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
Coordinated by

Directorate of Child Welfare
MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

Trust Centre & Winco Building
Independence Ave & Stübel St, Windhoek
Private Bag 13359, Windhoek, Namibia
Telephone 061-2833111 • Fax 061-229569/238941
Email genderequality@mgecw.gov.na
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

Ministry of Gender Equality and Child Welfare
GOVERNMENT OF THE REPUBLIC OF NAMIBIA
Acronyms

AFHS  Adolescent Friendly Health Services
AIS   AIDS Indicator Survey
ART   anti-retroviral treatment
CBO   community-based organisation
CHS   Community Health Survey
CRC   Convention on the Rights of the Child
DHS   Demographic Health Survey
ECD   Early Childhood Development
EDF   Education Development Fund
EMIS  Education Management Information System
FBO   faith-based organisation
FHI   Family Health International
HAMU  HIV/AIDS Management Unit
HS    Health Sector
HIS   Health Information System
M&E   monitoring and evaluation
MGECW Ministry of Gender Equality and Child Welfare
MHAi  Ministry of Home Affairs and Immigration
MoE   Ministry of Education
MoHSS Ministry of Health and Social Security
MoSS  Ministry of Safety and Security
MTP   Medium Term Plan
NA    not applicable
NDP   National Development Plan
NGO   non-governmental organisation
NPA   National Plan of Action for Orphans and Vulnerable Children in Namibia 2006-2010
NPC   National Planning Commission
OVC   orphans and vulnerable children
OVC PTF OVC Permanent Task Force
PMTCT prevention of mother-to-child transmission
RACE  Regional AIDS Committee of Education (of the MoE)
RACOC Regional AIDS Coordinating Committee
RIATT Regional Inter-agency Task Team
SPM   System for Programme Monitoring
TBD   to be discussed
UNAM  University of Namibia
UNGASS United Nations General Assembly Special Session
UNICEF United Nations Children’s Fund
VTC   Vocational Training Centre
WACPU Women and Child Protection Unit
# Contents

**Acknowledgements** .......................................................................................................................................iv

**Executive Summary** ............................................................................................................................V-viii

1. **Introduction** ........................................................................................................................................ 1
   1.1 Current OVC situation ..........................................................................................................................1
   1.2 National Plan of Action for Orphans and Vulnerable Children 2006-2010 ........................................2
   1.3 First annual review of progress methodology ....................................................................................3
   1.4 OVC definition in this report ............................................................................................................4

2. **Rights and Protection** ..........................................................................................................................5
   2.1 Introduction to OVC Rights and Protection .........................................................................................5
   2.2 Findings ..............................................................................................................................................6
   2.3 Recommendations .............................................................................................................................9

3. **Education** ............................................................................................................................................10
   3.1 Introduction to OVC Education ..........................................................................................................10
   3.2 Findings ..............................................................................................................................................11
   3.3 Recommendations .............................................................................................................................13

4. **Care and Support** ..............................................................................................................................14
   4.1 Introduction to OVC Care and Support ..............................................................................................14
   4.2 Findings ..............................................................................................................................................15
   4.3 Recommendations .............................................................................................................................19

5. **Health and Nutrition** ..........................................................................................................................20
   5.1 Introduction to OVC Health and Nutrition ..........................................................................................20
   5.2 Findings ..............................................................................................................................................21
   5.3 Recommendations .............................................................................................................................24

6. **Management and Networking** ........................................................................................................25
   6.1 Introduction to OVC Management and Networking ........................................................................25
   6.2 Findings ..............................................................................................................................................26
   6.3 Recommendations .............................................................................................................................28

7. **Overall NPA implementation and M&E** ........................................................................................28
   7.1 Overall implementation findings and recommendations .................................................................30
   7.2 M&E findings and recommendations ...............................................................................................32

8. **Conclusion and Recommendations** ................................................................................................34
   8.1 Conclusion ........................................................................................................................................34
   8.2 Recommendations ............................................................................................................................35

9. **Appendices** .......................................................................................................................................37
   Appendix 1 – List of Source Documents ..............................................................................................38
   Appendix 2 – List of people and organisations consulted ......................................................................39
   Appendix 3 – NGOs, CBOs and FBOs providing services to OVC and funded by USAID, Global Fund and/or UNICEF .................................................................................................................................39
   Appendix 4 – Monitoring Indicators (June 2008 version) ..................................................................40

**Members of the OVC Permanent Task Force** ..........................................................................................50
Acknowledgements

The Ministry of Gender Equality and Child Welfare would like to thank the following people/organisations for their contribution to this Progress and Monitoring Report on the National Plan of Action for Orphans and Vulnerable Children:

- The members of the Orphans and Vulnerable Children Permanent Task Force for their ongoing dedication to implementing the NPA for OVC and input into this report.
- The government line ministries, civil society organisations and development partners who provided information and data.
- The M&E Sub-committee for its ongoing work to ensure that the progress of the NPA for OVC can be assessed.
- USAID, PACT Namibia and the Global Fund Programme.
- UNICEF for financial and technical assistance in completing the progress report.
Executive Summary

Introduction

The Government of Namibia developed the 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 in 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.
Summary of Findings

Chairing of the NPA activities

Each of the five strategic areas of activity under the NPA is chaired by a different government or civil society agency, as follows:

A. Rights and Protection – Legal Assistance Centre (LAC)
B. Education – Ministry of Education
C. Care and Support – Church Alliances for Orphans (CAFO)
D. Health and Nutrition – Ministry of Health and Social Services
E. Management and Networking – Ministry of Gender Equality and Child Welfare

A. Rights and Protection

The objective of the activities in this strategic area is “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.” The target is “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

The objective of the activities in this strategic area is “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.” The target is “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 them and no data is available in relation to the target.

C. Care and Support

The objective of the activities in this strategic area is “The basic needs of all OVC are met, including adult care and supervision, access to social services and psychosocial support.” The target is “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**

The objective of the activities in this strategic area is “OVC have adequate nutrition and access to preventive and curative health services, including anti-retroviral treatment, both in the community and at health facilities.” The target is “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 strategic area in terms of the food support programme and development partner input into food, nutrition and healthcare services. However, according to the DHS 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**

The objective of the activities in this strategic area is “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.” The target is “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.
Conclusion and 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 Permanent Task Force 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 to 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 Permanent Task Force** 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.
1. Introduction

1.1 Current OVC situation

The latest estimate of the number of OVC in Namibia, taken from the 2006 Demographic Health Survey (DHS), is 250,000, of whom 155,000 are orphans. This is higher than the previous estimate of 128,000 OVC used when the National Plan of Action (NPA) for OVC was published in October 2007, and the new estimate represents approximately 28.2% of Namibia’s children under 18 years of age.\(^1\)

It is believed that most orphans have acquired their status as a result of HIV & AIDS (prevalence of 19.9% at antenatal sites nationally in 2006),\(^2\) and this is placing increased pressure on extended families, often being grandparents, to care for increasing numbers of orphaned children with few resources. This situation is exacerbated by stigma and discrimination associated with HIV & AIDS, poverty (35% of the Namibian population survives on $1/day and 56% on $2/day)\(^3\) and high levels of violence against and abuse of women and children.

There has been a significant response to HIV & AIDS and OVC issues from government, civil society, NGOs and international donors such as the Global Fund, USAID and UNICEF. This has enabled the widespread provision of anti-retroviral treatment (ART) and programmes for the prevention of mother-to-child transmission (PMTCT), and has increased national awareness of HIV & AIDS as well as access to condoms and other preventative methods, and has promoted the development of development of laws to protect those infected with and affected by HIV & AIDS.

---

1. DHS 2006.
However, OVC need multiple forms of care and support and there is concern that a holistic care ‘safety net’ has not yet been created for OVC, who in 10-15 years time should represent 25-50% of the economically active population of Namibia.

The country already suffers from a shortage of skilled workers which limits economic growth, and this situation will be worsened if:

- OVC without **education** do not have sufficient skills or grades to get anything but manual jobs;
- OVC without **nutrition and healthcare** are not sufficiently healthy to work full-time; and
- OVC without **psychosocial support and care** lack social skills, feel no sense of responsibility towards their community and do not want to participate in the economy.

Without managers, engineers, doctors, researchers, artisans and technicians in the country, productivity growth, poverty reduction and equitable social development will be constrained.4

At the moment, the impact of OVC is being felt mainly through the Education and Care sectors. However, as the current generation of OVC reach adulthood, the impact will be felt economy-wide. If there is not a moral duty to ensure that OVC receive the package of care that they require at a more basic level, the need to ensure the country’s future economic welfare must drive action to ensure a ‘safety net’ for all OVC.

### 1.2 National Plan of Action for Orphans and Vulnerable Children 2006-2010

The NPA for OVC was developed to supplement the National Policy on OVC of 2004 and to initiate a wide-scale, multi-sectoral approach to the increasingly challenging OVC issue. The main goals of the policy are: to strengthen the capacity of children, families, social networks, neighbourhoods and communities to protect and care for OVC; to ensure that government protects and provides essential services; and to create an enabling environment for affected children and families.

The NPA defines concrete activities to achieve these goals in five strategic areas:

1. Rights and Protection
2. Education
3. Care and Support
4. Health and Nutrition
5. Management and Networking

There are two parts to the NPA documentation: Volume 1 specifying the activities required in each of the five strategic areas and identifying the leading agencies tasked with implementing the activities; and Volume 2 setting out the Monitoring and Evaluation (M&E) Plan.

The overall objective of the M&E Plan is to provide mechanisms (following international guidance on M&E for national responses to OVC5) through which the implementation of the NPA can be measured and evaluated. The M&E Plan contains indicators with baselines and targets in each thematic area.

---

4 Education and Training Sector Improvement Programme (ETSIP), Phase I, MoE, Feb 2007.
5 Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS.
1.3 First annual review of progress methodology

This document fulfills the MGECW’s aim to “Finalise the Annual OVC Progress and Monitoring Report for April 1 2007 to 31 March 2008 for submission to Cabinet, and make recommendations on the monitoring forms.”

This report aims to answer the following questions:

- What trends are evident in OVC in accessing their rights in the four thematic areas in the NPA (rights and protection, education, care and support, health and nutrition)?
- What are the key achievements of the year and the challenges encountered, how are the challenges being overcome and what are the lessons learnt?
- What are the gaps in terms of coordination and implementation of the NPA and data to monitor the NPA?
- What recommendations can be made to improve critical service delivery to OVC through government, civil society and development partners?

The methodologies used to answer these questions were:

- a detailed literature review;
- data collection and consultation with line ministries;
- detailed interviews with key stakeholders and development partners; and
- provision of draft reports for initial limited circulation to key stakeholders and then wider circulation to the OVC M&E Sub-committee and OVC PTF for feedback and input.
Lists of documents reviewed and people and organisations consulted are included in Appendices 1 and 2.

It should be noted that the review focused on the activities and indicators outlined in the NPA Volumes 1 and 2, and therefore does not cover all OVC support activities being undertaken in all sectors by all stakeholders. This is due not to a lack of recognition of the wide-scale and varied efforts underway, but rather to the need to track the specific activities and changes in indicators in the NPA.

In addition it should be noted that at the same time as this progress review took place, a consultation on the Convention on the Rights of the Child (CRC) was underway in Tanzania, attended by the Regional Inter-Agency Task Team (RIATT). It was suggested in meetings of the PTF that all recommendations in this NPA progress report, the RIATT report and the CRC consultation report should be consolidated and implemented together, as all of the latter’s recommendations also address OVC-related issues.

### 1.4 Definition of OVC in this report

Namibian and international organisations use several definitions of the term ‘orphans and vulnerable children’. For the purposes of monitoring and evaluating the implementation of the NPA for OVC, the following definition was adopted and used throughout this report and for data collection purposes:

“An orphan is a child who has lost one or both parents because of death and is under the age of 18 years, and a vulnerable child is a child who needs care and protection.”

Possible criteria for classifying a child as vulnerable are:

- a child living with a chronically ill caregiver, defined as a caregiver who was too ill to carry out daily chores during 3 of the last 12 months;
- a child living with a caregiver with a disability who is not able to complete household chores;
- a child of school-going age who is unable to attend a regular school due to disability;
- a child living in a household headed by an elderly caregiver (60 years or older, with no caregiver in the household between 18 and 59 years of age);
- a child living in a poor household, defined as household that spends over 60% of total household income on food;
- a child living in a child-headed household (meaning a household headed by a child under the age of 18); and
- a child who has experienced a death of an adult caregiver (18-59 years) in the household during the past 12 months.
2. Rights and Protection

2.1 Introduction to OVC Rights and Protection

The activities relating to the strategic area of OVC Rights and Protection have the following 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.

The target for this strategic area is:

All children have access to protection services by 2010.
The following table lists the planned activities in this strategic area with a high-level assessment of progress during the period 1 April 2007 to 31 March 2008:

<table>
<thead>
<tr>
<th>Activity No.</th>
<th>Activity</th>
<th>Achieved</th>
<th>Partially Achieved</th>
<th>Not Achieved</th>
<th>Can’t Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>1.1 Popularising the National Policy on OVC and NPA for OVC</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>1.2 Assessing the need to adopt international and regional conventions aimed at protecting children and adopt as necessary</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>1.3 Finalising and enacting all relevant draft legislation on children</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>1.4 Reviewing and reforming existing laws as necessary which affect distribution of family resources such as inheritance and marital property rights</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>1.5 Providing detailed and intensive training on new and existing child- and family-related laws for implementing officials and service providers</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>1.6 Compiling and disseminating in popular form information on child- and family-related laws</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.7</td>
<td>1.7 Developing and implementing media campaigns to address discrimination against OVC, violence against children and the need to provide for children in wills</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td>1.8 Increasing the effectiveness of WACPU in protecting children</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>1.9 Mobilising traditional leaders to play a more proactive role in protecting women and children against property grabbing by providing training</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.10</td>
<td>1.10 Creating child rights information corners in schools, hospitals and clinics</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.11</td>
<td>1.11 Ensuring OVC and their caregivers obtain birth certificates and other essential official documentation</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.12</td>
<td>1.12 Encouraging OVC participation in OVC issues</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Activity number based on the NPA for OVC.

## Findings

The achievements between 1 April 2007 and 31 March 2008 include the following:

- The NPA for OVC (Volumes 1 and 2) was published and distributed.
- The Child Care and Protection Bill was updated and the Convention on the Rights of the Child (CRC) in Namibia was drafted.
- A training manual on child protection is in draft. The manual will be used for training service providers and integrated into social worker and police training curriculums at the University of Namibia (UNAM) and the Police Training College.
- Countrywide, 15 Woman and Child Protection Units (WACPU) trained and sensitised traditional leaders and other community members on child protection issues.
- WACPUs staff were trained on the Combating of Domestic Violence Act, Combating of Rape Act, Immoral Practices Amendment Act and Criminal Procedures Amendment Act.
- Information on family- and child-related laws was distributed at the above-mentioned training sessions and to MGECW social workers.
- A “Speak Out” campaign on prevention of violence against women and children was conducted throughout the country.
- The DHS 2006 indicates an increasing percentage of people expressing an accepting attitude towards those with HIV (see Indicator P.2 in Appendix 4).
- The OVC Policy and Planning Effort Index increased from 73 in 2004 to 76 in 2007, meaning that Namibia’s OVC Programme is considered to be “very strong” (Indicator P.5 in Appendix 4).
- Development partners funded protection services for over 1,879 children between October 2007 and March 2008 (see Appendix 3 for a list of some of the NGOs, FBOs and CBOs providing OVC services funded by development partners).
- Plans are in place to enable hospitals with maternity units to have an office of the Ministry of Home Affairs and Immigration (MHAI) on their premises to enable easy access to birth certificates.

---

6 Development partners include USAID, the Global Fund and UNICEF.
- OVC made input into the NPA through the Children’s Parliament (Indicator P12 in Appendix 4).
- A Gender Based Violence Conference was held and recommendations were made.
- A Technical Committee on Gender Based Violence was established and is functioning.

Challenges that limited implementation include the following:

- The activities may not fully address the key issues in the area of Rights and Protection relating to the widespread acceptance of violence against women and children, and empowering women and children to actively seek recourse to justice.
- Completion of the Child Care and Protection Bill and the CRC is behind schedule.
- Progress in raising awareness of the rights of and laws protecting children has been limited and again is delayed by incompletion of the relevant laws.
- WACPUs remain under-resourced and reactive, and need to improve their information database to enable easier analysis of information for identifying trends, reporting, etc.
- Very few community groups which would support the work of the WACPUs appear to be functioning (Indicator P9 in Appendix 4).
- Clarity is lacking in the definition of ‘child abuse’ and the guidelines for managing and recording cases.  

Although there has been an increase in the proportion of people expressing accepting attitudes towards those with HIV, the percentage remains below 40%.
- The DHS 2006 indicates that 67.1% of children’s births are registered, being a drop from 70.5% in the DHS 2000, and there have been no recent changes in terms of ease of access in applying for official documents such as birth certificates (Indicator P.3 in Appendix 4).
- The plans for hospitals to have MHAI offices on the premises to register births and provide birth certificates may not address the lack of registration of births that do not take place in a health facility (19.1%) or are not attended by a health professional (12.1%), which are the most likely not to be registered.

---

8 DHS 2006.
Despite a rise in the OVC Policy and Planning Effort Index, there is still room for improvement, particularly in the areas of legislation (finalising and implementing legislation), M&E (implementation and resources available for M&E) and resources (allocation of government resources to OVC).

The value of data on information corners is limited as it does not necessarily correlate with impact or take-up of the information available.

Indicator P21: The number of OVC receiving protection services has been removed from the latest set of indicators, but this is being measured by USAID and relates directly to the target, so it should be reinstated. While several indicators relating to the Ministry of Safety and Security (MSS) appear not to be available.

OVC input into policy and service provision remains limited.

In the current environment it appears that there is a long way to go to meet the target of “All children have access to protection services by 2010.” There are only 15 WACPUs in the country, all with limited resources, few functioning Community Protection Groups, overworked social workers and outdated laws and regulations.

Although there has been some progress in developing up-to-date and relevant policies relating to children and their rights and protection, the CRC and Child Care and Protection Bill have yet to be completed to have an impact. This has delayed training and awareness-raising about OVC Rights and Protection, and as mentioned above, the structures (WACPUs, Community Protection Groups and Social Workers) through which children might have recourse if their rights are violated are limited.

Activities that address the widespread acceptance of violence against and abuse of women and children generally in Namibia need to be identified and implemented, ensuring that the cause as well as the symptoms of violence and abuse can be addressed.

Many of the indicators relating to Rights and Protection are difficult to come by, some targets have yet to be set, and P21, for which data is available, has been removed. In addition, not only is the impact indicator “Number of cases of children abused reported” difficult to measure, but interpretation is almost impossible, e.g. would an increase represent increased abuse (a negative impact) or increased activity of a WACPU and improved reporting (a positive impact). These indicators need to be strengthened.
2.3 Recommendations

The recommendations for the implementation of activities relating to OVC Rights and Protection are as follows:

- Fast-track the completion of the CRC and the Child Care and Protection Bill, so that the bases of OVC Rights and Protection in Namibia are up-to-date and in line with international standards, and replace outdated Acts that were written during apartheid and are discriminatory.
- Finalise the training manual for service providers and information for distribution on the up-to-date laws, so that processes and attitudes can be rapidly changed in line with the new laws.
- Improve resources available to WACPs to enable them to be more effective and proactive, and to keep accurate records of incidents that are easily accessible for assessment purposes.
- Provide support to Community Protection Groups to increase the number functioning around the country.
- Develop a clear definition of ‘child abuse’ that can be the standard measure used in all recording, and ensure that measures relate to incidence rather than criminal cases initiated.
- Implement enforcement structures or incentives for the adoption of laws and policies relating to OVC and children more broadly for women dispossessed of property.
- Review the indicators so that all have targets and related data can be collected and accurately interpreted, and so that action can be taken in relation to trends and findings. It may be worth reinstating P21 and adding indicators such as number of WACPs and WACPU staff as this would better reflect the protection available. The MSS also requires technical support in defining data to be collected by WACPU staff and collation methods.
- A systematic approach to the inclusion of OVC input into policy development and service provision needs to be devised.
3. Education

3.1 Introduction to OVC Education

The activities relating to the strategic area of OVC Education have the following objectives:

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.

The target for this strategic area is:

Equal proportions of OVC versus non-OVC aged 16-17 years have completed Grade 10 by 2010.
The following table lists the planned activities in this strategic area with a high-level assessment of progress during the period 1 April 2007 to 31 March 2008:

<table>
<thead>
<tr>
<th>Activity No.</th>
<th>Activity</th>
<th>Achieved</th>
<th>Partially Achieved</th>
<th>Not Achieved</th>
<th>Can’t Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Support the MoE in finalising, implementing, disseminating and monitoring the National Education Sector Policy for OVC in Namibia.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Complete initial registration of OVC and ensure that a workable system is in place for regular updating of OVC information.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Ensure adequate provision of meals to OVC attending schools and ECD centres.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>Develop and implement a strategy for feeding OVC during weekends and holidays.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Ensure that OVC who cannot afford the costs of schooling are exempted from all such costs.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>Strengthen counselling, care and support services for OVC in all educational institutions.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Expand ECD services for OVC.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.8</td>
<td>Ensure that OVC have priority access to OVC-friendly hostels regardless of their ability to pay.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>2.9</td>
<td>Support multi-purpose centres to cater for the needs of out-of-school OVC.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td>Target all children attending school for appropriate life skills training programmes.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.11</td>
<td>Target OVC not attending school for appropriate basic education and skills training programmes.</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

* Activity number based on the NPA for OVC.

### 3.2 Findings

The achievements between 1 April 2007 and 31 March 2008 include the following:

- The National Education Sector Policy for OVC has been developed (Indicator E.4 in Appendix 4).
- EMIS Education Statistics now collects disaggregated data on OVC.
- The DHS 2006 suggests that OVC enrolment in school does not differ significantly to that of non-OVC.
- The school feeding programme reached 84 666 children (Indicator E.5 in Appendix 4).
- Teachers have been receiving psychosocial and OVC support training through school counsellors (Regional and Head Offices).
- Documentation and evaluation of the Education Development Fund (EDF) were undertaken in three pilot regions.
- Development partners are making a significant contribution to encouraging OVC to attend school through payment of school, hostel and examination fees as well as for school uniforms and school supplies.
- The “My Future is My Choice” HIV prevention life skills programme for youth aged 15-18 reached 9 144 secondary school learners. The “Window of Hope” life skills programme for children aged 10-14 is being implemented in 70-75% of primary schools and 2 137 primary school teachers were trained.
Challenges that have limited implementation include the following:

- The National Education Sector Policy for OVC has yet to be finalised and published.
- Exemption from hostel fees (1 266) is far below what would be expected with an OVC population of 181 948 enrolled in school. There is also a suggestion that OVC are discriminated against by the process of allocating hostel places on a ‘first come first served’ basis, while many OVC may have to wait for exemption approval, with the result that no places are available by the time exemption is approved (Indicator E.7 in Appendix 4).
- Exemption procedures for paying examination fees do not exist (Indicator E.8 in Appendix 4). A submission made to the Permanent Secretary to enable these is awaiting approval.
- Data on exemptions from school fees is collected only at regional level and no systems are in place at national level for collating the data for this NPA indicator (Indicator E.8 in Appendix 4). However, anecdotal information suggests that in some cases OVC are turned away from school if they cannot afford a uniform, stationery or payment to the School Development Fund, despite their constitutional right to education. The numbers of OVC enrolled in school vary widely by region, as shown in the two graphs below. This has implications for exemptions and resources for the schools in each region, which must be taken into consideration to ensure OVC access to education.

---

Many Social Welfare Grants from the MGECW are used to pay school, hostel and examination fees, which effectively is a transfer from one ministry to another, defeating the purpose of supporting the basic needs of OVC.

- ECD services and weekend and holiday feeding programmes are still not widely in place.
- “My Future is My Choice” reported that only 377 of the 9 144 learners participating in the programme were OVC.
- Collecting accurate information on the number of children attending “My Future is My Choice” or “Window of Hope” programmes without double counting.

Regarding the target of “Equal proportions of OVC versus non-OVC aged 16-17 years have completed Grade 10 by 2010,” no data is currently available.

In summary, progress in education is hard to measure due to a lack of data, and where measurable it appears to be limited. One report states that “Schools seemed to have failed to become nodes of care for their learners, especially OVC,” and this is currently a missed opportunity to provide OVC with the range of services they require from education-related exemptions to psychosocial care, lifeskills training and safe hostel care. The only areas where there appears to be measurable success are those of equal enrolment of OVC to non-OVC in school and the school feeding programmes.

### 3.3 Recommendations

The recommendations for the implementation of activities relating to OVC Education are as follows:

- Prioritise the finalisation and dissemination of the National Education Sector Policy for OVC.
- Introduce enforcement and/or incentive measures to ensure that education policies in relation to OVC are implemented, especially in relation to exemptions from school, hostel and examination fees.
- Reduce the administrative burden of exemptions and improve the speed of approval, which could be achieved through the systematic exemption of all children on the OVC database from education-related fees.
- Review the recommendations of the EDF report and abolish the School Development Fund and introduce proper planning for assisting schools with high OVC enrolment with funding from the national budget.
- Provide teachers with more training and ongoing support to enable them to become better at providing care and support to the OVC in their classes.
- Set up a mechanism to measure the number of OVC receiving psychosocial support in school.
- Address the expansion of Early Childhood Development (ECD) services and make provision for weekend and holiday feeding programmes for OVC.
- The transition of “My Future is My Choice” to the MoE needs to be completed with sufficient funds made available to ensure that it is sustained, and OVC should be actively engaged by both this and the “Window of Hope” programme.
- Data collected on school fee and examination exemptions needs to be made more readily available for the purpose of assessing the implementation of the Education Sector Policy on OVC and an indicator in the NPA for OVC. Ideally the data would be integrated into the Education Management Information System (EMIS).

---

11 The Comprehensive Care and Support for Orphans and Vulnerable Children, UUCB, November 2006.
4. Care and Support

4.1 Introduction to OVC Care and Support

The activities relating to the strategic area of OVC Care and Support have the following objective:

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

The target for this strategic area is:

50% of all registered OVC receive any external support (economic, home-based care, psychosocial and education) by 2010.
The following table lists the planned activities in this strategic area with a high-level assessment of progress during the period 1 April 2007 to 31 March 2008:

<table>
<thead>
<tr>
<th>Activity No.</th>
<th>ACTIVITY</th>
<th>Achieved</th>
<th>Partially Achieved</th>
<th>Not Achieved</th>
<th>Can’t Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Reviewing and revising Social Welfare Grant criteria and procedures to ensure that extended family or persons caring for OVC can access appropriate social assistance quickly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Compiling and disseminating in popular form information on accessing Child Welfare Grants.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>Strengthening and expanding training for home-based caregivers in methods of psychosocial support, parental skills, home-caring practices and children’s rights.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>Registering all homes and shelters caring for OVC.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>Training caregivers in homes and places of safety to ensure appropriate levels of care.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3.6</td>
<td>Developing and adopting mechanisms to ensure that children’s opinions and wishes are expressed and taken into consideration when looking at care options.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7</td>
<td>Providing community support groups with training, technical assistance and finance to increase their capacity to assist OVC and affected families.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8</td>
<td>Encouraging families caring for OVC to keep siblings together.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3.9</td>
<td>Expanding programmes in small and micro enterprises and skills training, enabling families headed by children or young adults, and families with large numbers of OVC, to generate income.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td>Holding workshops for organisations providing psychosocial support.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3.11</td>
<td>Realigning the national drought relief programme, emergency food assistance, food for work, agricultural extension work and other programmes so that families caring for OVC are a priority.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>Strengthening community capacities to provide care and support to OVC.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

* Activity number based on the NPA for OVC.

### 4.2 Findings

The achievements between 1 April 2007 and 31 March 2008 include the following:

- Social Welfare Grant information has become more readily available and the number of grants has increased from 41,000 in 2006 to 90,126 in 2007/08 (Indicator C.6 in Appendix 4).
- Development partners funded psychosocial support (18,334 OVC), shelter and care support (2,553 OVC) and economic strengthening services (7,582 OVC) between October 2007 and March 2008\textsuperscript{12} (Indicators C.8, C.9 and C.10 in Appendix 4).
- Over 5,700 service providers and caregivers received training in providing care and support, funded by development partners\textsuperscript{13} (Indicator C.5 in Appendix 4).
- A set of standards has been devised for organisations working with OVC to ensure that services provided are of sufficient quality to have the required impact\textsuperscript{14} (Indicator C.7 in Appendix 4).
- A report assessing Alternative Care systems for children in Namibia is in progress.
- The Ministry of Health and Social Services (MoHSS) has developed standards for home-based care.
- A Psychosocial Collaborative was established to define what constitutes psychosocial support, minimum standards and mainstreaming of psychosocial support in other areas of OVC service provision.

\textsuperscript{12} This does not include all activities funded by UNICEF, the Global Fund or others who do not collect data in these categories.

\textsuperscript{13} This does not include all activities funded by UNICEF, USAID or others who do not collect data in this category.

\textsuperscript{14} Standards-based Quality Improvement: A process report from organizations working with OVC in Namibia, FHI, USAID, September 2007.
Challenges that have limited implementation include the following:

- The ratio of OVC to non-OVC who have three basic material needs met (blanket, shoes and two sets of clothes) is 0.75 (59% of OVC or approximately 147,500 children compared to 45.7% of non-OVC do not have three basic material needs met). However, there is no specific plan in place or organisation responsible for addressing this deficiency so as to reach the target ratio of 1.0 by 2010 (Indicator C.1 in Appendix 4).
- The MGECW is overburdened with administrative management (particularly of Foster Care Grants requiring court approval) to the loss of other functions that the ministry and its staff might fulfil.
- The impact of Social Welfare Grants on children is unclear, as it appears that in some cases the grants are used to cover other households costs.
- Only about 50% (42) Children’s Homes and Places of Safety are registered and required to meet any set of standards.
- The need for and provision of residential care has to be better understood to ensure that Children’s Homes and Places of Safety are available where needed (particularly in north-western Namibia where no registered facilities are available), and registration of facilities as well as quality of staff and services provided in such facilities has to be carefully monitored.
- A lack of case management in some Children’s Homes and Places of Safety results in children staying longer than necessary or not receiving the most appropriate care.\textsuperscript{15}
- The registration process still has to be updated,\textsuperscript{16} and guidelines and procedures have to be implemented to ensure that Children’s Homes have adequate facilities and staff to care for the children placed there.
- Children are given only a limited opportunity to participate in decision-making about their care.
- Despite the volume of Social Welfare Grants being provided (to about 35% of the 250,000 OVC) and the additional support provided by development partners such as the Global Fund and USAID, the DHS 2006 reports that only 16.5% of OVC households received free basic external support for caring for a child. This may be due to reporting bias, multiple grants being received by single households, and grants or DHS sampling being geographically limited or unrepresentative. Whatever the reason, this has to be better understood to facilitate planning for reaching 50% as per the target. The reach of support services also varies widely by region as shown in the map opposite, and ideally the target of 50% of all registered OVC receiving any external support would apply consistently throughout the country (Indicator C.2 in Appendix 4).

\textsuperscript{15} Capacity to Manage Alternative Care: Assessment Report for Namibia, MGECW & UNICEF, August 2008.
\textsuperscript{16} Ibid.
Map 1: The reach of support services to OVC by region

Data source: Namibia DHS 2006 (Table 15.11).

* In the last 12 months.
Social Workers should prioritise case management in Children’s Homes and Places of Safety to ensure that they receive the full spectrum of care required (including education, food, psychosocial care and shelter) given their vulnerability and lack of family support, and that the residential care is the most appropriate environment for each child.

Children’s Homes and Places of Safety are not available in every region and some refuse to take abused or ‘difficult’ children, resulting in abused children being returned to the place of abuse or placed in inappropriate accommodation such as hospitals.17

Developing the necessary psychosocial capacity in community support groups and the general community to care for OVC.

The majority of orphans are not living in the same household as their siblings under the age of 18 (Indicator C.4 in Appendix 4).

Providing psychosocial support is challenging in some areas of Namibia where it may not be well understood, and this may require a strategy to actively take services to children rather than waiting for self-selection.

The service standards developed have to be disseminated and support has to be provided in their implementation. These service standards add another dimension to the M&E of services provided which may be difficult to capture.

In terms of the overall target of 50% of all registered OVC receiving any external support (economic, home-based care, psychosocial or education) by 2010, it is difficult to establish a baseline. DHS data relates to OVC households rather than individual OVC, and this data is used as the basis for measuring Development Partner activities and Social Welfare Grants. If the number of Social Welfare Grants is used as the baseline, it would mean that a minimum of 36% of OVC receive some form of external support, which would indicate significant progress towards the target.

However, service provision is fragmented and the workload of Social Workers is overwhelming as a result of the scale of Social Welfare Grants, particularly Foster Care Grants, and these issues have to be addressed to ensure that the MGECW is able to give equal priority and resources to the spectrum of care services within its remit and not become solely a grant provider.18

In addition, rules and regulations regarding Children’s Homes and Places of Safety need to be updated and rapidly implemented as they cover some of the most abused and vulnerable children living away from their families and should be a priority for close case management to ensure that appropriate care is provided.

---

17 Ibid.
4.3 Recommendations

The recommendations for the implementation of activities relating to OVC Care and Support are as follows:

- Provide the resources necessary to enable the MGECW to provide the spectrum of care services within its remit, ensuring that it is not solely a grant provider.
- Prioritise the updating of registration standards and guidelines relating to Children’s Homes and Places of Safety to ensure the safety and care of the most vulnerable OVC.
- Ensure that all Children’s Homes and Places of Safety are registered and meet basic levels of requirements in terms of staff, resources and case management processes.
- The Alternative Care Assessment that is underway needs to be rapidly completed and disseminated.
- Involvement of OVC in the management of their cases needs to be actively integrated into case management by Social Workers and Children’s Homes and Places of Safety.
- Provide recipients with information/education about Social Welfare Grants so that they are used appropriately to support OVC and not to pay general household expenses.
- Continue to recruit Community Child Care Workers to replace Social Workers in administering Social Welfare Grants and enable Social Workers to focus on care plans and direct psychosocial support for children, particularly those based in Children’s Homes and Places of Safety. Also consider developing a ‘para-social worker’ role to assist Social Workers.
- The MGECW should undertake a review of demand for, priorities and the most efficient means of providing the range and scale of social work support needed, creating a vision for social work and enabling the most efficient and effective provision of services, particularly Foster Care Grants.\(^{19}\)
- The real level of need for Children’s Homes and Places of Safety needs to be understood so that appropriate accommodation can be provided in all regions of the country for these most vulnerable children.
- The Psychosocial Collaborative should include in its remit the development of training materials for community groups and wider community care information.

5. Health and Nutrition

5.1 Introduction to OVC Health and Nutrition

The activities relating to the strategic area of OVC Health and Nutrition have the following 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.

The targets for this strategic area are:

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.
The following table lists the planned activities in this strategic area with a high-level assessment of progress during 1 April 2007 to 31 March 2008:

<table>
<thead>
<tr>
<th>Activity No.</th>
<th>Activity</th>
<th>Achieved</th>
<th>Partially Achieved</th>
<th>Not Achieved</th>
<th>Can’t Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Improve OVC access to free health services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Develop an appropriate system for referrals of OVC who need assistance from multiple agencies.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>4.3</td>
<td>Ensure that all pregnant women access PMTCT services.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>Improve provision of HIV and AIDS care for children.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td>Promote adolescent-friendly health services.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6</td>
<td>Train communities and home-based care volunteers in nutrition monitoring and basic healthcare practices.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.7</td>
<td>Improve access to proper nutrition for families caring for OVC.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8</td>
<td>Provide temporary food supplies to needy families caring for OVC and to children on the street.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.9</td>
<td>Target preventative health care services for young children (0-3) in the care of the elderly or at ECD centres.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.10</td>
<td>Record health and nutrition information on OVC to provide data for measuring progress on this issue.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.11</td>
<td>Improve OVC access to clean water and sanitation.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

* Activity number based on the NPA for OVC.

5.2 Findings

The achievements between 1 April 2007 and 31 March 2008 include the following:

- The percentage of pregnant, HIV-positive women receiving PMTCT treatment with ART rose from 25% in 2005 to 49% in 2007, and 188 of 335 health facilities are now providing PMTCT services (Indicator H.11 in Appendix 4).
- Development partners funded significant food and nutrition services (11,637 OVC) and health care services (11,724 OVC) between October 2007 and March 2008 (Indicators H.14 and H.15 in Appendix 4).
- The Food Support Programme for OVC Phase II reached over 90,000 children from April 2006 to April 2008.
- The AIDS Indicator Survey (AIS) is being developed to be undertaken between each DHS survey. This will provide additional data on HIV & AIDS and OVC-related questions, and reduce the gap between measurement of key indicators only currently captured by the DHS.
- Publication of the MGECW manual entitled *Give Every Child the Best Start in Life! – A manual for mothers, fathers and caregivers*, with support from UNICEF.
- The MoHSS launched a roadmap to address issues of maternal and newborn/child morbidity and mortality for all stakeholders with roles and responsibilities clearly outlined.
- Access to adolescent-friendly health services (AFHS) was provided in 18 out of 34 health districts, with 178 health workers in these districts trained to provide AFHS. Additionally, AFHS modules are being integrated into UNAM and Health Training Centre curricula for pre and in-service training of nursing students, and awareness pamphlets and posters have been developed and translated into six local languages.
- The MoHSS has undertaken a Health Sector Review.

---

20 UNGASS, MoHSS, 2007.
Challenges that have limited implementation include the following:

- The rate of under-5 mortality has risen from 62.2 deaths per 1,000 live births (DHS 2000) to 69 deaths per 1,000 (DHS 2006), and maternal mortality has risen from 227 per 100,000 live births to 449 in 2006\(^2\) (Indicator H.6 in Appendix 4).
- Data on the proportion of OVC to non-OVC aged 15-17 years not infected with HIV by 2010 is not yet being collected, and collection may not be possible (Indicator H.5 in Appendix 4).
- MoHSS policies do not make a distinction between OVC and other children, and anyone unable to pay for health services should be treated and not turned away. However, anecdotal information suggests that some who cannot pay are turned away. Further, information on fee exemptions for health services is not collected, thus progress in this area and policy implementation cannot be accurately assessed (Indicator H.8 in Appendix 4).
- Despite the increase in the percentage of pregnant, HIV-positive women receiving PMTCT treatment with ART from 25% in 2005 to 49% in 2007,\(^2\) the majority are still not receiving these.
- The DHS 2006 indicates that the ratio of OVC to non-OVC aged 0-4 who are malnourished is 1.31 (26.8% or approximately 67,000 OVC are malnourished compared to 20.5% of non-OVC) (Indicator H.1 in Appendix 4).
- The DHS 2006 indicates that the ratio of OVC to non-OVC having sex before age 15 is 1.06 (20.6% of OVC compared to 19.5% of non-OVC) for males and 1.41 (10.1% of OVC to 7.1% of non-OVC) for females (Indicator H.3 in Appendix 4), placing particularly female OVC at a much higher risk of pregnancy and being infected with HIV & AIDS and other sexually transmitted diseases.
- There is no indicator for the number of children living with HIV & AIDS (14,000) who receive ART (5,283 or 38%). This might be worth including as it links directly to the target.
- The Food Support Programme for OVC Phase II is complete, but less than 30% of the registered recipients were able to transfer to Social Welfare Grants as an alternative source of support. As shown in the graph below, there are many malnourished children who do not fall within the definition of OVC or failed to meet other Social Welfare Grant criteria.

---

\(^3\) UNGASS, MoHSS, 2007.
The MoHSS is to ensure AFHS provision in all 34 health districts.

Preventative healthcare services for young children in the care of the elderly or in ECD centres has not materialised.

A multi-sectoral referral system between agencies supporting OVC is lacking.

Data collected in the DHS 2006 on access to clean water and sanitation differed with the collection categories in 2000, therefore it is not possible to make direct comparisons to assess whether there has been a general improvement. No OVC split is collected, so no OVC-specific data is available either.

The Health Sector Review indicated fragmentation of social services across and within line ministries, and recommended improved integration and collaboration for effective service delivery to vulnerable groups.

In terms of the target of “20% reduction in under-5 mortality of all children by 2010”, the latest data from the DHS (2006) indicates that there has been a rise in under-5 mortality since 2000. The target of “Equal proportions of OVC to non-OVC aged 15-17 years are not infected with HIV by 2010” cannot be assessed since no baseline or subsequent data has been collected on this indicator.

In summary, despite the improvement of PMTCT services, there has been little progress and even regression in activities relating to Health and Nutrition where changes are possible to measure. There appears to be a general lack of overall OVC strategy within the MoHSS, resulting in services to OVC not being given specific attention or integrated with services of other ministries such as the MGECW and MoE.
5.3 **Recommendations**

The recommendations for the implementation of activities relating to OVC Health and Nutrition are as follows:

- Ensure that the OVC-related questions and data collected in the AIS is consistent with the DHS and indicators required to assess the implementation of the NPA for OVC.
- The MoHSS would benefit from a specific and systematic response to OVC issues.
- Fee exemptions for health services for OVC need to be systematically enforced and supported through the entire healthcare structure, and collection of data on exemptions is necessary to ensure their implementation.
- Female OVC specifically need additional sex education to ensure that they are aware of the risks and choices available, which would address the disproportionate number of OVC females having sex before the age of 15.
- An ECD representative should be invited to attend the OVC PTF to motivate OVC-related activities in this area.
- The MoHSS is to ensure that AFHS are available in all 34 health districts in the country.
- DHS and AIS data collection should include consistent questions regarding access to clean water and sanitation.
- A systematic referral system needs to be developed between agencies supporting OVC in each region.
- Ensure that the findings of the Health Sector Review are addressed.
- To ensure healthy child development, the widespread continued malnourishment of OVC and non-OVC should be addressed through further food support programmes or alternative support programmes that cater for those not receiving Social Welfare Grants.
6. Management and Networking

6.1 Introduction to OVC Management and Networking

The activities relating to the strategic area of OVC Management and Networking have the following 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.

The target for this strategic area is:

Multi-sectoral coordination and monitoring of quality services to OVC are significantly improved by 2010.
The following table lists the planned activities in this strategic area with a high-level assessment of progress during the period 1 April 2007 to 31 March 2008:

<table>
<thead>
<tr>
<th>Activity No. *</th>
<th>Activity</th>
<th>Achieved</th>
<th>Partially Achieved</th>
<th>Not Achieved</th>
<th>Can't Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Develop, update, maintain and share a national database on OVC services.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Hold a national conference on OVC every two years.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Maintain and report on basic monitoring and evaluation information on the situation of OVC.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>Ensure commitment and consistency in attendance and participation in the OVC PTF.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>Further develop the capacity of the OVC PTF to share good practices, plan and monitor the national programme, create awareness and involve all sectors.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6</td>
<td>Strengthen information sharing and networking throughout the country.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.7</td>
<td>Develop regional and constituency-level OVC forums and committees.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.8</td>
<td>Increase the capacity of mayors, municipal leaders and local authorities to initiate, expand and manage local support to OVC.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.9</td>
<td>Map services for OVC to facilitate referrals and to prevent duplication of services.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.10</td>
<td>Commission a study on resource mapping to see if funds allocated for OVC services are being applied efficiently.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.11</td>
<td>Ensure that the recommendations in the MGECW Human Resource and Capacity Gap Analysis are implemented.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Activity number based on the NPA for OVC.

### 6.2 Findings

The achievements between 1 April 2007 and 31 March 2008 include the following:

- Three regions (Omaheke, Kavango and Caprivi) have received support for regionalising the NPA. This has included facilitating the prioritisation and coordination of OVC activities by multi-sectoral line ministries, civil society and development partners.

- The MGECW has developed a website on OVC services and some NGOs are already populating the database.

- This report represents the first M&E report on the situation of OVC based on the NPA and its indicators (Indicator M.4 in Appendix 4).

- The OVC PTF meets regularly, with 25 relevant ministries and partners in attendance (Indicator M.12 in Appendix 4).

- Some mapping of services has taken place, funded by USAID, but this is not yet complete and available.

- A study to explain the utilisation of the Child Welfare Grants by caregivers/guardians for the intended OVC beneficiaries is planned.

- The MGECW has shown commitment to addressing the recommendations in the Human Resource and Capacity Gap Analysis and started implementation by recruiting new Social Workers at regional and national level, financing Child Care Workers and conducting awareness campaigns on Child Welfare Grants.

The OVC Permanent Task Force – see list of members on page 50.
Challenges that have limited implementation include the following:

- The web-enabled OVC database is not yet operational (Indicator M.3 in Appendix 4).
- Despite the development of a website on OVC services, the entire MGECW website is generally inaccessible.
- A national conference on OVC was not held during the reporting period, but is planned for 2009 (Indicator M.5 in Appendix 4).
- There has been a lack of consistent decision-making leaders attending OVC PTF meetings. Key partners such as the Global Fund have also not been invited to join, and potentially they could access significantly more funding for OVC in rounds 8 and 9.
- A lack of coordination between ministries, development partners and civil society is resulting in potential overlap in some areas and a lack of coverage in others.
- Rollout of standards of care information has been limited to date.
- The M&E Plan for the NPA for OVC is limited in its capacity to indicate progress in relation to the activities planned for. This is due to limited data for many indicators, especially those reliant on DHS data which is only collected on a 5-yearly basis.
- The lack of readily available mapping of services means that there may be considerable duplication of services in some areas and gaps in others.
- Regional and constituency-level capacity to address OVC issues is limited, with the number of regions with functioning OVC forums falling from 40% to 33% in 2007/08 (Indicator M.10 in Appendix 4). This may be due to limited capacity and resources at local level, multiple forums requiring attendance and a lack of general guidance on integrated working between ministries and service providers from the top down.
- Despite the significant progress made in implementing the recommendations in the MGECW Human Resource and Capacity Gap Analysis, ability to implement them is limited by available capacity, particularly of Social Workers.
In terms of the target to improve multi-sectoral coordination and monitoring of services, there seems to have been limited progress. Apart from the MGECW taking the lead, few other ministries appear to have prioritised service provision to OVC. At the same time, regional and constituency capacity to manage OVC issues does not appear to be materialising. The OVC PTF is also failing to meet its full potential due to a lack of senior participants from ministries.

6.3 Recommendations

The recommendations for the implementation of activities relating to OVC Management and Networking are as follows:

- Additional regions should be supported to prioritise OVC issues through the NPA regionalisation process led by Regional Councils.
- The websites of all ministries need to be made accessible and updated regularly.
- The web-enabled OVC database needs to be fully operationalised and populated with all existing data.
- To improve the effectiveness of the OVC PTF, key organisations that are currently missing should be invited to join, and Director-level representatives of line ministries should be instructed by the ministers to attend consistently.
- The service mapping initiated by USAID has to be completed for all services and disseminated at regional level, if not constituency level if mapping can be done in this detail to enable referrals, prevent duplication of services and identify and fill gaps.
- Regional Governors should be responsible for establishing a RACOC Sub-committee for Child Wellbeing and Protection that streamlines the number of regional committees and groups responsible for OVC issues. This should subsume the regional OVC forum, MGECW committee responsible for OVC, ECD committee and other child and OVC service committees. A regional Director, ideally the Director of Planning and Development, should be the chair of the sub-committee.
- The MGECW needs support from the National Planning Commission (NPC) and the Office of the Prime Minister or Office of the President to ensure that OVC issues are not neglected due to the ministry’s lack of authority over other ministries.
- Regional capacity in terms of staffing, skills and resources has to be improved to enable the effective implementation of the actions devolved. This may require improving salaries to make jobs more attractive, and focusing on long-term training plans and courses to develop the skills needed. The number of OVC in each region also has to factor into the scale of resources available, which varies significantly by region, as shown in the map opposite.

The updated series of information leaflets on services for OVC – to be distributed as from mid 2009.

The training manual entitled *Give Every Child the Best Start in Life* has been translated into seven Namibian languages and will also be distributed as from mid 2009.
Map 2: Number of OVC by region

Estimated Number of OVC NAMIBIA

0  75  150  300  450  600 km

- Angola
- Zambia
- Botswana
- South Africa

Estimated number of OVC in Namibia 2006:
- 4,810 – 7,072
- 7,073 – 10,977
- 10,978 – 16,656
- 16,657 – 25,974
- 25,975 – 40,676

Data source: Namibia Census and USAID Namibia

Estimates derived using medium variant 2006 population projections for children aged 0-17 from 2001 census multiplied by 2006 DHS OVC percentages (Table 15.2).

17-year cutoff derived by reducing 0-19-year population group by 9.13% (amount of national 0-19 population aged 18 or 19).
7. Overall NPA Implementation and M&E

7.1 Overall implementation findings and recommendations

A few overall factors have influenced the achievement of NPA implementation activities to date, including the following:

- Senior-level (i.e. Director level) leadership is not always visible. Some line ministries delegate junior staff, who do not have decision-making authority, to key meetings such as those of the OVC PTF. This reflects a lack of interest in supporting the programmes for OVC and therefore creates a negative image of the applicable ministries.

- There is a lack of understanding of the current costs of providing services in the ministries and this has implications for budgeting OVC-specific activities and seeking funding for doubling or tripling efforts etc. Any such costing should include existing ministry staff time spent on delivering services (unlike the costing developed for the M&E Plan for the NPA for OVC), since if activities are increased, the number of staff may also have to increase.

- There is a lack of planning in terms of sustainability of some components of the NPA, particularly those supported by donor funding which may come to an end in the next few years.
The impact definition of ‘vulnerability’ currently used in the NPA is problematic in that it predominantly defines the circumstances of the caregiver or household rather than of the child, and excludes children receiving ART, abused children, and children who are malnourished or whose three basic material needs have not been met unless they meet another of the criteria in the current definition.

Recommendations relating to these overall implementation findings include the following:

- A social Marketing campaign led by the leaders, demonstrating role model attitudes and behaviours which are tolerant of those affected by HIV & AIDS and intolerant of stigmatisation and violence against and abuse of women and children. Also, the leaders should exemplify visible collaboration between ministries, and combined ministerial messages would be powerful.

- Dedicated OVC staff in each relevant ministry, led by someone at Director level, are needed to oversee the specific implementation of NPA activities, collect sample or proxy data where baselines or targets are missing, plan for the achievement of targets and collect data on a regular basis.

- Each relevant ministry needs to devise a specific budget for OVC service provision and ensure that sufficient funds are made available. If the necessary capacity does not exist internally in a ministry, a costing exercise should be commissioned for each service to provide a relatively accurate estimate of the cost of providing each service. This will enable more accurate costing of activities and increases in the effort to meet targets etc.

- The sustainability of existing services needs to be addressed. In addition to finding that service provision is limited and needs to be better integrated and to reach many more children, even the existing level of provision may be at risk if the continuity of services is not planned for once donor funding has stopped. This is a risk particularly in the area of OVC support services such as education, feeding programmes, training for caregivers, psychosocial services, Children’s Homes and Places of Safety, PMTCT and ART for children. The current funding from the Global Fund ends at the end of 2009 and USAID funding ends in 2012, yet no provision is being made to fill the funding gaps that may be left.

- The impact definition of ‘vulnerability’ needs revising to at least include all abused children and all those infected with HIV or AIDS.
7.2 M&E findings and recommendations

M&E achievements include the following:

- More data and targets are available than when the baselines were initially set (including regional data from the DHS 2006), and there has been AIS development that will provide data between each DHS so that more frequent data is available and more frequent analysis and response is possible.
- The response from all ministries and development partners was positive, and all provided some data for this report.
- Standards have been developed that will make possible qualitative as well as quantitative M&E.
- The MoE, MGECW and MoHSS have designated M&E staff whose primary role is to collect and collate data.

Challenges in M&E include the following:

- Some targets and baselines for M&E indicators are still missing, as are indicators that are not easy to measure (see Appendix 4 for specific comments on each indicator). In relation to each of these, a decision should be made as to whether a sample study should be undertaken to provide baseline information, or the indicator removed if not measurable.
- Many of the indicators being collected through the DHS are new and thus may require two or three data collection cycles before interviewers and the public become accustomed to the questions and answer accurately. This should be taken into account when interpreting trends from initial data.
- The data collection process for the annual review of progress of the NPA needs to be improved so that information is more readily available and data sources are provided each time to ensure that reliable comparisons can be made between data sets over time.
- M&E capacity is generally lacking in ministries and regions to provide the level of analysis that would enable detailed planning and response to specific or local OVC needs.
- Standards have now been developed to ensure that services provided are of sufficient quality and have the required impact. These are essential to ensuring that funds are well spent, that children receive the nature of services required, and that areas for improvement are identified. However, implementation and quality M&E will increase the workload of those already overburdened, with limited M&E capacity, who need to be considered in the rollout of the quality standards.
- Ensuring that the performance of indicators reflects the achievement of activities. Currently there is some gap between the two, requiring a separate analysis of activities and indicators, which are not being seen as necessarily reliable indicators of each other.
- Data quality should be checked. It is assumed that the data collected is correct, but without testing the definitions and collection methods applied across the country, data quality cannot be guaranteed.
- Data indicating significant activity by development partners is included, but is not captured exactly as per the NPA indicators, nor for the same time period, as shown in the following tables.
The recommendations for the implementation of activities relating to OVC Management and Networking are as follows:

- Seek the assistance of the development partners in developing M&E skills within ministries, regions and NGOs.
- When rolling out the service standards, include simple methodologies for the M&E of quality.
- The process of collecting data for the annual review of progress of the NPA would be improved by announcing the impending collection at a meeting of the OVC PTF, ensuring that the appropriate person/people for each indicator is/are made aware of the impending data request, and that the correct contact details are provided for different indicators and the delivery deadlines agreed.
- Simplify and finalise the essential M&E indicators required to assess the implementation of the NPA for OVC, and integrate them into standard government data collection documentation. Currently there are too many indicators, some cannot be collected, some cannot be accurately interpreted and multiple versions of the indicator set have been issued, potentially sewing confusion. A final improved and smaller set, including development partners’ activities, which accurately reflects activity progress, is needed and should be integrated into existing standard data collection processes.
8. Conclusion and Recommendations

8.1 Conclusion

A significant number of policies, plans and pieces of legislation support children and OVC. However, there is a gap between these official documents and the care and services being provided by the relevant ministries.

At the same time, numerous reports and studies make many recommendations to relevant ministries, civil society, other stakeholders and their staff who often appear to be already overstretched and lacking in resources to fill the gaps identified.

Thus this report concludes with a limited number of strategic recommendations that do not cover all the issues identified in this or many of the previous reports on OVC service provision, but aims to address challenges that lie at the heart of the thus far limited response to OVC. Focus is required on a few critical challenges and bottlenecks, after which more detailed challenges can be addressed or may in fact start to be resolved as a result of resolving the more critical challenges.

The time to act is certainly now, for if certain steps are not taken very rapidly, Namibia could soon be faced with a much larger, more difficult and more costly problem to solve: a marginalised youth with limited education and life skills, and in poor health, who should form a significant part of the required economically active population of the country, but who will not be able to function as such and thus will ultimately limit Namibia's development and progress.
8.2 Recommendations

The top nine recommendations are as follows:

1. **Improve implementation of OVC-related policies** including the National Policy on OVC, Education Sector Policy for OVC and National HIV Policy. This should be overseen by the OVC PTF with responsibility for monitoring and implementing policies and plans.

   Only in this way can progress be assessed closely enough and frequently enough to enable rapid and specific responses from the accountable ministries.

2. **Strengthen the awareness campaign aimed at changing behaviour and attitude** to reduce HIV & AIDS stigma as well as violence against and abuse of women and children. Leaders should also be targeted in these campaigns in order for them to exemplify visible collaboration between ministries. Unified ministerial messages would be extremely powerful.

   Only in this way will people understand the values and see the type of actions expected of them in supporting OVC and addressing the wider issues of violence against 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 grant provision workload. This could be achieved by a number of means including automatic exemption for those included in the OVC database (once completed and active), implementation of Kinship Grants and transferring administration of MGECW grants away from social workers.

   Only in this way will OVC readily access education, health services and grants, and only this course of action will free social workers to provide the social support required, for which they are trained.

4. **Prioritise completion of the Child Care and Protection Bill** to update the laws relating to foster care, adoption, alternative care provision, court procedures and child trafficking, and relate them to the current environment. The current Bill was written prior to independence, is discriminatory and does not reflect the current scale of the issue in the light of HIV and number of OVC.

   Only in this way will the laws protecting children reflect international standards, the current post-independence Namibian environment and the current and projected number of OVC.

5. **Each relevant ministry should identify a Director or Deputy Director to serve on the OVC PTF** and be accountable for progress reports, seeking sufficient budget allocations, multi-sectoral coordination and attendance of PTF meetings. This should include the MGECW, MoE, MoHSS and MSS.

   Only in this way will the required scale of action be taken, and the OVC PTF can only become effective by including decision-makers who can allocate resources to activities.

6. **Sustainability of existing services needs to be addressed.** Despite finding that service provision is limited, needs to be better integrated and to reach many more children, even the existing level of provision may be at risk if the continuity of services is not planned for in case donor
funding stops. This is particularly a risk in the area of OVC support services such as education, feeding programmes, training for caregivers, psychosocial services, Children’s Homes and Places of Safety, PMTCT and ART services for children. Current funding from the Global Fund ends at the end of 2009 and USAID funding ends in 2012, while other civil society and stakeholder funding may be impacted by the economic climate.

Only in this way will the current level of service provision be maintained, and only this course of action will prevent deterioration of indicator performance.

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 should subsume the regional OVC forum, MWECW committee responsible for OVC, ECD committee and other child and OVC service committees including civil society and other stakeholders. A regional Director, ideally the Director of Planning and Development, should be the chair of the sub-committee. The Regional Councils should facilitate this process through the regionalisation of the NPA process, where OVC issues are prioritised and coordinated.

Only in this way will all the relevant service providers come together to plan and implement a truly multi-sectoral response, sharing information, cross-referring cases and identifying areas for funding. Additionally, these groups could develop service maps for their regions, identifying gaps and duplications to ensure efficiency in coverage.

8. **Regional capacity in terms of staffing, skills and resources needs to be improved** to enable the effective implementation of actions being devolved. This may require improving salaries to make jobs more attractive, developing new jobs such as ‘para-social workers’ and long-term training plans to develop the skills needed. The number of OVC in each region also has to factor into the scale of resources available, eg. Caprivi, Ohangwena, Omusati, Oshana, Oshikoto, Kavango and Khomas have a much greater number of OVC to care for than other regions. Regional mapping of existing service provision would also enable the targeting of services to constituencies in greatest need.

Only in this way will the local response be adequate and match the scale of local need.

9. **Simplify and finalise the essential M&E indicators required to assess the implementation of the NPA for OVC and integrate them into standard government data collection documentation.** Currently there are too many indicators, some cannot be collected and some only at 5-year intervals, some cannot be accurately interpreted and multiple versions have been issued, potentially sewing confusion. A final set is needed, which should be integrated into existing standard data collection processes.

Only in this way will a set of data, which is comparable over time, be available to provide information on progress and areas needing improvement, and enable informed decision-making and budget and resource allocations.
9. Appendices
Appendix 1

List of Source Documents


*Namibia’s Most Vulnerable Children – Excluded or Invisible?: A Supplement to the State of the World’s Children Report 2006*, UNICEF.


*“National TB and HIV Targets”*, MoHSS, June 2008.

*“OVC Effort Index Questionnaire”*, validated 9 November 2007.


Appendix 2
List of people and organisations consulted

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lydia Kandetu</td>
<td>Director of Civil Registration, Ministry of Home Affairs and Immigration</td>
</tr>
<tr>
<td>DeeDee Yates</td>
<td>PACT Namibia</td>
</tr>
<tr>
<td>Brigitte Nshimiymana</td>
<td>M&amp;E Focal Person, MGECW</td>
</tr>
<tr>
<td>Felicity Haingura</td>
<td>Senior Education Officer, HAMU, MoE</td>
</tr>
<tr>
<td>Todd Koppenhaver and Sangita Patel</td>
<td>M&amp;E Focal Person; USG Health &amp; Development Officer</td>
</tr>
<tr>
<td>Uche Nwokenna</td>
<td>Global Fund</td>
</tr>
<tr>
<td>Matthew Dalling</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Mary Mahy</td>
<td>MoHSS/UNAIDS</td>
</tr>
<tr>
<td>Detective Chief Inspector Shatilweh</td>
<td>MSS</td>
</tr>
<tr>
<td>OVC M&amp;E Sub-committee</td>
<td>Consisting of the MGECW, MoE, MoHSS, UNAIDS, UNICEF &amp; USAID</td>
</tr>
<tr>
<td>OVC Permanent Task Force</td>
<td></td>
</tr>
</tbody>
</table>

Appendix 3
NGOs, CBOs and FBOs providing services to OVC and funded by USAID, the Global Fund and/or UNICEF

- Church Alliance for Orphans (CAFO)
- Family Health International (FHI)
- PACT
- Project Hope
- Organisation for Resources and Training (ORT)
- Academy for Educational Development (AED)
- City of Windhoek (CoW)
- Development Assistance from People to People (DAPP)
## RIGHTS AND PROTECTION

**Target:** All children have access to protection services by 2010.

<table>
<thead>
<tr>
<th>NO.</th>
<th>INDICATOR</th>
<th>DEFINITION</th>
<th>SOURCE</th>
<th>FREQUENCY</th>
<th>RESPONSIBILITY</th>
<th>BASELINE VALUE</th>
<th>2007/08 REPORT</th>
<th>TARGET 2010</th>
<th>ACTIVITIES IN ACTION PLAN</th>
<th>INDICATOR COMMENT/IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPACT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| P.1 | Number of cases of children sexually or physically abused reported | Number of cases of children sexually or physically abused reported to police and/or WACPUs | WACPUs and police stations | Annually | MGECW | 956 rape cases recorded in 2006 | 948 rape cases recorded in 2007 | TBD | 1.7, 1.8 | > Cannot assess whether a rise or fall indicates success or failure  
> Only rape data is readily available from the MSS |
| **OUTCOME** | | | | | | | | | | |
| P.2 | Percent of people expressing accepting attitudes towards people with HIV, of all people surveyed aged 15-49 | Numerator: Number of respondents expressing accepting attitudes towards people with HIV  
Denominator: All respondents aged 15-49 who have heard of AIDS | DHS | Every 5 years | MoHSS | 2% male  
23% female (2000 study) | 36% male  
39% female (2006 study) | TBD | 1.7 | > Next available data will be from the AIS  
> A target has to be set |
| P.3 | Percent of children aged 0-4 whose births are reported as registered | Numerator: Number of children aged 0-4 whose births are reported as registered  
Denominator: Total number of children aged 0-4 surveyed | DHS | Every 5 years | MoHSS | 70.5% (2000 study) | 67.1% (2006 study) | 80% | 1.11 | Next available data will be from the AIS |
| P.4 | Median time between rape and court outcome | Median number of days between rape and court outcome | Police dockets and court records | Every 2 years | Local consultants under MSS | Approximately 5 years | 6 months to 1 year | 1.8 | Data not readily available from MSS |
| P.5 | OVC Policy and Planning Effort Index | This is a self-assessment tool for use by key informants | Index questionnaire | 2007 | UNICEF | 73 in 2004 | 76 in 2007 | 1.1 | Not available annually |
| **OUTPUT** | | | | | | | | | | |
| P.6 | Number of people receiving counselling from WACPU | Record number of people receiving counselling | Case files | Annually | MSS | 1 500 annually | No information provided | 2 000 annually | 1.8 | Data not readily available from MSS |
| P.7 | Percent of women and children who experienced property dispossession | Numerator: Number of widows aged 15-49 who experienced property dispossession  
Denominator: Total number of women aged 15-49 ever widowed | DHS | Every 5 years | Consultants under MGECW | TBD | 40% (1006 study – women only) | 50% reduction by 2010 | 1.6 | DHS data collected in relation to women, not children, and only up to age 49 |
<table>
<thead>
<tr>
<th>P8.</th>
<th>Number of recommended conventions ratified by Parliament</th>
<th>Internationally recognised conventions ratified by Parliament</th>
<th>Parliamentary records</th>
<th>Every 5 years</th>
<th>MGECW</th>
<th>CRC and CEDAW ratified</th>
<th>None (parliamentary records)</th>
<th>All</th>
<th>1.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>P9.</td>
<td>Number of functioning Community Protection Groups</td>
<td>Community Protection Groups should consist of professional volunteers. It is considered functioning if it meets monthly.</td>
<td>WACPU statistics</td>
<td>Annually</td>
<td>MSS</td>
<td>3 functioning</td>
<td>No information provided</td>
<td>42</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P10.</td>
<td>Number of information corners in schools</td>
<td>Information corners are places that provide information on relevant policies, laws and support services for OVC.</td>
<td>Annual education census</td>
<td>Annually</td>
<td>MOE</td>
<td>None available</td>
<td>None available</td>
<td>1000 schools</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P11.</td>
<td>Percentage of hospitals with birth and death registration facilities</td>
<td>Numerator: Number of hospitals that directly register births or deaths. Denominator: All hospitals in country.</td>
<td>Programme monitoring</td>
<td>Annually</td>
<td>MHAi</td>
<td>0 for birth registration, death reg unknown</td>
<td>0%</td>
<td>50% for birth</td>
<td>1.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P12.</td>
<td>Results of Children’s Parliament reflected in NPA</td>
<td>Parliamentary recommendations quoted in NPA and progress reports</td>
<td>NPA progress reports</td>
<td>Every 2 years</td>
<td>MGECW</td>
<td>Yes</td>
<td>Yes (NPA for OVC, Vol. 1)</td>
<td>Yes</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INPUT/PROCESS**

| P13. | Number of laws enacted or amended and brought into place | Children’s Status Act, Child Care and Protection Act and Child Justice Act amended and brought into place | Government Gazette | As they are being passed | MGECW | 0 | 0 (MGECW records) | 3 | 1.2 1.3 1.4 |
|      |                                                        |                                                          |                       |               |       |               |                                 |     |     |
| P14. | Training manual for service providers on rights and protection developed | Manual for service providers on rights and protection | Programme reports | N/A | MGECW MSS MoHSS | No | No (MGECW progress report) | Yes | 1.5 |
|      |                                                        |                                                          |                       |               |       |                         |                                 |     |     |
| P17. | Number of service providers trained on children’s rights | Number of service providers trained as reported through programmes | SPM | Annually to MGECW | MOHSS | Unknown | TBD | 1.5 1.11 1.7 | A target has to be set |

* USAID figures represent 6 months of activity (September 07 – March 08). To extrapolate for the full year, multiply by 1.4.

The addition of an indicator such as the number of WACPU staff or the national WACPU budget to show the scale of resources available is proposed. Also, P.21 “Number of OVC receiving protection services” was removed from the latest version of indicators, but USAID can provide data for this, so it may be worth reinstating P.21 instead of introducing other indicators which cannot be measured or are less meaningful.
**EDUCATION**

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

<table>
<thead>
<tr>
<th>NO.</th>
<th>INDICATOR</th>
<th>DEFINITION</th>
<th>SOURCE</th>
<th>FREQUENCY</th>
<th>RESPONSIBILITY</th>
<th>BASELINE VALUE</th>
<th>2007/08 REPORT</th>
<th>TARGET 2010</th>
<th>ACTIVITIES IN ACTION PLAN</th>
<th>INDICATOR COMMENT/IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMPACT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| E.1 | Ratio of OVC to non-OVC aged 15-17 completing Grade 10 | Numerator: Percent of OVC aged 15-17 who have completed Grade 10  
Denominator: Percent of non-OVC aged 15-17 who have completed Grade 10 | DHS | Every 5 years | MoHSS | TBD | 0.8# | 2.1, 2.2, 2.5 | Awaiting data from USAID |
| E.2 | Ratio of school attendance for double orphans to non-orphans aged 10-14 years | Numerator: Percent of double orphans aged 10-14 years attending school  
Denominator: Percent of non-orphans aged 10-14 years living with at least one parent and attending school | DHS | Every 5 years | MoHSS | 1.0 (2006 Study – number too small for analysis) | 1.0 (2006 Study – number too small for analysis) | Ratio is 1.0 or higher | 2.2, 2.5 | As data on double orphans is too small to analyse, this could be changed to orphans compared to non-orphans |
| E.3 | Percentage of young people aged 15-24 who have comprehensive knowledge on the transmission of HIV & AIDS | Numerator: Number of respondents aged 15-24 who gave the correct answer to all five questions:  
1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?  
2. Can people reduce the risk of getting HIV by using a condom every time they have sex?  
3. Can a healthy-looking person have HIV?  
4. Can a person get HIV from a mosquito bite?  
5. Can a person get HIV by sharing food with someone who is infected?  
Denominator: Number of all respondents aged 15-24 | DHS | Every 5 years | MoHSS | 61.9% male  
64.9% female (2006 study) | 2.1 | A target has to be set |
| **OUTPUT** | | | | | | | | | | |
| E.4 | OVC Education Policy finalised | MoE | First year of programme | MoE | TBD | Draft developed | TBD | 2.1 | Suggest "no" for the baseline and "yes" for the target |

| E.5 | Number of OVC benefitting from the school feeding programme | Number of OVC benefitting from the school feeding programme as reported by schools | EMIS | Annual | MoE (PQA) MoE (PAD) NGO (BES 3) PHI | 84 666 (2007) | 2.3 | A target has to be set |
| E.6 | Number of school boards, principals, teachers and peer counsellors trained in OVC support | Number of HIV/AIDS school committees supported | RACE records | Annual | MoE | None Available | 2.8 | A target has to be set |
| E.7 | Number of OVC exempted from hostel fees | Number of schoolgoing OVC exempted from hostel fees | EMIS | Annual | MoE | 1 266 | 2.5, 2.8 | Suggest target of “25% of enrolled OVC” |
| E.8 | Number of OVC exempted from school and examination fees | Number of schoolgoing OVC exempted from school and examination fees | EMIS | Annual | MoE | None Available | 2.5, 2.8 | Data for school fees needs to be more readily available | A process for exemption from examination fees does not exist |
| E.9 | Number of institutions with functioning counselling support groups | Number of schools with counselling and care services | RACE records and MoE registration reports | Annual | MoE | 1 732 | 2.6 | Suggest target of “all schools” |
| E.10 | Number of OVC attending ECD programmes | Number of OVC aged 4-6 accessing ECD facilities | SPM | Annual | MoHSS | 2.7 | Suggest target of 50% |
| E.11 | Number of out-of-school OVC reached for life skills training | Any OVC aged 6-18 reached with life skills programmes | MGE CW MoE | Annual | MoE | 2 842 (2007) | 2.9 | Data source to be recorded to ensure consistency |
| E.12 | Number of OVC receiving basic skills training at Vocational Training Centres (VTCs) | Number of out-of-school OVC receiving basic skills training at VTCs | SPM | Annual | MoHSS | 10 000 | 2.11 |
| E.13 | Number of OVC accessing educational services | Number of OVC receiving educational support as reported by service providers. Educational services include school fee exemption, school uniforms, additional tutoring and school supplies, and vocational training. This will include children counted in other indicators. | SPM | Annual | MoE | None available | USAID* = 10 442 | TBD | 2.5, 2.7 | A target has to be set |

* USAID figures represent 6 months of activity (September 07 – March 08). To extrapolate for the full year, multiply by 1.4.

# ‘National TB and HIV Targets,’ MoHSS, June 2008.
### CARE AND SUPPORT

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

<table>
<thead>
<tr>
<th>NO.</th>
<th>INDICATOR</th>
<th>DEFINITION</th>
<th>BASELINE</th>
<th>2007/08 REPORT</th>
<th>ACTIVITIES IN ACTION PLAN</th>
<th>FREQUENCY</th>
<th>SOURCE</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Ratio of OVC versus non-OVC with three basic material needs</td>
<td>Numerator: Percent of OVC with three minimum needs (blanket, shoes and two sets of clothes) defined as households. Denominator: Percent of non-OVC with three basic material needs defined as households.</td>
<td>Not available</td>
<td>0.75</td>
<td>3.1, 3.2, 3.9</td>
<td>Every 5 years</td>
<td>DNS</td>
<td>MoHSS</td>
</tr>
<tr>
<td>C2</td>
<td>Percent of OVC whose households have three basic material needs</td>
<td>Numerator: Number of OVC households with three basic material needs (blanket, shoes and two sets of clothes). Denominator: Total number of OVC households.</td>
<td>46.5%</td>
<td>3.5%</td>
<td>2006 study</td>
<td>Every 5 years</td>
<td>DNS</td>
<td>MoHSS</td>
</tr>
<tr>
<td>C3</td>
<td>Number of children aged 0-17 living in residential care facilities</td>
<td>Number of children residing in residential care facilities for three months or more</td>
<td>1,008</td>
<td>1,028</td>
<td>2006 study</td>
<td>Annually</td>
<td>MGECW</td>
<td></td>
</tr>
<tr>
<td>C4</td>
<td>Percentage of OVC not living in the same household as all their biological siblings aged 0-17</td>
<td>Numerator: Number of OVC not living in the same household as all their biological siblings aged 0-17. Denominator: Total number of OVC who have living biological siblings aged 0-17.</td>
<td>54.6%</td>
<td>Unknown</td>
<td></td>
<td>Every 5 years</td>
<td>DNS</td>
<td>MoHSS</td>
</tr>
<tr>
<td>C5</td>
<td>Number of service providers or caregivers trained</td>
<td>Number of service providers or caregivers trained in providing care and support for OVC</td>
<td>5,703</td>
<td>3,12</td>
<td>Global Fund = 50,000</td>
<td>Annually</td>
<td>SPM</td>
<td></td>
</tr>
<tr>
<td>C6</td>
<td>Number of OVC receiving psychosocial support services</td>
<td>Number of children reached with psychosocial programmes as reported by providers. Psychosocial support services include counselling and emotional and spiritual support.</td>
<td>3,12</td>
<td>3.10</td>
<td></td>
<td>Annually</td>
<td>USAI = 18,334</td>
<td>MoHSS</td>
</tr>
<tr>
<td>C7</td>
<td>Registration process, guidelines and procedures implemented for institutional care</td>
<td>Number of OVC receiving institutional care</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Activities in Action Plan

- 2006/07: 3.1, 3.2, 3.9
- 2007/08: 3.1, 3.2, 3.3, 3.6, 3.8, 3.9, 3.12
- 2009/10: 3.1, 3.2, 3.3, 3.8, 3.12

#### Output

- Number of children receiving social welfare grants
- Number of OVC receiving institutional care
- Number of children reached with psychosocial programmes

#### Source

- Programme reports
- Annual Progress and Monitoring Report for 1 April 2007 to 31 March 2008
- Annual Progress and Monitoring Report for 1 April 2008 to 31 March 2009
- Annual Progress and Monitoring Report for 1 April 2009 to 31 March 2010

#### Responsible

- MoHSS
- MGECW
- SPM
- MoHSS
- MoHSS
- MoHSS
- MoHSS

#### Frequency

- Every 5 years
- Annually
- Monthly
- Quarterly
- Bi-annually
- Annually

#### Baseline

- 2006 study
- 2007 study
- 2008 study
- 2009 study
- 2010 study

#### Target

- TBD
- TBD
- TBD
- TBD
- TBD
- TBD
- TBD
| C.9 | Number of OVC receiving shelter and care support services | Number of children reached with programmes providing shelter as reported by implementers. Shelter and care support services include material assistance (clothing, blankets, etc.) and housing support, and assistance with household chores and parenting training. | SPM | Annually | MoHSS | Not available | USAID* = 2 553 | TBD | 3.4, 3.12 | A target has to be set |
| C.10 | Number of OVC receiving economic strengthening services | Number of children reached with economic strengthening services as reported by providers. Economic strengthening services include income-generating and micro-credit activities for OVC and their caregivers/guardians | SPM | Annually | MoHSS | Not available | USAID* = 7 582 | TBD | 3.9 |

* USAID figures represent 6 months of activity (September 07 – March 08). To extrapolate for the full year, multiply by 1.4.
# “National TB and HIV Targets”, MoHSS, June 2008.
**HEALTH AND NUTRITION**

**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 HIV infected by 2010.

<table>
<thead>
<tr>
<th>NO.</th>
<th>INDICATOR</th>
<th>DEFINITION</th>
<th>SOURCE</th>
<th>FREQUENCY</th>
<th>RESPONSIBILITY</th>
<th>BASELINE VALUE</th>
<th>2007/08 TARGET</th>
<th>ACTIVITIES IN ACTION PLAN</th>
<th>INDICATOR COMMENT/IMPROVEMENT</th>
</tr>
</thead>
</table>
| H.1 | Ratio of OVC to non-OVC aged 0-4 who are malnourished (underweight) | Numerator: Percent of OVC aged 0-4 who are malnourished (below 2 standard deviations from the median weight-for-age of WHO referenced population)  
Denominator: Percent of non-OVC aged 0-4 who are malnourished (below 2 standard deviations from the median weight-for-age of WHO referenced population) | DHS | Every 5 years | MoHSS | TBD | 1.31 (2006 study) | 1.15 | 4.1, 4.2, 4.4, 4.6, 4.7, 4.8, 4.9, 2.3, 2.4, 3.11 | Should the definition of OVC include all children aged 0-4 defined as malnourished? |
| H.2 | Ratio of OVC to non-OVC accessing appropriate healthcare for Acute Respiratory Infections | Numerator: Number of OVC with ARI symptoms in 2 weeks prior to survey who were seen by a medical professional  
Denominator: Total number of OVC with ARI symptoms in 2 weeks prior to survey | DHS | Every 5 years | MoHSS | TBD – DHS | Number too small to be classified | 85% | 4.1, 42, 4.4 | This should be excluded as no usable data is available |
| H.3 | Ratio of OVC to non-OVC aged 15-17 who had sex before age 15 | Numerator: Percent of OVC who had sex before age 15  
Denominator: Percent of non-OVC who had sex before age 15 | DHS | Every 5 years | MoHSS | TBD | 1.06 male  
1.41 female (2006 study) | Ratio is 1.0 or lower | 4.5 |
| H.4 | Percent of mothers or primary caregivers who report having identified a standby guardian who will care for the child in the event that she/he is not able to do so | Numerator: Number of mothers or caregivers who have identified a standby guardian to care for the dependent child  
Denominator: Total number of mothers or caregivers responsible for children aged 0-17 | DHS | Every 5 years | MoHSS | Not available | 49.3% (2006 study) | 4.1 | A target has to be set |
| H.5 | Ratio of OVC to non-OVC aged 15-17 infected with HIV by 2010 | Numerator: Percent of OVC aged 15-17 infected with HIV  
Denominator: Percent of non-OVC aged 15-17 infected with HIV | DHS | Every 5 years | MoHSS | Not available | Ratio is 1.0 or lower | 4.5 | Accurate data for this indicator will be practically impossible to collect as it will have to rely on self-reporting |
<p>| H.6 | Under-5 mortality rate | Estimated under-5 mortality rate based on births and deaths reported in the DHS in the last five years | DHS | Every 5 years | MoHSS | 62.2 deaths per 1,000 live births (2000 study) | 69 deaths per 1,000 live births (2006 study) | 60 deaths per 1,000 live births | 4.12 |</p>
<table>
<thead>
<tr>
<th>OUTPUT</th>
<th>Number of home-based care providers and healthcare workers trained in referral services</th>
<th>Number of individuals trained in referral services</th>
<th>SPM</th>
<th>Annually</th>
<th>MoHSS</th>
<th>0</th>
<th>85%</th>
<th>4.2</th>
<th>No data available</th>
<th>Exclude or develop data collection process</th>
</tr>
</thead>
<tbody>
<tr>
<td>H.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of OVC exempted from fees for health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Data not collected at national level and not easily accessed regionally</td>
<td></td>
</tr>
<tr>
<td>Number of OVC exempted from healthcare fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Develop a data collection process</td>
<td></td>
</tr>
<tr>
<td>H.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of service providers, community leaders, caregivers and educators trained in APHS</td>
<td>Number of people trained in APHS from training sessions</td>
<td>Attendance list from training sessions</td>
<td>Annually</td>
<td>MoHSS</td>
<td>TBD</td>
<td>TBD with MoHSS</td>
<td>80%</td>
<td>4.4, 4.5</td>
<td>Suggest changing to number of health districts offering APHS for which data is available</td>
<td></td>
</tr>
<tr>
<td>H.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adolescents reached through AFHS</td>
<td>Number of people trained in APHS from health clinics</td>
<td>Attendance list from training sessions</td>
<td>Annually</td>
<td>MoHSS</td>
<td>TBD</td>
<td>TBD with MoHSS</td>
<td>85%</td>
<td>4.5</td>
<td>No data readily available</td>
<td></td>
</tr>
<tr>
<td>H.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of HIV-positive women receiving PMTCT services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator: Number of HIV-infected pregnant women who received antiretrovirals in the last 12 months to reduce mother-to-child transmission</td>
<td>UNGASS report</td>
<td>Every 2 years</td>
<td>MoHSS</td>
<td>25% in 2005</td>
<td>49% in 2007</td>
<td>75%#</td>
<td>4.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denominator: Estimated number of HIV-infected pregnant women in the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of OVC receiving food and nutritional services</td>
<td>Number of OVC receiving services as reported by service providers. Food and nutritional services include growth monitoring, nutritional assessment, nutritional education, and food and nutritional supplements.</td>
<td>SPM</td>
<td>Annually</td>
<td>MoHSS</td>
<td>None available</td>
<td>USAID* = 11 637 Food Support Programme for OVC^ = 90 824</td>
<td>TBD</td>
<td>2.3, 4.1, 4.8, 4.12</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>H.14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of OVC receiving healthcare services</td>
<td>Number of OVC receiving healthcare services as reported by the service providers. Healthcare is defined as HIV prevention education, being seen by a health practitioner, accessing immunisation and preventative health services, and healthcare education services.</td>
<td>SPM</td>
<td>Annually</td>
<td>MoHSS</td>
<td>None available</td>
<td>USAID* = 11 724</td>
<td>TBD</td>
<td>4.1, 4.4, 4.9</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>H.15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* USAID figures represent 6 months of activity (September 07 – March 08). To extrapolate for the full year, multiply by 1.4.
^ Food Support for OVC programme figures for the period April 06 – April 08.

Additional or replacement indicators above the following indicators might be worth including:

- Maternal mortality, as it relates to infant mortality and is correlated with HIV & AIDS.
- Number or proportion of children living with HIV.
- Proportion of children with HIV who receive ART.
### Target:
Multi-sectoral coordination and monitoring of quality services to OVC are significantly improved by 2010.

|------|-----------|------------|--------|-----------|---------------|----------------|----------------|-------------|---------------------------|--------------------------------|
| M.1  | Percent of children under 18 years whose mother, father or both parents have died | **Numerator:** Number of children under 18 years whose mother, father or both parents have died  
**Denominator:** Total children under 18 years in survey | DHS | Every 5 years | MoHSS | TBD | 17.4% (2006 study) | NA | 5.2, 5.4, 5.5, 5.7, 5.8, 5.11 | This does not relate to the target and there are limited activities in the NPA to address this |
| M.2  | Percent of children under 18 years who are vulnerable according to national monitoring definition | **Numerator:** Number of children under 18 years who are classified as vulnerable according to international monitoring definition  
**Denominator:** Total children under 18 years in survey | DHS | Every 5 years | MoHSS | TBD | 14.4% (2006 study) | NA | 5.3, 5.4, 5.5, 5.7, 5.8, 5.11 | "Vulnerable" excludes children who are abused, have HIV or are malnourished, unless they meet other "vulnerable" criteria |
| M.3  | Website developed on OVC services | Functioning public-accessible web interface with information on OVC services available | Programme report | Annually | MGECW | No | Yes (MGECW, IT Section) | Yes | 5.5 | Indicator should be website launched and accessible |
| M.4  | PTF Annual Report submitted to Cabinet | Report on implementation status of NPA | Programme report | Annually | MGECW | No | No (MGECW programme report) | Yes | 5.9 |
| M.5  | Number of National Conferences on OVC held between 2006 and 2010 | National Conference on OVC bringing together key government and civil society partners | Programme report | Every 2 years | MGECW | 1 | 1 (MGECW) | 3 | 5.2 |
| M.6  | Percent of organisations that have submitted the required SPM forms on time in the past 12 months | **Numerator:** Number of organisations that have completed reports on time in the last 12 months  
**Denominator:** Total number of organisations | SPM | Annually | MoHSS | Unknown | 80% | 5.3, 5.6, 5.7 |
<p>| M.7  | Number of OVC forum exchange visits conducted between regions | Record number of exchange visits | OVC forum Annual Report | Annual | OVC forum | TBD | 0 (MGECW programme report) | TBD | 5.5, 5.6 |
| M.8  | Number of OVC registered on web-enabled database | Record number of OVC registered in the database | Database | Monthly to MGECW | MGECW | 0 (MGECW programme report) | 130,000 OVC registered | 5.1 |</p>
<table>
<thead>
<tr>
<th>M.9</th>
<th>National Children’s OVC Forum established</th>
<th>Programme reports</th>
<th>Programme reports</th>
<th>Once</th>
<th>MGECW</th>
<th>No</th>
<th>Yes IMGECW programme report</th>
<th>Yes</th>
<th>5.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.10</td>
<td>Percent of regions with functioning OVC forums</td>
<td>Programme reports</td>
<td>Programme reports</td>
<td>Annual</td>
<td>MGECW</td>
<td>40%</td>
<td>33% (MGECW programme report)</td>
<td>80%</td>
<td>5.7, 5.8</td>
</tr>
<tr>
<td>M.11</td>
<td>Percent of constituencies with functioning OVC forums</td>
<td>Programme reports</td>
<td>Programme reports</td>
<td>Annual</td>
<td>MGECW</td>
<td>25%</td>
<td>25% (MGECW programme report)</td>
<td>80%</td>
<td>5.8</td>
</tr>
<tr>
<td>M.12</td>
<td>Average number of OVC service providers attending PTF</td>
<td>Programme reports</td>
<td>Programme reports</td>
<td>Annual</td>
<td>MGECW</td>
<td>25</td>
<td>25 (MGECW programme report)</td>
<td>50</td>
<td>5.4, 5.6</td>
</tr>
<tr>
<td>M.13</td>
<td>Study on resource mapping for OVC services completed and disseminated</td>
<td>Study</td>
<td>Once</td>
<td>MGECW</td>
<td>No</td>
<td>Yes (CHS Round 2)</td>
<td>Yes</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>M.14</td>
<td>DHS completed</td>
<td>DHS completed and results available at MGECW</td>
<td>Report</td>
<td>Every 5 years</td>
<td>MoHSS</td>
<td>Yes (2000 study)</td>
<td>2006 (study draft)</td>
<td>Yes</td>
<td>Should include AIS which will be available in between DHS studies</td>
</tr>
</tbody>
</table>
Members of the OVC
Permanent Task Force

<table>
<thead>
<tr>
<th>GOVERNMENT AGENCIES AND CONTACT PERSONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Agriculture, Water and Forestry</td>
<td>–</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Dr S. Fourie</td>
</tr>
<tr>
<td>Ministry of Finance</td>
<td>Ms H. Kapenda</td>
</tr>
<tr>
<td>Ministry of Gender Equality and Child Welfare</td>
<td>Ms H. Andjamba</td>
</tr>
<tr>
<td>Ministry of Health and Social Services</td>
<td>Ms H. Auala</td>
</tr>
<tr>
<td>Ministry of Home Affairs and Immigration</td>
<td>Ms L. Kandetu</td>
</tr>
<tr>
<td>Ministry of Information and Broadcasting</td>
<td>Ms L. Joao</td>
</tr>
<tr>
<td>Ministry of Justice</td>
<td>Mr U. Uanivi</td>
</tr>
<tr>
<td>Ministry of Labour and Social Welfare</td>
<td>–</td>
</tr>
<tr>
<td>Ministry of Regional and Local Government, Housing and Rural Development</td>
<td>Ms N. Angula, Ms M. Asino</td>
</tr>
<tr>
<td>Ministry of Safety and Security</td>
<td>Chief Inspector R.N. Shatilweh</td>
</tr>
<tr>
<td>Namibian Parliament</td>
<td>Mr C. Kanguatjivi</td>
</tr>
<tr>
<td>National Planning Commission</td>
<td>Ms S. Lewis</td>
</tr>
<tr>
<td>Office of the President</td>
<td>Mr Uugwanga</td>
</tr>
<tr>
<td>Office of the Prime Minister</td>
<td>Ms A.S. Amunyela</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CIVIL SOCIETY AGENCIES AND CONTACT PERSONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Aids Action</td>
<td>Ms R. Ndjalakana</td>
</tr>
<tr>
<td>Church Alliance for Orphans</td>
<td>Dr H. Platt</td>
</tr>
<tr>
<td>Family Health International</td>
<td>Dr L. Steinitz</td>
</tr>
<tr>
<td>Legal Assistance Centre</td>
<td>Mr A. Ngavatene</td>
</tr>
<tr>
<td>Lifeline/Childline</td>
<td>Ms B. Harases</td>
</tr>
<tr>
<td>PACT Namibia</td>
<td>Dr S. Posner</td>
</tr>
<tr>
<td>Philippi Trust Namibia</td>
<td>Ms M. Olivier</td>
</tr>
<tr>
<td>Project Hope</td>
<td>Mr J. Luchenta</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEVELOPMENT PARTNERS AND CONTACT PERSONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>Mr M. Dalling</td>
</tr>
<tr>
<td>USAID</td>
<td>Dr O. Ibe</td>
</tr>
</tbody>
</table>
Just a few years ago, it was almost impossible to imagine the tragedy of children grieving for dying or dead parents, stigmatised by society through association with HIV and AIDS and then plunged into economic crisis and insecurity by their parents’ deaths. The limited services and support systems in impoverished communities only add to the difficulties faced by so many of our children. As the number of orphans and vulnerable children rises, the risk increases that these children will not be able to realise their rights and be supported – economically and emotionally – through their trauma. …

Addressing the needs of children involves action at national, regional and local levels. The issue is an urgent one. Our nation already has far too many children who are being forced to shoulder too much responsibility too early in life. If we do not act quickly, many will lose their chance to experience childhood altogether, and thus may grow up ill-equipped to act as responsible citizens. We must provide them with the support that they need now, before it is too late.

[This plan] provides a road map for achieving protection, education, health and emotional support for our orphans and vulnerable children in a concrete and verifiable way. Through its implementation we will ensure a better future for all of Namibia’s children.

Rt Hon. Nahas Angula
Prime Minister of Namibia

Excerpt from the Foreword to the National Plan of Action for Orphans and Vulnerable Children, 2007.
UNICEF technical and financial support in the preparation and finalisation of the Progress and Monitoring Report 2007/08 on the National Plan of Action for Orphans and Vulnerable Children included the contribution of:

- Lara Diez of Consult Buro who prepared the text; and
- Perri Caplan who did the layout.