

Namibia Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief

**Boston University
Center for Global Health and Development**

in collaboration with

PharmAccess Foundation, Namibia

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Program Relevant Research Priority Areas

- National survey to accurately determine the magnitude and characterization of the OVC population
- Evaluate the effectiveness of the OVC grant program
- Conduct a costing study for OVC interventions
- Evaluate the capacity needs and competencies of caregivers in resource limited settings
- What happens to vulnerable youths over 18 years? What are the most effective interventions for vulnerable youths?
- Explore OVC perspectives on their needs
- Evaluate the impact of OVC support interventions on households and communities
- Identify and explore needs and coping mechanisms for child-headed households
- Evaluate current OVC financing mechanisms. Explore the best options for sustainable financing mechanisms for OVC programs.

Recommended Supportive Actions for OVC Research

- Develop National OVC Research Agenda with implementation strategy, backed by resources
- Commission national longitudinal cohort to evaluate over time the effectiveness and impact of interventions on OVC.
- Provide funding mechanism for OVC research by setting up an OVC research fund or allocating at least 10% of OVC budgets to research.
- Engage development partners to support program-relevant OVC Research

Key Findings

Magnitude of OVC:

- Percent of children who are OVC: 28% (DHS 2006)
- No. of OVC: 263,000 (DHS 2006)
- No. of Children living with HIV: 14,000 (UNAIDS 2008)
- No. of Orphans: 140,000
- No. of Orphans due to HIV/AIDS: 66,000 (UNAIDS 2008)

National Response:

- Relevant Policies: National OVC Policy (2004)
- Strategic Framework and Guiding documents:
 - ✓ National Plan of Action (NPA, 2006-2010) under the Ministry of Gender Equality and Child Welfare.
 - ✓ Permanent Task Team led by the MGECW to spearhead and monitor implementation of the NPA
 - ✓ Standards-Based Quality Improvement Program (2007) with 7 standard areas of OVC need.
- ¹Service Providers
 - ✓ NGO – 41%
 - ✓ Community-based – 24%
 - ✓ Faith-based – 17%
 - ✓ Private, non-profit – 3%
 - ✓ Significant USG/PEPFAR Support: 78,700 OVC reached (FY2008)
- Research: 49 studies conducted between 2004 and 2008. Twenty-five studies covered more than one area, and no studies looked at economic strengthening, psychosocial support, or shelter and care.

Overview

Addressing the needs of orphans and vulnerable children (OVC) and mitigating negative outcomes of the growing OVC population worldwide is a high priority for national governments and international stakeholders across the globe that recognizes this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on OVC in one place, and acknowledging the gaps that still exist in our knowledge will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers.

This Research Situation Analysis, Namibia Country Brief presents a program-focused summary of available information on:

- The number of orphans and vulnerable children in Namibia.
- Current policies, programs and interventions designed and implemented to assist them.
- Gaps in these policies, programs and interventions.
- OVC research conducted between 2004-2008.
- Gaps in the Namibian OVC evidence base.

The Brief analyzes the available data for critical gaps in the national response and our understanding about whether current interventions are fulfilling the needs and improving the lives of vulnerable children. The report then recommends actions required to increase the knowledge base for improving the effectiveness and impact of OVC programs.

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¹ Percentages are based on sampled organizations and may not necessarily reflect country situation

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Method

A Research Situation Analysis for Namibia was conducted between February and April 2009. It involved both an extensive literature review and primary data collection. The latter involved administration of a survey questionnaire, focus group discussions, and key informant interviews. A list of OVC organizations was created with input from donors and the Ministry of Gender Equality and Child Welfare. Organizations in all 13 regions were contacted, and asked to fill out questionnaires. 546 organizations were identified as working with OVC in Namibia, out of which 387 provided information about the number of children under their care. However, the response to the full self-administered questionnaire was quite low. It was then decided to focus on organizations based in Windhoek where 29 questionnaires (out of 31 sent out) were completed and returned. A detailed country report was then compiled, from which this brief was prepared.

Findings

Definition of OVC

The Namibian government defines an OVC as a child *“under the age of 18 whose mother, father or both parents and primary caregiver has died, and/or is in need of care and protection”* (National Policy on Orphans and Vulnerable Children, 2004).

According to the President’s Emergency Plan for AIDS Relief (PEPFAR) an OVC is *“a child, 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS.”* PEPFAR recognizes that a vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously impaired, and the term OVC may refer to all vulnerable children, regardless of the cause.

The breadth of these definitions of vulnerability has created the need for OVC service organizations to develop varying definitions, all of which fit into both the Namibian government and PEPFAR definitions. Vulnerability was defined most frequently by the sampled organizations as:

- A child who has lost his/her parents to HIV/AIDS (100%);
- A child infected with HIV (92.6%);
- A child living with an HIV-positive parent, orphaned by other causes, or living without adequate adult support (85.1%);
- A child who is marginalized (81.5%);
- A child who is abused, in danger of living on the street, or stigmatized (77.8%);

Of note is that living on the street was the least cited form of vulnerability among sample organizations (63%).

The latitude with which “vulnerability” is defined at the government, donor, and organizational levels leads to a lack of clarity about the magnitude of the OVC problem and the most appropriate programmatic responses.

OVC in Namibia: Magnitude of the Problem

Providing care and support for OVC is one of the biggest challenges Namibia faces today, as the growing numbers overwhelm available resources. AIDS, fuelled by poverty levels, is one of the main contributors to OVC incidence in Namibia; accounting for over 60% of the orphans in the country. Understanding the magnitude of the problem and socio-demographic characteristics of OVC can provide the foundation for building programs of appropriate design, size and scope.

Twenty-eight percent of all children (262,920) are either orphaned or vulnerable; a figure still likely to be an underestimate of the true situation. Between 12,000 and 14,000 children are living with HIV and between 50,000 and 85,000 have been orphaned by AIDS (UNAIDS/WHO, 2008), out of a total number of 140,000 (UNICEF 2006) orphans. According to UNAIDS/WHO data, adult HIV prevalence is 15.3%. Data from the Namibia DHS (2006-2007) shows that Caprivi region has the highest prevalence of OVC (42%), followed by Omusati (34%) and Oshikoto (32%) regions; Komas has the lowest prevalence (17%).

National Response

The Government of Namibia developed a National OVC Policy in 2004 and is currently implementing a Plan of Action (NPA, 2006-2010) under the Ministry of Gender Equality and Child Welfare. A Permanent Task Team led by the MGECW has been put in place to spearhead and monitor implementation of the NPA under five strategic areas: Rights and Protection; Education; Care and Support; Health and Nutrition; Management and Networking. As of March 31, 2009, more than 50,000 children were receiving a social grant from MGECW and 100,000 were receiving support through the MGECW’s school feeding program. Through the 2007 Standards-Based Quality Improvement program, the Namibian government has defined 7 standard areas of OVC need, in line with the 6+1 PEPFAR domains:

1. Education and vocational training
2. Psychosocial support;
3. Shelter and care
4. Food and nutrition
5. Health
6. Child protection
7. Economic strengthening

The number of OVC registered with the MGECW by region is shown in Table 1. Overall 104,100 OVC are registered.

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Due to Government action, OVC population and programming data is in a relatively advanced state compared to the other high-HIV burden countries in Africa. In September 2009, MGECW will launch an OVC database to capture data on children living in formal, residential, and family care. MGECW has also started a process to coordinate and manage OVC services.

Table 1: Number of OVC registered with MGECW

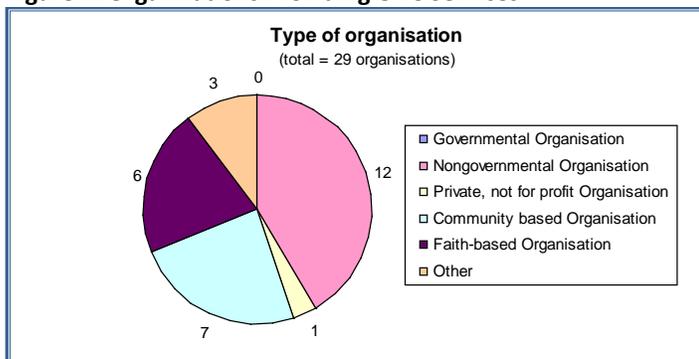
Region	OVC registered with the MGECW
Caprivi	4,956
Erongo	3,163
Hardap	3,594
Karas	2,512
Kavango	8,115
Khomas	7,453
Kunene	4,532
Ohangwena	16,868
Omaheke	3,144
Omusati	16,868
Oshana	14,773
Oshikoto	12,965
Otjozondjupa	5,157

Program Characteristics and Service Gaps

Who is providing the services?

As shown in Figure 1, most of the organizations in the study sample of 29 were NGOs (41.4%) followed by CBOs (24.4%), and FBOs (21%). Though this does not necessarily represent the country, we are of the view that the national picture may not be very different, judging from the results of four other countries that have conducted research situation analysis.

Figure 1: Organizations Providing OVC Services



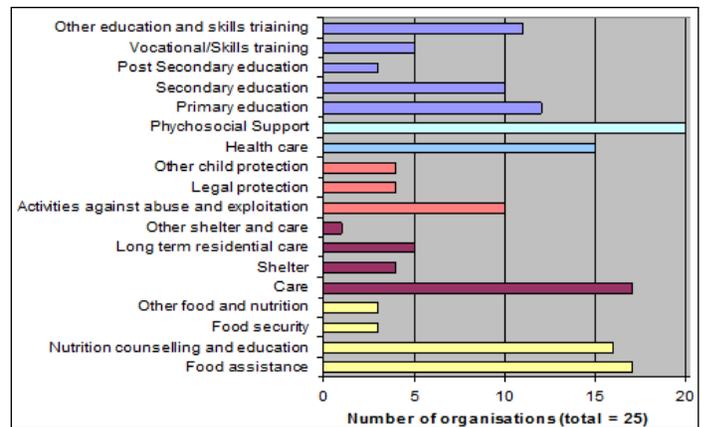
Although data on contribution of various cooperating partners is inadequate, the USG contribution to OVC programming is significant. USG PEPFAR, allocated approximately \$158 million

for OVC care and support in Namibia since 2004, and in 2007 reached 78,700 with various services; working with implementing partners to reduce the impact of HIV/AIDs on educational attainment and by providing small grants to improve schools, provide classroom materials (including books), and support school feeding programs. PEPFAR has similarly funded interventions for psychosocial support, economic strengthening, and activities across all the 6+1 domains.

What are the services provided and where are the gaps?

Among the organizations visited, 88% provide numerous types of support (Figure 2), the most common being psychosocial support (80%), care (68%), and food assistance (68%). Nearly 60% of the organizations studied reported not being able to cover their care and support costs. Likewise, most organizations have been unable to carry out economic strengthening activities, sustain food support, and retain essential staff.

Figure 2: Type of Assistance



If we take the number of children registered for MGECW grants as a proxy for need (see Table 1), Figure 3 shows that the numbers of children receiving services from OVC organizations continues to fall below need. For example, 16,868 children are registered for grants in Ohangwena but fewer than 2000 are receiving support from an OVC organization. While information on 412 organizations working with OVC is captured in a database by the Church Alliance for Orphans (CAFO), numerous information gaps exist: we do not have actual numbers of OVC by geographic region, except the prevalence data from DHS, which uses a different definition of vulnerability from the country definition, and apart from data on number of OVC registered by the MGECW and those receiving social grants, we do not have data on national service coverage by geographic region, households, age and gender.

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Table 2: Recommended Program-relevant Research Priorities

Priority Research Area	Key Research Question(s)	Program Utility of the Research
1. Magnitude and characterization of the OVC population	<ul style="list-style-type: none"> • What is the consensus definition of a “vulnerable child”? • What is the total number of OVC in Namibia, by region and by district? • What are the subpopulation groups of OVC, their numbers, sex, age, and needs? • What proportion of OVC are under various living arrangements (e.g. households, institutions, etc) 	With shared definitions and a clear understanding of the size and scope of the OVC problem, programs will have a better understanding of their target groups, to facilitate the tailoring of interventions. Policy makers will have initial information for the allocation of resources, and a baseline for comparing future data in order to assess progress at a national level. A clear definition and characterization of vulnerability will help programmers design effective strategies to prevent or reduce vulnerability. Knowledge of numbers, characteristics and needs of OVC in households, on the street, in orphanages, in children’s villages or group homes will help the country more effectively target its resources and services.
2. Effectiveness of the government orphan granting program	<ul style="list-style-type: none"> • How effective is the current orphan granting program in reaching the intended beneficiaries and in meeting the needs of OVC? 	Data on whether the funds are reaching the intended beneficiaries and whether the program is making a real difference at household and individual OVC level is important for government planning and scale up of this important program.
3. Costing of OVC care & support interventions	<ul style="list-style-type: none"> • What are the fixed and variable costs of different interventions of OVC care? 	Stakeholders wish to make the best use of limited funds available for OVC programs. A clear understanding of the fixed and variable costs of programs provides information related to costs for scaling up effective programs.
4. Capacity and competency of caregivers in resource limited settings	<ul style="list-style-type: none"> • What are the baseline characteristics, capacities and competencies of families caring for OVC? • What are the most cost-effective and sustainable interventions to support these families? 	With a focus on family centered approaches, knowledge of who is caring for OVC, their capacities and needs, would help design appropriate strategies to assist the caregivers cope with the growing OVC numbers.
5. The plight of vulnerable youths above 18 years	<ul style="list-style-type: none"> • What happens to vulnerable youths over 18 years? • What are the most effective interventions for vulnerable youths? 	To date no data exists on the long-term impacts of support programming for young adults who were orphans or vulnerable children. Longitudinal data on vulnerable youths who were under an OVC program would help ascertain the long-term impact of the OVC interventions on human capital; while at the same time provide useful information for designing specific programs for the vulnerable youths as they transit into adulthood.
6. Explore OVC perspectives on their needs	<ul style="list-style-type: none"> • What are the needs of OVC from their own perspective? • What are the best options of addressing OVC needs from their perspective? 	Research which identifies the needs of OVC from their perspective is critical to designing appropriate interventions that deal with the felt needs of OVC.

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Priority Research Area	Key Research Question(s)	Program Utility of the Research
7. Evaluate the impact of OVC support interventions on households and communities	<ul style="list-style-type: none"> • What is the impact of specific OVC interventions on household incomes and spending? • Do caregivers and extended families see the support the OVC are receiving as releasing them from their family duties? • What is the impact of specific OVC interventions on community capacity to support households caring for OVC? 	<p>Understanding the impact of current OVC interventions on households and communities is important for policy makers and programmers to know if the interventions are making a positive impact or having unintended effects that need to be addressed.</p>
8. Identify and explore needs and coping mechanisms for child-headed households	<ul style="list-style-type: none"> • What are the specific needs of child-headed households? • What are their coping mechanisms? • What can be done to deal with specific challenges of CHHs? 	<p>Understanding the specific needs and challenges of heads of child headed households, how they currently manage to carry out adult duties of caring for their families, and what strategies are needed to effectively support them is critical to effective interventions against this specific OVC challenge.</p>
9. Evaluate current OVC financing mechanisms. Explore the best options for sustainable financing mechanisms for OVC programs.	<ul style="list-style-type: none"> • Who are the main sources of funding for OVC services? • What financial resource allocation coordinating mechanisms exist to reduce duplication? • What are the best options for a coordinated financing mechanism for OVC services in Namibia? 	<p>Identification of the main sources of funding as well as the best way to coordinate this funding would help put in place efficient financial resource allocation and coordinating mechanisms that would help reduce duplication of funding for some OVC needs and underfunding of others.</p>

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Recommended Supportive Actions for Research

In addition to prioritizing research questions to be answered in Namibia, stakeholders can play a crucial role in creating a policy and funding environment for program-relevant research to thrive. Several key recommended actions are listed below.

- Adopt a National OVC Research Agenda with an implementation strategy clearly indicating priority research areas matched with resources. A National Research Agenda will help researchers know what areas the country needs more evidence to improve the effectiveness and impact of OVC programs and more likely help them focus on policy and program relevant national research priorities.
- Commission a National Longitudinal Cohort study, posing different research questions as needed. Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.
- Engage national and international stakeholders to support program-relevant research. USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.
- Provide Funding Mechanism for OVC Research by setting up an OVC Research Fund or allocating at least 10% of OVC budgets to research
- Build the capacity of the Ministry of Gender Equality and Child-Welfare to effectively and sustainably manage the database currently being developed to capture all demographic data, OVC care placements, service providers and their coverage in terms of services and geographically, etc. This will serve as a resource for planning and budgeting, and allow the MGECW to track who is doing what and where and help coordinate services to improve synergy between service providers, reduce duplication of efforts, and improve efficiency in programming of resources. All current and future efforts put into building and maintaining this database is key to the future success of OVC programming.
- At the program level, it will be helpful for MGECW to incorporate a comprehensive OVC Scale-Up Plan within the National Plan of Action, with clear annual coverage targets, deliverables, and financing plan, taking into account anticipated annual rate of increase in OVC population.

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Orphan and Vulnerable Children Comprehensive Action Research (OVC-CARE) Project

The Center for Global Health and Development has been awarded a USAID contract to fill critical gaps in the evidence base in order to improve the quality and coverage of OVC programs and guide cost-effective programming of OVC resources. For information on how to access this consortium, please contact Andrea Halverson, USAID Contract Officer's Technical Representative (COTR) at ahalverson@usaid.gov.

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Annex 1 - Research undertaken on OVCs between 2004 and 2008 in Namibia²

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