Recommendations

There have been numerous reports on the variable level and quality of services being provided to OVC, with many recommendations put forward to government, civil society and other stakeholders. However, this report concludes with a limited number of strategic recommendations which aim to address key challenges that lie at the heart of the thus far limited response to OVC.

The **top nine recommendations** are as follows:

1. **Improve implementation of OVC-related policies.** The OVC PTF should monitor the implementation of policies and plans.
2. **Strengthen awareness campaigns aimed at changing behaviour and attitude** to reduce HIV & AIDS stigma as well as violence against and abuse of women and children.
3. **Reduce the administrative burden of education and healthcare exemptions and grant provision, and update eligibility criteria** to improve access, reduce the time taken to provide exemptions and reduce the workload of grant provision.
4. **Prioritise completion of the Child Care and Protection Bill** to update the laws written during apartheid, and ensure that the updated laws relate to the current scale and environment in terms of protection services needed.
5. **In each relevant ministry, identify a Director or Deputy Director to serve on the OVC PTF** and be accountable for progress reports, seeking sufficient budget allocations, multisectoral coordination and attendance of meetings of the OVC PTF.
6. **Address sustainability of existing services.** Service provision is limited, and needs to be better integrated and to reach many more children, but even the existing level of provision may be at risk if the continuity of services is not planned for once donor funding has stopped or if stakeholders are affected by the economic climate.
7. **Regional Governors should be responsible for establishing a RACOC Sub-committee (Regional OVC Forum) for Child Wellbeing and Protection** that streamlines the number of regional committees and groups responsible for OVC issues. This forum should subsume all other regional forums relating to OVC and local civil society organisations/stakeholders, and ideally should be chaired by the Regional Director of Planning and Development. The Regional Councils should facilitate this process through the regionalisation of the NPA process, where OVC issues are prioritised and coordinated.
8. **Regional capacity in terms of staffing, skills and resources needs to be improved** to enable the effective implementation of OVC-related actions being devolved. Regional mapping of existing service provision would also enable the targeting of services to the constituencies in greatest need.
9. **Simplify and finalise the essential M&E indicators required to assess implementation of the NPA for OVC,** and integrate these into standard government data collection documentation.

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NATIONAL PLAN OF ACTION 2006-2010 FOR ORPHANS AND VULNERABLE CHILDREN IN NAMIBIA

Annual Progress and Monitoring Report for 1 April 2007 to 31 March 2008

SUMMARY OF FINDINGS

Introduction

The Government of Namibia developed the National Plan of Action for Orphans and Vulnerable Children (NPA for OVC) to supplement the National Policy on Orphans and Vulnerable Children of 2004. The NPA was launched by the Prime Minister in October 2007 under the auspices of the MGECW to initiate a wide-scale, multi-sectoral approach to the increasingly challenging OVC issue. The NPA has been aligned to MTP III and integrated into NDP III.

This report is the first annual progress report on the implementation of the NPA and the measurement of indicators against original benchmarks to assess trends and improvements during the period 1 April 2007 to 31 March 2008. The approach taken to assessing progress included a detailed literature review, data collection, consultation with line ministries, detailed interviews with key stakeholders and development partners, and consultation with the OVC Monitoring & Evaluation (M&E) Sub-committee and the OVC Permanent Task Force (PTF) for input. This report follows the five strategic areas in the NPA.

A. Rights and Protection

OBJECTIVE: A framework for protecting and promoting the wellbeing of all OVC is in place, ensuring that the rights of all OVC and their caregivers are protected, respected and fulfilled.

TARGET: All children have access to protection services by 2010.

There has been progress in developing the Child Care and Protection Bill and training Women and Child Protection Units and community leaders.

However, progress is limited due to a lack of resources in this area, the core problem of acceptance of violence against women and children, and limited data to assess whether the objective and target have been met.

B. Education

OBJECTIVE: All OVC of school-going age attend school and are not deterred from full participation by lack of financial means, material or psychosocial need, stigma, discrimination or any other constraints, and provide appropriate educational opportunities for out-of-school OVC.

TARGET: Equal proportions of OVC versus non-OVC aged 16-17 years have completed Grade 10 by 2010.

The Education Sector Policy on OVC has been developed and data suggests that in primary education the proportion of OVC to non-OVC enrolled is the same.

However, exemptions from school-related fees are bureaucratic and not systematically applied, limited data is being collected on these exemptions and no data is available in relation to the target.

C. Care and Support

OBJECTIVE: The basic needs of all OVC are met, including adult care and supervision, access to social services and psychosocial support.

TARGET: 50% of all registered OVC receive any external support (economic, home-based care, psychosocial and education) by 2010.

Social welfare grants increased significantly during the reporting period, and development partners were particularly active in providing support and training to caregivers.

However, the administration of social welfare grants, especially for foster care placements, has placed a burden on social workers who should be employing their skills more effectively, especially in relation to community-based care for OVC.

D. Health and Nutrition

OBJECTIVE: OVC have adequate nutrition and access to preventive and curative health services, including anti-retroviral treatment, both in the community and at health facilities.

TARGET: 20% reduction in under-5 mortality of all children by 2010 / Equal proportions of OVC to non-OVC aged 15-17 years are not infected with HIV by 2010.

There has been significant activity in this area in terms of the food support programme and development partner input in terms of food, nutrition and healthcare services.

However, according to the Demographic Health Survey of 2006, the rate of under-5 mortality has increased in the last five years, and data on infection rates among children aged 15-17 years is not available. In addition, 26.8% of OVC and 20.5% of non-OVC appear to be malnourished and information regarding exemptions from healthcare fees is not available.

E. Management and Networking

OBJECTIVE: A multi-sectoral and multi-disciplinary institutional framework coordinates and monitors the provision of services and programmes to OVC and their caregivers and promotes action research and networks to share learning.

TARGET: Multi-sectoral coordination and monitoring of quality services to OVC are significantly improved by 2010.

The OVC PTF meets regularly with multi-sectoral participation and the Ministry of Gender Equality and Child Welfare has shown commitment to leading the OVC Programme. However, other ministries have not proritised this programme to the same degree, and senior-level (i.e. Director level) input into the OVC PTF is not always provided. In addition, regional capacity to roll out the programme has to be strengthened.

Overall there has been significant activity in each of the five strategic areas and some indicators have improved. However, further activity is needed in all five areas, particularly where indicators show a worsening situation or where indicator information has still not been collected so that progress cannot be assessed. The response has to be significantly increased to have an impact on the OVC situation.