sometimes we are sent back home from school because we did not pay our school fees. When we pay school fees, we don’t have washing powder to wash clothes, and the teachers are saying, our clothes are dirty._ (Nokia, FCG beneficiary, Kavango)

It seems that some learners in Kavango have other external means of accessing school:

_Like at Nyangana Hospital, some of the nurses take you and pay for you school fees if they see that you perform very well in school._ (Ronaldinho, non-beneficiary eligible for the MG, Kavango)
Some teachers, if you pass their subjects very well, then they also pay for you and your parents will not even worry again about paying school fees. (Lambard, non-beneficiary eligible for the MG, Kavango)

However for many children, mainly in Khomas, non-payment of school fees means that their reports are withheld. Clara and Joyce in Khomas share their experiences:

For us it is if you don't pay your school fees they keep your report until you pay it ... It's not nice. If you do not see your report, you do not know how you are doing at a subject and for which subjects you have to improve. (Clara, FCG beneficiary, Khomas)

But if you do not pay, you do not get your report ... They (parent) go to the teacher and she talks to her about it, but at the end of the day, you do not get your report. (Joyce, non-beneficiary child eligible for the MG, Khomas)

The report being withheld was also mentioned once in Hardap:

The other problem that I also have is that if a child does not pay the school fees then they don't get a school report at the end of the year. (Sara, caregiver of non-beneficiary eligible for the FCG, Hardap)

This practice is a very serious problem for children who then have no proof that they have passed a grade. According to the Director of Child Welfare Services, this practice is illegal. The Permanent Secretary of the MGECW indicates that those receiving the grants should inform the ministry if this is happening.

It is important to note one instance where school fees were not paid but a school report was received:

Normally they say that if you do not pay your school fees you do not get your report, but I got my report. (Measure, non-beneficiary child eligible for the FCG, Khomas)

Another practice referred to by FGD participants in Kavango and Hardap was children not being allowed to attend school – that is, being sent home from school – if their school fees were not paid. This is an important finding. Two caregivers, Lipungu and Katrina, describe this scenario:

If you don't go to school to pay their fees, they will be returned home. If the child doesn't have a book and a pen, he will be returned home. Until you get them that he will not be in the class. (Lipungu, caregiver of MG beneficiary, Kavango)

I have three children at different schools and what makes me sad is that at the beginning of the year the people at the school told me if I don't pay at least a N$50 for the school fees then the child will stay home. And I didn't have that money. So the child had to stay home for those two to three days to collect that money. (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)

Having to stay home from school is a negative experience for this child to have to go through. The following comments from two non-beneficiaries in Kavango show that having to support
the School Development Fund via school fees is impacting upon the ability to obtain a proper education for some. It also shows that not having the grant means that schooling cannot always be accessed:

_The teachers are teaching us well. But I do not like it when they send us home to tell our parents to go to the school. Sometimes they will send you home every day. So when you get home, your parents are not even there. And then you have to wait for them to come back and then they can only go to the school the next day. So you are missing a lot of school then._ (Ronaldinho, non-beneficiary eligible for the MG, Kavango)

_When you get sent home, you miss a lot. The teacher will continue to teach the other children. And when exams come, you will just be surprised. You will see things that you have never seen before._ (2Face, non-beneficiary eligible for the MG, Kavango)

_I want to talk about education. You can be very clever in the class but if there is no one to pay your school fees, it will not help anything._ (Edino, non-beneficiary eligible for the FCG, Kavango)

Nekundi (2007) also found that despite the exemption policy, some OVC in her study were not attending school, mainly due to a lack of funds to pay school fees.

Apart from having school reports withheld and being sent home from school for non-payment of fees, it seems that there are also other elements of discrimination towards children whose school fees are not paid, as the following quotes from Hardap and Kavango illustrate:

_When a teacher knows that you did not pay for the education, they will always tell you and remind you that you did not pay._ (2Face, non-beneficiary eligible for the MG, Kavango)

_I also want to add that some teachers are offending the learners at school, if their school fees are not paid ... They are scolding those who are not paying._ (Isak, non-beneficiary eligible for the MG, Hardap)

_Or sometimes the teachers also say that since you did not pay school fees, you will not get any books. First the books are given to those who did pay the school fees then the leftover books are given to those who did not pay the school fees._ (Missy, non-beneficiary eligible for the MG, Hardap)

It is evident from the findings that have been cited thus far that most children are not being granted exemption from school fees, and that those who cannot pay their school fees are being discriminated against in various ways. Therefore, in practice the exemption policy – while it looks good on paper – does not seem to be working on the whole. A school principal in Kavango explained how the exemption policy operates in practice:

_The policy of the Ministry of Education says that all learners who are orphans or maybe those who are vulnerable are not supposed to be denied admission to school. Which I think is a good thing, but now on the other side also, it is affecting the school to run properly. Because you find like half of the learners, 50% of the learners at school, are not able to pay. If they are admitted without contributing anything..._
then the school is affected. Now the school is not getting much from the government. (School principal, Kavango)

Similarly the school principal in Hardap noted the following:

But at this point in time, the fund is not operating ... in the rural communities, most of the children are OVC’s. And in the policy it is mentioned that OVC’s should be exempted from the school development fund. And if you look at some rural school, almost 100% of the children who go there are OVC’s. So where should the school get its funds to continue with its educational activities? This is just not working ... There is a subsidy [from government] for stationery and textbooks, but it is not enough. That is why it is supplemented by the school development fund. It is now for office stationery, children’s stationery and we also need money for the extra-curricular and co-curricular activities. (School principal, Hardap)

These school principals provide useful explanations for why the school fee exemption policy is not working. Essentially, schools cannot run if they do not have money coming from the School Development Fund, which is supported by school fees paid by learners. Godana and Kalili (2002) also find that all types of schools (primary, combined and secondary) whether rural or urban, are heavily dependent on the contribution to the School Development Fund. If all learners who could be exempted receive exemptions, the schools would not be able to function.

The Director of Child Welfare Services in the MGECW pointed to a reason why grant beneficiaries are asked to pay school fees despite the exemption policy:

Looking at Namibia, at the village, at the principal, it is perceived that this person is better off because they are getting the grant, so, ‘can we have it’ ... In the community people are better who are receiving something from government, comparing to this one who doesn’t get any income. (Director: Child Welfare Services, MGECW)

In one case there is a negotiation between the school and families over how to pay school fees. It is clear that the grant income is perceived as a means to pay fees to the school:

We once had a discussion with the principal. They were saying that children can only pay N$100 and then keep the other N$100 for themselves. But up until now, nothing like that has happened. That means that we only will have to pay N$100 towards school fees. (Magda, caregiver of MG beneficiary, Hardap)

These quotes also show that the grants provide a means to pay school fees, something which non-beneficiaries cannot so easily do:

At the schools the teachers don’t want children receiving money from the government to skip their school fees. Otherwise they will be suspended. The teachers also talk as if we are getting paid to just pay the school fees. (Das, caregiver of FCG beneficiary, Hardap)

There is a difference because those who are receiving. They can pay school fees. For those who are not receiving the grant it is very difficult to pay the school fees. (Tassen, MG beneficiary, Kavango)
Much government intervention and provision is targeted at orphans. This includes the grants and the school fee exemption policy. While orphans have been identified as being in need of additional assistance in the OVC policy and in the NPA, in practice they may be better off than other children who are not receiving a grant. The grant income therefore sets orphans and their households apart from other households which are usually also not well-off. Both grant-receiving and non-grant-receiving households are called on to pay school fees. It therefore does not make sense that orphans on whose behalf a grant is being received should be exempted from paying school fees in line with the exemption policy when other children are less well-off and still have to pay school fees.

5.2.5  Quality of health services

What did study participants have to say with regard to the quality of health services? Some were positive but most were negative about the quality of these services. Mentioned as problematic were long queues for health services, problems with nurses, and receiving inadequate or incorrect health treatment. Negative stories about health care provision were especially noted in Hardap.

The Permanent Secretary of the MGECW described an improvement in primary mother-to-child transmission rates which is a positive in terms of the quality of health care. The Director of Quality Assurance in the Ministry of Education (MoE) notes that the Ministry of Health and Social Services has obtained permission from the MoE to go into schools to promote health education. Indeed, this was noted by one FGD participant in Hardap who also had something positive to say about health services:

*I have realised that the clinic is visiting the school and they are checking the children’s health, like their ears and eyes. They get a letter so that they can go back to the clinic. But I have not gone so far to find out … But at least government is doing that.* (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)

Another positive story about health care is as follows:

*I think the health services are also fine. When you are sick, your teacher can give you a letter to take to the hospital so that you can get treatment. And in my opinion the treatment that you get is good.* (Motorola, non-beneficiary eligible for the MG, Kavango)

However not all study participants were happy with the quality of health services. Two stakeholders (a principal and a health representative) in Hardap noted the lack of medicines at state clinics as being problematic. A central stakeholder, the Chief Accountant in the MGECW,
indicated that sometimes there are no doctors, or no medicines or clinics are very full: “The health system really needs improvement.” Similarly, a regional stakeholder noted the following:

... here the clinic is every day full and the people are not helped on time. There are only several people who do receive treatment and maybe we expect too much from the nurses. (Non-governmental representative working on OVC issues, Hardap)

Many FGD participants, mainly in Hardap, also described the quality of health services as not being good.

Long queues which resulted in long waits were mentioned by some as being problematic:

*It is not always easy because you have to go sit in queues. And there are always many people at the clinic.* (Robas, FCG beneficiary, Hardap)

*On Monday I went to the clinic around 8h00, and only came back 16h00. They really do not care about patients. It took too long because at 13h00 they went for lunch. They are even telling people that they must come back tomorrow and the people are sick. So these people were children, elderly and younger people.* (Measure, non-beneficiary eligible for the FCG, Khomas)

This scenario was contrasted with private health provision by a caregiver from Khomas:

*Partly if you are lucky you will get good treatment. But what is frustrating is the long queues, the many patients over flooding, and only a few health workers. But at the private sector there are fewer patients, the nurses are there, the doctor is there, and the specialist. You see the picture you really want to see. I don’t know how to put it, but government is just government and private is just private.* (Findano, caregiver of FCG beneficiary, Khomas)

Problems with health care providers, mainly nurses, were raised by a number of FGD participants. In this example from Khomas, doctors not caring for patients was highlighted:

*I don’t know much about other services. But like the hospital, the doctors are not doing well. I am not talking about Katutura hospital. But clinics like Khomasdal and Katutura clinics. The doctors they don't care about patients ... Like the other time I went to the clinic with my little brother. They stopped me and asked me where my mother is. They did not even ask me what was wrong. Someone else was yelling at a patient.* (Ashley, non-beneficiary eligible for the FCG, Khomas)

Nurses neglecting patients was described as problematic by Ricky in Hardap:

*I think that the quality of service is very poor. The nurses, when you arrive with an emergency are just neglecting you and they have also been trained to help you. But most of the time it is only the doctors that must do everything.* (Ricky, non-beneficiary eligible for the FCG, Hardap)

Similarly, nurses being rude to patients was also described, also in Hardap:
I am not satisfied with the services that I receive from them, because every time when you go there and you don’t have money then the nurses will insult you and give you bad words before they will help you. (Mariam, non-beneficiary eligible for the FCG, Hardap)

Two similar stories from different FGDs underscored the fact that nurses not doing their work is a problem at this clinic in Hardap:

There a lot of problems here at our clinic, if you arrive in the morning then you will wait all day before anyone helps you. The nurses are ignoring people whilst they are sick and chatting. They laugh at the back. When they decide to help then it is only one person being helped. I was there yesterday just to get the injection. But I had to wait for them to finish talking. They never help us on time. They say the clinic opens at 08h00, but they only start helping people at 09h30. (Khamis, caregiver of FCG beneficiary, Hardap)

When you go there to be there by 8h00 then these nurses take their time doing their things first. They are talking to each other, laughing and making jokes and only by 9h00 then they will start helping you. At 9h00 they only start writing your names down. Then only do they start to help you. (Linda, caregiver of non-beneficiary eligible for the MG, Hardap)

Another problem that was mentioned was the provision of inadequate treatment. Lemon and Marius, both from Hardap, provide more detail in this regard:

The quality of the health services is not quality. When you had for example, when you had TB they don’t treat you up to standard of a TB person. Even when you have a sore, they only give you Panados and Ibuprofen. They don’t treat you as the sickness is supposed to be treated. So that is not quality. (Lemon, caregiver of non-beneficiary eligible for the MG, Kavango)

They just give you pain killers for every sickness when you go there ... There are only nurses at the clinic and the doctor only comes once a week. (Marius, MG beneficiary, Hardap)

Sufra from Hardap tells of receiving the incorrect treatment:

In 2005 I got sick after I came back from Windhoek and they did tests on me. They tested me for HIV but said that it is not HIV, it is T.b. I have been drinking T.B. pills for three years now, but I was still six. In 2008 I went to a doctor in Mariental and they took x-rays. Then they told me that one of my lungs not work and they cannot do anything about it. I want to go back to that Clinic and tell them that it is their fault. How can they treat me for T.B. for three years and not realise it is not T.B. They never tested for Asthma. (Sufra, caregiver of non-beneficiary eligible for the MG, Hardap)

Not receiving proper medication and receiving the wrong prescription were identified as problems by Ben in Hardap:

They just give you Panado and they also don’t care about you because you are poor. If you come back for check ups then you must also pay. Now why do they give you the wrong prescription from the start? (Ben, caregiver of non-beneficiary eligible for the MG, Hardap)
The fact that patients were not able to understand directions on medication meant that health services were viewed as of a bad quality by one FGD participant in Kavango:

But I really think that they should improve the health services. When you are sick and you go to the hospital, they give you medicine. But then everything about the medicine is written in English. And we do not speak English. They should at least translate it for us so that we can understand how to take the medicine. (Napemba, caregiver of non-beneficiary eligible for the FCG, Kavango)

A particularly negative experience was described by Sandeo from Hardap:

My sister was very sick and she was taking the medicine. One day she was very ill. And then me and my mom had to drag her to the clinic. When we got there, they told us to wait. We asked them if we can at least have her lie on a bed while we wait and at least put a drip on. We also do not have a cell phone so that we can phone the doctor. They were very rude and told us that we did not look after her well. They also do not want to touch her, because she had the illness. When she wet herself, they called us to go dry it. They did not want to touch her. I just have to thank God that he was with us. We were also not given gloves to protect us when we helped her. They just told us that we also want and want and want. And they said that we had to pay for the gloves. We did not even have enough money for food. (Sandeo, caregiver of non-beneficiary eligible for the MG, Hardap)

There were a number of complaints relating to health care provision in Gibeon in Hardap Region in particular: health care providers being in a hurry because there are many people to attend to; an FGD participant complained about being given the wrong prescription; a complaint that the HIV test is not confidential and that as soon as a test is taken the result becomes public knowledge; a complaint about not having an ambulance and having only infrequent visits from doctors; only a few nurses and having to wait very long; being given basic medicine such as Panado only.

Finally, the above stories are balanced with the following statement by Magie in Khomas:

Sometimes it is not that the doctors do not care about patients. It is even that the nurses are trying their best. But the people are so many, and lunch time they must go for lunch. (Magie, non-beneficiary eligible for the FCG, Khomas)

5.2.6 Access to health services

From the previous section it is clear that there are may negative stories about the quality of health services provision. To what extent do these experiences impact on access to health services? In this section it is evident that study participants do not always find it easy to access health services because of the cost of doing so. Many children are turned away if they do not have the money to pay for a clinic visit or a hospital visit. Debts may have to be incurred or long waits or inferior treatment may be received where children do not pay. However it seems that they are still trying to access health services despite this issue of affordability. Various suggestions were made for how to get around fee payment in order to access health services. There is even some evidence of children gaining exemptions from fee payment for health services.
The vast number of FGD participants do not access private health services but instead are dependent on public health services, as this quote by Gert in Hardap shows:

*Doctors are actually out of out reach. There is no mention of doctors in this question. We do not have money to go to a doctor. But there are clinics. We have to struggle to get money together to go to the clinic.* (Gert, caregiver of MG beneficiary, Hardap)

Accessing these public health services is not always easy. The following is a clear example of children being turned away when they do not have the money to pay for a clinic visit.

*... the children have to pay a N$4 here at the clinic. Sometimes as they came from school I see that they are being sent back to home if they do not have that money, no matter the emergency.* (Health representative, Hardap)

Information from the FGDs also shows how some children are not treated at clinics if they do not have the money to pay for treatment.

*I sent my child to the clinic with a school uniform thinking that when she said she is a student they would treat her. So they sent her back to get the money and she was coughing.* (Unoo, caregiver of non-beneficiary eligible for the MG, Khomas)

*... because the nurses, they used to be so strict to the people who do not have money. If you are sick and you go to the clinic and you ask for medical treatment and you do not have money, they will not treat you.* (Maria, non-beneficiary child eligible for the MG, Khomas)

*They will not help you and that is very bad. Like me, I am staying in the hostel. And sometimes I do not have money. Then they tell you that you have to go look for money and come back when you have the money.* (Jo-ann, MG beneficiary, Hardap)

Also there are similar stories, mainly from Kavango Region, at hospitals:

*The hospital sent people back because they do not have money. Like one person recently was sent away because he did not have money to pay.* (Nkororo, caregiver of non-beneficiary eligible for the FCG, Kavango)

*They don’t help you if you do not have money and it is not good because sometimes you use the money to pay for your school fees and you really do not have the money. So sometimes you get sick but you do not go to the hospital.* (Foxy, FCG beneficiary, Khomas)

*When you are sick and you go to the hospital, even if you are very seriously sick, they will not admit you in the hospital if you did not pay the fee. This is because you are taking up the space for those who have paid.* (Lambard, non-beneficiary eligible for the MG, Kavango)

*We don’t get proper treatment at the hospital. When you don’t pay the consultation fee and pay for the bed, they will just send you back.* (Nokia, non-beneficiary eligible for the MG, Kavango)
These are important findings. One child recounts how ‘debts’ even have to be paid at some health facilities:

*The hospital won’t help. Maybe you went there sick and you do not have money. You write your name. Next time, if you come there and you are sick again, they will tell you that you owe the hospital.* (Joe, non-beneficiary child eligible for the MG, Khomas)

*It is difficult. When you do not have money, they write your name in the credit book. But then you have to wait until they have treated those who have paid and then only will they treat you.* (Team, non-beneficiary eligible for the FCG, Kavango)

Some who are not able to pay may not be turned away, but may instead have to wait for an excessively long time before they are treated.

*Sometimes if you don’t have money they say wait until all the people are treated then you have to wait long hours and you are really sick.* (Selma, FCG beneficiary, Khomas)

*Sometimes when you go to the hospital, and you could not pay, the nurse will treat those who did pay first. So you have to wait until they have treated everyone who had paid before they will treat you.* (2Face, non-beneficiary eligible for the MG, Kavango)

Or some may receive ‘inferior’ treatment when it is given, because of not having paid:

*And when you go to the hospital and you do not have money to pay, the person who does the consultation gets angry. So when they treat you, they will only give you a few tablets.* (Rooney, non-beneficiary eligible for the MG, Kavango)

Clearly, not having the money to pay for health services means that in some cases children are turned away from receiving the service or they are made to wait for long periods of time to receive services.

Some find ways to get around having to pay for health services. One mother finds a way to access health services despite not having the money to do so at the time:

*If my mother goes to the clinic, she smooth talks the staff to be helped on credit. She has a friend to and she also asks her to help. Then she pays them end of the month.* (Johanna, non-beneficiary eligible for the MG, Hardap)

In the case of Clara from Khomas, being part of the education system enables access to health services:

*If you go to health services they don’t help you if you don’t have money unless you come from school and you are wearing the school uniform. Then they treat you.* (Clara, FCG beneficiary, Khomas)

Evidently there is a need among many children for health services but they are not able to do so because they do not have the money to pay for these services. Some regional stakeholders suggested that OVC should not have to pay for health services:
And what is the biggest concern is that children in need of care from my point of view, must be regarded as state patients. And the services rendered by the Ministry of Health and Social Services, with regard to the medical treatments, is also very poor. The foster parent should not pay for services rendered to these children. (Magistrate, Khomas)

I think the Ministry of Health must just give to the vulnerable children free health services. Because, we have that four dollars to pay for the health service but sometimes the parent does not have that. (Volunteer, Khomas)

A magistrate from Kavango suggested that the fees paid by foster children should be minimal:

If a child gets a court order that says that he or she is in need of care they should get basic needs up to a certain age. At a clinic or hospital they should at least get to pay a basic fee like N$10 or N$15. This child is in need of care. (Magistrate, Kavango)

Some suggested that OVC receive some type of document which shows they are entitled to free health services:

Let me start with health care. I think the orphans and vulnerable children should be exempted from paying medical bills at state hospitals. They should not pay at all. These people can carry their United Africa cards as identification to [prove] that they are looking after OVC. Otherwise you can also ask the Ministry to provide you with a letter with the details of the grant. (Record clerk, Hardap)

One stakeholder indicated that if a patient cannot pay for state health services, they should still receive these services:

For health you just need N$5 when you go to the clinic. And if you do not have the money, you just tell them. The ministry said that even if you do not have this money you should be helped. And if say for instance I go and I cannot pay, and they do not want to help me, I will write a letter to the newspaper. Because the Ministry of Health and Social Services said that we have to get treatment – even if we do not have money. No person must be pushed away because they do not have that N$5. (Volunteer, Hardap)

According to the NPA for OVC (MGECW, 2007b), the Minister of Health and Social Services is authorised to grant exemptions for the prescribed fees for health services for state patients. While the regulations do provide for several categories of fee exemptions, none of these apply to OVC or provide for fee exemptions on the ground of poverty.

Activity 4.1 of the Health and Nutrition Plan of Action of the NPA aims to improve OVC access to free health services by (a) disseminating information to communities, OVC caregivers and health workers on how to access health care services and on the procedures for being exempted from the fees for such services, and (b) amending health regulations to provide for exemptions for OVC and other state patients who cannot afford the prescribed health fees, and issuing an official circular to all health care providers and administrative staff on the proper interpretation and implementation of such regulations.
A few regional stakeholders from Hardap and Kavango indicated that exemptions are given to some poor children who attend clinics:

\[
\text{With regards to health, we are not collaborating that much, but I believe that they are doing their part. If a child is unable to pay for health services, they will get free health. They do not even have to pay the fee, I think it is N$11, depending on what it is.} \quad \text{(Social worker, Kavango)}
\]

\[
\text{When we see a child is vulnerable, we give an exemption form. So they receive exemption from health services and they do not need to pay.} \quad \text{(Social worker, Kavango)}
\]

\[
\text{At the health services the nurses also once said that the children must not stay at home because of not having money to go to the clinic. They must be helped.} \quad \text{(Non-governmental representative working on OVC issues, Hardap)}
\]

\[
\text{I would say that when it comes to health then it is okay because even if you come there without money then you are getting help.} \quad \text{(Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)}
\]

There are also some positive stories regarding accessing health services from participants in the FGD of non-beneficiaries eligible for the MG in Kavango. These are as follows:

\[
\text{2Face: When I'm sick and go to the clinic, they treat me even though I do not have money to pay for the treatment.}
\]

\[
\text{Sherley: They also treat me when I do not have money. They once told me that it is on credit and that if I have money, I can come and pay.}
\]

\[
\text{Motorola: I also know that when a learner is sick, he or she just gets a letter from school then she can go and be treated free of charge.}
\]

\[
\text{Lambard: I also know that when someone is sick and he doesn't have money, he can go and pay in kind like with mahangu or maize.}
\]

Likewise, in Hardap there is a positive comment about health service provision:

\[
\text{It is good, because sometimes if you do not have the money they will just help you on time.} \quad \text{(Samiko, non-beneficiary eligible for the MG, Hardap)}
\]

However it seems that it is not always possible to receive exemptions even if the practice of granting them is in place, as the following quote shows:

\[
\text{Last week I had to take my child to the clinic. The child was supposed to get a letter from the school. But then the secretary and the teacher was not there. So I had to get the money from my sister’s husband and then I took the child to the clinic.} \quad \text{(Magda, caregiver of MG beneficiary, Hardap)}
\]

Finally, with regard to access to health services, the issue of it being difficult to get a fostered child onto a medical aid came up among stakeholders and in the FGDs, as these comments show:
Sometimes a child has medical needs. He or she might be suffering from a disease ...
When someone has a Foster Child, it is difficult to get this child on the medical aid.
(Magistrate, Kavango)

I have four children, two are my own and two are adopted. One is not officially adopted but it is only because of family matters. The medical care, there is a difference there because my own children I registered them with my medical aid. But the other ones are not included in my medical. So as a result it’s easy for me to take my own children for teeth cleaning, medical check-ups at the private doctors. But at the state hospital, it’s difficult to line up with the queue and the long process to get to the doctor. (Findano, caregiver of FCG beneficiary, Khomas)

Overall, children are accessing or trying to access health services despite the requirement of fee payment and despite the quality of health services not always being good.

5.2.7 Access to government in-kind services

A regular form of in-kind services provided by government is school feeding schemes. Other less regular and more ad hoc in-kind provision was also identified in the study. This includes blankets, clothes (including school uniforms), food, text books, pens, school bags, mosquito nets, sleeping bags and payment of hostel fees and school fees. These services may be available to orphans or to children more generally. The findings on in-kind provision are in line with those of Nekundi (2007) who undertook a study in Oshana Region, Namibia. She found that various types of support were available to OVC and their caregivers in addition to the grants, in both urban and rural areas, namely food assistance, cooked meals, school uniforms and other school supplies.

In-kind provision was pointed to by central stakeholders. The Chief Accountant in the MGECW indicated that at some point requests came from families and schools for funds to buy school uniforms. Applications went through social workers and record clerks for these funds which came from a contingency fund. The MGECW also pays school fees for some children who stay in children’s homes. The Director of Quality Assurance in the Ministry of Education describes feeding schemes in schools which are a means to encourage learners to attend school and also to see that children who do not have food are able to concentrate at school.

A number of FGD participants and some regional stakeholders provided a description of in-kind support that the government gives. These are some examples:

At our school they call the children in and look at their school uniforms. When it looks good, they do not give you anything. But they just give it to the other children whose clothes do not look so good. (Jo-ann, MG beneficiary, Hardap)

When a child does not get the grant there are other means of support like blankets, clothes and up North there is this Food Distribution – the drought relief programmes. (Record clerk, Hardap)

Sometimes the government brings maize meal so that the parents can make them food at school. (Nelly, non-beneficiary eligible for the FCG, Kavango)
In Kavango the following in-kind provision by government was mentioned by FGD participants: food to children at school, drought relief, school uniforms, blankets, text books, pens, mosquito nets, school bags, clothes, food (maize meal was mentioned), food to parents. In Hardap this provision was described: school uniforms, school shoes, school bags, blankets, sleeping bags, clothes, food (maize meal at school, soup was mentioned), hostel fees paid. In Khomas, school uniforms, payment of school fees and food such as mahangu flour and cooking oil were all mentioned. Most of the FGD participants spoke of this provision being available generally. Some mentioned that this provision was only available to orphans. For instance:

*Both orphans and the non-orphans have to pay the same amount at the hospital and to school fees. The only thing that is different is they give us orphans mosquito nets and food, and school uniforms.* (Ronaldo, MG beneficiary, Kavango)

One recipient of a child grant spoke of not being able to access in-kind provision because it is only available to those who are not working:

*I even did not find the councillor there and the day that I managed to find the councillor, he told me that the aid is mainly for the children whose parents are not working. So, I am working, and as a result I only receive the N$200 for the child.* (Findano, caregiver of FCG beneficiary, Khomas)

*I wanted to say something: I made a lot of effort to register the child. I even came to the Ministry of Gender, but when you go down there you are told “you are not qualified”. Actually these things really discourage you to continue. Especially us that are working. They just tell you that “you are working, you are not qualified”. So that was my situation.* (Findano, FCG recipient, Khomas)

A number of FGD participants mentioned the in-kind provision to which they had access or which they had received.

A non-beneficiary child in Khomas eligible for the FCG, Ndapandula, receives a blanket from the government, and apparently these are given out once a year.

Many beneficiaries and caregivers in Hardap described receiving in-kind provision. Some of these were child grant beneficiaries. Likewise the following beneficiaries describe the provision from government that they received:

*Blankets. Like at the beginning of this year. We also got a school bag and school shoes.* (Robas, FCG beneficiary, Hardap)

*The blanket, school uniform and the bag.* (PJ, FCG beneficiary, Hardap)

Magda notes the in-kind provision her beneficiary children have received from the government:

*Yes. I am aware that the government gave my child a blanket and a school shirt. The blanket he received when he was at pre-school. The shirt and the school bag he got when he went to primary school. He only got it that two times. Other than that I do not know about that.* (Magda, caregiver of MG beneficiary, Hardap)
Jan, the caregiver of a non-beneficiary eligible for the FCG says that his children benefit from maize meal that is cooked at school for the school children. Magte, the caregiver of a non-beneficiary eligible for the MG, says that the child in her care was getting blankets, soup and school shoes. The non-beneficiary child eligible for the MG in Linda’s care (and possibly beneficiary children) received shoes and socks.

The following comments from non-beneficiaries of the FCG in Hardap also indicate that some of these children are in receipt of government in-kind support:

Ricky:  *I just want to say that the government is sometimes good. It provides us with school uniforms, maybe if you answer an application given by the people working for the government. There is a list that comes that tells you to pick the things you need and after you have filled in then the government is providing you with the clothes the following month.*

Taka:  *Last year I got shoes and two trousers from the government.*

Mariam:  *We get blankets, school uniforms and shoes.*

Roberto:  *Last year I got school uniforms, school shoes and blankets.*

In Kavango, caregivers of MG beneficiaries say that their children receive food at school. One of these caregivers, Mutete, also says that they access drought relief. Some MG beneficiaries indicate that they receive text books at school and also clothes, blankets and mosquito nets, all from the government. Motorola, a non-beneficiary eligible for the MG says that he has received books at school from the government, and Zico, an eligible non-beneficiary of the FCG, says that he gets free books and free pens at school. Finally, 2Face from Kavango used to receive school uniforms:

*I see sometimes school uniforms and pens being distributed among learners at our school. I was also in that programme of receiving school uniforms. When I left for another school then they took me out. Now I’m back at that school but I’m not in that programme anymore.* (2Face, non-beneficiary eligible for the MG, Kavango)

However, many of the FGD participants – mainly those in Khomas – said they were not aware of in-kind services being provided by the government. One caregiver from Hardap expressed disappointment at not receiving any in-kind items from the government:

*I don’t know what this government is doing. My children do not get clothes, do not get shoes and we do not even have water at the house. But I still have to go vote when it is election time. I don’t know.* (Ben, caregiver of non-beneficiary eligible for the MG, Hardap)

Marius from Hardap shared a perception that the child grants have replaced in-kind provision from government:

*In the past we used to receive school uniforms, blankets and toiletries. But nowadays the people say we receive grants and we don’t need to receive those things anymore.* (Marius, MG beneficiary, Hardap)
Some of those in Khomas complained that those who live in the urban areas do not get access to in-kind provision from government as those in the rural areas do:

*It’s difficult in towns because at the rural areas people receive cooking oil and blankets. But in towns we don’t hear things like that. And these things are from the government.* (Kayoso, MG recipient, Khomas)

*But to me, until now I could not get anything. Sometimes I think to myself, maybe these programmes are not in urban areas like Windhoek.* (Nampa, MG recipient, Khomas)

In contrast, another FGD participant said that it is easier in the urban areas to access in-kind provision than in the rural areas:

*It is not easy to get this help because normally we go through the district council. Here in the urban area it is little bit better. But there in rural areas it is difficult because there you go to the council office and he sends you back to your village head man and the village head gives you a paper to go back to the council. And the council again calls you together with the head man and then you go back and wait. After you wait maybe then the kind of support that you requested is not the one that will be approved to be given. So, sometimes you requested clothes but they will be giving food.* (Ndahafa, caregiver of non-beneficiary eligible for the FCG, Khomas)

However, complaints about the difficulties described by Ndahafa did not come from FGD participants living in the rural regions.

### 5.2.8 Grants enabling access to other services

The child grants enable school fees to be paid for many and health services to be accessed for some, and these are things that those not in receipt of the grants say they would spend them on were they to receive them.

A social worker from Kavango described how the grants enable some services to be properly accessed because school children have food in their stomachs and transport costs to hospital can be paid:

*If the child is fed, the child will be able to go to school because they have eaten and they have energy to go ... It may also assist the guardian if the child needs to go to the hospital, to meet the transport needs and any other expenses that they may require along the way. So it does assist.* (Social worker, Kavango)

A councillor and a chief clerk indicated that child grants are enabling fees for some critical services to be paid, with education in particular being mentioned:

*Because they can pay the school fees, and from that money they can buy school uniforms, they can also pay small contribution to public health. I think it is helping.* (Councillor, Kavango)
First of all it has made education possible for almost all of these children. I know that this grant is used for educational needs of the child. And this is outstanding.  
(Chief clerk, Hardap)

As evident in the section on access to education, the findings from the FGDs consistently show that the child grants are being used to pay school fees. The following comments, both from Kavango Region, also show that school fees are something that those not in receipt of a child grant would spend the money on:

*If I could receive these grants, my children would not be returned home from because they have outstanding school fees. I could also buy electricity and water for the house.*  
(Mushoni, caregiver of eligible non-beneficiary of the MG, Kavango)

*If I could receive this grant, I could buy maize meal for the house. I will not be so hungry then. I would also be able to pay school fees. And then I would also not be sent home for not paying school fees anymore.*  
(Motorola, non-beneficiary eligible for the MG, Kavango)

It seems that the grants are also being used to access health services. One FCG beneficiary in Khomas says that he sometimes leaves some of the money to go to the clinic. Something similar was also cited by the caregiver of an MG beneficiary in Kavango:

*I only have one child, and this money is used for his school expenses and food. The remaining I keep it. When he is sick, I use that one to take him to the hospital.*  
(Kupembona, caregiver of MG beneficiary, Kavango)

Moreover, one caregiver who does not receive the grant indicates that she would use it to access health services were she to receive it:

*I would buy food so that the people will not go to bed hungry. If we get this money we will be able to pay when we need to go to the hospital. At least then we will not be sent back.*  
(Ndjovo, caregiver of non-beneficiary eligible for the FCG, Kavango)

Non-beneficiaries also described how the grants would enable access to health and education services were they to be received:

*I will not be sent home because my school fees are not paid. And at the hospital the people at reception will not get so angry with me because I will be able to pay for the treatment I get.*  
(Rooney, non-beneficiary eligible for the MG, Kavango)

However, the following quote highlights the fact that some beneficiaries are not able to access other services despite receiving a child grant:

*And this grant is not enough. So I have to be sent back from school sometimes because I did not pay school fees.*  
(Tosh, FCG beneficiary, Kavango)

Similarly, one social worker did not believe that the grant helps recipients access other critical services:
If you come to a clinic you are not asked whether you are receiving a grant. I think there is a minimum amount you have to pay, N$7 or N$9, before you receive medical attention. I think only pensioners can show a card, but for grant recipients there is no card. There is also no way to prove to the clinic that the child is receiving a state grant, so it’s still difficult for them to access medical services. Also with education, 80% of children are orphans or vulnerable children, who do you tell you have to pay school fees and who do you tell you don’t? Being a beneficiary, doesn’t make getting other services easier. (Social worker, Hardap)

This social worker felt that the process of grant beneficiaries accessing critical services could be made easier if those working on the frontline were made aware of policies for OVC:

The Ministry of Education and Health are there, they all know there are policies in place, but many times these people know about the policies, but the person working at the cashier desk does not know about it. He just knows what his work is and that means that people have to pay. (Social worker, Hardap)

5.3 Non-governamental support for children receiving (or eligible for) the FCG and MG

Some FGD participants – both beneficiary and non-beneficiary – accessed not only government services but also non-government services, and this section provides an outline of such support. In some cases, NGOs seem to reserve their assistance for non-beneficiaries who do not have the support of the grant income. There is a wide array of NGOs that provide support to OVC, although the one most frequently mentioned across and within regions was Catholic AIDS Action. Many different types of support given by these NGOs were outlined, namely food (including feeding schemes), blankets, clothes (including school shoes and school uniforms), school bags, school books, money, payment of school fees and examination fees, bibles, counselling, toiletries, groceries, stationery, mosquito nets, exercise books and calculators. However it is important to note that NGO provision to children is generally ad hoc, with caregivers assuming greater importance in terms of provision for children.

Both some beneficiary and non-beneficiary children in the study received NGO support. Some beneficiaries (but very few) received some form of NGO support. Dix, an FCG beneficiary in Khomas, received clothes and food, and his school fees were paid. It is not clear which NGO provided this though. Catholic AIDS Action gave Clara, an FCG beneficiary from Khomas, school uniforms and sometimes blankets. An MG beneficiary, Tutu, receives shoes and a uniform also from Catholic AIDS Action. Ganus, an MG beneficiary in Hardap, has received a blanket:

I received a blanket from Catholic AIDS Action and they even wrote my name down at the New Start Centre so I can get the school uniforms, but I didn’t get the school uniforms because they didn’t find my size. (Ganus, MG beneficiary, Hardap)

Marius, an MG beneficiary in Hardap, also receives something from an NGO. The following transcript details a bit more about this provision:
Marius: *Catholic AIDS Action has these groups – I am in the boys group and my mother is in the other one. I got a pair of shoes once. But they have these developmental groups.*

M: *So what are these groups like? Are they only orphans?*

Marius: *Orphans and other vulnerable children. Children who are very poor. We just get one pair of shoes and a full school uniform.*

In Hardap, one child beneficiary of the MG, whose caregiver is Senorita, received money from ELCAP – sometimes N$200 and sometimes N$300. Two children in Khamis’ care in Hardap received the following in addition to having their examination fees paid:

*The other two boys sometimes get clothes and toiletries from Catholic AIDS Action.*

(Khamis, caregiver of FCG beneficiary, Hardap)

Most of the grant beneficiaries (children and caregivers) do not receive NGO support. One explanation is the following given by a councillor:

*When I find out they get the grant, I withdraw the food. Because they are already getting. I only give to those who do not get assistance from anywhere else.*

(Councillor, Khomas)

He goes on to say that he only provides grant beneficiaries with food support if they are really in need. Similarly, an NGO only gives to non-grant beneficiaries:

*We have Catholic AIDS Action, that give a small allowance to those who are not on the grants system, or that won’t make it on the grant system.*

(Social worker, Kavango)

*And those who don’t get anything from the government and for those who don’t receive anything at all, benefit from the Catholic AIDS Action. There are children out there who don’t receive grants or any type of support from the government. There is not much help from us but we try to accommodate those who are really in need. However we also help those who get the grants, since it is not a lot of money.*

(Non-governmental representative working on OVC issues, Hardap)

Those on whose behalf grants are received are mostly in a better-off position than those who are not. This explains why NGOs would target those not in receipt of the grants. Sometimes the differentiation is made between orphans and vulnerable children. A social worker in Kavango says that only orphans are getting grant support while vulnerable children are benefiting from NGO projects.

The following quote highlights the fact that according to one FGD participant, NGO support is only for those not receiving any government support – grants or in-kind:

*The children are a lot, so it is being said that only those who do not receive anything from the government must get it. But I do not know what happened in my case.*

(Isak, non-beneficiary eligible for the MG, Hardap)
Some non-beneficiaries also received support from NGOs. A non-beneficiary eligible for the FCG in Hardap had his examination fees paid by Catholic AIDS Action and he received a school uniform, and a girl got help from the Evangelical Lutheran Church AIDS Programme (ELCAP), although it is not clear what assistance this was.

Another non-beneficiary eligible for the MG received a school dress also from Catholic AIDS Action, although its receipt was not unproblematic, as the following quote details:

*What I have encountered with Catholic AIDS Action is that they came to us and took the size of the child's dress, shirt and the school shoes but they gave her a small dress and no shoes, shirt and socks. I went back to them to ask if we should buy those things or what. Then they took her size again and up until now she has not received anything yet.* (Sandeo, caregiver of non-beneficiary eligible for the MG, Hardap)

Finally, Linda, the caregiver of a non-beneficiary eligible for the MG, received shoes and socks from Catholic AIDS Action.

### 5.3.1 NGOs that provide support to OVC

Across the three regions various NGOs were mentioned that provide support to needy children. Catholic AIDS Action was most frequently mentioned within and across the three regions by both regional stakeholders and FGD participants.

At the central level, the Director of Quality Assurance in the Ministry of Education believes that the NGO sector that supports children in need is strong. The MGECW Permanent Secretary and the Director of Child Welfare Services mentioned Catholic AIDS Action and Childline/Lifeline, and the Director added the Red Cross to the list. The Director notes that Catholic AIDS Action has been able to help those children whom the government could not help because of the time it takes for children to get onto the grant system. The Permanent Secretary pointed out that the Permanent Task Force for OVC provides a communication platform for NGOs in Namibia.

Regional stakeholders mentioned a number of NGOs working to support OVC in their regions:

<table>
<thead>
<tr>
<th>HARDAP</th>
<th>KHOMAS</th>
<th>KAVANGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic AIDS Action</td>
<td>Catholic AIDS Action</td>
<td>Catholic AIDS Action</td>
</tr>
<tr>
<td>Church Alliance for Orphans (CAFO)</td>
<td>Legal Assistance Centre</td>
<td>Red Cross</td>
</tr>
<tr>
<td>Evangelical Lutheran Church AIDS Programme (ELCAP)</td>
<td>PACT</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Hope AIDS</td>
<td>UNDP</td>
<td></td>
</tr>
<tr>
<td>Hope Promise Ministries</td>
<td>UNICEF</td>
<td>USAID</td>
</tr>
<tr>
<td>Hope Village</td>
<td></td>
<td></td>
</tr>
<tr>
<td>House of Hope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Start</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhenish AIDS Programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Bridge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following NGOs were noted by FGD participants in the different regions (some indicate that you have to be an orphan to access NGO support, while others mention that this support is available to those who are not orphans):

**HARDAP**
- African Methodist Episcopal Church
- CAFO
- Catholic AIDS Action
- ELCAP
- New Start Centre
- NGOs “from other countries”
- Red Cross

**KHOMAS**
- Catholic AIDS Action
- Churches
- Hand in Hand
- Life Child Centre
- Jesus Centre
- Red Cross

**KAVANGO**
- Catholic AIDS Action
- Churches
- Red Cross
- UNICEF
- Roman Catholic Church

### 5.3.2 Types of support provided by NGOs

The following types of support were mentioned by regional stakeholders as being provided:

<table>
<thead>
<tr>
<th>TYPES OF NGO SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food (such as maize meal)</td>
</tr>
<tr>
<td>Feeding schemes (e.g. soup kitchen, meals after school)</td>
</tr>
<tr>
<td>Blankets</td>
</tr>
<tr>
<td>Clothes (including school uniforms)</td>
</tr>
<tr>
<td>Bags</td>
</tr>
<tr>
<td>School books</td>
</tr>
<tr>
<td>Financial support to the vulnerable children or children who do not have parents</td>
</tr>
<tr>
<td>Money to pay school fees and examination fees</td>
</tr>
<tr>
<td>Funds (money)</td>
</tr>
<tr>
<td>Extra pocket money for basic needs</td>
</tr>
<tr>
<td>Bibles</td>
</tr>
<tr>
<td>Counselling</td>
</tr>
<tr>
<td>Toiletries</td>
</tr>
<tr>
<td>Groceries</td>
</tr>
</tbody>
</table>

FGD participants mentioned that NGOs provided the following in the various regions:

**HARDAP**
- Blankets
- Clothes
- Food (e.g. cooked soup, porridge)
- Money
- Payment of examination fees
- Payment of hostel fees
- School shoes
- School uniforms
- Shoes
- Stationery
- Toiletries
- Transport money

**KHOMAS**
- Blankets
- Body lotion
- Clothes
- Food
- Jackets for winter
- Soap
- Stationery
- Uniforms
- School bags
- Pens
- Toiletries

**KAVANGO**
- Blankets
- Calculators
- Clothes
- Exercise books
- Food
- Mosquito nets
- Pens
- School bags
- Toiletries

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Finally, since Catholic AIDS Action was so frequently mentioned by regional stakeholders and FGD participants, it is useful to reflect in more detail on the services this organisation offers. The regional manager of Catholic AIDS Action in Kavango spoke of their services for children:

*We look after orphans and vulnerable children for free, and the way we look after them is when they are registered by our volunteers, then we have them as our registered orphans and vulnerable children. We provide material support like school uniforms and... For those who are performing, for those who are bringing their part in these groups, they are registered under a separate account which is known as serving remnant. And under the serving remnant fund we pay their school fees and we give them toiletries. And the others are also given material support like uniforms and blankets and so on. Sometimes when we have a critical case of emergencies we have orphan emergency funds. We use it to buy goods to support or to help the child with an emergency.* (Non-governmental representative working on OVC issues, Kavango)

A school principal in Kavango also spoke of the services of Catholic AIDS Action as they relate to children in schools:

*One, they are normally encouraging the children to attend school. For those who are really performing in schools, they are taken care of. Either they pay for them the school development fund, or they even give them extra pocket money to buy basic needs ... Normally they come beginning of each term. They come to school to pay for their hostel fees and then the school development fund. Sometimes either once in the term they will have a meeting with these learners where maybe they will be encouraging them to study hard.* (School principal, Kavango)

Finally, a representative of Catholic AIDS Action in Hardap described how in-kind provision is rationed among children in order to see that as many as possible receive some support:

*... the school uniforms are given yearly, but since the children are increasing yearly, we have worked out a strategy of not giving those anything this year who have received something last year. We make sure that every child must get a equal chance to get these benefits.* (Non-governmental representative working on OVC issues, Hardap)

### 5.4 Impact of child grant administration on MEC’s social worker capacity to render other critical services to children

*I’m not saying that we are giving poor service, but I can’t say that we are giving the kind of service every child deserves.* (Social worker, Hardap)

What lies at the root of this comment? Why does this social worker claim that children are not receiving the kind of services they deserve? The following sections provide something of an elaboration on and explanation for this comment. They highlight the scarcity of social workers especially in the rural regions of Hardap and Kavango. Moreover, the sheer range of work responsibilities that social workers have is outlined, including various groups and types.
of work – both relating to the FCG and not. The FCG investigation process takes up much of the social workers’ time and takes them away from other work they have. Volunteers and record clerks are undertaking some of the work of social workers in some cases: participating in the investigation process, typing up reports, checking that grants are spent responsibly. The aim is to understand the impact of child grant administration on social workers’ capacity to render other critical services to children. This is an issue that is looked at in the new Child Care and Protection Bill. However first it is useful to consider some statistics on the number of social workers in Namibia.

Table 21: Filled and vacant regional and national social worker posts

<table>
<thead>
<tr>
<th>REGIONS AND NATIONAL LEVEL</th>
<th>POSTS ON STAFF ESTABLISHMENT</th>
<th>FILLED POSTS</th>
<th>VACANT POSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karas</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Hardap</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Omaheke</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Khomas</td>
<td>16 (incl. institutions)</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Otjozondjupa</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Erongo</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Kunene</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Omusati</td>
<td>10</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Oshana</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Oshikoto</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Ohangwena</td>
<td>10</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Kavango</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Caprivi</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>National</td>
<td>7</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103</strong></td>
<td><strong>50</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>

Source: MGECW (2007)

Table 21 emphasises the critical shortage of social workers in the country. The total number of social worker posts are motivated within budget constraints, meaning that even more social workers could be required than is stated here. The table shows that for Namibia as a whole, about half of the social worker posts for the public sector are vacant. This is also the case in Kavango and Hardap Regions, whereas the situation is not as dire in Khomas where over three-quarters of the posts are filled. One of the main challenges in addressing the situation of OVC is the lack of skilled human resources in both the public social service and civil society sectors, especially the social workers and magistrates. Indeed the scarcity of social workers is described as a primary constraint for the MGECW (MGECW, 2007a). The high number of vacancies in social worker posts throughout the country has a negative effect on service delivery. The appointment of Community Child Care Workers in recent years has undoubtedly relieved at least some of the immense pressure imposed by the rapid scaling-up of grant applications.

### 5.4.1 Scarcity of social workers

Frequently regional stakeholders reported the scarcity of social workers as a problem, particularly in the two rural regions of Hardap and Kavango. For instance, a community leader in Kavango notes that “the social workers who are supposed to assist these people, they are hardly seen”.

The regions covered are vast compared to the number of social workers available:

> And currently, the Ministry Gender Equality in Hardap has one Social Worker for about seven towns. It is a huge area. If you look at the Hardap region on a map is very big. The towns are small and there are many people who live on farms. For one social worker to do all of the work as well as the whole region – it is quite impossible for her to give quality attention to these children. (Control prosecutor, Hardap)

It is evident that the deep rural areas which require transport and are more difficult to get to will tend not to receive visits from social workers. A volunteer suggested how this problem of distance could be overcome:

> Social workers are assigned to constituencies. But they stay in the towns. So there is transport involved. I think they should stay in the constituencies so that they can do the things quickly. Then it will not take so long. They can just go out and meet the people. (Volunteer, Kavango)

It seems that some social workers ‘visit’ other rural locations for certain periods of time, as this quote indicates:

> We have someone who helps us occasionally. She is the social worker. But she is based in Rehoboth. What we do is that when people come, we just write them a letter and when the social workers comes – she normally comes for two to three weeks – then people can come see her. (Volunteer, Hardap)

PJ, an FCG beneficiary in Hardap, believes that social workers should visit the areas where people live instead of the people having to go to social workers:

> ... because if they give you a date and you don’t turn up by that time they don’t help you. Sometimes you don’t have money to go hike and if they come, it will be easier for us and it will save us money. (PJ, FCG beneficiary, Hardap)

Not only are there very few social workers, but those who are there are overburdened in terms of work:

> Currently, looking at the amount of social workers in the country, we are overworked, we are overburdened. We say we are fire fighters, you kill one fire here and then you rush over to the next one and when you come back it’s on again. (Social worker, Hardap)

The Director of Child Welfare Services in the MGECW notes that “everybody just needs a social worker in this country”.

The lack of social workers means that the need for their work is not met, particularly their work on FCG applications, as the following quotes highlight:

> I think the government should recruit the social workers. Because there are few social workers. Especially here in Kavango; they are only four. And those people cannot manage to go and visit the houses. Especially the ones that are registering
The service when it comes to foster care grants is very slow. It takes time. Sometimes you register a child. But the child has to wait so long that they get too old to receive the grant. That is why they have to do it faster ... Because it is so difficult to apply for the foster care grant, some people give up and then they just keep on suffering. (Volunteer, Kavango)

5.4.2 Responsibilities of social workers

Social workers have a range of responsibilities overall. Responsibilities relating to the FCG are one aspect of their work and include the following:

There is range of responsibilities. And we have committees with responsibilities. We must investigate children on the ground. We need to find the circumstances of the child both socially, and the circumstances of the guardian or family members who come to register the child with regard to the grant. So investigation and the circumstances and then processing a report that will go to court are part of the procedure that are needed for a child to receive the government grant. Or any other service that the child may require. The investigation has to be done and then followed up thereafter. Then the child must be provided with the right services. (Social worker, Kavango)

Non-FCG-related work is also undertaken, as this social worker outlines:

We have over twenty two thousand orphans and vulnerable children in Kavango alone. We are only four social workers. So it puts us in a very tight spot. As much as we need to put more children onto the system, we also need to do other activities like for example we have funds for juveniles, we have woman and child protection issues, we have things for those who are coming in conflict with the law ... We are really spread out over all the other services that we provide. We also have education cases. (Social worker, Kavango)

There are many different groups of people that social workers work with:

We as social worker also work in general ... We work with neglected children, abandoned children, children in conflict with the law, women ... domestic violence cases, so our area is quite broad, the field in which we work. (Social worker, Hardap)

The types of work undertaken by social workers also varies:

But now all the admin, we as social workers have other responsibilities as well, having to attend meetings, having to attend to workshops, having to attend to other cases. That’s why it takes so long for the process. (Social worker, Hardap)
### 5.4.3 FCG investigation and court process

The MG and the FCG are distinct from each other in some key ways. The process for dealing with applications for the MG is entirely administrative and can be dealt with by volunteers and record clerks. Applications for FCGs require a social worker investigation culminating in a case report and a court hearing to legally confer foster status on the child. This process is very lengthy and consumes much of the social worker's time. According to the Permanent Secretary, the MGECW does not intend for social workers to be burdened by administrative aspects of grant administration, which volunteers and record clerks can undertake instead. The following quotes highlight the amount of time and work effort that social workers have to give to their role in the FCG process:

*The maintenance grant is no problem because if the child has lost one parent, the remaining parent will come and apply. It takes only three months. It is evident that these children need care. Diseases take parents away and then there is only one breadwinner. But in cases where the child has lost both parents, the process is much longer. The social workers have to conduct investigations. It may even take up to a year and longer, depending on the number of cases in your office. The Foster Care Grant is a very long process. To type, you take up to three hours to type up the case. And when you have over a thousand cases in your office of people who have come to apply, it is very difficult.*

(Social worker, Kavango)

*At the end of the day, the administration is a lot of work; it takes a lot of time. Many people just want the grant for the money, so the children can eat, but we have all this paperwork to complete and all this paperwork can take you up to one year. We try to finish it all in six months, but doing everything else sometimes takes us a year to finish somebody's application, especially the Foster Care Grant. The Maintenance Grant takes us about three months. There we are helped by the volunteers and the record clerks, but the Foster Care Grant; it's a long process for that person to only get N$200. I think the administration is a lot of work and takes a lot of the time we need to provide services.*

(Social worker, Hardap)

*It is a priority to provide these grants but we only get to it when we have time and when the other things are done. We first have to push papers and type letters and then can we only attend to the grants. Especially when it comes to the Foster Care Grant. The Maintenance Grant procedure is easy. But with the Foster Care Grant there are interviews, investigation, and the processing of the report. Then you have to make an appointment with the Magistrate. So it does have a very big impact.*

(Social worker, Kavango)

Work on the FCG takes social workers away from other work that they have to do, as this comment shows:

*So I think a lot of their time must be taken up by working on these grants. They do not really spend their time on the other issues that the social workers need to address. Many times we feel like social workers should come to school and do something at school, especially with these learners. And even assist with problems in the community. But I think working with these grants make the office bound.*

(School principal, Khomas)
This volunteer told of what social workers do when they interview FCG applicants as part of the investigative process:

_They ask how the kids are living there and they talk about the behaviour of the kids. And they ask about the person who takes care of the kid. They want to find out if the person is fit to look after the child. They also check the living conditions of the house ... Especially when it comes to the parents who drink a lot. Sometimes the social worker asks about this. If the applicant is drinking too [much] they do not give the grant to that person. Because that person will not use the money for the child._ (Volunteer, Kavango)

This suggests that the allocation of the FCG is a discretionary decision and that it is not based on prescribed rules and eligibility criteria. However this evidence was found in only one quote, and without additional evidence it is difficult to be conclusive on this score.

A magistrate in Khomas is not entirely complimentary about the investigative process, believing that not enough is done to screen applicants:

_At the end of the time, is quite clear that the social worker did not do a thorough investigation. This person was visited once, the person was not screened properly ... The ability to take care of the children was not established. They are not exposed to a psychological evaluation or anything which is important to take care of a child._ (Magistrate, Khomas)

The final part of the process is the court procedure, described by a control prosecutor as follows:

_Normally it takes between four to six weeks for that application to appear before Magistrate. Technically speaking the Magistrate just follows the recommendation of the Social Worker. The Magistrate itself does not conduct the enquiry into the living conditions specifically. So if the Social Worker made a mistake in their report that mistake goes through the whole process ... Normally the enquiry is very fast. The Social Worker will read the report to the Magistrate and then the Magistrate will request the applicant to confirm that they agree with the request. And then the Magistrate grants the order ... The applications are all made in that they say that they think it should be approved. And then the legislation requires that a Magistrate must approve the application. But the whole power, in my opinion, lies with the Social Worker._ (Control prosecutor, Hardap)

Here it is clear that the vast bulk of responsibility of the entire FCG application process lies with social workers.

### 5.4.4 Role of volunteers and record clerks

The practice of volunteers undertaking tasks for which social workers are trained was evident from the research findings, and seems to have arisen in response to the dearth of social worker skill, particularly in relation to the FCG.
There are social workers but they are really rare ... We make use of volunteers. They are the ones who talk to the children. (Non-governmental representative working on OVC issues, Khomas)

The use of volunteers represents the implementation of a recommendation from a capacity gap analysis commissioned by the MGECW (see MGECW, 2007a). The use of volunteers was initially intended as a ‘stop gap measure’, but they may become Community Child Care Workers under the new Child Care and Protection Bill.

In Gibeon Constituency in Hardap Region there is no social worker and instead a clerk is doing the work of a social worker, “monitoring the activities like the support for children” (school principal, Hardap).

Some volunteers were interviewed for this research. They described the type of work that they undertook. Some of this work relates to the FCG application process itself:

*We work very close with the social worker. The social worker assists us, but we as the volunteers also help her. We do house visits and we help her to type reports and things like that. In the past they did not have the volunteers.* (Volunteer, Hardap)

*And I work closely with the social workers and I assist her in any matters related to social issues. And when she is not here I do the interviews with the foster parents.* (Volunteer, Hardap)

Volunteers are also involved in doing ‘social work’ once grants are received to check that they are being spent properly:

*We visit the children. Just to make sure how the grants are used. And also to inform the parents who are getting the money for the children on how this money should be used.* (Volunteer, Kavango)

*I also do regular or monthly visits to the households to see that the money is being used in the best interest of the child. When we find that the money is not used correctly, I report the case to the social worker and the chief record clerk. The applicant who is getting the money for the concerned office is called to the office or we go there and then it is investigated. If it is really a serious case, we look for another procreator – the person who is getting the money from the child. When you get another procreator, you check the background of that person. We also find out how trustworthy that person is. So you have to go through many steps to find another procreator. When the child is still in school, we really try our best to find another procreator. In some cases a typical example is a teacher also of the child.* (Volunteer, Hardap)

However they are faced with the same logistical challenges that social workers are, especially in rural areas:

*We only go to some of the houses. It seems there are a lot of orphans that we are talking about here. Especially here at our office, we do not have transport to get to them. We only go to the places where we can manage to reach. And sometimes also we only give information through the media.* (Volunteer, Kavango)
5.5 Monitoring of the grant access policy

Two aspects of how the grant access policy is implemented are discussed in this section, namely the requirement of showing the school report and checking on whether the grants are being spent responsibly. Recipients of the child grants are required to show the MGECW the child’s school report once a year in order to continue receiving the grants. Study material shows that recipients of the grants are very aware of this prerequisite for grant receipt. Evident is a strong belief that the grant will not be forthcoming if it cannot be shown that the beneficiary child is in school. Some speak of a form having to be filled out by the school and shown to the MGECW – the same process otherwise referred to as showing the school attendance report. For some the requirement is not only to show the report once a year but more often – in some cases every quarter. Some have to take birth certificates and identity documents along with the school attendance report to the MGECW. One instance is documented where a caregiver goes into debt in order to access the report and continue grant receipt. Two references are made to grant receipt being stopped: when the report is not shown and when a child fails a grade. The MGECW however say that these practices are illegal. While not widespread, there is some monitoring of how the grants are spent. One caregiver is visited yearly by a social worker for this purpose. In another instance, when the report is shown, a child beneficiary is quizzed on how the grant is spent.

5.5.1 Showing the school attendance report

Recipients of the MG and the FCG are required to show the MGECW the beneficiary child’s school report once a year in order to continue receiving the grants. Levine et al (2009) note that while the MG was not designed as a conditional cash transfer, it may have similar behavioural effects as a conditional grant because of this requirement. While school attendance records are required as documentation that the child is alive, many caregivers regard it as a signal that they are required to keep children in school.

The Director of Child Welfare Services in the MGECW indicates that when the grants were first introduced, the intention was to ensure that children were attending school. However since 2007 this has been done away with as a condition because “Aren’t we just making the child more vulnerable than before?” The Permanent Secretary of the MGECW indicates that grant access to children is not allowed to be stopped if their school report is not shown. At the same time, however, the ministry does not want caregivers to think that it is fine for the child to stay at home. Showing the school report could therefore be regarded as a soft conditionality for the grants.

A volunteer at the MGECW points to another reason why the school report could be required, particularly for children at older ages:

Some parents come in and say “my child is 18 years and then they are still in school”. Then you find out that the certain child is not really schooling. So the parents just want to receive the money. That is why we refuse also to register … We ask the parent to bring the school report as proof. (Volunteer, Khomas)
The FGDs show that recipients of the grants are very aware of this prerequisite for grant receipt, as this statement shows:

*I think the government is only giving money to children that are attending school so you need to take a paper to the government showing that you are still schooling.*

(Ganus, MG beneficiary, Hardap)

There is a strong belief that the grant will not be forthcoming if it cannot be shown that the beneficiary child is in school. What Caro and Foxy have to say represents the perspective of many FGD participants:

*They will stop giving money if you are no more schooling.* (Foxy, FCG beneficiary, Khomas)

*Actually I think that in order to keep getting that money you have to go to school. Because like now, I am in Grade 10. She tells me that I should not fail. She told me that they will not give me the money if I do not go to school.* (Caro, MG beneficiary, Khomas)

Some beneficiaries and caregivers spoke of a form that is obtained from the MGECW to have completed at the school and to be returned to the MGECW. This form is called a school progress report, but it is in effect an attendance form. Essentially this form provides proof from the school that the child is still schooling, and is the same process as ‘showing the school report’. Record clerks monitor the receipt of attendance forms:

*It’s testifying that the child is still in school and the principal has to sign it. This letter you get it from the Ministry of Gender. You take it to the principal and the principal fills it in and you take it back to the Ministry.* (Nampa, caregiver of MG beneficiary, Khomas)

*My mother asked me my school report because she said people are asking my school report to see how I am progressing. Sometimes they give me a form to go and give to my registrar teacher or principal to sign it to see how I am behaving in the school.* (Nazzly, MG beneficiary, Khomas)

*My mom has to show that she is still taking care of us, and that we are still in school. And I think she also goes to school to get a form and show it to the government office.* (Foxy, FCG beneficiary, Khomas)

*We are sometimes called to the office and given some forms which we take to the school to have them completed by the teachers and then we return them to the office, and then they send it to Windhoek.* (Radio, caregiver of MG beneficiary, Kavango)

*They are sending forms to the school. The principal must sign it and say in which grade you are in ... There is a part for the parent, the principal and the teacher to sign.* (Jo-ann, MG beneficiary, Hardap)

Those in Khomas and most in the other two regions describe how they have to “show the report” once a year. Some beneficiaries in Kavango speak of having to do this three times a year. One beneficiary in Hardap says it is twice a year. Many caregivers in Hardap describe having to undertake this process quarterly – at the beginning of every school term. For instance:
Every term you have to show a school progress report. They send a form and then the school completes it and then you have to take it back to them. (Sara, caregiver of FCG beneficiary, Hardap)

A caregiver in Hardap gives an explanation for the requirement of showing the school report every quarter:

But they have only started this year with this. Last year it was only once at the beginning of the year. I enquired on why it has changed liked that, but they said that some parents apply and the children drop out of school and they just keep on receiving the money without the child being in school ... I asked him what will happen if we did not fill out the forms. Then he told me that the payment will be stopped immediately. (Khamis, caregiver of FCG beneficiary, Hardap)

Some FGD participants indicate that they have to take other documents to the MGECW in order to continue grant receipt. Sophia, an FCG recipient from Khomas, and Piet, the caregiver of an MG beneficiary from Hardap, have to take not only the school report but also the child's birth certificate to the MGECW. Two FCG recipients from Khomas mentioned that in order to continue receiving the grant, they had to show their ID – one says this must be done monthly, and the other does not specify how often it has to be shown. Another caregiver of an MG beneficiary in Hardap, Gert, mentions that he takes only the birth certificate and the ID and nothing else to the MGECW.

However, accessing the report is not always easy, and in some cases recipients go into debt to get the report in order to continue grant receipt:

Last year, in December, I could not pay the N$100 for the third term. Then I did not get the report. Some people they used to ... The government was asking my report for the last term. My mother had to borrow money so that I could get my report. (Nazzly, MG beneficiary, Khomas)

It must also not be forgotten that taking whatever documents are required to the MGECW offices entails transport costs as well.

Tosh, an FCG beneficiary, speaks of a beneficiary no longer receiving the grant because his report was not shown to the MGECW. However, from what Tosh says it is evident that there are instances where receipt of the grants is not stopped if the report is not shown:

Our caregivers are providing our school progress reports to the Ministry of Gender. One of the friends, his name was removed from the list because his school progress report was not taken there. But sometimes people still receive although they do not give those progress reports. (Tosh, FCG beneficiary, Kavango)

In another case, this time in Hardap, according to the caregiver, grant receipt is stopped when a beneficiary fails a grade:

They told us that if this child should fail a Grade, he will not get the money anymore. He did fail, so they took him off the list. (Sara, caregiver of FCG beneficiary, Hardap)
Overall it is evident from the findings in this section that applying a condition to receipt of the children’s grants – namely school attendance – has resulted in much preoccupation with seeing that children are in school and that they get report cards which can then be shown to the MGECW in order for the child grants to continue to be obtained.

5.5.2 Monitoring use of the grant

It seems that while it is not widespread, some monitoring of how the grants are spent is taking place. A caregiver recipient of the FCG describes how she is visited yearly by a social worker:

... every year there is a social worker who comes to my house to see how I have been using this money. (Scara, MG recipient, Khomas)

In another case it is clear that showing the school report to the MGECW is used as an opportunity to check up on how the grant is being spent:

Every time when we go to show the papers, they ask us about how we use the money. And then they also ask my aunt to leave the room and then they ask me if my aunt uses the money the right way. (Ronell, FCG beneficiary, Hardap)

What is done if the grant is not spent responsibly? The following quote from a record clerk in Hardap gives an idea of how misuse of the grant is dealt with:

The people in the community will come and complain about others who abuse the grant. Then we lodge an investigation – we talk to the person who receives the grant and the children who are supposed to benefit from that money. When we see that the person is abusing the money, we appoint someone else who is more responsible and who can make sure that the grant is being used correctly. And if this person is then doing the same thing, we take away the permission of that family to foster the child. Then we take the children and they might have to stay at a children’s home or an orphanage. (Record clerk, Hardap)

However this is not commonly the case, with other caregivers saying that they are not visited to ascertain how the grant money is spent.

5.6 Beneficiaries’ experiences of the two main child grants

Receiving the grant means that food can now be accessed by some. However for others, receiving the grant does not mean that their needs are met. The grant makes a difference to some in that they can now eat, purchase toiletries and clothing, and pay school and hostel fees. For some the grants cannot make a big difference because the grant amount is so low. The grants also make a difference not only in physical terms but in emotional terms to some. Many non-beneficiaries speak of the difference the grants would make were they to be received.
Grant beneficiaries and caregivers of beneficiaries spoke of others holding a perception that they are well-off and that all the beneficiary child’s needs will be met. In the comments of beneficiary children there is evidence of stigmatisation towards them. The grant introduces discord between those in its receipt and those not in its receipt. Jealousy from those not in its receipt towards beneficiaries and their caregivers is evident. However this is balanced by descriptions of harmony between recipients and non-recipients.

5.6.1 What differences do the grants make?

The child grants make a very big difference to the lives of a number of those in its receipt, according to many of those receiving a grant. Not having an income apart from the grant means that the grant income makes a big difference to these caregivers:

Since I was not having any other type of income it has helped a lot because every morning I was just looking up to God ... Although the money is so little, it has made a difference and I thank God for that. (Magda, caregiver of MG beneficiary, Hardap)

To me, the suffering is too much and there is nowhere to start and no one you can complain to. Really there is nobody you can turn to. It is only the government who is providing us with this grant. (Kupembona, caregiver of MG beneficiary, Kavango)

Receiving the grant means that one caregiver no longer has to resort to begging:

I used to have a list and I went around to people to help me with money. Now the grant money has really helped a lot. At least I do not have to do that anymore. (Anna, caregiver of MG beneficiary, Hardap)

The actual difference the grant makes in terms of what it can purchase, that was not possible before, is evident in this quote:

When my father died it was really difficult for us because my mother was not even working. But since receiving the money it has improved our lives. We can now buy food, pay the school fees and pay for the exam fees. (Ganus, MG beneficiary, Hardap)

A number of beneficiaries and their caregivers pointed to the difference the grant makes in enabling access to food:

Before my mom started to pay the maintenance grant, we used to suffer a lot. There was no food to eat and my mom did not have any job to support us. All we did was to go to the farm where we ate horse meat. But now that the government pays me money, we can afford to buy other types of food. (Siggy, MG beneficiary, Hardap)

This money has brought a lot of help to my household. We used to go a lot of days without food but since I started receiving this money there is always food – even my children can see that. (Sophia, caregiver of FCG beneficiary, Khomas)

This grant it helps us the most in the house. And the difference is, there are times we do not have food in the house. Now we do have food sometimes in the house. (Owen, MG beneficiary, Kavango)
It helps even though is not that much. We can go to school and buy food in the house. So if it was not here maybe we would not have food at home. (Foxy, FCG beneficiary, Khomas)

A specific experience told by Ndina, the caregiver of an MG beneficiary, highlights the timing of grant receipt as being important with regard to food provision:

There is a big difference because if I get my monthly salary which is small, it finishes immediately. And that grant is still to come and sometimes I can buy maize meal with my salary but it finishes before I buy sugar. So when the children’s money come, I can be able to buy sugar because this money normally does not come at the same time. (Ndina, caregiver of MG beneficiary, Khomas)

However it is important to remember that even though some children benefit from the child grants, in some cases the amount is not enough to see that children are fed, or that some of their other needs are met. In other words there is evidence of neglect of some beneficiary children, as the following quotes remind:

Mostly we go without food. When there is no maize meal in the house, no one eats. (Mutete, caregiver of MG beneficiary, Kavango)

To my side we are a lot in the house and my aunties are also having their own children and sometimes it’s really difficult. Sometimes we do not eat during the day, so we drink tea and we come back from school we wait until the afternoon. And we have to walk from home to school and sometimes not all of us have got a school jersey. And at school we have to share one text book. (Betty, FCG beneficiary, Khomas)

Sometimes you will have something to eat for one day and then the next day you won’t. (Anna, caregiver of MG beneficiary, Hardap)

Sometimes there is no food in the house. Because my auntie sometimes buys food and sometimes not. (Bibo, FCG beneficiary, Khomas)

Yet a number of beneficiaries said they were glad to receive the grant. Despite the fact that it was not a large amount and could not meet all of their needs, it was better to receive it than not to receive it:

... it really helped me a lot. It is a lot better than not having anything at all. (Anna, caregiver of MG beneficiary, Hardap)

The grant enables Tunette, an FCG beneficiary, to eat, and also to purchase toiletries, something that was described by a number of children, mainly girls, as being important:

Food and almost everything lacked in our house. But now I can at least buy my toiletries. (Tunette, FCG beneficiary, Hardap)

The grant makes a difference to some beneficiaries in terms of clothing. Henley can now get school shoes:
There is a bit of change. When I was in primary, I could not buy school shoes. Now I can afford it.  (Henny, MG beneficiary, Khomas)

And Caro can now have a school jersey:

I think when I was in Grade 5 or 6, when I went to school, my mom could not afford to buy me a school jersey. So I used to put something on almost like the school jersey. The teacher was complaining then I told them that my mom could not afford a school jersey. They were like saying I should go sell bottles on the street so that I can buy a school jersey. But I said that I could not do it. But now my mom can afford it.  (Caro, MG beneficiary, Khomas)

Many beneficiaries – mainly from Hardap – describe how they can go to school or pay school fees or even hostel fees because they receive the child grant:

There were sometimes when I find it very difficult to go back to school due to financial difficulties. But with the help of this grant, I am able to attend school.  (Kim, MG beneficiary, Kavango)

Firstly I was not staying in hostel. I was staying outside. We had a house. But now I am staying in the hostel, because I can pay the hostel and stay there now.  (Jo-ann, MG beneficiary, Hardap)

First I could not pay for the school fees and the hostel fees but since I started receiving the money I can pay the school fees and buy toiletries.  (Marius, MG beneficiary, Hardap)

We used to suffer a lot. Before we did not have enough food to eat, but now we can at least eat enough food. And my school fees can also be paid for.  (Robas, FCG beneficiary, Hardap)

The positive spin-off of being able to pay school fees is evident from these quotes. In one other case it seems that the grant has had another type of positive impact on education, as detailed in this account:

My aunt then also told me to be serious about my school work. She said that we have now been helped with money and that is why I need to be serious. I get N$200 every month.  (Ronell, FCG beneficiary, Hardap)

Some FGD participants were slightly ambivalent about the changes the grants bring about. Many pointed to the fact that the grant amounts were not enough to make a real difference, although they did make some difference. The following quote by Nazzly, an MG beneficiary, is an example of this perspective:

It changes somehow and somehow not … Somehow the money is not enough for the things that we need in the house. Then my mother has to go to my aunt to help her with money. And when the next month comes, my mother has to give my aunt back her money. And it helps because even sometimes in the middle of the month where people do not have money, my mother can go to the bank, to go get the money and buy food in the house. She sometimes banks that money that she receives.  (Nazzly, MG beneficiary, Khomas)
Henny, an MG beneficiary, also displays ambivalence about the difference the MG makes:

*I am not really sure. On the one side the money is bringing food in the house. And on the other side, my mom cannot afford the whole house’s expenses like paying for water bills, blankets, clothes.* (Henny, MG beneficiary, Khomas)

One caregiver, Findano, pointed to the grant making a difference to the beneficiary child, not so much in physical terms but in emotional terms:

*This money has really helped a lot. Even in the emotional and physical and on the part of the child. As my colleague said, it encourages the child to feel free, hoping that there is something for me, and the child feels like I am here and I have the right to be here. So I am receiving something through this family also on the part of us. As a parent, it helps us to minimise the way of how sometimes we treat this orphan. Not to say bad words to put stigma with words like “no, I don’t have money” and so on. But once you know that you are receiving something for him, you know I cannot say this. It really minimises the emotional stress that the children may have and also our daily needs.* (Findano, caregiver of FCG beneficiary, Khomas)

Many caregivers of beneficiaries and non-beneficiaries are not working and do not have other regular sources of income, and what often differentiates the two types of caregivers from each other is the fact that some receive a child grant and others do not. Clearly a child grant would make a difference to non-beneficiary households were it to be received. One recipient of a child grant spoke of the difference between beneficiaries and those who do not receive child grants:

*... those who are not receiving find many problems at school – sometimes they drop out of school. That is the difference, and even the living conditions differ. Because nowadays life is about money. The problem is just that food prices have gone up, so we are finding it very difficult to make ends meet.* (Kupembona, caregiver of MG beneficiary, Kavango)

Some non-beneficiaries also tell, not simply of what they would spend a child grant on, but of the difference that a grant would make in their lives. For Missy, the MG would mean freedom from worry about not having food to eat:

*If we were to get this money from the government it would change our thinking a lot. We will not be worried about what we are going to eat after school. We will know that there is always something to eat, and it will ease our minds a lot.* (Missy, non-beneficiary eligible for the MG, Hardap)

For Maria, the FCG would mean that her children’s’ school fees can be paid:

*I have two children that I am taking care of and even now there is school fees of N$500 outstanding. And if that money was there it would really help because these two boys are really intelligent and are always willing to learn.* (Maria, caregiver of non-beneficiary eligible for the FCG, Hardap)

For Ben, receiving the MG would mean that his children would no longer have to beg or sell bottles and be exposed to an unsafe and unsavoury environment:
I will be happy if I can get the grant then my child will not go to the bottle store and beg and sell bottles. The people there fight and the children get hurt. And then they start smoking and drinking because they do not get food at home. Then my children will never go stand there again ... My children, if they do not get bottles to sell they still go without eating. They go to school hungry. I just tell them, to look at school if there is maybe not something like porridge for them to eat. (Ben, caregiver of non-beneficiary eligible for the MG, Hardap)

For Bonie, receiving the MG would mean that food and clothes can be purchased, and life will change from a desperate running around to get by:

If they would give us money, we can buy food, provide them with proper clothes and other basic needs. There would be a big different even you yourself won’t run from one corner to another looking for survival. It will help. They must just increase. (Bonie, caregiver of non-beneficiary child eligible for the MG, Khomas)

One quote from Hilma in Khomas, the caregiver of a non-beneficiary child eligible for an MG, shows the burden of a situation where there are many needs but not enough income to meet these needs. It is evident that the MG – to which it seems this household is eligible – would make an enormous difference to Hilma and her family:

If the government could help us with school uniforms because like me, I have three children and I am not working. So there is no way I can afford that. Like I did not pay water for a long time and again we are required to pay land which we are occupying. Now if someone gives me for example N$20.00 I get confused if I should pay water or buy food because most of the time there is no food in the house. And nowadays we have become subject to sickness that needs everyday medicine. And they told us that you cannot take them without food. And again to go back to the hospital you have to pay in order to collect the medicine. And to go there you have to take a taxi. So, all the time you are fighting with so many thoughts, even if I am sleeping I just lie down. I can’t sleep because of many thoughts. So the father of these children is still alive and it’s now 13 years that I last saw him. He is in prison. (Hilma, caregiver of non-beneficiary child eligible for the MG, Khomas)

Finally, there was one caregiver, Senorita, who believed that the grant made no difference to her life or to those of her household. However it must be noted that this perspective was the exception:

It has not bringing any change at all in our lives ... Before this I was working. I am not working anymore. But I see no difference. (Senorita, caregiver of MG beneficiary, Hardap)

5.6.2 Perceptions of and reactions to those receiving child grants

A number of grant beneficiaries and their caregivers pointed to their experiences relating to the issue of stigma and grant receipt. It seems that there is a belief among some of those not receiving a child grant that recipients of these grants are well-off:
But I just want to add when you get this money from the government, it’s the same as you are working and getting a salary. It’s just an additional to your earnings. And it does not necessarily make you to have money all the time ... But people, they look at you as if you have become rich. (Pandu, caregiver of non-beneficiary eligible for the FCG, Khomas)

Even though you do not have money, all you friends they are asking you to buy this and that. (Clara, FCG beneficiary, Khomas)

The following quote makes evident a belief that recipients are well-off and the related stigmatisation that seems to occur:

One day I was coming from Nyanganga and when I arrived here, I greeted one person and she told me to go away. Then I said why are you angry at me if I'm receiving the grant? Then he said I must give him N$5.00. Then I said please, this is not my money, it is for the child. Then she said you who are getting the grant, you are getting richer and richer. (Radio, caregiver of MG beneficiary, Kavango)

It also seems that among some of those who do not receive a child grant, there is an expectation that all of a beneficiary child's needs will be met. Findano explains this as follows:

Once people know that you are receiving the money; people always expect all the child's needs to be met. Which sometimes is just not possible. Even with other children, when they hear like the child is sick, they question: why is she not taking you to the hospital if she is receiving your money? So people expect the child to be at higher level. (Findano, caregiver of FCG beneficiary, Khomas)

This is borne out by the comments of Maria, the caregiver of a non-beneficiary:

... but some of these people they do not support the children as they are supposed to. Some of these children they do not have shoes or you find a child who receives the grants and does not have even a jacket for winter. (Maria, caregiver of non-beneficiary child eligible for the FCG, Khomas)

The following quotes show stigmatisation towards grant recipients and beneficiaries because of child grants:

Sometimes people who do not get the money treat you badly, because you are getting the money. They say bad things to you. (Nazzly, MG beneficiary, Khomas)

People gossip a lot about this money. Sometimes they talk bad things about me when my mother gives me money sometimes to go buy food. This makes me feel bad. (Riana, MG beneficiary, Kavango)

When we started getting this money, some of our neighbours, those who are not receiving, they did not talk to us anymore. They wanted us to share the money with them. But the money is to pay for our school fees and food and we could not share it with them. (Tassen, MG beneficiary, Kavango)
... kids at school they can tease you when you ask something, like borrow me a N$1.00. Because they say that the child is already getting money from the government and they are still asking. (Magie, non-beneficiary eligible for the FCG, Khomas)

*It seems like they are feeling sorry for us – those of us who are getting the money. The children at school talk a lot.* (Ponio, FCG beneficiary, Hardap)

It is not only beneficiary children or their caregivers who may experience some form of stigma because of grant receipt. Some of those who do not receive the grant are also stigmatised as the following quote by Fancy shows:

*For me I live with my auntie, who is very rude. Sometimes I go to my aunt who is very rude. If one of my cousins get the money. And then if I ask my auntie if I can get money to go buy something, then she tells me that she will not give me money. Because I am not getting the money. My cousin gets something every month because she gets money from the government. But I do not get things because I do not get the money. It does not make me feel good at all.* (Fancy, non-beneficiary child eligible for the MG, Khomas)

Some stigmatisation towards beneficiaries seems to be linked to their being an orphan. A number of FCG beneficiaries in Khomas spoke candidly of this:

*I do not know because they just look at you but you never know what is in their heart.* (Bibo, FCG beneficiary, Khomas)

*Sometimes it is really bad because they call me an orphan.* (Betty, FCG beneficiary, Khomas)

*To my side sometimes we are asked in the class who is an orphan and it is not good because afterwards they make jokes of you and I feel bad.* (Dix, FCG beneficiary, Khomas)

It seems that getting a child grant also may mean that one does not receive other forms of assistance, as the quotes from Jo-ann and Marius in Hardap show:

*Yes, they have changed, when I have a problem and I ask help then they say “You are also getting money from the government. Why can you not use that money?” ... Even my own family members and my neighbors have changed their behaviour.* (Jo-ann, MG beneficiary, Hardap)

*When I ask my sister to buy me a pair of sneakers she does not want to because she tells me that I am getting money from the government.* (Marius, MG beneficiary, Hardap)

From the above it seems that the grant creates discord between those in its receipt and those not in its receipt. Those who do not receive it want it, and various comments by recipients of the grants show that there is a fair bit of jealousy towards them from non-beneficiaries. Interestingly, most of these comments were made by caregivers and beneficiaries in Kavango:
In our area if they hear that today is payday for old pensioners and the orphans, those who don’t receive these types of grants, they feel pain in their hearts. Even the children when they go to school. Sometimes we give them N$5.00 to go with it to school, others can even bully them. There was even one child who said, my mother should also die so that I will start getting the grant. (Lipungu, caregiver of MG beneficiary, Kavango)

People know that you are receiving the grant, they feel jealous of you and maybe they will try to do something bad to you. (Owen, MG beneficiary, Kavango)

People talk a lot about us who receive the grants. They are using bad words. I think it is because they are jealous of us receiving the money. (Kim, MG beneficiary, Kavango)

On the other hand it can create also problems, among the family or friends. So they start making their own allegations like if you buy your nice jacket from your own money, they suspect that you are using the child’s money for yourself. They can even contaminate the child with these words like “you know your mother is using your money.” So these things create problems … In my case, last year December I was attacked by my family members. Because they say I was receiving the money. They thought I was receiving that money since he was small, we went to the Ministry and they checked my name and the registration date. And they were told that it is not true. (Chicco, caregiver of FCG beneficiary, Khomas)

For those who are not receiving it, they feel jealous of me. Sometimes they take my shoes away at school. (Shipepo, FCG beneficiary, Kavango)

This jealousy is not surprising when one considers the circumstances of beneficiaries and their caregivers and those who do not receive the child grants, as already highlighted. The grant puts beneficiaries and their caregivers in a slightly better position than others not receiving the grants who are in most cases struggling daily with getting by.

This issue of jealousy is also evident in the comments of non-beneficiaries and caregivers of non-beneficiaries:

When you see your neighbours receive the grants and I you don’t, for me I am not happy. For them they are happy. Even when the child goes to play with their children, their children will tell my child about all the things that they bought. It does not make my child feel good. (Limpowe, caregiver of non-beneficiary eligible for the MG, Kavango)

Other children feel jealous of those who are receiving the grants, especially if they see them putting on new clothes. (2Face, non-beneficiary eligible for the MG, Kavango)

However there was a comment by the caregivers of non-beneficiaries that showed that there is no jealousy towards those who receive the grants:

People they are not jealous of those who are receiving grants. People feel pity for each other. It is a good thing that there are at least some people who are being assisted by the government. (Ndjovo, caregiver of non-beneficiary eligible for the FCG, Kavango)
I am happy for them. I am really happy for them. Here in Gibeon there is no work. When they get something it is good for us to see that if we get that help then we will also be better off. (Maria, caregiver of non-beneficiary eligible for the MG, Hardap)

The following quote by Katiku in Kavango gives a sense of harmony between those who do and those who do not receive the child grants:

I agree with the rest. Those who are receiving the grant, they also come and encourage us to go and apply for the grant so that we can also be helped. At school also children they don’t tease each other. (Katiku, caregiver of non-beneficiary eligible for the FCG, Kavango)

Another caregiver, Sara, does not believe that she is treated differently or that there is ill feeling towards her due to grant receipt:

I think the people are quite excited about me getting the money. They always ask me when is the pay day and so on. So it really helps in providing for my children. Many people talk about it. (Sara, caregiver of FCG beneficiary, Hardap)

Katiku is not the only one who holds this perspective. A group of non-beneficiaries of the MG in Hardap believed that children who received the grant were not treated differently to those who did not. Also, a number of caregivers of FCG beneficiaries in Kavango and the group of FCG beneficiaries in Hardap do not believe that people in the community or school treat the children who receive the child grants differently. A group of caregivers of MG beneficiaries in Hardap also state that the behaviour of others towards them and towards beneficiary children has not changed since they started receiving the grants.

5.7 Financial circumstances of FGD participants

Some participants in the FGDs were in very difficult financial circumstances, and these will be outlined in this section. Being in challenging circumstances applies to non-beneficiaries of the grants and their caregivers, and to beneficiaries and their caregivers. There are basic goods and also critical services that are needed but which these individuals go without – these include food, clothes, toiletries and some aspects of education. Study participants used a number of different means to ‘get by’. This included running small businesses (selling livestock was frequently mentioned in Hardap), doing temporary part-time work, going into debt with businesses, borrowing informally from friends and neighbours, and receiving the pension.

5.7.1 A lack of food

Many study participants in Kavango and Hardap especially – both children and their caregivers – spoke of not having access to food at all times. This problem may be addressed by obtaining food from others in the community. Some children go without clothes, others without toiletries.
Not having food means it is difficult to participate properly in school. Not having certain items – for example, shoes – may impact on school attendance. Many caregivers are unemployed, some do small-scale work, others have small businesses. Many in Hardap sell livestock to get by. Some caregivers and children from Kavango and Hardap do ‘piece work’ which is temporary. As a means to get by, one caregiver is part of a savings fund, and others go into debt with businesses or borrow informally from friends and neighbours. Some caregivers are pensioners.

Food was frequently mentioned as something which there was not enough of, but other items were also highlighted. The following quotes detail these situations:

*My children need food but they only eat once. They only eat dinner. Or bread during the day. And they have only have one school uniform, and sometimes there is no washing powder.* (Tupa, caregiver of MG beneficiary, Khomas)

*During this time it is better because we have just harvested from our fields. But during summer it becomes very difficult. It is that time when food is scarce.* (Lipungu, caregiver of MG beneficiary, Kavango)

*Sometimes we don’t have food in the house and sometimes we only eat supper. We do not eat anything in between.* (Lativa, non-beneficiary eligible for the FCG, Kavango)

*Sometimes we go without food. And even when we get food it does not take us that far. When the food is finished, we just struggle to survive. Also clothes. We don’t have enough.* (Fanta, caregiver of non-beneficiary eligible for the MG, Kavango)

*Sometimes, we do not have clothes and food. Especially during summer season, they don’t have food to eat. I really feel pity for them. In the winter also they do not have enough warm clothes to put on.* (Lemon, caregiver of non-beneficiary eligible for the MG, Kavango)

*Most of the time we do not have anything in the house. You know, the children do not always understand this. It is difficult to explain to them why there is nothing in the house. It does not feel good.* (Shimbungu, caregiver of non-beneficiary eligible for the FCG, Kavango)

*I have a problem. We do not eat bread every morning. We do not have enough money and then we go like that and stay for the whole day like that.* (Sasha, non-beneficiary eligible for the FCG, Hardap)

*Even now there is no food at my place. But I believe that the Lord will provide.* (Magda, caregiver of MG beneficiary, Hardap)

*For me it is difficult as I am staying alone with six children. I have to stand up in the morning and make what is there and most of the time there is only porridge and they eat that and go. They cannot complain about it as there are some homes that even don’t have that.* (Benina, caregiver of non-beneficiary eligible for the MG, Hardap)

In this example the FGD facilitator speaks with Lucia, a non-beneficiary child eligible for an MG in Khomas:
Lucia: *Sometimes when I go to school I don’t go with food, and again when I come back I must wait until the sunset for dinner.*

M: *Do you eat in the mornings?*

Lucia: *No, only at sunset.*

M: *So it is only once a day?*

Lucia: *Yes.*

M: *Who do you stay with?*

Lucia: *My mom.*

M: *Okay, what does your mom do in this situation, when there is not always enough food?*

Lucia: *My mother is selling things to get money so it is like the rules that we eat only once a day.*

These stories of not having enough food were common across both beneficiary and non-beneficiary households. They were more frequently told by participants in Kavango and Hardap than in Khomas, although there were many more examples of these stories from FGDs in Kavango than in Hardap.

This problem of not having enough food is sometimes temporarily solved by seeking food from others in the community, as these quotes detail:

*There are sometimes that we do not have enough food. Then we have to go to bed hungry ... The next day [our caregiver] will go and ask around in the community for people to give us some food.* (Ronaldo, MG beneficiary, Kavango)

*There is always not enough food in the house unless the parents have to go around and ask for food again.* (Rooney, non-beneficiary eligible for the MG, Kavango)

*We sometimes go without food in the house, unless the parents have to go look for food in other people’s houses.* (Motorola, non-beneficiary eligible for the MG, Kavango)

*We sometimes don’t have food, and if we are at school, the parents have to go and look for food so that when we come from school we get something to eat.* (Nelly, non-beneficiary eligible for the FCG, Kavango)

*We have to stay without eating in the morning until the afternoon and have to beg around to eat something in the evening.* (Ricky, non-beneficiary eligible for the FCG, Hardap)

*In our house if there is no food, my mom sends me to go to the neighbour to ask some food and they do help us. I really appreciate them. Sometimes she goes herself.* (Magie, non-beneficiary child eligible for the FCG, Khomas)

*[My mother] goes to other people’s house and go ask food for us.* (Siggy, MG beneficiary, Hardap)
To my side sometimes there is no food. Sometimes there are not blankets, or clothes to dress. So what I do to solve these problems I go sometimes to friends and tell them my problems. They just help with the little they have. (Anna, caregiver of non-beneficiary child eligible for the FCG, Khomas)

5.7.2  A lack of clothes and toiletries

There are also other items that children go without, as the previous comments have shown. One of these is clothes. Maria, a non-beneficiary child in Khomas, does not have the correct school jersey:

To my side like this jacket, it is not even mine. And this jersey is not for our school. So if I don’t wear this jacket. And they tell me to take the jersey off at school. I really need a school jersey. It is the most important thing I need. It is cold, especially in the mornings. (Maria, non-beneficiary child eligible for the FCG, Khomas)

Paulina, the caregiver of non-beneficiary children eligible for an FCG, describes how children’s clothing is what there is not enough of:

The problems are there, but the one problem that I am having now is the shortage of clothes for the children. I only earn N$200.00 and with that money I have to buy shoe polish and toiletries for them and with the rest that is left I buy maize meal ... I stay the whole month like that. (Paulina, caregiver of non-beneficiary eligible for the FCG, Hardap)

Some children also go without toiletries. Maria and Taka are two of these children:

As girls, sometimes we do not have enough toiletries. Sometimes I stay with my teacher after school and then I ask her for toiletries. If you do not have enough toiletries, it is not good. It happens a lot of times that I do not have enough. (Maria, non-beneficiary child eligible for the MG, Khomas)

If my aunt buys toiletries for me the first of this month, then they are done already by the 20th and I have to wait until the end of the month for her to buy me toiletries. (Taka, non-beneficiary eligible for the FCG, Hardap)

5.7.3  Missing out on education

Not having enough financially also impacts on children’s education, as these comments show. Not having food means not being able to study properly at school, which sometimes means that it is easier not to attend school. This can be seen from the following quotes:

My problem is when I come back from school. Sometimes you don’t find food at home and you have to go back to study like that. (2Face, non-beneficiary eligible for the MG, Kavango)

If there is nothing then I keep them back from school because I feel sorry for them. (Linda, caregiver of non-beneficiary eligible for the MG, Hardap)
Sometimes the children are going to school on an empty stomach and come back with an empty stomach. So I would give them food every day to eat after school. That is why sometimes children stay at home because they didn’t eat anything at all. (Taka, non-beneficiary eligible for the FCG, Hardap)

One child, Missy, does not have shoes for school and this could impact on her attending school:

Sometimes I also want to drop out of school because I go to school bare feet without any shoes to wear. (Missy, non-beneficiary eligible for the MG, Hardap)

Ronaldinho does not have shoes for playing sport at school, which leads to him not participating in athletics meetings:

We also do not have enough food. And sometimes I cannot participate in sport. I do not have sports shoes. So when I want to do athletics and we compete against another school in Rundu, I cannot go. Because if you do not have shoes, you will not run well. (Ronaldinho, non-beneficiary eligible for the MG, Kavango)

Another child, Joe, does not have a pen to write at school, and the quote that follows illustrates the consequences of this:

Me, I don’t have enough food. Sometimes I go to school without food and even sometimes I do not have pen to write. I have to wait for my friends to finish that I can have a pen. Sometimes I borrow to the one who has two pens. (Joe, non-beneficiary child eligible for the MG)

5.7.4 How these households get by

There are a number of ways in which these households get by. Many caregivers are either unemployed or they do some small-scale work that does not represent regular income. Some FGD participants get by through having a small business. In the following quotes examples are given of these. Interestingly, these were mainly noted in Hardap:

I live close to the river and I catch fish and sell them and that is how we are surviving. (Maria, caregiver of non-beneficiary eligible for the MG, Hardap)

I buy some kapana for N$20.00 to sell, and then I take them with me to sell and I tell them that we have to make sure that we get N$20.00 more. So another option is I buy bread flour so I can make myself, which is actually cheaper than buying bread every day. (Nancy, caregiver of non-beneficiary child eligible for the MG, Khomas)

Here down at the centre, there is a sewing project which I am part of. Well it does not make that much profit but we sell and with that money I receive I buy the children toiletries so it is a great help to them ... I forgot to mention that I make necklaces with beads and sell it. (Sara, caregiver of FCG beneficiary, Hardap)

I am having a crèche and I also sell sweets, so it is an extra income and even this morning I had to give a N$30.00 from the sweet money to school. (Ousiros, caregiver of FCG beneficiary, Hardap)
When I receive that money I basically do nothing with it, I just buy food with it. Then I’m also selling fudge and sugar, and collecting bottles then selling it to the shops we have here. Then I will buy clothes with the money I get from it, for all the children (Khamis, caregiver of FCG beneficiary, Hardap)

We don’t have any problems, because at least we have a business … We are selling things to school children … It’s sweets, fudge and popcorn. (Hennie, FCG beneficiary, Hardap)

… I also sometimes go look for bottles and when they are enough I go sell them to maybe buy sugar. (Magte, caregiver of non-beneficiary eligible for the MG, Hardap)

A number of participants in Hardap sold livestock to get by, as these quotes show:

Sometimes I go without toiletries and have to wait until my grandmother at least sells a goat … because the money I receive is not enough and my mother is also not working. (Jo-ann, MG beneficiary, Hardap)

If we lack something we sell our livestock to people. (PJ, FCG beneficiary, Hardap)

I am farming with these few goats here and I am selling those goats to help them. I sell the small goats. (Maria, caregiver of non-beneficiary eligible for the MG, Hardap)

Some participants – from Hardap and Kavango – get ‘piece work’, which is temporary and usually pays little. The types of work are illustrated in the quotes that follow:

You try to get piece work or you ask for help from other people. But you just try your best. (Shitondo, caregiver of non-beneficiary child eligible for the MG, Kavango)

My sister is not working because she is sick, but sometimes she does some loose work. So I would say that sometimes we will go like three to four days without food. (Missy, non-beneficiary eligible for the MG, Hardap)

Some mornings I also do garden work and if they give me food I take it home and wait for my children to get home and then we share it. (Ben, caregiver of non-beneficiary eligible for the MG, Hardap)

Sometimes I also go help Mrs. Snyder to wash and clean the house and with those few cents I get I just buy food and they always go with at least having something in their stomach. (Sufra, caregiver of non-beneficiary eligible for the MG, Hardap)

I then also go to my sister to work at her house to get a couple of cents. (Linda, caregiver of non-beneficiary eligible for the MG, Hardap)

What we go without in our house is toiletries, and how I get it is only if my mother has to go and work in to someone’s field, or go look for piece work somewhere. That is the only time that she can buy these things for me. And sometimes we also do not have enough food. (Lambard, non-beneficiary eligible for the MG, Kavango)
Some child beneficiaries and non-beneficiaries also noted that they did bits of work, usually part-time work. Following are examples from Hardap and Kavango:

> *When we are at school, our parents go and do some piece work and on Saturdays, we go to the river for fishing and we sell the fish to get some money.* (Pienaar, non-beneficiary eligible for the FCG, Kavango)

> *At Gibeon Winkel. I go sweep the floors. I am just like a street kid.* (Owen, non-beneficiary eligible for the FCG, Hardap)

> *I sometimes work at the shop here close by, as a holiday job … I basically work in the bakery making bread and also sometimes in the butchery.* (Ponio, FCG beneficiary, Hardap)

One caregiver in Hardap was part of a savings fund and this helped her to get by:

> *We also have a group called Shack Dweller’s Federation … We started this group in 1998. I also build a house from the money that I saved in this group. The children are also part of this group. It is actually a savings fund.* (Khamis, caregiver of FCG beneficiary, Hardap)

Other caregivers in Hardap and Kavango went into debt with businesses – usually shops – as a means to get by. This was done in order to access food and clothes, among other things:

> *Sometimes we go without a lot of things. If they buy food, we don’t have water; if they buy water then we don’t have food. Sometimes they go and buy things on credit as well.* (Nokia, FCG beneficiary, Kavango)

> *We go to shops that are willing to give us food on credit. We also sometimes ask the people in the community to help us.* (Piet, caregiver of MG beneficiary, Hardap)

> *Sometimes we go to Jacky’s Shop to take a loan to buy the things we may need. And then we just pay him back month end or at times we pay back the debt with our goats … We make a lot of debt. Then we do not always have money left after paying the debt.* (Ponio, FCG beneficiary, Hardap)

> *There is always a way out. Like you can find an extra job to do or if you want to buy clothes for the children then you can lay buy at Pep and pay it off.* (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)

Money was also borrowed informally from friends and neighbours, usually to buy food, as the following quotes indicate:

> *The only thing I do as a parent, I go and borrow. There is no any other way. And again I have to borrow from somebody else in order to pay the one that I have borrowed from in the beginning. So that is how you stand having debt after debt.* (Maria, caregiver of non-beneficiary child eligible for the FCG, Khomas)

> *[My mother] will sometimes go borrow money from people to buy toiletries for me.* (Tutu, MG beneficiary, Hardap)
Mine is a problem. My kid is like allergic to porridge, so even if you buy a bag of maize meal, the others can eat but she cannot. So by the end of the month you will end up with a lot of debt. So every time you are coming from work you have to make sure that you are having something for her but the rest they are okay. Sometimes you know that there is a bag of maize meal but only one person cannot eat but the others can eat. So many times I borrow money. (Bonie, caregiver of non-beneficiary child eligible for the MG, Khomas)

If we do not have enough money, then we go to our neighbours and borrow money from them to buy food and toiletries. (Ndepa, non-beneficiary eligible for the MG, Hardap)

If we do not have enough money we go ask at Mrs. Kisting to give us enough money to buy food. But then we have to pay her back. It is very scary that we do not have anything to eat. (Johanna, non-beneficiary eligible for the MG, Hardap)

A few of the participants in the FGDs of caregivers of beneficiaries and non-beneficiaries in Hardap were pensioners. Receiving the pension income puts these individuals and their households in more favourable circumstances than most of the remaining FGD participant households. The following quotes give an idea of the circumstances of these pensioners:

I use my pension and the money from the grants for food and clothes. Every now and again I get a small job and then at least I can use that money I earn as well. (Gert, caregiver of MG beneficiary, Hardap)

There is a shortage of maize meal and I cannot say how often I go without it. But if there is none then I go to Sabua Shop to go buy things on credit and if I get my pension then I go pay the shop. (Ouma, caregiver of non-beneficiary eligible for the FCG, Hardap)

**5.8 Spending of the FCG and MG**

This section details information on spending of the two child grants. To begin, some central stakeholders outline what they believe the grants should be spent on. Study participants spoke of being told that the grants should be spent on the needs of the child and not on the needs of adults. Some said that they were told to spend the grant on school fees while others were explicitly told it must not be spent on school fees. Two focus groups of beneficiaries and caregivers of beneficiaries say they have received no information on how the grants should be spent.

From the FGD Participant Information Sheets it is clear that food and education expenditure were the main forms of spending of grant income for most participants. School fees were described as the most important form of grant expenditure by about half of the participants in Kavango, a fifth of those in Khomas and a quarter of those in Hardap. Almost all in Kavango stated that the primary use of the grants was on food and education. School-related and food expenditure dominate in Hardap and Khomas too, though to lesser extents than in Kavango. There is also a variety of additional items and services that the grants are spent on for children and for households as a whole. This includes access to credit.
The FGD information shows that the grants are contributing towards basic needs, namely food and clothing. However it seems that because the grant is spent on school fees by so many who receive it, it is not spent on basic needs (that is, “legitimate” spending). For many caregivers the grant is the main or only source of income, but it is not enough to meet their or their children’s basic needs. Many non-recipients of the grants described how the grants are spent on “illegitimate” needs – that is, they are misused. However, apart from one instance, there is no specific mention of what the grants are spent on, therefore it is not clear to what extent these statements are based on conjecture.

Study participants also described a number of ways in which the grant money was allocated. It was described as being rationed in certain ways: across children over different months, across months in terms of what is bought, and across items within months. Grants are also being spent at the household level across all household members or across all children in the household. In these households, spending on the beneficiary child only is regarded as favouritism. In other households, the grant is spent only on beneficiary children or on beneficiary children and other household needs. The decision on what to spend on the beneficiary child comes from the child him/herself, or from the caregiver, or from both.

The Children’s Act 33 of 1960 does not specifically state what the MG or the FCG should be spent on. Some central stakeholders had ideas about what the grants should be spent on. The Director of Quality Assurance in the Ministry of Education indicated that the child grants are supposed to be spent on food, clothing and basic needs. According to the Director of Child Welfare Services in the MGECW, it has been stated that the MG is for maintaining and educating the child. Yet it is unclear exactly what this means. For instance, does “educate” mean it should be spent on food for school? Clearly there are different interpretations of what the grants should be spent on. This is a point that the Permanent Secretary of the MGECW also makes: some say it should be spent on basic needs, while others believe it should be spent on services such as health and education. However, according to the Permanent Secretary, the MGECW would like the grants to cater for basic needs – food, soap, bread and so on.

5.8.1 What have grant recipients been told to spend the grants on?

Beneficiary caregivers and children shared what they had been told that the grants should be spent on by outside sources, but it is not always clear who they were told this information by. In many of the comments, participants noted that they had been told that the grants must not be spent on things that do not relate to the needs of the child, and alcohol in particular was mentioned. This seems to have translated into a strongly held perception for Namene from Khomas:

*The money belong to the children, and as a parent it’s up to you to put it in mind that you can’t go buy, enjoy and get drunk out of it.* (Namene, caregiver of FCG beneficiary, Khomas)

Kashova, a caregiver from Kavango, shares that she was told that the grant should be spent on the needs of the child:
We were told that this money is for the children, those we receive the money for. We have to use it for them and buy them the things that they need. We were told that we have to buy them toiletries. We cannot use this money for alcohol and other things that we want. It is for the orphans. (Kashova, caregiver of FCG beneficiary, Kavango)

Levi, a beneficiary from Kavango, tells what he heard on the radio about what the grant should be spent on:

I heard about the money on the radio. It was an announcement to tell people to register their orphans. Then I know that this money is to take care of the child. The money is to be used for the well-being of the child. It should be used to pay the child’s school fees. (Levi, FCG beneficiary, Kavango)

As with Levi, a number of caregivers and beneficiaries tell of being told that the grants were to be spent on school fees as well as other needs of the child:

I was told to use this money to buy the basic needs for the child such as paying school fees, uniform … (Scara, caregiver of MG beneficiary, Khomas)

I was told that the money is to pay school fees and buy food. But it cannot be used to buy alcohol. (Lucky, MG beneficiary, Kavango)

They told us how to use this N$200. They said that the money is for my school fees, food, toiletries and anything that I need. They also said that my aunt should not use the money for alcohol or anything else. (Ronell, FCG beneficiary, Hardap)

The government told us that this grant you are receiving is for the school fees and to buy food and clothes for the children. (Lipungu, caregiver of MG beneficiary, Kavango)

However, some caregivers were told that they would not have to spend the money on school fees. This is the case for Tasi and Kupembona, both from Kavango, but it seems that this is not so easy to do:

When we registered these orphans, we were told that they are not going to pay school fees and this money is just to buy for toiletries and clothes for them. Later we saw that our orphans were being returned from school because they don’t pay school fees. (Tasi, caregiver of FCG beneficiary, Kavango)

First we heard that orphans are not going to pay school fees. The grant that they are going to get is only for their clothes and food. But now we are running up and down for everything. (Kupembona, caregiver of MG beneficiary, Kavango)

In contrast to these caregivers and beneficiaries, a group of caregivers of MG beneficiaries and the MG beneficiaries themselves from Hardap say that they have not been told by anyone how to spend the grant money. So too a beneficiary from Khomas:

But I was not told on what specifically I should spend that money. I think the government was very much aware that this money was worth nothing. (Findano, caregiver of FCG beneficiary, Khomas)
5.8.2 What the grant money is spent on

5.8.2.1 Four main items that the grants are spent on

In the FGD Participant Information Sheets, both caregivers and child participants were asked to declare what four main items they use the child grant income to pay for, in order of importance. From Table 22 it is apparent that food and beverages was the most commonly cited spending item for all the FGD participants receiving a child grant (40%). School fees were the second main spending item, mentioned by 35% of participants. If one adds preschool/child care (1%), school hostel fees (1%) and other school expenses (5%) to this figure, then the percentage nominating education-related expenses as the main spending item rises to 43%. Therefore, food and broad education expenditure alone represents the main forms of spending of grant income for nearly 85% of participants.

In terms of the second to fourth main spending items, school-related expenses remain of note, as does food to a lesser extent. The purchasing of children’s clothing (excluding uniforms) and spending for health care for children assume increasing importance. The use of grant income to support productive activities (e.g. agricultural inputs) hardly features among spending priorities.

Table 22: Four main items in order of importance that grant income is spent on by FGD participants receiving grants (col %)

<table>
<thead>
<tr>
<th>EXPENDITURE CATEGORIES</th>
<th>ALL MG AND FCG BENEFICIARIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First item</td>
</tr>
<tr>
<td>Food and beverages</td>
<td>40</td>
</tr>
<tr>
<td>Housing, including utilities</td>
<td>3</td>
</tr>
<tr>
<td>Transport</td>
<td>1</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>3</td>
</tr>
<tr>
<td>Clothing and footwear for children (excluding uniforms)</td>
<td>8</td>
</tr>
<tr>
<td>Clothing and footwear for adults</td>
<td>0</td>
</tr>
<tr>
<td>Educational expenditure</td>
<td>43</td>
</tr>
<tr>
<td>Pre-school (kindergarten, day care) or other child care</td>
<td>1</td>
</tr>
<tr>
<td>School fees</td>
<td>35</td>
</tr>
<tr>
<td>School hostel fees</td>
<td>1</td>
</tr>
<tr>
<td>Other school expenses (uniforms, transport, text books, etc.)</td>
<td>5</td>
</tr>
<tr>
<td>Health care for children</td>
<td>4</td>
</tr>
<tr>
<td>Health care for adults</td>
<td>0</td>
</tr>
<tr>
<td>Agricultural inputs</td>
<td>0</td>
</tr>
<tr>
<td>Recreation, entertainment and sport</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Base N</td>
<td>80</td>
</tr>
</tbody>
</table>

In Table 23, the most important spending item listed by the FGD participants in the Participant Information Sheet is disaggregated by region. The percentage of MG and FCG participants in the three regions who specified food and beverages as the most important way in which grant income was spent varied in a narrow band (between 37% and 43%). There was nonetheless a more discernible difference with regard to school fees, which were deemed the most important form of grant expenditure by a significantly higher proportion of participants from Kavango (53%) compared to those from Khomas and Hardap (22% and 26% respectively).
Table 23: Most important item that grant income is spent on by FGD participants receiving grants, by region (col %)

<table>
<thead>
<tr>
<th>Item</th>
<th>KHOMAS</th>
<th>KAVANGO</th>
<th>HARDAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and beverages</td>
<td>44</td>
<td>37</td>
<td>39</td>
</tr>
<tr>
<td>Housing, including utilities</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Transport</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Clothing and footwear for children (excluding uniforms)</td>
<td>7</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Clothing and footwear for adults</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Education expenditure</td>
<td>37</td>
<td>57</td>
<td>30</td>
</tr>
<tr>
<td>Pre-school or other child care</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School fees</td>
<td>22</td>
<td>53</td>
<td>26</td>
</tr>
<tr>
<td>School hostel fees</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Other school expenses (uniforms, transport, textbooks, etc.)</td>
<td>11</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Health care for children</td>
<td>7</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Health care for adults</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Agricultural inputs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Recreation, entertainment and sport</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td><strong>Base N</strong></td>
<td>27</td>
<td>30</td>
<td>23</td>
</tr>
</tbody>
</table>

In Kavango, 93% of participants said that the primary use of the child grants was on education and food, with the remainder (7%) specifying children’s clothing. In the other two regions, there is slightly more diversity in responses, with small shares indicating that the child grants are being used mainly for health care, clothing, housing, furniture and equipment, and transportation. Yet, despite this, school-related expenses and food needs continue to predominate in the two regions.

In the FGDs across the three regions, beneficiaries and their caregivers devoted some time to deliberating on what they tended to spend the child grants on. Through an analysis of the FGD transcripts and recording of the most frequently mentioned items, the patterns of spending of the child grant income presented above were largely affirmed.

In Hardap the four main items the grant was spent on were school fees, food, clothes for the child (including shoes) and toiletries.

In Kavango the four main items the child grants were spent on were school fees, food (maize meal was mentioned), clothes and toiletries.

In Khomas the four main items the MG and the FCG were spent on were school fees, food (maize meal was mentioned), school uniforms and clothes.

School fees were mentioned most frequently as an item on which the child grants are spent by caregivers and beneficiaries of the grants across the three regions. One stakeholder, a record clerk in Kavango, says that when the money is received it goes straight to schools. Likewise some caregivers and beneficiaries mention that it is spent only on school fees, as in the case of Tassen in Kavango:

*When my mother gets the money, she goes and pays our school fees. She told us that all the other things that we need, we get it from her own pocket because when she receives that money she goes and pays our school fees.* (Tassen, MG beneficiary, Kavango)
A record clerk in Kavango believes that the child grants are making an impact in terms of enabling children to attend school:

Yes. They are improving. We can see them going to school, putting on the uniforms. It is not like it was before. (Record clerk, Kavango)

It seems that school fees are only due at the beginning of the year, although this lump sum has to be paid off and this probably occurs over the year or when money is available:

We do not pay school and hostel fees every month. Because it is just once in the beginning of the year. In the other months I buy toiletries and I maybe get N$100 for pocket money. (Jo-ann, MG beneficiary, Hardap)

The Director of Quality Assurance in the Ministry of Education is clear on the fact that the grants are not meant to be spent on school fees, and that the child grants are instead meant to be spent on basic needs. Therefore, spending on education, while seen as “legitimate” by those in FGDs, is regarded as “illegitimate” spending by others.

For others the grants are spent on school fees and on other household items (such as food), or on school fees and items for the children, as with Kanu in Kavango:

When my mother comes with the money, she asks us what we need. We said we need books and she told us that we must bring the change back home. When we bring the change, she goes and pays our school fees. (Kanu, MG beneficiary, Kavango)

Food was another item that the grants were frequently described as being spent on. Here a stakeholder describes how the grants are spent on food:

And mainly the money is used for food, because if you look at the amount of people who receive the grant and come back to us to ask for assistance with getting school uniforms, school fees and clothing ... Those are the three things they come ask for on top of the grant. They do not ask for food. So I think the grants are mainly used for buying food. (Social worker, Hardap)

The following quote from Aputi, a caregiver in Hardap, shows how the child grant makes a contribution towards meeting the need for food:

That money comes at time when the debt is over the amount of money you receive. Now this is how it works. My grandchildren don’t eat just porridge, they want bread and meat too. At this place a packet of meat costs N$20 and in order to feed my family I have to take two packs of meat. And in a week we will eat two to three times meat and that is how the debt exceeds the money. But it does help even if the things are expensive. (Aputi, caregiver of FCG beneficiary, Hardap)

This is also stated by some beneficiaries, including Tosh in Kavango:

When the parents get the money, they just buy food. Because if they do not buy food, we go to school hungry. (Tosh, FCG beneficiary, Kavango)
A social worker in Kavango too believes that the grant is spent on food:

*They are definitely making a difference, the money. Even though it is only a small portion. I believe that it is spent on food that the child needs. The other needs can be divided into personal needs. At least we know that the money will make it possible for them to meet some basic needs of that household. Even if the money does not go directly to the child, you at least know that there will be food. Everybody, including the child will be able to eat.* (Social worker, Kavango)

Another frequently mentioned item that the child grants are spent on is clothes, as the following quote outlines, although in the case of Hawina from Kavango, this clearly comes after school fees have been paid:

*I also use the money in the same way. Sometimes when the school reopens, you divide this money for the two children and pay the school fees. And the other month you buy clothes for one child and the next month you buy again for the other one.* (Hawina, caregiver of MG beneficiary, Kavango)

### 5.8.2.2 Other items that the grants are spent on

What are the less frequently mentioned items that the grants are spent on? In Hardap the additional items that the grants were spent on included: examination fees, water bill, stationery for children, credit at shops, hostel fees and a policy for a caregiver and her children. In Kavango, additional spending items included: “what we children need” (this includes pens and books). In Khomas the grants were also spent on: taxi to get to school/transport, electricity and water, school shoes, school books, “pay the house”, “my needs”, toiletries including soap and lotion, and computer classes. Clearly there is a variety of items and services that the grants are spent on, for both children and also the household as a whole.

Relatively frequently the MG was described as being used to access credit. It seems that credit is granted because there is an assurance of receiving the grant money every month:

*Even if the caregiver does not have anything, it is easy to get something for the child on credit because they know that you getting money every month.* (Lipungu, caregiver of MG beneficiary, Kavango)

*If you know that you have got regular money coming to your hand, you could even buy things on credit because they know what you will be able to pay back. But if you are not receiving anything, you remain hungry until you get some money.* (Lemon, caregiver of non-beneficiary eligible for the MG, Kavango)

However, having to pay back credit – in the case of Elina it is used for food – is a burden that also has to be carried as the following quotes show:

*Sometimes even when we are getting these grants, just immediately after you get it, people are already upon you. Those where you took credit ... And they are demanding you to pay everything and at the end you have nothing left.* (Likove, caregiver of MG beneficiary, Kavango)
I use half of this money to pay my debt at shops ... I normally take basic things like pap and sugar and basic food. With the other half I pay the school fees. (Elina, caregiver of MG beneficiary, Hardap)

5.8.2.3 Contribution to basic needs

What is the impact of the grant in terms of helping beneficiaries and households to meet their basic needs? To begin, how are basic needs defined? One stakeholder describes them as follows:

The children need food, clothes, and shelter. So these are the most important ones. (Volunteer, Kavango)

The previous section has shown that the children's grants are being spent on some basic needs, namely food and clothing. This is widely regarded as “legitimate” spending. There was little mention, however, of spending on a place to stay, although in Khomas one FGD participant mentioned that the grant helped to “pay the house”.

It also seems that because the grant is spent on school fees by so many who receive a grant, it is not spent on basic needs. This appeared in the comments of many caregivers. The following quotes illustrate this well:

As my friend has just said, we just use this money for school expenses. The two hundred is too little for school fees, clothes and food. During the time of hunger, we as mothers have to run around looking for piece work because all the money is spent. (Radio, caregiver of MG beneficiary, Kavango)

This N$200 you spend all of it on school fees. I still have to buy food and toiletries ... Many times we do not have food and clothes. Everything you must have, needs money. (Shihako, caregiver of FCG beneficiary, Kavango)

Because I have to use this money to pay debt and because I have to use this money to pay for school fees, I cannot really come out with this money. I basically pay the shop. So the kids do not really have clothes and shoes. (Elina, caregiver of MG beneficiary, Hardap)

One caregiver, Neku from Khomas, said that the grant would only make a difference if her children's school fees were paid:

To me I think it can only make a difference if the government pays the whole school fees and school material. (Neku, caregiver of non-beneficiary eligible for the MG, Khomas)

Overall, for a number of caregivers the grant is the main or only source of income, but it is not enough to meet their or their children's basic needs. The following quotes, mainly from Kavango, illustrate this point:

For me, this money is not helping me. Because the money that I am receiving is only for one child and it cannot buy food for all the children I have. (Linkovovo, caregiver of FCG beneficiary, Kavango)
When you go to collect that money you feel happy. But when you get it, you feel sad because there is so much to be bought. And that money cannot even meet all those things that you have to buy. (Linkovovo, caregiver of FCG beneficiary, Kavango)

When we go get paid we feel happy. But it is still too little. That makes me sad. You do not know what you should buy and what you should leave. (Shihako, caregiver of FCG beneficiary, Kavango)

There is also a trade-off between meeting children's needs and meeting overall household needs:

Children are demanding what we have to buy for them. They come to you and tell you what they need. Sometimes you end up buying what they need. When you buy what they need, then you would end up not having some of the necessary things in the house. (Linkovovo, caregiver of FCG beneficiary, Kavango)

However, a number of stakeholders mentioned that receipt of the grants would be better than having nothing at all.

5.8.2.4 Misuse of the grant money

Many caregivers of non-beneficiaries and regional stakeholders argued that the money is not always spent on the child, but that it is used for other less noble purposes. In other words, it is misused or is “illegitimate” spending. Here are the statements of some stakeholders in this regard:

When I go and view it in a community, sometimes people spend the money on the children. But some take it as their own profit. (Councillor, Khomas)

It depends on the caregiver of the children. If this is not a responsible person, they will use the money in a wrong way. In some cases the beneficiary, the child does not even get 50% of that money. (Health representative, Kavango)

A lot of children come here and tell us that they receive the money, but that the parents are misusing the grants. This sometimes happens. (Unit Commander of Woman and Child Protection Unit, Hardap)

A lot of these people have store accounts and when the money comes it is used to pay these accounts. This is when the child cannot have the school fees paid and the child does not have school shoes. So the grants are being misused and that is really a big concern. (Record clerk, Hardap)

There are always loopholes with money so you will be having parents who are exactly using it nicely for the family. But we also get reports like this case this person is not doing well with this child. Those are the cases that tell us it might not be every child that is benefiting well from this support. That is the reality. (Director: Child Welfare Services, MGECW)

The people who are receiving the grants on behalf of the OVC’s should be monitored very closely. Because sometimes the money is not used for the child. I have talked
to some of the parents and I have also observed this. And there is an element of neglect. (School principal, Hardap)

Similarly, a widely held view among caregivers of non-beneficiaries was that the child grant money is spent in the wrong way by some beneficiaries. These quotes illustrate this view:

Some people are abusing the money of the grants. They are just using the money for their own personal needs. They don’t pay school fees, or buy food. According to what we heard the money is supposed to be used on these things. (Linda, caregiver of non-beneficiary eligible for the MG, Kavango)

Some they don’t treat the orphans well, they don’t buy clothes, and they don’t even buy toiletries. You find a child that has a dirty school uniform and then the caregiver is receiving the grant. (Mushone, caregiver of non-beneficiary eligible for the MG, Kavango)

I would say that they do not always use the money in the correct way. Sometimes they spend the money on their biological children and not on their foster child. (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)

There are some of the people who receive the grant who really do not use it the way they are supposed to ... and that also makes me very angry. (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)

If I can say I want you people to be here on the pay day just to come and observe what the people are doing with the money and you will see that they are going to the bottle stores. (Linda, caregiver of non-beneficiary eligible for the FCG, Hardap)

However, while it seems to be a commonly held view that there is misuse of the child grants, it is important to remember that, apart from Linda in Hardap, no specific examples are given of this misuse. It is therefore not clear to what extent these statements are conjecture and to what extent they are based on fact.

Some FGD participants had more of a balanced view, believing that some grant recipients misuse the grant money while others do not:

Some people take good care of those they are looking after. Other parents just after getting the money they spend it on useless things and only leave for him or her a little bit of money. (Ronaldinho, non-beneficiary eligible for the MG, Kavango)

A few caregivers of non-beneficiaries did state that there is no misuse of the grant – this was a strange exception to the commonly held view. For instance, Ndjovo from Kavango says the following:

People are responsible – those who are receiving the money. The problem is only that the money is not enough. (Ndjovo, caregiver of non-beneficiary eligible for the FCG, Kavango)

The Permanent Secretary of the MGECW highlights the importance of any misuse of the money – where the money is not spent on the child’s needs – being reported to the ministry.
Indeed, some stakeholders said that some element of monitoring was required to curb this misuse of the grant money:

*There are a lot of complaints, on how these grants are misused ... So I wish there is mechanism to put that in place and to control the situation.* (Councillor, Kavango)

One stakeholder points to the fact that children’s knowledge that the grant is being received on their behalf garners accountability in terms of how it is spent:

*Because these children also they know that they are getting this money and they also demand that they need shoes and trousers and so on. So the parents give it to them.* (Volunteer, Kavango)

### 5.8.3 How the grant money is allocated

#### 5.8.3.1 Rationing the grant money

A number of caregivers described how they ‘rationed’ the grant money in particular ways. One caregiver, Ousiros from Hardap, describes how the grants cannot meet the expenses she has for her children. This is her description of how she rations the grant money across her children over different months:

*They know that they are being paid, but I have to also let them know that I cannot afford for them all. Because sometimes I have to skip one or two and buy for the others. I will skip two months for each and try to pay school fees for some of them and buy food for them also. As you know, food is also very expensive.* (Ousiros, caregiver of FCG beneficiary, Hardap)

Radio in Kavango does the same. She receives an MG for each of her four children. She pays school fees with this money and then rations the rest across the children over the months:

*One item for one child in a month and another month you buy another item for another child. During the time when the school reopening, I face a lot of problems and my children each go to a different school. And teachers don’t listen to one another, they just want the school fees at the same time ... One of my children pays N\$312, the other one N\$200, another child N\$120 and the last one pays N\$70. These teachers won’t listen to your problems, and they will just want you pay all the money. This is really very difficult, because you also have to look at the other expenses such as traveling expenses, toiletries and those things.* (Radio, caregiver of MG beneficiary, Kavango)

Other caregivers ration the money across months in terms of what they buy. Pia from Kavango and Das from Hardap explain what they do:

*I first paid school fees for the child. And then the following month I bought clothes. The next months I bought toiletries.* (Pia, caregiver of FCG beneficiary, Kavango)
Yes the money has helped me and my family a lot even if it is not that much. You must just know how to use it then it will work out well. One must also split the spending, for example one month you buy the shoes and a shirt and then the next month you pay the contribution in the church and the following month you pay the school fees. (Das, caregiver of FCG beneficiary, Hardap)

Tasi from Kavango rations the grant itself across items within each month:

From there I started dividing this money into three parts, one for school fees, one for toiletries and the other part is for clothes. (Tasi, caregiver of FCG beneficiary, Kavango)

There are therefore various ways in which the child grants are rationed by recipients.

5.8.3.2 Pooling of the grants at household level

The FGDs show that in many of the grant-receiving households the grant money is being pooled and spent on all household members or on all children in the household. The Permanent Secretary of the MGECW mentioned a study conducted by the World Food Programme that found that the MG was being spent at the household level on buying food for all household members. It seems that spending the grant on food is what pooling most often refers to, as it is more difficult to share purchases on clothes, school fees and other non-food items. Namwenyo in Khomas also outlines this:

And the difference is not only to the children, but to the whole family because if you buy bread, it is not only being eaten by the child, but the whole family. (Namwenyo, caregiver of MG beneficiary, Khomas)

According to Henny, also in Khomas, it is difficult for his caregiver to not spend the money on all of the household members, as spending it on the beneficiary only will be seen to be favouritism:

So my mother is taking care of five people, and she cannot afford to support all these people. Maybe she bought a pair of shoes for me, and others, they will think that she is having apartheid. So she has to take the whole money so that she can buy for all the people in the house. (Henny, MG beneficiary, Khomas)

In fact a number of participants spoke of the difficulty of spending only on one child; that all children have individual needs that need to be met. Jazmine in Khomas says the following on this score:

... for us we are four that are going to school, and every one needs everything. Even though I am getting the money, I cannot say it is mine and I am going to buy shoes. We are all equal and we all need to get stuff. (Jazmine, MG beneficiary, Khomas)

In the following case, Mathilde from Hardap receives an FCG for one child but divides it equally among the beneficiary and another child in the household:
I have another child and he is in the same class with the boy. I divide the money we get equally among the two of them. I buy them food, clothes and also pay for their school fees. I also try to save some of the money, but that is not easy to do. (Mathilde, caregiver of FCG beneficiary, Hardap)

Likewise, regional and central stakeholders spoke of the grants not only being spent on the beneficiary child but at the level of the household, on all children in a household and on other adult household members. For these stakeholders this ‘pooling’ is inevitable, and therefore neither good nor bad:

We provide services to the child, but the child is not a component on his own. There is a family surrounding them. (Social worker, Hardap)

We are not paying the grant directly to the family but we know it goes to the family and we know it’s also supporting the child. (Director: Directorate of Child Welfare Services, MGECW)

And many times, the whole family lives together, the grandparents with their pension, the sister who works at Pep receiving her salary and the children receiving the grant... You cannot buy food for those children and put it in a separate cupboard. We are family and buy all our food together. And there is rent, water and electricity to be paid and the children are also staying under this roof that needs to be paid, using electricity and water. (Social worker, Hardap)

These grant recipients are normally people who have low income, they have other children and they are mostly unemployed ... I suspect that a lot of the child grants are spent on the maintenance of all adult and children in those households ... I do not see a situation where you will be able to govern that so that the money is only spent on that specific child. (Control prosecutor, Hardap)

For some stakeholders this spending of the grant on both adults and children within the home is a negative thing, as the following quotes show:

To give a grant to a caretaker is a risky thing. Cause not all the time the money goes to the beneficiary of this grant because it goes to somebody else and that person makes the decision ... The household head has other responsibilities to others who are not the beneficiary of the grant. This person would spread the financial assistance. That’s my concern. (Social assistance system administrator, Ministry of Labour and Social Services)

But then when you look at poor households, there might be one child who receives N$200, but then there are actually six children in total. So the child who receives the grant only receives a fraction of that money in actual fact. It does not mean that the money is wasted. But the government is only concerned with that one child that was declared as being in need of care. So the grant should be concentrated on the well-being on that specific child. All the children in the house should not benefit from that grant. I do not think it is completely fair. (Control prosecutor, Hardap)
5.8.3.3 Spending on or by beneficiaries

Ultimately, there is much evidence to suggest that many of those receiving the child grants are pooling this money at the household level – especially if food is purchased – or on all children within a household. In some cases the grant money is spent only on the beneficiary child or children, and not on all household members or all children. This raises the issue of who within the household controls the allocation of child grants. Is it the adult recipient, the child beneficiary, or both? The findings in this section provide some information on this issue. In many cases the child grants are explicitly framed as belonging to beneficiaries even though they are not the actual recipients of the grants:

*I told him about the N$200 that I receive from the government every month. I told him that he is receiving N$200 from the government and that the money will be used to buy food, clothes and to pay for the school fees.* (Aputi, caregiver of FCG beneficiary, Hardap)

*I have been receiving N$200 for let me think … Four to five years now. Basically that money covers for my needs.* (Marius, MG beneficiary, Hardap)

*My son does not decide for me. When he comes from the school, we must go to the post office so that he can see how much money he got. For him it is very important to see how much money he got.* (Magda, caregiver of MG beneficiary, Hardap)

In some instances the grants are spent only on beneficiary children, as the following quote illustrates:

*I also feel bad that only one child in our house gets the money. Our father died and he is the only one getting the money from the government … My mother buys him clothes and shoes.* (Johanna, non-beneficiary eligible for the MG, Hardap)

It can also be that child grants are spent on both household needs and beneficiary needs, as this quote by Ponio highlights:

*The money has helped me the most but it has also contributed to our daily household needs.* (Ponio, FCG beneficiary, Hardap)

Interestingly, in the case of Ganus and his family from Hardap, the grant money is divided equally between the two beneficiaries, although it does not appear that his half is spent only on his needs:

*Me and my sister receive N$300. I get N$200 and my sister gets N$100 but it is divided equally among us. With my N$150 my mother buys food.* (Ganus, MG beneficiary, Hardap)

Either the caregiver buys the item(s), or the beneficiary buys them, or both spend the money on the beneficiary child. Similarly, the decision on what to spend on the beneficiary child arises in various ways.
In some cases the spending decision is made by the caregiver, as with Das from Hardap:

*Well, we the adults handle the money and decide on how the money is going to be spent. I would only give them a N$1 if they ask, since it is theirs.* (Das, caregiver of FCG beneficiary, Hardap)

In other cases the decision on what to spend the grant money comes from the child beneficiaries themselves, as the following quotes from Hardap and Kavango show:

*Our children are a little bit bigger. We ask them what they need us to buy for them. Sometimes the decision on what to use the money comes from them.* (Pia, caregiver of FCG beneficiary, Kavango)

*The money I get is only for myself. I decided that. I told my mother that money is just for me.* (Tutu, MG beneficiary, Hardap)

Some beneficiary children are given some or all of the grant money to spend. Base in Khomas, an MG beneficiary, is given the grant money to spend on himself, and he buys clothes and soap. Jo-ann from Hardap also spends the money on herself:

*Like now I am staying in the hostel and that money is for my toiletries and for my transport when I go home over out-weekends.* (Jo-ann, MG beneficiary, Hardap)

And others:

*We also go together to the post office to collect the money. And then the children decide what they want and then they tell me what they want. Because they are actually the ones getting the money from the government.* (Anna, caregiver of MG beneficiary, Hardap)

*And sometimes she took me to the shop and said that I must buy what I want because it’s my money from the government.* (Dix, FCG beneficiary, Khomas)

Other beneficiaries are given the money to pay school fees, as with John and Nazzly both from Khomas:

*My mother only gives the money to go and spend on my school fees. The rest she goes buy food.* (John, MG beneficiary, Khomas)

*My mother pays school fees and buys food. Sometimes, some of the terms she only pays N$150 and sometimes she gives me to go and buy extra shoes.* (Nazzly, MG beneficiary, Khomas)

Henny’s caregiver pays school fees and gives him the rest of the money to spend:

*If she is done with the school fees, then she gives me the money, to go buy.* (Henny, MG beneficiary, Khomas)
Another beneficiary, Caro, is also given only part of the grant money to spend:

> Actually, my mom, she does not give me the full amount. I remember when I was going to pay my Grade 10. It was N$280. She always gives me a N$50 or a N$100. But she does not give me all the money.  
>  
> (Caro, MG beneficiary, Khomas)

Finally, Nazzly is given pocket money from the grant money every month and sometimes saves it:

> That way I can buy things that I want, like the things that my friends have.  
>  
> (Nazzly, MG beneficiary, Khomas).

Therefore, while the FGD material does not provide a comprehensive account of who allocates the grants, this section has given some idea in this regard.

### 5.9 Strengths and weaknesses in the child grant policy and its implementation

Study participants were also asked for their perspectives on the strengths and weaknesses of the child grant policy and the OVC policy. There was generally positive sentiment about the child grants, although this was balanced by a perception that the amounts of the child grants are too low. In fact, many regional stakeholders highlighted this as a weakness of the child grant policy, with the grant amounts described as not enabling the needs of beneficiaries to be met, especially with the rising costs of living. Other weaknesses related to issues of access to the grants. Here the time taken for beneficiaries to receive grants was raised. Further weaknesses had to do with how the grants can be misused. Another weakness raised was dependency on child grants.

Strengths of the OVC policy related to simply having something on paper that prioritises needy children. Government employees, whether in high positions or not, are seen as a strength of the policy by others. Other strengths include government liaising with the Regional Councils and the launch of a register for OVC in the Ministry of Education. Weaknesses of the OVC policy that were identified include ministries not working together, and this is mentioned as a problem with respect to data-gathering of child-specific data. The problem of the policy looking good on paper but not being implemented in practice was also highlighted, and here the lack of social workers was identified. A need for human capacity to monitor the implementation of the policy was also underscored. A lack of well-functioning government offices in all constituencies was also pointed to. Children having to pay school fees in order to go to school and a scarcity of social workers were two additional weaknesses.

### 5.9.1 Strengths of the child grant policy

Most regional stakeholders indicated that the child grants were a positive thing. For instance:

> They are giving them money to help themselves.  
>  
> (Record clerk, Kavango)
I think it’s a good policy that the government is supporting the children. Because if there was nothing like these grants, life will be really tough for those parents. So I think the government is helping them out. Those kids are the future for our country. (Volunteer, Khomas)

[There] are many policies in place. I believe the Namibia government is one of the few countries in Africa that provides these grants to orphans and vulnerable children. Because I know most of the southern African countries are poor and have poor children and are unable to provide these grants. (Social worker, Kavango)

Some balanced this ‘positiveness’ with the problem of the grant amounts being too low:

The strength in the government’s policy is on the grants it provides. It is only that it is too little. (Community leader, Kavango)

I think grant payments, although it is not enough, is a good gesture. At least there is a certain amount to give people hope. (Magistrate, Kavango)

Sometimes people have got these perspectives that the government sees things as normal and that they really don’t feel what we are feeling. Sometimes people think the government does not care about them. But government servants also have children. And they also see children in their communities that are vulnerable. But at least Government is trying to do something positive. I know it is not entirely enough though. (Chief clerk, Hardap)

One regional stakeholder indicated that the requirements for accessing grants were positive:

It is very difficult for us or for the government to give a grant to a child who does not have the national document or for a guardian who does not belong to ... Who is not a Namibian to benefit from these grants. I think the criteria are good for us to screen the people that are coming. Because we don’t want to give to those that are not nationals even though some exemption must be made to those that are not national, those that have stayed here for so long those and that have been staying here before Independence and all those kind of things. Those exemptions are being made. But I think the criteria are still fine and those documents are required in order to receive the grants. (Social worker, Kavango)

5.9.2 Weaknesses of the child grant policy

Inevitably, weaknesses of the child grant policy relate to the nature of the grants. The low grant amount was frequently highlighted by regional stakeholders as not being enough to meet some or all of the needs of beneficiaries, especially with the rising costs of living, and this was highlighted as a weakness of the child grant policy by many regional stakeholders:

That amount is N$200 per month per child. Which is totally insufficient to bring up a child. Even to buy bread every day. (Magistrate, Khomas)

In today’s life, I will say it is not enough. Life is really expensive. You will not be able to do a lot with N$100. If you are a parent of only two kids, you must just try to budget that money. But you do feel pity when they come here and they tell you that they have four kids and they are unemployed. (Volunteer, Khomas)
No. The money is not enough because the N$200 they are getting is not enough to buy school uniforms and food or clothes. And nowadays school things are getting very expensive. And even clothes – when you go in the shop, you go and buy even a skirt it will be almost N$70. So the N$200 is not enough. I think they need to add on that. (Record clerk, Kavango)

Even parents who are receiving that N$100, she has responsibility of using that money, but would fail because of its littleness. (Community leader, Kavango)

The amount could be a bit too little with the rising inflation and other prices are going up. It may for example help the child to feed throughout the month, it may cover the first week but not the rest of the month, meaning the child is still lacking. So maybe the amount needs to be increased. (Social worker, Kavango)

I do not want to sound unthankful, but the living costs are very expensive these days. So I would say that the money is too little and some people’s living conditions are very poor. As we do house visits, one can see how much people are actually suffering. (Non-governmental representative working on OVC issues, Hardap)

Let me start at the bottom. If start with N$200, it’s really, I will put it simple, it’s pathetic. You go to the shop, you buy two things and it’s finished. It’s very little. Taking into consideration the country’s economic growth, tax … I’m not an economist, but we read the newspaper and we see things growing, and that amount is remaining the same. I believe the Namibian government is doing good by giving this money to the children, but at the end of the day it’s too little. (Social worker, Hardap)

One stakeholder from Khomas highlighted how small the grant amount is in comparison to the needs of a child attending high school:

A month at Windhoek High school will cost about N$3 000. And then comes the clothing. And winter clothing. I think that is about another N$2 000. And then the monthly food. That can be up to a N$1 000 per month. You need to take care of the child. And then the taxi fare can be up to N$500. And then the child still needs things like toiletries and that might come to N$300 per month. (Non-government stakeholder, Khomas)

Similarly, Caro, an MG beneficiary from Khomas, highlighted how little the grant amount is in comparison to school fees and exam fees (although she mistakenly believed the grant amount was N$150):

I think it needs some improvement. N$150 is not enough. With my mom we are five in the house, and we are all going to school. My mom pays for all of us school fees. My school fees is N$500 and my exam fees is N$280. So N$150 is really nothing. I think it must be improved. (Caro, MG beneficiary, Khomas)

However, a social worker also from Khomas underscored the fact that the grant is not meant to cover all expenses relating to a child, but is there to assist or help with their daily needs. Likewise, a magistrate says the following:
Normally when I speak to Foster Parents, I tell them that this is only a drop and that it will not cover all the expenses ... There are so many expenses. This money cannot cover all of it. (Magistrate, Kavango)

Some stakeholders differentiated between the grant amount and what it can do in urban and in rural areas, with those in urban areas needing more to meet their daily needs:

If one looks at the needs of the child, at the high school, and what the child is getting from the grants, then somehow I will say it is not enough ... I will look also the differentiation of where they are living. If they are in Windhoek the demands are very high in comparison with the child in the village. (School principal, Khomas)

The grant, the money is only M$200. If you look at the people in the rural areas – they say that it is enough. They buy maize meal and pay N$50 for the school fees. But in urban areas like here in Mariental things are very expenses. School fees are around N$150 and hostel fees can be up to N$200. The child needs food, toiletries and all those things. And the money is not enough. The N$200 will only buy enough food for one or two weeks. (Volunteer, Hardap)

Another stakeholder – a chief clerk in Hardap – says that the grant amount is not enough because it is used to look after the needs of the entire household.

Other issues considered weaknesses of the child grant policy related to access to the grants. In one case the MGECW required documents from the Department of Home Affairs and Immigration, but the latter was not able to provide these because the applicant did not have all the required documents:

From that the weakness that I have seen is from the Ministry of Home Affairs. Because we are having a form where we can write for a child to apply for a full birth certificate. But when we give those applications for a person to take it to Home Affairs, the Ministry of Home Affairs they take those applications to us again. Because they are saying that the applicant must have all the documents like the ID of the late person. That is the only complications we have seen from the Ministry. (Record clerk, Kavango)

A weakness identified by a community leader in Kavango was the length of time the government takes to provide support to children and here the FCG is highlighted.

They are taking too long to approve the grants. Three months is really very long. I think it should all happen in one month. (Volunteer, Hardap)

The reason given for the length of time it takes is evident in the following quotes. These stakeholders identified these as weaknesses in the child grant policy:

When we do the application, it is not only one office that does it. It is done in all three regions. And all the applications then go to the Windhoek office and then it has to be processed. That is why it is taking so long. It must be done in Windhoek. The qualified people are there and they are supposed to do the payouts of the grants. (Volunteer, Hardap)
Still more weaknesses were identified as stemming from the way in which the grants can be misused:

But I do not see any control measure for this policy. How do they control it? I find people that are still receiving these grants even though the child is no longer in school. Some of these children pass away and it is not recorded. In some cases the foster parent passes away, but it is also not recorded. A lot of money is going to people who do not really need it anymore. Sometimes the person getting the money got a job. I think we should just try to curb the fraud. This money can go to people who really need it. (Magistrate, Kavango)

The quote above mentions fraud, while the following quote mentions corruption:

I think that [the weakness] is corruption. The government gives funds for a certain goal but it is misused, and through these disturbances it does not reach out to children. (Non-governmental representative working on OVC issues, Hardap)

It is however not clear whether this means that grant money is being misappropriated by officials, whether ineligible beneficiaries are fraudulently claiming grants, or whether child grant money is being misused.

One stakeholder, a school principal from Kavango, argues that the caregiver should not receive the grant but instead the child should receive it.

Now I personally could have felt that if this money could be received by the children themselves, it could be better. The children would know for what they can use it, especially the children who are older then twelve years, up to sixteen. For the minor ones from ten downwards to zero, maybe the parent can receive it. Because I really know that some parents they are misusing the grants. The children are not benefiting out of it. (School principal, Kavango)

But according to the social assistance system administrator, this option is not possible because biometrical verification is needed for payment of a grant, and a child’s thumbprint is still growing and therefore cannot be used for biometrical verification.

Some regional stakeholders identified broader consequences of the grants such as dependency on the grants:

The issues of dependency are not being tackled. It also does not speak of self-dependency. (Social worker, Khomas)

Finally, the Director of Quality Assurance in the Ministry of Education identifies as a weakness the lack of awareness in villages and remote areas of the purpose of the grants. According to the Director, people in these areas need to be empowered in order to understand that the grants are for basic needs and not to support the School Development Fund through the payment of school fees.
5.9.3 **Strengths of the MGECW OVC policy**

For the Permanent Secretary of the MGECW, simply having the political will, and a policy and legislation in place that prioritises children, is a strength of the MGECW’s OVC policy. The ministry, as coordinator of the National Plan of Action for OVC, briefs the Cabinet and Parliament on the situation relating to OVC, and in this way their situation is made public, which is positive. Other stakeholders also echoed this broad perspective. Having something on paper that prioritises needy children was in itself seen as a strength for some stakeholders:

> The government is trying to support those that are in need. If the government doesn’t, who is going to stand up for those kids, and who is going to provide for them? So in fact having this policy, also safeguards that these children will not be excluded. At least they know they will be getting something. Especially for the girls, they are not going to all play of the sugar daddy because it might keep them away from early teenage pregnancy, sexual relationships ... I think the policy really helps.
> (School principal, Khomas)

> Strength in that government has targeted groups and intends to get to groups.
> (Social assistance system administrator, Ministry of Labour and Social Services)

> So I believe the government is doing a commendable job with regard to orphans and vulnerable children. They have not been left alone; they are a priority to the Namibian government. I believe that what they are doing is really commendable so far. And I believe they can do more and they are going to do more. So we really appreciate the government with the policy that is put in place and the NPA, and all the other things. The constitution and all the other law making bodies have really put them as a priority.
> (Social worker, Kavango)

Other stakeholders point to government employees, at high levels and lower down the rung, as being a strength of the OVC policy:

> … in the past, maybe because we didn’t know about orphans or vulnerable children, or rather it was not visible. But these days a lot of politicians like Ministers and Permanent Secretaries, they are really involved in children’s services, fighting for children’s services. When planning and prioritising they are taking up children’s issues; that is what they currently doing ... So the strength at the moment is our MPs and people up there are really taking note and they are the ones who approve and implement the policies and legislative documents. They are the ones who are crucial because they can see what is happening at grant level.
> (Social worker, Hardap)

> You should go the extra mile and see how you can help to alleviate poverty. So the strength is its employees who deliver the services.
> (Record clerk, Hardap)

> The budget of the government for OVC and the input of other government stakeholders to support them in their plan and policy.
> (School principal, Hardap)

A specific strength for one stakeholder lies in the fact that Central Government liaises with the Regional Councils:
Before the government puts any programs into action, they normally consult with the Regional Councils. That is a strength. (Community Leader, Khomas)

Finally, the Director of Quality Assurance in the Ministry of Education describes a positive development relating to OVC in the education sector which can be easily linked to the OVC policy and which is a strength of this policy. The ministry has finalised and launched a register on OVC which essentially is a tool to capture information on OVC in schools. At present the exact number of OVC and who they are is not known, but once the register is distributed to schools, it will be possible to obtain this information.

5.9.4 Weaknesses of the MGECW OVC policy

With regard to the National Policy on OVC, two regional stakeholders indicated that there is not much awareness among ordinary people of this policy:

But also the people from the community, they do not understand. They need some information of how to use this policy from the government. (Community Leader, Khomas)

They say there is this programme, but we do not have the information. We need to know how they are going to make sure that the orphans and vulnerable children are helped. But we never get the information. (Community Leader, Khomas)

Clearly there is a desire to know more about the OVC policy by those on the ground, if these statements are anything to go by. These quotes point to the need for information on the OVC policy to be made public.

For one regional stakeholder, any weakness in the OVC policy is seen to arise from it not being put together by ‘people on the ground’:

The weakness that I would say is that people at the grass level should be involved with drafting of the policies for the government. Framework could be established from the Ministry but the directives should come as proposals from the side of the community. (Chief clerk, Hardap)

For another stakeholder, ministries not working together is a problem:

One weakness is the collaboration between different Ministries. That is why the quality is not always good. But I am sure that government is working on it. (Health representative, Kavango)

According to the Director of Child Welfare Services in the MGECW, there is a lack of co-ordination between ministries with respect to data-gathering. The MGECW needs child-specific data but does not necessarily gather its own. Other ministries that gather this data do not focus on the needs of the MGECW when doing so, and it is therefore often not adequate for the MGECW’s needs.
A number of regional stakeholders mentioned that while the policy might be good on paper, if it is not enforced or followed through with a plan of action, it is nothing:

*When you read it, it is very good. But the problem is the implementation ... There is no direction on who needs to do what. Some of the information is there, but no one is allocated to do the work.* (Councillor, Khomas)

*Workers and money. I do not think that there are people put in place to do these jobs. There is a lack of interest in the lives of people that are less privileged.* (Non-governmental representative working on OVC issues, Khomas)

*I believe that I have not really seen any strength. There is nothing that is being constantly pushed. Because we had a meeting with the NGO’s, and most of them were saying that most of these things are not taken up at government level. I have not seen a lot from government.* (Non-governmental representative working on OVC issues, Khomas)

In terms of implementation, specifically the lack of social workers is highlighted:

*I think the government does not employ enough social workers to implement the plan and policy. So in the long run they are going to fall short on implementation.* (Health representative, Kavango)

This point is also raised by the Permanent Secretary of the MGECW who sees a lack of social workers specifically, but human resources in general, as a problem in Namibia. This is also a point the Director of Quality Assurance in the Ministry of Education raises with regard to the OVC policy. She emphasises the need for human capacity to monitor the implementation of the policy.

The Permanent Secretary also points to a lack of well-functioning government offices in all constituencies as problematic, something which a more explicit focus on decentralisation will hopefully address. This is also something highlighted by an FGD participant from Kavango:

*I want the office and activities of the Ministries to be brought closer to the village.* (Pienaar, non-beneficiary eligible for the FCG, Kavango)

*I want the officials of the Ministry of Home Affairs to visit schools in order to give birth certificate to orphans.* (Ou Chris, non-beneficiar eligible for the FCG, Kavango)

In the previous quote the blame is laid at government’s door for a lack of ‘action’, but another stakeholder lays the blame at the feet of those in the communities:

*But the community itself is a problem. We do not work with government so that the programs become better. We do not give information to each other. And they always say it is government who is wrong. But the community is also wrong. We must work together.* (Community Leader, Khomas)
Some regional stakeholders made reference to specific programmes that the OVC policy covers. For two school principals, the weaknesses of the policy lie in the fact that children are still denied access to schooling if they do not have the funds to pay for it:

> In this plan of the government exposes these children. You know that this is an OVC and that this child should be treated a certain way. The children who are not OVC’s are not getting special attention. The OVC might therefore become a mockery and the other children might tease him or her. These learners might be seen as getting special treatment wherever they go. I do not think someone should be put in the spotlight because they are an orphan. That is also what we found when we did our survey at the school for orphans and vulnerable children. It also affects their self-esteem. (School principal, Khomas)

> The weakness might be the monitoring – seeing that all learners are admitted into different schools without maybe any school denying. The monitor I think it’s not effective. (School principal, Kavango)

A social worker spoke of weaknesses in the policy that relate to social workers:

> We are understaffed. And the staff turnover, people are always looking for greener pastures and people are always getting promoted. You leave your office half and new social worker comes, and this case that has been here for months, to me it’s a new case and it prolongs the process. Regions are without social workers for many months, even years, so it’s a lack of staff and staff turnover that really weakens the services we are providing. Also when it comes to implementation of legal documents and policies, it takes a bit too long. (Social worker, Hardap)

With regard to the Woman and Child Protection Units, not enough has been done in terms of budget allocation towards these units for staff and logistics, according to the Director of Child Welfare Services in the MGECW.

Finally, another programme that presents an area of weakness for the Director is early childhood development. Volunteer caregivers are not on the government system and are forced to ask for fees from parents. This presents challenges, and there is no guarantee that the caregivers will stay in their positions.

> With every programme there is that end we still need to reach. (Director: Child Welfare Services, MGECW)
In 2001 there were very few children registered for the two main child welfare grants – the MG and the FCG. In the same year, the MGECW took over the functions and budget for the child grants from the Ministry of Health and Social Services, and since that time there has been a noteworthy increase in the number of children receiving the MG in particular, but also the FCG. According to the Permanent Secretary of Gender Equality and Child Welfare, the ministry’s first focus has been on expanding the reach of the child grants and this goal seems to have been met with more than 120 000 orphans receiving such grants. Since there are about 157 000 orphans in the country, this means that a sizeable number of them are receiving one of the two child grants. This is a laudable achievement. According to central stakeholders in the MGECW, this number of beneficiaries has not been constrained by the budget. Whenever the MGECW has under-budgeted and then requested additional funds to cover the additional beneficiaries of the child grants, the Ministry of Finance has been forthcoming with the finance.

It is clear from the findings that some of the child grant amounts are being spent on basic needs. This is a positive finding. Also, some of the grant amounts are enabling access to other critical services – mainly education through the payment of school fees, but also health care with a few stories giving insight into how the grants enable the payment of clinic and hospital fees. It does seem that in some cases the grants may be spent on the payment of school fees to the detriment of basic needs.

Since the grant amounts are very low – something on which there is widespread agreement – it is limited what can be achieved with them. Because of this and since it seems that the grants are frequently spent on accessing education, it does not seem that much can be done to improve OVC access to critical services through grant access.

What is evident from the findings is that the government has in place a system which makes a difference to the lives of children who have lost one or both of their parents. However it is also clear that there is some work that remains to be done. This is especially so if one considers that those who benefit from the grants are not necessarily the very poor. Poor children who are not orphaned are left out, as child welfare grants are targeted at orphans.
Levine et al (2009) note that in Namibia, despite the official means test, there is no evidence of targeting of the grants to poorer households within the group eligible by other criteria. An increase in applications for the MG and FCG over time points to the need for support among households with orphans. Meintjies et al (2003), in a study of the South African FCG, found a very real need among caregivers for cash in hand.

There are various options which are not scientifically informed but which could be implemented to improve the situation of OVC in Namibia. One or more of these options could be adopted. One way to prioritise the options could be on the basis of what they would cost to implement.

The various options outlined have been clustered into three broad groups: (a) policy considerations relating to alternatives to the current child welfare grant system; (b) other potential amendments to the pre-existing child welfare grant system; and (c) other cross-sectoral policy considerations. Many of these options represent substantive policy decisions that are likely to require further deliberation at an executive level, particularly because of the budgetary and operational implications that many of the proposals entail.

It is important to emphasise at this juncture that the policy-related considerations that follow are merely ‘recommendations’ that draw on the study findings and insights derived from policy documents, programmatic information and other empirical literature. They do not necessarily reflect the views of the MGECW, nor do they have to be adopted by the Government of Namibia. Instead, their purpose is to assist the MGECW, the government more generally and other stakeholders to deliberate and make informed decisions on any policy option and its implementation.

6.1 Considerations relating to alternatives to the current child welfare grant system

The current eligibility criteria for the MG and FCG are strongly focused on the orphan status (single or double orphans) of the beneficiaries. This raises important questions relating to whether other poor, non-orphaned children with needs equivalent to or greater than those of many OVC are being excluded from accessing child grants because of the priority that has been attached to orphans in determining eligibility. There is increasing evidence to suggest that the provision of grants for orphans as a category of children distinct from other children may be bypassing the needs of considerable numbers of impoverished and vulnerable children in the country.

A recent study of food support programmes for OVC in northern Namibia found that orphanhood was not directly linked to vulnerability, and that not all households hosting orphans were poor and/or vulnerable. There were many children who were not orphans but were vulnerable to food insecurity and poverty. The study concluded that social safety net programmes as they currently stand do not address the needs of these vulnerable children who are not orphaned (MGECW and WFP, 2007). It is also important to recall that estimates of child poverty based on the 2003/04 Namibia Household Income and Expenditure Survey (NHIES), presented earlier in Table 1, demonstrated that there is only a marginal difference in the incidence, depth and
severity of poverty between orphaned and non-orphaned children under the age of 18 years (Roberts, Streak and Levine, 2010). Furthermore, approximately eight out of every ten poor children in Namibia (82%) are non-orphans. These findings lend further credence to the view that targeting the child grants to orphans overlooks other equally poor cohorts of children.

The findings of these previous studies find resonance with the present study. Some regional stakeholders raised the issue that non-orphaned children are not receiving child welfare grants and are in need of assistance:

*Currently we only focus on OVCs. Those who have both parents are not included at the moment.* (Record clerk, Hardap)

*Those who do not have mothers and fathers come to this office to register. Then we take it to the Ministry. But there are also children with parents who are vulnerable.* (Councillor, Khomas)

*Sometimes I do not understand it well. Especially when it comes to the grants, since it is only orphans that are benefiting. But the vulnerable children they are not benefiting a lot. Maybe the government should also look on these vulnerable children because the orphans have been paid N$100, but the vulnerable children are not benefiting in this.* (Volunteer, Kavango)

A volunteer from Kavango goes on to define vulnerable children as follows:

*The children around our community whose parents are poor and do not manage to take care of them.* (Volunteer, Kavango)

Some FGD participants also made arguments for some form of provision for all children:

*All children have equal rights. The government must distribute things equally all over Namibia and not only orphans should benefit. Other children will start to feel discouraged.* (Ricky, non-beneficiary eligible for the FCG, Hardap)

*For those who are getting, something is better than those who do not get a cent. That is why I feel that those who are not getting should also be considered.* (Joseph, caregiver of MG beneficiary, Kavango)

Ricky, a non-beneficiary, refers to those receiving the child grants in the following quote which is a call to treat non-beneficiaries of the grant in the same way as beneficiaries:

*That is what I call apartheid from the government; they are getting everything from the government and are living in a luxury. And we that are getting nothing from the government are suffering a lot. I also want to say that it is an Independent Namibia and everyone should be treated equally ... I will be glad if everything changes and the government treats us all equally.* (Ricky, non-beneficiary eligible for the FCG, Hardap)

There are also indications that those in receipt of the children’s grants are not the poorest. Mutete from Kavango says this:
There are some children who are better especially those who are receiving the grants compared to those who don’t receive. Sometimes it is really a pity, you can leave your own poverty and sympathise with those who are worse off. (Mutete, caregiver of MG beneficiary, Kavango)

Based on mounting quantitative and qualitative evidence such as that described above, it has been argued that social security provided on the basis of orphanhood “mistargets crucial resources, is inequitable, risks further overburdening the child protection system and is not a cost efficient way of supporting all poor children” (Meintjies et al, 2003). In the Namibian context, recognition of these limitations of the child welfare grant system ultimately leads one to consider policy options involving an alternative configuration of the social security system for children. These would involve critical reflection on who are the children in need, what are equitable and appropriate eligibility criteria to target resources to them, and other critical design issues such as the means test (Levine et al, 2009). Until now it has been an explicit decision of the MGECW to focus on expanding coverage of the grants for orphans. However, with this goal almost having been met, it may now be time to consider what support could be given to children who are not orphans. Indeed, Levine et al (2009: 37) note that there are strong grounds for believing that “within realistic fiscal constraints, a further expansion of grants would further reduce poverty”.

In addition to this concern about missing non-orphaned, impoverished children, another issue with the current structure of the child grants relates to the distinction between informal kinship care and formal foster care. The foster care consultancy (MGECW, 2009) which was conducted parallel to this study, strongly recommends that the new Child Care and Protection Bill incorporate a clear legal distinction between kinship care and foster care. Kinship care refers to the care of a child by a member of the child’s family or extended family, while foster care is explicitly care of a child by a person who is not the parent, guardian, family member or extended family member in terms of an order of the children’s court. In order to address the situation where considerable numbers of children in kinship care are applying for foster care grants, placing undue demands on social workers and courts, it has been suggested that the grant system be reconfigured to better support both kinship care and foster care.

In this context, a basic option is proposed that draws on emerging national debates for extending the child grants safety net to reach and protect significantly greater numbers of poor children, and better address the kinship-foster care distinction, namely a means-tested MG with expanded eligibility for poor and vulnerable children. Appendix 5 provides some detail on factors to consider when designing a cash transfer for poor children.

6.1.1 A means-tested child grant

It is recommended that the current MG be adjusted so that it becomes a means-tested grant for all poor and vulnerable children in the country. Children in kinship care would be eligible for this grant rather than the FCG, with this form of financial support being made available to kinship carers upon the transfer of parental responsibility to them. For children placed in foster care, it is recommended that an FCG be provided to the foster caregiver at the time of placement once the court order has been issued. Advantages include increased coverage of vulnerable children, limiting FCGs to those explicitly in formal foster care while removing the
need for a court process in providing financial support to kinship carers. Disadvantages include the fact that it does not offer as great a reduction in the administrative burden, though the option would make a considerable difference in the demands on social workers and courts given the separation of grant options for children in kinship care versus foster care. Again, a detailed costing exercise for this option needs to be undertaken. Moreover, it is recommended that a standard definition of the term “vulnerable child” be adopted for targeting purposes.

6.2 Other potential amendments to the current child welfare grant system

In addition to the broad options for reconfiguring the child welfare grant system outlined above, several options could be considered likely to improve the system's effectiveness. These include: equalising the monetary value of the child grants across beneficiaries; raising the value of the child grants; and allowing for greater flexibility in grant eligibility criteria.

6.2.1 Equalise the amounts of the child grants

The grants appear to be having a positive effect on beneficiaries, though concerns of the low grant values were raised. As previously outlined, differential grant amounts are provided in cases where a caregiver receives a grant for more than one child in her/his care, with the first child registered for the MG or FCG receiving N$200 and subsequent children only N$100. This practice makes budgeting difficult for the MGECW, but it may also be the cause of some public misunderstanding about grant amounts.

The focus of the MGECW in recent years has been on increasing the coverage of the two main child welfare grants. Given the impressive progress in this respect, one possible option for improving the efficiency and effectiveness of the child grant system would be to equalise the grant amounts for all eligible children. Not only would this redress a situation where eligible children are treated differentially in terms of the monetary value of the grant received, but it would assist administratively in determining more precisely mid-term estimates of the budgetary requirements for the child grants.

Some FGD participants and a regional stakeholder raised equalisation of grant amounts as an issue to be addressed. The following quotes give their perspectives:

*What I understand is that they say for the first child, they give N$200 but the following children they just give N$100 each. So I suggest each child must get N$200. Like the children who are going to school. So I think the government only thinks that one person takes care of all the children. But I think the government should make it so that each child is entitled to receive N$200. They must change that system.* (Findano, caregiver of FCG beneficiary, Khomas)

*Another thing is that if you have two children, the government pays less money. I think like each N$100. But if it is only one child, then the government pays N$200 to that child. I think that is unfair.* (Katrina, caregiver of non-beneficiary eligible for the FCG, Hardap)
That is so wrong for me. Why can each child not receive N$200? Why should the second and third child get less? The money is already so little. Many of these families do not earn incomes. When they get sick they do not even have money to buy food so that they can take their medicine with food. (Non-governmental representative working on OVC issues, Hardap)

Options for consideration:
- The provision of a uniform grant value for all children that apply for the MG or FCG.
- Costing of equalising the grant amounts to inform budgetary processes.

6.2.2 Raise the amount of the child grants

The issue of the grant amount not being high enough was raised in various sections of the report. Most of the participants in the FGDs, both caregiver and child beneficiaries as well as non-beneficiaries, and many of the stakeholders who were interviewed, mentioned that the basic needs of children are not being adequately covered by grants at their current threshold. The value of the grants has not been adjusted for inflation since 2000 due to a focus on expanding coverage before increasing the grant amounts to keep pace with inflation. The consequence of not inflation-linking the child grants (as has been the case with the old-age pension) is that the real value of the MG and FCG has eroded by 39% between 1996 and 2009 and by 23% between 1999 and 2009 (Levine et al, 2009). The purchasing power of the grants has thus diminished considerably over the decade, which in turn constrains the spending choices of recipients in catering for the basic needs of children. An issue with all cash transfers in all countries in recent years is the rising cost of food but cash transfers not being index-linked to keep pace with inflation in basic living costs.

Study participants commented on the declining purchasing power of the grants. A number of FGD participants highlighted the problem of the grants not being inflation-linked as with the pension:

And the other thing is, this money they don’t add like with the old age pension. I thought when we heard that the old pension has increased we can also get some increase. (Namwenyo, caregiver of MG beneficiary, Khomas)

And my question is why is the child grant not equal to the elderly pension? Because some, they are also having people who are working and assisting them. Secondly, they give a loan to help people who are getting pension and they are not paying their houses any more. Why do they not give this to the caretaker of the orphans also? (Nancy, caregiver of MG beneficiary and caregiver of non-beneficiary eligible for the MG, Khomas)

Since things are becoming very expensive these days, so the children grant must be at the same level of pensioners. (Sophia, caregiver of FCG beneficiary, Khomas)

Regional stakeholders also emphasised the fact that the low grant amounts are not keeping up with the cost of living:

I can only say that life is getting more expensive but the amount [of the grants] stays the same. (Councillor, Kavango)
And with inflation, what can you buy out of N$200? And how long can it sustain you?  
(Non-governmental representative working on OVC issues, Kavango)

A number of FGD participants also mention the high cost of living and contrast this with the low grant amounts. They have requested that government consider the possibility of raising the grant amounts:

But the money is not enough as the year goes on, life is not the same. Prices are going up. And that is what makes life expensive. So, if the government would look at that issue in regard to what the economy is doing. (Findano, caregiver of FCG beneficiary, Khomas)

We are really happy and thanks to the government for bringing that idea. It is helping us to solve our problems. It is very difficult for someone to leave you a child to look after. I’m putting the government in the place of a person who has left a child. And now that the government and the remaining parent are able to look after that child. We are really thankful for that and we are proud of it. All we are crying for is that the government must not stop there. They must just continue and also increase this grant. (Kupembona, caregiver of MG beneficiary, Kavango)

They should also make sure that they raise enough money so that the money can pay for things as they get more expensive every year. (Jan, caregiver of non-beneficiary eligible for the FCG, Hardap)

Options for consideration:
- Raising the amount of the child welfare grants to account for inflation.
- Increasing the value of the FCG or allowance for foster carers to make it higher than the grant value for kinship caregivers. The justification for this would be to cover the costs of providing full-time care of children placed in foster care, while compensating foster carers who stay at home to provide such care.
- Undertaking a costing exercise to examine the budgetary resources needed to increase the grant value by different amounts and under different assumptions about numbers of child beneficiaries. As part of this activity, a detailed assessment of the real costs of caring for a child is recommended.

6.3 Other cross-sectoral policy considerations

6.3.1 Amend the foster care placement procedure

Foster care placement – which involves a social worker investigation and case report – is extremely lengthy due to a scarcity of social workers and a large number of cases. Children are not receiving the support of the grants while the foster care placement is underway, a process which can take years.

Options for consideration:
- The removal of the court process from the foster care placement procedure.
- Leaving the foster care placement decision in the hands of social workers.
Enabling kinship carers to agree on a contract with the MGECW which would make home visits and court procedures unnecessary.

6.3.2  Addressing key barriers to accessing the child grants

A lack of official documentation, coupled with inconsistent usage of alternative documents (affidavits, baptismal cards) and administrative problems (misplacing files, lack of or slow follow-up, availability of welfare officials), remains a persisting challenge to the application process. Transport costs also represent a notable impediment to obtaining documents and making applications. A further challenge is that while there is good awareness of the child grants, there remains imperfect knowledge of eligibility criteria. Even those who work at welfare offices are themselves not always aware of eligibility criteria.

Options for consideration:
• The introduction of a degree of flexibility in grant administration, especially with regard to eligibility criteria, so that the option of affidavits as opposed to formal documents is considered in some instances.
• Co-ordination and communication with the Ministry of Home Affairs and Immigration to ensure that a closer working relationship is established with the MGECW in the issuing of birth certificates and other key national documents for children and their caregivers. Further engagement could be considered in relation to mobile registration units, which would allow for the processing essential documentation and the submission of grant applications.
• Sustained public communication on grant entitlements and eligibility criteria.
• Regular communication with MGECW social workers on child welfare grant eligibility criteria.
• Improving systems at welfare offices and introducing codes of conduct.

6.3.3  Introduce additional and more in-kind services

The study findings show that a number of in-kind services (for instance food, school uniforms, scholastic material) are provided to some children in need by a range of service providers (government and non-governmental). However there is insufficient co-ordination among different role players, which may be leading to the duplication of services. A number of specific requests were made in FGDs and regional stakeholder interviews for different forms of in-kind provision to be made by government.

Options for consideration:
• Extending the reach of in-kind services to include all vulnerable children, not just orphans, as a programme complementary to the grants.
• Exploring mechanisms for combined, multi-sectoral co-ordination to improve in-kind service provision.

6.3.4  Improve co-ordination between government departments and with other organisations

There is a lack of co-ordination between government departments and with other NGOs.
Options for consideration:
- A follow-up investigation of appropriate structures for high-level coordination, through which social development issues affecting children can be discussed and policy decisions made.
- Co-ordination in relation to child grants, services and policy.
- Co-ordination with regard to data gathering between ministries.

6.3.5 Address the social worker human resource issue

There is a serious shortage of social workers in the MGECW, to undertake the investigation for the FCG but also to do a variety of other types of work that also relate to children. Moreover, it is difficult to retain current staff. Two positive developments are the development of a human resource plan and the introduction of volunteers and record clerks to alleviate some of the work burden of social workers (task shifting). However, there is a reliance on volunteers who lack training, and volunteers are difficult to retain due to job insecurity.

Options for consideration:
- From a long-term perspective, filling social worker posts by investing more in training additional social workers for the government sector.
- Training social workers for the private sector.
- From a short-term perspective, providing training to all workers in all directorates in the MGECW to increase capacity, as an innovative way of using current staff.
- Re-defining the concept of a Child Care Worker and developing a clear job description as well as a training programme for such workers.
- Linking these activities with the human resource plan that is under review.

6.3.6 Address the implementation of the school fee exemption policy

In some regions school reports are withheld from learners while in others pupils are sent home from school if they do not pay their fees. School fees were the main item that the child grants were spent on. In practice exemptions from paying school fees are not widely granted to OVC, despite their being eligible for them.

Options for consideration:
- Addressing the implementation of the exemption policy so that the policy works in practice, that is all children who receive either the MG or the FCG are automatically exempted from paying school fees.
- Clarifying the exemption policy across departments.
- Simplifying and clarifying criteria for school fee exemption.
- Addressing the lack of uniformity in exemption forms and protocols.
- As an alternative, finding other ways for the School Development Fund to be paid so that children do not have to pay school fees (an option which has already been costed).
6.3.7 Overcoming barriers to accessing health care facilities

According to the National Plan of Action (NPA) for OVC (MGECW, 2007b), the Minister of Health and Social Services is authorised to grant exemptions for the prescribed fees for health services for state patients. While the regulations do provide several categories of exemptions, none of these apply to OVC or provide for fee exemptions on the ground of poverty. Activity 4.1 of the Health and Nutrition Plan of Action in the NPA aims to improve OVC access to free health services by: (a) disseminating information to communities, OVC caregivers and health workers on how to access health care services and on the procedures for being exempted from the fees for such services; and (b) amending health regulations to provide for exemptions for OVC and other state patients who cannot afford the prescribed health fees, and issuing an official circular to all health care providers and administrative staff on the proper interpretation and implementation of such regulations. The study clearly points to the challenges involved in accessing health services due to an inability to pay for user fees. A few regional stakeholders from Hardap and Kavango indicated that exemptions are given to some poor children who attend clinics.

Options for consideration:
- It is recommended that the MGECW engage in inter-ministerial discussions with the MoHSS regarding the study findings and find workable means of expediting progress towards the proposals contained in the NPA for promoting free health services for children in need. In particular it is recommended that consideration be given to automatically exempting child welfare grant beneficiaries from paying health care user charges in order to encourage increased service utilisation.
- Recommend developing and communicating clear guidelines on user charge exemptions for OVC to health care workers and the general population.

6.3.8 Strengthen complementary services for children

The provision of grants takes precedence over other equally important services. Services such as early childhood development (ECD), counselling abused children and victims of substance abuse, child protection and services to street children are in dire need.

Options for consideration:
- Exploring the feasibility of rolling out ECD.
- Exploring the feasibility of supporting children beyond high school in the form of study loans and insurance.
- Better co-ordinating the activities of different ministries.
- With regard to child protection, consideration of the following is recommended:
  - Further education and awareness-raising programmes on the adverse consequences of corporal punishment.
  - Conducting further research on the nature and extent of different forms of child abuse in the schooling context.
  - Strengthening linkages to school service providers to ensure that abuses of authority are prevented or investigated.
Concluding Remarks

Direct income transfers as a form of social protection has received mounting interest both internationally and in sub-Saharan African, driven primarily by strong evidence of their potential to reduce poverty and strengthen the human capital of children by facilitating improved access to health and education services. In Namibia, in the context of HIV and AIDS, the provision of child welfare grants has become an increasingly salient form of assistance aimed at ensuring that OVC are protected and nurtured. This qualitative study has aimed to contribute to a fuller understanding of the barriers preventing access to the child welfare grants, the effect that administering the grants has had on the capacity of the MGECW to fulfil its mandate of providing a range of services to children, and the use and effect of the grants in meeting the basic needs of child beneficiaries and enabling access to critical services. This was achieved primarily through a series of focus group discussions as well as regional stakeholder interviews undertaken in Khomas, Kavango and Hardap.

It needs to be reaffirmed that, due to the study’s qualitative research design and small sample size, caution must be exercised in generalising the findings to the country as a whole. Nonetheless, analysis based on the in-depth information generated by the study does in many instances corroborate the results of other pre-existing research. It also suggests a number of policy options and considerations which it is hoped will enrich ongoing discussions and policy debates about the structure and administration of the child welfare grants and how to increase their effectiveness in improving the lives of poor and vulnerable children. The study further raises the need for additional research, especially in relation to determining the budgetary implications of various policy options suggested in relation to the child welfare grants and assessing the cost of caring for a child in Namibia.
References


Ministry of Health and Social Services (MoHSS) (Namibia) & Macro International Inc. (2008). *Namibia Demographic and Health Survey 2006-07*. Windhoek and Calverton (Maryland, USA): MoHSS & Macro International Inc.

Ministry of Health and Social Services (MoHSS) (1992). *The Official Primary Health Care / Community Based Health Care Guidelines*. Windhoek: MoHSS.


Appendix 1: Terms of Reference

Appendix 2: Focus Group Schedules

Appendix 3: Participant Information Sheets

Appendix 4: Stakeholder Interview Schedules

Appendix 5: International Literature on Child Cash Transfer Design - Considerations
APPENDIX 1

Terms of Reference

Terms of Reference: Effectiveness of Child Welfare Grants to improve access of Orphans and Vulnerable Children to Critical Services

Consultancy: Qualitative effectiveness study on access of orphans and vulnerable children to critical services

1. Background

UNICEF partners with the Ministry of Gender Equality and Child Welfare (MGECW) in order to strengthen and expand their outreach of child welfare programmes and is planning to undertake a qualitative effectiveness study on access of orphans and vulnerable children to critical services. The Ministry of Health and Social Services (MOHSS) was mandated to, inter alia, manage children's social welfare functions, but in 2004 these responsibilities were shifted to MGECW, which established a Child Welfare Division. Recognising the crucial role of the division especially through child welfare grants, it was upgraded to a directorate in late 2006, with regional and constituency-level responsibilities.

The Directorate's functions include the management of maintenance and foster care grants, adoptions, custody and control cases, and advocacy for children's rights across national, regional and community level. Child Welfare Grants benefited approximately 90,000 OVC in end 2007. They can benefit from four types: (i) maintenance, (ii) special maintenance grants for children with disabilities under 16 years of age, (iii) foster care grants, and (iv) place of safety allowances. The aim of child welfare grants is to provide resources to assist OVC to access their basic rights to education, health and nutrition, adequate care and support, and protection.

The MGECW has committed considerable resources (approximately N$120 million annually) towards the provision of Child Welfare Grants. In conjunction with the World Food Programme MGECW has made significant inroads in expanding coverage. With the rapidly expanding number of orphans and vulnerable children (OVC), due to the HIV and AIDS pandemic, demand for the grants has increased from 18,000 in 2004 to the 90,000 in 2007. In order to meet the application demand, the Directorate of Child Welfare Services undertook a Human Resource and Capacity Gap analysis in 2007 and is rapidly recruiting additional social workers and record clerks at regional level, and other staff at constituency level. These ToR came about through discussion with MGECW, USAID and UNICEF.
Considerable progress has been made in overcoming registration challenges, and reaching more OVC through the Child Welfare Directorate. To strengthen and sustain these services MGECW would like to undergo an assessment to ascertain the extent to which OVC in receipt of Child Welfare Grants are accessing their critical services, how linkages can be strengthened between other sectoral ministries (in particularly Ministry of Education, Health and Social Services, and Home Affairs and Immigration, and Safety and Security) and what improvements can be made in administering and monitoring the utilisation of the grants.

2. Purpose

UNICEF Namibia with the Ministry of Gender Equality and Child Welfare plans to undertake an evaluation with the following purposes:

(a) Assess the effectiveness of the Child Welfare Grants in facilitating OVC access to critical services including education, health and nutrition, care and support, and protection services;
(b) Understand and analyse the process of qualifying for, and receiving Child Welfare Grants; and
(c) Make realistic recommendations for improving OVC access to critical services through the Child Welfare Grants.

(a) **Assess the effectiveness of OVC access to critical services including education, health and nutrition, care and support, and protection services as a result of receiving Child Welfare Grants**

Based on the focus group discussions, and informant interviews the following types of questions should be answered: (i) What are the actual benefits and/or negative effects to OVC receiving grants in terms of accessing education, adequate health and nutrition, care and support, and protection services, (ii) With children’s guardians receiving the grants, how are they contributing towards the children’s upkeep and basic needs; How are children who qualify for grants through MGECW linked to multi-sectoral service delivery such as through Ministry of Education and Health and Social Services? The key purpose of the assessment is to determine whether the Child Welfare Grants are affecting OVC access to critical services. This qualitative assessment will take place in conjunction with efforts to integrate quantitative questions into the Household Income Expenditure Survey.

(b) **Understand and analyse the process of qualifying for, and receiving Child Welfare Grants:**

Based on the findings and first hand experience of beneficiaries and non-beneficiaries to access the grants, what is the process of accessing grants? What are the challenges and impediments to accessing the grants, and the reasons? What follow up mechanisms are in place and monitoring of grants usage? What institutional arrangements are there in the grant system and how could they be approved? What are the trends in budgeting for the grants? What is the impact of the administration of grants on the ability of social
The Effectiveness of Child Welfare Grants in Namibia

workers to manage their day-to-day responsibilities? Is this the most efficacious system for disbursing grants? For example, the ignorance of procedures to access the grants, long distances combined with required multiple trips, institutional requirements, and impact on actual responsibilities of social workers could hinder a person registering for the grants, and social workers providing other essential services.

(c) Make realistic recommendations for improving OVC access to critical services through the Child Welfare Grants.

Based on the above analysis make realistic recommendations to improve effectiveness of Child Welfare Grants to improve OVC access to critical services. Focus on, amongst others, linkages to multiple sectors, review and recommendation of improved administration practices, monitoring and follow up, and conditionality and amount of grants.

3. Technical Working Group

A Technical Working Group (TWG) will be established and headed by the Child Welfare Directorate of MGECW represented by members from other departments of the MGECW, and other Ministries, civil society partners, representative from Government of United States (USG) and with support and participation from UNICEF, USAID and WFP, is constituted to supervise and provide technical support to the evaluation.

4. Scope and Methodology

The evaluation will use a qualitative approach including focus group discussions, and key informant interviews focusing on three regions. The selection of the regions will take place by the TWG. Data collection will take place through five focus group discussion, and four to five key informant interviews.

- The FGD include:
  - Group of caregivers caring for boys and girls who are either receiving or not receiving Child Welfare Grants (i.e. 1 FGDs);
  - Group of girls and boys (15-17 years) who are receiving, and another who are not receiving grants at a school hostel setting (i.e. 2 FGDs)
  - Group of girls and boys (15-17 years) who are receiving, and another who are not receiving grants in the community (i.e. 2 FGDs)
  - Key informant interviews with health representative(s), social worker(s), Unit Commander of Woman and Child Protection Units, and school principals(s), traditional leaders and local authorities (councillors), and any other as identified.

Ten qualitative researchers will be identified and trained, with the best six undertaking the field work. The researchers will translate the interviews and send them to a transcriber to transcribe the information onto a Word document for analysis. Atlas TI software (or index cards) will be used to analyse the Word documents to provide thematic understanding of the link to critical services.
5. **Schedule of Tasks**

Under the overall supervision of the TWG headed by MGECW with support from UNICEF, the consultant will perform the following key tasks to meet the purpose of the assignment:

<table>
<thead>
<tr>
<th>PROCESS DESCRIPTION</th>
<th># DAYS REQUIRED</th>
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<tbody>
<tr>
<td><strong>STEP 1: Desk review and planning finalisation</strong></td>
<td>4</td>
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<tr>
<td>• Meet with TWG to review ToR and agree on expected outputs</td>
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<td>• Develop clear division of labour for all partners</td>
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<tr>
<td>• Review necessary documents and reports on OVC access to critical services</td>
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<tr>
<td>• Meet with MGECW and finalise logframe and work schedule for assessment</td>
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<tr>
<td>• Present final logframe and work schedule to TWG</td>
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<td>• Finalise selection of regions in consultation with TWG</td>
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<td><strong>STEP 2: Finalise and make logistical arrangements</strong></td>
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<tr>
<td>• Workout travel schedule, accommodation and travel requirements, and identify dedicated staff including MGECW and researchers.</td>
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<tr>
<td>• Make field arrangements in three regions to include five focus group discussions, and four-five key informant interviews with groups consisting of 10-15 people. Identify organisations to help recruit members of focus groups. The FGD include:</td>
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<tr>
<td>• Group of caregivers caring for boys and girls who are either receiving or not receiving Child Welfare Grants (i.e. 1 FGDs);</td>
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<tr>
<td>• Group of girls and boys (15-17 years) who are receiving, and another who are not receiving grants at a school hostel setting (i.e. 2 FGDs)</td>
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<tr>
<td>• Group of girls and boys (15-17 years) who are receiving, and another who are not receiving grants (i.e. 2 FGDs)</td>
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<tr>
<td>• Key informant interviews with clinic nurse(s), social worker(s), Unit Commander of Woman and Child Protection Units, and school principals(s) (i.e. 5 interviews), and any other as identified.</td>
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<td><strong>STEP 3: Develop field tools for assessment, and report format</strong></td>
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<tr>
<td>• Develop focus group discussion guides;</td>
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<td>• Develop a list of questions (maximum 15 questions) to guide facilitators taking into account region nuances;</td>
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<tr>
<td>• Develop list of questions for key informant interviews with social worker(s), Unit Commanders in Woman and Child Protection Units, clinic nurse(s), school principal(s), and other identified informant(s).</td>
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<tr>
<td>• Develop format for reporting process, including names, designations, region, GPS references, and content of discussions.</td>
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<td>• Develop demographic summary sheet for FGD and informant interviews;</td>
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<td>• Develop draft final report format with relevant sections</td>
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<td><strong>STEP 4: Approval of assessment tools, schedule and final report format</strong></td>
<td>3</td>
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<tr>
<td>• Present final tool and questions to TWG for approval</td>
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<tr>
<td>• Incorporate changes to tools, schedule and final report format</td>
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<td><strong>STEP 5: Training of qualitative researchers</strong></td>
<td>8</td>
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<tr>
<td>• Train ten researchers for FGD and informant interviews in Windhoek, and hire six for actual interviews. Include MGECW staff in training to build capacities.</td>
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<td>PROCESS DESCRIPTION</td>
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<td><strong>STEP 6: Complete field work</strong></td>
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<tr>
<td>• Complete Focus Group Discussions (one day per FGD), and key informant interviews (one day per interview), with one day for logistical arrangements</td>
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<tr>
<td>• After each FGD and key informant interview facilitators translate and send notes to transcriber at central level</td>
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<tr>
<td><strong>STEP 7: Transcription of interviews</strong></td>
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<tr>
<td>• Interviews transcribed from translations into process text during course of field work</td>
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<tr>
<td><strong>STEP 8: Analyses of interviews using qualitative tools</strong></td>
<td>10</td>
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<tr>
<td>• Using Atlas TI software (or Index cards) analyse Word documents to provide thematic understanding of link to critical OVC services</td>
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<td><strong>STEP 9: Draft preliminary recommendations</strong></td>
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<tr>
<td>• Document findings, and preliminary recommendations for improved access of OVC to critical services through Child Welfare Grants</td>
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<td><strong>STEP 10: Draft findings, and preliminary recommendations</strong></td>
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<tr>
<td>• Using agreed on reporting format draft final report including findings, and recommendations</td>
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<tr>
<td>• Prepare PowerPoint presentation(s) for pending consultation meeting with national stakeholders</td>
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<tr>
<td>• Prepare shortened pamphlet on strengths and weaknesses of Child Welfare Grants in facilitating access of OVC to critical services, with recommendations for follow up.</td>
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<tr>
<td>• Presentation to TWG where they can review draft report, summarised pamphlet, PowerPoint presentation(s), and changes incorporated into texts</td>
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<td><strong>Step 11: Consultation with national stakeholders</strong></td>
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<tr>
<td>• National stakeholders invited to consultation workshop with PTF members where the assessment process, findings, and preliminary recommendations are presented</td>
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<td>• Changes from feedback incorporated into document</td>
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<td><strong>STEP 12: Final submission to the MGECW for approval</strong></td>
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<tr>
<td>• Report amended to include recommendations from consultation workshop, and comments from consultation documented in final report</td>
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<tr>
<td>• Final report approved by MGECW</td>
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<td><strong>STEP 13: Final report prepared for printing (may be a separate submission)</strong></td>
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<tr>
<td>• Lay-out and design of report drafted incorporating final approved text, and pictures from field visits</td>
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<tr>
<td>• Final lay-out version approved by MGECW</td>
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<td><strong>TOTAL</strong></td>
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(The above proposed process description is a recommendation, but is not fixed. Submissions may adjust the process as per functional requirements and it is recommended an addition 5 days is submitted for to provide room for flexibility).
6. **Required skills and qualifications**

- International consultants and/or institutions may be required to work with a local (Namibian consulting firm or individuals),
- The team leader must have at least 5-10 years experience in social research in the field of social protection, and
- The team must have good references for a positive track record of evaluations that combine quantitative and qualitative data.
- The team leader who will be part of the international consultant(s)/institution and must have a Master’s degree in social sciences, education, sociology, public health or related field.
- The team leader must be able to provide competent field researchers/field assistants with prior experience in qualitative research.
- The team leader must ensure supervision of field workers.
- The team must include researchers who have experience in developing evaluation methodologies, and possess excellent qualitative and quantitative data collection, processing and analytical and report writing skills.
- Proficiency in standard statistical data analysis software is mandatory; good process management skills including facilitation skills; gender analytical skills.
- Field workers must be fluent in the dominant local languages of the regions in which the field work will take place.

7. **Term and conditions**

- The consulting team will work under the overall supervision of the TWG headed by the Ministry of Gender Equality and Child Welfare.
- The consulting team will not have access to UNICEF office space and computer equipment.
- The contract will be terminated with immediate effect if the performance of the consultant is not satisfactory.
- The technical committee will have property rights to all materials developed during the consultancy.

8. **Technical committee obligations**

- The committee will provide background materials and detailed commentary on deliverables.
- The committee will provide comments to the consulting team on regular basis and introduce the consultant to relevant programme and stakeholders.
- Following a review of submissions by the TWG UNICEF will award the contract to the most suitable candidate based on documents submitted with applications and if necessary based on interviews. UNICEF reserves the right to reject any candidate if deemed necessary.

9. **Indicative deliverables and payment schedule**

- Present the evaluation methodology and work plan (Payment after completion of steps 1) 20% of total budget.
• Confirmed logistical arrangements, identification and recruitment of 10 researchers, and finalised and approved field tools and report format (on completion of steps 2 – 4) 20% of total budget
• Qualitative researchers trained, and field work completed with transcription of interviews (on completion of steps 5-7) 20% of total budget
• Analyses of interviews, draft of preliminary findings and recommendations, and consultations with national stakeholders completed (on completion of steps 8 – 11) 20% of total budget
• Final approval of text for report, and final layout design document (on completion of steps 12-13) 20% of total budget. The report must adhere to the UNICEF evaluation reports standards.

10. Financial and logistical considerations/implications

• The consulting team will provide a budget to include consultancy fee for duration of the consultancy including costs related to field work. (72 days)
• The consulting team will develop tools for field work agreed upon with the TWG.
• Remuneration will be commensurate with experience and disbursed as per schedule of payments outlines above.

11. Submissions should include

• A motivation/cover letter outlining the relevant qualification and experience
• Samples of previous work related to evaluation especially impact assessment of programmes
• Proposed detailed methodology and work plan
• CVs of the team members
• Detailed budget for the consultancy with breakdown of all costs

Submissions must reach UNICEF Namibia by 21 July 2008 either through email or mail.

Mailing address: Ms. Laina Shatipamba, Human Resource Officer, UNICEF United Nations Children’s Fund, UN House 1st Floor, 38-44 Stein Street, Klein Windhoek, P.O. Box 1706, Windhoek, Namibia (Tel +264-61 2046111/6341)

Email: lshatipamba@unicef.org and mdalling@unicef.org

Deadline for submissions: 21 July 2008

Only shortlisted candidates/organisations will be contacted.

Prepared by: Matthew Dalling, OVC Specialist
Through: Connie Botma, OIC SPVC
Through: Rushnan Murtaza, OIC Deputy Representative
Approved by: Madhavi Ashok, Acting Representative
1. What circumstances led you to apply for a Maintenance Grant (MG)?
   Probes: What happened; where participant heard about the MG and how to apply for it?

2. Tell us about your experience of the MG application process. How did you find the process of applying for the MG?
   Probes: What did you have to do to prove you qualified how long did it take; who helped you and how; what were the difficulties/barriers?

3. We want to understand what you know about the Namibian government’s policy to provide support for children in need. Tell us what you know about the benefits and services that families in need can claim from government to support their children?
   Probes: food; school uniforms; school fees; hostel fees; health services; counselling and other social work services; what can children receiving the grant claim, compared to children who don't; who told you?

4. Are there things you need to do on an ongoing basis to keep receiving the MG?
   - What do you have to do to continue receiving the MG(s)?
     Probes: Show child’s school report and attendance record; show any other documents?
     To who and how often? What happened when you did not meet requirements?
   - How has government told you to spend the MG(s)?
     Probes: on anyone in the household in particular; on specific spending items?

5. We want to understand how your MG(s) is (are) spent. Tell me what happens with the money and who decides what happens.

6. Tell us about the benefits and services you receive from government for the children you are looking after. Is it easy or difficult to use or get to these benefits and services?
   Probes: food support; free uniforms; crèche, primary and secondary schooling and fees; health services and payment for health services; any differences between those receiving the MG and other children in the household.

7. What do you think about the quality of benefits and services provided by government to children in your care? Why do you say this, how do you know?

8. What benefits and services do children in your care receive from non-governmental organisations and the community?
   Probes: What; from whom; how often; differences across children receiving MG and other children who don’t?

9. What difference has the MG made to you and others in your household, in particular to the child(ren) receiving it?
   Probe: How has it helped? Who has it mostly helped?
10. **What basic goods and critical services do children in your care still have to sometimes go without?**  
*Probes:* enough food, clothing, toiletries; participation in crèche/day mother, school, health services when sick; how often do you have to do without and why; what do you as caregiver do when there is not enough?

11. **We want to hear your views on how government grant and other support for children in need should be improved. Tells us what you think.**

12. **We want to know how you feel about receiving the MG.**  
*Probes:* Are you pleased? Is this something that you feel ashamed about? Have people changed their behaviour towards you and your family since you have started receiving the grant? Do people treat the children receiving the grants differently?

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
1. **What circumstances led you to apply for a Foster Care Grant (FCG)?**
   *Probes:* Where participant heard about the FCG and how to apply for it

2. **Tell us about your experience of the FCG application process. How did you find the process of applying for an FCG?**
   *Probes:* What did you have to do to prove you qualify for the FCG?; how long did it take; who helped you and how; what were the difficulties/barriers?

3. **We want to understand what you know about the Namibian government's policy to provide support for children in need. Tell us, what you know about the benefits and services that families in need can claim from government to support their children?**
   *Probes:* food; school uniforms; school fees; hostel fees; health services; counselling and other social work services; what can children receiving the grant claim, compared to children who don't; who told you?

4. **Are there things you need to do on an ongoing basis to keep the FCG?**
   - What do you have to do to continue receiving the FCG(s)?
     *Probes:* Show child's school report and attendance record; Show any other documents?
     To who and how often? What happened when you did not meet requirements?
   - How has government told you to spend the FCG(s)?
     *Probes:* on anyone in the household in particular; on specific spending items?

5. **We want to understand how your FCG(s) is (are) spent. Tell me what happens with the money and who decides what happens.**

6. **Tell us about the benefits and services that the children in your care are receiving from government. Is it easy or difficult to use or get to these benefits and services?**
   *Probes:* food support; free uniforms; crèche, primary and secondary schooling and fees; health services and payment for health services; any differences between those receiving the FCG and other children in the household.

7. **What do you think about the quality of benefits and services provided by government to children in your care? Why do you say this, how do you know?**

8. **What benefits and services do children in your care receive from non-governmental organisations and the community?**
   *Probes:* What; from whom; how often; differences across children receiving FCG and other children who don't?

9. **What difference has the FCG made to you and others in your household, in particular to the child (ren) receiving it?**
   *Probe:* How has it helped? Who has it mostly helped?
10. **What basic goods and critical services do children in your care still have to sometimes go without?**  
    *Probes:* enough food, clothing, toiletries; participation in crèche/day mother, school, health services when sick; how often do you have to do without and why; what do you as caregiver do when there is not enough?

11. **We want to hear your views on how government grant and other support for children in need should be improved. Tell us your views.**

12. **We want to know how you feel about receiving the FCG.**  
    *Probes:* Are you pleased? Is this something that you feel ashamed about? Have people changed their behaviour towards you and your family since you have started receiving the grant? Do people treat the children receiving the grants differently?

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
1. What do you know about the money your caregiver receives from the government to take care of you and how do you know it?

2. Have you been part of the MG application process? In what way, tell us about your experience?
   *Probes:* What had to be done by you and your caregiver to prove that you qualify to receive money from the government; how long did it take to apply; who helped and how; what were the difficulties/barriers.

3. We want to understand what you know about the Namibian government’s policy to provide support to children in need. Tell us, what do you know about the benefits and services that families in need can claim from government to support their children?
   *Probes:* food; school uniforms; school fees; hostel fees; health services; counseling and other social work services; what can children receiving the grant claim, compared to children who don’t; who told you?

4. Are there things you need to do on an ongoing basis to keep the MG?
   - What do you have to do to continue receiving the MG? *Probes:* Show school report and attendance record; Show any other documents? To who and how often? What happened when you did not meet requirements?
   - How has government told you and your caregiver to spend the MG?

5. We want to understand how your MG is spent. Tell me what happens with the money.

6. Tell us of the benefits and services you receive from the government. Is it easy or difficult to use or get to these benefits and services?
   *Probes:* food support; free uniforms; primary and secondary schooling and fees; health services and payment for health services; any differences between those receiving the MG and other children in the household.

7. What do you think about the quality of benefits and services provided to you by government? Why do you say this, how do you know?

8. What benefits and services are you and your family receiving from non-governmental organisations and the community?
   *Probes:* What; from whom; how often do you receive it; are there differences across children receiving MG and other children who don’t?

9. What difference has the MG made to you and others in your household?
   *Probe:* Has it made your life better? How has it helped you? Who else in the household has it helped? Who has the grant mostly helped and why do you say this?
10. **What basic goods and critical services do you sometimes go without?**  
*Probes:* enough food, clothing, toiletries; participation in school, health services when sick; how often do you have to go without and why; what does your caregiver to solve the problem of not having enough?

11. **Tell us how you think the government can improve grants and support for children.**  
We want to hear your views on how government grant and other support for children in should be improved. Tell us your views.

12. **We want to know how you feel about receiving the MG.**  
*Probes:* Are you pleased? Is this something that you feel ashamed about? How have others in the community reacted to you receiving the MG? Do people in your community or school treat you better or worse than kids not receiving a grant?

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
1. What do you know about the money your caregiver receives from the government to take care of you and how do you know it?

2. Have you been part of the FCG application process? In what way, tell us about your experience?
   Probes: What had to be done by you and your caregiver to prove that you qualify to receive money from the government; how long did it take to apply; who helped and how; what were the difficulties/barriers.

3. We want to understand what you know about the Namibian government’s policy to provide support to children in need. Tell us, what do you know about the benefits and services that families in need can claim from government to support their children.
   Probes: food; school uniforms; school fees; hostel fees; health services; counseling and other social work services; what can children receiving the grant claim, compared to children who don’t; who told you?

4. Are there things you need to do on an ongoing basis to keep the FCG?
   • What do you have to do to continue receiving the FCG? Probes: Show school report and attendance record; Show any other documents? To who and how often? What happened when you did not meet requirements?
   • How has government told you and your caregiver to spend the FCG?

5. We want to understand how your FCG is spent. Tell me what happens with the money.

6. Tell us of the benefits and services you receive from the government. Is it easy or difficult to use or get to these benefits and services?
   Probes: food support; free uniforms; primary and secondary schooling and fees; health services and payment for health services; any differences between those receiving the FCG and other children in the household.

7. What do you think about the quality of benefits and services provided to you by government? Why do you say this, how do you know?

8. What benefits and services are you and your family receiving from non-governmental organisations and the community?
   Probes: What; from whom; how often do you receive it; are there differences across children receiving FCG and other children who don’t?

9. What difference has the FCG made to you and others in your household?
   Probe: Has it made your life better? How has it helped you? Who else in the household has it helped? Who has the grant mostly helped and why do you say this?
10. **What basic goods and critical services do you sometimes go without?**
   *Probes:* enough food, clothing, toiletries; participation in school, health services when sick; how often do you have to go without food or things necessary for you to survive and why? what does your caregiver to solve the problem of not having enough to survive?

11. **Tell us how you think the government can improve grants and support for children.**
    We want to hear your views on how government grant and other support for children in should be improved. Tells us what you think.

12. **We want to know how you feel about receiving the FCG.**
    *Probes:* Are you pleased? Is this something that you feel ashamed about?; How have others in the community reacted to you receiving the FCG?; Do people in your community or school treat you better or worse than kids not receiving a grant?

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
Focus Group 5: Interview Schedule
Caregivers of Non-Beneficiary Children Eligible for the Maintenance Grant

1. What do you know about the Maintenance Grant (MG) and how to apply for it?
   Probes: What circumstances created the need for the grant, how do you know about this; where did you hear this?

2. Tell us about your experience of the MG application process, if you have tried to apply for it.
   Probes: What caregiver and child have had to do thus far to prove they qualify for the MG; how long it has taken to date; that helped and how; what difficulties/barriers have you experienced; why do you think that the MG has not yet been provided?

3. We want to understand what you know about the Namibian government's policy to provide support for children in need. Tell us, what you know about benefits and services that families in need can claim from government to support their children?
   Probes: food; school uniforms; school fees; hostel fees; health services; counseling and other social work services; what can children receiving the grant claim, compared to children who don't; who told you?

4. Tell us about the benefits and services you and the children you are looking after could receive from government if you qualify for the grant. Is it easy or difficult to use or get to these benefits and services?
   Probes: food support; free uniforms; crèche, primary and secondary schooling and fees; health services and payment for health services; differences between those receiving child grants and other children.

5. What do you think about the quality of benefits and services government is providing to children in your care? Why do you say this, how do you know?

6. What benefits and services do children in your care receive from non-governmental organisations and the community?
   Probes: What, from whom, how often?

7. What would be different in your household if you received a Maintenance Grant particularly for the children you are taking care of?

8. What basic goods and critical services do children in your care sometimes have to go without?
   Probes: enough food, clothing, toiletries; participation in crèche/day mother, school, health services when sick; how often do you have to do without and why; what do you as caregiver do when there is not enough?

9. Tell us how you feel government grants and other support for children in need should be improved.

10. What do you feel about people who are receiving grants from government to support their children? Do people change their behavior toward families who receive the grant? Do people treat the children receiving the grants differently?

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
Focus Group 6: Interview Schedule
Caregivers of Non-Beneficiary Children Eligible for the Foster Care Grant

1. **What do you know about the Foster Care Grant (FCG) and how to apply for it?**
   *Probes:* What circumstances created the need for the grant, How do you know about this; where did you hear this?

2. **Tell us about your experience of the FCG application process if you have tried to apply for it.**
   *Probes:* What did caregiver and child have to do to prove they qualify for the FCG; how long it has taken to date; who helped and how; what difficulties/barriers have you experienced; why do you think that the FCG has not yet been provided?

3. **We want to understand what you know about the Namibian government’s policy to provide support for children in need. Tell us, what you know about benefits and services that families in need can claim from government to support their children?**
   *Probes:* food; school uniforms; school fees; hostel fees; health services; counseling and other social work services; what can children receiving the grant claim, compared to children who don’t; who told you?

4. **Tell us about the benefits and services you and the children you are looking after could receive from government if you qualify for the grant. Is it easy or difficult to use or get to these benefits and services?**
   *Probes:* food support; free uniforms; crèche, primary and secondary schooling and fees; health services and payment for health services; differences between those receiving child grants and other children.

5. **What do you think about the quality of benefits and services government is providing to children in your care? Why do you say this, how do you know? Why do you say this, how do you know?**

6. **What benefits and services do children in your care receive from non-governmental organisations and the community?**
   *Probes:* What, from whom, how often?

7. **What would be different in your household if you received a Foster Care Grant, particularly to for the children you are taking care of?**

8. **What basic goods and critical services do children in your care sometimes have to go without?**
   *Probes:* enough food, clothing, toiletries; participation in crèche/day mother, school, health services when sick; how often do you have to do without and why; what do you as caregiver do when there is not enough?

9. **Tell us how you feel government grants and other support for children in need should be improved.**

10. **What do you feel about people who are receiving grants from government to support their children? Do people change their behaviour toward families who receive the grant? Do people treat the children receiving the grants differently?**

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
Focus Group 7: Interview Schedule
Eligible Non-Beneficiaries of Maintenance Grant Aged 15-17 Years

1. What do you know about the money your caregiver can receive from the government to take care of you and how do you know it?

2. Do you know if your caregiver has tried to apply for an MG and if so have you been part of the MG application process? If you have been involved in an application, tell us about your experience?
   Probes: What did you and your caregiver have to do up to now to prove that you qualify; how long it has taken to date; who helped and how; what difficulties/barriers have you experienced; why do you think that the MG has not yet been provided.

3. Tell us what you know about the Namibian government’s policy to provide support to children in need. What do you understand about the benefits and services that families in need can claim from government to support their children?
   Probes: food; school uniforms; school fees; hostel fees; health services; counseling and other social work services; what can children receiving the grant claim, compared to children who don’t; who told you?

4. Please tell us about the way in which you and other children in your household are benefiting from government benefits and services. Is it easy or difficult for you to get to or take part of these benefits or services?

5. What do you think about the quality of government benefits and services provided to you by government? Are the benefits and services good or bad? Why do you say this, how do you know?

6. What benefits and services are your family receiving from non-governmental organisations and the community?
   Probes: What help are you receiving; from whom; how often do you receive help; do different children in your house receive different things from non-governmental organisations and the community?

7. What would be different in your household if you were to receive an MG?

8. What basic goods and critical services do you sometimes go without?
   Probes: enough food, clothing, toiletries; participation in, school, health services when sick; how often do you have to do without and why? What does your care-giver do to solve the problem of not having enough?

9. How can the government improve grants and other services for children in need?

10. What do you feel about people who are receiving grants from government to support their children? Do people in your community or school treat children who receive grants better or worse than kids not receiving a grant?

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
Focus Group 8: Interview Schedule
Eligible Non-Beneficiaries of Foster Care Grant Aged 15-17 Years

1. What do you know about the money your caregiver can receive from the government to take care of you and how do you know it?

2. Do you know if your caregiver has tried to apply for an FCG and if so have you been part of the FCG application process? If you have been involved in an application, tell us about your experience?
   Probes: What have you and your caregiver have to do up to now to prove that you qualify; how long it has taken to date; who helped and how; what difficulties/barriers have you experienced; why do you think that the FCG has not yet been provided.

3. Tell us what you know about the Namibian government’s policy to provide support to children in need. What do you understand about the benefits and services that families in need can claim from government to support their children?
   Probes: food; school uniforms; school fees; hostel fees; health services; counseling and other social work services; what can children receiving the grant claim, compared to children who don’t; who told you?

4. Please tell us about the way in which you and other children in your household are benefiting from government benefits and services. Is it easy or difficult to use or get to these benefits and services?

5. What do you think about the quality of government benefits and services provided to you by government? Are the benefits and services good or bad? Why do you say this, how do you know?

6. What benefits and services are your family receiving from non-governmental organisations and the community?
   Probes: What help are you receiving; from whom; how often do you receive help; do different children in your house receive different things from non-governmental organisations and the community? What, from whom, how often?

7. What would be different in your household if you were to receive an FCG?

8. What basic goods and critical services do you sometimes go without?
   Probes: enough food, clothing, toiletries; participation in, school, health services when sick; how often do you have to do without and why; what does your care-giver do to solve the problem of not having enough?

9. How can the government improve grants and other services for children in need?

10. What do you feel about people who are receiving grants from government to support their children? Do people in your community or school treat children who receive grants better or worse than kids not receiving a grant?

Thank you for your participation in this focus group. The facilitator or his/her assistant will now assist you to complete the Participant Information Sheet.
Introduction and consent

Who we are and why we are here

Hello, we are ………………………………………………………………………………..from Survey Warehouse. Together with the Human Sciences Research Council from South Africa, we are doing research, for the government of Namibia, on the grants that it gives families to help them support their children. The research is being funded by UNICEF and PACT Namibia, two international development agencies. The purpose of the research is to find out (i) what people know about the child grants; (ii) problems people who should get the grant have when trying to get the money from the government; (iii) if the grant money makes it easier for you to get basic goods such as food and shelter etc and also if children get better health and education services because of the money. We are only going to talk about the Namibian government’s child Foster Care Grant and Maintenance Grant. What we learn in the research will be used to help the Namibian government make the services and other support to children better.

Request for your participation

As part of the research we would like you to be part of a group talk to find out about your experiences of the grants and other services provided by the Namibian government to children. We can only speak to you in the group talk if you say we can. You may say no. If you say yes, we need you to put your signature on the reverse side of this sheet. We are also asking if we may record the information we gather from you in the group talk. If you are happy for us to record the group talk, we also need you to give your signature for this. When we talk to you, you will be in a group with other adults (about seven) who will take part in the discussion. This group talk will take two hours and you will get a break to have something to eat during this group talk. Your participation will cost nothing.

On the reverse side of this sheet, there is a place for you to sign to give permission to participate in the group talk and, if you are willing, for us to tape record it.

You do not have to say yes about being involved in the group talk. It is your choice to say yes or no. If you say no, you will not be affected in any way. If you say yes and agree to be part of the group talk, you do not need to say anything unless you want to and you will not be prejudiced in any way.

Confidentiality

Anything you tell us in the group talk will be kept secret; only the other people in the group talk will know what you said. Your name will also be kept secret when we give the information in a report to the Namibian government. Members of the ethics committee at the Human Sciences Research Council and some other people may look at the information and see your name but this is just to check that the group talks were done properly. We cannot however, guarantee that other participants won’t talk about what you said in the group.

Risks/discomforts

At the present time, we do not foresee any risk to you if you participate. We do not see that you will be harmed in any way during this group talk.

If you are harmed or have any concerns

If you feel that you have been harmed in any way by participating in this study and/or if you would like to discuss the research and / or your contribution in it after the focus group you can contact the lead researcher from Survey Warehouse Services working on the project, Ms Lizl Stoman in Namibia on 061 237190.
I hereby agree to participate in the research regarding the effectiveness of child welfare grants in Namibia.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this interview / meeting at any point should I not want to continue.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

........................................
Signature of participant  Date: ...........................

I am willing for this focus group to be tape recorded.

........................................  ................................
Signature of participant  Date: ...........................

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### Section A. Focus Group Demographic Information

<table>
<thead>
<tr>
<th>A1. Focus Group Region</th>
<th>Khomas</th>
<th>Kavango</th>
<th>Hardap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

| A2. Unique Respondent ID for focus group |

<table>
<thead>
<tr>
<th>A3. Name of Constituency where participant currently lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windhoek West 01 Mukwe 10</td>
</tr>
<tr>
<td>Katutura Central 03 Kapoko 12</td>
</tr>
<tr>
<td>Soweto 05 Kahenge 14</td>
</tr>
<tr>
<td>Thobias Hainyeko 07 Mashare 16</td>
</tr>
<tr>
<td>Samora Machel 09 Hardap 18</td>
</tr>
<tr>
<td>Gibeon 19</td>
</tr>
</tbody>
</table>

| A4. Name of the settlement / village where participant currently lives |

<table>
<thead>
<tr>
<th>A5. Date of focus group</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

| A6. Focus group facilitator's name |

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### Section B. Focus Group Participant’s Details

<table>
<thead>
<tr>
<th>B1. Sex of participant</th>
<th>Male 1</th>
<th>Female 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B2. Age at last birthday</th>
<th>Years</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B3. Do you have the following documents?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A Namibian ID card</td>
</tr>
<tr>
<td>b. A permanent resident permit</td>
</tr>
<tr>
<td>c. Your birth certificate</td>
</tr>
<tr>
<td>d. An ID card for all children aged 16-17 years in your care</td>
</tr>
<tr>
<td>e. Birth certificates for all children aged 0-17 years in your care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B4. What is the highest level of education you have completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
</tr>
<tr>
<td>Pre-school</td>
</tr>
<tr>
<td>Some primary</td>
</tr>
<tr>
<td>Completed primary</td>
</tr>
<tr>
<td>Some secondary</td>
</tr>
<tr>
<td>Completed secondary</td>
</tr>
<tr>
<td>More than secondary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B5. In the past year, what was your main employment status?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed throughout the year</td>
</tr>
<tr>
<td>Employed seasonally / part of the year</td>
</tr>
<tr>
<td>Employed once in a while</td>
</tr>
<tr>
<td>Unemployed, looking for work</td>
</tr>
<tr>
<td>Unemployed, not looking for work</td>
</tr>
<tr>
<td>Retired or too old to work</td>
</tr>
<tr>
<td>Full-time student</td>
</tr>
<tr>
<td>Other (specify)</td>
</tr>
</tbody>
</table>
Section C. Household Details

**Interviewer:** In C1-C4, we want you to list all individuals who meet all three of the following criteria:

(i) They lived under the same "roof" or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and

(ii) When they are together they share food from a common source and

(iii) They contribute to or share in a common resource pool

**Interviewer:** the 'primary caregiver' is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

<table>
<thead>
<tr>
<th>C1.</th>
<th>Number of persons in your household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>C2.</th>
<th>Number of children less than 18 years in your household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>C3.</th>
<th>Number of children less than 18 years in your household for which the focus group participant is the primary caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>C4.</th>
<th>Number of persons in your household aged 60 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant type:</th>
<th>C5.</th>
<th>Does anyone in your household receive the following type of government grant?</th>
<th>C6.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(IF YES IN C5) How many people receive this type of grant?</td>
<td></td>
</tr>
<tr>
<td>a. Old age pension</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Disability grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Foster care grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. War veteran's grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Special maintenance grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C7.</th>
<th>Over the past year, how often, if ever, have you or anyone in your family gone without...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>a.</td>
<td>Enough food to eat?</td>
</tr>
<tr>
<td>b.</td>
<td>Enough clean water for home use?</td>
</tr>
<tr>
<td>c.</td>
<td>Medicines or medical treatment?</td>
</tr>
<tr>
<td>d.</td>
<td>Enough fuel to cook your food?</td>
</tr>
<tr>
<td>e.</td>
<td>A cash income</td>
</tr>
<tr>
<td>f.</td>
<td>School expenses for your children (like fees, uniforms or books)?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C8.</th>
<th>Does each of the children in your care aged 5-17 years have the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. A blanket?</td>
</tr>
<tr>
<td></td>
<td>b. A pair of shoes?</td>
</tr>
<tr>
<td></td>
<td>c. At least two sets of clothes?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C9.</th>
<th>In the past year, what was the average monthly household income of all people in your household before tax and other deductions? Please include all sources of income, i.e. salaries, pensions, grants, income from investments, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 = No income</td>
</tr>
<tr>
<td></td>
<td>02 = N$ 1 – N$ 499</td>
</tr>
<tr>
<td></td>
<td>03 = N$ 500 – N$ 999</td>
</tr>
<tr>
<td></td>
<td>04 = N$ 1 000 – N$ 1 499</td>
</tr>
<tr>
<td></td>
<td>05 = N$ 1 500 – N$ 1 999</td>
</tr>
<tr>
<td></td>
<td>06 = N$ 2 000 – N$ 2 499</td>
</tr>
<tr>
<td></td>
<td>07 = N$ 2 500 – N$ 4 999</td>
</tr>
<tr>
<td></td>
<td>08 = N$ 5 000 or more</td>
</tr>
<tr>
<td></td>
<td>98 = Do not know</td>
</tr>
<tr>
<td></td>
<td>99 = Refuse to answer</td>
</tr>
</tbody>
</table>
Section D. Description of Maintenance Grant(s)

Interviewer: for this section, ask the participant to fill in the relevant details about the maintenance grant(s) that he/she receives for any child(ren) in his/her care.

D1. How many of the children in your care and aged 0-17 years receive a Maintenance Grant?

D2. (IF MORE THAN 1 IN D1): Are the Maintenance Grants paid to you in a single lump sum payment or as separate payments?

Single lump sum payment — Ask D3 - D8.  
Paid separately — Ask D9 - D16.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3. How often does government pay your maintenance grant(s)?</td>
<td>Monthly</td>
</tr>
<tr>
<td>D4. In what form do you usually receive your maintenance grant(s)?</td>
<td>In cash</td>
</tr>
<tr>
<td>D5. What was the amount of the maintenance grant payment received last month?</td>
<td>N$</td>
</tr>
<tr>
<td>D6. Has the amount of the maintenance grant payment changed much from month to month over the past year?</td>
<td>Yes</td>
</tr>
<tr>
<td>D7. In what year did you first receive a maintenance grant payment?</td>
<td>Year</td>
</tr>
<tr>
<td>D8. Do you usually collect the maintenance grant payment yourself?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| Payment 1 | Monthly | Every second month | Less often than every second month |
| In cash | Post office savings account | Bank deposit |
| Yes | No | DK |
| Payment 2 | Monthly | Every second month | Less often than every second month |
| In cash | Post office savings account | Bank deposit |
| Yes | No | DK |
| Payment 3 | Monthly | Every second month | Less often than every second month |
| In cash | Post office savings account | Bank deposit |
| Yes | No | DK |
| Payment 4 | Monthly | Every second month | Less often than every second month |
| In cash | Post office savings account | Bank deposit |
| Yes | No | DK |
Section E. Spending of the Maintenance Grant(s)

We would like to know how your household makes decisions about spending the maintenance grant(s).

**E1. Who in the household mostly decides how your maintenance grant(s) is spent?**

**Interviewer:** List only one decision-maker. If the participant says that there is more than one decision maker, prompt for the person that has the final say in the decision. If the respondent still state that all the decision-makers have equal say, then place a cross in the box alongside code=5.

<table>
<thead>
<tr>
<th>Decision-Maker</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>You (the caregiver focus group participant)</td>
<td>1</td>
</tr>
<tr>
<td>The child beneficiary</td>
<td>2</td>
</tr>
<tr>
<td>Your spouse or partner</td>
<td>3</td>
</tr>
<tr>
<td>Other male adult household member</td>
<td>4</td>
</tr>
<tr>
<td>Other female adult household member</td>
<td>5</td>
</tr>
<tr>
<td>Joint decision making</td>
<td>6</td>
</tr>
</tbody>
</table>

**E2. In the past year, what were the four main items, in order of importance, that your maintenance grant(s) was spent on?**

<table>
<thead>
<tr>
<th>Item</th>
<th>a. First Item</th>
<th>b. Second Item</th>
<th>c. Third Item</th>
<th>d. Fourth Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and beverages</td>
<td>□ 01</td>
<td>□ 01</td>
<td>□ 01</td>
<td>□ 01</td>
</tr>
<tr>
<td>Housing, including utilities</td>
<td>□ 02</td>
<td>□ 02</td>
<td>□ 02</td>
<td>□ 02</td>
</tr>
<tr>
<td>Transport</td>
<td>□ 03</td>
<td>□ 03</td>
<td>□ 03</td>
<td>□ 03</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>□ 04</td>
<td>□ 04</td>
<td>□ 04</td>
<td>□ 04</td>
</tr>
<tr>
<td>Clothing and footwear for children (excl. uniforms)</td>
<td>□ 05</td>
<td>□ 05</td>
<td>□ 05</td>
<td>□ 05</td>
</tr>
<tr>
<td>Clothing and footwear for adults</td>
<td>□ 06</td>
<td>□ 06</td>
<td>□ 06</td>
<td>□ 06</td>
</tr>
<tr>
<td>Recreation, entertainment and sport</td>
<td>□ 07</td>
<td>□ 07</td>
<td>□ 07</td>
<td>□ 07</td>
</tr>
<tr>
<td>Pre-school (kindergarten, day care) or other child care</td>
<td>□ 08</td>
<td>□ 08</td>
<td>□ 08</td>
<td>□ 08</td>
</tr>
<tr>
<td>School fees</td>
<td>□ 09</td>
<td>□ 09</td>
<td>□ 09</td>
<td>□ 09</td>
</tr>
<tr>
<td>School hostel fees</td>
<td>□ 10</td>
<td>□ 10</td>
<td>□ 10</td>
<td>□ 10</td>
</tr>
<tr>
<td>Other school expenses (uniforms, transport, text books, etc.)</td>
<td>□ 11</td>
<td>□ 11</td>
<td>□ 11</td>
<td>□ 11</td>
</tr>
<tr>
<td>Health care for children</td>
<td>□ 12</td>
<td>□ 12</td>
<td>□ 12</td>
<td>□ 12</td>
</tr>
<tr>
<td>Health care for adults</td>
<td>□ 13</td>
<td>□ 13</td>
<td>□ 13</td>
<td>□ 13</td>
</tr>
<tr>
<td>Agricultural inputs</td>
<td>□ 14</td>
<td>□ 14</td>
<td>□ 14</td>
<td>□ 14</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□ 15</td>
<td>□ 15</td>
<td>□ 15</td>
<td>□ 15</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□ 16</td>
<td>□ 16</td>
<td>□ 16</td>
<td>□ 16</td>
</tr>
</tbody>
</table>

**E3. In the past year, was your maintenance grant(s) used to help pay for the following child services?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-school (kindergarten, day care) or other child care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>School fees</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other school expenses (uniforms, transport, text books, etc.)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Child health services</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Introduction and consent

Who we are and why we are here

Hello, we are .......................................................... from Survey Warehouse. Together with the Human Sciences Research Council from South Africa, we are doing research, for the government of Namibia, on the grants that it gives families to help them support their children. The research is being funded by UNICEF and PACT Namibia, two international development agencies. The purpose of the research is to find out (i) what people know about the child grants; (ii) problems people who should get the grant have when trying to get the money from the government; (iii) if the grant money makes it easier for you to get basic goods such as food and shelter etc and also if children get better health and education services because of the money. We are only going to talk about the Namibian government's child Foster Care Grant and Maintenance Grant. What we learn in the research will be used to help the Namibian government make the services and other support to children better.

Request for your participation

As part of the research we would like you to be part of a group talk to find out about your experiences of the grants and other services provided by the Namibian government to children. We can only speak to you in the group talk if you say we can. You may say no. If you say yes, we need you to put your signature on the reverse side of this sheet. We are also asking if we may record the information we gather from you in the group talk. If you are happy for us to record the group talk, we also need you to give your signature for this. When we talk to you, you will be in a group with other adults (about seven) who will take part in the discussion. This group talk will take two hours and you will get a break to have something to eat during this group talk. Your participation will cost nothing.

On the reverse side of this sheet, there is a place for you to sign to give permission to participate in the group talk and, if you are willing, for us to tape record it.

You do not have to say yes about being involved in the group talk. It is your choice to say yes or no. If you say no, you will not be affected in any way. If you say yes and agree to be part of the group talk, you do not need to say anything unless you want to and you will not be prejudiced in any way.

Confidentiality

Anything you tell us in the group talk will be kept secret; only the other people in the group talk will know what you said. Your name will also be kept secret when we give the information in a report to the Namibian government. Members of the ethics committee at the Human Sciences Research Council and some other people may look at the information and see your name but this is just to check that the group talks were done properly. We cannot however, guarantee that other participants won’t talk about what you said in the group.

Risks/discomforts

At the present time, we do not foresee any risk to you if you participate. We do not see that you will be harmed in any way during this group talk.

If you are harmed or have any concerns

If you feel that you have been harmed in any way by participating in this study and/or if you would like to discuss the research and / or your contribution in it after the focus group you can contact the lead researcher from Survey Warehouse Services working on the project, Ms Lizl Stoman in Namibia on 061 237190.
I hereby agree to participate in the research regarding the effectiveness of child welfare grants in Namibia.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this interview/meeting at any point should I not want to continue.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

……………………………………
Signature of participant Date: …………………..

I am willing for this focus group to be tape recorded.

……………………………………
Signature of participant Date: …………………..

Section A. Focus Group Demographic Information

A1. Focus Group Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khomas</td>
<td>1</td>
</tr>
<tr>
<td>Kavango</td>
<td>2</td>
</tr>
<tr>
<td>Hardap</td>
<td>3</td>
</tr>
</tbody>
</table>

A2. Unique Respondent ID for focus group

A3. Name of Constituency where participant currently lives

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khomas</td>
<td></td>
</tr>
<tr>
<td>Windhoek-West</td>
<td>01</td>
</tr>
<tr>
<td>Windhoek East</td>
<td>02</td>
</tr>
<tr>
<td>Katutura-Central</td>
<td>03</td>
</tr>
<tr>
<td>Katutura-East</td>
<td>04</td>
</tr>
<tr>
<td>Solveto</td>
<td>05</td>
</tr>
<tr>
<td>Khomasdal-North</td>
<td>06</td>
</tr>
<tr>
<td>Tobias-Hainyeko</td>
<td>07</td>
</tr>
<tr>
<td>Moses-Garoeb</td>
<td>08</td>
</tr>
<tr>
<td>Samora-Machel</td>
<td>09</td>
</tr>
<tr>
<td>Windhoek-East</td>
<td>1</td>
</tr>
<tr>
<td>Kavango</td>
<td>2</td>
</tr>
<tr>
<td>Hardap</td>
<td>3</td>
</tr>
<tr>
<td>Mariental-Rural</td>
<td>18</td>
</tr>
<tr>
<td>Gilieon</td>
<td>19</td>
</tr>
<tr>
<td>Rehoboth-Rural</td>
<td>20</td>
</tr>
</tbody>
</table>

A4. Name of the settlement/village where participant currently lives

A5. Date of focus group

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>M</td>
<td>D</td>
</tr>
</tbody>
</table>

A6. Focus group facilitator’s name

Section B. Focus Group Participant’s Details

B1. Sex of participant

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

B2. Age at last birthday

<table>
<thead>
<tr>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

B3. Do you have the following documents?

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A Namibian ID card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. A permanent resident permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Your birth certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. An ID card for all children aged 16-17 years in your care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Birth certificates for all children aged 0-17 years in your care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B4. What is the highest level of education you have completed?

<table>
<thead>
<tr>
<th>Education</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
<th>07</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B5. In the past year, what was your main employment status?

<table>
<thead>
<tr>
<th>Status</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
<th>07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed throughout the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed seasonally / part of the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed once in a while</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed, looking for work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed, not looking for work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired or too old to work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 3 – Participant Information Sheets 193
Section C. Household Details

**Interviewer:** In C1-C4, we want you to list all individuals who meet all three of the following criteria:

1. They lived under the same "roof" or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and
2. When they are together they share food from a common source and
3. They contribute to or share in a common resource pool

**Interviewer:** The 'primary caregiver' is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

C1. Number of persons in your household
C2. Number of children less than 18 years in your household
C3. Number of children less than 18 years in your household for which the focus group participant is the primary caregiver
C4. Number of persons in your household aged 60 years and older

<table>
<thead>
<tr>
<th>Grant type:</th>
<th>C5. Does anyone in your household receive the following type of government grant?</th>
<th>C6. (If YES in C5) How many people receive this type of grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Old age pension</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>b. Disability grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>d. Foster care grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>e. War veteran's grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>f. Special maintenance grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
</tbody>
</table>

C7. Over the past year, how often, if ever, have you or anyone in your family gone without...

<table>
<thead>
<tr>
<th>a. Enough food to eat?</th>
<th>Never ☐ 0</th>
<th>Just once or twice ☐ 1</th>
<th>Several times ☐ 2</th>
<th>Many times ☐ 3</th>
<th>Always ☐ 4</th>
<th>Do not Know ☐ 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Enough clean water for home use?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>c. Medicines or medical treatment?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>d. Enough fuel to cook your food?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>e. A cash income</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>f. School expenses for your children (like fees, uniforms or books)?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

C8. Does each of the children in your care aged 5-17 years have the following:

<table>
<thead>
<tr>
<th>a. A blanket?</th>
<th>Yes ☐ 1 No ☐ 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. A pair of shoes?</td>
<td>Yes ☐ 1 No ☐ 2</td>
</tr>
<tr>
<td>c. At least two sets of clothes?</td>
<td>Yes ☐ 1 No ☐ 2</td>
</tr>
</tbody>
</table>

C9. In the past year, what was the average monthly household income of all people in your household before tax and other deductions? Please include all sources of income, i.e. salaries, pensions, grants, income from investments, etc.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>☐ 01</th>
<th>☐ 02</th>
<th>☐ 03</th>
<th>☐ 04</th>
<th>☐ 05</th>
<th>☐ 06</th>
<th>☐ 07</th>
<th>☐ 08</th>
<th>☐ 09</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 = No income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 = N$ 1 – N$ 499</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03 = N$ 500 – N$ 999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 = N$ 1 000 – N$ 1 499</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05 = N$ 1 500 – N$ 1 999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 = N$ 2 000 – N$ 2 499</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 = N$ 2 500 – N$ 4 999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08 = N$ 5 000 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09 = Do not know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98 = Refuse to answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

194 The Effectiveness of Child Welfare Grants in Namibia
Section D. Description of Foster Care Grant(s)

**Interviewer:** for this section, ask the participant to fill in the relevant details about the foster care grant(s) that he/she receives for any child(ren) in his/her care.

**D1.** How many of the children in your care and aged 0-17 years receive a Foster care Grant?

**D2.** (IF MORE THAN 1 IN D1): Are the Foster Care Grants paid to you in a single lump sum payment or as separate payments?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**D3.** How often does government pay your foster care grant(s)?

| Monthly | [ ] 1 |
| Every second month | [ ] 2 |
| Less often than every second month | [ ] 3 |

**D4.** In what form do you usually receive your foster care grant(s)?

| In cash | [ ] 1 |
| Post office savings account | [ ] 2 |
| Bank deposit | [ ] 3 |

**D5.** What was the amount of the foster care grant payment received last month?

| N$ | [ ] 1 |
| No | [ ] 2 |
| DK | [ ] 3 |

**D6.** Has the amount of the foster care grant payment changed much from month to month over the past year?

| Yes | [ ] 1 |
| No | [ ] 2 |
| DK | [ ] 3 |

**D7.** In what year did you first receive a foster care grant payment?

| Year | [ ] 1 |

**D8.** Do you usually collect the foster care grant payment yourself?

| Yes | [ ] 1 |
| No | [ ] 2 |

**Appendix 3 – Participant Information Sheets**

---

**D9.** Grant payment

**D10.** Number of children that the payment is made for

**D11.** How often does government make the foster care grant payment?

**D12.** In what form do you usually receive this foster care grant payment?

**D13.** What was the amount of the foster care grant payment last month?

**D14.** Has the amount of the foster care grant payment changed much from month to month over the past year?

**D15.** In what year did you first receive the foster care grant payment?

**D16.** Do you usually collect the foster care grant payment yourself?

---

**a. Payment 1**

| Monthly | [ ] 1 |
| Every second month | [ ] 2 |
| Less often than every second month | [ ] 3 |

| In cash | [ ] 1 |
| Post office savings account | [ ] 2 |
| Bank deposit | [ ] 3 |

| Yes | [ ] 1 |
| No | [ ] 2 |
| DK | [ ] 3 |

**b. Payment 2**

| Monthly | [ ] 1 |
| Every second month | [ ] 2 |
| Less often than every second month | [ ] 3 |

| In cash | [ ] 1 |
| Post office savings account | [ ] 2 |
| Bank deposit | [ ] 3 |

| Yes | [ ] 1 |
| No | [ ] 2 |
| DK | [ ] 3 |

**c. Payment 3**

| Monthly | [ ] 1 |
| Every second month | [ ] 2 |
| Less often than every second month | [ ] 3 |

| In cash | [ ] 1 |
| Post office savings account | [ ] 2 |
| Bank deposit | [ ] 3 |

| Yes | [ ] 1 |
| No | [ ] 2 |
| DK | [ ] 3 |

**d. Payment 4**

| Monthly | [ ] 1 |
| Every second month | [ ] 2 |
| Less often than every second month | [ ] 3 |

| In cash | [ ] 1 |
| Post office savings account | [ ] 2 |
| Bank deposit | [ ] 3 |

| Yes | [ ] 1 |
| No | [ ] 2 |
| DK | [ ] 3 |

---

Appendix 3 – Participant Information Sheets
Section E. Spending of the Foster Care Grant(s)

We would like to know how your household makes decisions about spending the foster care grant(s).

**E1. Who in the household mostly decides how your foster care grant(s) is spent?**

Interviewer: List only one decision-maker. If the participant says that there is more than one decision maker, prompt for the person that has the final say in the decision. If the respondent still state that all the decision-makers have equal say, then place a cross in the box alongside code=5.

<table>
<thead>
<tr>
<th>Decision Maker</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>You (the caregiver focus group participant)</td>
<td>1</td>
</tr>
<tr>
<td>The child beneficiary</td>
<td>2</td>
</tr>
<tr>
<td>Your spouse or partner</td>
<td>3</td>
</tr>
<tr>
<td>Other male adult household member</td>
<td>4</td>
</tr>
<tr>
<td>Other female adult household member</td>
<td>5</td>
</tr>
<tr>
<td>Joint decision making</td>
<td>6</td>
</tr>
</tbody>
</table>

**E2. In the past year, what were the four main items, in order of importance, that your foster care grant(s) was spent on?**

<table>
<thead>
<tr>
<th>Item</th>
<th>a. First Item</th>
<th>b. Second Item</th>
<th>c. Third Item</th>
<th>d. Fourth Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and beverages</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Housing, including utilities</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Transport</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Clothing and footwear for children (excl. uniforms)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Clothing and footwear for adults</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Recreation, entertainment and sport</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pre-school (kindergarten, day care) or other child care</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>School fees</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>School hostel fees</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other school expenses (uniforms, transport, textbooks, etc.)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Health care for children</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Health care for adults</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Agricultural inputs</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**E3. In the past year, was your foster care grant(s) used to help pay for the following child services?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Pre-school (kindergarten, day care) or other child care</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>b. School fees</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>c. Other school expenses (uniforms, transport, textbooks, etc.)</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>d. Child health services</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
</tbody>
</table>
Introduction and consent

Who we are and why we are here

Hello, we are ………………………………………………………………………………..from Survey Warehouse. Together with the Human Sciences Research Council from South Africa, we are doing research, for the government of Namibia, on the grants that it gives families to help them support their children. The research is being funded by UNICEF and PACT Namibia, two international development agencies. The purpose of the research is to find out (i) what people know about the child grants; (ii) problems people who should get the grant have when trying to get the money from the government; (iii) if the grant money makes it easier for you to get basic goods such as food and shelter etc and also if children get better health and education services because of the money. We are only going to talk about the Namibian government’s child Foster Care Grant and Maintenance Grant. What we learn in the research will be used to help the Namibian government make the services and other support to children better.

Request for your participation

As part of the research we would like you to be part of a group talk to find out about your experiences of the grants and other services provided by the Namibian government to children. We can only speak to you in the group talk if you say we can. You may say no. If you say yes, we need you to put your signature on the reverse side of this sheet. We are also asking if we may record the information we gather from you in the group talk. If you are happy for us to record the group talk, we also need you to give your signature for this. When we talk to you, you will be in a group with other adults (about seven) who will take part in the discussion. This group talk will take two hours and you will get a break to have something to eat during this group talk. Your participation will cost nothing.

On the reverse side of this sheet, there is a place for you to sign to give permission to participate in the group talk and, if you are willing, for us to tape record it.

You do not have to say yes about being involved in the group talk. It is your choice to say yes or no. If you say no, you will not be affected in any way. If you say yes and agree to be part of the group talk, you do not need to say anything unless you want to and you will not be prejudiced in any way.

Confidentiality

Anything you tell us in the group talk will be kept secret; only the other people in the group talk will know what you said. Your name will also be kept secret when we give the information in a report to the Namibian government. Members of the ethics committee at the Human Sciences Research Council and some other people may look at the information and see your name but this is just to check that the group talks were done properly. We cannot however, guarantee that other participants won’t talk about what you said in the group.

Risks/discomforts

At the present time, we do not foresee any risk to you if you participate. We do not see that you will be harmed in any way during this group talk.

If you are harmed or have any concerns

If you feel that you have been harmed in any way by participating in this study and/or if you would like to discuss the research and / or your contribution in it after the focus group you can contact the lead researcher from Survey Warehouse Services working on the project, Ms Lizl Stoman in Namibia on 061 237190.
I hereby agree to participate in the research regarding the effectiveness of child welfare grants in Namibia.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this interview/meeting at any point should I not want to continue.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

.................................................
Signature of participant Date: ..........................

.................................................
Signature of participant Date: ..........................

Section A. Focus Group Demographic Information

A1. Focus Group Region
Khomas
Kavango
Hardap

A2. Unique Respondent ID for focus group

A3. Name of Constituency where participant currently lives

Khomas
Windhoek West 01 Muike 10
Windhoek East 02 Nalbyona 11
Kakuta Central 03 Kapako 12
Kakuta East 04 Rundu Rural East 13
Sowero 05 Kalhenge 14
Kharadala North 06 Rundu Rural West 15
Thebias Hanyeke 07 Mashare 16
Moses Ganoeb 08 Mpungu 17
Samora Machel 09 Hardap 18
Mabenta Rural 19
Gibien 19
Rehoboth Rural 20

A4. Name of the settlement/village where participant currently lives

A5. Date of focus group 2009
YYYY MM DD

A6. Focus group facilitator’s name

Section B. Focus Group Participant’s Details

B1. Sex of participant
Male 1 Female 2

B2. Age at last birthday

B3. Do you have the following documents?

a. A Namibian ID card Yes 1 No 2
b. Your birth certificate Yes 1 No 2

B4. Have you ever attended school?

Yes 1 No 2

B5. Are you currently in full-time or part-time education?

Yes, full-time 1
Yes, part-time 2
No 3

B6. What is your primary caregiver’s relationship to you?

Mother 1
Father 2
Grandmother 3
Grandfather 4
Sister 5
Brother 6
Aunt or uncle 7
Great-grandparent 8
Other family 9
Other non-family 10

B7. Is your biological mother still alive?

Yes 1
No 2

B8. Is your biological father still alive?

Yes 1
No 2
Section C. Household Details

Interviewer: In C1-C4, we want you to list all individuals who meet all three of the following criteria:
(vii) They lived under the same "roof" or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and
(viii) When they are together they share food from a common source and
(ix) They contribute to or share in a common resource pool

Interviewer: the ‘primary caregiver’ is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

C1. Number of persons in your household

C2. Number of children less than 18 years in your household

C3. Number of other children less than 18 years in your household that your primary caregiver looks after

C4. Number of persons in your household aged 60 years and older

---

<table>
<thead>
<tr>
<th>Grant type:</th>
<th>C5. Does anyone in your household receive the following type of government grant?</th>
<th>C6. (If YES in C5) How many people receive this type of grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Old age pension</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>b. Disability grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>d. Foster care grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>e. War veteran’s grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>f. Special maintenance grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
</tbody>
</table>

---

C7. Over the past year, how often, if ever, have you or anyone in your family gone without...

<table>
<thead>
<tr>
<th>a. Enough food to eat?</th>
<th>Never □ 0 Just once or twice □ 1 Several times □ 2 Many times □ 3 Always □ 4 Do not Know □ 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Enough clean water for home use?</td>
<td>Never □ 0 Just once or twice □ 1 Several times □ 2 Many times □ 3 Always □ 4 Do not Know □ 8</td>
</tr>
<tr>
<td>c. Medicines or medical treatment?</td>
<td>Never □ 0 Just once or twice □ 1 Several times □ 2 Many times □ 3 Always □ 4 Do not Know □ 8</td>
</tr>
<tr>
<td>d. Enough fuel to cook your food?</td>
<td>Never □ 0 Just once or twice □ 1 Several times □ 2 Many times □ 3 Always □ 4 Do not Know □ 8</td>
</tr>
<tr>
<td>e. A cash income</td>
<td>Never □ 0 Just once or twice □ 1 Several times □ 2 Many times □ 3 Always □ 4 Do not Know □ 8</td>
</tr>
<tr>
<td>f. School expenses for your children (like fees, uniforms or books)?</td>
<td>Never □ 0 Just once or twice □ 1 Several times □ 2 Many times □ 3 Always □ 4 Do not Know □ 8</td>
</tr>
</tbody>
</table>

---

C8. Do you have the following:

<table>
<thead>
<tr>
<th>a. A blanket?</th>
<th>Yes □ 1 No □ 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. A pair of shoes?</td>
<td>Yes □ 1 No □ 0</td>
</tr>
<tr>
<td>c. At least two sets of clothes?</td>
<td>Yes □ 1 No □ 0</td>
</tr>
</tbody>
</table>
Section D. Maintenance Grant Description

Interviewer: for this section, ask the participant to fill in the relevant details about the maintenance grant that is received on his/her behalf.

<table>
<thead>
<tr>
<th>D1. How often does government pay your maintenance grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D2. In what form do you usually receive your grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In cash □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D3. What was the amount of the maintenance grant payment last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D4. Has the value of the grant payment changed much from month to month over the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D5. In what year did you first receive the grant payment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D6. Who usually collects or receives the grant payment on your behalf?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You (participant) □</td>
</tr>
</tbody>
</table>

Section E. Spending of the Maintenance Grant

We would like to know how your household makes decisions about spending the maintenance grant.

E1. Who in the household mostly decides how your maintenance grant is spent?

Interviewer: List only one decision-maker. If the participant says that there is more than one decision maker, prompt for the person that has the final say in the decision. If the respondent still state that all the decision-makers have equal say, then place a cross in the box alongside code=5.

| You (the focus group participant) □ |
| Your primary caregiver □ |
| Other male adult household member □ |
| Other female adult household member □ |
| Joint decision making □ |

E2. In the past year, what were the four main items, in order of importance, that your maintenance grant(s) was spent on?

<table>
<thead>
<tr>
<th>a. First item</th>
<th>b. Second item</th>
<th>c. Third item</th>
<th>d. Fourth item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and beverages □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Housing, including utilities □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Transport □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Furniture and equipment □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Clothing and footwear for children (excluding uniforms) □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Clothing and footwear for adults □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Recreation, entertainment and sport □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pre-school (kindergarten, day care) or other child care □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>School fees □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>School hostel fees □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other school expenses (uniforms, transport, text books, etc.) □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Health care for children □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Health care for adults □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Agricultural inputs □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (specify) □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

E3. In the past year, was your maintenance grant(s) used to help pay for the following child services?

<table>
<thead>
<tr>
<th>a. Pre-school (kindergarten, day care) or other child care □</th>
<th>b. School fees □</th>
<th>c. Other school expenses (uniforms, transport, text books, etc.) □</th>
<th>d. Child health services □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>DK □</td>
<td></td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>DK □</td>
<td></td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>DK □</td>
<td></td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>DK □</td>
<td></td>
</tr>
</tbody>
</table>
Introduction and consent

Who we are and why we are here
Hello, we are ………………………………………………………………………………..from Survey Warehouse. Together with the Human Sciences Research Council from South Africa, we are doing research, for the government of Namibia, on the grants that it gives families to help them support their children. The research is being funded by UNICEF and PACT Namibia, two international development agencies. The purpose of the research is to find out (i) what people know about the child grants; (ii) problems people who should get the grant have when trying to get the money from the government; (iii) if the grant money makes it easier for you to get basic goods such as food and shelter etc and also if children get better health and education services because of the money. We are only going to talk about the Namibian government’s child Foster Care Grant and Maintenance Grant. What we learn in the research will be used to help the Namibian government make the services and other support to children better.

Request for your participation
As part of the research we would like you to be part of a group talk to find out about your experiences of the grants and other services provided by the Namibian government to children. We can only speak to you in the group talk if you say we can. You may say no. If you say yes, we need you to put your signature on the reverse side of this sheet. We are also asking if we may record the information we gather from you in the group talk. If you are happy for us to record the group talk, we also need you to give your signature for this. When we talk to you, you will be in a group with other adults (about seven) who will take part in the discussion. This group talk will take two hours and you will get a break to have something to eat during this group talk. Your participation will cost nothing.

On the reverse side of this sheet, there is a place for you to sign to give permission to participate in the group talk and, if you are willing, for us to tape record it.

You do not have to say yes about being involved in the group talk. It is your choice to say yes or no. If you say no, you will not be affected in any way. If you say yes and agree to be part of the group talk, you do not need to say anything unless you want to and you will not be prejudiced in any way.

Confidentiality
Anything you tell us in the group talk will be kept secret; only the other people in the group talk will know what you said. Your name will also be kept secret when we give the information in a report to the Namibian government. Members of the ethics committee at the Human Sciences Research Council and some other people may look at the information and see your name but this is just to check that the group talks were done properly. We cannot however, guarantee that other participants won’t talk about what you said in the group.

Risks/discomforts
At the present time, we do not foresee any risk to you if you participate. We do not see that you will be harmed in any way during this group talk.

If you are harmed or have any concerns
If you feel that you have been harmed in any way by participating in this study and/or if you would like to discuss the research and / or your contribution in it after the focus group you can contact the lead researcher from Survey Warehouse Services working on the project, Ms Lizl Stoman in Namibia on 061 237190.
I hereby agree to participate in the research regarding the effectiveness of child welfare grants in Namibia.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this interview / meeting at any point should I not want to continue.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

…………………………… ....
Signature of participant Date: …………………..

I am willing for this focus group to be tape recorded.

…………………………… ....
Signature of participant Date: …………………..

Section A. Focus Group Demographic Information

A1. Focus Group Region

Khomus  □ 1
Kavango  □ 2
Hardap  □ 3

A2. Unique Respondent ID for focus group

A3. Name of Constituency where participant currently lives

Khomus
Windhoek West  □ 01 Muke  □ 10
Windhoek East  □ 02 Ndlyona  □ 11
Kutuwa Central  □ 03 Kapako  □ 12
Kutuwa East  □ 04 Rundu Rural East  □ 13
Soweto  □ 05 Kahege  □ 14
Khomus North  □ 06 Rundu North West  □ 15
Thieis Heineke  □ 07 Mashiare  □ 16
Mers Gareb  □ 08 Mpuung  □ 17
Samora Machel  □ 09 Hardap
Mariental Rural  □ 18
Gibeon  □ 19
Rehoboth Rural  □ 20

Kavango

A4. Name of the settlement / village where participant currently lives

A5. Date of focus group 2 0 0 9 Y Y Y Y M M D D

A6. Focus group facilitator’s name

Section B. Focus Group Participant’s Details

B1. Sex of participant  □ 1 Male  □ 2 Female

B2. Age at last birthday  □ 3

B3. Do you have the following documents?

a. A Namibian ID card  □ 1 Yes  □ 0 No
b. Your birth certificate  □ 1 Yes  □ 0 No

B4. Have you ever attended school?

Yes  □ 01
No  □ 02

B5. Are you currently in full-time or part-time education?

Yes, full-time  □ 01
Yes, part-time  □ 02
No  □ 03

B6. What is your primary caregiver’s relationship to you?

Mother  □ 01
Father  □ 02
Grandmother  □ 03
Grandfather  □ 04
Sister  □ 05
Brother  □ 06
Aunt or uncle  □ 07
Great-grandparent  □ 08
Other family  □ 09
Other non-family  □ 10

B7. Is your biological mother still alive?

Yes  □ 01
No  □ 02

B8. Is your biological father still alive?

Yes  □ 01
No  □ 02
Section C. Household Details

Interviewer: In C1-C4, we want you to list all individuals who meet all three of the following criteria:
(x) They lived under the same "roof" or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and
(xi) When they are together, they share food from a common source and
(xii) They contribute to or share in a common resource pool

Interviewer: the ‘primary caregiver’ is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

C1. Number of persons in your household

C2. Number of children less than 18 years in your household

C3. Number of other children less than 18 years in your household that your primary caregiver looks after

C4. Number of persons in your household aged 60 years and older

<table>
<thead>
<tr>
<th>Grant type</th>
<th>C5. Does anyone in your household receive the following type of government grant?</th>
<th>C6. How many people receive this type of grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Old age pension</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>b. Disability grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>d. Foster care grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>e. War veteran’s grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>f. Special maintenance grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
</tbody>
</table>

C7. Over the past year, how often, if ever, have you or anyone in your family gone without...

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Just once or twice</th>
<th>Several times</th>
<th>Many times</th>
<th>Always</th>
<th>Do not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Enough food to eat?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>b. Enough clean water for home use?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>c. Medicines or medical treatment?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>d. Enough fuel to cook your food?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>e. A cash income</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>f. School expenses for your children (like fees, uniforms or books)?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
</tbody>
</table>

C8. Do you have the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A blanket?</td>
<td></td>
</tr>
<tr>
<td>b. A pair of shoes?</td>
<td></td>
</tr>
<tr>
<td>c. At least two sets of clothes?</td>
<td></td>
</tr>
</tbody>
</table>
Section D. Foster Care Grant Description

Interviewer: for this section, ask the participant to fill in the relevant details about the foster care grant that is received on his/her behalf.

<table>
<thead>
<tr>
<th>D1.</th>
<th>In what form do you usually receive your grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Every second month</td>
</tr>
<tr>
<td></td>
<td>Less often than every second month</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
<tr>
<td></td>
<td>In cash</td>
</tr>
<tr>
<td></td>
<td>Post office savings account</td>
</tr>
<tr>
<td></td>
<td>Bank deposit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D2.</th>
<th>What was the amount of the foster care grant payment last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D3.</th>
<th>Has the value of the grant payment changed much from month to month over the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D4.</th>
<th>In what year did you first receive the grant payment?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D5.</th>
<th>Who usually collects or receives the grant payment on your behalf?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You (participant)</td>
</tr>
<tr>
<td></td>
<td>Your primary caregiver</td>
</tr>
<tr>
<td></td>
<td>Other relative</td>
</tr>
<tr>
<td></td>
<td>Other non-relative</td>
</tr>
<tr>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

Section E. Spending of the Foster Care Grant

We would like to know how your household makes decisions about spending the foster care grant.

<table>
<thead>
<tr>
<th>E1.</th>
<th>Who in the household mostly decides how your foster care grant is spent?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You (the focus group participant)</td>
</tr>
<tr>
<td></td>
<td>Your primary caregiver</td>
</tr>
<tr>
<td></td>
<td>Other male adult household member</td>
</tr>
<tr>
<td></td>
<td>Other female adult household member</td>
</tr>
<tr>
<td></td>
<td>Joint decision making</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E2.</th>
<th>In the past year, what were the four main items, in order of importance, that your foster care grant(s) was spent on?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First item</td>
</tr>
<tr>
<td></td>
<td>Food and beverages</td>
</tr>
<tr>
<td></td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>Clothing and footwear for adults</td>
</tr>
<tr>
<td></td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>School fees</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>Health care for adults</td>
</tr>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E3.</th>
<th>In the past year, was your foster care grant(s) used to help pay for the following child services?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Pre-school (kindergarten, day care) or other child care</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>b. School fees</td>
</tr>
<tr>
<td></td>
<td>c. Other school expenses (uniforms, transport, text books, etc.)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>d. Child health services</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Focus Group 5: Participant Information Sheet
Caregiver of Non-Beneficiary Child Eligible for Maintenance Grant

Introduction and consent

Who we are and why we are here

Hello, we are ………………………………………………………………………………..from Survey Warehouse. Together with the Human Sciences Research Council from South Africa, we are doing research, for the government of Namibia, on the grants that it gives families to help them support their children. The research is being funded by UNICEF and PACT Namibia, two international development agencies. The purpose of the research is to find out (i) what people know about the child grants; (ii) problems people who should get the grant have when trying to get the money from the government; (iii) if the grant money makes it easier for you to get basic goods such as food and shelter etc and also if children get better health and education services because of the money. We are only going to talk about the Namibian government’s child Foster Care Grant and Maintenance Grant. What we learn in the research will be used to help the Namibian government make the services and other support to children better.

Request for your participation

As part of the research we would like you to be part of a group talk to find out about your experiences of the grants and other services provided by the Namibian government to children. We can only speak to you in the group talk if you say we can. You may say no. If you say yes, we need you to put your signature on the reverse side of this sheet. We are also asking if we may record the information we gather from you in the group talk. If you are happy for us to record the group talk, we also need you to give your signature for this. When we talk to you, you will be in a group with other adults (about seven) who will take part in the discussion. This group talk will take two hours and you will get a break to have something to eat during this group talk. Your participation will cost nothing.

On the reverse side of this sheet, there is a place for you to sign to give permission to participate in the group talk and, if you are willing, for us to tape record it.

You do not have to say yes about being involved in the group talk. It is your choice to say yes or no. If you say no, you will not be affected in any way. If you say yes and agree to be part of the group talk, you do not need to say anything unless you want to and you will not be prejudiced in any way.

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Risks/discomforts

At the present time, we do not foresee any risk to you if you participate. We do not see that you will be harmed in any way during this group talk.

If you are harmed or have any concerns

If you feel that you have been harmed in any way by participating in this study and/or if you would like to discuss the research and / or your contribution in it after the focus group you can contact the lead researcher from Survey Warehouse Services working on the project, Ms Lizl Stoman in Namibia on 061 237190.
I hereby agree to participate in the research regarding the effectiveness of child welfare grants in Namibia.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this interview / meeting at any point should I not want to continue.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

…………………………… ....
Signature of participant Date: …………………..

I am willing for this focus group to be tape recorded.

…………………………… ....
Signature of participant Date: …………………..

### Section A. Focus Group Demographic Information

**A1. Focus Group Region**
- Khomas 1
- Kavango 2
- Hardap 3

**A2. Unique Respondent ID for focus group**

**A3. Name of Constituency where participant currently lives**

<table>
<thead>
<tr>
<th>Constituency</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khomas West</td>
<td>01</td>
</tr>
<tr>
<td>Windhoek East</td>
<td>02</td>
</tr>
<tr>
<td>Katutura Central</td>
<td>03</td>
</tr>
<tr>
<td>Katutura East</td>
<td>04</td>
</tr>
<tr>
<td>Soewo</td>
<td>05</td>
</tr>
<tr>
<td>Khomasdal North</td>
<td>06</td>
</tr>
<tr>
<td>Thobias Hainyeko</td>
<td>07</td>
</tr>
<tr>
<td>Moses Garoeb</td>
<td>08</td>
</tr>
<tr>
<td>Samora Machel</td>
<td>09</td>
</tr>
<tr>
<td>Kavango</td>
<td></td>
</tr>
<tr>
<td>Windhoek East</td>
<td>10</td>
</tr>
<tr>
<td>Ndyonya</td>
<td>11</td>
</tr>
<tr>
<td>Capako</td>
<td>12</td>
</tr>
<tr>
<td>Rundu Rural East</td>
<td>13</td>
</tr>
<tr>
<td>Kahenge</td>
<td>14</td>
</tr>
<tr>
<td>Rundu Rural West</td>
<td>15</td>
</tr>
<tr>
<td>Machare</td>
<td>16</td>
</tr>
<tr>
<td>Mpungu</td>
<td>17</td>
</tr>
<tr>
<td>Mariental Rural</td>
<td>18</td>
</tr>
<tr>
<td>Gibeon</td>
<td>19</td>
</tr>
<tr>
<td>Rehoboth Rural</td>
<td>20</td>
</tr>
</tbody>
</table>

**A4. Name of the settlement / village where participant currently lives**

**A5. Date of focus group**

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>10</td>
<td>09</td>
</tr>
</tbody>
</table>

**A6. Focus group facilitator’s name**

### Section B. Focus Group Participant’s Details

**B1. Sex of participant**
- Male 1
- Female 2

**B2. Age at last birthday**

<table>
<thead>
<tr>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**B3. Do you have the following documents?**

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Namibian ID card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A permanent resident permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your birth certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An ID card for all children aged 16-17 years in your care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth certificates for all children aged 0-17 years in your care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B4. What is the highest level of education you have completed?**

<table>
<thead>
<tr>
<th>Level</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
<td>01</td>
</tr>
<tr>
<td>Pre-school</td>
<td>02</td>
</tr>
<tr>
<td>Some primary</td>
<td>03</td>
</tr>
<tr>
<td>Completed primary</td>
<td>04</td>
</tr>
<tr>
<td>Some secondary</td>
<td>05</td>
</tr>
<tr>
<td>Completed secondary</td>
<td>06</td>
</tr>
<tr>
<td>More than secondary</td>
<td>07</td>
</tr>
</tbody>
</table>

**B5. In the past year, what was your main employment status?**

<table>
<thead>
<tr>
<th>Status</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed throughout the year</td>
<td>01</td>
</tr>
<tr>
<td>Employed seasonally / part of the year</td>
<td>02</td>
</tr>
<tr>
<td>Employed once in a while</td>
<td>03</td>
</tr>
<tr>
<td>Unemployed, looking for work</td>
<td>04</td>
</tr>
<tr>
<td>Unemployed, not looking for work</td>
<td>05</td>
</tr>
<tr>
<td>Retired or too old to work</td>
<td>06</td>
</tr>
<tr>
<td>Full time student</td>
<td>07</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>08</td>
</tr>
</tbody>
</table>
Section C. Household Details

Interviewer: In C1-C4, we want you to list all individuals who meet all three of the following criteria:

(xiii) They lived under the same "roof" or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and
(xiv) When they are together they share food from a common source and
(xv) They contribute to or share in a common resource pool

Interviewer: the ‘primary caregiver’ is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

C1. Number of persons in your household
C2. Number of children less than 18 years in your household
C3. Number of children less than 18 years in your household for which the focus group participant is the primary caregiver
C4. Number of persons in your household aged 60 years and older

<table>
<thead>
<tr>
<th>Grant type:</th>
<th>C5. Does anyone in your household receive the following type of government grant?</th>
<th>C6. How many people receive this type of grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Old age pension</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>b. Disability grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>d. Foster care grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>e. War veteran’s grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
<tr>
<td>f. Special maintenance grant</td>
<td>Yes ☐ 1 No ☐ 2</td>
<td></td>
</tr>
</tbody>
</table>

C7. Over the past year, how often, if ever, have you or anyone in your family gone without...

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Just once or twice</th>
<th>Several times</th>
<th>Many times</th>
<th>Always</th>
<th>Do not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Enough food to eat?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>b. Enough clean water for home use?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>c. Medicines or medical treatment?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>d. Enough fuel to cook your food?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>e. A cash income</td>
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<td>☐ 2</td>
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</tr>
<tr>
<td>f. School expenses for your children (like fees, uniforms or books)?</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

C8. Does each of the children in your care aged 5-17 years have the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A blanket?</td>
<td>☐ 1</td>
<td>☐ 0</td>
</tr>
<tr>
<td>b. A pair of shoes?</td>
<td>☐ 1</td>
<td>☐ 0</td>
</tr>
<tr>
<td>c. At least two sets of clothes?</td>
<td>☐ 1</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

C9. In the past year, what was the average monthly household income of all people in your household before tax and other deductions? Please include all sources of income, i.e. salaries, pensions, grants, income from investments, etc.

<table>
<thead>
<tr>
<th>Yearly Income Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 = No income</td>
<td>☐ 01</td>
</tr>
<tr>
<td>02 = N$ 1 – N$ 499</td>
<td>☐ 02</td>
</tr>
<tr>
<td>03 = N$ 500 – N$ 999</td>
<td>☐ 03</td>
</tr>
<tr>
<td>04 = N$ 1 000 – N$ 1 499</td>
<td>☐ 04</td>
</tr>
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<td>☐ 06</td>
</tr>
<tr>
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<td>☐ 99</td>
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</tbody>
</table>
Introduction and consent

Who we are and why we are here

Hello, we are ………………………………………………………………………………..from Survey Warehouse. Together with the Human Sciences Research Council from South Africa, we are doing research, for the government of Namibia, on the grants that it gives families to help them support their children. The research is being funded by UNICEF and PACT Namibia, two international development agencies. The purpose of the research is to find out (i) what people know about the child grants; (ii) problems people who should get the grant have when trying to get the money from the government; (iii) if the grant money makes it easier for you to get basic goods such as food and shelter etc and also if children get better health and education services because of the money. We are only going to talk about the Namibian government’s child Foster Care Grant and Maintenance Grant. What we learn in the research will be used to help the Namibian government make the services and other support to children better.

Request for your participation

As part of the research we would like you to be part of a group talk to find out about your experiences of the grants and other services provided by the Namibian government to children. We can only speak to you in the group talk if you say we can. You may say no. If you say yes, we need you to put your signature on the reverse side of this sheet. We are also asking if we may record the information we gather from you in the group talk. If you are happy for us to record the group talk, we also need you to give your signature for this. When we talk to you, you will be in a group with other adults (about seven) who will take part in the discussion. This group talk will take two hours and you will get a break to have something to eat during this group talk. Your participation will cost nothing.

On the reverse side of this sheet, there is a place for you to sign to give permission to participate in the group talk and, if you are willing, for us to tape record it.

You do not have to say yes about being involved in the group talk. It is your choice to say yes or no. If you say no, you will not be affected in any way. If you say yes and agree to be part of the group talk, you do not need to say anything unless you want to and you will not be prejudiced in any way.

Confidentiality

Anything you tell us in the group talk will be kept secret; only the other people in the group talk will know what you said. Your name will also be kept secret when we give the information in a report to the Namibian government. Members of the ethics committee at the Human Sciences Research Council and some other people may look at the information and see your name but this is just to check that the group talks were done properly. We cannot however, guarantee that other participants won’t talk about what you said in the group.

Risks/discomforts

At the present time, we do not foresee any risk to you if you participate. We do not see that you will be harmed in any way during this group talk.

If you are harmed or have any concerns

If you feel that you have been harmed in any way by participating in this study and/or if you would like to discuss the research and / or your contribution in it after the focus group you can contact the lead researcher from Survey Warehouse Services working on the project, Ms Lizl Stoman in Namibia on 061 237190.
I hereby agree to participate in the research regarding the effectiveness of child welfare grants in Namibia.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this interview / meeting at any point should I not want to continue.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

..............................................
Signature of participant          Date: .........................

I am willing for this focus group to be tape recorded.

..............................................
Signature of participant          Date: .........................

Section A. Focus Group Demographic Information

A1. Focus Group Region

Khomas 1
Kavango 2
Hardap 3

A2. Unique Respondent ID for focus group

A3. Name of Constituency where participant currently lives

Khomas
Windhoek West 1, Mukwe 10
Windhoek East 2, N’diyona 11
Katutura Central 3, Kapako 12
Katutura East 4, Runda Rural East 13
Soweto 5, Kahenge 14
Khomasdal North 6, Runda Rural West 15
Thobias Hainyeko 7, Mashare 16
Moses Garoeb 8, Mpungu 17
Samora Machel 9

Kavango

Hardap

Mariental Rural 18
Gibeon 19
Rehoboth Rural 20

A4. Name of the settlement / village where participant currently lives

A5. Date of focus group 2009 Y Y Y Y M M D D

A6. Focus group facilitator’s name

Section B. Focus Group Participant’s Details

B1. Sex of participant

Male 1
Female 2

B2. Age at last birthday

B3. Do you have the following documents?

a. A Namibian ID card
   Yes □ No □

b. A permanent resident permit
   Yes □ No □

c. Your birth certificate
   Yes □ No □

d. An ID card for all children aged 16-17 years in your care
   Yes □ No □

e. Birth certificates for all children aged 0-17 years in your care
   Yes □ No □

B4. What is the highest level of education you have completed?

No schooling 01
Pre-school 02
Some primary 03
Completed primary 04
Some secondary 05
Completed secondary 06
More than secondary 07

B5. In the past year, what was your main employment status?

Employed throughout the year 1
Employed seasonally / part of the year 2
Employed once in a while 3
Unemployed, looking for work 4
Unemployed, not looking for work 5
Retired or too old to work 6
Full time student 7
Other (specify) 8
Section C. Household Details

Interviewer: In C1-C4, we want you to list all individuals who meet all three of the following criteria:

(xvi) They lived under the same “roof” or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and

(xvii) When they are together they share food from a common source and

(xviii) They contribute to or share in a common resource pool

Interviewer: the ‘primary caregiver’ is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

C1. Number of persons in your household

C2. Number of children less than 18 years in your household

C3. Number of children less than 18 years in your household for which the focus group participant is the primary caregiver

C4. Number of persons in your household aged 60 years and older

<table>
<thead>
<tr>
<th>Grant type:</th>
<th>C5. Does anyone in your household receive the following type of government grant?</th>
<th>C6. (IF YES IN C5) How many people receive this type of grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Old age pension</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>b. Disability grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
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<td></td>
</tr>
<tr>
<td>d. Foster care grant</td>
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<td></td>
</tr>
<tr>
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<td></td>
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</tbody>
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C7. Over the past year, how often, if ever, have you or anyone in your family gone without...

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Just once or twice</th>
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<tbody>
<tr>
<td>a. Enough food to eat?</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
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<td>□ 8</td>
</tr>
<tr>
<td>b. Enough clean water for home use?</td>
<td>□ 0</td>
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<td>□ 8</td>
</tr>
<tr>
<td>d. Enough fuel to cook your food?</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
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<td>e. A cash income</td>
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</tr>
</tbody>
</table>

C8. Does each of the children in your care aged 5-17 years have the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a. A blanket?</td>
<td>Yes □ 1 No □ 0</td>
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<td>c. At least two sets of clothes?</td>
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C9. In the past year, what was the average monthly household income of all people in your household before tax and other deductions? Please include all sources of income, i.e. salaries, pensions, grants, income from investments, etc.

<table>
<thead>
<tr>
<th>Household income range</th>
<th>Code</th>
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<tr>
<td>01 = No income</td>
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</tr>
<tr>
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</tr>
</tbody>
</table>
Focus Group 7: Participant Information Sheet
Eligible Non-Beneficiary of Maintenance Grant Aged 15-17 Years

Introduction and consent

Who we are and why we are here

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I understand that this is a research project whose purpose is not necessarily to benefit me personally.

………………….. ………………….. 
Signature of participant Date: ………………….. 

I am willing for this focus group to be tape recorded.

………………….. ………………….. 
Signature of participant Date: ………………….. 

Section A. Focus Group Demographic Information

A1. Focus Group Region
   - Khomas 1
   - Kavango 2
   - Hardap 3

A2. Unique Respondent ID for focus group

A3. Name of Constituency where participant currently lives

<table>
<thead>
<tr>
<th>Khomas</th>
<th>Kavango</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windhoek West</td>
<td>Muke 10</td>
</tr>
<tr>
<td>Windhoek East</td>
<td>Ndyona 11</td>
</tr>
<tr>
<td>Katutura Central</td>
<td>Kapako 12</td>
</tr>
<tr>
<td>Katutura East</td>
<td>Rundu Rural East13</td>
</tr>
<tr>
<td>Soweto</td>
<td>Kahenge 14</td>
</tr>
<tr>
<td>Khomasdal North</td>
<td>Rundu Rural West15</td>
</tr>
<tr>
<td>Tobias Hainyeko</td>
<td>Mashare 16</td>
</tr>
<tr>
<td>Moses Garob</td>
<td>Mpungu 17</td>
</tr>
<tr>
<td>Samora Machel</td>
<td>Hardap 18</td>
</tr>
<tr>
<td></td>
<td>Mariental Rural</td>
</tr>
<tr>
<td></td>
<td>Gibeon 19</td>
</tr>
<tr>
<td></td>
<td>Rehoboth Rural 20</td>
</tr>
</tbody>
</table>

A4. Name of the settlement/village where participant currently lives

A5. Date of focus group 2009 Y Y Y Y M M D D

A6. Focus group facilitator’s name

Section B. Focus Group Participant’s Details

B1. Sex of participant
   - Male 1
   - Female 2

B2. Age at last birthday
   - Years

B3. Do you have the following documents?
   a. A Namibian ID card
      - Yes
      - No
   b. Your birth certificate
      - Yes
      - No

B4. Have you ever attended school?
   - Yes
   - No ➔ Go to B6

B5. Are you currently in full-time or part-time education?
   - Yes, full-time
     - Yes
     - No
   - Yes, part-time
     - Yes
     - No
   - No

B6. What is your primary caregiver’s relationship to you?
   - Mother 1
   - Father 2
   - Grandmother 3
   - Grandfather 4
   - Sister 5
   - Brother 6
   - Aunt or uncle 7
   - Great-grandparent 8
   - Other family 9
   - Other non-family 10

B7. Is your biological mother still alive?
   - Yes
     - Yes
     - No

B8. Is your biological father still alive?
   - Yes
     - Yes
     - No
Section C. Household Details

Interviewer: In C1-C4, we want you to list all individuals who meet all three of the following criteria:

(xix) They lived under the same "roof" or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and

(xx) When they are together they share food from a common source and

(xxi) They contribute to or share in a common resource pool

Interviewer: the ‘primary caregiver’ is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

C1. Number of persons in your household
C2. Number of children less than 18 years in your household
C3. Number of other children less than 18 years in your household that your primary caregiver looks after
C4. Number of persons in your household aged 60 years and older

<table>
<thead>
<tr>
<th>Grant type:</th>
<th>C5. Does anyone in your household receive the following type of government grant?</th>
<th>C6. (IF YES IN C5) How many people receive this type of grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Old age pension</td>
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<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
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</tr>
<tr>
<td>d. Foster care grant</td>
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<td>Yes [ ] 1 No [ ] 2</td>
<td></td>
</tr>
</tbody>
</table>

C7. Over the past year, how often, if ever, have you or anyone in your family gone without...

<table>
<thead>
<tr>
<th>Need</th>
<th>Never</th>
<th>Just once or twice</th>
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<tbody>
<tr>
<td>a. Enough food to eat?</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
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<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

C8. Do you have the following:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A blanket?</td>
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<tr>
<td>b. A pair of shoes?</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
<tr>
<td>c. At least two sets of clothes?</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
</tbody>
</table>
Introduction and consent

Who we are and why we are here

Hello, we are .............................................................................................................................. from Survey Warehouse. Together with the Human Sciences Research Council from South Africa, we are doing research, for the government of Namibia, on the grants that it gives families to help them support their children. The research is being funded by UNICEF and PACT Namibia, two international development agencies. The purpose of the research is to find out (i) what people know about the child grants; (ii) problems people who should get the grant have when trying to get the money from the government; (iii) if the grant money makes it easier for you to get basic goods such as food and shelter etc and also if children get better health and education services because of the money. We are only going to talk about the Namibian government’s child Foster Care Grant and Maintenance Grant. What we learn in the research will be used to help the Namibian government make the services and other support to children better.

Request for your participation

As part of the research we would like you to be part of a group talk to find out about your experiences of the grants and other services provided by the Namibian government to children. We can only speak to you in the group talk if you say we can. You may say no. If you say yes, we need you to put your signature on the reverse side of this sheet. We are also asking if we may record the information we gather from you in the group talk. If you are happy for us to record the group talk, we also need you to give your signature for this. When we talk to you, you will be in a group with other adults (about seven) who will take part in the discussion. This group talk will take two hours and you will get a break to have something to eat during this group talk. Your participation will cost nothing.

On the reverse side of this sheet, there is a place for you to sign to give permission to participate in the group talk and, if you are willing, for us to tape record it.

You do not have to say yes about being involved in the group talk. It is your choice to say yes or no. If you say no, you will not be affected in any way. If you say yes and agree to be part of the group talk, you do not need to say anything unless you want to and you will not be prejudiced in any way.

Confidentiality

Anything you tell us in the group talk will be kept secret; only the other people in the group talk will know what you said. Your name will also be kept secret when we give the information in a report to the Namibian government. Members of the ethics committee at the Human Sciences Research Council and some other people may look at the information and see your name but this is just to check that the group talks were done properly. We cannot however, guarantee that other participants won’t talk about what you said in the group.

Risks/discomforts

At the present time, we do not foresee any risk to you if you participate. We do not see that you will be harmed in any way during this group talk.

If you are harmed or have any concerns

If you feel that you have been harmed in any way by participating in this study and/or if you would like to discuss the research and / or your contribution in it after the focus group you can contact the lead researcher from Survey Warehouse Services working on the project, Ms Lizl Stoman in Namibia on 061 237190.
I hereby agree to participate in the research regarding the effectiveness of child welfare grants in Namibia.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this interview/meeting at any point should I not want to continue.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

…………………………… ....
Signature of participant  Date:  ………………..

I am willing for this focus group to be tape recorded.

…………………………… ....
Signature of participant  Date:  ………………..

Section A. Focus Group Demographic Information

A1. Focus Group Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khomas</td>
<td>1</td>
</tr>
<tr>
<td>Kavango</td>
<td>2</td>
</tr>
<tr>
<td>Hardap</td>
<td>3</td>
</tr>
</tbody>
</table>

A2. Unique Respondent ID for focus group

A3. Name of Constituency where participant currently lives

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khomas</td>
<td></td>
</tr>
<tr>
<td>Windhoek West</td>
<td>01</td>
</tr>
<tr>
<td>Windhoek East</td>
<td>02</td>
</tr>
<tr>
<td>Kavango</td>
<td></td>
</tr>
<tr>
<td>Kavango</td>
<td>10</td>
</tr>
<tr>
<td>Kavango</td>
<td>11</td>
</tr>
<tr>
<td>Katutura Central</td>
<td>03</td>
</tr>
<tr>
<td>Katutura East</td>
<td>04</td>
</tr>
<tr>
<td>Hardap</td>
<td></td>
</tr>
<tr>
<td>Hardap</td>
<td>12</td>
</tr>
<tr>
<td>Hardap</td>
<td>13</td>
</tr>
<tr>
<td>Sozeto</td>
<td>05</td>
</tr>
<tr>
<td>Rundu Rural East</td>
<td>06</td>
</tr>
<tr>
<td>Khomasdal North</td>
<td>14</td>
</tr>
<tr>
<td>Khomasdal North</td>
<td>15</td>
</tr>
<tr>
<td>Thobias Hainyeko</td>
<td>07</td>
</tr>
<tr>
<td>Thobias Hainyeko</td>
<td>16</td>
</tr>
<tr>
<td>Moses Garoeb</td>
<td>08</td>
</tr>
<tr>
<td>Moses Garoeb</td>
<td>17</td>
</tr>
<tr>
<td>Sameera Machel</td>
<td>09</td>
</tr>
<tr>
<td>Sameera Machel</td>
<td>18</td>
</tr>
<tr>
<td>Mariental Rural</td>
<td></td>
</tr>
<tr>
<td>Mariental Rural</td>
<td>19</td>
</tr>
<tr>
<td>Gibeon</td>
<td></td>
</tr>
<tr>
<td>Gibeon</td>
<td>20</td>
</tr>
<tr>
<td>Rehoboth Rural</td>
<td></td>
</tr>
</tbody>
</table>

A4. Name of the settlement/village where participant currently lives

A5. Date of focus group

A6. Focus group facilitator’s name

Section B. Focus Group Participant’s Details

B1. Sex of participant

- Male [ ]
- Female [ ]

B2. Age at last birthday

Years

B3. Do you have the following documents?

- A Namibian ID card [ ]
- Your birth certificate [ ]

B4. Have you ever attended school?

- Yes [ ]
- No [ ]

B5. Are you currently in full-time or part-time education?

- Yes, full-time [ ]
- Yes, part-time [ ]
- No [ ]

B6. What is your primary caregiver’s relationship to you?

- Mother [ ]
- Father [ ]
- Grandmother [ ]
- Grandfather [ ]
- Sister [ ]
- Brother [ ]
- Aunt or uncle [ ]
- Great-grandparent [ ]
- Other family [ ]
- Other non-family [ ]

B7. Is your biological mother still alive?

- Yes [ ]
- No [ ]

B8. Is your biological father still alive?

- Yes [ ]
- No [ ]
Section C. Household Details

Interviewer: In C1-C4, we want you to list all individuals who meet all three of the following criteria:

1. They lived under the same "roof" or within the same compound/homestead/stand as the focus group participant for at least 15 days out of the past year and
2. When they are together they share food from a common source and
3. They contribute to or share in a common resource pool

Interviewer: the ‘primary caregiver’ is the person who spends the most time looking after the child. If still alive, the mother or father could be the primary caregiver.

C1. Number of persons in your household

C2. Number of children less than 18 years in your household

C3. Number of other children less than 18 years in your household that your primary caregiver looks after

C4. Number of persons in your household aged 60 years and older

<table>
<thead>
<tr>
<th>Grant type:</th>
<th>C5. Does anyone in your household receive the following type of government grant?</th>
<th>C6. (IF YES IN C5) How many people receive this type of grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Old age pension</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>b. Disability grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>c. Maintenance grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>d. Foster care grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>e. War veteran’s grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
<tr>
<td>f. Special maintenance grant</td>
<td>Yes □ 1 No □ 2</td>
<td></td>
</tr>
</tbody>
</table>

C7. Over the past year, how often, if ever, have you or anyone in your family gone without...

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Just once or twice</th>
<th>Several times</th>
<th>Many times</th>
<th>Always</th>
<th>Do not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Enough food to eat?</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 8</td>
</tr>
<tr>
<td>b. Enough clean water for home use?</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 8</td>
</tr>
<tr>
<td>c. Medicines or medical treatment?</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 8</td>
</tr>
<tr>
<td>d. Enough fuel to cook your food?</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 8</td>
</tr>
<tr>
<td>e. A cash income</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 8</td>
</tr>
<tr>
<td>f. School expenses for your children (like fees, uniforms or books)?</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 8</td>
</tr>
</tbody>
</table>

C8. Do you have the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A blanket?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. A pair of shoes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. At least two sets of clothes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. What government department do you work in and what is your designation?

2. What are the responsibilities and activities of the department in which you work in relation to providing children with grants, other benefits and services? 
   Probes: Definition of OVC; benefits and services providing to children; activities in relation to grant and service provision.

3. Tell us about the Namibian government’s policy framework for providing vulnerable children with access to grants, other benefits and critical services. 
   Probes: Knowledge of National OVC Policy; Description of grants and grant eligibility policy; Overview of services and benefits grant recipients can access free of charge from government.

4. Which government departments have the lead responsibility for child grant policy, budgeting and service delivery as well as linking child grant recipients to critical services and what are their roles?

5. What is the budgeting process for child grants? 
   Probes: Source of government funding; factors influencing the size of funds made available; who decides how much for child grants; trend in size of child grant budget over time.

6. What do you think about the size of the budget made available in Namibia to finance child grant payments? Why do you say this, how do you know?

7. What impact do you think administration of child grants is having on MGECW social worker capacity to provide critical service to vulnerable children? Why do you say this, how do you know?

8. Tell us how well the grant access process for the Foster Child Grant (FCG) and Maintenance Grant (MG) is working. 
   Probes: Barriers/challenges undermining access; what helps people to gain access?

9. We want to hear your views about what the FCG and MG are being spent on and how they are helping to meet basic needs of child recipients and others in their households. Please tell us your views.

10. How are the FCG and MG affecting access to other benefits and critical services? Why do you say this? How do you know?
11. What do you think about the quality of government benefits and services provided to child recipients the FCG and MG as well as other vulnerable children?  
   Probes: Is quality good or poor; for which services and benefits; does standard differ across recipients and non-recipients?

12. What role are non-governmental organisations playing in providing children with access to grants and linking grant recipients to other benefits and services?

13. What in your view are the primary strengths in government's policy to provide children with access to child grants and access to critical services through grants?

14. What are the major weaknesses in child grant policy and implementation?

15. We want to hear your views on how government grant support for children should be improved. Tell us your views.  
   Probes: Requirements, types of grant and whether to introduce a universal grant for all poor children; amounts/values of grants; links to other benefits and services.
1. What non governmental agency do you work in and what is your designation?

2. What are the responsibilities and activities of the organisation in which you work in relation to providing grants, other benefits and services to vulnerable children? 
   Probes: Definition of OVC; benefits and services providing to children; activities in relation to grant and service provision.

3. Tell us about the Namibian government’s policy framework aimed at ensuring OVCs gain access to grants, other benefits and critical services? 
   Probes: Knowledge of National OVC Policy; Description of grants and grant eligibility policy; Overview of services and benefits grant recipients can access free of charge from government.

4. Which government departments have the lead responsibility for child grant policy, budgeting and service delivery as well as linking child grant recipients to critical services and what are their roles?

5. What is the budgeting process for child grants? 
   Probes: Source of government funding; factors influencing the size of funds made available; who decides how much for child grants; trend in size of child grant budget over time.

6. What do you think about the size of the budget made available in Namibia to finance child grant payments? Why do you say this?

7. What impact do you think administration of child grants is having on MGECW social worker capacity to provide critical service to vulnerable children? Why do you say this?

8. Tell us how well the grant access process for the Foster Child Grant (FCG) and Maintenance Grant (MG) is working in practice. 
   Probes: Barriers/challenges undermining access; what helps people to gain access?

9. We want to hear your views about what the FCG and MG are being spent on and how they are helping to meet the basic needs of child recipients and others in recipient households. Please tell us your views.

10. How are the FCG and MG affecting access to other benefits and critical services? Why do you say this? How do you know?
11. What do you think about the quality of government benefits and services provided to child recipients and of the FCG and MG as well as other vulnerable children? 
   Probes: Is quality good or poor; for which services and benefits; does standard differ across recipients and non-recipients?

12. What role are non-governmental organisations playing in providing children with access to grants and linking grant recipients to other benefits and services?

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   Probes: Requirements; types of grant and whether to introduce a universal grant for all poor children; amounts/values of grants; links to other benefits and services.
APPENDIX 5

International Literature on Child Cash Transfer Design - Considerations

Most countries target poverty reduction with a mix of cash and in-kind transfers, but governments in developing and transition economies are increasingly relying on cash transfer programmes to tackle childhood poverty (Barrientos and De Jong, 2004). According to Adato and Bassett (2009: 7), cash transfers appear to offer the best strategy for reaching families who are “the very poorest, most constrained and at-risk with respect to human capital, in large numbers, relatively quickly”. There are two types of statutory cash transfer programmes: social insurance and social assistance. This section focuses on the latter. Social assistance programmes refer to transfers to specific beneficiary groups, such as the destitute, the disabled, or certain classes of the elderly, which are generally financed out of government revenues (Tabor, 2002).

There are a number of factors to take into consideration when designing a cash transfer for children.

To begin, ideology plays a role. For instance, the ideology of some may be that what happens within the household has no relationship to how the cash transfer will benefit the child towards whom it is targeted. Others may believe that what happens in the household has a bearing on how the child benefits from the transfer.

Secondly, the broader policy and programme context should also be considered. A cash transfer does not take place in isolation: there are other existing transfers and services, other policies in place – all of these have an influence on a new transfer that is to be introduced. Ideally a programme should complement other similar programmes and other public or social policies (Grosh et al, 2009).

Thirdly, the child poverty context is an important factor. What is the extent of child poverty and what are the levels of child poverty? DFID et al (2009) list other contextual features which are also important. These include the economy, poverty and vulnerability analysis, demographic data and trends, HIV and AIDS prevalence rates, resource availability, the political and institutional context and administrative capacity, and the available evidence base.

Fourthly, the size of the budget is important – how much money is available will have a bearing on the amount of the cash transfer and the size of the population which will be eligible for it.
Fifthly, what is the implementation capacity? It makes no sense to design a programme that cannot be successfully implemented. Grosh et al (2009) believe that much of the quality of a safety net lies in the details of its implementation.

Finally, there are some conceptual issues that should be regarded with the design of a cash transfer for children. These are as follows:

**How resources are allocated in the household**

In most cases, cash programmes cannot raise the income or consumption of children directly, but instead, supplement the incomes of families with children with the assumption that the standard of living of children in these households will also improve. The impact of cash transfers on children therefore depends on how resources are allocated in the household. It may be assumed that the household makes decisions as if it is a single unit, pursuing a common set of objectives (the unitary model). If resources are equally distributed within the household, cash transfers aimed at children will benefit all household members equally. On the other hand, decision-making can be taken to be the outcome of the interaction of individual household members who have different interests, preferences and power (the collective model). Here decision-making about intra-household resource allocation will depend on who receives the benefit, because it will strengthen their individual bargaining position. The division of responsibilities for financing and providing for the raising of children is likely to be complex, and fall along a range of arrangements: from the unitary to the collective models. Household arrangements are also strongly influenced by social and cultural norms and economic conditions. An understanding of all of these factors is important when designing a cash transfer to children (Barrientos and De Jong, 2004).

**Perverse incentives**

Private behaviour responds to public intervention and this can intervene between a programme’s stated objectives and its actual outcomes (van de Walle, 1995), resulting in different types of incentive effects. If the subsidy is aimed at the poor, who are identified by some specified criterion of being counted as poor, those who would not satisfy that criterion could pretend that they do by providing inaccurate information (the incentive to cheat) (Sen, 1995). Targeted subsidies can also affect people’s economic behaviour: this concerns the possible reduction of effort, care or savings as a result of the insurance or promise of support if things go wrong (the incentive to reduce effort) (Burgess & Stern, 1991). Overall the problems of incentives have to be traded off against the equity and protection benefits provided by the social security programme.

**Targeting**

Universal programmes provide flat-rate cash benefits to all, without regard to their income, employment, or means. Means-tested programmes establish eligibility for individual or family benefits against a standard that is usually related to subsistence needs. Benefits are limited to needy or impoverished applicants. Means testing can have many different forms, with different weights assigned to means, needs, income tests, family savings and other resources. Proxy
means tests involve collecting multiple indicators at the household level that are more easily observed than income but that are highly correlated with it (Tabor, 2002). Other ways to target cash transfers include nutritional status or risk factors, geographic area, demographic characteristics or self-selection. Commonly a single programme uses a number of methods and this usually results in better targeting than a single method. Means tests and proxy means tests have the highest costs, are good investments, but produce the lowest errors of inclusion. Self-selection via a low wage rate and geographical targeting are also established targeting tools (Grosh et al, 2009).

**Conditionality**

Cash transfers can be unconditional, that is, given without obligations. They can also be conditional (Adato & Bassett, 2009). This is another way in which cash transfers can be targeted, by linking their receipt to certain conditions such as school attendance or attendance at health clinics. Conditional cash transfers encourage behavior from recipients that reduces the risk of them falling into poverty in the future (Tabor, 2002). Conditionality should be cautiously considered. The main concerns to address are those that relate to whether conditionality is likely to strengthen human capital, or work against it. Conditionalities should be tailored to the problem that the country or region needs to solve, rather than target the wrong outcome. There are also ways in which services and activities – for example, early childhood development, health awareness – can be linked to cash transfer programmes, facilitating participation in these activities without requiring it. Governments promoting cash transfers can team up with NGOs that are delivering these kinds of services already (Adato and Bassett, 2009).

**Benefit levels**

Benefit generosity is a balancing act in which considerations of need, affordability and the expected incentives of the programme all play a role. Benefit generosity is commonly defined in terms of replacement income: this compares cash benefits (either gross or net of tax) to past earnings, the earnings of an average production worker, the minimum wage or average incomes (Tabor, 2002). Programmes with benefit levels that are too small will have little impact on beneficiaries and administrative costs will be high relative to the level of benefits. Programmes with high benefits will have a larger impact on recipient households but will have a higher fiscal burden, require more care in relation to design and targeting and may induce greater work disincentives. Some well regarded programmes pay 15 to 20 percent of pretransfer household consumption (Grosh et al, 2009).

**Vulnerable groups**

A recurrent question regarding vulnerable groups (such as OVC) and cash transfers is whether they are better served through special programmes or within social assistance programmes designed for the wider population. Grosh et al (2009) note that the preference is to serve vulnerable groups through a single, well run social assistance programme on grounds of equal inclusion and efficiency of operations, although this may not always be feasible.
Lund (2008) outlines some questions which have to be confronted by any social security programme, and which are useful to consider in the design of a cash transfer to children. Lund is particularly well placed to give guidance on the design of a cash transfer to children, having headed the Lund Committee on Child and Family Support responsible for the design of the South African child support grant, a relatively new cash transfer designed to reach poor children and to replace a broader family benefit for mothers and children.

- Should the benefit be universal?
- If the benefit is not universal, by what means will people be included or excluded from qualifying?
- For how many years should any individual be eligible for the benefit?
- Should the new benefit be available to all who qualify, from the date of introduction? How will the date of introduction be set?
- What should the level or value of the benefit be, and how can it be designed to vary over time?
- Should the same level of benefit apply to all beneficiaries, or should it be varied according to particular criteria?
- By what means and how often will the benefit be delivered?
- Is it possible or desirable to design linkages with other programmes?

Finally, it is important to include the voices and opinions of children, their caregivers and youth in the understanding and design of social protection systems and programmes, as DFID et al (2009) remind.
Pictured below are the front and back covers of a booklet, to be distributed as from January 2011, containing detailed information on the critical services available for children in need in Namibia. The booklet forms part of a package of materials on these services. It is a compilation of the seven separate leaflets produced as part of the package - providing for easy ('all-in-one') access to all the information. On the next two pages is the 6-panel leaflet on Child Welfare Grants. On the last page is the poster (A1 size) on Child Welfare Grants which is also part of the package.
Why and what grants are provided

The Government of Namibia provides child welfare grants to ensure every child’s basic right to be cared for. There are four types of grants available:

- Maintenance Grant
- Special Maintenance Grant
- Foster Care Grant
- Place of Safety Allowance

General information for applicants:

- The Ministry of Gender Equality and Child Welfare (MOECW) is the ministry responsible for administering the grants.
- Children aged 0-17 years qualify for all the grants except the Special Maintenance Grant for children under 16.
- A Place of Safety Allowance can be claimed only at a Magistrate’s Office. The claim is then sent to the MOECW for payment.
- For any other grant, apply at the MOECW office closest to your home (see list of offices in this leaflet).
- You do not have to pay any money to apply for a grant.
- When you hand in your application, you will be given a letter of acknowledgement. This is your only proof of application, so keep it safe.
- It can take up to three months from the date of application for the first payment to be made.
- If your application is not approved, an explanation will be given.
- You have to provide documents with your application, such as a birth certificate or identity document (ID). All copies of these documents must be certified. You can get them certified at the local police station.
- Where a school report is required, this must be provided every term for payment to continue.
- You can choose how you want to be paid: cash, bank or post office.
- If you can’t collect the grant yourself, or if the child does not live with you, you can appoint a person whom you trust to collect it on your behalf. This person is called a procuration.
- Grant amounts may change.
- Only Namibian citizens and permanent residents may apply for these grants.
- Many caregivers misuse grants meant for children. The public can help to stop this criminal practice by reporting cases to the MOECW, or a local/regional Councillor, or a headman, or the police.
- If the child on whose behalf the grant is received dies, this should be reported to the MOECW immediately.

Maintenance Grant

Who qualifies?
A biological parent who earns less than N$1 000 per month and supports a child under 18 years of age, where –
- the other parent receives an old-age pension or a disability grant, or is unemployed;
- the other parent is in prison for six months or longer; or
- the other parent has died.

What documents must be provided with the application?
- Certified copies of the applicant’s birth certificate and identity document (ID).
- Certified copies of the child(ren)’s full birth certificates, or written confirmation of the birth/s, or baptism cards.
- A certified copy of the applicant’s marriage certificate (if applicable).
- The latest school report of each school-going child.
- A certified copy of the other parent’s death certificate (if applicable).
- If the other parent is in prison, his/her written confirmation of this as well as a letter from the prison confirming this.
- Proof of the other parent receiving a disability grant or an old-age pension (if applicable).
- If the applicant is employed, a pay slip with the name, phone number and address of the employer.

How much is the grant?
NS200 per child per month, for a maximum of six children per applicant or family.

Special Maintenance Grant

Who qualifies?
Children under 16 years old who have a disability.

What documents must be provided with the application?
- A certified copy of the child’s full birth certificate.
- Certified copies of at least one parent’s ID and birth certificate.
- A medical certificate from a state medical officer or doctor confirming disability.
- A social background report from a social worker.

How much is the grant?
NS200 per month.
**Foster Care Grant**

Who qualifies?
Any person who undertakes the temporary care of any child found to be in need of care and placed in this person’s custody in terms of the Children’s Act 33 of 1960 (or the Child Care and Protection Act which will soon replace the Children’s Act).

What documents must be provided with the application?
- A certified copy of the Court Order or the Transfer Order if a child is transferred to another foster parent.
- A certified copy of the child’s birth certificate.
- A certified copy of the foster parent’s identity document (ID). (There may be two parents, but the grant is issued in only one parent’s name, so only that parent’s ID is needed.)
- A certified copy of the marriage certificate of the foster parents (if applicable).
- A certified copy of the death certificate(s) of the biological parent(s) (if applicable).
- The latest school report of each school-going child.

How much is the grant?
NS$200 per child per month.

Problems with placements: If a foster parent dies, or if a foster parent and foster child do not get on well, or if any other problem arises, the MOECC should be informed as soon as possible so that alternative arrangements can be made.

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**Place of Safety Allowance**

Who qualifies?
Any person or place in whose care a child under 18 years of age is placed by a Commissioner of Child Welfare in terms of Section 33 of the Children’s Act of 1960 (or the relevant section of the Child Care and Protection Act which will replace the Children’s Act).

What documents must be provided with the claim?
- A Place of Safety Claim Form, completed and signed by the Magistrate’s Office and the claimant.
- A Detention Order from the Magistrate’s Office.
- For the first claim, the social worker’s background report.

How much is the grant?
NS$10 per child per day.

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**Where to get the documents needed for grant applications**

- **Ministry of Education**: school fee exemptions and school reports.
- **Ministry of Health & Social Services**: health records and medical reports.
- **Ministry of Justice**: court orders for placement in foster care or a place of safety.
- **Ministry of Home Affairs & Immigration**: birth, death, and marriage certificates; and identity documents (IDs).

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**Other kinds of government support available to OVC and families in need**

**DEATH AND SURVIVOR BENEFITS**
The family of an employed person who dies can apply to the Social Security Commission for a Death Benefit if social security fees have been paid for that person for at least six months. This must be done within 30 days of the death.

If an employed person dies as a result of a work-related event, his/her spouse and children can apply to the Social Security Commission for a Survivor Benefit. This should be done as soon as possible after the death.

**ASSISTANCE FOR HEALTH CARE**
Health care is heavily subsidised by the State. Only a small amount is charged for treatment (including medicines) at state-aided hospitals/clinics. People in financial need can contact the person in charge of the health facility to ask for exemption from hospital/clinic fees and related costs. Primary health care (eg. immunisation) is free of charge.

**SCHOOL AND HOSTEL FEE EXEMPTIONS**
Ministry of Education policy enables schools to exempt needy families from paying those fees. For a school fee exemption, the child’s caregiver or a concerned community member can talk to the school principal or write to the school board. For hostel fee exemption, the ministry’s regional office should be contacted for an application form.

**ASSISTANCE FOR CHILDREN WITH SPECIAL NEEDS**
Wherever possible, children with disabilities attend regular schools, and possibly an additional course of special education. If this does not meet their special needs, they can attend a separate school that catering for their disability. For information on special schools, contact the Division of Special Education Programmes (061-2933111) or the National Institute for Special Education (061-212659) in the Ministry of Education.

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**PROTECTION FROM VIOLENCE, ABUSE AND NEGLECT**
The Namibian Police (Nampol) and the Ministry of Health & Social Services jointly run 15 Woman & Child Protection Units (WCPU) across the country, which offer free services to victims of violence, abuse and neglect. For more information, contact the nearest WCPU (061-2933111), the Windhoek WCPU (061-2933111), or the police station in your area.

NOTE: See the section headed Protecting Children in Namibia in this booklet for more detailed information on the WCPU and a list of other organisations that can assist with child protection in each region of the country.

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**Regional offices of the Ministry of Gender Equality and Child Welfare**

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**EVERY CHILD’S RIGHT, EVERYBODY’S RESPONSIBILITY!**
CHILD WELFARE GRANTS IN NAMIBIA
Provided by the Government to ensure all children their basic right to be cared for

GENERAL INFORMATION

WHO PAY THESE GRANTS?
The Ministry of Gender Equality and Child Welfare (MGEWC).

HOW OLD MUST A CHILD BE TO QUALIFY?
All children aged 0-17 who are in need quality for all grants except the Special Maintenance Grant for children under 16.

MAY I APPLY FOR MORE THAN ONE GRANT?
Yes. Each application is independent and does not affect the status of your other applications.

A Place of Safety Allowance can only be claimed at a Magistrate's Office. The claim is then sent to the MGEWC for payment.

For any other grant, apply at the MGEWC office closest to your home.

When you hand in your application, you will be given a letter of acknowledgement. It is your only proof of application, so keep it safe.

All grant applications are free of charge.

WHAT DO YOU NEED TO APPLY?
You have to provide basic documents with your application, such as the child's birth certificate and your identity document (ID). All these documents must be certified. You can get them certified at any police station.

Try to get the leaflet on Child Welfare Grants (printed below) for information on the documents needed for each grant. Otherwise, phone any MGEWC office to ask.

HOW LONG DOES IT TAKE TO GET THE MONEY?
It can take up to three months from the date of application for the first payment. After that, you will be paid every month.

HOW WILL THE MONEYS BE PAID?
If it is approved, you will be given an explanation.

You can choose: cash, bank or post office.

OTHER IMPORTANT REMINDERS
• If you can't collect the money yourself, you can appoint someone whom you trust to collect it for you every month.
• The grant amounts may change.
• Only citizens and permanent residents may apply for a grant.
• Many caregivers misuse grants meant for children. The public can help to stop this criminal practice by reporting cases to the MGEWC or a local/regional Councilor or a headman or the police.

MAINTENANCE GRANT
WHO QUALIFIES?
A biological parent who earns less than N$1 000 per month and supports a child under 18 years of age, where:
• the other parent receives an old-age pension or a disability grant, or is unemployed;
• the other parent is in prison for six months or longer or
• the other parent has died.

HOW MUCH IS THE GRANT?
N$200 per child per month, for a maximum of six children per applicant or family.

SPECIAL MAINTENANCE GRANT
WHO QUALIFIES?
Children under 16 years old who have a disability.

HOW MUCH IS THE GRANT?
N$200 per month.

PLACE OF SAFETY ALLOWANCE
WHO QUALIFIES?
Any person or place in whose care a child under the age of 18 is placed by a Commissioner of Child Welfare in terms of Section 33 of the Children's Act of 1960 or the relevant section of the Child Care and Protection Act soon to replace the Children's Act.

HOW MUCH IS THE GRANT?
N$10 per child per day.

FOSTER CARE GRANT
WHO QUALIFIES?
Any person who undertakes the temporary care of any child found to be in need of care and placed in this person's custody in terms of the Children's Act 33 of 1960 (or the Child Care and Protection Act soon to replace the Children's Act).

HOW MUCH IS THE GRANT?
N$200 per child per month.

OTHER KINDS OF STATE SUPPORT AVAILABLE FOR CHILDREN IN NEED
• Health and survivor benefits: Social Security Commission
• Assistance for health care: Ministry of Health and Social Services
• Assistance for school transport: school principals and school boards
• Assistance for children with special needs: Ministry of Education
• Protection from violence, abuse and neglect: Nampol Woman and Child Protection Units

WHERE TO GET THE DOCUMENTS NEEDED FOR GRANT APPLICATIONS
• School principals and school boards.
• Ministry of Health and Social Services.
• Ministry of Justice.
• Ministry of Home Affairs and Immigration.

unicef
unite for children

You can get these information leaflets from all governmental and non-governmental children's service providers throughout Namibia.