Ministry of Gender Equality and Child Welfare

MDG ACHIEVEMENT FUND

Strengthening Commitment and Leadership of Government to Expand HIV and AIDS Response, Gender Issues and Women's Empowerment

PROCESS REPORT OF THE PARLIAMENTARY STANDING COMMITTEE ON HUMAN RESOURCES, SOCIAL AND COMMUNITY DEVELOPMENT ON THE FIELD VISIT TO THE OHANGWENA AND KUNENE REGIONS

26 JULY – 2 AUGUST 2009

COMPILED BY MICHAEL CONTEH

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List of Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
CAA	Catholic AIDS Action
CAFO	Church Alliance for Orphans
CCLO	Chief Community Liaison Officer
CEO	Chief Executive Officer
CDC	Communicable Disease Centre
CDC	Constituency Development Committee
DAC	District AIDS Community
DRFN	Desert Research Foundation in Namibia
ECD	Early Childhood Development
ECN	Electoral Commission of Namibia
ELCAP	Evangelical Lutheran Church AIDS Programme
GBV	Gender Based Violence
HBC	Home Based Care
HAART	Highly Active Anti-Retroviral Treatment
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activities
LADC	Local Authority Development Committe
MDG	Millennium Development Goals
MOE	Ministry of Education
MGECW	Ministry of Gender Equality and Child Welfare
MOHA	Ministry of Home Affairs
MOHSS	Ministry of Health and Social Services
MOLSW	Ministry of Labour and Social Welfare
MOME	Ministry of Mines and Energy
MOSS	Ministry of Safety and Security
MPYRC	Multi-purpose Youth Resource Centre
MTI	Ministry of Trade and Industry
MWTC	Ministry of Works, Transport and Communication
MP	Members of Parliament
MTPIII	Medium Term Plan III
NDP 3	National Development Plan 3
NDT	Namibia Development Trust
NGO	Non-Governmental Organisation
NIED	National Institute for Education Development
NRCS	Namibia Red Cross Society
OPM	Office of the Prime Minister
OVC	Orphans and Vulnerable Children
PIN	People in Need
PMO	Principal Medical Officer
PMTCT	Prevention of Mother to Child Transmission
RACOC	Regional AIDS Coordinating Committee
SME	Small and Medium Enterprises
STI	Sexually Transmitted Infection
TA	Traditional Authority
TAC	Technical AIDS Committee
TCE	Total Control of the Epidemic
TB	Tuberculosis
UNAM	University of Namibia
UNDP	United Nations Development Programme

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAIDS	United States Agency for International Development
VTC	Voluntary Testing and Counseling

Executive Summary

This report contains a summary of the findings and recommendations of the Parliamentary Standing Committee on Human Resources, Social and Community Development, based on fact-finding visits to two regions. The Chairperson of the Committee, Hon. Elia George Kaiyamo, led a team that visited Ohangwena Region on 26th July – 2nd August, 2009, whilst the Vice-Chairperson, Hon. Hansina Christian led a team that simultaneously visited the Kunene Region over the same period. Both regions face particular challenges linked to the inaccessibility of many of the communities resident in the Ohangwena and Kunene Regions.

The visits took place as part of a project implemented by the Ministry of Gender Equality and Child Welfare with the support of three UN agencies (UNDP, UNICEF and UNFPA). The project is entitled "Strengthening Commitment and Leadership of Government to Expand HIV and AIDS Response, Gender Issues and Women's Empowerment". The primary aim of the project is to examine the progress made in the regions to cope with a number of key issues, namely: Gender-based violence, Orphans and Vulnerable Children (OVCs), HIV and AIDS, reproductive health and income-generating activities.

The main aims of the regional visits are to monitor the effectiveness with which Government policies on these issues are being implemented, to receive direct input from the relevant stakeholders and partners in the regions about the progress/ achievements and challenges and difficulties they face and to engage with NGOs working in the sector.

The major problem that was shared by the two regions was the lack of sufficient space and equipment at health clinics and hospitals and a shortage of essential equipment. The hope was expressed that the Health Sector Review would identify the needs of each facility in each region and enable effective planning and budgeting to address the existing gaps in service provision (which are highlighted in detail throughout the report). The delegates from the Committee also noted that the lack of space at health facilities also resulted in a lack of confidentiality concerning the provision of ART and that this was having a negative impact on take-up rates, given the ongoing challenge of the discrimination.

The most important shortage in terms of equipment related to the provision of adequate transport to enable Government policies to be successfully implemented at the regional level, but it was also noted that an effort should be made to obtain vehicles (for example, ambulances) that are sufficiently tough and durable to cope with the road conditions in the regions that they have to cover. One area of particular concern was the uneven distribution of the rapid testing kits for HIV, but it was noted that any regional survey of the number of kits available and the systems in place for their distribution should also record the number of staff available on site who had been trained to use the kits (as in some cases the lack of trained staff meant that these kits could not be used). Access to ARV was closely linked to the availability of transport to allow regular visits to a health clinic or hospital and it was noted that farm workers faced particular challenges and that action should be taken to ensure that farm workers are able to receive ARV. Concern was also expressed that efforts should be made to ensure that midwives operating in rural areas receive sufficient training to ensure that they protect themselves against HIV/AIDS when they are working.

A particular link was noted between the phenomena of staff shortages and high staff turnover in the key posts required to effectively implement Government policy, particularly social workers, police, nurses and doctors. One major explanation that was given for staffing problems was the inadequacy of the accommodation provided for key workers at some sites. However, it was also noted that the isolation and lack of amenities played a role. One suggestion that was made was that a system of bonuses might be considered to help retain staff in areas where staff shortages were particularly extreme.

On the issue of gender-based violence, it was noted with concern that there were no `houses of safety' for victims. However of greater concern was the lack of awareness amongst community leaders and officials regarding the issue of `statutory rape' involving children under the age of sixteen who were sexually active, it has become apparent from the high levels of teenage pregnancies. A number of private initiatives that gave shelter to orphans and vulnerable children (OVC), and which were mainly supported by donations from the public, were visited. It was noted that it was important that support was given to such initiatives by the regional authorities to assist them to meet the required

national standards for such institutions and enable them to be officially registered. One particular problem that was common was the difficulty of obtaining the necessary death certificates for children when one parent had been a migrant worker and had died in a distant region. Such difficulties resulted in delays in the disbursement of grants to OVCs and this problem might only be rectified when the Ministry of Home Affairs is able to establish more local offices and a national, computerized database that can be accessed from each of those offices.

The Reproductive Health Policy that advocates the distribution of contraceptives to those who are sexually active needed to be reconciled with the Combating of Rape Act which gives clear guidance that case of sex with a minor should be prosecuted as statutory rape. Clear guidelines and information should be circulated to the regions and awareness-raising materials made available in local languages.

One issue of particular concern that was highlighted in the Kunene Region was the very high drop-out rate amongst girls from the Ovahimba and Ovazemba communities. The issue was, allegedly, linked to the fact that the girls found it difficult to integrate into classrooms where their colleagues were wearing school uniforms. The issue raised a broader concern for the Committee about the challenge of `promoting positive cultural practices for gender empowerment'.

1. INTRODUCTION

The overall mandate of the Committee on Human Resources, Social and Community Development is to consider any matter it deems relevant with regard to the Offices, Ministries, Agencies and all State owned Enterprises and Parastatals responsible for the following category of affairs which shall, inter alia, include:

- Education & Training Sport and Culture
- Employment Creation
- Health and Social Services
- Housing
- Women's Affairs and Child Welfare

In this respect, the Committee has the duty to investigate, examine, monitor, consider, advise, make recommendations and report to the National Assembly on important issues such as:

Addressing gender issues across party lines and promoting gender equality to improve the status of women in Namibia;

Ensuring that there is gender balance in all legislation being considered;

- Scrutinizing and reviewing the implications of Bills and Acts that discriminate and negatively impact on the lives of women and children;
- Liaising with NGOs/CBOs, agencies, and institutions to be informed about and monitor programmes that are aimed at uplifting the social and economic conditions of communities;
- Facilitating the implementation of recommendations reached at the international level on HIV and AIDS prevention and care programmes such as gender equality, children's rights and family values;
- Enquiring into and monitoring international protocols, conventions and agreements that may affect the country's human resources, social and community development and when necessary making recommendations to the Assembly.

Although significant progress has been made in Namibia towards achieving the Millennium Development Goal (MDG), and Vision 2030, these efforts are being undermined by what is known as the "Triple Threat" – which comes from the HIV and AIDS pandemic, intensifying food insecurity and the lack of human capacity.

In an effort to address the above-mentioned challenges, UN Agencies: United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA) entered into a cooperation with the Ministry of Gender Equality and Child Welfare (MGECW) to implement a project called "Strengthening Commitment and Leadership of Government to Expand HIV and AIDS Response, Gender Issues and Awareness and Protection of Women's Right". The project targets the Members of Parliament (MP) from the Parliamentary Standing Committee on Human Resources, Social and Community Development as implementing partners.

The overall goal of the project is to address gender inequality that contributes to the spread of HIV and AIDS. The specific objectives of the project are;

- To promote interaction between parliamentarians and communities on various issues pertaining to gender;
- To increase parliamentarians' awareness on gender related issues at national, regional and community levels leading to more debates on gender issues and;
- To advocate for increased allocation of resources for gender related activities.

In an effort to realise the stated objectives and in fulfillment of the mandate of the Parliamentary Standing Committee on Human Resources, Social and Community Development, members of the Committee undertook a visit to the Ohangwena and Kunene regions simultaneously from, 26 July – 2 August 2009. The Ohangwena region team comprised of Hon. George Kaiyamo (Chairperson of the Standing Committee and leader of the delegation), Hon. Eunice Iipinge, Hon. Phillemon Moongo, Hon. Peya Mushelenga, Hon. Dr. Chief Ankama and Hon. Kaveri Kavari. The MPs visited

the following constituencies in Ohangwena region: Eehana, Okongo, Oshikango, Engela, Endola, Ongenga, Ondobe, Ohangwena and Omulonga.

The team that visited the Kunene Region comprised of Hon. Hansina Christiaans (Deputy Chairperson of the Standing Committee and leader of the delegation), Hon. Dr. Moses Amweelo, Hon. Clara Bohitile, Hon. Juliette Kavetuna , Hon. Ida Hoffman, Hon. Reggie Diergaardt, Hon. Michael Bantu Goreseb, Hon Evelyn !Nawases- Taeyele, Hon. Asser Mbai and Hon. Elma Dienda. The group of MP's visited the following constituencies in the Kunene region: Opuwo, Okanguati, Sesfontein, Kamanjab, Khorixas, and Outjo. The MPs that visited both regions were also accompanied by technical staff from the United Nations Agencies namely the United Nations Children's Fund (UNICEF), United Nation Development Programme (UNDP), United Nations Population Fund (UNFPA), and service personnel of line ministries namely the Ministry of Gender Equality and Child Welfare (MGECW), Ministry of Safety and Security, Women and Child Protection Unit (WCPU) Head Office staff and Parliamentary service personnel.

The aim of the visit was to introduce Parliament to the achievements and challenges service providers and communities are faced with regarding issues relating to OVC, HIV and AIDS, Gender-based Violence, Reproductive Health and Income-generating Activities. The ultimate goal is to have the parliamentary committee responsible for social and community development, conversant on these issues and to become advocates for women and children's rights in parliament.

1.1 List of Participants and People met during the Field Visits

A detailed list of the MPs who went on the trip, the accompanying delegation, and all the regional representatives from government, civic organizations, projects and NGOs who they met is attached at the end of the document.

1.2 Briefing Session with the MPs before the Field Trip

A briefing session was held on the 23 August 2009 at Protea Hotel for Members of Parliament on the Standing Committee on Human Resources, Social and Community Development, parliamentary staff, MGECW, UNICEF, UNDP, UNFPA, and the consultant, responsible for compiling the report of the field visit. The session was chaired by Mr. Victor Shipoh, Director of Gender Equality and International Affairs at the MGECW.

Ms. Lavina Shikongo, Assistant Resident Representative for UNDP briefed the house on the purpose of the trip and the expected outcomes. In her briefing, she noted that the field visit will create a platform for Members of Parliament to interact with regional representatives from government, communities, civic organizations vulnerable households, orphans and other vulnerable children on challenges facing them in the regions on issues pertaining to gender, gender-based violence, poverty, reproductive health and HIV and AIDS. At the end of the field visit, a comprehensive report of the findings would be compiled for submission to Parliament for consideration and direction for action to be taken. An exhibition of all the reports and project activities will be hosted for all the stakeholders, in order to take stock on the impact of the project and to ascertain whether the objectives are being achieved.

Mr. Michael Conteh, the lead consultant presented the previous years' findings and recommendations of the MPs visit. The main objectives of the presentation were to:

- Reflect on the findings and recommendations of previous visits and highlight key issues for follow up and action
- To make suggestions with regard issues to be addressed in this visits and the Role of MPs in becoming advocates

Mr. Conteh also shares some possible questions that the MPs could use to engage the communities during the visit.

The organising committee for the field trip compiled a fact sheet and a resource guide on the issues to be addressed to serve as a reference guide during and after the visits for the Parliamentarians. Logistics with regard the trip were discussed and the meeting was adjourned.

OHANGWENA REGIONAL OUTREACH PROGRAMME 27 JULY 2009 – 2 AUGUST 2009

2. THE PROCESS AND OUTCOMES

The group of MPs and the accompanying delegation left Windhoek on Sunday, 26 July 2009 for Kunene and Ohangwena regions respectively. The Kunene team arrived in Opuwo, the regional capital which was the base of operations for the initial part of the week, while the Ohanwena team arrived in Ondangwa, where they were accommodated for the duration of the visit.

2.3 Courtesy Call on the Governor's Office, Eenhana Regional Office

The MPs and their delegation were welcomed at the Eehana Regional Council by the Governor of Ohangwena Region, Hon. Usko Nghaamwa. In his welcoming remarks, the Governor expressed his appreciation for the MPs' visit and encouraged the MPs to feel at home in his region. He then introduced members of his team consisting of his Personal Assistant, the Regional Health Director and Regional Education Directors and the Regional Commander of NAMPOL.

On his part, Hon. Peya Mushelenga, who was standing in for Hon. Kaiyamo, the Chairperson and leader of the delegation explained the purpose of their visit and emphasized that this was just a courtesy call on the Governor to brief him on their visit in the region. He noted that the MPs would have the opportunity to interact with the different stakeholders in the region and would be in a position to assess issues on the ground. Hon. Mushelenga requested everyone to introduce themselves and the institutions they represented so that everyone was familiar with who was represented in the meeting. The MPs were accompanied by their parliamentary support staff, UN agencies: UNDP, UNICEF, UNFPA, two staff members from the MGECW and two consultants for drafting the report.

Ms. Pohamba, the Regional Health Director, requested to brief the meeting on issues pertaining to health in the region. In her briefing she noted that the HIV/AIDS pandemic facing the country is also a challenge in Ohangwena. However, the 2008 sentinel survey shows a decline in the prevalence rate in Eenhana from 21.4% to 11.6% and in Engela from 27% to 21.1% and in Okongo from 20.0% to 10.9%, according to the National AIDS testing results in December 2008. She informed the MPs that there are several regional activities on HIV/AIDS resulting from initiatives from the government, private organisations and individuals. Counseling and rapid testing is conducted in the region in 16 sites which include 2 new start centres at Oshikango and Eenhana. The rest of the region's health facilities are still doing the Elisa test. She presented the following statistics on the regional testing:

- Regional testing data 2008
- Pre-test 16 261

- » Post –test 12 450
- » Tested positive 2 370

She also reported that the community responded positively on national testing days in 2008, where 2 420 people were tested and 194 tested positive. A male testing day was also conducted at Oshikango and 14 of the 106 clients who attended this tested positive. There is a significant improvement on condom distribution; this is done with the help of the condom logistics officer in the region. She reported that 16 324 male condoms boxes were distributed while 5 637 femidoms were also distributed. All constituencies' have access to condoms.

On the implementation of ARV and HAART, the MPs were informed that all 3 districts were implementing ART activities including Ongha and Odibo health centres. The number of people infected with the disease is very high with the figure registered on the increase. At the moment, 17 ART outreach services points are established, taking ART treatment to the community. This is shortening the long distances that patients previously had to travel. However it is not possible to roll it out to all health facilities due to staff shortages.

FIGURE 1: ARV treatment activities Jan 2008 to March 2009-

2008 HIV CARE	2008 ON ART	ON HIV	ON ART	DEFAULTERS	DIED
3 807	1 955	14 271	7 514	741	99

She further informed the MPs that HIV/AIDS and TB co-infection has become a burden. The TB cases are on the increase with 1 228 cases reported in 2008. Most HIV/AIDS patients are affected by TB. Management improved with a treatment success rate from 76% in 2006 to 85% of 2007. The region has also a challenge on TB multi-drug-resistant (MDR). A total of 41 MDR clients are on treatment.

The prevention of mother to child transmission (PMTCT) program also is well in place in the region. All health facilities have rolled out the program with laudable progress

FIGURE 2: PMTCT data for 2008

MOTHERS TESTED FOR HIV	7 491
Mothers who tested positive	774
Babies receive Nevirapine	957
DNA/PCR tested	1 073
Baby tested negative	664
Baby tested positive	61

Although the HIV response in the region is tackled by different stakeholders (NGOs e.g. Namibia Red Cross Society and Lifeline Childline and individuals) complementing RACOC, challenges still persist in the region. She highlighted some of

the challenges as follows:

- CDC clinics construction is in process and near to completion, but the ART activities are still conducted in an unconducive environment which is hindering confidentiality.
- Male involvement on HIV/AIDS issues is very poor, most of the community participates involved in the HIV response are female
- Cross border issues have an impact on the number of client defaulters, as it is difficult to trace them in Angola
- Sex workers in Oshikango are also a matter of concern, and most infectious diseases are identified in Oshikango
- TB co-infection with HIV is also a concern and the multi-drug-resistant form of TB is on the increase. A DOT point in Oshikango is needed for better management of TB patients.
- The Defaulter rate is very high for patients on ART and this will cause high resistance rates on the ART program.
- There is a notable staff shortage especially at ART clinics and the sustainability of the Global Fund staff at hand is a matter of concern
- There is a lack of femidoms in the region and this will hinder women's empowerment concerning decision-making on sexual activities.
- There is a need to roll out HIV rapid tests to all health facilities so that it will minimise the use of the HIV Elisa test. The shortage of space in health facilities is also a matter of concern.
- The shortage of food for ART client hinders the taking of medicine regularly because it is difficult to take medicine on an empty stomach.
- The lack of electricity at some clinics is also a concern (i.e. Olukula, Omboloka). Some of the activities are not possible without electricity
- Poor roads to most of the clinics hinder proper communication and the distribution of national supplies especially during the rainy season
- Information, education and communication (IEC) materials are very few, and those in local language are not available.
- She concluded her briefing with an appeal to the MPs to support their Ministry's submission so that an adequate budget would be made available to address their challenges. The Governor once again thanked the MPs for their visit and escorted the MPs to their next item on the programme: Meeting with the health officials and social workers at Eenhana Hospital.

MEETING WITH HEALTH OFFICIALS AND SOCIAL WORKERS, EENHANA HOSPITAL 27/07/2009

The PMO of Eenhana Hospital, Dr. O.A. Ogundiran gave a very warm welcome to the MPs and their accompanying delegation to the "ever green Eenhana district". He expressed his gratitude for the MPs' visit and noted that Eenhana district is situated in the middle of Ohangwena region: with Engela district to the west, while Okongo district is to the east.

In his presentation to the MPs, Dr. Ogundiran explained that the updated 2001 national census puts the district's population at over 57 000 whereas the sum total of the, more recent, count by different community heads is over 71 000.

The MPs were informed that the district has one district hospital (Eenhana) and nine (9) clinics. The tenth clinic will soon be inaugurated at Oshaango Community Area. Dr Ogundiran was convinced that there is no doubt that the National Government of the Republic of Namibia is highly committed to the HIV/Aids programmes in the country. He stated that the visit of the Hon. Members of the National Assembly was a clear testimony to support his claim. In the same vein, he noted that in the same way as the National Government were committed to the fight against HIV/AIDS and its related social problems, so were they at the district level. With a few already over-stretched health workers, the district started rolling out its ART programme in December 2004 and PMTCT joined in 2005.

"There is no doubt the National Government of the Republic of Namibia is highly committed to HIV/AIDS programmes in the country. This visit of the Hon. Members of the National Assembly is a testimony as we are witnessing today" - Dr. O.A. Ogundiran

CDC- COMMUNICABLE DISEASE CLINIC

By the end of June, Eenhana District Hospital had enrolled 4 816 patients on the CDC programme. Out of this figure 2 651 were on treatment including 381 children. In order to bring the services closer to people, 3 outreach points were opened at Omundaungilo, Oshikunde and Epembe clinic areas. There are plans to increase the number of outreach points to the other clinics as soon as the resources at their disposal permit this.

PMTCT PROGRAMME

All the health facilities in the district are involved in the PMTCT Programme. 5 clinics are doing rapid tests. Since its inception in 2005 up to March 2009, a total of 2 188 pregnant women have enrolled on the programme. Out of this number 188 pregnant women were positive.

OUT-PATIENT DEPARTMENT (OPD)

OPD has one consulting room, two examination rooms, one procedure room and an emergency pharmacy. It renders various services to patients with chronic diseases, following referral from four clinics, Okongo, Olukula and Omboloka clinics. It also serves as a casualty ward.

OPD STAFF

The staff members at the OPD consist of three doctors including the PMO and a volunteer Cuban doctor, two registered nurses and two enrolled nurses/midwives (one a retired nurse), two partners and three cleaners.

ACHIEVEMENTS

- The cases are identified, diagnosed and managed according to national policies, guidelines, protocols and treatment manuals
- All statistics and reports are handled correctly and forwarded to relevant officials on time.
- Challenges and problems in OPD
- Shortage of personnel
- Lack of working space e.g. consulting rooms, examination rooms
- An increasing number of cases like
- Gastro-enteritis, skin infection, pneumonia, HIV/AIDS and Tuberculosis
- Cardiac disorders among young people below 25 years old
- Non-payment of hospital fees by some clients despite the dissemination of information
- Medical equipment
- Inadequate medical equipment like:
- No ECG machine
- The X-ray machine is not working
- No ambulance to transport casualties, a pick-up vehicle is used instead
- A fully equipped ambulance is urgently needed
- Recommendations
- The provision of nurses and doctors needs attention
- The provision of full equipped ambulance should be a priority
- Expand hospital building e.g. a proper casualty ward separated from the OPD department

» Purchase all essential equipment for proper and immediate service provision

GENERAL PROBLEM CONSTRAINTS

Some of the key challenges facing the running of the hospital were highlighted as follows:

The PMO noted that as a district they are proud of their achievements so far. However, in any human society there are usually problems associated with any endeavour, and Eenhana district is not immune to some of these problems. The following challenges were highlighted as follows:

» Human resource
» Shortage of doctors and nurses at the ART clinic

INFRASTRUCTURE

The CDC clinic will soon be ready for use. However -

Accommodation is a key factor to attract professionals to rural areas. There is an acute shortage of accommodation at Eenhana Hospital as well as at some of the clinics.

Transport

Although a car was donated for the HIV/AIDS programme this car serves as a multi-purpose vehicle for the district. Another vehicle for administrative work is urgently needed in order to make the programme work more effectively.

ROAD NETWORK

Some clinics are not easily accessible - like Epinga clinic and Onangolo clinic. A feasibility study has been done on a proposal to upgrade the road to the Onangolo clinic. The medical staff would like the government to make these roads easily accessible and feel that the tarring of the Eenhana- Oshigambo road should be given priority to ensure that there can be effective referrals from the Eenhana and Okongo districts.

ON PATIENTS

There is a problem with nutrition (adults and infants). Over 90% of the ART/PMTCT patients are unemployed and infected with TB as well. They are peasant farmers.

The impact of the Red Cross Food Programme cannot be over emphasized.

District focus

To extend ART/PMTCT programmes to all the health facilities in the district. But this cannot be done without first solving some of the aforementioned problems.

The integration of the CDC staff members as part of the district staff establishment should take place to ensure the sustainability of the programmes staff wise.

Questions and Discussion

After the presentation, the MPs engaged in a discussion on some of the issues raised and wanted a clear picture on operational issues at the hospital on a daily basis. Some of the issues raised and the responses given are highlighted below:

How many patients are handled per day at the hospital. A lot of patients are received on a daily basis and it is difficult to give a precise figure at the moment.

Is there a shortage of nurses/doctors? How many do you have at the moment?

One doctor resigned and the hospital is left with one, which has left a huge responsibility on the staff.

The hospital receives enough medication

The district hospital has 42 600 that are HIV positive and some are on treatment

Is there a lack of femidoms? What are perceptions like about them? Do women use femidoms for their purpose, how free are women to use them?

Women want to use femidoms, however supplies of femidoms are low at the hospital. However the demand for the femidom is there

Overall staffing at the Engela hospital

4 medical officer

1 CDC officer

I Cuban doctor

What is the HIV prevalence rate for the San communities? How many are infected?

Infection rates within the San community is not documented, however the staff goes to the community to give sex education

HIV in the region is a challenge and each region has different people, with different cultural beliefs and practices

What are the factors that contribute to the spread and impact of HIV/Aids in the region? Outreach programmes identify the major factors as important

Alcohol abuse

Border crossing

Multiple concurrent partners

Lack of behavior change

Misleading religious promoting wrong messages/misleading people

Is there coordination between different organizations on HIV activities? Has there ever been mentioned a shortage of food?

Misleading religious promoting wrong messages/misleading people

NGOs such as the Red Cross in the region work together whenever there are activities

Red Cross provides food for those on ARV and TB medication

Patients collecting medication. How do you assist those that travel distances?

Through the outreach programme, however the district is planning to extend this to other areas when there is enough human resource

All clinics have TB treatment facilities

Most patients collect their medication, they have not experienced many with transport problems

The governor emphasized that due to the distances between hospitals there is a lack of emergency equipment in case of an accident which leads to a high death rate whenever accidents occur. It was suggested that the equipment needed for emergencies should be provided to all the hospitals in the region.

However the Director of Health for the region said that the equipments is available, but there is a lack of capacity-building, and training so that staff can use the equipment,

A lack of human resources and accommodation limits the effectiveness of the programme.

The PMO then took the MPs and their delegation on a tour of the hospital in the CDC department area. During the tour, it became evident that the hospital is very busy as there were lots of patient waiting for treatment. The CDC is also the place where ARV medication is collected. The clinic lacks sufficient space and as a result confidentiality is compromised. A new ARV Clinic funded by the Global Fund Project is under construction and is expected to be ready in September 2009. The MPs noted with concern the very unpleasant smell coming out of the childrens' ward.

The tour of the hospital was concluded with a vote of thanks from the PMO. The MPs then proceeded to the Women and Child Protection Units

2.4 Meeting with the Women and Child Protection Unit at Eenhana

Investigator Valombola welcomed the MPs and gave a brief description of the WCPU in Eenhana. After all the protocols of explaining the purpose of the visit and the introductions, Investigator Valombola handed the floor to Constable Sibolile to brief the MPs on the operations of the Unit and some of the challenges they experience.

CONSTABLE SIBOLILE

She informed the MPs that there are five investigators at the unit, investigating all Gender-based Violence cases reported in the region. Cases reported at other police stations in the region where members at the unit are not able to attend to are first attended to by members at such stations who are well trained in Gender-based Violence related matters and on the whole to handle survivors of abuse. These cases are then forwarded to the unit for further investigations. The members at the unit however try their best to see to it that each and every case reported is attended to as soon as possible in order to prevent further abuse and trauma on the victims

STATISTICS ON GBV

- January 2008 to July 2009: 59 cases throughout the region
- January 2009 to July 2009: 98 cases throughout the region

These are cases such as rape, assault and child abuse. These include all cases under the Combating of Rape Acts: 8/2000 and the Combating of Domestic Violence Act: 4/2003. There are about approximately four to six cases of GBV reported weekly. Other important points raised during her briefing were as follows:

- Status of Gender-based Violence in Ohangwena region: It is very high and Ohangwena is one of the most affected regions when it comes to cases of Gender-based Violence. Contributing factors to gender-based violence are alcohol, ignorance of the law and poverty.
- Most of these cases are committed against minors, below 14 years of age, and the vulnerable members of our community, e.g. women, children and the physically and mentally challenged
- Most of the cases reported to the police are rape cases
- Perpetrators are mostly above the age of 20 years
- In most cases the perpetrators are well known to the victims; these are fathers, stepfathers, neighbours, relatives and domestic workers
- Most cases are committed in the Oshikango, Ohangwena and Eenhana
- There are a few cases where men abuse men and in such cases young boys are mostly the victims
- There are cases where women sexually abuse men, but then these are minor boys, not adult men.
- The victims of rape are given PEP treatment after a medical examination by the Doctor regardless of their HIV status. The HIV status of the suspects is not recorded at the unit, but rather at the hospital.

CHALLENGES

- Lack of safety homes and shelters in the region to keep survivors of abuse in case they cannot go back to their homes due to the dangers involved
- Complainants withdrawing cases against perpetrators: this encourages the perpetrators to go out and commit more crimes. Cases where complainants want to withdraw cases are sent to the Prosecutor-General for a decision on the matter.
- Witnesses are not willing to come forward and giving evidence in criminal cases: this affects the entire investigation negatively, and cases might even be withdrawn in court.
- The fact that some cases are not reported on time also contributes to the failure of cases in court; there might not be enough evidence to prosecute the perpetrators even though such a crime did indeed occur.
- Relationship with other stakeholders
- The unit is operating on a multi-sectoral approach
- The unit is working hand in hand with justice officials, social workers, doctors, councillors, traditional and church leaders and non-governmental organisations.
- Members at the unit do outreach programmes and awareness campaigns in the communities and schools, in which all the stakeholders are actively involved

The Unit's members and medical doctors work hand-in-hand on a daily basis, and whenever a rape victim reports a case, the member at the unit contacts the doctors immediately and takes the victim straight to the doctor in order to avoid victimizing the victim further by standing in the queue with other patients

Victims of gender-based violence are referred to a social worker for counselling.

The regional governor and councillors in the region are actively involved in the fight against gender-based violence

The fact that outreach programmes are done is very useful; because more cases are reported and people are aware of their rights and they know the importance of reporting cases on time. People are also aware of the importance of reporting crimes even though they are not the victims of such crimes.

Regular workshops are also done on the establishment of community support groups, these groups raise awareness in the community on gender-based violence during community meetings and at schools.

Questions and Comments

After the presentation, the MPs raised the following questions for some clarification.

Due to the region's cross-border nature is drug abuse a problem?

- The MPs were informed that it is mostly alcohol abuse that causes problems

Which institutions are involved in combating GBV?

Many institutions and organizations are involved from the church and traditional authorities to NGOs. When the centre cannot reach certain areas, these other organizations are able to reach them.

Are rape cases due to the myth/believe that those infected will be cured if they sleep with children?

Most believe that they will be cured, however it is not on record

Alcohol abuse and ignorance about the law is also an contributing factor

How many of these cases involve perpetrators that are HIV positive?

The centre does not compile statistics due to the issue of confidentiality; the hospital tests both the victim and perpetrator. Follow-up is done again after six weeks and six months, to test for STIs

In relation to male-on-male violence what type of abuse does this entail? What is the percentage of women-on-man abuse compared to man-on-man abuse?

Male-on-male abuse is mostly rape

Women-on-men abuse is not high compared to male-on-female abuse, and child abuse

There were recently three cases of women raping children, could this have been due to psychological problems?

There are few cases of female rape, it is mostly men and it is mostly male minors that are victims, it is frequently domestic workers committing these cases

How available is medication for rape victims? How affective is that treatment? If victims want to withdraw rape cases what do you do?

Call the doctor and inform them to attend to the victims

The experience with adults, although not minors is that it is mostly taken up with the court

The situation on rape cases is that they are reported, the victim goes to the doctor for examination, this is when you can testify that the person has been raped, otherwise there is no proof

How is the unit set up? In rape cases are victims attended by family members at the stations? What other areas of support do you grant to rape victims?

All efforts are made to prevent victims from being victimized further

A thorough investigation is carried out

Counseling is undertaken by a social worker

There is no house of safety in the region, but the office can place children temporarily at the hospital until they find them a permanent shelter or a family member

Why do many of the rape cases not succeed in court? Is it because of lack of evidence? How do you remedy this situation?

People are not willing to give information/evidence, however the unit is sensitizing community through awareness on these issues

Awareness-raising, what is the impact? Are communities responding positively? How is the regional government assisting?

People/communities are willing and aware that they should report cases of GBV, WCPU is working hand-in-hand with regional councilors, the Red Cross, the media and schools.

2.5 UHOLAMO KINDERGARTEN (MEANING "A PLACE TO HIDE") (SAN PROJECT)

The MPs visted Uholamo Kindergarten, meaning "a place to hide", a project of MGECW started in 2003, funded by USAID, the Regional Council and UNESCO. The project is dependent on donor funding and does not make profits to sustain itself. It was inaugurated in 2006, and was made possible when a piece of land was donated by the Ohangwena regional council. The centre is there to cater for children that are going to primary schools in the surrounding area. The project has received computers which were installed by Schoolnet for the community. However these computers are not used due to a lack of capacity-building, no funds were provided to train staff to make use of the computers. The centre provides education to children in the surrounding community and most of the children are OVC. The MPs were briefed that six of their learners have joined the NAMPOL.

Parents contribution is in the form of meetings only as most of the parents are unemployed and do not have an income. The plot behind the project is reserved for gardening, but this has been a burden due to high water bills.

The main objective of the project is to:

- provide early childhood education

Comments and Questions

The MPs were briefed on the project and were informed that there is inadequate information on available services mostly on welfare grants. The MPs had the opportunity to ask questions that included:

Why doesn't the project provide employment to the San rather than them being volunteers? If that were the case would they not be more able to sustain themselves?

How many San children are there? What is the purpose of the project?

The San volunteers receive an allowance

The project has registered more than 25 households and children, the project has no more than 160 members

A study was done by UNESCO on the need to provide quality early childhood care including education and this highlighted the need to cater for children in pre primary school

Food, uniforms and toiletries are provided, when these children go to high school the project monitors and take the responsibility to support these children until they reach university. At the moment there is a San child in grade ten that the project is supporting

The project is linked with partner organizations overseas

When San children complete their tertiary education in what ways are they assisted?

They liaise with the police in the constituency, and so far six San have been recruited into the Namibian police

They mentor volunteers to take over the project, this is limited by the funds available for after school activities

The centre can provide activities during the holiday, however this is limited by funding constraints

Are the care-givers getting assistance from government?

To some extent. The Ministry of Education provides training, Learning materials and soccer balls for recreation.

Social workers need to mobilize communities on the services available.

MGECW avails funds to assist in computers training.

Are the orphans provided with a grant?

Some of the orphans receive a grant

How often does the community report GBV cases? Why do the other OVCs not receive assistance grants?

Most of the children and parents do not have the necessary identity documents. In 2007 the center, with the assistance of the Ministry of Home Affairs registered those who had no documents, however the problem is the lack of information in the outreach programme and for the grants

With regards to the equipment provided in 2007, Schoolnet was to provide training however the centre cannot afford it. MGECW only has funds available for training mainstream through the MGECW and MoE.

The community experience GBV in their houses; and two cases were reported to the police recently.

Are there cases of children with HIV/AIDS?

These cases are being dealt with by other line ministries and the NRCS. The centre is not aware of specific cases

Why are the San isolated?

There should be a mix of San and others to share ideas, such as traditional leaders.

2.6 The Hummer Mill

The MPs and their delegation visited the hummer mill project supported by the MGECW. The project started in 2008 but was delayed due to the unavailability of electricity. The project currently employs 3 employees: One male and two female. The mills are marketed locally to the community at affordable prices. There are 39 IGA projects in the region

3. OKONGO CONSTITUENCY OFFICE 28 JULY 2009

Dr JH Onephillips, Principal Medical Officer of Okongo district, welcomed the MPs and their delegation and briefed on health issues in their constituency.

He also gave a brief background on Okongo district and provided responses to the MPs questions.

3.1 Background on Okongo and the Hospital

The district has a population of 27 941 people. Okongo is very remote and according to the 2001 houses and population census Okongo district was one of the poorest and most marginalised districts in the country. There is one hospital, 4 clinics and one communicable diseases clinic (CDC). The Okongo health centre catchment covers over twenty-seven thousand people, who all rely on the clinic, this number is high. There is neither a private hospital nor a private pharmacy. The hospital infrastructure does not meet the standard of other district hospitals and the visitors were shown units of the hospital (the MPs saw with their own eyes just how busy the district hospital was).

There is a high number of vacancies in nursing services, 19 vacant posts. At the moment there are two doctors from the MOHSS and one Cuban volunteer doctor; there are two posts for doctors, one for the CDC and another one for the hospital. In less than 19 months, 4 doctors and one pharmacist had left Okongo District. There is neither an Environmental health Inspector nor social workers in the district.

3.2 Meeting with Health Officials, DRFN and NAMPOL

The MPs posed several questions on the operation of the hospital and issues that affect the effectiveness of service delivery to the community. In particular, the MPs wanted to know about issues pertaining to: the extent to which government policies and guidelines are implemented; Gender Based Violence; OVC; HIV and AIDS; San Community; Reproductive Health; and Rape Cases Rape Cases. In his presentation, the PMO highlighted some of the pertinent issues in the execution of their duties and responded to the questions of the MPs. Below are some of the key issues that were discussed:

IMPLEMENTATION OF GOVERNMENT POLICIES AND GUIDELINES.

The PMO lamented the fact that some of the policies are not clear and are contradicting some acts. For example, the

Reproductive Health Policy contradicts some of the provisions of the Combating of Rape Act of Namibia.

Reproductive health policy stipulates that all sexual active individuals should be provided with contraceptives of their choices, but no age limit is indicated. In practice girls as young as thirteen years old have been given contraceptive injections.

The Combating of Rape Act protects children under the age of sixteen from consensual sex, under normal circumstances and according to the Rape Act, this should be treated as statutory rape and the perpetrator should be prosecuted for the rape of a minor

There is either an omission in the Policy or the Act or in both. The Policy must stipulate the age of the sexual active teenager who can be legally provided with a contraceptive so that the hospital can report to the police "the sexual active" child in order to help the justice system deal with the Rapist accordingly rather than providing the under-aged children with contraceptives. At the moment the children who come to the hospital looking for contraceptives are not reported to the police, especially those who gave birth or aborted as young (although some were as young as twelve) , but they are just given the contraceptives.

TELECOMMUNICATION

MTC services – free calls is affecting the communication services badly e.g. a community members would like to report an emergency case but he/ she cannot get through because the network is always busy.

The following were also highlighted as a matter of concern:

- Alcohol abuse mostly among san community
- Lack of general information on service delivery
- Housing accommodation is a problem for the health Professionals of Kongo and Engela Hospital, especially the nurses and the doctors. This problem contributes to many professionals leaving the hospital in search of better facilities.

GENDER BASED VIOLENCE (GBV)

Okongo District Hospital works hand-in-hand with Okongo Police Crime Unit. Cases of GBV victims are reported to the police especially when children and mentally challenged people come to the hospital seeking medical assistance due to assault and other related matters. All rape cases are reported to the police. Form-J 88, an affidavit and a medical examinations report are filled accordingly at Okongo district hospital.

ORPHAN AND VULNERABLE CHILDREN (OVC)

OVC are a major concern in the constituency because they are referred to a social worker in Eenhana (110km away). Most OVC are brought to the hospital due to malnutrition (when they are sick). The lack of a social worker in the district affects it in dealing correctly and effectively to find a solution for any OVC who visit the hospital and clinics. The number of children who are school dropouts and now working on farms as cattle herders/keepers is very high. Is this practice not considered child labour? This situation is found not only in Okongo but all over the northern regions. It was also reported that the OVC are not registered in the grant system because of the lack of documents.

HIV/AIDS

There is one clinic in Okongo that attends to all HIV infected individuals (a CDC clinic as they are known country-wide) and thirteen outreach points. 1 967 patients were engaged at the CDC clinic until 28 July 2009 (the day of the visit). If the statistics of clients normally engaged at the clinic are considered and those who are treated at the hospital for HIV/AIDS related illness and not engaged at the CDC are ignored, it can easily be concluded that almost 2% of Okongo's

population are HIV positive. Of those who get engaged only a few bring their partners for HIV screening. HIV/AIDS, MDR Defaulters are on the increase. Defaulters among children under 16 yrs are also a concern observed at Engela District

SAN COMMUNITY

The San remain one of the most vulnerable groups living in Okongo. The majority do not know their rights or the importance of health services. Many are nomads and only those who live in the centres (Onamatadiva, Ekoka, Eendobe and Oshanashiwa) ie. about one hundred and four (104) are not nomads. TB and HIV/AIDS prevalence within them is very high and only a few are on ARV treatment and the defaulting rate is almost 100%. It was also indicted that some of the San people regards the hospital as a place for the dead " a place of no return" hence some do not come to seek services.

REPRODUCTIVE HEALTH

- Family planning is provided at all four clinics
- Condom distribution in Okongo constituency is very high
- Teenagers pregnancies are very high
- Condom distribution among the San community is a problem because of the size. The so called small sized condoms (49mm) are still big for most San community men.
- Female condoms are unpopular in Okongo
- Rape Cases
- Rape victims are treated at the hospital and further referred to the Eenhana social worker. There are no rape kits in the District, but this is not a MOHSS problem because they are supposed to be provided by the police station, even though no rape victims remained unattended at the hospital.

Why doesn't Okongo district hospital have an ambulance? Are the ambulances being misused?

The government has allocated one new fully equipped ambulance (GRN 27649) to Okongo District Hospital this year, but because of the condition of the road, that ambulance is at Eenhana District Hospital. Okongo District Hospital is waiting for a replacement that is better suited to the dusty gravel road of Okongo. The Elundu road is under construction and it is hoped that patients will be soon be able to be transported by ambulance.

What is the problem with doctors leaving Okongo?

Okongo is very remote and most doctors who come to work at Okongo had been working at other places already, where conditions are better than Okongo. There are no incentives to motivate doctors to stay at Okongo nor is there any law that prohibits them from leaving Okongo. Most Doctors do not feel comfortable working there because of the poor living standards of Okongo district and they always leave Okongo to go and work at other places where the living standards are better. This phenomenon does not affect doctors only but, nurse and administrators too.

What policies or guidelines should be changed?

The Reproductive Health Policy must be harmonised with the Combating of Rape Act. It was said that the policy is under review and these issues would be taken into consideration before finalizing the policy

SAN COMMUNITY

It was reported that there are few policies that have included the San. The San people are not aware of these policies, and therefore they end up being mistreated. San people do not come for treatment because of ignorance. Also due to

transport constraints the staff could not go out to undertake outreach programs to the San

Some of the other challenges highlighted during the meeting were as follows:

- The rape kit that is available at the clinic is not similar to others in other regions in the country
- The J88 medical examination form is not the same
- The Rape Act contradicts the reproductive health policy
- The community does not differentiate between social and welfare. There is confusion as to who deals with what. Some community members do not even know where to get their birth certificate or ID, they rather come to the hospital
- Violence has increased within Okongo district
- The area has a poor network in terms of telecommunication and this has a very serious impact on the work of the hospital
- The clinic is understaffed
- Okongo needs a social worker
- Accommodation for personnel should be available for the staff
- Okongo needs an ambulance that is suitable for the roads

POLICE

- The police need more human resource due to the vast area they are being asked to cover
- Traditional authorities have a big role to play in rape cases as they are sometimes the very first point of contact for the victims
- Domestic violence is dealt with mostly by the traditional authorities
- Awareness campaign on GBV are carried out to sensitize the communities
- The facilitator conducts/disseminates information on HIV/AIDS

2008 Statistics on rape cases

- Five rape cases
- Two attempted rapes
- One case of assault reported
- Two domestic violence, child killed by father
- Husband killed a wife's lover
- One suicide
- One baby dumping
- One case of domestic violence (a burning)

2009 Statistics on rape cases

Six rape cases (involving five children and one adult)

One domestic violence case

The Police conduct awareness campaigns within the community which has lead to a decrease in GBV, but the station urgently needs four wheel cars.

DRFN

The representative for DRFN had been in the area for only five months as implementing partners with the Ministry of Labour. GBV is widespread so they are targeting four different settlements: Oshanashiwa, Endobe, Omatadiva and Ekoka. All the care takers at the centres mentor San people on day-to-day activities. Alcohol is the major cause of fights. There is a need for information so the San community can understand their rights. The other biggest challenge is that the San do not want to work without pay – even for their own projects. Housing also remains a challenge for the San in one of the centres. NGOs work in partnership with the Ministry of Gender, and line ministries and they disseminate information and educate the San on their rights.

The main goal of the project includes:

- Income generating activities
- Agriculture
- Community mobilization

Questions and Comments

The MPSs posed the following questions to have a better understanding of the issues facing the San as well as affecting their livelihood.

- How frequently are HIV cases a result of GBV? What is the prevalence rate amongst the San community?
- What is the attitude of the community towards reproductive health?
- The figures from the police highlight a number of cases of GBV, are these cases being follow up by a social worker?
- Which ministry is responsible for awareness-raising?
- What is the situation around OVCs? Who is responsible for OVCs?
- What is the situation on ambulances? Why are doctors resigning?
- Why do the police not have cars? Are their cars damaged? What is the situation in the area?
- Of the GBV cases that are reported, how many are completed by the police and taken to court? Are cases on GBV taken care of by the TA?
- Why are the social worker posts not filled?
- How is the coordination between different stakeholders in the region?
- Are there contraceptives available so that teenage girls do not fall pregnant?
- How many testing sites are available to the community within the Okongo constituency?

Responses

- The reproductive health policy contravenes the Rape Act as it does not categorise age as long as you are `sexually active'. Most teenagers get pregnant at the age of 12 or 13 which is not consistent, this is rape
- The reproductive health policy, therefore, needs to be reviewed
- Police officers do not have rape kits
- Contraceptives are provided to young girls because the reproductive health policy states that family planning should be availed to anybody who is sexual active, but the Rape Act stipulates that sex activity involving those under 16 years of age is rape
- The solution is to harmonize the Rape Act and the Reproductive Health Policy.
- Reproductive health among San is not readily practiced as it is influenced by cultural factors, this can lead to an increase in HIV due to relationships within familial groups
- There were complaints that condom sizes were too be big for San men and, therefore, condom width should be reduced
- The HIV prevalence rate is high

POLICE CARS

- There are four cars available at Okongo police station
- The police have to find out how the Traditional authorities are effectively dealing with rape cases at their villages and capacity building is needed for the TA to report such cases to the police. However, the challenge remains the distances and lack of transport. This was raised from Okongo district. The traditional authority is the nearest point for the communities to reach.

HOSPITAL

- No cases were reported of maternal death
- The community have requested for a magistrate to be based at Okongo.

3.3 Tour of Okongo Hospital

Due to the time constraints the MPs only took a brief tour of the hospital and its facilities since it was getting late to visit the San project. It was apparent during the tour that the hospital is very busy and serves a large population. The MPs were informed that there is medication but the biggest challenge facing the hospital is transport

3.4 Oshanashiwa San Project

The MPs were then driven in 4x4 vehicles that can access the very sandy 6 km track to visit a San project supported by DRFN.

The MPs were briefed by the care taker who resides with the San community at the settlement. He briefed the MPs on issues affecting the San in the centre:

- They make crafts such as arrows and bows as a source of income
- The purpose of the project was to cultivate the area to provide food for the San on the project
- The San community were given the land by the headman with the assistance of MLR
- In 2006 the project ploughed 2 ha. and harvested enough mahangu for the San to sustain themselves
- Currently the San are busy clearing more land for cultivation, they have debushed about 10 ha, with the aim that each San family should cultivate about 3 ha
- Women knit and weave, do, basket making and create items made from beads

CHALLENGES

- TB and alcohol abuse is high amongst the San
- The provision of identity documents is an important need. Some have lost and others do not have ID due to the fact that they move from one place to another
- The San are not registered with the Electoral Commission for the elections
- Only one San is on ARV treatment
- There is a need to increase the number of OVC that receive the grant
- There is no kindergarten at the resettlement area
- There are 27 houses
- There is a chicken project
- The San want to be provided with shoes, overalls and blankets

4. OSHIKANGO CONSTITUENCY 29 JULY 2009

4.1 Meeting at the Constituency office at Edundja

The MPs were welcomed by Ms Antonius, chief clerk in the constituency office. She was acting on behalf of councilor who was not at the office due to other commitments. She then gave the floor to Hon. Kaiyamo to brief the community on the purpose of their visit to the constituency. Hon. Kaiyamo briefed the community member on the purpose of their visit and urged the community to reflect the issues and challenges of the constituency on the ground. This was followed by a presentation by the station Commander Hanghome of NAMPOL who briefed the delegation on the issues of gender based violence in the constituency.

NAMPOL

- GBV is serious and happening within the constituency
- People are being abused and cases are reported, the police provide documents which the victims take with them to the hospital for treatment
- Those cases reported to the WCPU at Eenhana are issued with a protection order
- There are cases of civil abuse but victims do not report the perpetrators to the police
- Most incidences are reported by a sympathetic neighbor who speaks out when they see abuse

EDUNDJA HEALTH CLINIC

Ms. Kristofina Kandjabanga, a nurse from Edundja clinic briefed the MPs on the issues of health in the constituency and highlighted the following:

- Services provided by the clinic are
- PMCT
- VCT
- Family planning
- Screening
- Treatment of patients
- Health education
- The catchment population is 9 367
- Three nurses
- Two cleaners
- One field TB promoter
- There are four community volunteers from Total Control
- Two security guard
- The number of patients is as follows:
- Children under one years are 1 259
- Children > 1 year and < 5 are 1 616
- Women 1 788
- Adolescents 1 989
- No cases of GBV were experienced at the clinic

Questions and Comments

Are women freely coming for post- and antenatal?

Yes, however home births are still happening. Trained traditional attendants assist the women who deliver at home

Family planning is provided and health education as well

Do people prefer condoms or a contraceptive injection?

The women prefer injections to condom but the nurses educate them on the advantages and disadvantages of injections. It only prevents pregnancy, while condoms prevent both pregnancy and sexually transmitted diseases.

When you speak to the clinic committee which consists of pastors what is their reaction towards the use of condoms?

They think it is fine to distribute condoms however they would not advise people to use condoms.

Are condoms being used and is the HIV prevalence decreasing or increasing?

The clinic does not have prevalence figures. However, it was reported that when you tested ten people in the past five or more would be positive, whilst, now if you test ten only three will be positive. Since the clinic has been open in the Engela district the prevalence has decreased from 27% to 20%

Do you receive cases of men being abused by women?

Some abuse of men is happening however men do not report the cases because they fear that the community will stigmatized them. The majority of men believe that even if they report these cases to the police the officers will laugh at them. Alcohol is the major contributing factor to both GBV and HIV/AIDS

QUESTIONS

- Are female condoms used for their intended purpose or are femidoms being used for other purposes?
- In the case of child and women abuse, would you say children are being abused more by fathers or strangers?
- As the constituency is located in a border region is the use of drugs a contributing factors to GBV?

ANSWERS

- Femidoms are being used for their correct purpose however male partners complain about women having other partners when they try to use femidom.
- In most cases children misbehavior and flock to Oshikango town for labour (okulavala - "meaning carrying goods from the Namibian border to the Angolan border in exchange of money") and many of these children become criminals. As far as the police officers are concerned they do not experience parents abusing their children other than when they go to Oshikango
- Alcohol is one of the contributing factors especially when used by young people it brings violence between partners (a boyfriend and girlfriend)

Do you raise awareness among community on GBV?

- Yes, the police in the district raise awareness even among school learners, parents during school meeting, villages and churches
- How do you see the effectiveness of these services? Do adolescents and adults both use the services such as post- and antenatal care?
- Both adults and adolescents make use of the services. However the antenatal services at Odibo health centre only provides post-natal care.

MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

Most fathers do not want to support their children and families fight over the inheritance of properties

The OVC grant still goes into the wrong hands - of some fathers or guardians who do not contribute or support the orphans

How does the community perceive GBV?

Majority still do not know their rights

Is the rapid test for HIV done at the hospital or is blood drawn and sent to another health centre? Are cases of rape dealt with by the traditional authorities?

Clinic draw blood and the test is done at Engela Hospital

Not aware of cases dealt with by the TA. The community only report cases to the police. People respond to GBV differently, some report it to the Traditional Authority because they want to be compensated for damages

There are ten pilot pre-primary schools within Ohangwena

They register OVCs for the grant with single parent, while double orphans are referred to the social worker

A challenge that can be noted are relatives holding to identification documents of a deceased parent

Most orphans who cannot pay school fees are referred to a social worker at Eenhana

There a great delay of up to 3 years for a guardian to be legally granted foster care for a double orphan in order to access the OVC grant due to court procedures

The volunteers receive an allowance from Pact Namibia on a monthly basis, while other volunteers who volunteer with other Organizations do not receive an allowance causing inconsistencies

However they try to ensure that double orphans are moved from foster care to kinship care as the process takes a long time involving the social worker, magistrate and guardian

Ms Kapofi the chairperson of the OTTA support group also brief the MPs' on his group's activities and challenges. He noted that his group was established in 2004 primarily catering for people living with HIV/AIDS in the Oshikango constituency. The support now have a membership of 64 people and it aims are to raise awareness in churches and communities on how people can care for those infected, prevention and training to support group members. She thanked the government for providing support with ARV medication and other support such as startup capital of N$ 4300, Sewing machines, Microwave, Pots and tailoring materials from Ibis organization, that support those infected

THE CHALLENGES FACED BY THE GROUP

- The support group is experiencing challenges to operate on a premises that does not have electricity
- Members include those that have given up on ARV because of lack of food.
- Requesting the government to come up with the law to protect people living with HIV due to stigma and discrimination

» Those on treatment could not access their medication due to lack of transport to collect their medication.

How badly was the community affected by the recent floods especially those on ARV treatment?

» The district had a helicopter that was distributing medication to those areas that could not have access to clinic and hospitals

In other regions the committee was told that there are churches that inform people to stop their ARV treatment, is it the same case here?

» Yes, but the support group has assisted a lot of those that were made to believe that they should stop their medication. Amongst these people some have died, but others have started taking their medication again.

The support group provide loans to its members to start income-generating activities to assist themselves and pay back the loan

4.2 Clinic visit- Edundja

» The MPs and their delegation took a tour of the clinic facilities and were brief as follows:
» There is an immunization room
» The pharmacy is well stocked with medication
» TCE four volunteers help at the clinic
» Outreach programme to provide chronic medication

4.3 Kaluvi Kindergarten and Home Base Care

At the kaluvi Home based care, the MPs were warmly welcomed with a song by the children and the staff and were later entertained by some brilliant singing by the children at the home based care. Based at Onengali, the home base care started with a very small zinc structure but now boasts of a permanent structure constructed by MGECW. However, there is no pavement on the floor and it is sometimes very cold for the children. She also noted that the home based care has raised hygienic awareness in the community There is also a feeding programme at the kindergarten.

The care taker took the opportunity to highlight the following challenges:

» Need transport to access medication is a challenge for community members
» Volunteers work with the home based care to assist those infected
» There are problems with a lack of food for the children at the kindergarten
» They identify children that are suffering from malnutrition
» The delegation contributed N$237.20 towards food

4.4 Odibo Sewing Project- (Tatetukuma for orphans and vulnerable)

Ms Kalimba welcomed the MPs to the project and brief the delegation on the activities of the project. She informed the MPs that the about the project that makes uniforms for vulnerable children. The project was established in 2005 with the objective of helping children to cope with education in terms of food and uniforms.

» This project makes uniforms for vulnerable children and was established 2005
» The objective is to help children cope with education by providing food and uniforms
» There are also psychological programmes for children with learning difficulties
» Over the past two years 20 uniforms have been distributed to each school
» Last year 240 uniforms were distributed

- The project provided schools with drums to brew oshikundu for the children
- 12 schools are being assisted at the moment
- Most children are dumped with grandparents or totally orphaned
- The inheritance from parents is not reaching the orphans
- GIPF should change its policy on inheritance

OMWENE TUMANGE HOME BASED CARE

- Established 2001, due to HIV/AIDS increase in the area
- Takes care of the sick
- Provides training to volunteers
- Members of NANASO
- Volunteers are provided with kits, but the challenge is the refilling of the kit
- The project faces logistical challenges to access funding

4.5 Oshikango welding project

- Three female are employed by the project but 2 left because they got married
- The project donated 17 corrugated iron sheets to a pre-school at Ondobe
- They also run a communal tap to ensure that community members have easy access to clean water.
- The project is supported by MGECW

4.6 New Start Centre at Oshikango

- Opened 2006
- People in the area lack information on HIV and AIDS and STIs
- The centre provides, testing, counseling, and an outreach programme on testing
- The centre work hand-in-hand with government
- The clinic has no rapid testing
- Since last year more truck drivers and sex workers have been coming

FIGURE 3: Statistics on service delivery at the centre June 2009

NO	VARIABLES	NEW AND RETURN		
1	Total number of all clients	Male	female	total
2	Number of clients receiving pre test counseling	298	285	583
3	Number of clients tested	298	285	583
4	HIV Tests Results			
4A	HIV Test Results –Positive			
4A1	<20 years	0	1	1
4A2	20-24	5	11	16
4A3	25-29	6	10	16
4A4	30-34	6	8	14
4A5	35-39	8	6	14
4A6	40-44	1	1	2
4A7	45+	1	3	4
4B	HIV Test Results –Negative			
4B1	<20 years	51	66	117
4B2	20-24	66	85	151
4B3	25-29	75	57	132
4B4	30-34	21	12	33

NO	VARIABLES	NEW AND RETURN		
4B5	35-39	39	11	50
4B6	40-44	9	10	19
4B7	45+	10	4	14
5	Number of clients received post-test counseling and results	298	285	583
6	Number of clients received adherence counseling			
7	Number of couple counseled	12	13	25

ADDITIONAL INDICATORS

INDICATOR	VALUE
Number of individuals trained in counseling & testing according to national & international standards	0
% of couple counseled and tested	146
Number of outreach/mobile outlets established	0
Number of CT staff (CC) provided with burn-out prevention support	0
Number of CT staff provided with burn-out prevention support	4
% of individuals completing the referral (reaching the referral points)	12.6
% of client satisfaction at C&T services	100

COMMUNITY MOBILIZATION ACTIVITIES

The table below indicated the number of community members reached through mobilization activities from January to June 2009

	Male	Female	Total
June 09	258	246	504

Questions and Comments

Do Truck drivers and sex workers understand how to use a condom?

- Condom use is understood because the centre carries outreach to people in the area
- More couples are coming for counseling and testing
- The strategy is for them to stay negative and stick to one partner who has been tested

What are the statistics of those that have been tested?

- Of those that are tested if 70 are tested only around five will be positive compared to when the centre was opened more people tested positive compared to now.
- The centre keeps records of all the testing that has been done
- It is one of the only New Start centres that has a good relationship with the government
- The New Start centres are not accessible because they are situated in towns and it is a long distance and transport is costly
- They use both the femidom and male condom, when the femidom is used the females feel more protected.

5. ENGELA CONSTITUENCY 29 JULY 2009

5.1 Meeting with the councilor and community

The constituency Councilor welcomed the delegation to his constituency and briefed them on some of the developments and challenges in his constituency. Amongst others, the Councilor informed the MPs that:

- Bridges and roads are under construction due to damage by the recent floods
- 22 000 population within the constituency
- High incidence of crime, however the area does not have a police station
- It does have a fish and aquaculture project
- There is a serious lack of facilities/accommodation for teachers from other areas that have come to work in the constituency

NAMPOL PRESENTATION

- GBV occurs and the most vulnerable are children and women
- Statistics for cases from January, 2009 show there were 36 cases of GBV and these include murder, rape and assault. The victims were all women and children
- NAMPOL have tried to raise awareness in the community to report GBV cases.
- Most of the culprits in the cases were arrested and charged, but the police are still sensitizing the community to report this kind of abuse
- The station has vehicles, but the nature of the area is not suitable for this type of vehicle so they cannot reach some of the areas.
- No cases of baby dumping have been reported this year with only two cases last year.

OVCS

- There are orphans that do attend school but have not paid school fees
- Teachers were not trained on how to deal with OVCs at schools by providing psycho social support
- OVCs grants are often received by another person who is not looking after that child
- The police should raise more awareness within the communities
- Communities are burdened by OVCs, which contributes to families not fulfilling they jobs
- OVCs are heading some households
- Due to the high teenage pregnancy rate, children are not under the control of their parents who are `kept busy' by cucashops
- It is important to prevent teenage pregnancy by strengthening family planning, and encourage use of condoms

What is the relationship between the police and the councillor like when it comes to issues of GBV? What is the teenage pregnancy rate in the area? Are male teachers impregnating school learners? How is the situation handled?

- There is good relationship between the police and councilor's office when carrying out GBV activities.
- The TA have problems with identification documents, they however assist in the registering of OVCs but forms are often returned back by the Ministry of Home Affairs
- The community makes use of male condoms and the femidoms

5.2 Visit to Engela District Hospital

Dr. Kaishaja from the Engela state hospital presented a detailed power point presentation on the health issues of the Engela district within the region. Below is a summarized version of his detailed power point presentation.

Geography:

Borders: North: Angola

East: Eenhana district, Ohangwena region

South East: Onandjokwe district, Oshikoto region

South/South west: Oshakati district: Oshana region

West: Oshikuku district: Omusati region Area: 2 000 sq.km. Total pop: ~200 000 pop. Density: ~ 90/ sq.km

(21/sq.km for Ohangwena region- the highest population density nationally)

Hospital Service Delivery:

Hospital bed capacity- 230 beds

Hospital bed occupancy=> 100% most times

Disease pattern:

Malnutrition / nutritional anaemias

HIV/AIDS + TB + Malaria

Respiratory Tract Infections

Infectious Diseases (other)- Meningitis, Rabbies

Non- infectious Diseases esp. Hypertension, Diabetes

Out-patient- overburdened by conditions that can be managed at clinics level

SOCIAL WELFARE SERVICES

One social worker overburdened by size of district

Coalition on responsible Drinking/ TADA Initiatives

Constraints: hospital services & PHC programmes:

- DHCC to manage PHC programmes more objectively- monitor/ analyse data from facilities for better programme management
- DHCC to effectively integrate activities of other development partners – esp. TCE, Red Cross, FBOs and work much closely with the constituency level.
- Financial management to be decentralised effectively from region to district
- To increase sanitation- latrinisation to households. (around 80% of households do not have latrines)- to control diseases like Cholera and other diarrhoeal diseases, Helminthiasis, Hookworm Anaemias, etc.
- District special programmes focal person(s) to be well capacitated
- HIV/AIDS/TB forums to be more pro-active to reduce stigma issues; increase VCT, condom distribution, PMTCT, ARV uptake and education on HIV/AIDS/TB in general.
- HBC programme to be strengthened to argument the overburdened hospital services
- CDCs, RACOCs and Clinic Health Committees to be more capacitated
- Chronic disease conditions - especially Hypertension to be best managed by an outreach health services delivery plan.

Adminstration:

Number of constituencies: 7

Number of H/Facilities: Hospital- 1, Clinics- 15, Health centres- and outreach points- 26

Primary health care services/ PHC programmes

Self- rating of PHC programmes performances Rating schedule: 0=> no activity; +1 => poor, +2 => fair, +3 => satisfactory, +4 = > good, +5 => very good

Health education/ IEC-+3

Public Environmental health services

Safe water supply -+ 4

Sanitation- latrinisation -+ 1

Solid waste management +4

Vector Borne Diseases Control/ Malaria control -+ 4

Food quality control -+ 4

Pest Control -+4

Building Inspection -+3

Occupational health and safety -+3

Sexual and reproductive health

U5s nutrition/growth monitoring -+3

EPI/Immunisation -+4

IMCI (incl.: CDC/ARI)

-+3 ANC/PNC services -+4

Family planning (FP) -+2

HIV/AIDS

Condom distribution -+3

STI Management -+3

VCT -+4

PMTCT -+3

ARV -+4

CHBC -+3

TB -+3

School health programme -+1

Mental health programme -+0

Oral-Dental health programme -+3

Primary Eye Care -+3

Rehabilitation services -+3

School health and mental health programmes need to be strengthen

Cross-border forums are very vital for the control of epidemics and HIV

Acute problems in need of urgent attention:

- Recruitment of more nurses and doctors
- Accommodation/ housing for staff at Engela hospital
- Transport

HIV/AIDS AND TB PROGRAMME REPORT 2008

VC&T

FIGURE 4: HIV testing increase

	2006	2007	2008
Pre-test			8 048
Post- test			5 932
*+ve			1 299

FIGURE 5: HIV prevalence

HIV Prevalence	27		20,1

FIGURE 6: PMTCT

	2006	2007	2008
Attend ANC		5 079	5 125
Pre-test		4 778	4 826
HIV tested		4 365	4 531
HIV +ve		55 (12.6%)	511 (11.3%) preval. > sentinel fig

FIGURE 7: ARV- 2008 totals

	JAN	DEC
HIV Care- New and Cumm	5 206	7 801
ART Care- New and Cumm	2 415	3 385

FIGURE 8: Condom distribution 2008 (figures were not available for January to June)

	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
Male	66 408	156 384	105 828	16, 040	178 480	146 880
Female	8 700	9800	5 900	5 500	3 500	3 500

FIGURE 9: TB Treatment results

	2005	2006	2007	2008
Cured (Smear Neg.)	32,01	39.16	39.34	
Treatment complete	47,48	40.81	43.15	
Died	9.66	11.66	8.32	
Failure (Smear +ve)	1.2	3.1	2.8	
Defaulted	6.3	2.7	3.1	
Refer out	3.3	2.5	3.3	

MDR- Total cases increasing- 29 Cumm./ 8 Poly Resistant TB

DOT strategy still needing support

Major NGOs complementing HIV/AIDS Control:

- Red Cross
- TCE
- Lifeline Childline (new start)
- Child AID
- Anglican Health services
- SMA
- NAPPA
- Civil Society support groups
- OTTA
- Home Based care groups
- 7

The MPs were very impressed by his presentation and passion with which he presented. They expressed their appreciation for the hard work and commitment to his work and urged him and his staff to continue the good work.

6. MEETING AT ONGENGA CONSTITUENCY OFFICE 30 JULY 2009

6.1 Meeting with the Councilor and the whole Community

The MPs were briefed by the members of the community who attended the meeting on issues of OVCs, GBV and general health issues. Some OVC are getting grant but they are not benefiting from it. This is fuelled by the different scenarios e.g. some caregivers receiving grants are not staying with the children, while some caregivers are receiving grant but are misusing it.

However the meeting was informed by the social worker that those parents /guardians misusing the OVC grants are usually reported to the relevant authorities for action to be taken.

OVCS

The number of OVC is increasing, two days ago all the principals attended a workshop on OVCs

The aim of the workshop was to expose OVCs to registration, due to the fact that principals face a problem of defining vulnerable children.

The principal at Ongenga Primary School observed that most children have both parents that are employed and also receive grants but the problem is that parents violate these children. He suggested that their parents should be reported

Questions and Comments

Does the school have children that receive ARV treatment? Do these children get their medication on time and routinely?

- Is not easy to identify the children that are infected due to the issue of confidentiality
- Teachers are given the responsibility and the task to observe the learners with sores, then teachers can call a meeting with parents to discuss the child's situation
- There are cases of two learners that are on medicine and one receives his medication every Wednesday at Engela hospital

Vulnerable children after the follow up? What are the contributing factors?

Most cases of children that are vulnerable are those that live with guardians where both parents have died. One case concerns one learner at the school who is being abused and the principal, teachers and councilor all approached the parents but they were chased away by the parents. Children are not normally abused by their biological parents

HEALTH

The clinic provides reproductive health care such as Pre-natal, Family planning such as injection, pills and condoms. The most common family planning use is the injection. The nurse has educated the community to make use of condoms as it prevents you from both pregnancy and STIs. The Clinic also provides the following services for the community:

- It diagnosed all the diseases,
- Caters for PMCT
- Educate patients to abstain from sex especially young people
- Patients are treated whether they have clinic fees or not
- Women come for HIV testing especially those that are pregnant
- The Nurse also informs them to bring their partners for testing, however in a year they only saw one partner/man coming in for testing
- Generally in terms of men coming in for testing the number is very low
- Rapid testing is not available at the clinic yet
- It is only on the national testing day that you see more men

Why is there no rapid testing at the clinic?

- It is in process as they are currently waiting for the testing kits, nurses also have to been trained. NIP have assessed if the environment was conducive for giving this services
- The space is limited to increase services
- The Clinic is understaffed
- Three nurses are at the clinic and they are all registered
- One clerk
- One TB promoter
- Two cleaners
- 100 patients or more attended the clinic per day, excluding those that come for family planning
- There is good relationship between the clinic and NAMPOL
- Male condoms are mostly used, apparently femidoms cause pain and some women complain they have to hold it during sexual intercourse otherwise men will bypass it.

NAMPOL

- There are cases of GBV and rape, however it is only really women that report violence as the men still have a problem and fear being laughed at.
- The police provide awareness campaigns which are working, man have come forward to report their cases, its not true that police chase men away when cases of rape are reported
- Two rape cases were reported the day before the delegation's visit at Ongenga and Enelewa. One victim was only seven years old while the other one was 20 years of age, the contributing factor was alcohol
- Withdrawal of abuse cases by victims who are in most cases women, and men are not reporting cases of abuse
- Awareness campaign on GBV is an ongoing activity throughout the region

How many cases of male abuse are reported and what age?

- No figures were available, but the percentage of men that reported cases was around 30% per year, most men are aware of the issue, as they are informed or read the newspaper

Are there GBV or rape cases that are dealt with by Traditional Court?

- There are links between police and the community, so that cases should be reported to the police, and police officers are trained to collect evidence on these cases.

Are there cases of teenage pregnancies within in the area? Is baby dumping a problem?

Has the station experienced examples of victims withdrawing reported cases?

- Does the station find it difficult to arrest perpetrators due to the closeness of the border? Do criminals flee to Angola?
- Do learners carry objects such as knives to school or fight among each other?
- No baby dumping is reported. Some parents do not report baby dumping to police officers, however they are raising awareness that if people come across these types of cases they have to report them. Awareness raising is very important, people do not have information about their rights, otherwise this will lead to an increase in these crimes.
- Namibia and Angola have an agreement, when perpetrators flee to Angola after they have committed a crime they can be arrested
- Learners carry small knives; the teachers have been informed that the learners should report those that carry sharp objectives to school. However this does not happen on a frequent bases

Which organizations provide information or awareness within the Ohangwena region apart from the police?

- The police were not aware of any other organizations
- CACOC has members that go into the field within the community to provide information, and also write reports on challenges that they come across. They send them to RACOC
- There are eight support groups within the Ongenga constituency
- One of the challenges is that those on ARV treatment find it difficult to take their medication due to lack of food
- There are those that share ARV, medication with their partner/spouse that are infected but they are not on treatment e.g. women share medication with their male partners/spouse
- The lack of transport fees to collect their medication sometimes prevents patients from taking their medicine regularly.

Why is the ARV not available at the clinics?

- The clinic must have a doctor to examine and give ARV and due to understaffing the ARV is only accessible at hospitals
- The hospitals do not have adequate cars to do outreach programmes
- Those on ARV treatment are still being stigmatized by their family/community
- Yelula an organization for people living with HIV/AIDS gives allowances only when you have provided a field report and it takes some months to process the allowance.

TRADITIONAL AUTHORITY PRESENTATION

Alcohol abuse is a contributing factor to abuse and violence among community members

Traditional authorities are doing everything in their power to fight against this crimes

TA requesting the government to minimized alcohol stores

What is done at the local level to prevent the sharing of ARV medication?

Meetings were held with community members to make them aware not to share medicine and what consequences it has but it is better if they visit the hospital

POWER SUPPORT GROUP ONGENGA

- The group provides counseling to members
- There are actually two support groups one for adult and one for children
- The purpose is to give information to its members to take their medication and make use of (counseling)
- Provides information on the use of the femidom and condoms
- With children they conduct prevention campaigns
- The support group have a garden that provides food for those on treatment, the challenge they face is obtain a fence for the garden
- Raise awareness of people not to share medication, but the challenge is getting to every corner of the villages
- Send members to all 8 centres to provide information for those on treatment not to share their medication, or to share and take the medication at the same time
- The group's objectives is to give information on prevention not for further infection and to prolong lives
- The support groups raised their challenges with RACOC, however the group's have learnt that the information did not reach the councilor
- They have limited funding support to train all their members so that they can reach all areas of the constituency
- The doctors do not come with enough medication when doing outreach and the group felt doctors also discriminated against people who had sores as they they would not treat them but rather give them ARV medication only.

Regarding the issue of girls that come to the clinic for family planning, it is suggested that the nurse advises them to keep their virginity rather than them becoming sexually active at a young age

The girls are assisted but the also nurse informs them that the injection will not prevent them from getting diseases, only from falling pregnant.

What was the effect of the flood and how do people generate income to pay for school fees and other expenses?

- Schools were affected badly by the flood, schools were stopped for two weeks and during the holidays teachers and learners were forced to remain at schools and carry on with teaching which had a negative psychological affect on some of the learners
- Roads were destroyed
- Most projects could not carry on due to the flood

The Councilor made the following points:

- The registration of orphans is a challenge, for orphans with single parents the registration process is quite easy. The problem really only occurs when it is necessary to trace the identity documents of deceased parents. For double orphans it is a long registration process within the region
- Ongenga is one of the constituencies which was flooded completely so that farmers could not produce food
- Fire was also a disaster that damaged the community, the challenge for those families is getting assistance to replace their losses.
- People have crossed the border to Angola to look for food
- The Power Support Group and the Councilor's office have never received complaints of the stigmatization of those infected
- The MGECW made a clarification regarding the OVCs that there are actually three types of grant within the MGECW which are the maintenance grant, foster care an disability grant

Some of the observations that were also highlighted are as follows:

- OVC who have lost both parents are suffering in terms of social welfare grants.
- The ones who have lost one parent are getting grants very faster than the former.
- The other categories of OVC are those whose are parents alive and nowhere to be found.
- Rape kits are also a challenge
- Usage of condoms is higher than femidoms
- Lack of National Documents
- Lack of transport
- Shortage of human resources e.g. Doctors, Social Workers, Nurses, Pharmacists etc
- Accommodation for staff members has contributed to high staff turnover
- Poor Infrastructures e.g. roads.
- Foster care is a major challenge that needs special attention.

6.2 Visit Ongenga Clinic

The MPs and their delegation took a tour of the clinic facilities and noted the following:

- The clinic has a pharmacy
- Limited space to provide effective service
- One emergency delivery room
- Rapid testing is not available at the clinic
- Results take a long time to come due to lack of transportation and at times it can be up to a month
- The HIV rate has decreased compared to 2006
- There are a high number of children getting immunized, however it is only attended by two staff
- The clinic is too overcrowded with patients

6.3 Visit to Okano Project

- It owns a hand-made threshing machine that was built by community member
- Project supported by MGECW
- It takes five minute to produce 50 kg millets
- The machine works from a generator
- It was produced from old car parts

- The project also has a Pounding machine
- The project need funding to extend its project further

7. ENDOLA CONSTITUENCY OFFICE 30JULY 2009

7.1 Meeting the community at Ohalushu Village

Mr. Ismael Kafuka welcomed the delegation on behalf of the councilor who was at the National Council in Windhoek. The Chairperson of the delegation, Hon. Kaiyamo explained the purpose of the visit and encouraged community members to reflect the situation on the ground so that they can all be on the same page.

OVCS

- There is a programme at schools that cares for orphans to get assistance from the government
- USAID has provided funds to make school uniforms at a low cost to generate income.
- Other schools are practicing the same programme with some local variation. There are awareness campaigns providing for the dissemination of information on prevention
- The constituency has trained home base carers to assist those that are infected.

Questions and Comments

The Ministry of Education reported that they had lost about 100 teachers from HIV/AIDS related illness or absenteeism. Is it a similar situation with schools in the area?

- There are no figures of the number of those that are absent due to HIV illness
- There are a number of cases of teachers that are affected by HIV/AIDS

THE TRADITIONAL AUTHORITY

Raises awareness on HIV prevention and alcohol

Schools programmes on HIV/AIDS are a window of hope for grades 7-11

The `My Future is My Choice' programme is provided for Grades 8-12

Are the Traditional Authorities involved in community/health by assisting with transport to those that are infected by HIV/AIDS for collecting their medication?

- No policy has been provided to the Traditional Authorities regarding this issue. The headmen work to raise awareness only

MINISTRY OF HEALTH

Onekwaya West Clinic

The Clinic is consisted of has three nurses (one registered and two enrolled), one TB promoter, one community counselor and one cleaner and provides health education and family planning. In 2008, 7 056 patients were treated for different ailments. Some of the issues highlighted were as follows:

- A challenge is that there is no accommodation
- HIV is a challenge at the clinic and there are many new cases
- There is no rapid testing
- Patients do not get ARV at the clinic they only get prophelaxes (vitamins provided to any HIV positive patient with a CD count above 200)

- HIV testing is only done once a week due to the lack of transport
- Women are given PMCT if their CD count is above 200
- A recent case involved a girl who was born 1994 and received PMCT
- School children come while pregnant and HIV positive
- Adolescents are provided with information by volunteers

ONAHAMA HEALTH CENTRE

This clinic a relatively bigger than the Onekwaya west clinic and consists of two registered nurse, two enrolled nurse, one doctor, one pharmacist one TB assistant/field promoter, one driver and two community counselors. The population of the clinic's catchment area is 12 400 and they offer services to the community ranging from antenatal, immunization, post-natal, TB treatment and ARVs . The major challenge of this clinic is the problem of accommodation at the clinic for staff and CDC room.

OHALUSHU CLINIC

Ohalushu clinic consist of one registered nurse, three enrolled nurses, one TB promoter, one cleaner and one community counselor. Unlike Onahama Health centre, accommodation is available at the clinic. Some of services they provide includes: rapid testing on a daily basis; screening, attending patients, immunization, family planning and Post and antenatal care. The main challenge at this clinic is the limited space.

Questions and Comments

How is the TB situation in the area?

- Cases of TB are increasing due to the increasing numbers of those who are HIV positive, and they can also infect those living close to them
- No x-rays are done at the clinic but patients are referred to Engela hospital.

What is the HIV prevalence in the area of operation? How is the situation?

- In all the clinics falling under the Engela district the HIV prevalence rate decreased from 27% to 20%.

Reproductive health. Are communities members utilising family planning?

Condoms and femidoms. Which one is mostly used by the community?

Pastors are part of the CDC. What is their attitude towards the distribution of condoms? Are churches encouraging people on ARV to stop their treatment? What is the situation here?

Are awareness campaigns provided on teenage pregnancy amongst learners at schools?

What are the activities of CACOC?

Are school girls accepted back into schools after pregnancy? What is the situation?

The pregnant girl that was born 1994. Was a case reported to the police for statutory rape?

- The Adolescents programme is for the youth and trains young people to assist other youth to access condoms
- It provides information on family planning and teenage pregnancy
- Most young people come for family planning

- Husbands prohibit their wives from getting family planning
- Male condoms are used more than femidoms. There is a need to demonstrate the use of the femidom more. People also complain that it makes a noise during intercourse
- Defaulters on ARV. Quite a number of defaulters do not collect their medication because either the patient is sick or they lack transport money.
- Pastors do not have a problem with the distribution of condoms however they put more emphasis more on health education
- Most educational materials are in English, not in the local language
- There are programmes on health awareness and education, but due to the lack of transport to carry out the programme this work is not undertaken
- No case was reported for the 15 year old girl to the police
- There is coordination among stakeholders within the community

NAMPOL

- Cases of rape have decreased as there were more cases in the past
- Assault cases frequently occur, but when cases are taken to court in most cases the victims withdraw the charges
- There is a need to sensitise police officers within the constituency to handle cases and then take them to the WCPU
- Lack of accommodation for police officers is a problem.

HEALTH

- With married couples it is often the case that women fear to inform their husband of their HIV positive status
- When a husband and his mistress are both HIV positive a nurse (knowing their status), is, currently, unable to inform the wife of the husband's status, because of the issue of confidentiality.
- There are men that frightened their partners into sharing their ARV medication, because they do not want to go for HIV testing
- OVC without both parents do not get their grant quickly compared to those orphans with one parent, who get feedback on time.
- In cases where orphans received maintenance grant, but the money was not reaching the children; the case should be reported to the ministry. The ministry can then place the children in foster care, even while the father is still alive. The Ministry can temporarily suspend the grant if misuse is reported while investigation is conducted for a suitable caregiver.

7.2 ONDOBE CONSTITUENCY OFFICE 31 July 2009

The councilors and the staff members were not available at their offices due to the Ministry of Gender Equality and Child Welfare launching of the Zero-based Tolerance on Gender Based Violence including Human Trafficking at Oshikango. However, the MPs were led by one of the designated staff member to visit a project and later a meeting with the community at Oshandi clinic.

7.3 OMBOME OTO PROJECT

- It is a home-based care group which has a gardening project
- A support group has been trained
- it is funded by a church in the UK
- Provides food for OVCs and patients on ARV every three months
- Bought ten goats for the project

- Plants fruit such as sugar cane, guava, sweet potatoes and mangoes
- Members are trained to care for the sick in their homes
- The project started with 48 members, but this has now increased to 107 members
- Members from all 19 villages within the constituency belong to the project
- Members are trained in gardening by an extension officer from the Ministry of Agriculture
- Ten men are on the project
- The land was provided by the village headman
- Headmen are also trained on TB, PMCT and ARV to support those on treatment in their villages
- Members have been volunteers for 11 years, only four members are team leaders who get an allowance of N$ 200 every month.

7.4 Oshandi Clinic

A retired pastor commented that GBV, issues of reproductive health and OVCs are happening in their community. He said that there is a high rate of teenage pregnancy even though people use condoms. He suggested that it is better when people are informed or educated not to become involved in sexual activities. He thinks that teenage pregnancy also contributes to the high rate of HIV.

Questions and Answers

What do you do as leaders?

Educate the community, but there is no change

Health/clinic

Not much on reproductive health

More teenage pregnancy in the past but it has decreased due to the dissemination of information as people are aware of family planning.

Mostly use pills and injection with fewer using condoms - which leads to less pregnancies, but the HIV rate is still increasing

No rapid testing is done at the clinic

Two nurses are in place. One is enrolled and the other registered

No doctor visits the clinic

Are people coming freely for family planning?

The nurses provide health education on family planning during antenatal care, for those breastfeeding and for youth that visit the clinic

The high increase of teenage pregnancy and also the high increase of HIV/AIDS, the injection and pill does not protect one from HIV, do you advise them on that?

The nurse provides health education and family planning on the advantages and disadvantages, but the person makes their own choice of contraceptive methods.

Learners drop out of school because of pregnancy. From January up to the date of the visit 17 learners had dropped out of Omungholyo Combined School

There are GBV happening in houses, but women do not report cases, they fear to lose their homes

Do you get teenage pregnancies under the age of 16 (because that is rape)?

One such case was treated in the clinic, but the nurse never reported it as she did not know it was a crime.

Males are also being abused, but they fear being laughed at by the community, hence they do not report such abuses

COMMENTS

Condoms are provided by the government and sex education is also taught in schools, but all nurses do is to advise

Condoms were distributed because of the increase in HIV, however parents should also advise the children in their households not to be involved in sexual activities

Television could be a contributing factor on the high number of teenage pregnancy cases

Males are being abused in the households, especially children. Condoms are there to prevent the spread of HIV/AIDS within the nation, this does not mean teenagers should be involved in sexual activities

Television can be argued as a contributing factor, contributing to cultural changes.

People should be educated on the laws within the community to report gender violence cases

Some men target children born out of wedlock (because of their perceived vulnerability), but, according to the law, all children have equal rights. Some men rape their children which should be prevented by church leaders and headmen who should assist by reporting these cases.

If parents refuse to report a rape case then this becomes a state case which any person can report the case to the police

Alcohol abuse is also a contributing factor to teenage pregnancy. Teenagers are consuming a lot of alcohol.

Community members are doing everything in their power to be trained to help their community. Most people that are on ARV would be willing to volunteer to disseminate information on prevention which has improved. The headman has also been trained on treatment of ARV and PMCT.

8. OHANGWENA CONSTUENCY OFFICE 31 JULY 2009

8.1 Meeting with the Community at the Constituency Office

Ms. Maria Michael, Chief Clerk in Ohangwena Constituency welcomed the MPs and their delegation and tendered the Councilor's apology, who had another equally important commitment. Hon Kaiyamo briefed the meeting on the purpose of the visit and opened the floor for the different organisations to brief the MPs about the situation on the ground.

HEALTH/CLINIC

- The clinic provides counseling and testing
- Patients on treatment complained of taking medication without food
- Orphan project – feeding programme
- A support group OTO Omwene tutambula (meaning `Lord receive us') is working within all the constituencies of Ohangwena region

Questions and Comments

Who are the majority that come for VCT? Is it women or men?

Mostly it is women but men have started coming in larger numbers

If women come for testing who has the responsibility to inform their partner?

The women themselves

OVC

Orphans only come for assistance with the grant

How long have you been doing the testing? How do you assess the situation on the number of those tested?

Since 2005. More people come for the testing and also there has been an increase in positive cases

When you counsel or give results how do people react?

There is no reaction

Are there cases of women who are abused or violated when they inform their husbands of their status?

No cases of violence have been reported. There was a case where the wife tested positive, however the husband could not accept her status

When people are coming for testing do they wait until they are sick?

The majority only come when the symptoms come unless it is a national testing day

The CDC meets on a quarterly basis and also when there is an emergency. The CDC involves all the stakeholders

TB PROMOTER

The number of TB patents is increasing and most of the TB patients are positive

OVC

Started with a registration programme of orphans in 2005. The number of orphans are increasing, orphans are registered everyday

THE CHALLENGES

- Lack of identity documents
- To register orphans with a single parent or when both parents have passed on
- To register those children that are vulnerable whose parents are in prison (some for more than six years

- To register orphans whose parents have retired or are pensioners

Have you reported cases on the misuse of grants?

- In such cases the office calls parents and advises them that if they repeatedly misuse the grant, they will instruct the relevant officers to terminate the grant and find another guardian

CACOC

- The orphans grant is being misused by some guardians that collect the grant
- These cases have been reported to RACOC
- People on ARV treatment fail to collect their medication because of the lack of transport fees. If they could be provided with some income-generating activities and projects it would significantly reduce the number of defaulters.

SUPPORT GROUPS

Seven support groups are active. One support group has provided its members with a card system in arrangement with the hospital. The programme ensures that those collecting the medication do not experience a problem with payment

Three villages who are particularly vulnerable because there is lack of transport

People do not collect their medication as some staff punish those that have missed their medication, although this could have been due to the lack of money for transport. The doctors either send them back or give them their treatment last, however this is not done deliberately but due to the appointment system the doctors use

Service providers should not deny providing services according to the law.

8.2 Visit Ohangwena Clinic

The MPs were taken on a tour of the clinic facilities and were informed about the following:

- There are three nurses serving a population of 11 430
- The clinic provide prophylaxes to HIV pregnant women
- Family planning are used and provides information on the advantages and disadvantages of FP
- Provide family planning
- Femidoms are rarely used
- There is a need to increase staff members to seven and more cleaners as well
- The clinic needs more community counselors
- Space needs to be extended
- Air conditioning is needed as the room where patients are treated is very hot
- More chairs for the clinic staff and patients are needed

8.3 Visit to Tutekula (meaning "care for us") Projects

This project was started in 2007 after an analysis of the needs of children at schools was undertaken. It was established by community members themselves to boost their self esteem as an after school programme that assist OVC with homework, life skills on hygiene, behavioural change, HIV prevention and alcohol abuse. They also provide feeding programme. Some of the other issues highlighted during the visit were as follows:

- No funds
- Chairs donated by MGECW
- First Lady, Madam Pohamba' donated blankets and food

- The space used by the project is rented
- 605 children are helped by the project with an age range from six months to 17 years
- 24 children are HIV positive
- Some of the children on the project receives government grant others do not due to lack of identity documents
- Seven staff are at the project
- The project assesses children that are HIV positive to make sure treatment is taken
- The project is a member of the Church Alliance for Orphans (CAFO)
- It is registered with the Ministry of Health and MGECW
- The Governor is the patron

Questions and Comments

Are there many children that are currently undertaking high school?

- Two learners are in high school but the challenge is paying their school fees

Do you prepare them with skills?

- Needlework and sewing, but the lack of funding hinders the programme's sustainability

Are you in contact with a social worker?

- The project refers some of the children to the social worker and the project also invites them to give a briefing to the children on their rights.

9. OMULONGA CONSTITUENCY 1 AUGUST 2009

Meeting with the Councilor and the Community

The MPs arrived at the constituency office in time for the meeting but due to the fact that it was the last meeting and it was on a Saturday, the attendance was expectedly low. However after a very long wait, some of the key community members representing different institutions began to arrive. Mr. Mwandingi, a community activator at the MGECW informed the meeting that the Councilor experienced a sudden problem with her car and will join the meeting later. Hon. Kaiyamo brief the meeting on the purpose of the MPs visit and requested those present to brief the delegation about the situation on the ground. The following presentations were made from the different organisations present and are highlighted below as follows:

CDC

On HIV/AIDS: Most people lack information on VCT and want to be tested, but once they are informed that they tested positive they become angry.

What do you do when people do not have information?

- There are volunteers of TCE that provide information, but do not cover the whole area due to its large size. It is suggested that action is taken to increase the number of volunteers

Those that are married how do you inform them?

- Most women offer to be tested but their male partners do not want to be

- Those men that are HIV positive and are on ARV do not inform their wives.
- Volunteers counsel couples for the first and second time when they agree to go for HIV testing.

HEADMAN

OVCs is a challenge, particularly when both families of the child want to be registered at the councilors office with families fighting over the grant and when one family denies the documents to the other family, this lengthens the process

What do headman do on this issue?

- The headmen meet at the local level to discuss the problem

PASTOR

- Prayers with no action may not result in a positive result to do with HIV/AIDS, the disease is increasing
- The church coordinates with TCE within the area
- The youth use family planning but there is a high increase of teenage pregnancy despite this fact
- Married couples do not inform the other partner of their status however they come to church for counseling about when to inform their partner
- OVC grants are misused by those that understand the system and who are, usually educated and working, and this results in further suffering for OVCs

Does gender based violence occur in the village? Are these cases reported?

Do teenagers come to the church for forgiveness and are they under age?

- Economic abuse is denying access to household services
- Regarding GBV within marriage it is happening, mostly women violate their husbands by not feeding them
- The church leaders visit households to assess the situation
- There was a case of a husband that beat his wife recently, it was difficult to help them because the church was not informed about the issue
- There were two cases last year involving children. Cattle herders engaged in sex with young girls and there was also a case of a 15 year old girl who was made pregnant by the parents' cattle herder

RED CROSS

The Red Cross provides information on HIV within the community. The volunteers provide information where they can, but the response to this information varies, a contributing factors is alcohol abuse

It would be helpful to increase the number of Red Cross volunteers to complement the TCE

Is there a link between the council office and the community?

- The office is based at the council's office, so there is a good relationship
- The problem is that those infected with HIV/AIDS are told by traditional healers that they can be cured if they undertake sexual activities with a child/minor or an old person.
- Also those infected with HIV sometimes have money, with which they pay to sleep with people which leads to an increase in HIV infection.

COMMUNITY ACTIVIST

- The MGECW assisted to build permanent structures for early child centres

- The number of centres are increasing
- 44 early child centres are within the area
- Four centres were assisted by the MGECW with permanent structures
- Lack of funds is a problem.
- There is a need for development structures
- Income-generating activities are needed.
- One project was started for people living with HIV at Oshigambo, and communication with community members suggests there is progress
- There is a lack of information dissemination such as library, media centres to serve as a resource facility for the community.
- Three clinic are located in the area
- The lack of safe water is a problem.
- One kindergarten has been included in a pilot study by the Ministry of Education
- The budget for ECD this year was 54 000 for the whole region

VOLUNTEERS MGECW

- Double orphans experience a long process of registration
- Orphans are often denied identification documents by families
- ARV medication should be bought close to those infected at clinics to provide them with easier access
- TCE 2 only provides information to the village. Community meetings suggest that there is a need for an increase in the number of volunteers

What is the response when people on medication arrive at clinics?

- The doctor and the pharmacist meet them and check their CD count.

The councilor pointed out that:

- Those living positively are recommended to get a disability grant to pay for their transport fees and food
- Those on treatment have been provided with food within the constituency
- Women and children deserted by their husbands and their households have no means of survival
- The constituency has the highest population in the region
- Safe clean water is in the process of being provided to the whole constituency

Some concerns were raised regarding MGECW Human Resources. In general the delegates felt it will be better if all constituencies are represented by the MGECW staff However the ministry was also recommended for supporting IGA's and many of those visited had make differences in their members' life as well as their communities.The MPs thanked all the participants in the meeting and expressed their appreciation that the community had attended the meeting even on a Saturday when they could have been engaged in their own activities. The meeting was adjourned at 12:30

10. PROCESS AND OUTCOMES

10.1 Meeting with Governor of Kunene Region – 27 July

The MPs, together with their accompanying team, consisting of staff members from UNDP, UNICEF, UNFPA, Parliamentary staff members and staff members from MGECW, MoHSS and MoSS in Windhoek commenced with formal business at 9h00 with a courtesy call to the Kunene Regional Governor's Office, the Hon. Governor Dudu T. Murorua, who had made the necessary arrangements and effort to receive and welcome the delegation to the town of Opuwo on their historic visit. The meeting was well attended by the top regional political leadership, traditional leaders and line ministries' service personnel with the notified absence of a few regional councilors who could not make it as they were preparing their constituencies for the same visit.

Hon. Hansina Christiaans, Deputy Chairperson of the Standing Committee and leader of the delegation, who co-chaired the meeting expressed her gratitude to the Governor and the regional leadership for availing themselves and thanked the regional service chiefs for attending the meeting and explained the purpose of the parliamentary outreach visit in terms of its aims, areas of special and specific interests, the parliamentary oversight function and the reporting process. Hon. Christiaans informed the meeting that the purpose of the visit is to, amongst others, see the situation of OVCs in the region; to see how the structures that are serving them operates; to see how the HIV and AIDS governance structures are operating; and to ensure that all the stakeholders are on the same page with the issues at hand. If problems are identified than the aim is to establish how they can collectively work together to improve the situation. She urged all present at the meeting to give a true reflection of their situation as it is on the ground to enable her Committee to report back to the National Assembly for follow-up action. Hon. Christian than requested everyone present to introduce themselves and the institution/s they represent so that everyone knows who is who. At the end of the introductions Hon. Christiaans requested the UNDP representatives to explain their role in this project. Ms. Madhavi Ashok on behalf of the UN family emphasized that the team was in the region to hear and learn from the different line ministries and from the region on what is being done on issues of GBV, OVCs, poverty, reproductive health and HIV/AIDS, and the impact that these issues are having on the lives of the family the household and the community, and what are the issues that should be brought to the attention of the Hon. MP's. Ms. Ashok highlighted the critical role which parliamentarians are playing towards regional development. She also pointed out the developmental challenges faced in achieving regional development, particularly with reference to the indicators of gender equality and child welfare which according to the 2nd MDG's report of 2008 appears `in the red'. She further asked the meeting to ponder why Namibia is not able to reach the MDG targets. With these words, she thanked the regional council on behalf of her colleagues from the UN Family for welcoming them in the region, and looked forward to interacting with the community in their different constituencies.

Thereafter the function of chairing the meeting was reverted to Hon. Diergaardt who gave the floor to the officials of the Kunene regional service chiefs to brief the delegation on the present state of the programmatic areas in the brief of the Parliamentary Standing Committee.

MINISTRY OF EDUCATION

Mr. /Awebahe //Hoeseb, the Deputy Director of Education in the Kunene region, commenced the regional debriefing and informed the meeting that the region lacks hostel facilities and the communities are eager to register at community hostels, however only 3 community hostels are at present meeting the set health standards. He informed the meeting that overall only 5 more community hostels are going to be on considered for future use. The School feeding programme is helping the hunger prevention aspect however the programme only provides the maize blends to cater for school days and not for the additional days children are in the hostel. The Ministry of Education's Deputy Director indicated that orphaned and vulnerable children are exempt from paying school development funds.

Mr. Hoeseb reported that the Ovazemba & Ovahimba people are exempted from wearing school uniforms for the entire primary phase and that these children are clearly feeling out of place when they are sharing classrooms with children who are wearing the normal or western school uniforms. This is especially evident with the girls at the age of puberty when they realize that the other classmates are more covered than they are and this factor is also contributing

to the high drop-out rate from schools (776) during the 2008 academic year.

The issue of school uniforms appeared to be a contentious problem as the Ovahimba representative and the councilor for the Epupa Constituency argued that the introduction of school uniforms at the end of the primary phase was too early and was resulting in discrimination against the Ovahimba and the Ovazemba children who eventually lose their education whilst they might have, at least, advanced to the secondary phase whilst still attending school in the traditional attire. General school discipline (among learners) is becoming worrisome and two knivings were reported at Kamanjab and as a subsequence these learners were expelled from schools.

The Ministry of Education also reported that staff housing remains a great challenge in Opuwo town and that the envisaged relocation of the MOE Regional Head office to Opuwo will further compound housing problems as more staff are expected to move there with the relocation. Hon. Kavetuna raised the issue of the performance of Grade 10 and 12 learners. She noted that Kunene region's Grade 10 results have improved nationally from 13th place to 5th spot. She agreed with Mr. Hoeseb's assertion that the spring school initiative helped to improve the region's educational performance. Mr. Hoeseb also informed the meeting that the MOE has successfully implemented the cluster system (MOE) and that it is well functioning. This cluster system is credited with having improved the supervision support in schools with training in quality assurance and this has also helped effect the improved regional educational performance.

According Mr. //Hoeseb English teaching and command of the national language has proved to be a major problem in the region. The Permanent Secretary of the Ministry of Education, Mr. Vitalis Ankama, made the pointed remark on a recent visit to the Kunene teachers core that "The perception with which I am leaving to the Head Office is that you are not helping the children to bridge the gap between the traditional context and modernity".

No:	Reasons why learners are dropping out	Total Learners
1.	Illness or caring for sick family / relatives	50
2.	Distance between school and home	275
3.	Left school to get a job	10
4.	Parents demanded that learners stay at home	86
5.	Failure to pay school development fund / hostel fees	9
6.	Pregnancies	43
7.	Learners feel too old for their grade	27
8.	Learners failed the grade	12
9.	Learners had disciplinary problems	40
10.	Parent / s died and learner had no caretaker	12
11.	Hunger	17
12.	Learner was being discriminated, bullied by others	1
13.	Disability of learner	1
14.	Early marriage	1
15.	Attitude of teacher / s	3
16.	Unspecified reasons	182
	Total Number of Learners Dropping Out	776

MGECW

» Mr. Karutjaeve the regional gender official reported that all six constituencies received OVC registration services and that 480 OVCs are registered presently. He lamented the fact that they are understaffed in the region. In Epupa – caretakers are struggling to get birth-certificates. In terms of income-generating activities 67 such activities was started but only two are fully operational and have the necessary documents and 65 are reported as dormant. The focus is on individual projects.

- Early Childhood Development – 50 kindergartens were established – but they are largely unsuccessful due to the nonpayment of caregivers. Some crèches in Etanga were sponsored by external sources.
- Gender Mainstreaming – Only one member is working in this programme area, but this person has already reached 5 000 inhabitants.
- GBV in the area is largely under-reported and the complainants are also withdrawing the few such cases that come to the police (one lady who was abused by her husband said she fell off a donkey.)The meeting did not discuss what needed to be done to limit the number of GBV cases as there were very few cases, but the participants, instead, urged the police and WPCU to raise awareness to increase the rate of such cases that are reported.
- Mr. Hainyanyula the MGECW head office staffer said that a submission was made to the Public Service Commission for a staff establishment for more post for Gender Activators which was approved as proposed but has yet to be implemented. Improved staffing capacity is a real need in this region however there is also the stark realization that the GRN cannot appoint many more personnel to an already bloated civil service. A member of the parliament asked via a proposal whether the job description of the person responsible for `gender mainstreaming' could not be added to that of Child Welfare Officer.

NAMPOL – INSP. SHIWONONE/DETECTIVE SHALULU

- The Inspector reported that the police are under resourced – Police Officers are staying in tents and inmates sleep in containers. The police report that they receive in a month up to eight GBV cases ranging from rape, child abuse, and domestic violence. The incidence of the withdrawal of cases by adult complainants is high as they prefer these to be handled by the traditional courts.
- Governor Murorua also informed the meeting that some women withdraw cases because of settlement payments made outside the court system and he wondered whether these were genuine rape cases or extortion cases.
- General Issues and Comments
- The regional officials have campaigned with the parliamentary committee to re-introduce an incentive system which was used in the past (under South African rule) that was referred to as `the inconvenience allowance'. This incentive helped to lure professionals to remote areas and helped to bolster educational development and general capacity-building in these areas. The officials explained that the post-independence government has halted the so-called "Bush-allowance". Housing problems were found to be acute in the towns of Opuwo and Khorixas and this fact was compounded by the unwillingness of the Namibian banks to fund the building of houses in the newly established towns. Hon. Diergaardt closes the meeting by giving a vote of thanks, reassuring the Regional Government that the region had an ally in this committee and thanking the Governor for offering the group lunch.
- The tour group was honoured with a sumptuous luncheon hosted by Honorable Dudu Murorua at the Opuwo Town Lodge after which the meeting reconvened at the regional council chambers for the briefing of the Ministry of Health and civil society partners in the area of HIV and AIDS.

MOHSS – GENERAL REPORT

- The briefing of the Ministry of Health and Social Services was led by Ms. Linda Nambundunga, the Regional Health Director who briefed the meeting that the Kunene's regional health needs are served through three district hospitals: Opuwo Hospital (with a 91 strong staffing compliment), Outjo Hospital (with a staff compliment of 105) and Khorixas Hospital (with a staffing compliment of 35 personnel). The region also has 22 clinics and 3 health centers (at Okanguati, Sesfontein and Kamanjab) and an occasional outreach team or a mobile clinic and all these facilities are providing health services.

- The remoteness and the vastness of the area they are covering was pointed out as hampering their efforts in health care as some of these remote clinics are inaccessible due to the poor condition of the roads. The clinics are referring patients to clinics and these patients cannot reach the facilities. All clinics are served by enrolled nurses only, these nurses are overworked as the staffing structures are not filled fully and the clinics are highly reliant on personnel on relief duty. Sesfontein is said to be without permanent staff at all. The director noted that the staff turnover in her region is very high from January to date there had already been 18 resignations. The high staff turnover was generally attributed to the remoteness of the area and the acute non -availability of amenities such as public transport which is a disincentive for qualified professionals from other regions to go out and work

in these areas.

» A ministerial (MoHSS) staff establishment review was carried out in 1998, and only implemented in 2003, however the challenges on the ground remain pertinent and staffing shortages also impact on the principal medical officer who also doubles as a clinical doctor and an administrator. The Director informed the meeting that there is a National Health sector review ongoing at the present to which she had also forwarded the regional staffing needs. This process gives them hope and the belief that some of the staffing problems in region could be addressed by this health sector review. The review is also said to be looking into the pressing housing issue of health personnel housing.

» The general sanitation conditions found in the Kunene schools and hostels is a clear challenge and some of the schools need to be closed as the situation is becing critical. Ms. Nambundunga expressed the proposal that Regional Councils could be given the function to take over the sanitation issue. The frequent cholera outbreaks in the region serve as a testimony to the sanitation problem.

» The Department of Works was also reported as being very slow on maintenance issues. Hon. Dr Amweelo informed the meeting that the lifespan of the water pipes in Opuwo area had reached the maximum and they needed to be replaced on a grand scale. Hon Mbai made the observation that MoHSS is receiving nationally the second highest budget allocation, but the administrative capacity and achievements seemingly are not corroborated by this allocation and he wondered what the real limitations are.

» The Health director informed the meeting that the school health outreach programme is stifled by the lack of human resources. They cannot even cover the present 191 health outreach points. The MoHSS has introduced AFHS to support health provision to 16 year old youths to access health services in a protected and confidential manner.

» Drug supplies come from the Central Medical Store in Windhoek and when the medical stocks are low they receive supplies from Oshakati, Omusati and Otjiwarongo and in cases of emergency they are buying medical stocks from a private pharmaceutical suppliers in Opuwo. Hon Christiaans raised the idea of adding one additional enrolled nurse to the staff establishment in each clinic to ease the visible overburdening of the nursing staff. The health director informed Ho. Christiaan that she had forwarded this staffing need already to the Health sector review which included the above concern. The director also claimed that home delivery or births although not recommended are very high in the region due to the long distances to health facilities.

» The biggest challenge the region faces is the problem with transportation as the terrain requires 4x4 vehicles and the present vehicle fleet is hopelessly inadequate and old.

» The Opuwo Women and Child Protection Unit have been given office space on Hospital grounds to assist rape victims. The WCPU has the new rape kit however not a single official had received training on the rape kit, although the necessary evidence specimens are taken by health officials at the hospital.

» The region is presently delivering ARV roll-out programmes in Outjo, Khorixas, and Opuwo and more than 800 people are receiving ARV's. The region has a mobile outreach team that is busy piloting the outreach programme supported by the Spanish NGO Medicos del Mundo. The Director was also urging the community support groups to come up with income-generating projects to support patients on ARV in their dietary needs. Rape victims are unwilling to go for voluntary counseling and testing however they are given PEP treatment for a month. The Kunene RACOC purchased gardening equipment to start vegetable gardens to supplement food for those on

ARV's only, but it was reported that only the project in Outjo is still functional.

- The Regional Health Director and her management and the police commissioner appeared not to know the legal provisions on the issue of statutory rape. She informed the meeting that she was not aware that in cases of underage pregnancies the law compels the attending doctors to lay formal charges with the law enforcement authorities. The majority of the visiting delegation was shocked by this revelation. The Director accepted this anomaly and requested the MGECW to forward the relevant policy documents and legislation on statutory rape.

The visiting group was then taken on a guided tour of the Opuwo Regional Hospital. Due to the pressure of time and the nature of such tours the many issues which came up were not discussed fully but all information documented is summarized below:

- Hospital / Casualty and Emergency
- The hospital has a mini- theatre room;
- The hospital is served by 5 medical officers with a fifth one also responsible, for ARV's
- The ARV programme is supported by PEPFAR and Global fund Principal;
- The Opuwo hospital has 3 more positions for medical officers that are not filled at the moment
- The Opuwo hospital has no Pharmacist and is served only by a Pharmacy assistant
- There is only one Pharmacy assistant for the region and also serves Outjo & Khorixas. The district hospitals do not have pharmacist and are unable to fill orders for 15 clinics around Opuwo; Payment of overtime for staff that sacrifices more hours are problematic.
- The hospital receives voluntary services from Dr Karia Behl – Dermatologist and a colleague, Dr Heike Meisel an Ophthalmologist from Germany, who come during their holiday of 2 weeks. Local medical officers at Opuwo are also receiving training from the visitors. (A report detailing their activities and recommendations are attached). Their attachments was facilitated through Dr. Norbert Forster the MoHSS Deputy Permanent Secretary.
- The ART HIV/AIDS clinic has a distinct entrance and a exit to safeguard the privacy and confidentiality of patients (It was argued that the patients who are receiving probably a positive HIV test result may show through facial expression that they have received a bad news)
- The ART Clinic is operated on Wednesdays and Thursdays when the Doctors of the world Medicos Del Mondo (MdM) Spanish NGO come to assist.
- The CDC's clinic has been found to be bigger and better equipped.
- The hospital Data Clerks are inundated with many other services such as patient welfare
- The hospital consist of three physical structures a Maternity ward / female medical ward and a male medical ward
- The general observation was that the Hospital is getting old and has an open whole in the roof, ceiling falling almost in the in the theatre. The health director said that it was poorly renovated but as recent as 2007
- There is no separate ward for TB patients
- The Women Child Protection Unit is said to be not victim friendly, they receive more or less 3 cases per month problem solving. They usually get the social worker to come to the Unit and assist with cases. The age ranges of victims are between 2 and 25 and the common cases are assault, malicious damage to property and rape.
- Office equipment at the Women Child Protection Unit not up to standard but has a toilet, fridge with new rape kits and for specimens and one computer.
- Women Child Protection Unit registers cases and gets police protection for victims and provide preliminary counseling support to the victim.
- National forensic does not accept one set of specimen and they are obliged to find the specimen of the suspect
- The hospital has an incinerator which is in a working condition but it is said to be small

The above briefing was done in the presence of the civil society organizations which continued with their briefings in the presence of the health sector officials. The visiting team observed well established close knit ties between the two groups of officials and could see that the levels of cooperation among them was very high and fraternal.

Civil Society Organisations – Opuwo

The session was convened after lunch of day 1 and was attended by Mr Lesley !Aebeb a field officer representing Ombetja Ehinga, a representativie from Medicos del Mundo and Ms.Rosina Tjizuu of Hamu in the Ministry of Education; she was a Race (Regional Aids Committee) Coordinator.

MEDICOS DEL MUNDO – SPANISH NGO

They work in close collaboration with the RACOC and CACOC's in the Kunene Region and support the ARV roll-out programme with transport and staff members who train the home based care givers in the communities and they also train lay counselors. They only have one car and are planning to acquire one more car. She also informed the meeting that the project may come to its end in the coming year December 2010 as Namibia is now deemed as a nation that can be financially self-sufficient.

OMBETJA EHINGA

This organization targets young people to lessen the impacts of HIV/ AIDS on the youth as they concentrate on Prevention Programmes through training of Drama & Arts to raise HIV awareness. They also train teachers through equipping them as they are at the frontline of the struggle in heightening the HIV awareness among the youth. This organization also operates in the Erongo and Khomas regions and puts out a quarterly magazine called "Oyo". Mr.!Aebeb said that their organization needed improvements in its reach and intensity to respond to the needs and concerns of youth in these times.

HAMU - RACE OFFICE

Although Hamu is a civil service statutory body Ms. Tjizuu attended this briefing session as she works closely with civil organizations in the thematic area of HIV and the youth. She reported that her programs have reached 35 primary and 15 secondary schools in the region. They are rolling out "The window of Hope" programme in the primary phase to develop self esteem and pride and the "My future is my choice" programme in secondary schools to counter teenage pregnancies and raise HIV awareness. There major constraint is transport to reach the schools as well as the high turnover of facilitators who are paid only N$500.00 after 10 sessions they conduct in these schools. She informed the meeting that Race office is also supported by USAID. She also informed the meeting that a KAP Study showed that people (youth) in the region are vulnerable to HIV because they have multiple concurrent partners. Mrs. Ashok raises the importance of external/extra curricula programs in raising HIV awareness among school children, she was highlighting HIV awareness among youth as an important precursor of adolescent and adult HIV awareness hence the continued UNICEF (The UN agency she represents) to upscale the GRN efforts in that regard.

GENERAL ISSUES AND COMMENTS

- Hon. Bohitile raises the issue of teenage pregnancies and says that they under reported in this meeting as she observed on the streets of Opuwo many teenage pregnancies. Hon. Bohitile in actual fact expressed a visible observation that was shared by the majority of the MP's who also stated that many adolescent girls where either pregnant or were carrying babies around town. Mr !Aebeb says that teenage pregnancies are fuelled by traditional beliefs and way of live in the area, he said that monogamous relationship are seen as unnatural in the Himba culture as the people are viewing Multiple Concurrent Partners as a normal condition of their life.
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- MGECW raises the issue that Gender mainstreaming is needed to curb GBV through proper and further policy dissemination. Hon. Kavetuna raises the issues of regarding statistics in relation to school drop-out rates and teenage pregnancies and states that strong linkages can be drawn between these issues.
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- Mr Johnson a UN Consultant raises the issue of building awareness and self-esteem that could lead to better appreciations of self esteem and human rights.
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- The issue of female condoms is raised and the HAMU person says that the low acceptance of female condoms stems from low levels understanding their correct use and application.
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- KAP – !Aebeb informed that the KAP survey showed that most of the females are ashamed to negotiate about

sex he raised the alarming case where the Himba women were collecting these condoms to decorate their arms and ankles as bangles when the condoms were introduced in the area. He remarked that prostitution was uncommon in Opuwo since the tourist mainly is passing the main centre of Opuwo on route to the prime destinations in the hinterland.

- Stigma around the disease is still very high and the and misinterpretation of HIV Results after testing is also high due to low levels of education , some women belief the test will give them the virus.
-
- A member of the Namibian Police who appeared to have come from a different area said that GBV is accepted as normal because of "culture" and that the rights of women are very low and it that condition is fuelling teenage pregnancies in the Opuwo area.

- The research team concluded the first day of discussions with a general resolve that the remoteness and the non – exposure of the communities to the outside world would remain a bigger challenge in delivering effective social services to such communities. It almost appeared as if the different or incompatible moral order is being imposed on rather primordial society.

OKANGUATI – EPUPA CONSTITUENCY 28 JULY 2009

10.2 Councilor of Epupa Constituency Kasita Mburura

The MPs and their team group travelled at the Epupa Constituency on the morning of 28th July and arrived at Okanguati the constituency office at 9h00 and was received by Constituency councilor Hon. Kasita Mburura who opened the meeting and welcomed the delegation and informed the meeting that they had entered a difficult constituency, an area that was neglected by the previous government and consequently suffers from a lack of infrastructure such as roads and other general development services. Hon Mburura explained in his welcoming remarks that the community in the area suffers from the effects of remoteness and does not benefit from most of the services offered by the government such as the HIV & AIDS awareness programmes. He expounded the realities of his constituency and explained that some of the areas are so remote that they can only be reached by the helicopters of Namwater or the vehicles of the military.

Members of the government agencies/ministries present at the meeting introduced themselves and Hon Christiaans, the Deputy-Chair of the Parliamentary Standing Committee, introduced the purpose of the meeting and the visit to Okanguati and stressed that the overall goal of her committee is to help address gender inequality which remains a big driver of HIV/AIDS epidemic in Namibia.

Ms. Madhavi Ashok the UNICEF Deputy resident representative and the UN deputy representative in the country was introduced and was requested to state the course and trajectory of the UN interventions in the development of Namibia.

The meeting was declared open by Hon Mbai after he had made some introductory remarks in which he who urged the participants to capitalize on opportunities such as these visits to inform the government of their developmental needs.

Mr. Tjipoaza, the SWAPO Party's Regional Coordinator, remarked that ECD remains very important to the future development of every single person. He also singled out HIV as one danger to adult community members who are generally illiterate as only young people understand how the disease is spread. Mr. Tjipoaza believed that gender equality has been `found along the way' by the older generation who were be reluctant to adopt such new concepts, however the younger Himba generation is going along with it. He also mentioned the fact that gender equality is not a concept fully embraced in these communities as can be seen by the low attendance of women, even at that day's meeting.

The first traditional councilor who spoke expressed his disappointment with meetings such as this as he can remembered many previous meeting he had sat in where they had presented their problems, but nothing had come of them. The councilor said that the issue of hunger or food insecurity in the constituency is real and that it dictates their movement patterns. He also expressed the concern that applications to register OVC's takes a very long period of time and that people at times are blaming the traditional councilors for taking the benefits of children that they have applied for.

The traditional councilor informed the meeting that modern social relations and dictates is the cause or is influencing GBV and that he felt that jealousy is the cause of GBV. He lamented the decreasing value placed on their old traditions in dealing with relationships for example "A man never returned to his own home at night after a long travel and he teaches his sons not to come to their own home at night after a journey, because one never knows who you will find at your home that night".

The first young man to speak talked about HIV and AIDS and said that alcohol abuse is the most pertinent driver of the disease, followed by unemployment and poverty; he said that the small numbers of men with jobs have access to many unemployed women. The young men said that gender equality in such remote communities is just a pipe dream as the Ovahimba culture prescribes that women should be subservient to men. Even when attending meetings they are not going to contribute. He feels that the older social practices such as not returning home at night are not adhered to these days due to the abuse of alcohol.

He further made the comment that education is very expensive and that parents cannot send all their children to get educated and that some are losing out on receiving education as they should remain at home to look after cattle. He commented that the region is losing out on Agribank support and loans because they do not have houses as collateral.

The principal of the Okanguati Combined School explained that the Ovahimba traditional approach towards sex is that 'a man is not a man without a girlfriend'. He further informed the meeting that people in the Okanguati constituency are being buried without death certificates because they are not taken to the mortuary to be certified.

He also informed the meeting that the parents who are receiving grants are cheating children out of this income. He said that the he attends school feeding programmes in his constituency and says that both the beneficiaries and the programme were not properly constituted as community members are also being fed by the programme. This means the supplies do not last the whole term and schools are closed down if the maize meal supplies run out.

He also mentioned that mobile schools are a problem as girls do not want to abandon the traditional attire for school uniform and this situation leads to a high number of girl drop-outs and only boys remain in schools. The principle further informed the meeting that applications for identification document applications take 4-5 years in this area. He concluded by saying that the law that was supposed to have relaxed the cross-border regulations and improved the movement of goods and people is not lenient enough to achieve this end.

The meeting was closed by Hon. Councilor Kasita Mburura. The follow up meeting with the Headman, members of Namibian Police, the school principal and the health official started after a ten minute break as the travel time to Okanguati was longer than expected.

OKANGUATI – HEADMAN, NAMPOL & CLINIC MEETING

Hon. Asser Mbai was named the chairperson of the meeting by the leader of the delegation, Hon. Christiaans, and introduced the purpose of the session and the discussion points for each service sector. The participants did not introduce themselves as almost all the members had also attended the first meeting.

GENDER ISSUES

The headman reported that there is a man who is mentally disturbed who regularly fights the wife and when the headman reports this case to the Police the perpetrator is only imprisoned for a day. Hon. Mburura reported that

"traditionally" and "historically" Ovahimba women would not make a report if her husband beat her, so only the minority of Herero and Ovazemba report such cases, "because traditionally an Ovahimba woman is under the man". He admits however that about 20 to 30% abuse takes place in this community. He informed the meeting that the Ovahimba customs prohibits a man to beat his wife. The Ovahimba culture is grooming people to avoid things that could cause violence among themselves. Forced or non-consensual sex is also a very rare occurrence in this community and one traditional councilor said that such news they only heard from the areas the tour group came from.

Hon. Adelheid Awases asked the meeting and the councilor "when the present yoke on the Ovahimba women would be shed". This question went unanswered as the meeting's local participants did not regard it as a very crucial issue for further deliberation.

The Traditional Councilor reported the existence of the following income-generating projects.

- Okapana – Fast Food Projects
- Bakery in Epupa
- Bakery in Ondavu

MGECW – OVC'S

He further informed the meeting that the community members in the Epupa constituency are applying to access child welfare support grants but that the present bureaucratic processes are too much and needs to be addressed. The social worker of the ministry, Ms. Musukumbili, from the head office explained the criteria of identifying OVC's and pledged to avail it to the region in the near future. She also promised to avail the guidelines for the construction of orphanages in Namibia (and did this after the end of the tour). The meeting was informed by Ms Gisela Horn that she was operating a daily soup kitchen for around 12 vulnerable children that are supported through the German Embassy. The centre also doubles as a guesthouse for volunteers and tourists who visit the area and also runs a garden project which serves as a source of training for the young children and community members in vegetable gardening.

OKANGUATI CLINIC – MALE NURSE

The nurse reported to the meeting that about 12 assault cases in the past 6 years had been reported at the clinic, these cases was mostly due to the incidence of alcohol abuse and was uncommon before the introduction of the bottle store in the settlement. Only one rape case was being reported per year, if any, and the issue of rape is largely uncommon in the community. However, he admitted that there were high levels of teenage pregnancy and this was accompanied by an equally high dropout rate from school for girls.

HIV and AIDS

The nurse expressed the opinion that awareness around this disease was picking up and that more people are coming forward to be tested to know their status or are receiving treatment in the form of ARVs. He also added to the line of those blaming "external factors", an argument that had been made persistently in the earlier statements by the traditional authority. There is a strong tendency to blame the non Ovahimbas and `outsiders' for bad influences and even diseases such as AIDS. The community members are becoming more willing to be tested in contrast to the modern people. Condom usage is mainly concentrated around male condoms and, in fact, Ovahimba women were found to have used the female condoms for decorative bangles, so they do not serve their actual purpose. The school is running the `Window of Hope; and `My Future is My Choice' programmes with the support of the RACE office and the NGO Ombetja Ehinga.

The Epupa CACOC and the Medicos del Mundo are collaborating on a voluntary awareness programme in consultation with the traditional authority. The nurse lamented the lack of professional (Pre and Post test) councilors available. The reason why HIV is spreading was ascribed to alcohol abuse and poverty and the high levels of movement of workers (migrant workers) from area to area. The immunization campaigns are not very successful as parents do not regard these campaigns as important and don't bring their children on time.

REPRODUCTIVE HEALTH

The nurse felt that the high number of home deliveries or homebirths necessitates the urgent training of Ovahimba midwives to safeguard them from contracting the HIV virus during child delivery. He also felt that Ovahimba people should be educated and brought back in serve the communities in their traditional attire or clothing and teach others because that's the only way they would listen to the message. He felt generally Ovahimba distrusted outsiders. The nurse of Okanguati confirmed that he was aware that the law obliged him to lay charges in cases of statutory rape. The nurse's awareness was probed by the researchers to ascertain whether the Opuwo head office had knowledge of the policy on statutory rape that was consistent with that in the adjacent areas. The nurse ended his briefing by requesting the committee to help them build a delivery room at the clinic.

The tour group was invited by the Hon Councilor Kasita for lunch and enjoyed the local "exotic cuisine" of goat meat at the Rural Development Centre. The group thereafter moved off to visit the site of an intended orphanage operated by a German national who moved to Namibia in 2005. This visit sparked mixed responses among the tour group as some members doubted the real intentions of the project. The project was awaiting approval from the Ministry of Child Welfare and Gender Equality and Mrs. Musukumbili of that Ministry gave the owner / applicant Mrs. Hoffman further information to follow the correct steps in finalizing her application. The site visit enabled the group to see the place where Mrs. Hofmann wants to put up the facility. Mrs. Hofmann also informed the MPs that her envisaged orphanage would also serve as a school feeding programme. She expressed her disappointment that the present school feeding programme was constituted incorrectly, especially in terms of its beneficiaries, as almost all unemployed adults were receiving meals, something she said compromises the long-term sustainability of the intervention. The visit was shortened as the time to travel back to Opuwo was already limited and the team left for Opuwo.

VISIT TO THE SESFONTEIN SETTLEMENT- 29TH JULY 2009

The MPs and their team were welcomed by the Constituency Councilor, Hendrik Gaobaeb, and the Nami-Dama Traditional Authority under the leadership of Chief Jerry Gaobaeb at the Constituency Office. The proceedings begun when the Chief asked one of his Councilors to open the meeting with a prayer. Councilor Hendrik Gaobaeb hereafter took the floor to welcome the tour group and expressed his joy that the group was led by a woman and said that, to him, this signalled a positive change in the way we should do things, and he then narrated the proud history of the Nami-Dama people and the settlement. The councilor stated that although Sesfontein remains a distant destination he welcomed the tour group to a nearly "crime free" settlement. Honorable Christiaans expressed gratitude on behalf of the group to the Nami-Damara Traditional Authority and introduced the visitors and asked Hon. Diergaardt to introduce the thematic issues such as HIV and Aids , Gender-Based Violence, OVC's and community development for which the Parliamentary standing committee is responsible in order for discussions during the meeting to have a structure.

GENDER-BASED VIOLENCE:

The Head nurse Ms. Ganuses (an enrolled nurse) explained that her duty station was the Opuwo Hospital but she is presently serving as a replacement for someone who is on maternity leave. She informed the meeting that 3-4 cases of GBV had been reported to the clinic and stressed that these cases are most common among those abusing alcohol. She also noted that the police were reluctant to deal with GBV cases and are referring such cases to the Nami-Dama traditional authority (she mentioned her own case as an example in point). Chief Jerry Gaobaeb informed the meeting that the general resolve on GBV is for the traditional authority to deal with it internally as most of the community members have intermarried and that such cases are mostly withdrawn. He further questioned the rationale why the only police vehicle should travel 300 km to Opuwo for a "simple slapping". The Police chief also confirmed the position that the Nami-Dama traditional authority is considered best suited to deal with these issues as the complainants are withdrawing these cases and only a negligible number of cases goes through to the courts. The Chief asked in Afrikaans "Moet die polisie kar 300km ry vir n klap?" (when loosely translated in english literally means "should the police car drive 300 km just for a slap") The councilor explained that GBV is also perpetrated by women who are abusing their spouses physiologically and emotionally through unreasonable economic demands.

The School principle felt that due to the remoteness of Sesfontein and due to the low levels of literacy in the community women and children is not generally clued up with their rights and fall victim to abuse.

The Police chief informed the meeting that as the influence of the traditional authority is still quite strong and customary rights and values remain firmly entrenched in Sesfontein, the police force is inclined to be guided by the Nami-Dama traditional authority on how to proceed with cases of GBV. It was for this reason that they did not proceed with GBV cases unless the Nami-Dama traditional authority directed them to.

A community member (a young lady) spoke up and informed the meeting that the traditional system of first cousin marriages prevented women from coming out publicly with GBV cases as their own families (mostly their mothers) discouraged them from laying chargers against their husbands to whom they are also related.

HIV AND AIDS

The nurse reported that there is an antenatal clinic available at Sesfontein, but she reported that male partners are unwilling to come forward for testing or VCT. The levels of stigma in the community are very high because the community is very close-knit. The nurse confirmed that there is an ARV roll-out supported by Medicos Del Mundo with an outreach team. She informed the meeting that there is huge need to upscale HIV awareness to help upscale the VCT aspect as the testing equipment was brought to Sesfontein. The nurse informed the meeting that she is unable to deal with rape cases since the clinic does not have any rape kit or any PEP she can administer.

TEENAGE PREGNANCIES

The principal reported that mostly young girls between 15 and 20 are affected and as well as a great number of the Grade 10 drop-outs. They are falling victim to teenage pregnancies due to boredom and in some case high levels of alcohol abuse.

OVCS

OVCs are not being registered at present due to the unavailability of a social worker or a medical doctor. There are presently about 120 children that are meeting the definition who are not receiving benefits and the Gender Activator stressed that the creation of orphanages is avoided and that children are encouraged to return to either their families or their own homes. The principal felt that OVCs outside are not benefitting from any grant system but informed the meeting that they are presently exempting OVCs from paying school fees. He however noted that the number of 120 out of a total of 360 is very high and that it is affecting the school development fund negatively as it is a huge number. Ms. Musukumbili informed the meeting that recruiting social workers for places like Sesfontein was very difficult as people did not want to work in such remote places.

The traditional councilor said that some men who did migrant jobs had children in Sesfontein and it became a challenge to secure their death certificates when they moved on and died in a far-off place.

GENERAL ISSUES AND COMMENTS

The principal informed the meeting of a huge need for the hostel to be expanded as the present one is overpopulated. He gave the capacity of the facility at 100 learners, however they are accommodating 230 learners in crammed and squalid conditions. They are also sharing classrooms between the junior primary and upper primary phase. He lamented that Sesfontein is a victim of the centre–periphery dichotomy or the rural–urban divide.

The headman brought up the case of agriculture and that the community was always assisted by the Ministry of Agriculture to aid the community gardens in Sesfontein, but that the out-sourcing of this function was not beneficial to the community as the contractors are only enriching themselves at the behest of the community. The councilor Mr.

Gaobaeb supported the chief and said that the community gardens are operating at a fraction of their former capacity and asked the government to hand back agricultural extension officers the work to plant these community gardens with the locals as it was in the past. He informed the meeting that the Khowarib, Warmquelle and the Sesfontein gardens are still operational although they are planted under the desired capacity.

Mr Gaobaeb also said that the white contractors had removed tractors and also the fencing was ruined by the heavy rains and floods and the government must urgently review this outsourcing especially as outsiders have a very little interest in these projects succeeding.

It was argued that sourcing out these functions in the absence of sufficient levels of monitoring and evaluation is as good as failing the communities who are being supported. Mr. Gaobaeb remarked that "when the extension officers were here the storage sheds were full of grain but today these sheds are empty". The statement was also supported by the Hon. Clara Bohitile who said that the Nami-Dama community was traditionally planters and lived from their gardens.

A traditional councilor reported that the local mortuary is dysfunctional and that it needs urgent repair since it is almost prohibitively expensive to transport corpses to and from Opuwo for burial. The communities are expected to transport their dead to Opuwo for mortuary services and back for the burial to Sesfontein irrespective of their financial status and this type of cost was pushing poor households into deeper poverty.

KAMANJAB CONSTITUENCY KAMANJAB VILLAGE COUNCIL MEETING: THURSDAY, 30 JULY 2009

The MPs and the accompanying delegation left Sesfontein for Kamanjab in the early morning, but despite the early departure the meeting could only started at 11H00. Due to the mountainous terrain the 16 sitter Combi for the MPs was not suitable for the area and was very slow. On arrival Hon. Dave Karunga the Chairperson of the Kamanjab Village Council welcomed the MPs and their delegation to Kamanjab and extended his gratitude to the MPs for being able to be with them to share information on the challenges and successes which they faced in implementing government policies at the local level. Hon. Karunga also informed the delegation that one of their Councilors had passed on and that some of the members would leave to continue the preparation for the burial on Saturday 1 August 2009. The meeting had coincided with the medical doctor's regular visit to Kamanjab and some NGOs were meeting with the doctor. Those present were representatives of MGECW, Ministry of Education, Ministry of Health and Social Services, Medicos del Mundo (MDM), CACOC and other invited participants. Hon. Christiaans thanked the Hon. Karunga for the warm welcome extended by the local authority Councilors and requested the meeting to observe a moment of silence in honour of the recently deceased councilor Mr. Okama

Hon. Christiaans introduced the purpose of the meeting and the trip in general. She explained that the Parliamentary Standing Committee on Human Resources, Social and Community Development has an oversight function over the policy framework and the implementation of these policies by the governmental and semi-state agencies tasked with implementing these policies. Hon. Christiaans outlined the topics for discussions. She extended gratitude to the UN and requested Ms. Venaani to introduce the position of the UN family who are partners in this project. Ms. Venaani highlighted the focus areas of UNDP, UNICEF and UNFPA and their roles in assisting government to achieve its development goals.

Hon. Christiaans appointed Hon. Asser Mbai to chair the meeting. Hon. Mbai apologized for the delay in commencing but nevertheless, outlined the issues for discussion: OVCs, Gender inequality, gender–based violence, rape and income-generating activities among others. He indicated that the respective ministries who are directly involved should be given a chance to share their experiences first.

MGECW: GBV

The representative from MGECW indicated that the Kamanjab community has changed and has turned into a violent community. She made reference to a woman who was burned last year around the Anker and Erwee area. The representative described challenges such as alcohol abuse which was the main contributing factor to these gruesome acts. Poverty also plays a major role as people continue to live in abusive relationships, where, in most cases, the victims are dependent on their abusers for a living. GBV cases are withdrawn primarily by women fearing the lack of support if their partner goes to jail. The representative pointed out that more gender mainstreaming is needed to educate women and men in order to curb GBV. Generally whilst rape cases do occur in the Kamanjab constituency they are very few. Maintenance grants for children must be obtained from the nearest magistrate's office which is in Outjo (a 150 km round trip costs N$160.00). Ms. Theresia Basson (a former teacher) who is the Gender Volunteer stated that accessing death, birth certificates or other government documents remained a challenge due to the high transport costs to go to Outjo. Indeed people ended up using up the grant they had received on transport cost. The registration of orphans is ongoing, however orphans fathered by men who are from other regions, especially from the north-eastern regions, and who have returned due to illness and have passed on, are unable to obtain the full birth certificates and death certificates of their parents and in so doing are not able to receive their grants. The absence of a social worker was deemed as a major obstacle in order to provide counseling and support, to recommend the placement of children in foster care and to assess and monitor the situation of those children who are already in foster care. Recommendations of foster placement are presented in the magistrate's court and the care-giver, the child and the social worker should be present. The situation for most children who are registered for consideration for OVC grants remains the same in the absence of a social worker. During the time of the visit it was discovered that since last year September Kamanjab has not received services from any social worker and as a result no OVC or foster grants had been processed since then. The only social worker in the region, who is based in Outjo, is currently on maternity leave.

INCOME GENERATING ACTIVITIES (IGAS)

With regard to IGAs women in particular are working hard – selling kapanas, doing tailoring etc to make ends meet. Five income-generating projects which are funded by the MGECW are still in existence. There were five kindergartens, but only three are still in operation. Of these three, one is operating in a house, while in the other two the number of children attending has been reduced drastically due to non-payments since teachers rely on the payments from parents to maintain these kindergartens. The function of handling OVCs (the administration of maintenance grants) has been transferred from the MoHSS to the MGECW, however the MGECW has for the most part remained unable to carry out these tasks. Despite these shortcomings the volunteers in their respective constituencies continue to identify children who are in need of assistance.

Another important issue which this meeting discovered was that in Kamanjab teachers and nurses did not know that if a girl of 16 years or younger drops out of school due to pregnancy or is treated for ANC at the health facility this constitutes a statutory rape and that teachers, health workers or anyone who comes across such a case has to report it.

RECOMMENDATIONS;

- In view of the period that has elapsed since September 2008, it was recommended that the MGECW should send an immediate relief social worker to deal with Kamanjab OVCs issues such as recommending application forms for maintenance and foster grants, to monitor the use of grants, to monitor the situation of OVCs in the area and general counselling as required.
- People in Kamanjab and Kunene region at large need awareness on statutory rape.
- Kamanjab Health centre requires the service of a nurse who is fluent in other indigenous Namibian languages other than Nama-Damara, primarily Otjiherero, Oshiwambo and Rukwangali.

NAMPOL:

Kamanjab Station Commander, Inspector C. Heita informed the meeting that criminal cases occur mostly at drinking places. GBV occurred due to a lack of understanding of what constituted GBV especially among men. One or two cases of GBV were reported a week. Most of the crimes committed by children involve theft and fighting. Chief Inspector Shipanga from Windhoek Head Office informed the meeting that at times investigating officers take a bit long with

investigations, since investigators are obliged to gather all relevant evidence to the case and to make sure that all the information pertaining the case is collected, before a case docket is presented to the Public Prosecutor. And in cases of informers, they are usually protected and their identities are withheld, as they are protected by the State. Therefore, their names are not revealed and they are as well not used as State witnesses in court. The Inspector alluded to the fact that juvenile cases are reported but their nearest WCPU is in Opuwo, 250km from Kamanjab. In such instances they rely on the nurses at the clinic to assist the victims, but they are unable to follow the procedures to the letter because they have other duties and the police office is not equipped to deal with those victims. Most rape cases are withdrawn, although they engage the victims in discussions, most victims opt for that citing poverty, survival and fear as the major reasons. Transport and the lack of human resources are major constraints in their daily activities. In Anker a woman was "slaughtered", the culprit ran away and the police offered an award for information about the whereabouts of this suspect. Someone managed to apprehend the suspect and bought him to the police and needs to claim his reward but does not want to make a statement to the police which might reveal his identity. Chief Inspector Shipanga from Windhoek Head Office informed the meeting that investigating officers usually take long to investigate and to ensure that all the information is taken up. State witnesses are protected, so his name will not be revealed.

RECOMMENDATIONS:

Chief Inspector Shipanga from Head Office Windhoek was requested to take up the claim issue.

The local police force should be strengthened to deal with rape victims and juvenile delinquency

Set in motion the process of opening a WCPU in Kamanjab

HIV/AIDS:

One of the councilors informed the meeting that the Council has, as part of CACOC, requirements come up with a budgeted activity plan for this financial year to initiate HIV/AIDS programmes including outreach. CACOC members give awareness training supported by the Red Cross Society. However at constituency level members of CACOC do not attend meetings regularly and when they do senior personnel who have a decision-making mandate send their juniors who are unable to commit themselves and make decisions on behalf of their offices. The Council has recently started a garden project from which infected people are expected to benefit. There are also support groups in the constituency but due to the lack of resources they lack materials and are not able to visit individual households. Condom distribution is done mainly by Peer Educators from Red Cross. Kamanjab Combined School. Gr. 1-10 and the Primary School Gr. 1–7, are accommodated by OYO, but there are also programs under the MoE such as the `MFMC' and `Window of Hope'. Window of Hope comprises of three stages: beginners, middle and advanced stages and targets mainly primary in-school learners. Teachers at the schools identify vulnerable children especially those that do not reside in hostels and during the school health programs the nurses and the social worker are alerted of these children.

The Primary School Principal, Maureen Gaochas, expressed discontent concerning school going children who are identified as vulnerable and have low nutritional status, but are not yet receiving assistance. She informed the meeting that four (4) cases of teenage pregnancy were reported last year, and that all the girls were in the hostel and were aged between 14 – 17. The school has no mechanism to find out the actual reason for school drop–outs. They only discover afterwards through other children.

A local councilor raised a pertinent issue about the need for the Ministry Labour and Social Welfare to establish an office and appoint a second labour inspector due to the vastness of the Kamanjab area. He felt that labour relations in the area contributed to the high incidence of HIV infection in the area due to the non-availability of condoms and the situation of infected farm workers who required ARV treatment as farm workers' health and general wellbeing are neglected by farm-owners. He further urged the MP's to support them to have a satellite office for the Ministeries of Home Affairs and Labour.

This point was the last one in the discussion of the morning. Hon. Mbai thanked the participants for raising these pertinent issues and for attending this meeting. He then reverted to the Chairperson who extended her gratitude to all involved in the development process of Kamanjab Village. The visiting team took a break of fifteen minutes then proceeded to visit the health centre in Kamanjab.

VISIT TO KAMANJAB HEALTH CENTRE

On arrival at the health centre the usual long queues of patients were observed. The Health facility only had three (3) enrolled nurses and none of them could attend the morning session because there were a lot of patients to be treated. The team drove up to the health centre and one of the three enrolled nurses, the youngest and most enthusiastic, Ms. Noreses, led the site visit into the clinic. A health centre should have 2 registered nurses, 2 enrolled nurses and a pharmacist which was not the case at this health centre. The nurse informed the team that although Kamanjab is said to be a Health Centre, it is operating at the clinic level in terms of staffing and equipments. The Health Centre has a 'bakkie' (pickup truck) which is used as an ambulance and is not equipped with appropriate equipments when transporting patients to Outjo Hospital. The only ambulance which was delivered was given to Outjo for the time being and they do not know when and if it will be returned. The medical doctor visits on a weekly basis. The nurses perform baby deliveries at the health centre and only emergencies are transferred to Outjo, but with even that they try to manage the situation first because there is no point sending a pregnant women who is about to deliver on a pickup truck to Outjo. The three enrolled nurses all speak Nama/Damara and the language barrier is a serious problem especially with regard to counseling. During the rainy season the nurse explained that they experience power cuts and need a generator to kick in. Electricity failure has led at times to families being called to collect the remains of their relatives from the mortuary. Overall the nurse pointed out the dilapidating state of the health centre. About 62 patients are on ARV, which they started to roll- out in January this year. They give E- Pap (E- Pap is a pre-packed fully nutrient supplement in flour form which can be prepared like pap and given, primarily, to patients who are on ARV and who, upon recommendation, have to receive it due to their low food intake (which may affect the effectiveness of the drugs) which they receive from Medicos del Mundo. At the time of the visit about 7 patients were coming for ANC. For TB patients they give the medicines to four (4) trained volunteers to take it to the patients when they do their house-to-house visits. The nurse mentioned that staffing remains a big challenge. They also try to work on a rotational basis to keep the health centre open for 24 hours a day.

The major challenges they are faced with in Kamanjab constituency are:

- Lack of Social workers to render assistance to OVCs, and for child abuse and domestic violence cases. Evidently there is an urgent need to fill the vacancy of the social worker under the MGECW in the constituency.
- Lack of awareness on Gender- based Violence
- Lack of appropriate transport for the police and the health centre
- Absence of WCPU

RECOMMENDATIONS

- Kamanjab Health Centre to have at least one registered nurse and a pharmacist
- The HC to be equipped with a generator
- The ambulance to be equipped with basic essentials for the safe transportation of patients
- Provision of a WCPU at Kamanjab
- Strengthen MGECW to sensitize the community on gender issues including GBV
- Promptly fill the social worker position at Kamanjab.

The visit to the health centre ended at around 17:00. Since the team could not overnight in Kamanjab due to accommodation problems, the team left for Khorixas where accommodation for two nights was available and as Khorixas was the next constituency to be visited.

KHORIXAS CONSTITUENCY MEETING: FRIDAY, 31 JULY 2009

The Friday meeting commenced at 9H00 as envisaged. The team of MPs was welcomed by the Hon. S.!Gobs, Councilor of Khorixas constituency who, with his team, has arranged for the meeting to be conducted at the City Council's Chambers due to the lack of sufficient space at the Constituency office. Hon.! Gobs asked Reverend Barry Goamub to open the meeting with a prayer and hereafter he requested the Mayor of Khorixas to officially welcome the MPs to his town. The Mayor of Khorixas, His Worship Mathias Tsaeb, extended his gratitude and said that they were honoured by

the presence of the MPs, traditional leaders from #Aodaman, /Gaiodaman and Riemvasmaak Traditional Authorities, government officials and NGOs representatives. The Mayor indicated that he would not give an account of the history of Khorixas but that the team would discover through their discussions the current situation of Khorixas. Then Hon. Christiaans was given the floor to introduce the mission of this historic visit. Hon. Christiaans thanked both the Mayor and Hon.! Gobs, traditional leaders and all line ministries represented as well as NGOs. She requested the team members to introduce themselves and thereafter outlined the purpose of the visit and the trip in general. Hon. Christiaans explained that the function of this Parliamentary Standing Committee on Human Resources, Social and Community Development to monitor and assess progress in policy implementation. Hon. Christiaans called to the podium Ms. C. Venaani from the UNDP who in turn explained the role of UNFPA, UNDP and UNICEF in this project. Ms. Venaani expounded the triple threat scenario faced by government and how the UN is supporting the country to achieve the MDG, specifically with an emphasis on Poverty (and Food Insecurity), HIV/AIDS and the lack of Human Resources capacity. She pointed out that income-generating activities should address unemployment and food insecurity issues, hence the need to bring on board the UN's FAO that focuses on food security issues. Ms. Venaani stressed the fact that a multi-disciplinary approach is required to address these challenges. The Chairperson, then requested Hon. M.B. Goreseb to act as the chairperson of the session. Hon Goreseb directed the discussion to focus on the following issues:

GBV, HIV/AIDS, IGAs and OVCs, he further informed the meeting that included in GBV were issues such as economic abuse, emotional abuse, physical and sexual abuse.

MGECW:

Reverend Barry Goamub, the gender officer responsible for Khorixas, Outjo and Kamanjab, informed the meeting that the Directorate of Gender is promoting positive cultural practices for gender empowerment. Three (3) Traditional Authorities, #Aodaman, /Gaiodaman and Riemvasmaak are actively involved in addressing gender equality and regularly invite the MGECW to explain gender issues in their meetings. The problem is with staff as there is currently only one staff member for the entire Kunene Region.

Child Welfare Services - there are record clerks and volunteers appointed through them and the community is further encouraged to take care of OVCs and to cater for vulnerable children in the community. Foster Placement grants and Child Maintenance grants fall under the Welfare Services. About 200 children receive grants in the Khorixas constituency. Regular meetings are held with the principals and house-to-house visits are also conducted to assess the utilization of those grants. The Reverend pointed out that the officials from the MGECW work together with the only WCPU in Opuwo to deal with issues of GBV. Domestic violence complaints are generally few. When beatings occur among partners they generally resolve the issues among themselves. He further pointed out that if domestic violence cases are reported, processed and later withdrawn, then the office is not in a position to help the victim. People opt to report domestic violence cases to Traditional Leaders.

Child Welfare – A volunteer dealing with the registration of OVCs informed the meeting that, thus, far they have 554 OVCs who are registered (the names are written and they are awaiting for a social worker to assess their situation and recommend the applications), 200 applications have been considered and whilst those children are receiving their grants, the remainders are still waiting. Those applications which have been completed are sent to Opuwo and they must then wait for the Opuwo Office to reply and this wait can take up to 4 months and there is no guarantee that the answer will be a positive one. The main challenges that they experienced were the lack of social workers (to do screening, counseling and to recommend whether or not a child should be placed under foster care and receive a grant) and problems in obtaining all the necessary documents (especially when one parent was deceased) in order to register the child. The radio station in Khorixas was also not working which made the job more difficult as it could have helped to trace parents' whereabouts.

The identification of children who are in hostels and need support relies on the teachers to come forward and bring cases to the MGECW officials. It became evident during the discussion that the MGECW in August 2008 had written a letter to the MoHSS requesting them to transfer all their child welfare files to them and not to process new applications for foster parents and maintenance grants, but there was a need for mutual support and co-operation between the two ministries as the MGECW did not yet have a social worker to handle these cases. Honorable C. Bohitile realized that the letter was an oversight from the MGECW, and immediately called the MoHSS's Director of Social Services, Ms. Inge Katjioungua, to instruct her that the MoHSS's Social Worker in Khorixas (based at the hospital) should continue to assisting the police and the MGECW until they (the MGECW) have a social worker in place.

RECOMMENDATIONS:

- The MoHSS Social worker should continue to execute social work activities in the area.
- The MGECW needs to solicit funding to train more social workers

NAMPOL:

The Station Commander, Inspector H. T. Makabanyane informed the meeting that the number of rape and domestic violence cases reported ranges from 3 – 10 per month (most of which are GBV), and in most cases both rape and domestic violence cases are withdrawn. The Khorixas police station has selected a policewoman to deal with rape due to the sensitive nature of rape cases. The policewoman relies heavily on the WCPU in Opuwo to assist in the investigation. Although the WCPU in Opuwo is equipped with the new (blue) rape kits, PEP kits are still not in use. Inspector Makabanyane revealed that negotiations were currently underway to establish a WCPU in Khorixas and the request has been forwarded to the Headquarters. During the discussions it became evident that rape cases and attempted rape cases are usually withdrawn after they have been reported and processed by the Magistrate's court. Mr. Nicodemus from UNFPA raised the question as to whether the withdrawal of rape cases is embedded in Namibian culture. He asked whether, given the emotional and sexual abuse that rape victims endure, the courts were a position to protect the victims. Were they equipped to deal with rape victims while at the same time not victimizing them further.

Hon. Gobs provided further information to explain why rape cases are withdrawn: In most rape cases where a minor was involved, the culprit's family approach the victim's family to resolve the issue through compensation – an out of court settlement. In most cases this took the form of money and or livestock and general care for the victim (such as the paying of school fees for one or two years). In cases where the victim hailed from a poor background the victim's family usually agreed to the compensation offered. However, both the police and the traditional leaders should refer these cases to the court as state cases regardless of the settlement. The Inspector further clarified the point that if the complainant reported the case, s/he was fully responsible for it as it was only in the cases of minors that the police took it up with the Opuwo WCPU. The Inspector indicated that the MoHSS had written a letter to them to withdraw their services for all children under the age of 18 and refer them to the MGECW. The estimated length of time for an investigation was about two (2) months. The police official indicated that the problem lay with the Legal Assistance Centre. Other problems which the police are experiencing are language barriers, the lack of transport, the lack of personnel to handle rape cases and the absence of a social worker from the MGECW.

Hon. Hoffman raised a personal and painful experience of the lifelong stigma that is inflicted on a rape victim. She pointed out that all involved in dealing with rape victims should be sensitive enough. Hon. Dienda agreed that rape is a sensitive and painful issue as rape victims cannot even talk to their parents about it and carry that stigma throughout their lives. The meeting wanted to know why investigations took so long? The delay in the legal process was so long that culprits were no longer put in holding cells because they were full, and whilst they were out they continued to commit the same crime, believing that the initial cases would die a natural death due to the lengthy delays that would encourage the victim to withdraw their case.

Chief Inspector Shipanga from Head Office Windhoek enlightened the meeting that the delays in investigations of rape cases are due to the fact that the specimens contained in the rape kits are send to the Forensic Investigation Unit based in Windhoek. This is the only Forensic Unit in the whole country and handles all the cases from all corners of the country. Procedurally, the National Forensic Unit do not commence with investigations using one rape kit only, i.e. a specimen from both the victim and the accused are required. This is a challenge in incidences where the police was unable to apprehend the suspect.

TRADITIONAL LEADERS:

Chief Ukongo of the traditional authority informed the meeting that they did not deal with rape cases but referred these cases to the police. The Chief further mentioned that some rape victims demanded payments and this gave the impression that the case might not be a genuine one. Traditional leaders did look into domestic violence cases and try to resolve them without them being referred to the police and courts. The Chief indicated that in the old days the medical doctors used to testify in courts, but currently this was not happening and it was unclear on what basis the accused was tried. On the issue of the delays with regard to rape, murder and theft cases, he felt that some cases were "thrown away". The Chief also noted, with concern, the fragmentation of morals in society as the same parents who are supposed to guide and discipline their children (especially girls) encouraged them to engage in sexual relationships with older men who are able to financially sustain both the girl and her parents. Teenage pregnancy is high and this is linked to the fact that alcohol and drug abuse are common in Khorixas. Twelve and thirteen year old children use dagga and alcohol, although drugs and alcohol are not normally sold by children. He recommended that policies should be reviewed to assist parents in disciplining their children. The vast majority (90 – 95%) of women in Khorixas is unemployed and are forced to remain in abusive relationships for economic survival. The high level of poverty among households and the community in general makes women vulnerable to sexual exploitation.

RECOMMENDATIONS:

- A WCPU should to be set up in Khorixas
- Build Capacity at National Forensic Unit
- Train all medical officers to enable them to deal with rape cases
- Educate Traditional Leaders on issues such as the legislative systems governing the country and the definition of statutory rape,

MOHSS:

The Principal Medical Officer (PMO), Dr. Nkire at Khorixas Hospital, informed the meeting that HIV/AIDS is on the increase in Khorixas. VCT is conducted and about 627 clients had been screened, but only 220 people were eligible for ARV treatment due to the high unemployment rate and so, subsequently, the household food insecurity nutritional status of the infected was often compromised. Medicos del Mundo supply E- Pap and the Social worker assist with counseling. The hospital advocated and monitored strict adherence to medication, but the general lifestyle of the people resulted in frequent non-compliance. There was a high incidence of cases where people start to relax once they started to feel better. The hospital is set up in such a way that stigmatization and confidentiality is compromised. The CDC is separate from the main buildings. The PMO updated the meeting with regard to grants given to HIV/AIDS positive persons and explained that this is given (according to the stage of illness) as a form of disability grant. Both medical doctors and social workers assess the patient and recommend for the patient to be put on the grant or to be discontinued from the grant. The duration of this grant is about 6 months if the patient is pronounced fit he/she is taken off the grant.

The nurse informed the meeting that for PMTCT male partners need to be involved because they lack understanding of why their female partner should not breastfeed once she tested HIV/AIDS positive. A typical comment cited was: “My mother gave birth to 12 children and breastfed them all”. With regard to Adolescent Friendly Health services – the youths are hesitant to come forward and collect contraceptives. She requested the MPYRC to budget for contraceptives because the youth felt much comfortable to obtain contraceptives from there.

EDUCATION:

The official from the Ministry of Education, Ms. Rosina Tjizuu, informed the meeting that at schools, programs such as MFMC, Window of Hope and other NGOs such as OYO combine efforts to educate school youth on HIV/AIDS and general life skills. Ms. Tjizuu further noted that OVCs have access to education and are not discriminated against. However schools experience problems with school development funds. OVCs are given letters to take to the schools to be exempted from paying school development funds, in the same vain schools are struggling with running costs. The representatives from OYO informed the meeting that much emphasis is put on abstinence in AIDS education but children has no regard for authority anymore and children are also tempting teachers into relationships.

VISIT TO SUNRISE CENTRE FOR ORPHANS FRIDAY, 31 JULY 15H00

The MPs and the accompanying delegation took the time and opportunity to visit the Sunrise Centre for orphans and vulnerable children and to learn about the challenges they faced and their accomplishments. This centre caters for 23 children in total, 17 are based there and 6 are at high schools in hostels. The lady and her husband own the house and construction work to further extend the building is underway. There are two toilets and two bedrooms crammed with beds, a kitchen with a huge table where they do after school activities such as drawing, colouring etc. In the kitchen the children are also taught how to bake cakes and sell them. The care-giver explained that the idea was borne out of pity for some children she witnessed who were sleeping in rubbish bins, they were found when the rubbish removal truck came and were then taken to the police. She went to the police and pleaded with them to place the children under her care. The project started in 1999 with 6 children from Grootfontein. The children who are there come from broken homes, some were from abusive households, some were sexually molested by their parents (fathers especially), some

were mentally retarded, some used to live off rubbish bins, some were HIV/AIDS positive. The eldest one, a 16 year old, is psychologically traumatized. The delegation learned that a baby whose mother is mentally retarded and who was impregnated by the brother will become the youngest resident at Sunrise when he arrives on 6th August 2009.

The Centre is in the process of being registered and thus neither the children nor the care giver are receiving government grants as yet. The social worker from Outjo came to do an assessment and has taken all the application forms to start the registration process. Numerous well-wishers have visited the Centre and given donations. A lady from the Netherlands sends N$2,000 per month, local businesses also give donations (for example a Lodge gives used oil), the NG Church gives N$300 monthly. Help has come from many others, including: Twyfelfontein Lodge, the Multisave Shop in Khorixas, a teacher (who gave blankets), an individual who gave N$150 and somebody who paid the electricity bill, a group of people from Walvis Bay who visited with Miss Namibia, Melschen who donated two beds and mattresses and are funding a holiday trip this December to Walvis Bay for all the children. The care-giver is still mourning the death of one of the children who lived at the Centre for only five months and died in a horrific way after the mother and her partner came to collect the child. The partner molested the child and she was brought here again only to die – the mother did not even attend the funeral (the care-giver was crying whilst narrating this horrific incident).

The team gave donations on an individual basis and the care-giver gave them a book to record their names and the amounts given. Hon. Christiaans, on behalf of the group, extended some words of encouragement. The Sunrise Centre may not meet the institutional requirements, as the house is small and the current expansion is limited in size. The local authority, through the Mayor, pledged to offer more space. Hon. Hofmann (who has, herself, run safe homes) offered advice and encouraged the care giver to believe in the Cross. The nurses present were told to assist in counseling the care-giver. The chief social worker who accompanied the delegation was also requested to speed up the registration process without delay. The visit

left most MPs emotionally drained.

VISIT TO WELWITCHIA WOMEN'S PROJECT (SEWING PROJECT) FRIDAY, 31 JULY 15H00

After the visit to Sunrise Centre for Orphans the delegation proceeded straight to a visit at a womens' sewing project. The project was also being run in a room extended from the main house and is a cooperative involving seven women. Apart from general sewing and needlework, clothes and school uniforms, the project also runs a "Daily Needs Retail" on the side and catering services. The project's spokesperson expressed the wish to receive assistance and training in marketing to help them expand. She also informed the delegation that so far they have not made any profits. The MGECW person informed her that their application for support or funding was processed on 15 March 2009. The project spokesperson was advised to refer her questions with regard to funding to the MGECW person from head office (Ms. Emilie Kazapua). The visit ended at about 17:30 and this was the last project visited in the constituency. The team retired for the day.

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OUTJO CONSTITUENCY: SATURDAY, 1 AUGUST 2009

The delegation left Khorixas for Outjo and arrived on time for the Outjo meeting which took place at the Outjo District Hospital because the Councilor's boardroom was small. Welcoming remarks were made by Honorable T. A. Sheya, the Councilor of Outjo constituency. Without any delay Hon. Sheya presented the challenges which the constituency experiences. He informed the meeting that the government has bought 18 farms in Kunene region for resettlement purposes, but 5 of these farms (Namatanga, Elandsput, Kleinhuis, Vlaktes and Stilte) are not productive. Water shortages, broken windmills, broken water engines and leaking dams are some of the problems experienced. Sub-leasing is another problem. The upgrading and construction work on Outjo District Hospital is currently in its second phase. A total of 105 VIP toilets have been constructed in the informal settlement and 96 more are under way. The MoHSS has approved a temporary clinic at Queen Sophia which will serve the Charcoal producers in particular. Government, through MoE, has built two schools Etoshapoort JSS and Maarssen PS in a span of two years. The Hai-//Om Community in the region were resettled near Etosha National Park in Outjo constituency at two government acquired farms, Serringkop and part of Koppies. At Seeringkop the testing of a joint management approach is underway. A clinis is needed in the Etoshapoort area to serve the community.

People residing in the informal settlements within the municipal areas do not have access to electricity, most of them are unemployed, retired or have been dismissed from surrounding commercial farms. The Municipality of Outjo is unable to service ervens (residential plots) for people to buy and build their houses. With this Hon. Sheya once more welcomed the delegation. Hon. Christiaans requested team members to introduce themselves. She informed the councilor that three members of the team, Hon. Hofmann, Hon. Mbai and Hon. Goreseb had proceeded to attend the funeral service of the late Kamanjab local councilor Hon. Okamaru. Hereafter she requested Hon. Diergaardt to chair the session. Hon Diergaardt explained the purpose of this meeting and expressed himself on the question of expectations.

GBV – MOHSS

The social worker indicated that there is rampant violence in the community caused, primarily, by alcohol abuse. The burning of houses and rapes occur and children are suffering due to these violence. She indicated that people do not know what child abuse is. About 15 cases have been reported to the social worker and she cannot handle that case load by herself. In most cases the social worker advises the families to reconcile and work together peacefully. There is also a lack of transport to conduct the necessary follow-ups identified during outreach programs. The social worker pointed out that poverty and unemployment are major problems and households resort to alcohol abuse which they share as a household. Children are also given tombo and there is no food in the house.

RECOMMENDATION:

GBV programs should be conducted at school level.

NAMPOL:

Outjo Station Commander, Inspector Gariseb, indicated that he had only been in the office for two weeks, but stated that from the records about 15 cases are reported each month, on average 8 of these are cased involving assault against women, rape does occur but not often. He indicated that what is officially reported is in fact less than the actual incidences of violence. The Inspector further mentioned that alcohol abuse is on the increase. The police official informed the meeting that there is a planned Crime Awareness Campaign for school children for this year. The WCPU is in Opuwo.

The Inspector informed the meeting that alcohol abuse is aggravated by the issuing of Special Liquor Licenses, which extend trading hours up to 2 o'clock in the morning. There is a need to bring on board and consult all the stakeholders involved on the Regional Liquor Board.

RECOMMENDATION:

Abolishment of Special Liquor Licenses

IGAS:

The social worker indicated that she wants to conduct practical skills development but as there are no funds for these projects, they keep on training. She further claimed that people had a different mentality with regard to IGAs they always wanted to be pushed to do something. The official from the MGECW indicated that the IGAs budget in the Ministry is very small and in fact it has only been possible for one project from Outjo constituency to be considered by the ministry.

HIV/AIDS

The Principal Medical Officer informed the meeting that she did not have the statistics at hand of how many people are on treatment, but she indicated that those on treatment are defaulting and that they are mostly farm workers. Farm workers who are on ARV treatment rely on their employers' transport to come to Outjo and transport comes only once a month. In some cases they even share medications with boyfriends/girlfriends simply because they do not have transport to reach the hospital. The employers refuse to give them permission to come for follow-ups and when they do so without their bosses' knowledge they lose their jobs. Stigma is a serious concern and people are reluctant and not open about HIV/AIDS which makes it even more difficult to assist them. Those on treatment also need assistance with food.

RECOMMENDATIONS:

Farm owners need to be sensitized on the importance of their workers' health. They need to allow those with follow-ups to go to the hospital and complete the necessary routine as prescribed by the medical personnel

Farm workers need to be sensitized also on immunization, ANC and pre-natal care.

OVCS

The MGECW volunteers have registered a number of OVCs but a social worker is needed to assess and recommend that they be put under foster care or receive maintenance grants. The volunteer indicated that there are a lot of vulnerable children and orphans on the farms who do not go to school. A farm can have up to 50 children aged 0 – 12 years and these children do not always have food in their houses. About 70 children are supposed to be registered but they do not have national documents.

The Hon. Councilor indicated that farm workers generally have problems with national documents. Most farm workers have migrated to these areas primarily from Kavango region. When a child has to be registered to receive grants, a single parent is often unable to travel back to acquire the death certificates of the other partner. In the long run children suffer because their applications cannot be considered, because there is no proof that the child is an orphan.

VISIT TO OUTJO DISTRICT HOSPITAL

The morning session was followed by the visit to the hospital. Since the earlier meeting was held in the hospital, the delegation together with the PMO proceeded with a tour.

- Phase 2 for upgrading and construction of the Hospital is underway. The new building will accommodate about 100 beds, the 3rd Phase consists of an ARV Clinic
- Phase 1 (which consists of a casualty and administration block) has been completed.
- The Pharmacy also dispense ARVs
- Psychiatric patients are referred to Windhoek or Oshakati, because there is no psychiatric ward
- The old theatre is used as a storage facility
- Once the new hospital is completed the old buildings will be used as a TB centre for the region
- There is a female ward and a pediatric ward
- Most beds do not have mattresses
- A broken water pipe caused water to run continuously.
- The Rotary Club donated about four modern beds, but these lack mattresses.
- The sewerage water pipe is broken and becoming hazardous. The Senior Clerk reported this to the Ministry of

Works in Khorixas, but to no avail. Hon. Amweelo phoned the person in charge in Khorixas and instructed him to fix this as a matter of urgency.

RECOMMENDATIONS:

- The old building should also be used for pregnant mothers who are about to deliver
- The hospital require mattresses
- The old hospital is dilapidated and needs to be upgraded for future use
- The office of the councilor should be able to assist the hospital to get local plumbers to repair minor stuff such as leaking taps instead of waiting for someone to come from Khorixas

VISIT TO THE PIGGERY PROJECT:

The final site visit was made to the Piggery Project of Mr. Johannes Nekongo. Mr. Nekongo welcomed the delegation and introduced the delegation to his piggery project. There are currently seven pigs and he has employed two people. Feeding the pigs and water are the main problems which he experiences. Outjo Butchery generally come to his farm to purchase pigs but the pigs are still few. He would like people to join him so that the project can expand, but people are reluctant.

CONCLUSION AND RECOMMENDATIONS

In conclusion, from the discussions with different stakeholders in different constituencies in the Ohangwena and Kunene regions, most of the pertinent issues raised were similar. In implementing government policies, officials in the regions are faced with challenges ranging from staff shortages, lack of sufficient space, lack of equipment, shortage of essential equipment, lack of ambulances and inadequate transport and bad terrain, lack of proper coordination amongst the ministries, inadequate understanding of critical acts and regulations guiding officials daily operations. Challenges were also raised with regard to cultural practices. Most of these challenges faced in both regions lead to poor performance of these regions and the country at large on important development indicators.

The status of Gender-based Violence in Ohangwena region as reported by the Women and Child protection unit is very high and Ohangwena is one of the most affected regions when it comes to cases of Gender-based Violence. The contributing factors to gender-based violence are alcohol, ignorance of the law and cultural beliefs. The region lacks safety homes and shelters for those survivors of abuse in case they cannot go back to their homes due to the dangers involved. Furthermore, the complainants withdrawing cases against perpetrators: this encourages the perpetrators to go out and commit more crimes. Cases where complainants want to withdraw cases are sent to the Prosecutor-General for a decision on the matter. However, witnesses are not willing to come forward and giving evidence in criminal cases: this affects the entire investigation negatively, and cases might even be withdrawn in court.

The instances of Gender-based violence have been found to be very low in the Kunene region only because these incidences were largely under reported. The referral of GBV cases by the police to the traditional authority remains a source of concern as the impression remains that both these institutions are playing down substance and the criminal nature Gender-based violence. The fact that the Headman responded in the meeting that “the police car cannot travel 300 km for a smack” points to evident trivializing of GBV in the Sesfontein constituency and warrants urgent programmatic relook and re-training of the authorities in the area. The above mind-set problem regarding the GBV issue is further compounded withdrawals by the complainants of the few such cases that come to the police.

It was also mentioned that alcohol is the major contributing factor to both GBV and HIV/AIDS in the region. The rape kit that is available in the region is not similar to other rape kits in other regions in the country and the J88 medical examination form is also different.

TB infection in general is on the increase as well as TB multi-drug resistance in particular. Cross borders activities are

also regarded as problematic when it comes to HIV/AIDS and TB infections. On the contrary, PMTCT is progressing very well as well as the rolling out of ARV medication. However, men are not using services; there is a need for social mobilization for men to come on board.

Nutrition is also a concern more especially for the infected people on ARV treatment, women and children. Transport is also a challenge because people have to travel long distances to health facilities. In some cases there is no transport money while on the other hand transport itself is not available. However, there is quite a number of income generating community projects in the Ohangwena region that aims to provide livelihood for its members and provide employment to the community. An example of the income Generating Projects are the hummer mill project supported by the MGECW at Eenhana. There is also a San project at four different settlements: Oshanashiwa, Endobe, Omatadiva and Ekoka. The main goal of the project includes: Income generating activities at Okongo. Oshikango welding project is supported by MGECW.

There is confusion as to who deals with what on service delivery as evident amongst the community members of Okongo constituency who cannot differentiate between social and welfare services. Some community members do not even know where to get their birth certificate or ID; they rather go to the hospital. The lack of social workers in the district affects it in dealing correctly and effectively to find a solution for OVC who visit the hospital and clinics. However this has serious consequences for getting the grant on time for those orphans who lost both parents.

The Okongo area has a poor network in terms of telecommunication and this has a very serious impact on the work of the hospital. The health centres and clinics in the region are understaffed and accommodation for personnel is not adequate. It was also stated that the region needs social workers and at the moment the region only has two social workers that serves the whole region.

Although ambulances are available at the hospitals, however they are not suitable for the roads. A very example is the Okongo area. Another very pertinent issue that was raised pertains to the San. It was reported that the san people do not have ID due to the fact that they move from one place to another. It was mentioned that some of the San people in the Okongo constituency have not registered with the Electoral Commission of Namibia (ECN) for the elections. The San people at the Oshanashiwa settlement requested that they should be provided with shoes, overalls and blankets.

The shortage of space in health facilities is also a matter of concern. The clinics visited lacks sufficient space and as a result confidentiality is compromised. The lack of electricity at some clinics is also a concern (i.e. Olukula, Omboloka). Some of the activities are not possible without electricity Poor roads to most of the clinics hinder proper communication and the distribution of national supplies especially during the rainy season

Given the above, it is imperative that the following recommendations based on thematic areas are taken in a very serious light to address some of the challenges facing the Ohangwena region.

GENDER BASED VIOLENCE

- Need to conduct awareness on GBV, statutory rape/ Rape Act for health professionals, police and traditional leaders. MGECW to establish shelters (place of safety) for GBV survivors in the region NGOs or individuals to assist in building shelters for the abuse victims in Ohangwena region
- More education on the dangers of alcohol
- Train more social workers to meet the demand of the communities and to cover the vastness of the region.
- Ministry of safety and security should provide the new rape kits and J88 forms to the constituencies that have not received them yet. More importantly, the relevant authorities must be trained on how to administer the rape kit to rape victims
- Increase the number of staffs at hospitals and provide standard accommodation for the staff.
- Improve telecommunication and networks

- Provide ambulances that are suitable for that specific area/roads
- More awareness campaigns should be carried out to educate communities on the different laws within the country

SEXUAL AND REPRODUCTIVE HEALTH

- Institutions (Gender& Health,) to strengthen programmes on male involvement in RH including HIV/ AIDS
- Highly recommended that the reproductive health policy be reviewed
- Harmonization of both the Rape Act and the Reproductive Health Policy.
- The Reproductive Health Policy that advocates the distribution of contraceptives to those who are sexually active needed to be reconciled with the Combating of Rape Act which gives clear guidance that case of sex with a minor should be prosecuted as statutory rape. Clear guidelines and information should be circulated to the regions and awareness-raising materials made available in local languages to the hospital personnel and the community at large

OVC

- MGECW in collaboration with Justice to make special arrangement for speeding up the process of adopting double orphans to ensure that they receive OVC grant in a reasonable time.
- Provide each constituency with a social worker.
- Appropriate mechanisms should be put in place to ensure the OVC grants are not misused by parents or care givers
- The foster care grant should be implemented soon to speed up the process of OVC grant that lost both parents

HIV/AIDS

- There is a strong correlation between food insecurity and AIDS treatment adherence. Need for Ministry of agriculture to assist communities to mitigate HIV/AIDS through food production for consumption and income.
- MoHSS to train nurses and roll out HIV rapid testing at all clinics
- Expand health facilities space especially art clinic to ensure that confidentiality for patients is not compromised
- Initiate projects for those infected to provided themselves with food when taking medication
- Expand electricity to clinics in rural areas to operate better and improve efficiency.
- Disseminate educational materials on HIV to all areas and should be in local languages
- Provide better incentives to motivate doctors and nurses to stay at health centres to minimize staff turnover. Thus, improved accommodation becomes a key factor to attract professionals to rural areas
- Provide sufficient transport at hospitals to make work easy for staff rather than having one vehicle with multiple task
- Expand hospital building e.g. a proper casualty ward separated from the OPD department
- Purchase all essential equipment needed for proper and immediate service delivery

INCOME GENERATING ACTIVITIES

- Communities should initiative project that can sustain those infected by HIV when they are on medication, such as chicken project, gardens and crafts to sell.
- Constituency should be given assistance to come up with income generating project to sustain the community members especially those communities that are disadvantaged and women should be given priority.

For the Kunene region, the following recommendations are vitally important to address some of the challenges faced by the region.

GENDER BASED VIOLENCE (GBV)

- The Police and the WCPU should work together to raise awareness and provide information on the steps to be taken when a rape case and GBV occur.
- Traditional Authorities to uphold human dignity and respect to all parties involved when dealing with cases that are withdrawn from courts and presented to them.

- Train more police officers and traditional authorities in the area on GBV and gender equality and women's and children's rights.
- MGECW to implement the approved posts of Gender activators who would sensitize the community on GBV (what it is and what it constitutes).
- Officials from all ministries and the community at large should be educated on issues of statutory rape.

HIV/AIDS AND HEALTH FACILITIES

- Health facilities are not utilized at maximum capacity due to shortages of staff. This is not only placing a heavy burden to those who are left to run the facilities but also compromise the quality of service as those who are left are overworked. Apart from staff shortages and high staff turnover, cultural practices among the community members present serious challenges in tackling HIV/AIDS.
- The Ministry of Health and her stakeholders should upscale VCT campaigns in the Kunene region as the distances between the communities and the health centers exclude many from testing for HIV and Aids.
- The Director should closely monitor and participate in the National Health Sector Review which is envisaged to positively address the staffing and housing needs of health personnel.
- The Regional council should be given the function of sanitation in schools to prevent frequent cholera outbreaks and to further re- dress overall sanitation problems at schools.
- Appropriate transportation to be allocated to the region given its terrain.
- Community members should part take in supporting patients on ART in order for these patients to meet the daily diets required.
- MGECW to forward relevant policy documents and legislation on statutory rape so that health workers can adhere to regulations set out by the act.
- Put emphasis on extra curricula programs in raising HIV/AIDS awareness among school going children.
- Restriction on trading hours of liquor outlets to avoid abuse of alcohol.

OVC

- The process of OVC registration is ongoing however problems of staffing, lack of birth certificates, lack of social workers lead to the lengthy period in order for OVC applications to be considered.
- Social workers in the MGECW to promptly take up their posts, in the event that this process is delayed, MGECW should out source this function especially to the MOHSS which previously dealt with this function

INCOME GENERATING ACTIVITIES

- The initiatives by community members in the constituency to plant large scale gardens should be further supported with loans and construction of access roads to these projects as these projects are providing employment and food self-sufficiency to the community.
- The Ministry of Agriculture and Water and Forestry should take over the community gardens in Sesfontein and Khowarib as the outsourcing of this function has clearly failed these communities.

SEXUAL AND REPRODUCTIVE HEALTH

- The provision of mid-wives training in the Sesfontein and Epupa constituencies must be urgently instituted in view of HIV and Aids and the danger of possible infection risk it posed to mid-wives.
- The huge distances in the Kunene constituencies to villages necessitates the need to strengthen programmes on male involvement in RH including HIV/ AIDS
- More dedicated resources such as ambulance's equipped for emergency births must be ailed to the Sesfontein and Epupa constituencies.

SURNAME AND INITIALS	POSITION	INSTITUTION	TELEPHONE NUMBER
FAMILIARIZATION VISIT TO OHANGWENA REGION			
VENUE: Ohangwena Regional Council Office			DATE: 27 JULY 2009
Hon. Kaiyamo Elia George	Member Parliament and Chairperson	Parliament	081-1246630
Hon. Dr. Chief Ankama	Member of Parliament	Parliament	
Hon. Kavari kavari	Member of Parliament	Parliament	061-2882578
Hon. Peya Mushelenga	Member of Parliament	Parliament	061-2882578
Hon. Eunice Iipinge	Member of Parliament	Parliament	081-3096661
Hon. Phillemon Moongo	Member of Parliament	Parliament	
Delegation			
Megan Carolus	Programme Officer	UNDP	061-2046226
Judy Matjila	Communication Officer	UNICEF	
Leitago /Narib	UN Communication Officer	UNDP	061-2046340
Letisia Alfeus	Programme Officer	UNFPA	061-2046423
Loide Nekundi	Control Social Worker	MGECW	
Leena Kangandjela	Chief Development Planner	MGECW	061-2833154
Chippa I. Tjirera	Committee Clerk	National Assembly	081-1228092
Stanley Tsandib	Staff of Parliament	National Assembly	
Rosalia N Shatiweh	National Coordinator	WACPU-NAMPOL	081-1289751
Johanna Mbandi	Consultant	UNFPA	081-2587494
Michael Conteh	Consultant	UNFPA	081-2033929
VENUE: Hon Governor's Office, EENHANA	POSITION	INSTITUTION	TELEPHONE NUMBER
Hon. Usko Nghaamwa	Governor	ORC	065-263038
NT Lameck	CLO	MGECW-Ohangwena	081-2054280
Liina Ndilipo Namupala	SHPA Special Programme	MOHSS	065-266604
Kaino Pohamba	Director	MOHSS	065-263260
Josia Uudjombala	Director	MOE	065-281903
A.K. Shivute	Regional Commander	NAMPOL	081-1287355
Esther Amadhila	Personal Assistant to the Governor	ORC	065-264300
Ndafu Hambira	Prinicpal Social Worker	MGECW	065-263165
VENUE: MEETING WITH HEALTH OFFICIALS EENHANA			
			DATE 27 JULY 2009
SURNAME AND INITIALS			
	POSITION	INSTITUTION	TELEPHONE NUMBER
E.L Hangula	Nurse Manger	MOHSS-Eenhana	065-263023
F. V Shipunda	DPHCS	MOHSS_Eenhana	065-263023
O.A. Ogundiran	PMO	MOHSS-Eenhana	065-263023
D.H. Shaduka	Control Officer	MOHSS-Eenhana	065-263023

SURNAME AND INITIALS	POSITION	INSTITUTION	TELEPHONE NUMBER
Chatakaviriga Norbetha	Technologist in Charge	Namibia Institute of Pathology	065-263185
S.H. Annastacia	Phamarcist Assistant	MOHSS-Eenhana	065-263023
H.N Ndahangwapo	MRW	MOHSS-Eenhana	065-263023
H.N. Munangwi	RMT	MOHSS-Eenhana	065-263023
Libby Iipinge	Special Programme	MOHSS-Eenhana	065-266604
Josephine Nghishililwa	Chief Social Worker	MOHSS-Eenhana	065-263023
A. Kakololo	CHI	MOHSS-Eenhana	065-266604
L.K Kahindi	TB/HIV	MOHSS-Eenhana	065-263023
VENUE: MEETING WITH WOMEN AND CHILD PROTECTION UNIT EENHANA			
SURNAME AND INITIALS			
	POSITION	INSTITUTION	TELEPHONE NUMBER
J.M. Lifasi	Staff Officer	NAMPOL	065-264202
J. C Sibolile	Unit Commander/WACPU	NAMPOL	065-264204
H. Valombola	Investigator	NAMPOL	065-264204
J. Namulo	Investigator	NAMPOL	065-264204
VENUE: MEETING WITH UHOLAMO KINDERGARTEN PROJECT			
SURNAME AND INITIALS			
	POSITION	INSTITUTION	TELEPHONE NUMBER
Niiho			
Helena Shuumbwa	Volunter	UKP	
Lea Shikongo	Teacher	UKP	812733410
Hendrina Vatileni	Care Giver	UKP	812713483
Nghihadelwa Elise	Cooker	UKP	
Katanga Immanuel	Cooker	UKP	812310180
Emmanuel Shilumbu	Volunteer	UKP	
	Project Coordinator	UKP	813958463
VENUE: MEETING WITH OKONGO REGIONAL COUNCIL			
		DATE: 28 JULY 2009	
SURNAME AND INITIALS			
	POSITION	INSTITUTION	TELEPHONE NUMBERS
A. Shivute			
M. Gabriel	Inspector	NAMPOL	813431179
M.N Rapulwa	Seargent	NAMPOL	812890341
A.C. ashikutuwa	Principal R/W	MOHSS-Okongo	811274172
N.N. Mikael	Agriculture Adviser	DRFN	812449695
J.N Phillips	Seargent	NAMPOL	812444623
P.J Shipopeni	PMO	MOHSS-Okongo	813168186
MN Nakafimo	Control Officer	MOHSS-Okongo	812520150
	DPHCS	MOHSS-Okongo	812926448
VENUE: MEETING WITH OSHIKANGO CONSTITUENCY OFFICE			
R.N Hanghome	Inspector	NAMPOL	811245030
A.P Aludhilu	Seargent	NAMPOL	812447653
Queen Antonius	Chief Clerk	ORC-Oshikango	065-268101
Paulina Shihepo	Chairperson	Tetekela Support group	813336980

SURNAME AND INITIALS	POSITION	INSTITUTION	TELEPHONE NUMBER
Abraham Ndahambelela	Secretary	Tetekela Support group	813271261
Kristofina Kandjabanga	Registered Nurse	MOHSS-Edundja Clinic	812108337
S.S Nghiitombo	CACOC Coordinator	ORC-Oshikango	065-268101
A.H Shuuweni	Volunteers	ORC-Oshikango	065- 268101
E. Shimbashike	OVC Volunteers	ORC-Oshikango	812050471
Elias Maria	OTTA	ORC-Oshikango	814312937
Ileni Mwaikange	OTTA	ORC-Oshikango	81379380
Monica Kapofi	OTTA	ORC-Oshikango	813011335
VENUE: MEETING WITH KALUVI KINDERGARTEN			
Leena Kapofi	Teacher	Kaluvi-Kindergaten	81430327
VENUE: MEETING WITH ODIBO SEWING PROJECT AT ODIBO MISSION			
Nancy Nels	Chairperson	Tate Tukuma	065-267650
Canner Kalimba	Coordinator	Tate Tukuma	811246896
VENUE: OMWENE TUMENGE HOME BASED CARE- ODIBO			
Pelita Haihambo	Coordinator	Omwene Tumenge	812569570
Loide Haufiku	Volunteer	Omwene Tumenge	813385116
Susana Erastus	Volunteer	Omwene Tumenge	814445414
Natalia Waandja	Volunteer	Omwene Tumenge	812144345
Ndahafa Shilongo	Volunteer	Omwene Tumenge	814370327
VENUE: MEETING WITH ENGELA CONSTITUENCY			
		DATE: 29 JULY 2009	
T.K Kalimbo	Police Officer	NAMPOL	065-260039
Frans ankome	Principal	MoE	814045812
E. Iyambo	Agriculture Extension Officer	MAWF	065-266631
Samuel Hambuda	Educaion Officer	MoE	812369886
H N. Eelu	Teacher	MoE	812787968
Elias Mweyatala	Vice Headman	Ohaingu	
Kuvale Petrus	Deacon church	Engela	813096766
Paulus Monica	Teacher	MoE	812182232
Shafombabi imeon	Headman	Ondjito Village	812866173
Nekunda Abel	Village Secretary	Omatunda	81318587
Haipinge Kaviu	Senior Headman	Omatunda	
erastus Sakaria	Senior Headman	Okalongo	
Ngololo Gloria	Police Officer	NAMPOL	812435044
Kangjeboli Thomas	Branch Secretary	Engela	812144402
Elizabeth Nghishiilenhapo	District Officer Secretary	Ohaingu	812191663
Immanuel Nghishimono	CACOC Coordinator	Engela Costituency	813422790
Haikondo Julius	Police Officer	NAMPOL	065-260039
Jeremia Hafeni	Teacher	MoE	811288605
Lameka Haipinge	Police Officer	NAMPOL	065-260039
Emmy Nakale	Teacher	MoE	812177410
Natalia Kashikigilo	CDC	Engela Costituency	812729063
VENUE: MEETING WITH THE ENGELA HEALTH OFFICIALS			
Eva-lisa hango	Nurse manager	MOHSS-Engela	065-266604

SURNAME AND INITIALS	POSITION	INSTITUTION	TELEPHONE NUMBER
Kristine Hamalwa	DPHCS	MOHSS-Engela	065-266605
Twamoneni Pius	Admin	MOHSS-Engela	065-266605
Dr. Vaino Shipambo	Regional Dentist	MOHSS-Engela	065-266605
Dr. M. Klalonji	MO	MOHSS-Engela	065-266605
Dr. N. Benhura	M.O	MOHSS-Engela	065-266605
Dr sabv Omar	M.O	MOHSS-Engela	813692043
S. Mathias	R/N	MOHSS-Engela	812582730
Elizabeth Kamandi	Handyman	MOHSS-Engela	813924158
Dr K Kashaja	PMO	MOHSS-Engela	065-266604
VENUE: MEETING WITH ONGENGA CONSTITUENCY OFFICE			
		30-Jul-09	
Kashile Maria Ndapandula	OVC Registration Officer	MGECW	812373035
Johannes Halweendo	Community Activism	MGECW	813264266
Tuyenikelao Mathias	Field Promoter	MOHSS-Ongeng	812312248
Olavi Fillipus	CACOC Coordinator	Ongenga Constituency	813914310
Shinombedi Jonas	Home base care Volunteer	Red cross	812293838
Lahja Nghiivali	CACO Member	CACOC	812890738
Mhinge Tuyeni	OVC Registration Officer	MGECW	8122701997
Fillemon Hamukoto	Chief Control Officer	ORC	811248768
P. Fransisku	Teacher	MoE	812770930
Kambatepa john	Principal	MoE	814405863
Frans Nambwanga	Warrant Officer	NAMPOL	812782705
Onesmus Thresia	Warrant Officer	NAMPOL	812589918
Betuel Ndadi	Sergeant	NAMPOL	812785209
Saima Kushinga	Nurse	MOHSS-Ongeng	
Leonard Shimutwikeni	Councillor	ORC-Ongenga	065-268380
VENUE; MEETING WITH ENDOLA CONSTITUNCY OFFICE			
s. Elago	Registered Nurse	MOHSS-Ongha	812491022
A.L Haininga	Registered Nurse	MOHSS-Omundaungilo	812800251
V.N Ndeitenongo	Registered Nurse	MOHSS-Ohalushu	81294651
B. Haufiku	CDC Member	MoE-Ongha	812514510
R.R Hamukoto	Chief Clerk	Endola Constituency	608012416
W. Hamukonda	Station commander	NAMPOL	8125179221
N. Ndeshitiwe	Constable	NAMPOL	813733430
Hendina Hosea	Constable	NAMPOL	065-245204
Amunyela Patrick	Constable	NAMPOL	065-245404
C.N Ndakolute	Constable	NAMPOL	065-245404
K.N Shidemen	Constable	NAMPOL	812834252
A.F Amungulu	Constable	NAMPOL	813421153
A. Nghidengwa	Constable	NAMPOL	812262781
N.N Haidjapo	Constable	NAMPOL	065-245404
L.N. Kalundingo	Sergeant	NAMPOL	812426930
N.I Paulus	Sergeant	NAMPOL	812074113
T. Hamalwa	Constable	NAMPOL	812924661

SURNAME AND INITIALS	POSITION	INSTITUTION	TELEPHONE NUMBER
D. Katengela	Constable	NAMPOL	812962562
ONDOBE CONSTTUENCY			
	DATE: 31/07/2009		
VENUE: MEETING WITH TNGOS, HEALTH OFFICALS-OSHANDI VILLAGE			
Martha Sheefeni	TB Field Promoter	Red Cross	813078620
S. Kapia	Registered Nurse	MOHSS-Oshandi Clinic	812013020
Petrus Alfeus	Volunteer	Ombome OTO	813252006
Lasarus Hiwilepo	Volunteer	Ombome OTO	855609778
Lasaru Hifikwa	Volunteer	Ombome OTO	813731020
Linea Hiwilepo	Volunteer	Ombome OTO	813974839
Lydia Ngololo	Volunteer	Ombome OTO	813052766
VENUE: MEETING WITH NGOS, HEALTH OFFICIALS: OHANGWENA CONSTTUENCY			
Maria Michael			
Anastasia Shaningwa	Chief Clerk	ORC-Ohangwena	065-260102
Lonia Tamhila	OVC Registration Officer	ORC-Ohangwena	813769083
Sarrafina Kafungu	TB Field Promoter	ORC-Ohangwena	812783225
L. Haipinge	CC	Ohangwena	812920330
Joseph Shetungenga	Police Officer	NAMPOL	065-260539
	CACOC Coordinator	ORC-Ohangwena	814500693
VENUE: MEETING WITH NGOS, HEALTH OFFICIALS: OMULONGA CONSTITUENCY OFFICE			
		DATE: 1/8/2009	
T. Mwandingi	Volunteer	MGECW	813162776
Loide Nangombe	Volunteer	Red cross	813388722
Diina Ntinda	CDC Member	Omulonga Constituency	812707059
Johannes Nuugulu	Community Activist	MGECW	
Lasarus Kufu	CACOC	Omulonga Constituency	813051213
Sylvia Haindongo	Field Officer	Total Control	813055848
Hafeni Shikulo	Pastor	Onamukulo Parish	812888382

ATTENDANCE LIST

OUTREACH VISIT TO KUNENE REGION (GBV, HIV & WOMEN EMPOWERMENT PROJECTS

VENUE: KUNENE REG. COUNCILLOR: GOVERNOR'S BOARDROOM

TIME: 08H00

DATE: 27/07/2009

No.	NAMES	POSITION	NAME OF INSTITUTION	CONTACT NO.
1	Ms. Mukono AN	Staff	National Assembly	0812965662
2	Ms. Musukubili Amelia S.	Chief Social Worker	MGECW- Windhoek	0812808407/061-2833180
3	Mr. Nikodemus Sacky	NPO - UNFPA	UNFPA	061- 2046278
4	Mrs. Venaani Cloudina	Prog. Associate - UNDP	UNDP	061- 2046201
5	Ms. Rusberg Fransina	Sen. Health Prog. Admin.	PHC – Reproductive health MOHSS	061- 2032731
6	Mr. Eiseb George	Researcher/Consultant	UNAM	0812592644
7	Mr. Johnson R.	Voluntary Adviser, HIV	SADC Parliamentary Forum	0813194512
8	Mr. Hainyanyula Lineekela	Development Planner	MGECW – Windhoek	0812798374
9	Hon. Hansina Christian	Member of Parliament	National Assembly	0812776615
10	Hon. Reggy Diergaardt	Member of Parliament	National Assembly	0812877888
11	Hon. Elma Dienda	Member of Parliament	National Assembly	0813096661
12	Hon. Ida Hofmann	Member of Parliament	National Assembly	0811275930
13	Hon. Asser Mbai	Member of Parliament	National Assembly	0812388900
14	Hon. Michael Bantu Goreseb	Member of Parliament	National Assembly	0813789979
15	Hon. Eveline !Nawases-Taeyele	Member of Parliament	National Assembly	0812419491
16	Hon. Clara Bohitile	Member of Parliament	National Assembly	0811291409
17	Hon. Julliet Kavetuna	Member of Parliament	National Assembly	0812831279
18	Hon. Dr. Moses Amweelo	Member of Parliament	National Assembly	0811299292
19	H. E. Madhavi Ashok	UNICEF- Deputy Rep.	UNICEF	
20	Mr. Cornelius Kanguatjivi	Sen. Parliamentary Clerk	National Assembly	0812629263
21	Mr. Shipanga T. G.	Chief Inspector- NAMPOL	NAMPOL - Windhoek	0811247963
22	Karutjaiva F.	Chief Comm. Liason	MGECW	0813057369
23	Shafuda J.	AEDGS/DDF	Kunene Reg. Councilor	0811276637
24	Mr. Shifonono MFP	Regional Commander	NAMPOL	0811282375
25	Ms. Linda Nambundunga	Regional Director	MOHSS	0811227194
26	Hon. Dudu Murorua	Governor - Kunene	Kunene Reg. Councilor	
27	Hon. Kasita Mburura	Councilor	Epupa Constituency	
28	Ms. Ndeyapo Nickanor	Lecturer/Researcher	UNAM	061 -2063959
29	Ms. Emily Kazapua		MGECW - Windhoek	
Meeting with NGOs dealing with HIV/AIDS				
1	Alexander LL	Chief Gender Liaison Officer	MGECW - Kunene	065 - 273086
2	Karutjaiva F.	Chief Comm. Liaison	MGECW - Kunene	065 - 273086
3	Ms. Rosina Tjizu	E. O. HIV/AIDS	Min. of Education	065 - 272964
4	Tjituri S.	P/S Worker	MGECW	065 – 273086
5	Ms. Albertine Kauziona	Community Worker	Medicos del Mundo	065 - 273436
6	Mr. Lesly !Aibeb	Kunene Regional Head	Ombetja Yehinga	065 - 273102
7	All 23 team members from Windhoek			
	EPUPA CONSTITUENCY: OKANGWATI MAWRD		DATE: 28/07/09	

No.	NAMES	POSITION	NAME OF INSTITUTION	CONTACT NO.
1	Nomehi Harire	Headman	T/Authority - Epupa	
2	Maongo Hembinda	Headman	T/Authority - Epupa	
3	Vatiraike Tjirambi	Adviser	T/Authority - Epupa	
4	Kare Mbinge	Community Member	Epupa	
5	Karinomuua Hembinda	Community Member	Epupa	
6	Musengua Tjiposa	Adviser	T/Authority - Epupa	
7	Makove R. Thom	Representative of Headman	T/Authority - Epupa	
8	Ndwezuyarangi Hembinda	Community Member	Epupa	
9	Kaevangwa Tjiposa	Community Member	Epupa	
10	Nangae Tjiumbua	Community Member	Epupa	
11	Shifonono MPF	Regional Commander	NAMPOL	0811282375
12	Simon John	Coordinator	Opuwo - CACOC	0813827929
13	Benny Katjijere	Principal	Okangwati Comb. School	0812834066
14	Rev. Kakondo	Reverend	Reformed Church	
15	Julius Muayambuatji	Comm. Childcare Worker	MGECW – Epupa Constituency	0812013208
16	Fillemon Hamukalu	Nurse	MOHSS – Okangwati Clinic	0813151997
17	Matundu J	Clerk	Min. of Education	065 - 272951
18	Tjizu R	E. O. HIV & AIDS	Min. of Education	0812996267
19	All 23 team members from Windhoek			
	SESFONTEIN CONSTITUENCY: SESFONTEIN C. C. OFFICE		DATE: 29/07/09	
1	Veronika Ganuseb	Nurse	MOHSS Sesfontein Clinic	065 - 275511
2	Ephraim Thaniseb	Chief Clerk	Sesfontein Constituency Office	065 - 276600
3	Kharuchab R.	Police Officer	NAMPOL- Sesfontein office	065 - 275515
4	Chief J. Gaobaeb	Chief Nami-daman	Sesfontein Community	0814010056
5	Saul Ganused	Sen. Traditional Leader	Sesfontein Comm.	065 - 275503
6	Jan Awiseb	MET	Sesfontein	0812086391
7	Vinondjamo Rungondo	Childcare Worker	MGECW - Sesfontein	0813245542
8	Hon. Gaobaeb	Councilor	Sesfontein R. C.	
9	Neliwa	Agric. Extension T.	MAWF - Sesfontein	065 - 275505
10	Mukuaruuze P.	Police Officer	NAMPOL - Sesfontein	065 - 275515
11	Kaujova Julius	Principal	Elias Amxab Comb. School	0812016526
12	Ciska U. Virere	Community Activator	MGECW - Sesfontein	065 - 275513
13	Ephraim Gaeseb	MOSS	MOSS - Opuwo	0813157188
14	Sebedeus Taniseb	Traditional Councilor	Sesfontein Nami-daman	065 - 275505
15	Tjizu R	E. O. HIV & AIDS	MOE	0812996267
18	All 23 team members from Windhoek			
	KAMANJAB VILLAGE COUNCIL OFFICE		DATE: 30/07/09	
1	Mr. Annanias Richardt Urib	Principal	D. R. Uirab Primary School	067 - 330090
2	Mr. Matheus Mutrifa	HOD	D. R. Uirab Prim. School	067 - 330090
3	Hon. Abraham Mbarandongo	Constituency Councilor	Kunene REg. Council	067 - 330137
4	Hon. Samora Katjau	Councilor	Kamanjab Village Council	067 - 330164
5	Hon. Magdalena Aebes	Councilor	Kamanjab Village Council	0813878047
6	Hon. Tjiritje Engenesia	Councilor	Kamanjab Village Council	067 - 330051
7	Mrs. Maureen Gaochas	Teacher	Kamanjab Comb. School	067 - 330008
8	Mrs. Theresia Basson	Volunteer	Representing CACOC	0813659575
9	Ms. Nawases J.	Community Activator	MGECW - Kamanjab	067 - 330289

No.	NAMES	POSITION	NAME OF INSTITUTION	CONTACT NO.
10	Jacobs	Volunteer	MGECW - Kamanjab	067 – 330289
11	Paul Geingob	Driver MOHSS	Kamanjab Health Centre	0812472354
12	Itite Gaeseb	Staff	Min. Safety and Security	0813157188
13	Magrieta Tjirundu	Red Cross TBV	Kamanjab	0813375149
14	ElaideTjiondo	Red Cross Soup	Kamanjab	0812069961
15	20 Team members from Windhoek			
	KHORIXAS CONSTITUENCY: KHORIXAS TOWN COUNCIL CHAMBERS OFFICE DATE: 31/07/09			
1	Makabanyane HT	Inspector	NAMPOL - Khorixas	067 - 331003
2	Angela Sabatha	Councilor	Khorixas Town Council	081200828
3	Dawid Isaks	Sen. Traditional Leader	Rimvasmaakers T/Authority	0814190624
4	Johannes Mangani	Sen. Traditional Leader	Rimvasmaakers T/Authority	0814190624
5	Ueutjerevi Ngunaihe		MGECW	065 - 273086
6	Haraseb J		Khorixas Town Council	0812928088
7	Myrchel Hoeses	Volunteer	Khorixas CACOC	067 - 331775
8	Zedrich Haraseb	Volunteer	MGECW - Khorixas	067 - 331364
9	Sampson Awaseb	Traditional Authority		0813277243
10	Gerson Gomeb		MGECW	067 - 331364
11	Petrus Ukongo	Chief	#Aodaman T/Authority	0812614142
12	Lesly !Aibeb	Kunene Regional Head	Ombetja Yehinga	065 - 273102
13	Honneb GA	Councilor	Khorixas Town Council	067 - 331057
14	Rev. BB Goamub		MGECW - Khorixas	067 - 331364
15	Charlton K. Richter	Councilor	Khorixas Constituency	067 - 331775
16	Nick #Gaeseb		Khorixas Town Council	067 - 331119
17	Immanuel F. //Garoeb	Deputy Mayor	Khorixas Town Council	067 - 331119
18	Catherine Kaminga	Social worker	Khorixas Hospital MOHSS	067 - 335100
19	Dr. Osondu Nkire	Principal Med. Officer (PMO)	Khorixas Hospital MOHSS	067 - 335100
20	Thecla Kongoro	Nurse Manager (Matrone)	Khorixas Hospital MOHSS	067 - 335100
21	Eugenie Tsaes	Nurse PHC	Khorixas Hospital MOHSS	067 - 335100
22	20 Team members from Windhoek			
	OUTJO CONSTITUENCY: OUTJO DISTRICT HOSPITAL BOARDROOM DATE: 01/08/09			
1	Ms. Magdalena Losper	Control Officer	Outjo State Hospital MOHSS	067 - 313250
2	Mr. Mavuna Esman	Env. Health Officer	Outjo State Hospital MOHSS	067 - 313250
3	Paulina E. Candines	Pharmacist	Outjo State Hospital MOHSS	0814146092
4	Ms. Adolphine Naobes	Registered Nurse	Outjo State Hospital MOHSS	0812615362
5	Josefina Negumbo	Community Activator	MGECW	0812929451
6	Nelson Faburada	Registered Nurse	Outjo CDC Clinic	0814354563
7	Gamiseb EA	Station Commander	NAMPOL	0813726498
8	Dr. Kabongo AN	Acting PMO	Outjo State Hospital MOHSS	0855637110
9	Hon. Sheya	Regional Councilor	Kunene Regional Council	
10	17 Team Members from Windhoek 3 MPs were asked to attend funeral			

MDG:F
MDG ACHIEVEMENT FUND