Information Needs and Information Seeking Behaviour of Orphans and Vulnerable Children and Their Caregivers: a Case Study of Okahandja, Namibia[1]

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Abstract

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

1. Introduction

Despite promising advancement in addressing Acquired Immune Deficiency Syndrome (AIDS) in terms of treatment and prevention programmes, the number of people living with the Human Immunodeficiency Virus (HIV) and dying as a result of AIDS is exponentially increasing. Statistically, the Sub-Saharan African region is the worst afflicted, with two thirds (63%) of all people living with HIV residing in this region. The worst affected area within this region is Southern Africa (which includes Namibia), where 34 % of all deaths reported in 2006 were AIDS related (UNAIDS and WHO, 2006:3). Family members left behind, especially children who rely on their parents for all their needs, are often the worst affected victims of this illness. With the predicted rise in cases where children are left orphaned or vulnerable as a result of HIV/AIDS, care of and for these children has been placing an increasing burden on already overstretched extended families and communities (Save the Children UK 2006:1; Ruiz-Caseres, 2007:151).

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1.1. Orphans and Vulnerable Children (OVC): the Namibian experience

Based on current trends, it is expected that Namibia will have approximately 250,000 orphans (over 10% of the population) within the next 20 years, and over three quarters (of these orphans) will be children (Yates 2004:4; UNICEF, 2006:5). Within traditional African society, caring for these orphans becomes the responsibility of the extended family, but the extended family is often unable to fulfill this obligation towards the orphans. In instances where children are left vulnerable through the death of one parent, many of these households are headed by a child who has to take care of the other sick parent and (if they have any) their siblings (Barnett and Whiteside, 2006:223; UNICEF, 2007:17). Lack of knowledge on how to get assistance, poverty, and illiteracy or an incomplete education as a consequence of lack of funding or time; often also lead to the exploitation or ill-treatment of orphaned and vulnerable children by their caregivers.

Studies have found that over 60% of all orphans globally are cared for by their grandparents (in most cases the grandmother), who do so on very meager incomes or pensions. This is also the case in Namibia (UNICEF, 2006:5; Masabane 2002:6; Moody, 2007:1). Although government assistance is available to both OVC and the grandparents and other caregivers, they are often unaware of it (Haihambo et.al, 2004:25). Other than the government, a number of non-governmental organizations (NGO's), faith-based organizations and community initiatives are involved in providing services to these groups. According to Yates (2004:6), services include feeding programs and educational and psychological support, while general health services are provided through the Ministry of Health and Social Services, which targets all children through primary health care and nutrition programs.

1.2 Basic and information needs

For their daily survival, orphaned and vulnerable children experience needs that canvas a wide variety of issues and concerns. A study done in 2001 by the World Bank revealed that OVC's major needs center around coping skills, physical and economic survival, and the ability to protect themselves from exploitation by both caregivers and community members. Other needs concern health and legal related issues, business skills, education, and the need to be cared for (The Task Force for Child Survival and Development and World Bank, 2001:2). Although information has not been explicitly mentioned as a need, access to information underpins the children's ability to empower themselves for survival.

Caregivers, who include any person or organization, family member(s) or communities caring for orphaned and vulnerable children, need guidance on where to find assistance. A study by UNICEF (2005) revealed that many orphans are not receiving the grants due to them. This is partly due to the caregivers' ignorance on where to obtain certain forms of documentation, such as birth certificates, death

certificates and other supporting documentation needed to apply for grants. Kumar, Aarti and Arabinda (2001:20) additionally identified the following information needs: basic knowledge about HIV/AIDS; the children's emotional states and how to address them; health problems, such as symptoms and signs of medical problems; nutritional requirements; methods to combat the stigma and discrimination directed at the child or family; how to access services such as grants, identification documents, etc; and counseling.

1.3 The role of service providers

In order for government and other service providers to intervene and be of assistance, knowledge and an understanding of the needs and environment of OVC and their caregivers are imperative. Effective service delivery planning is therefore essential. The basis of all service delivery should be knowledge of the nature and extent of the problem at hand. Although general statistics on the people affected by HIV/AIDS are available, Haihambo et al (2004:50) found that data identifying the number and whereabouts of orphaned and vulnerable children in Namibia are not known. Nor is there any comprehensible statistics available that provide insight into what services are currently used by the OVC and/or their caregivers. There are, however, several policies guiding service delivery to these groups in Namibia. UNICEF (2005) noted that the known number of OVC was moving beyond the coping capacity of the country, and that timely and correct information is now needed to manage the crisis. This information includes: actual numbers and profile of the affected children; services, support and care required; available service providers; and the effectiveness of the diverse intervention programmes and OVC care approaches.

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

- The provision of food by way of feeding schemes, soup kitchens and food parcels
- Assistance with education by providing uniforms, exempting school fees, paying for accommodation, etc.
- Healthcare services, such as anti-retroviral compliance, fee exemption for basic health services, and nutritional monitoring
- Psychosocial support by way of home visits, organizing camps and clubs, training, counseling, and sport and recreation
- Teaching protection through life skills, information on rights, will writing and involvement in law reforms
- Providing general assistance through the teaching of income generating activities, access to grants, outreach programs to caregivers, and temporary shelters and homes

Most of these activities have (within them) an information provision and dissemination requirement to the benefit of the recipients.

2. Purpose of the Study

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

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

3. Methodology

The study examined the information needs and seeking behavior of orphans and vulnerable children (aged between 8 – 18 years) and their caregivers, and the role of service providers in Okahandja, Namibia. The field study was conducted in January 2007.

Okahandja is located 70 km north of Windhoek ("Okahandja", 2007). According to the 2001 population census, the region had a population of 14,039 - 7064 females and 6975 males. The number of orphans under the age of 15 years, according to the census, was 51,068 for the whole Otjozondjupa region, of which Okahandja is a part (National Planning Commission, 2003:75). Unfortunately, present day figures for Okahandja are not available. Okahadja was chosen as a pilot study site mainly because of convenience.

Sixty two respondents participated in the study, 15 of whom were caregivers, 8 service providers and 39 OVC. The purposive sampling technique was used to select OVC and caregivers because it was difficult to identify the population. The assistance of "experts" familiar with the chosen research groups, such as social workers, traditional leaders and church leaders, was used to identify a sample of respondents for inclusion in the study. This worked well because these community leaders and social workers have a good knowledge of the OVC situation in the small town.

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

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

4. Presentation of Findings
The findings are summerised in sections 4..1 to 4.4.
4.1. Caregivers
 A total of 15 caregivers participated in the study
Demographic Characteristics

Most of the caregivers surveyed came from the 25 – 32 year age group, as demonstrated in Fig. 1. Caregivers were mostly female, (13; 87%) with only 2 males were surveyed in the study.

Fig. 1 Age groups of caregivers (N= 15)

Age groups

49 - 57
2 (13%)

17 - 24
2 (13%)

41 - 48
2 (13%)

25 - 32
5 (34%)

33 - 40
4 (27%)
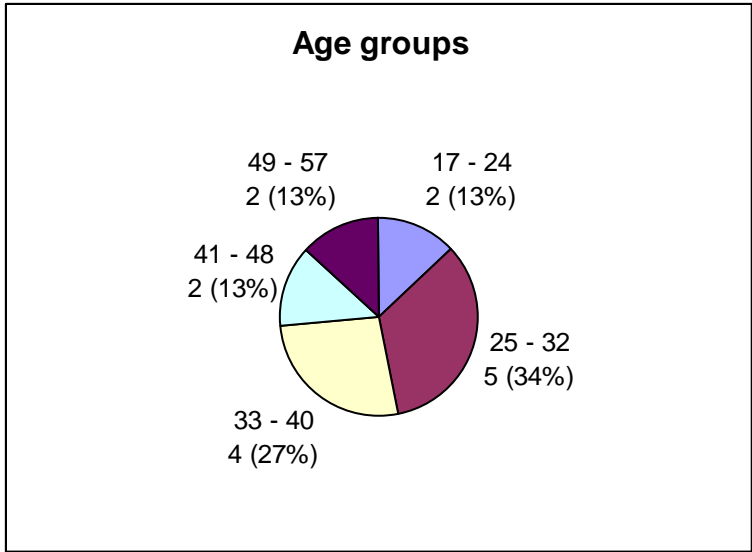
The highest level of education attained by the respondents shows that 1 had an educational level of between grades 1 and 3, 12 (80%) of the caregivers had attained an education between grades 8 and 12, and two had university education. The fact that most of the respondents had attended school and gained basic literacy is encouraging, as this indicates that information can be provided to them in a printed or textual form, and that they would probably be able to access information online or in electronic form if necessary. Their ability to write also makes them less dependent on third parties to receive information communicate on their behalf.

Unemployment amongst the respondents is rife, as the data indicates that only 4 (27%) earned a steady salary, while the majority 11(73%) were unemployed. Out of the total 15 respondents, two mentioned that they earned between 100 – 499 Namibian Dollar-N$ a month(11 Namibian Dollar was = 1US dollar in October 2008) , while one indicated earnings of between 500–999 N$, one earned between 1000 – 1499 N$ and one respondent indicated that his/her income is between 2000-2499N$. While 8 respondent did not indicate any income, evidently because of unemployment.

This shows the high level of poverty in which the caregivers are operating. Caregivers need to be economically empowered in order to help both themselves and the orphaned and vulnerable children left in their charge.

Information Needs and Seeking Behavior

The 15 caregivers were asked whom they consulted when faced with an information need or problem. Six of the respondents preferred social workers; 4 consulted relatives; 2 asked teachers; 2 didn't ask anyone; and 1 asked the doctor.

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

The respondents were also asked if they are aware of any organizations that provide services to orphaned and vulnerable children. Twelve respondents knew of at least one or more organizations. Specific organizations mentioned were: the Ministry of Gender Equality and Child Welfare four, Okahandja Home-Based Care 2 , and ARK Okahandja 2. Christ's Hope, the Dutch Reformed Church, Catholic Aids action, Church Alliance for Orphans, and the US Embassy were mentioned by one respondent each. Three respondents did not mention any organization by name.

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

Knowledge about the service providers and their offerings were obtained primarily through home-based care volunteers and social workers (12 or 80%), and also through workshops and seminars (12 or 80%). Four respondents got information from leaflets/pamphlets, three by way of the radio, two through friends, and one each mentioned traditional leaders, TV, billboards, computers (e-mail) and through the children. Four respondents indicated that they did not have any knowledge of the service providers.Stated information needs varied, and the results are given in Table 1 below.

Table 1: Information needs. (N=15)

Information Needed	Frequency	%	Information Needed	Frequency	%
Grants	12	80	Feeding Scheme	8	53
Financial Assistance	11	73	Farming Skills	8	53
School Development Fund Exemption	11	73	Identity Documents/ Birth Registration	6	40
Counseling	11	73	Inheritance Law	5	33
Child Care Support	10	67	Sewing	5	33
Psychosocial support	10	67	Memory Box	5	33
Health Services	10	67	Will Writing	4	27

As expected, economical matters were the most pressing concern, with most of the respondents indicating that information that dealt with financial assistance,

grants and the exemption of school fees was important. Many of the stated information needs also referred to the attainment of basic services, such as health, counseling for traumatized children, and coping skills.

However, when asked to rank their information needs in order of most pressing to least pressing, a slightly different picture emerged, as indicated in Table 2:

Table 2: Information most needed (N=15)

Information	Frequency	%
School Development Fund Exemption	13	87
Establishing a Small Business	11	73
Health Information	10	67
Grant	9	60
Child Care Support	9	60
Psychosocial Support	9	60
Counseling	9	60
Financial Assistance	8	53
Training	6	40
Farming Skills	2	13
Inheritance	2	13
Will Writing	1	7

However, economic and survival necessities are still the top priority for most of the respondents.

When asked what channels they used to obtain and disseminate or share information, the responses were as follows.

Table 3: Preferred channels of information (N= 15)

Channels	Obtain	%	Disseminate/share	%
Workshops and Seminars	10	67	8	53
Social Worker	10	67	0	0
Radio	7	47	3	20
Newspaper	7	47	1	7
Books	5	33	0	0
Church Leaders	4	27	0	0
Television	4	27	3	20
Library	3	20	1	7
Computer/emails	3	20	4	27
Traditional leaders	3	20	3	20

Regional Councilors	3	20	0	0
Community Members	1	7	0	0
Volunteers from USA, Germany	1	7	0	0
Pamphlets	1	7	0	0

An interesting choice was that of using workshops and seminars as channels for gaining and disseminating information, as this would not normally be a channel associated with people with the low educational levels indicated earlier, and social workers would be the more obvious choice. However, the interactive nature of these two sources could possibly be an indication of why they were preferred, as issues can be immediately clarified and direct assistance and guidance provided. The influence of mass media instruments, such as the radio, newspapers and TV, is something that service providers (such as the government) should take note of, particularly because these channels reach a large number of people.

The most useful channels were given as follows: workshops/seminars and TV (7); the radio, church leaders, NGOs and government department officials(6 each); Internet/email (5); friends(4); newspapers, signposts, and books (3 each); and posters, regional councilors, video shows, politicians, the library, and guest speakers (2 each).

Most of the respondents (14; 93%) indicated that the information received from these channels was helpful, with only one answering negatively.

When asked to indicate how the information helped them, various responses were given ranging from empowerment towards providing better care to patients, to ability to apply for grants. The following response aptly captures this view:
"It helped me to care for HIV/Aids patients and provided information on how to apply for grants and how to handle children, including how to care for and love them. It also assisted me in preparing children for accept death in the family. It also assisted me to provide better home based care".
Most respondents expressed facing problems in providing care to OVCs. Problems in caring for OVC were (sometimes) experienced by eight (53%) of the respondents. However, 4 (27%) indicated that they did not experience any problems, and 3 (20%) stated that they experienced problems most of the time. Among the 20% who experienced problems most of the time, the issues raised included the following: How to obtain childcare support and social grants (2; 13%); getting money for food (1); difficulties in obtaining court orders from social workers as the workers don't have transport (1); patients refusing to take ARVs because they don't have food (1); counseling children in order for them to understand that there is life after death in the family (1); no knowledge on how to apply for grants (1); and difficulties in working with patients, as this requires patience and love (1). Other problems

faced also faced by a few respondents concerned shortage of working tools, as indicated by one respondent: no photocopy machines, telephones or means to reach the orphans (1).

To solve the aforementioned problems, 4 respondents said they did not do anything about it, while one respondent each took the following actions: talk to the school principal, provide the social worker with transport, ask relatives for assistance, walk to the Ministry of Gender Equality to ask for help, encourage patients to take medicine, pray, ask for help from nurses and doctors, and encourage the child to talk. The reason four of the respondents did not do anything to find solutions to their problems could possibly be attributed to ignorance in terms of which sources or services to use, or whom to ask for assistance.

When asked how information could be made more accessible, respondents made several suggestions. They proposed that information sources should be brought closer to people (they however could not specify how this should be done). Other respondents called for more workshops and seminars should be organized Another suggestion made was that more volunteers should be used to disseminate information. It was also proposed that more community meetings should be held. The Ministry of Gender Equality and Child Welfare, it was proposed, should provide more support to OVC. Increasing the number of social workers and providing better facilities for them was another suggestion made. The need for more information was also raised and it was proposed that more information should be disseminated on radio, TV and in buses. Respondents also called for group discussions on issues of OVCs.

4..2 Orphans and Vulnerable Children
Twenty three children participated in this section of the study.
4.2.1 Demographic Characteristics

The demographic data from one-to one interview of the OVC respondents shows that 11 (48%) were between the ages of 13 -17 years, 10 (44%) were between 8-12, and 2 were 18 years old. The data shows that most of the OVC were between 13 – 17 years of age. Most of the OVCs in the survey were girls (17), while boys were a minority (6). The educational backgrounds ranged from school dropouts to grade 12. The data shows that 8 respondents were between grades 4 -7, and 8 others were between grades 1 and 3; 5 were between grades 8-12, while 2 respondents were dropouts. It was good to note that only 2 of the children interviewed were school dropouts without primary education. The biographical data refers to respondents who participated in the one-to-one interviews only.

4.2.2 Information Needs and Seeking Behavior

The study sought to determine the information seeking behavior of the respondents. Data from respondents is presented in table 3 below. In most cases, relatives (70%) , an teachers (13%) were the main sources consulted during the individual interviews. During focus group discussions that involved 16 participants, however, relatives were mentioned by fewer respondents (38%) while friends came second (19%) and teachers were not mentioned at all. In both the individual interviews and focus discussions, respondents with no one to consult were 13% and 25% respectively.

Table 3: Individuals consulted when experiencing problems

Individuals	Individual Interview (n=23)	%	Focus Group Discussion (n=16)	%
Relatives	16	70	6	38
Teachers	3	13	1	6
Volunteer social workers	1	4	0	0
Friends	0	0	3	19
Pastor	0	0	2	12
Have no one to consult	0	0	4	25
Did not mention anyone	3	13	0	0

In order to determine their level of knowledge about the availability of organizations that provide services to OVC, during the one-to-one interview respondents were asked if they know any organization/institution that could assist them. Among those interviewed, 15 (65%) of the respondents did not know of any, while 8 (35%) knew of some organizations. However, when they were asked to name the organizations, 13 (57%) could not name any, and the rest 10 (44%) mostly knew of at least one organization. The organizations mentioned, and the number of respondents mentioning them in brackets were: The Ministry of Gender Equality and Social Welfare (2), Evangelical Lutheran Church (2), Table Rock Church [USA] (1), Okahanja Home-based Caregivers (1), Okahanja Samaritan Network (1), The Dutch Reformed Church (2), The Church for Alliance (CAFO) (1), Magdalene Kahere (1), and Christ for Hope (1).

In the focus group discussion, respondents identified mostly churches - four knew the Roman Catholic Church, 2 mentioned the Pentecostal Church, and 2 the Dutch Reformed Church. Two respondents mentioned the Ministry of Gender Equality and Social Welfare. Six did not know of any organizations which provide services to OVCs.

Knowledge of the service providers was gained through several sources. In the one-to-one interviews, most respondents , 11 48%), cited friends/relatives as their primary source. Other sources mentioned were social workers(5, 22%), My Future My Choice (a life skills programme at schools), 4 (17%); teachers ,4 (17%),

and the radio, 3 (13%). The following three sources were indicated by 2 (9%) respondents each: television, pamphlets and home-based care volunteers' Window of Hope. The source perceived to be least useful was the library 1 (4%). The same question elicited the following responses from the focus group discussion : the majority 9(56%) were informed by friends and relatives, while 1 was made aware by teachers. Six (38%) did not respond.

In order to determine their information needs, both groups were asked to identify their specific needs. The one-to-one interviewed respondents' responses showed that 21 (91%) needed information on how to get school fees and financial assistance, 19 (82%) needed information on child care, and 18 (78%) each needed information on psychological support, health services and farming skills. Seventeen (74%) indicated that they were in need of information on feeding schemes and will writing, while 16 (69%) wanted information on how to obtain identity documents. Information on grants was needed by 12 (52%), how to make a memory box was indicated by 8 (30%) as a need, and information on inheritance law was needed by 6 (17%) of the respondents. Two (9%) indicated that they needed information on obtaining land for farming purposes.

In the focus group discussion, 4 of 16 needed information on financial assistance and grants, 2 needed information on school fees or fee exemptions, 2 wanted information on child care support, 2 needed information on feeding schemes, and 1 each stated the need for information on health services, counseling, farming skills and memory boxes. Two did not express any need for information.

Respondents were asked to indicate the information they found most useful. Nineteen (82%) of the one-to-one interviewed respondents indicated that information on financial assistance and grants was the most useful. Next was health services and nutritional information with 11 (48%) responses, followed by information on school fee exemptions and identity documents/birth certificates (each with 9 (35% responses), child care support 8 (30%), will writing 7 (26%), and training opportunities 6 (22%). The following three categories had 5 (17%) responses each, farming skills, psychosocial support, and counselling and the last one with 1(4%) was information on how to establish a small business. The focus group discussion cited the most useful information to be also information on financial assistance and grants, psychosocial support and counseling (6; 38% responses each), followed by farming and fishing skills (5; 31%), identity documents (3; 19%), inheritance information (2), and establishing small businesses 2 . Health and nutrition received the lowest response, with only one (6%) respondent indicating that it was useful. The channels used to find information are indicated in Table 4 below.

The study also sought to determine the different channels used to obtain required information. Respondents data is presented in table 4 below.

Table 4: Information channels used

Channel	One to one Interview (N=23)	%	Focus Group Discussion (N=16)	%
Television	23	100	3	19
Radio	23	100	3	19
Books	22	96	1	7
Newspapers	21	91	3	19
Church leaders	18	78	1	7
Library	10	43	1	7
School	4	17	0	0
Traditional leaders	4	17	0	0
Computers/e-mail	2	9	1	7
Workshops	0	0	1	7
Magazines	0	0	1	7
Window of Hope	0	0	1	7
My future my choice	0	0	1	7

Among the interviewed respondents, television(100%) , radio (100%) and books (96%), newspapers (91%) and church leaders (78%) were identified as the main channels for accessing information. Other channels identified by slightly fewer respondents were: library (43%), and School and traditional leaders (each by 17%). It was strange that even the OVCs who live at the swimming pool identified television and radio as important channels of information. The Focus Group Discussions data indicate that respondents identified fewer channels than the interviewed groups: newspapers, television, and radio were all identified by 3 each. The data presented here indicate that radio, television, and newspapers are the main channels through which OVCs get information.

The study also sought to determine the importance of the different sources of information. Among the interviewed respondents, the radio, teachers and television were ranked as the most important sources of information 12 (52%), closely followed by church leaders 10 (43%). Newspapers, traditional leaders, friends and relatives attracted 9 (39%) responses each. Guest speakers and workshops/seminars were rated at 8 (35%) each. At the lower end of the scale were the following: sign posts 6(26%), regional councilors 5(22%), libraries/resource centres 5 (22%), and politicians and NGOs 4 (17% each). Posters, the Internet, and memory boxes were only rated at 3 (13%) each by the respondents. While 2 (9%) Respondents regarded video shows, books, and the trade fair as the least important.

In the focus group discussion, television, radio, church leaders and traditional leaders were rated as moderately useful sources of information by 3 each. This was

followed by 1   who indicated the library/resource centre . In contrast, friends and relatives were not considered very useful by 4 of respondents.

These results are similar to the findings of a study done by Metcalf, Harford and Myers (2007: 6), who found that 89% of their respondents cited radio as their most important source of information about HIV/AIDS.

During the one-to-one interviews, the orphans and vulnerable children were asked whether the information they obtained from different sources was helpful. Most of the respondents (87%) stated that it was useful, while the rest (13%) indicated that the information was not useful.

As a follow up question in the one-to-one interview, respondents were asked to state how the information had helped them. The question aimed to find out the impact of the information on the children. The respondents answers are paraphrased below: obtained financial grants (35%); not applicable (22%); learnt to face my fears/learnt to live with foster parents (22%); helped to obtain school fees (13%); acquired skills on dealing/living with HIV/AIDS (9%); and learnt about my future (9%). The lowest categories, each with 4%, were as follows: got some money, got information on where to get clothes, and got information on my rights.

During the one-to-one interviews, respondents were asked whether they faced any problems when accessing the information they needed. Most 11(48%) stated that they did not face any problems, while 8 (35%) said they sometimes experienced problems and 4 (17%) experienced problems most of the time.

Findings from the focus group discussion contradicted this, as the majority 14 (88%) said they faced difficulties when accessing the information they needed, while only 2 (13%) indicated that they sometimes faced difficulties.

In the individual interviews, respondents were asked how they solved problems related to information access. Most respondents (83%) said that they didn't do anything, 2 (9%) said they seek help from their grandmothers, and 1 (4%) each said that he/she seeks help from a teacher, a pastor or through prayer.

The last question sought to get the individual respondents' opinion on how they think the flow of information could be improved so that they might improve their lives. A number of suggestions were made by the respondents, generally only a few of the respondents had any concrete ideas on how the flow of information could be improved. Below we present the answers given by respondents, paraphrased, and their number and percentage in brackets: More information should be put on TV and Radio so parents/caregivers can know where to get help 4 (17%); Help should be provided on where to get school bags, shoes and uniform 3 (13%); Train caregivers to love orphaned and vulnerable children and take good care of them, as

they would their own children (2; 8%); Government should translate information into local languages (1; 4%). More children's homes need to be built 1 (4%); More information is needed on how to get social grants 1(4%); It should be ensured that information on orphaned and vulnerable children reaches the community (1; 4%); Government must improve the way in which it provides information (1; 4%); There should be a kids club where children meet in order to get information and solve problems (1; 4%); Build houses and give food and clothes to children who don't have anyone to support them (1; 4%); Government should help those in the San community to get an education (1; 4%);

Information should be given by word of mouth (orally) [1; 4%]; There is a need for Internet access to get information (1; 4%); and Give donations to children's homes (1; 4%).

The same question was asked during the focus group discussion and the responses indicated that the participants wanted an increased role for schools, churches, and social workers. The following quotes from three different respondents capture these views: "Schools must provide me with information so I can have a better future. I would also like to live with my biological mother so that she can provide me with more information"

"I need people to assist with educational materials like books, shoes, and uniforms and the social workers should assist us with information for further studies after we complete grade 12"

"The churches should provide more support and information to OVCs. Different groups should be started in different localities whereby we can get information"

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

4.3. Service Providers

Twelve questionnaires were sent to different service providers, but only 8 responded. Of the responding organizations, one was Ministry of Gender Equality and Child Welfare, four were faith based organizations: Okahandja Samaritan Network, Ark Okahandja, Dutch Orphans Charity, Betesda Life Fighter,; two were

non-government organizations (NGO): The Namibian Men Planned Parenthood Network, Namibian Farmers Aids Awareness Initiative; and one was a community based organization (CBO): OVC Care Forum. The organizations were asked about their main activities. The responses varied across the organizations. The government ministry assisted foster parents with court cases and filling in application forms, counseling, screening juveniles before court hearings, and placing children who needed care in institutions. Okahandja Samaritan Network organized kids clubs for the children, prepared soup kitchens, assisted children with school enrollment, and helped caregivers and children with income generating activities.

Ark Okahandja taught Christianity and provided support to people living with HIV/AIDS by handing out ARVs. Dutch Orphans Charity provided food, clothes, counseling, psychosocial support, and information regarding reproductive health, and assisted the children with their homework. Betesda Life Fighter provided home-based care and counseling, and helped to register orphaned and vulnerable children with the MGECW. The Namibian Men Planned Parenthood Network, provided sexual and reproductive health education to young people, home-based care, education regarding gender violence, soup kitchens, life skills development, and counseling. Namibian Farmers Aids Awareness Initiative provided HIV/AIDS testing, counseling, psychosocial support and information on family planning and sexual reproductive health. Lastly, OVC Care Forum assisted with school enrolment, fees, and a meal program.

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

Information Provision

All the services target children and caregivers. This shows the magnitude of the problem in Namibia. The government alone can't contain the problem, thus NGOs and faith based organizations play a crucial role. Half (or 4) of the organizations are faith based organizations, with the exception of 1 which is a government department , and another 1 community based organization 1 and two are NGOs. Meinjes et al (2007:1) point out that as the number of orphaned and vulnerable children increases in Africa, so will the number of NGOs that mushroom in order to provide care for them.

The organizations were asked how they made the targeted group aware of their services. Most (6 or 75%) organizations used community meetings, leaflets, posters, and the radio. A few (2) organizations use Parent-Teachers Association (PTA) meetings; churches; informing caregivers (directly); outreach programs in

schools; workshops, seminars and conferences; talking to farm owners who pass the information on to other farmers; teaching the children drama; brochures; and collaborating with other organizations.

The respondents were asked about the channels of communication they used to disseminate their information. Most (3) of the organizations use community awareness meetings, followed by radio (2) in local languages. Other channels used are leaflets (1), posters (1), PTA (1), booklets (1), songs and drama (1), sending letters to churches (1), sending faxes to distant farms (1) and driving to the farms (1). It emerged from the survey that almost all the organizations created an awareness of their services orally. Occasionally, booklets and leaflets were used.

The service providers were asked whether they believe the channels to be effective. Two organizations stated that their channels were effective because more people were visiting their offices, and more caregivers and children were responding to and attending outreach and training programs. Unfortunately, none of the service providers commented on any ineffective channels.

In order to obtain data on the type of information required by their clients, service providers were asked to give an indication of the questions that are regularly asked. Some clients complained that the government takes a long time to process papers, while others struggled to obtain school fees and asked about the availability of funds, counseling services, advice on sexual and reproductive health, their rights, and the availability of centers to rehabilitate orphaned and vulnerable children. The most popular question was concerned with the availability of grants and school fee exemptions. Some of these findings are similar to those of UNESCO (2005:2), which noted that caregivers needed to provide a number of documents before they can access grants. Obviously, it takes a long time for documents to be processed.

When asked about the format in which they provide information, all 8 organizations stated that they provide information orally, followed by the print media (4) and video screenings (2). The data shows that all the organizations used more than one channel to disseminate information.

The organizations were asked where or to whom they referred their clients in cases where they didn't have the required information. The organizations gave more than one response. The majority (4; 50%) referred clients to the social workers of MGECW, while 2 referred them to school psychologists. Other service providers referred them to the library/ resource centre,1, or other service providers (1), while one organization didn't refer clients anywhere Most, 6, referred clients to professionals to get the assistance they needed. One organization didn't do referrals, and it was explained that the clients are afraid to move around and always need an

escort, and one didn't refer clients because they don't have a lot of information themselves.

Organizations were asked to indicate the problems they faced when disseminating information about their services. Four organizations responded that they didn't have problems, while two organizations responded that they did not have the right equipment , one organization- lacked fuel to travel to the surrounding farms, another one don't have sufficient funds and sometimes people did not come to them

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

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

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

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

5. Conclusions and Recommendations

This study found that the information needs of OVC, caregivers and service providers are focused on addressing the difficult circumstances in which they live. Information for survival was cited as fundamental by both OVC and caregivers.

This included information on financial schemes from government and donor agencies, school fee exemptions, will writing, how to obtain identify documents, child care support, and health services. However, the mentioned items are seldom found in one place, making it a daunting task for people to get all the required information or to determine where to find it.

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

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

Service providers should therefore strive to make the information available - through their information services and resources - in a manner and format suitable to the environment in which the caregivers and OVC live, so that the information reaches them in a timely and effective manner. The preference for different channels when accessing and disseminating information by the OVC and caregivers should be taken into account when attempting to provide them with information. It would also be ideal to empower/provide school teachers and OVC guardians with skills that enable them to deal with OVC's psychological problems, and avail them with basic information on the different services available to the OVC in their geographical areas. Furthermore, the OVC problem is a national problem; thus there is a need to establish a national information strategy that can provide basic information to OVCs and caregivers all over Namibia in order to address their needs. This information could also be available on a website that radio stations and television stations could access and broadcast to the various stakeholders.

6. Acknowledgment

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