

Social Impact Assessment and Policy Analysis Corporation. 2002. *A Situational Analysis of Orphan Children in Namibia.*

The Ministry of Health and Social Services (MOHSS) commissioned a situation analysis of orphan children in Namibia, including children orphaned by AIDS. Financed by UNICEF and conducted by SIAPAC, a local social research firm, the study was intended to measure both the quantitative extent of the orphan situation and to qualitatively establish the situations these orphans faced. The purpose of the situation analysis of orphan children in Namibia was to analyse and provide an understanding of the present situation of orphaned children in Namibia. The aim was to feed into a process of intervention identification and consideration of the expansion/ redirection of existing interventions to better meet the needs of orphans. As the study proceeded parallel progress was made in defining vulnerable children more widely in Namibia. Therefore, this study is to be used by the Ministry of Health and Social Services, and its partners in development, more broadly for vulnerable children programming.

The study was originally commissioned in late 1999, and fieldwork took place in early 2000. However, the report's submission was delayed by Government to await decision-making about AIDS impact modelling parameters and assumptions, to ensure that the findings in the report were consistent with Government accepted modelling results.

Once the go-ahead was received from Government in mid-2001, SIAPAC modelled the HIV/AIDS epidemic and projected orphan numbers. Projections were made nationally, as well as for the regions of Caprivi and Kavango, the cities of Windhoek, Walvis Bay, Swakopmund, Ongwediva and Oshakati, and the grouped regions of Kunene/rural Erongo, Hardap/Karas, rural Khomas/Otjozondjupa/Omaheke, and Omusati/Oshana/Oshikoto/Ohangwena. These were updated with the obtaining of internal migration data in late 2001, and form the basis for the projections contained herein. Final approval on the report was received in March, 2001.

Scope of the Orphans Problem

As of 2001, an estimated 22.3% of all Namibian adults are HIV positive, or some one-quarter million Namibians, and this will continue to climb to a figure just under 25%. According to the health information system, in 1999 some 2,823 people died of diseases associated with AIDS, representing 26% of all reported deaths and 47% of all deaths in the age group 15-49. However, most AIDS-related deaths have not been recorded in the health information system. Indeed, model projections indicate that some 50,000 Namibians have already died of AIDS, and by the year 2021 there will be a cumulative death total of over one-half million. The total population by 2021 is estimated at 2.7 million, compared to an estimate of 3.6 million without AIDS.

There are numerous problems projecting the number of orphans in the population. Specifically, there are no existing estimates of non-AIDS orphans, and AIDS orphans estimates are only as good as the seroprevalence data they are based on. What is of interest is that the population results yielded by the model differ from the provisional results of the 2001 census by only 16,000 people. Findings therefore suggest that the model is an accurate reflection of reality, and that the seroprevalence data form a good basis for modelling.

A base year number of orphans was estimated by the consultants at 27,493, including only 10 AIDS orphans at the time. For non-AIDS orphans, assuming that all other variables held constant, the numbers were projected at the 'with AIDS' national population growth rate'. Using this approach, as of 2001 there were an estimated 82,671 total orphans, of which over half were AIDS orphans. As the epidemic worsens, AIDS orphans are projected to comprise three-quarters of all

orphans from 2006. By the year 2021, there will be an estimated 251,054 orphans, with almost 200,000 of these being AIDS orphans.

Looking at regional variation, some half of the nation's orphans will likely be found in the four north central regions of Omusati, Oshana, Oshikoto and Ohangwena, with many of the remainder found in the two north-eastern regions of Kavango and Caprivi, and in Windhoek. However, a number of 'urban orphans' are apparently being moved to rural areas after the death of a parent/parents. Therefore, the four north central regions just mentioned are likely looking after some 60% of the nation's population of orphan children.

Situation Analysis and Possible Intervention Arenas

Key issues for Government and its partners in development to consider for intervention purposes include the following:

Care giving

- **Situation:** It is evident that the majority of households (but *not* all households) looking after orphan children are suffering financial hardships as a result. In most cases the care giving household was not able to rely on financial support from the dying parent(s) because either the family was already in poverty, or because they used their resources treating the dying parent(s). Further, many of the care giving households are already severely poverty-stricken, and the loss of an income-earner (a common circumstance in the case of AIDS) is devastating.

Possible Intervention Arenas: One possibility is to consider a means-tested financial support package for households looking after orphans. Whether this is a grant meant to supplement other means of supporting the needs of the orphan or to cover all key costs needs to be considered; most estimated the value at some N\$200-250 to cover the bulk of the needs. It can also be focused on particular needs (e.g., school fees, uniforms, etc.), or broader needs (e.g., financial support for food purchases). However, the direct costs associated with such a stipend are considerable, while the indirect costs associated with distribution would also be extremely high.

Of course, registering and means-testing some 30,000-40,000 households would be a considerable task, and the above costs exclude any administrative considerations. Social workers already indicated that they could not cope with existing caseloads, yet the majority of households looking after orphans are not being reached.

Another alternative is to try and reach all households looking after orphans, without applying a means test (but nevertheless having to ensure that the child is indeed an orphan and that the household is the care giving household). In Botswana, for example, there is no means test, and orphans are registered via community development officers, themselves linked to a variety of officers who are involved in orphan registration (including non-governmental organisations). Overall, if there was no means test, the direct costs of reaching the 82,671 orphans estimated to exist in 2001 with N\$200 per month would be approximately N\$16.5 million, or almost N\$200 million for 2001. For 2002, this would rise to N\$235 million per annum, for 2010 this would rise to N\$500 million, and for 2021 this would rise to N\$600 million. Assuming that the stipend were to be increased by 10% per annum from a base in 2003, this would give a figure of N\$3.35 billion for the year 2021.

Another alternative would be to help households looking after orphans from incurring certain costs. Waiving of school fees, for example, is one possibility, but this would certainly have costs

associated with helping schools overcome financing limitations arising from non-payment of school fees, with associated costs to Government.

Another alternative would be to consider expanding primary level school-feeding programmes so that all children, including orphans and other vulnerable children, receive supplementary feeding.

Situation: Few households affected by AIDS appear to be able to make provision for their children. Often this is due to the poverty of the household, but there are clearly cases where the money is being spent prior to the death of the parent(s) to care for the sick. There were also cases where the late husband's family took possessions away from the widow's household, while more commonly the husband's extended family is less willing to offer financial support to the wife's family if the latter are taking care of the orphans.

Possible Intervention Arenas: Financial support as noted above. Enforcement of pending legislation protecting widows is needed, as is further strengthening of initiatives derived from the cabinet directive regarding inheritance.

Adjustment and Coping

Situation: Orphan children are generally still living with their siblings. However, the situation is more complex than might have originally been thought, arising from extended family systems that result in siblings often living with other extended family members at varied points in their lives long before they lost a parent/parents. This means that these children are not necessarily moving from one house to another. Further, for those who are moved, the children who have lived together are moved together, meaning that siblings have long been 'spilt, but not in a manner that care giving households nor the orphans themselves viewed as inappropriate.

There is an emergent disturbing trend where a few child-headed households come about with the loss of the second parent (or the only parent in single-parent households). This appears to be most common when there are older teenage children in the family (e.g., 15-17) who end up becoming household heads for the few years that they are still considered to be 'children'. The ability of support networks to cope with older children appear to be weaker than for younger children, and the ability of households headed by these older children and youth (even those aged 18 and older) is certainly of concern. Therefore, while there may be few child-headed households at this time in Namibia, there are a number of households headed by young people looking after younger siblings as the households lose the parents. If these households lose assets to relatives of the father, their situation would be significantly worsened.

Possible Intervention Arenas: The tendency is already to keep siblings together, as described above, and for most orphans this pattern will continue. Nevertheless, as the economic ability of care giving households declines due to an increased orphans burden, it is more likely that siblings will be split, with consequent implications for the emotional adjustment of the orphans.

Further, there will be more and more cases of child- and youth-headed households, with consequent implications for the welfare of the children in the household. This will also likely require further consideration of community-based approaches.

In both cases, it is likely that more attention will need to be given to psycho-social support, in a manner that will be able to reach a wider number of orphans. The Ministry and its partners in development will therefore need to plan for an increased need for counselling services, with reliance on broadened community-based counselling likely to be the only viable alternative.

Further, given the rise in the number of orphans, efforts should be made to expedite formal adoption of orphan children not being looked after by relatives, and to consider channels to expedite adoption by extended family members more generally.

• **Situation:** Because of where Namibia is in the AIDS epidemic (still on the up-slope of a steep curve), because Namibian families have been disrupted by a profound colonial legacy, and because of some cultural practices, care giving structures have often been in place before the death of a parent/parents. This has tended to make adjustment problems for many of the children less difficult than would otherwise be the case. This does not, of course, mean that adjustment problems do not exist, of course they do, the death of a parent or both parents is traumatic - some respondents noted that the children became more withdrawn and tended to have emotional problems — but it appears to have tempered these impacts.

While coping systems designed to weather the hardships of the past are therefore important in responding to the growing number of orphans, this very colonial legacy has meant that many households are more vulnerable to shocks and are less able to cope with additional stress. While households are doing their best to cope, it is likely that their ability to continue to do so in the face of the AIDS epidemic is probably weaker than the overall findings herein suggest. Indeed, case study findings point to a number of cases where coping is already under severe strain.

Possible Intervention Arenas: As noted above, consider a means-tested financial support package for care giving households, waive school fees, and offer school feeding on a regular basis.

As coping systems become increasingly strained, it is likely that adjustment problems will also intensify, particularly as child-headed households emerge and as extended family and neighbourhood support systems can no longer support the growing number of orphans. Community-based interventions are key to coping with this emergent situation.

• **Situation:** Surprisingly, some of the respondents were quite open that their relatives had died of AIDS, and used the term specifically. They also noted that others knew that it was AIDS. Anecdotal evidence over the past few years suggests that there is a growing acceptance that AIDS is widespread and that 'it is among us'. Nevertheless, given that AIDS is spread through sexual intercourse, and given that there remains considerable confusion over how AIDS is not spread — there is particular concern over the implications of casual contact - there remains discrimination against those HIV positive. Despite this, the study showed that discrimination against the children of those who die of AIDS is minimal.

Possible Intervention Arenas: Continued efforts to destigmatise HIV/AIDS will be particularly important, within the context of overall information, education, and communications activities. Further, the more members of the public 'go public' with their HIV positive status, the more communities will understand the scope of the problem. Finally, political will is already apparent for HIV/AIDS prevention activities, but this will clearly need to be stepped-up in the face of the rising epidemic. The model of HIV incidence, for example, suggests that HIV prevalence will level off around 2004/5, yet it is hard to see why this would actually happen. Instead, the 'Botswana model' of continued high HIV prevalence growth rates may continue. In this case, keeping HIV/AIDS on top of the political agenda will be instrumental to HIV prevention.

Support Networks

- **Situation:** The number of orphan children being supported by any organisations aside from family members appears to be quite low. Instead, most if not all needs are being met by extended family members and close neighbours/ friends, with some receiving Government support.

Possible Intervention Arenas: As noted in the international literature, the first line of 'defence' in responding to the orphans situation is to enable existing support systems to better handle the emergent situation. Financial support as noted above for care giving households would therefore be an important support mechanism.

A second would be to build on what already appears to be an educational system that understands the financial limitations many households are facing, and accommodates their needs to a considerable extent (and will need to do so to a greater extent in future). Further investigation is required regarding how systematic such support is, and whether Government policy in this regard needs to be modified to regularise the practice.

A third issue relates to the 'second line' of defence, beyond the extended family — community-based interventions. If the study had been carried out in early 2002 rather than early 2000, it is likely that it would show that more households are being reached by NGO networks and CBOs, given the rapid expansion of such services over that period. Growth in outreach is extremely fast, suggesting that no changes are necessary, but rather that expanded support to this growing network is required. The groups themselves are increasingly concerned about their ability to manage such a rapid expansion, suggesting the need for additional support.

Finally, most of the orphans and caregivers interviewed were not receiving support from Government to help care for the orphans, nor were they linked to outside support agencies in most instances. The few who had made application for financial support often spoke of a lack of feedback on the status of the application, or problems in the application process that had brought the application to a standstill. This suggests that more needs to be done to follow-up on existing applications and to keep lines of communication open with care giving families and orphans. To the extent possible, the application process should be expedited.

- **Situation:** There is wide variation in terms of the level of activity, and the level of commitment, of the various Regional AIDS Committees. Some have clear co-ordination problems that negate their effective functioning, others have been outstanding in their ability to lead regional efforts.

Possible Intervention Arenas: Fortunately much has been done in recent years, under the current HIV/AIDS national plan, to improve the functioning of these structures, including co-ordinating bodies. The effects of these innovations need to be considered, and gaps in performance overcome. Further, Government needs to consider whether these structures are capable of serving their facilitative role, and whether they are supportive of innovation in the non-governmental and private sectors.

- **Situation:** The extent to which households looking after orphan children can rely on the wider community was considerably less than anticipated. Nevertheless, findings suggest that households that cannot rely on extended family members were particularly reliant on their close friends and immediate neighbours, apparently because of a lack of alternatives. Extended family linkages were especially strong in the north, while southern and western households appear to rely more on neighbours and friends.

Possible Intervention Arenas: Broaden community-based interventions in recognition of the dispersed nature of support. Further recognise the importance of informal and extended family social linkages when considering community-based interventions.

• **Situation:** The recently completed Demographic and Health Survey found that only 9% of all women aged 15-49 were currently using condoms, and only one-quarter of all women aged 15-49 had ever used a condom. While it was higher for those aged 15-24, the usage levels are extremely low in comparison with the number of women sexually active. In neighbouring Botswana, for example, usage rates among sexually active 15-24 year olds are over 80%, and consistency of condom use is over 90% (that is, over 90% of 'sexual events' involved a condom; SIAPAC, 2001).

Possible Intervention Arenas: Given recent rapid expansions in social marketing and condom outreach programmes, continued efforts to regularise condom use is required. The scope of these outreach programmes needs to be reassessed in light of the DHS findings. If condom use is not increased, the rise in HIV infection will likely exceed current model expectations, and the number of orphans will be higher as well.

Education

• **Situation:** Orphan children are being kept in school. Indeed care giving families are going to great lengths to keep the children in school, and school officials are being flexible in understanding the circumstances facing orphans (as they do with children from poor households). The children also appear to have access to other services in the same way, and at the same level, as other children in the same household.

)Many respondents noted that they were not just having problems meeting school fees and uniform costs and other school-related costs for orphan children, but rather for *all* of their children. They did not feel that it was wise to specifically identify orphan children for such support, suggesting that a more general support package that would allow the household to manage the money for school fees etc. on behalf of the wider household would be more acceptable. The fact that they had an orphan would be the reason they would obtain financial support, but they should have the discretion to cover the needs of other children.

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