# MONITORING AND EVALUATION PLAN

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

## VOLUME 2

**Coordinated by**

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# Monitoring and Evaluation Plan for the Namibia National Plan of Action 2006-2010 for Orphans and Vulnerable Children

## Volume 2

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

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# Acronyms

| | |
|---|---|
| AFHS | Adolescent Friendly Health Services |
| ARI | Acute Respiratory Infection |
| ART | Anti-Retroviral Treatment |
| CEDAW | Convention on the Elimination of All Forms of Discimination Against Women (UN) |
| CRC | Convention on the Rights of the Child (UN) |
| DHS | Demographic and Health Survey |
| EPI | Directorate of Educational Programmes Implementation (MoE) |
| 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 Services |
| MSS | Ministry of Safety and Security |
| MTP III | Third National Strategic Medium Term Plan for HIV and AIDS 2004-2009 |
| OVC | Orphans and Vulnerable Children |
| PAD | Directorate of Planning and Development (MoE) |
| PMTCT | Prevention of Mother-to-Child Transmission (of HIV) |
| RAAAP | Rapid Assessment, Analysis and Action Planning |
| RACE | Regional AIDS Committee of Education (MoE) |
| RACOC | Regional AIDS Coordinating Committee |
| RM&E | Response Monitoring and Evaluation |
| SPM | System for Programme Monitoring |
| TBD | to be discussed/determined |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WACPU | Woman and Child Protection Unit |
| WFP | World Food Programme |

# Contents

# Acknowledgements

The Ministry of Gender Equality and Child Welfare would like to thank the following people for their contribution to the National Plan of Action for Orphans and Vulnerable Children:

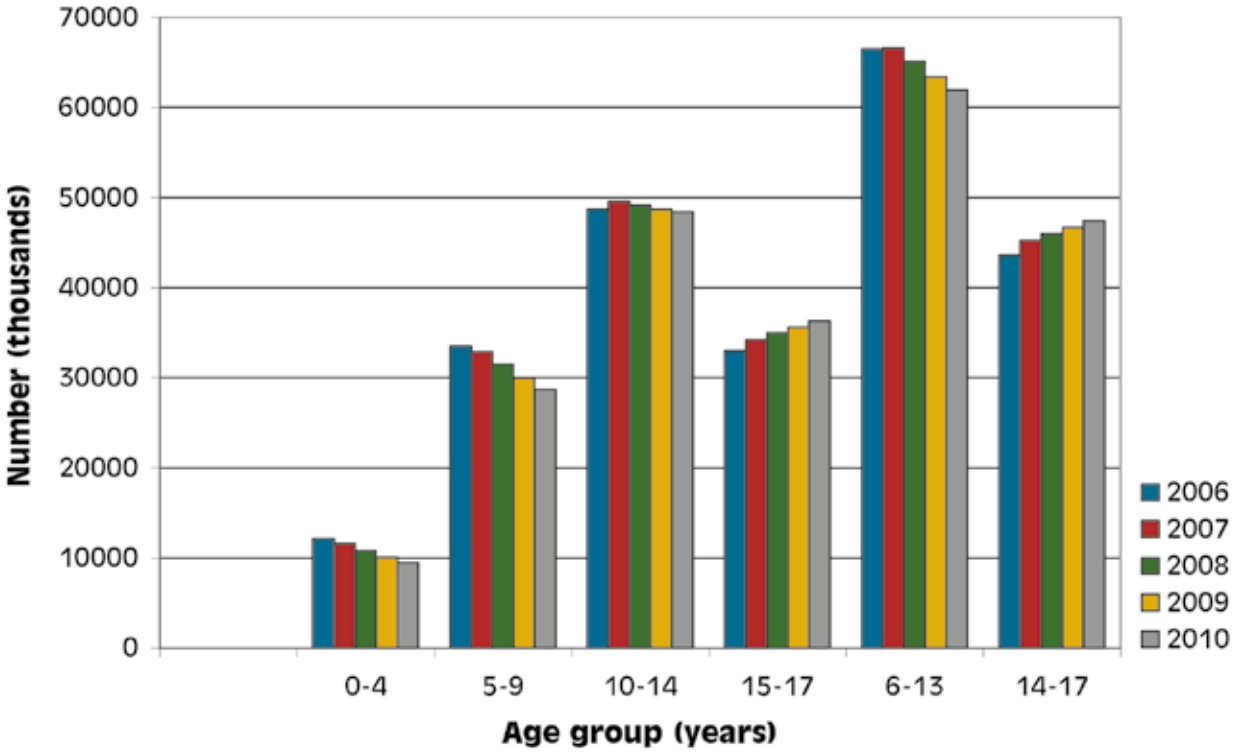
- The members of the Orphans and Vulnerable Children Permanent Task Force, for their continued support and interest in ensuring a multi-sectoral response.
- The government line ministries and civil society partners who participated in a series of meetings and workshops between 2004 and 2007 to finalise the Rapid Assessment, Analysis and Action Planning (RAAAP), and to develop a costed plan and a Monitoring and Evaluation Plan.
- UNICEF, WFP, UNAIDS, UNESCO and FYI/USAID, for supporting the RAAAP process.
- UNICEF, for financial assistance to finalise the National Plan of Action.
- UNAIDS and USAID, for extensive technical support in finalising the Monitoring and Evaluation Plan for the Plan of Action.

# 1. INTRODUCTION

## 1.1 Situation of orphaned and vulnerable children

The number of orphans in Namibia in 2007 is estimated to be 117 000.[1] An additional 11 000 children will become orphans in the next year and are potentially caring for their parents as they become sick and die. The estimated number of orphans and vulnerable children in 2007 is 128 000.[2] As described in the *National Plan of Action for Orphans and Vulnerable Children (Volume 1)*, the rights of these children to health, education, a caring family environment and full participation in society may be under threat in the light of increasing poverty, overstretched extended families and insufficient mechanisms to ensure policy implementation. The National Plan of Action sets out the strategies and activities to address these issues over the next five years.

Figure 1: **ESTIMATED NUMBER OF ORPHANS AND VULNERABLE CHILDREN, NAMIBIA 2006-2010**




[1] Based on Spectrum Model estimates, MOHSS, September 2007. For methodology see UNICEF, UNAIDS and US President's Emergency Plan for AIDS Relief (PEPFAR), *Africa's Orphaned and Vulnerable Generations, Children Affected by AIDS*, UNICEF, New York, 2006, p. 36. Previous estimated and projected numbers of orphans have been superseded by these more accurate figures.

[2] This estimate is based on a conservative estimate that there are 11 000 adult caregiver deaths per annum on the present ART uptake.

## 1.2 Development of the National Plan of Action

Since the First National Conference on Orphans and Vulnerable Children (OVC) held in May 2001, Namibia has benefited from the commitment and vision of a National Steering Committee (now a Permanent Task Force) on Orphans and Vulnerable Children. The OVC Permanent Task Force is multi-sectoral and multi-institutional, including government and non-governmental representation, and is chaired by the Ministry of Gender Equality and Child Welfare (MGECW).

The Task Force recognised the need for a better understanding of the situation of OVC in Namibia, and in 2004 decided to conduct a Rapid Assessment, Analysis and Action Planning (RAAAP) process to quickly assess how children in the country were being affected by HIV and AIDS, and to decide on specific actions to respond to the situation. The RAAAP process led to the identification of five thematic programme areas with corresponding activities.

The areas are:

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

Two other meetings were held, in September 2005 and February 2006, to cost the proposed activities and to develop a Monitoring and Evaluation (M&E) Plan that would be responsive to the information needs connected with the National Plan of Action for OVC. The M&E Plan presented in this document, designed in collaboration with stakeholders, focuses on strengthening existing child-related M&E systems in Namibia. This plan was developed in a series of meetings and with the help of a multi-sectoral team working together to reach consensus on how stakeholders would measure progress in implementing the National Plan of Action within the context and resource constraints specific to the Namibia OVC Programme.

A Regional Monitoring and Evaluation Meeting was convened in Johannesburg, South Africa, in March 2007 to review the M&E Plan. Key indicators on OVC were integrated into the plan to enable regional OVC data comparisons. Technical staff from the National Planning Commission, the Ministry of Education (Education Management Information System), the Ministry of Gender Equality and Child Welfare, the United States Government and UNAIDS participated. The group reviewed other indicators, and where there was no source for data collection, the indicator was removed. The group felt that this plan and selection of indicators should be endorsed by a larger group. A workshop was convened on 14 May 2007 to review the M&E Plan. Additional changes were made and the plan was endorsed. The meeting was attended by 46 local and national government staff members, and representatives of civil society and development partners.

In July 2007 the Mid-Term Review for the HIV and AIDS Strategic Plan took place (also referred to as Medium Term Plan III), and changes made to the plan were integrated into the updated M&E Plan. Changes were also made to the System for Programme Monitoring in the Ministry of Health and Social Services. Government and civil society stakeholders reconvened in August 2007 to endorse the additional changes made to the M&E Plan.

## 1.3 Objectives of the M&E Plan

The overall goal is to provide mechanisms through which the performance of the National Plan of Action for OVC can be measured and amended. The National Plan of Action calls for a comprehensive and multi-sectoral response to address the situation of OVC in Namibia, and identifies five priority areas for the response. This M&E Plan describes how stakeholders will monitor the implementation of the Plan of Action and determine whether the objectives are being met.

Specifically, the M&E Plan aims to achieve the following objectives:

- Monitor changes in the numbers of OVC in the country.
- Respond to the information needs of the Namibian Government and other stakeholders in terms of OVC.
- Enable the Government to track where OVC services are being implemented and where additional services are required.
- Monitor and assess the quality of care given to OVC.
- Monitor various programme efforts and, to the extent possible, link such programme efforts to outcomes and thus assess the effects and impacts of programme interventions.
- Provide standardised tools and indicators for the monitoring and evaluation of all OVC activities in the country.
- Establish clear data flow channels between the different stakeholders in the OVC response.
- Develop a strategy and mechanisms to ensure dissemination of all critical information to beneficiaries, stakeholders, implementing agencies and the general public.

The monitoring and evaluation data collected through this M&E Plan will enable organisations to be accountable. Furthermore, the information collected will be a basis for implementers and other stakeholders to determine resources and capacity needs. In addition, it will help project management and mentors to supervise programme implementation, facilitate action learning and promote targetted use of resources.

## 1.4 Definitions of monitoring and evaluation

Monitoring and evaluation, in this context, refers to the **processes for measuring progress** in terms of the National Plan of Action. To avoid confusion in the use of M&E terms, a brief description is provided below on how terms are used in this document.

**Monitoring** is the process of routine data collection to assess if a programme's activities are being implemented as planned. This data is then utilised in project management and decision-making. Monitoring activities should collect information on the following components:

- **Inputs:** the resources invested in a programme. For example, money committed to a project, number of staff, supplies (home-based care test kits), etc.
- **Outputs:** the immediate results achieved by the programme as a result of conducting the activities. For example, the number of service providers trained, the percent of households receiving support and the number of children receiving food at school.
- **Outcomes:** the changes resulting from exposure to the programme measured at the population level in the programme's target population. For example, increased birth registration or fewer children being underweight. These are changes that are likely to directly affect an overall objective such as improving the well-being of children.

- **Impacts:** the overall long-term objectives that the project is trying to achieve. For example, reducing child mortality and reducing HIV infection levels among young people. Impact indicators often cannot be attributed to one project alone due to the manner in which they are typically measured. There are usually many other factors that can influence these broad population indicators.

In the M&E Plan presented in this document, the indicators are organised by the type of indicator, with impact indicators listed first and input indicators listed last.

**Evaluation** is the use of research methods to assess a programme's effectiveness. Evaluation uses data and indicators collected from all of the monitoring components. **Process evaluation** focuses on the input and output measures while **impact evaluation** focuses on the outcomes and impact measures. See a further description in section 4 on "Evaluation".

# 2. MONITORING THE PLAN OF ACTION

A monitoring plan relies on common definitions and a common set of indicators that measure the programme's objectives. This section summarises how the indicators will be used to monitor the five components of the National Plan of Action. It includes an explanation of how OVC will be defined for impact monitoring and why the impact definition may differ from that used by specific programme implementers.

## 2.1 Who are Orphans and Vulnerable Children (OVC)?

According to the National Policy on Orphans and Vulnerable Children, 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".[3]

This definition could describe all children in Namibia since all children need care and protection. The definition of a vulnerable child is purposefully kept broad so that the appropriate children can be reached with the interventions. Every programme or project targets their interventions at a unique set of children. For example, a school feeding programme might target children who come from exceptionally poor households and require additional food, or a sports club might target children who are orphans needing psychosocial support. Both target groups are vulnerable, but both have different needs and thus require different interventions. The criteria for classifying a child as an OVC will thus change depending on the purpose and goals of the intervention.

A **programme definition of a vulnerable child** is used to identify children who require specific services; it is often based on specific outcomes (such as whether the child is in school, or whether the child has a poor nutritional status). The children who fit the criteria may change as a result of a successful intervention. For example, the Ministry of Education recognises that a child who is not regularly attending school is a "vulnerable child", but it is expected that more of these children will be able to attend school due to support from the Education Development Fund. Thus, a child could quickly move out of the category of "children not regularly attending school" as a result of an intervention.

Various criteria are used for the programme definition of vulnerability to target interventions. Possible criteria for classifying a child as vulnerable include:

- institutionalised children (such as those in prisons, places of safety or residential care homes);
- children with severe chronic illness (defined as having been very ill for 3 of the last 12 months);
- children without a permanent address;
- children not regularly attending school;
- children not accessing regular health care;

[3] National Policy on Orphans and Vulnerable Children, Ministry of Women Affairs and Child Welfare, December 2004.

- sexually abused children;
- children living with caregivers who abuse alcohol; and
- HIV-positive children.

Different criteria can be developed for different services aimed at vulnerable children, and these categories may expand and change over time as more information enables more precise identification of aspects of vulnerability. Various sectoral programmes are encouraged to develop output definitions of vulnerability to identify potential programme beneficiaries, following the example of the Ministry of Gender Equality and Child Welfare in developing criteria for the identification of children who should benefit from child welfare grants.

Despite the flexibility in the definition of OVC for programmes, a specific definition is needed to monitor the impact of the national response to OVC. The goal of this action plan is to ensure that orphaned and vulnerable children do not fare worse than other children in Namibia. The well-being of OVC needs to be compared with that of other children to measure whether OVC are disadvantaged. These indicators must be collected for all children in order to make them comparable.

In addition, the indicators must be collected from a similarly defined group of children to look for changes over time. The impact definition of OVC is designed to measure the circumstances of a consistent group of children over time, so it needs to be based on circumstances which are not expected to change in most cases. The criteria used for this definition must be easily measurable. This definition is used only for indicators collected in household surveys that show the long-term impact of the Plan of Action.

The **impact definition of a vulnerable child**[4] is:

- 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 a 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); or
- a child who has experienced a death of an adult caregiver (18-59 years) in the household during the last 12 months.

In short, programme managers should target their interventions at those children for whom the intervention is most appropriate. Each programme should also have its own M&E Plan that measures the effectiveness of the specific project. The impact definition will be used only to measure the overall impact of the Plan of Action, and impacts are captured only through household surveys. The criteria described in the impact definition should not be used for programming purposes; because programmes

[4] This definition was developed by 46 government, civil society and development partners at an OVC Monitoring and Evaluation Workshop on 14-16 May 2007. The group agreed that the definition must meet the requirements of being (1) measurable and (2) based on a characteristic which can be used to identify target groups before the government intervention takes place.

may have different and sometimes conflicting definitions, the impact definition serves as a proxy for vulnerability in order for the different development outcomes to be tracked on a stable group of children.

## 2.2 Indicators for monitoring the Plan of Action

Indicators were identified for each of the five programme areas covered in the Plan of Action. The exact definition, data source, baseline values and target values of each indicator are presented in **Appendix A**. Factors taken into account when identifying indicators were:

(1) The indicators must be in line with the core indicators already established by the 2006- 2009 HIV/AIDS Strategic Plan (also referred to as the Medium Term Plan III), and must include those from key implementing partners such as the United States Government/PEPFAR and the Global Fund.
(2) The indicators should be part of one Monitoring and Evaluation Plan that feeds data through the System for Programme Monitoring (SPM) within the Response Monitoring and Evaluation Unit in the Ministry of Health and Social Services.
(3) The indicators must be relevant to the objectives and activities of the National Plan of Action for OVC.
(3) The indicators must be realistically measurable at a reasonable cost.

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### A. Rights and Protection

**Objective:** A plan for protecting and promoting the well-being of all OVC is in place, ensuring that the rights of all OVC and their caregivers are protected, respected and fulfilled.

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

#### Impact

**P.1** Number of cases of children (sexually or physically) abused reported

#### Outcome

**P.2** Percentage of people expressing accepting attitudes towards people with HIV, of all people surveyed aged 15-49
**P.3** Percentage of children aged 0-4 whose births are reported registered
**P.4** Median time between rape and court outcome
**P.5** Orphaned and vulnerable children policy and planning effort index

#### Output

**P.6** Number of people receiving counselling (from WACPU)
**P.7** Percentage of women and children experiencing property dispossession
**P.8** Number of recommended conventions ratified by Parliament
**P.9** Number of functioning Community Protection Groups
**P.10** Number of information corners in schools
**P.11** Percentage of hospitals with birth and death registration facilities
**P.12** Results of Children's Parliament reflected in the National Plan of Action

### Input/Process

**P.13** Number of laws enacted or amended and brought into place
**P.14** Training manual for services providers on rights and protection developed
**P.15** Number of traditional leaders receiving training on inheritance and property rights issues
**P.16** Number of service providers trained on other services available and procedures to access those referral services
**P.17** Number of service providers trained on children's rights
**P.18** Number of pamphlets in each language distributed
**P.19** Number of radio broadcasts in each language
**P.20** Number of NBC television programmes with an OVC theme
**P.21** Number of OVC receiving protection services

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## B. Education

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

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

### Impact

**E.1** Ratio of OVC to non-OVC aged 15-17 completing Grade 10

### Outcome

**E.2** Ratio of school attendance for double orphans to non-orphans aged 10-14 years
**E.3** Percentage of children aged 15-24 years who have comprehensive knowledge on the transmission of HIV and AIDS

### Output

**E.4** OVC Education Policy finalised
**E.5** Number of OVC benefiting from the school feeding programme
**E.6** Number of school boards, principals, teachers and peer counsellors trained in OVC support
**E.7** Number of OVC exempted from hostel fees
**E.8** Number of OVC exempted from school and examination fees
**E.9** Number of institutions with functioning counselling support groups
**E.10** Number of OVC attending ECD programmes
**E.11** Number of OVC getting food support at multi-purpose centres
**E.12** Number of OVC receiving basic skills training at Vocational Training Centres (VTCs)
**E.13** Number of OVC accessing educational services

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## C. Care and Support

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

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

### Outcome

**C.1** Ratio of OVC versus non OVC who have 3 basic material needs
**C.2** Percentage of OVC whose households have received free basic external support for caring for the child
**C.3** Number of all children aged 0-17 living in residential care facilities
**C.4** Percentage of OVC who are not living in the same household with all their siblings under the age of 18

### Output

**C.5** Number of providers/caregivers trained in caring for OVC
**C.6** Number of children receiving social welfare grants
**C.7** Registration process, guidelines and procedures implemented for institutional care
**C.8** Number of OVC receiving psychosocial support services
**C.9** Number of OVC receiving shelter and care support services
**C.10** Number of OVC receiving economic strengthening services

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## D. Health and Nutrition

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

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

### Outcome

**H.1** Ratio of OVC to non-OVC aged 0-4 years who are malnourished (underweight)
**H.2** Ratio of OVC to non-OVC accessing appropriate health care for Acute Respiratory Infections
**H.3** Ratio of OVC to non-OVC aged 15-17 years who had sex before age 15
**H.4** Percentage of mothers or primary caregivers who report having identified a standby guardian who will take care of the child in the event that she/he is not able to do so
**H.5** Ratio of OVC to non-OVC aged 15-17 who are infected with HIV by 2010
**H.6** Percentage of children under five years of age who died in the last year

### Output

**H.7** Number of home-based carers and health care workers trained in referral services
**H.8** Number of OVC exempted from fees for health services
**H.9** Number of service providers, community leaders, caregivers and educators trained in Adolescent Friendly Health Services (AFHS)
**H.10** Number of adolescents reached through AFHS
**H.11** Percentage of HIV-positive women who receive PMTCT services
**H.12** Number of households trained in food security
**H.13** Number of households receiving food assistance
**H.14** Number of OVC receiving food and nutritional services
**H.15** Number of OVC receiving health care services

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## E. Management and Networking

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

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

### Outcome

**M.1** Percentage of children under 18 whose mother, father or both parents have died
**M.2** Percentage of children under 18 who are vulnerable according to national monitoring definition

### Output

**M.3** Website developed on OVC services
**M.4** Annual NPA report submitted to Cabinet
**M.5** Number of National OVC Conference held in the period 2006-2010
**M.6** Percentage of organisations that have submitted the required SPM forms on time in the past 12 months
**M.7** Number of OVC Forum exchange visits conducted between regions
**M.8** Number of OVC registered on web-enabled database
**M.9** A National Children's OVC Forum established
**M.10** Percentage of regions with functioning OVC Forums
**M.11** Percentage of constituencies with functioning OVC Forums
**M.12** Average number of OVC service providers attending Permanent Task Force meetings
**M.13** Study on resource mapping for OVC services completed and disseminated
**M.14** Demographic and Health Survey completed

# 3. MANAGING THE OVC M&E PLAN

## 3.1 Roles and responsibilities

For the plan to be carried out successfully, a number of actors must realise their roles in the data collection and reporting system. This section lays out the different roles and responsibilities of the partners in this system.

### Role of the Director, Child Welfare Directorate, MGECW

Implementation of the M&E Plan will be managed and coordinated by the Director, Child Welfare Directorate, Ministry of Gender Equality and Child Welfare. The Director will undertake overall management and technical support with assistance from social workers within the Ministry. The Director will have responsibility for overall supervision of the M&E activities.

Specifically, the Director's functions shall include, without being limited to:

- supervising the monitoring and evaluation of National Plan of Action programme components, including monitoring of programme inputs, process and outputs;
- receiving progress reports from the implementers of the National Plan of Action; and
- compiling national OVC reports and submitting them to relevant government agencies, NGOs and donors

### Role of M&E Officer, MGECW

The M&E Officer within the MGECW will perform the following functions, among others:

- Communicate regularly with the Response Monitoring and Evaluation Sub-division in the Directorate of Special Programmes in the Ministry of Health and Social Services to harmonise indicators and collection methods in the SPM and with other M&E activities.
- Review (as needed) the OVC M&E Plan.
- Facilitate the development of guidelines for data collection.
- Ensure that high-quality data is generated on OVC.
- Coordinate the assessment of M&E needs and support the data management needs of partners and the district and provincial coordinators.
- Ensure that key OVC indicators are collected in household surveys (i.e. DHS).

### Role of regional staff members, MGECW

Additional support for M&E, including reporting on programme activities, will be provided by MGECW staff located at regional and constituency level. They will work closely with the Regional AIDS Coordinators to ensure that data on OVC is included in regional reports. Field staff will also:

- review data received through the SPM from implementers for accuracy;
- provide technical assistance to implementers; and
- mainstream OVC M&E issues within the Regional AIDS Coordinators structure.

## Role of OVC M&E Subcommittee

To enhance coordination of M&E activities, a subcommittee on M&E issues has been formed, comprised of representatives of the Ministry of Gender Equality and Child Welfare, the Education Management Information System (EMIS) and HIV/AIDS Management Unit (HAMU) in the Ministry of Education, the Church Alliance For Orphans (CAFO), the United States Agency for International Development (USAID), the Ministry of Health and Social Services Response Monitoring and Evaluation Sub-division, UNICEF and UNAIDS.

The main functions of the M&E Subcommittee are to:

- oversee coordination, implementation and supervision of M&E activities;
- review progress reports; and
- hold quarterly meetings to review progress, constraints and solutions in the M&E Plan.

## Role of OVC programme implementing partners

Civil society and non-governmental organisations providing services to OVC should report on their activities through the System for Programme Monitoring (SPM) described earlier. The person responsible for collecting data from their organisation should:

- attend one of the SPM training sessions to learn about the reporting requirements;
- maintain accurate and clear records on the number of services and trainings they are providing through their own M&E Plan; and
- report regularly on activities through the SPM.

## Role of Response Monitoring and Evaluation (RM&E) Sub-division, MOHSS

It is critical that the MGECW and MOHSS work closely together to make the M&E Plan a success. Specific duties of the RM&E Sub-division are to:

- ensure that an MGECW M&E Officer is included in M&E activities;
- include OVC indicators in the System for Programme Monitoring; and
- provide SPM results to the MGECW on a timely basis.

## Role of development partners

Development partners should support MGECW and OVC service providers to collect the data described in this plan in a harmonised and cooperative manner. Indicators required for reporting to donors should be aligned with this M&E Plan as approved by the Government. Funding for OVC M&E efforts should also be made available based on this plan. As much as possible, development partners should rely on government reports to measure the impact of their efforts in a country. Parallel reporting systems should be avoided at all costs.

## 3.2 Data sources

Well-designed systems of data collection and analysis are at the heart of M&E activities. An OVC reporting system needs to draw from many sources, including the Namibia Demographic and Health Survey, Ministry of Education's Education Management Information System reports, the Health Information System, etc. Collaboration with other institutions is therefore critical for collecting all relevant information. Data from many sources will be included in the MGECW's annual reports, and further integration and utilisation of data from the different sources are required.

A number of data sources will provide the data for the 73 indicators listed in this M&E Plan. Many of the indicators which measure impact and outcomes are captured in the Demographic and Health Survey (a household-based survey that collects nationally representative data every 5-6 years). Other indicators will be collected through special surveys such as the education census or a review of court records. Many of the indicators for management and networking will be collected from minutes of government meetings. Finally, a number of indicators will be collected through the SPM by the organisations that provide services.

### Household surveys

Approximately one quarter of the indicators used to monitor the national response to OVC come from household surveys. These surveys provide a useful perspective from the recipients of OVC services that are not always possible to collect from programme implementers. When the surveys are representative of the national population, they can also provide important information for reporting on regional and global indicators. Indicators from household surveys are easily disaggregated to show variations in how services are provided in different regions or to children in different situations.

However, household surveys are quite expensive and difficult to carry out, thus Namibia's Demographic and Health Survey is carried out only every 5 or 6 years. Data collected more frequently is also needed.

The quality of data in the DHS surveys is good as an extensive set of tables is created during the data collection process to check the quality of the interviewer's skills. Close supervision and monitoring is provided to all interviewers. In addition, the tools used for the questionnaires have been well tested in international settings.

### System for Programme Monitoring

Data collected by implementers will be reported through the System for Programme Monitoring (SPM), a system developed and maintained by the Response Monitoring and Evaluation Sub-division within the Directorate of Special Programmes in the Ministry of Health and Social Services. It is a routine data collection and reporting system that collects information on HIV/AIDS services not based in health facilities.

The Directorate of Special Programmes is mandated to coordinate the national response to the HIV epidemic using the Third National Strategic Medium Term Plan for HIV and AIDS 2004-2009 (MTP III) as its plan. Included in this mandate is the responsibility to coordinate the monitoring and evaluation of the national HIV/AIDS response as described in MTP III.

All programme implementation data needs to be reported through the SPM to the Response Monitoring and Evaluation Sub-division. This Sub-division is then responsible for compiling and analysing the

data for national and international reporting and dissemination to all stakeholders, as agreed in MTP III. Impact mitigation, the fourth programme area under MTP III, covers the response for OVC. Thus, through the SPM, key information will be collected from service providers to measure the National Plan of Action.

Namibia is in the process of decentralising government, which will result in government management that is more responsive and appropriate to the situation in each region. Regional Councils and Regional AIDS Coordinating Committees (RACOCs) require information to clearly map the services provided in their communities and to identify gaps in services. The SPM thus requires all data collected by implementers to be sent initially to the Regional Councils. The Regional Councils will combine data from all implementers in their region and use it to inform their activities. This will enable the Regional Councils to manage their regions more effectively. The data will also be forwarded to the Response Monitoring and Evaluation Sub-division.

The Regional Councils are useful nodes for combining data because they can reduce the potential for double reporting to different sectors. Individual service providers can easily be classified by the geographic region in which they are working. If an implementer operates in more than one region, they will need to report to the Regional AIDS Coordinator for each region in which they operate.

In addition, all implementers will continue to report on their activities to their sectoral umbrella organisations, their line ministries or their funding agencies. Ideally the same form should be sent to all organisations that request information. Funding agencies might request additional information initially until the reporting forms are harmonised.

The SPM relies on both Regional AIDS Coordinators and line ministries for compiling the data they will use for reporting. The Regional AIDS Coordinators will collate data from each HIV service provider in their region not based at a health facility, and report this data to the Response Monitoring and Evaluation Sub-division. The line ministries will collate the data collected from their service providers and provide it to the Response Monitoring and Evaluation Sub-division.

## Other sources

Additional data will be collected through routine requests from agencies which are implementing specific aspects of the National Plan of Action. These sources are described more specifically in Appendix A which shows each indicator and the source of the data.

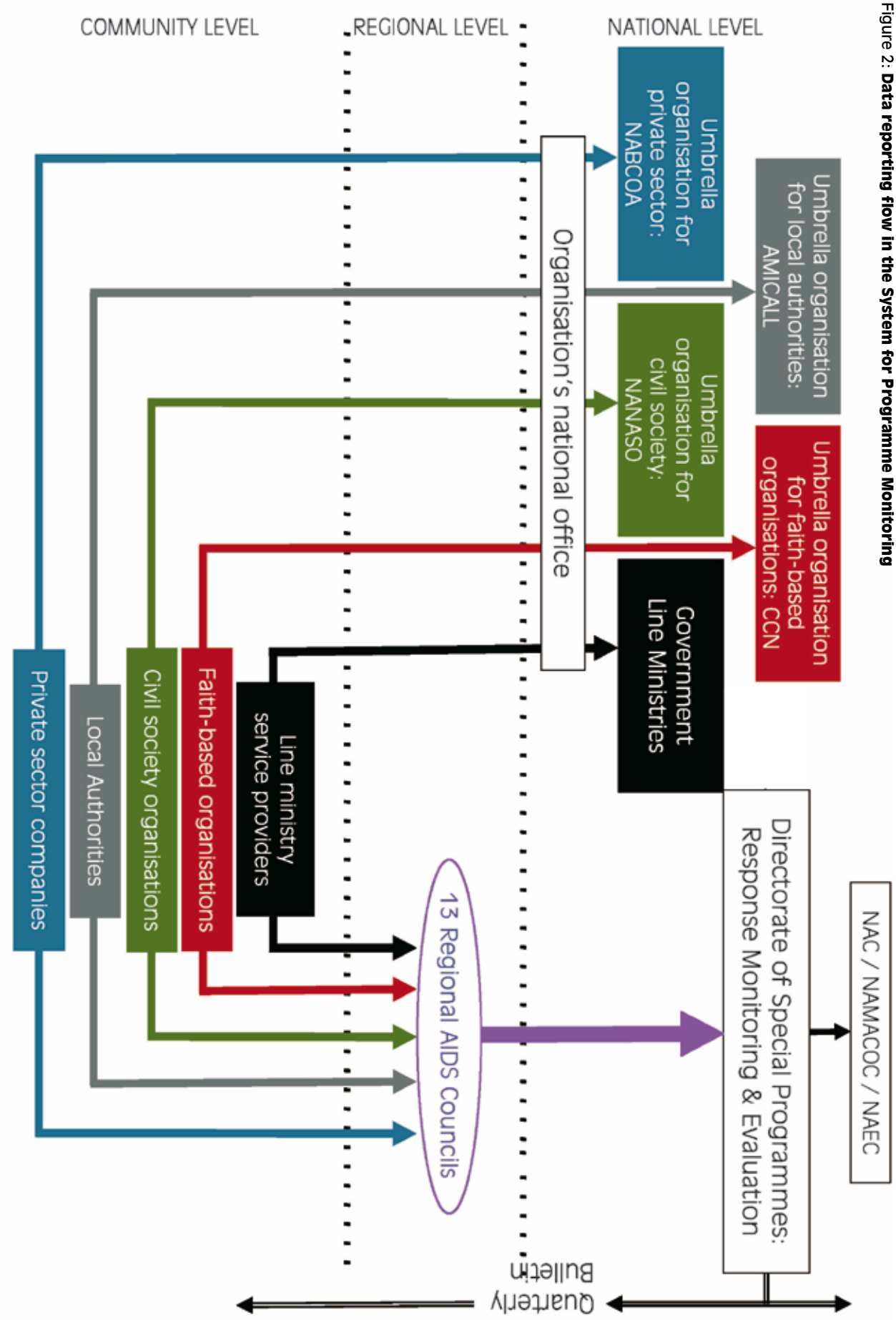


Figure 2: **Data reporting flow in the System for Programme Monitoring**

# 4. EVALUATION

## 4.1 Evaluation questions

Evaluation activities, as defined above, are those that seek to assess a programme's effectiveness to ascertain whether goals of programme implementation are being achieved. A **process evaluation** assesses how well a programme is being implemented and whether it is providing quality services, and is usually measured in the short term. An **outcome** or **impact evaluation** assesses whether a programme is having any effect on people's lives, and is usually measured in the medium to long term. Programme implementation is usually evaluated before programme effect, since a poorly implemented programme is unlikely to have much effect on its target population.

The need for evaluation activities decreases from input to impact level as the number of indicators needed decreases from input to impact level. Programmes evaluate their process more than their outcomes (or impact) because (1) quality implementation should be established before attempting to measure programme effects, and (2) outcome and impact evaluations typically require more time, money, effort and expertise than process evaluations. For instance, process evaluations typically utilise qualitative methods, whereas outcome evaluations typically utilise quantitative ones.

Unlike monitoring, which is done on a routine basis, evaluations are typically conducted only every few years because of the considerable time and expense required to do so. The need for process evaluations may be reduced by the current roll-out and implementation of minimum standards for OVC care. These minimum standards are divided into four OVC service areas, namely (1) Rights and Protection, (2) Education, (3) Care and Support and (4) Health and Nutrition. Programme interventions must meet certain minimum standards in order for a programme implementer to say that a child has been served in one or more areas. This is expected to raise the standard of the quality of care that OVC receive, and ensure that effective programme implementation is occurring. The minimum standards are likely to be finalised in early 2008, and roll-out and implementation will take place shortly thereafter.

For each OVC implementing partner, the following evaluation questions will be asked to determine if the programme's objectives were met and what kind of outcomes were achieved.

### Quality of services

- Are clients receiving the services when they are needed?
- Are clients receiving services that address their most urgent and immediate needs?
- To what extent are all household members benefiting from the services?
- How satisfied are the OVC with the services?

### Community response

- What changes took place in community support/involvement?

### Impact on programme beneficiaries

- What has been the impact of the programme on the physical, emotional and mental well-being of the OVC?
- How many meals per day do OVC receive? Is this less or more than non-OVC?
- How many OVC passed the previous year of school compared with non-OVC?

## 4.2 Outcome and impact evaluation

For programme-level outcome evaluations, programme implementers will be encouraged to use such tools as the Child Status Index.[5] For outcome evaluation of the National Plan of Action as a whole, the various household surveys already planned will be used, including the Demographic and Health Survey, the World Food Programme Community Household Survey and the National Household Expenditure Survey. From these surveys, information about the status and well-being of OVC will be obtained and tracked over time.

It is anticipated that the ongoing 2006 Namibia Demographic and Health Survey will provide much of the data required to measure indicators pertaining to education, health practices, programme coverage and quality of life among OVC. Other data sources are mentioned in the tables at the back of this document.

[5] The Child Status Index measures the current national response to the crisis facing OVC and identifies specific strengths and weaknesses, and gaps in policy and planning efforts in order to indicate where past efforts have led to improvements and where greater emphasis is required in the future.

# 5. COSTING THE NATIONAL PLAN OF ACTION

The MGECW and its partners also considered the budget implications of the Plan of Action. More than 25 technical and financial representatives[6] participated in the costing process. A cost estimate for each of the five strategic areas, detailed budget footnotes and a budget for 2006-2010 were developed (in US$ and N$). The cost estimates and budget were presented to the OVC Permanent Task Force and other stakeholders. The rounded overall budget total of N$2 092 million (or US$299 million at an exchange rate of N$7=US$1) is inclusive of administration and monitoring and evaluation costs.

**ESTIMATED COSTS OF NATIONAL PLAN OF ACTION COMPONENTS (N$)**

| Component | 2006 | 2007 | 2008 | 2009 | 2010 | Total |
|---|---|---|---|---|---|---|
| Rights and Protection | 7 794 | 4 971 | 5 104 | 4 995 | 5 007 | **27 874** |
| Education | 58 471 | 71 993 | 72 379 | 72 471 | 72 564 | **347 881** |
| Care and Support | 147 273 | 165 815 | 238 411 | 311 657 | 384 419 | **1 247 576** |
| Health and Nutrition | 50 239 | 49 339 | 49 339 | 49 339 | 49 339 | **247 599** |
| Management and Networking | 30 698 | 34 457 | 43 119 | 52 106 | 60 742 | **221 114** |
| **Total** | **294 477** | **326 578** | **408 435** | **490 480** | **572 073** | **2 092 046** |

The initial cost estimates, based on an estimated population of orphans and vulnerable children, were revised to reflect the most recent (2007) estimates of 117 000 orphans in Namibia and 11 000 children projected to be orphaned in 2007.[7] The latter was used as a conservative proxy for the number of vulnerable children, as no other measure could be identified as an appropriate proxy for vulnerability. The target OVC population in 2007 was thus estimated to total 128 000.

The cost amounts are only estimates because many variables in input costs will affect the costs of the Plan of Action in the time frame 2006-2010. For example, it is difficult in 2006 to estimate the number of participants who might be sensibly targeted for a workshop in 2010, or to anticipate what effect inflation might have on the costs of food and transport.

More detailed information on the estimates used for costing can be obtained from the Ministry of Gender Equality and Child Welfare or UNICEF, as the precise process might be informative for government finance officers, donor agencies and others who have responsibility for preparing budgets involving OVC.

It should be noted that the cost estimates prepared in 2006 are for the most part based on conservative assumptions. Furthermore, the costing exercise was based on an early draft of the Plan of Action, while some additional activities have been incorporated into the final plan. The future cost implications of the National Trust Fund for OVC (which is currently supported by money earned from airport taxes) could not be determined. The amount of potential donor assistance was also not possible to calculate.

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6 Participants were from the following agencies: Ministry of Gender Equality and Child Welfare (MGECW) (lead agency), National Planning Commission Secretariat, Ministry of Justice, Ministry of Education, Ministry of Safety and Security, Ministry of Finance, Church Alliance for Orphans (CAFO), Namibia Network of AIDS Service Organisations (NANASO), Family Health International (FHI), United States Agency for International Development (USAID), UNAIDS, UNESCO, UNICEF and World Food Programme. The workshop was co-convened by UNICEF and the MGECW.

7 MOHSS 2007 estimates.

# 6. DATA USE: REPORTING AND DISSEMINATION

An M&E plan is only successful if the data it compiles is used to inform programmes. The data can be used only if it is well reported and disseminated. This section describes the time line for reporting and disseminating the data collected in this OVC M&E Plan.

## 6.1 Annual OVC Monitoring Report

At the end of each fiscal year, the Ministry of Gender Equality and Child Welfare will publish a report that has both qualitative (narrative) and quantitative (data table) sections. The narrative component will cover the key achievements of the year, challenges encountered, how they have been overcome, and lessons learnt. A case study or a success story may be included where appropriate. The quantitative component will cover input, output and outcome indicators. These indicators will be reported on consistently, and they will be used to track progress towards the targets set in the M&E Plan and to conduct trend analysis.

This report will meet the Ministry's reporting obligation to its current development partners, namely the United States Government (USAID) and UNICEF.

## 6.2 Evaluation of the National Plan of Action

After five years, a programme evaluation report will be written that includes a comprehensive review of all aspects of the programme. The indicators captured in household surveys should be reviewed to see whether the National Plan of Action is achieving its proposed objectives. This review will also provide the basis for developing the next National Plan of Action for OVC.

## 6.3 Dissemination

To make M&E results accessible to beneficiaries, implementers, partners and stakeholders, the OVC M&E reports will be disseminated widely by the Ministry of Gender Equality and Child Welfare through the OVC Permanent Task Force. M&E reports will be produced in two formats aimed at two different audiences. The main document, intended for use in programme planning and monitoring, will provide a detailed account of the progress of the Plan implementation. The executive summary of the detailed report will be available for advocacy purposes and will summarise data on outcomes including user-friendly graphics. Dissemination efforts will take advantage of national occasions and large meetings (such as the annual Day of the African Child and Day of the Namibian Child) to publicise M&E reports, and will involve non-governmental organisations, international agencies and donor agencies.

The OVC Permanent Task Force will also conduct annual programme review meetings to assess progress on planned activities and to share experiences on achievements, challenges/constraints and lessons learnt. Participants in these review meetings will include representatives of implementing partners, relevant government departments and other organisations operating in the regions where the National Plan of Action is being implemented.

# Appendix A: **MONITORING INDICATORS**

## Result Framework: Rights and Protection

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

| | INDICATOR | DEFINITION | SOURCE | FREQUENCY | RESPONSIBILITY | BASELINE VALUE | TARGET 2010 | ACTIVITIES IN NPA |
|---|---|---|---|---|---|---|---|---|
| IMPACT | | | | | | | | |
| P.1 | Number of cases of children (sexually or physically) abused reported | Number of cases of children reported sexually or physically abused to police and/or WACPU | WACPU and police stations | Annually | MGECW | None available | TBD | 1.8, 1.7 |
| OUTCOME | | | | | | | | |
| P.2 | Percentage 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<br>Denominator: All respondents 15-49 years who have heard of AIDS | DHS | Every 5 years | MoHSS | 21% male<br>23% female | TBD | 1.7 |
| P.3 | Percentage of children aged 0-4 years whose births are reported registered | Numerator: Number of children aged 0-4 whose births are reported registered<br>Denominator: Total number of children aged 0-4 surveyed | DHS | Every 5 years | MoHSS | 70.5% in 2000 | 80% | 1.11 |
| P.4 | Median time between rape and court outcome | Median number of days elapsing between rape and court outcome | Police dockets and court records | Every 2 years | Local consultants under MSS | Approx. 5 years | 6 months to one year | 1.8 |
| P.5 | Orphaned and vulnerable children policy and planning effort index | This is a self-assessment tool conducted with key informants. | Index questionnaire | 2007 | UNICEF | 73 in 2004 | | 1.1 |
| OUTPUT | | | | | | | | |
| P.6 | Number of people receiving counselling (from WACPU) | Recorded number of people receiving counselling | Case files | Annually | Social workers and police officers | 1 500 annually | 2 000 annually | 1.8 |
| P.7 | Percentage of women and children who experience property dispossession | Numerator: Number of widows aged 15-49 who experienced property dispossession<br>Denominator: Total number of women ever widowed, aged 15-49 | DHS | Every 5 years | Consultants under MGECW | TBD | Reduction by 50% by 2010 | 1.6 |
| P.8 | Number of recommended conventions ratified by Parliament | Internationally recognised conventions that are ratified by Parliament | Parliamentary records | Every five years | MGECW | CRC & CEDAW ratified | All | 1.2 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| P.9 | Number of functioning Community Protection Groups | Community Protection Groups should consist of professional volunteers. It is considered functioning if it meets monthly. | WACPU statistics | Annually | MSS | 3 functioning | 42 | 1.8 |
| P.10 | Number of information corners in schools | Information corners are places that provide information on relevant policies, laws and support services for OVC. | Annual education census | Annually | MoE | None available | 1 000 schools | 1.10 |
| P.11 | Percentage of hospitals with birth and death registration facilities | Numerator: Number of hospitals that directly register births or deaths Denominator: All hospitals in country | Programme monitoring | Annually | MHAI | 0 for birth registration, death registration unknown | 50% for birth TBD | 1.11 |
| P.12 | Results of Children's Parliament are reflected in National Plan of Action | Parliamentary recommendations are quoted in NPA and progress reports. | NPA progress reports | Every 2 years | MGECW | Yes | Yes | 1.12 |
| INPUT/PROCESS | | | | | | | | |
| P.13 | Number of laws enacted or amended and brought into place | Children's Status Act, Child Care and Protection Act and Child Justice Act are amended and brought into place | *Government Gazette* | As they are being passed | MGECW | 0 | 3 | 1.2, 1.3, 1.4 |
| P.14 | Training manual for services providers on rights and protection developed | Manual for service providers on rights and protection | Programme reports | N/A | MGECW, MSS, MoHSS | No | Yes | 1.5 |
| P.15 | Number of traditional leaders receiving training on inheritance and property rights issues | Number of traditional leaders trained as reported by service providers | SPM | Quarterly | MoHSS | Unknown | TBD | 1.5, 1.9 |
| P.16 | Number of service providers trained on other services available and procedures to access those referral services | Number of individuals trained as reported by service providers | SPM | Annually | MoHSS | 500 | 100 annually | 1.5 |
| P.17 | 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, 1.7, 1.11 |
| P.18 | Number of pamphlets in each language distributed | Pamphlet with information on access to services for OVC | SPM | Annually | MoHSS | Unknown | TBD | 1.1, 1.7, 3.2 |
| P.19 | Number of radio broadcasts in each language | Radio broadcast with information on access to services for OVC | SPM | Annually | MoHSS | Unknown | TBD | 1.1, 1.7, 3.2 |
| P.20 | Number of television programmes with OVC theme | TV programmes with information on access to services for OVC | SPM | Annually | MoHSS | Unknown | TBD | 1.1, 3.2 |
| P.21 | Number of OVC receiving protection services | Number of children receiving services as reported by service providers. Protection services include those that prevent children from being exposed to violence, exploitation and abuse, and provide care and support. | SPM | Annually | MoHSS | Unknown | TBD | 1.8, 1.11 |

# Result Framework: Education

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

| | INDICATOR | DEFINITION | SOURCE | FREQUENCY | RESPONSIBILITY | BASELINE VALUE | TARGET 2010 | ACTIVITIES IN NPA |
|---|---|---|---|---|---|---|---|---|
| IMPACT | | | | | | | | |
| 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<br>Denominator: Percent of non-OVC aged 15-17 who have completed Grade 10 | DHS | Every 5 years | MoHSS | TBD | TBD | 2.1, 2.2, 2.5 |
| OUTCOME | | | | | | | | |
| E.2 | Ratio of school attendance for double orphans to non-orphans aged 10-14 | Numerator: Percent of double orphans aged 10-14 years attending school<br>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 (DHS 2006) | Ratio is 1.0 or higher | 2.2, 2.5 |
| E.3 | Percentage of young people aged 15-24 years who have comprehensive knowledge on the transmission of HIV and AIDS | Numerator: Number of respondents aged 15-24 years who gave the correct answer to all five questions:<br>1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?<br>2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?<br>3. Can a healthy-looking person have HIV?<br>4. Can a person get HIV from mosquito bites?<br>5. Can a person get HIV by sharing food with someone who is infected?<br>Denominator: Number of all respondents aged 15-24 | DHS | Every 5 years | MoHSS | | | 2.10 |
| OUTPUT | | | | | | | | |
| E.4 | OVC Education policy finalised | | MoE | First year of programme | MoE | TBD | TBD | 2.1 |
| E.5 | Number of OVC benefiting from the school feeding programme | Number of OVC benefiting from the school feeding programme as reported by schools | Education Management Information System | Annually | MoE (EPI)<br>MoE (PAD)<br>NGO (BES 3)<br>FHI (implementing partner) | | | 2.3 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| E.6 | Number of school boards, principals, teachers and peer counsellors trained in OVC support | Number of HIV/AIDS school committees supported | RACE records | Annually | | | | 2.8 |
| E.7 | Number of OVC exempted from hostel fees | Number of school-going OVC exempted from hostel fees | Education Management Information System | Annually | MoE (PAD)<br>MoE (EPI) | | | 2.5, 2.8 |
| E8 | Number of OVC exempted from school and examination fees | Number of school-going OVC exempted from school and examination fees | Education Management Information System | Annually | MoE (PAD)<br>MoE (EPI) | | | 2.5, 2.8 |
| E.9 | Number of institutions with functioning counselling support groups | Number of schools with counselling and care services | RACE records<br>MoE regional reports | Annually | MoE (EPI) | | | 2.6 |
| E.10 | Number of OVC attending ECD programmes | Number of OVC aged 4-6 accessing ECD facilities | SPM | Annually | MoHSS | | | 2.7 |
| E.11 | Number of OVC receiving food support at multi-purpose centres | Number of out-of-school OVC receiving meals at multi-purpose centres | SPM | Annually | MoHSS | | | 2.9 |
| 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 | Annually | MoHSS | | | 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 exemptions, school uniforms, additional tutoring, school supplies and vocational training. This will include children counted in other indicators. | SPM | Annually | MoE | None available | TBD | 2.5, 2.7 |
| P.21 | Number of OVC receiving protection services | Number of children receiving services as reported by service providers. Protection services include those that prevent children from being exposed to violence, exploitation and abuse, and provide care and support. | SPM | Annually | MoHSS | Unknown | TBD | 1.8, 1.11 |

# Result Framework: Care and Support

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

| | INDICATOR | DEFINITION | SOURCE | FREQUENCY | RESPONSIBILITY | BASELINE VALUE | TARGET 2010 | ACTIVITIES IN NPA |
|---|---|---|---|---|---|---|---|---|
| OUTCOME | | | | | | | | |
| C.1 | Ratio of OVC versus non-OVC who have 3 basic material needs | Numerator: Percent of OVC who have 3 minimum needs (blanket, shoes and two sets of clothing)<br>Denominator: Percent of non-OVC who have 3 basic material needs | DHS | Every 5 years | MoHSS | Not available | Ratio is 1.0 or higher | 3.1, 3.2, 3.9, 3.11, 3.12 |
| C.2 | Percentage of OVC whose households have received free basic external support for caring for the child | Numerator: Number of OVC under 18 whose households received free basic external support<br>Denominator: Total number of OVC in the survey | DHS | Every 5 years | MoHSS | TBD | TBD | 3.3, 3.7, 3.9, 3.11, 3.12, 4.7, 4.8 |
| C.3 | Number of all children aged 0-17 living in residential care facilities | Number of children residing in residential care facilities for 3 months or more | SPM | Annually | MoHSS | Unknown | TBD | 3.1, 3.2, 3.3, 3.6, 3.8, 3.9, 3.12 |
| C.4 | Percentage of OVC who are not living in the same household with all their siblings under the age of 18 | Numerator: Number of OVC who do not live in the same household as their biological siblings aged 0–17<br>Denominator: Number of OVC who have siblings aged 0–17 | DHS | Every 5 years | MoHSS | | | 3.8, 3.12 |
| OUTPUT | | | | | | | | |
| C.5 | Number of providers/caregivers trained in caring for OVC | Number of providers trained | SPM | Annually | Implementing agencies and MoHSS | None available | TBD | 3.3, 3.5, 3.7, 3.9 |
| C.6 | Number of children receiving social welfare grants | Number of grants provided | Programme reports | Monthly | MGECW | 2006: 41 000 | 2010: 130 000 | 3.1, 3.2, 3.3, 4.6 |
| C.7 | Registration process, guidelines and procedures implemented for institutional care | | Programme reports | Annually | MGECW | Not available | TBD | 3.4 |
| C.8 | Number of OVC receiving psychosocial support services | Number of children reached with psychosocial programmes as reported by providers. Psychosocial support services include counselling, emotional support and spiritual support. | SPM | Annually | MoHSS | Not available | TBD | 3.3, 3.10 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 includes material assistance (clothing, blankets, etc) and housing support, assistance with household chores, and parenting training. | SPM | Annually | MoHSS | Not available | TBD | 3.4, 3.12 |
| 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 | TBD | 3.9 |

# Result Framework: Health and Nutrition

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

| | INDICATOR | DEFINITION | SOURCE | FREQUENCY | RESPONSIBILITY | BASELINE VALUE | TARGET 2010 | ACTIVITIES IN NPA |
|---|---|---|---|---|---|---|---|---|
| OUTCOME | | | | | | | | |
| H.1 | Ratio of OVC to non-OVC aged 0-4 years who are malnourished (underweight) | Numerator: Percent of OVC aged 0-4 who are malnourished (below 2 std from the median weight-for-age of WHO referenced population)<br>Denominator: Percent of non-OVC aged 0-4 who are malnourished (below 2 std from the median weight-for-age of WHO referenced population) | DHS | Every 5 years | MoHSS | TBD | Ratio is 1.0 or lower | 2.3, 2.4, 3,11, 4.1, 4.2, 4.4, 4.6, 4.7, 4.8, 4.9 |
| H.2 | Ratio of OVC to non-OVC accessing appropriate health care for Acute Respiratory Infections (ARI) | Numerator: Number of OVC with ARI symptoms within 2 weeks prior to the survey who were seen by a medical professional<br>Denominator: Total number of OVC with ARI symptoms within 2 weeks prior to the survey | DHS | Every 5 years | MoHSS | TBD – DHS | 85% | 4.1, 4.2, 4.4 |
| 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<br>Denominator: Percent of non-OVC who had sex before age 15 | DHS | Every 5 years | MoHSS | TBD | Ratio is 1.0 or lower | 4.5 |
| H.4 | Percentage of mothers or primary caregivers who report having identified a standby guardian who will take care of 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 take care of the dependent child<br>Denominator: All mothers or caregivers who are responsible for children aged 0-17 | DHS | Every 5 years | MoHSS | | | 4.10 |
| H.5 | Ratio of OVC to non-OVC aged 15-17 who are infected with HIV by 2010. | Numerator: Percent of OVC aged 15-17 who are infected with HIV<br>Denominator: Percent of non-OVC aged 15-17 who are infected with HIV | DHS | Every 5 years | MoHSS | | Ratio is 1.0 or lower | 4.5 |
| H.6 | Under-5 mortality rate | Estimated under-5 mortality rate based on births and deaths reported in the DHS in the previous five years | DHS | Every 5 years | MoHSS | 70 deaths per 1 000 live births | 60 deaths per 1 000 live births | 4.12 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| OUTPUT | | | | | | | | |
| H.7 | Number of home-based care providers and health care workers trained in referral services | Number of individuals trained in referral services | SPM | Annually | MoHSS | 0 | 85% | 4.2 |
| H.8 | Number of OVC exempted from fees for health services | Number of OVC exempted from health care fees | HIS | Annually | MoHSS | TBD | 85% meeting criteria | 4.1, 4.4 |
| H.9 | Number of service providers, community leaders, caregivers and educators trained in Adolescent Friendly Health Services (AFHS) | Number of people trained in AFHS | Attendance list from trainings | Annually | MoHSS, MOE, MGECW | TBD with MoHSS | 80% | 4.4, 4.5 |
| H.10 | Number of adolescents reached through AFHS | Number of people trained | From Health Clinics | Annually | MoHSS | TBD with MoHSS | 85% | 4.5 |
| H.11 | Percentage of HIV-positive women who receive PMTCT services | Numerator: Number of HIV-positive pregnant women who received anti-retrovirals during the last 12 months to prevent mother-to-child transmission<br>Denominator: Estimated number of HIV-infected pregnant women in the last 12 months | UNGASS report | Every 2 years | MoHSS | None available | TBD | 4.3 |
| H.12 | Number of households trained in food security | Number of households trained | SPM | Annually | MoHSS | Unknown | 75% | 4.7 |
| H.13 | Number of households receiving food assistance | Number of households receiving starter kits | SPM | Annually | MoHSS | Unknown | 75% | 4.7, 4.8 |
| H.14 | Number of OVC receiving food and nutritional services | Number of OVC receiving services as reported by the service providers. Food and nutritional services include growth monitoring, nutritional assessment, nutritional education, and food and nutritional supplements | SPM | Annually | MoHSS | None available | TBD | 2.3, 4.1, 4.8, 4.12 |
| H.15 | Number of OVC receiving health care services | Number of OVC receiving health care services as reported by the service providers. Health care is defined as HIV prevention education, being seen by a health practitioner, and accessing immunisation and preventative health services and health care education services. | SPM | Annually | MoHSS | None available | TBD | 4.1, 4.4, 4.9 |

# Result Framework: Management and Networking

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

| | INDICATOR | DEFINITION | SOURCE | FREQUENCY | RESPONSIBILITY | BASELINE VALUE | TARGET 2010 | ACTIVITIES IN NPA |
|---|---|---|---|---|---|---|---|---|
| OUTCOME | | | | | | | | |
| M.1 | Percentage of children under 18 whose mother, father or both parents have died | Numerator: Number of children under 18 whose mother, father or both parents have died<br>Denominator: All children under 18 years in survey. | DHS | Every 5 years | MoHSS | TBD | NA | 5.2, 5.4, 5.5, 5.7, 5.8, 5.11 |
| M.2 | Percentage of children under 18 who are vulnerable according to national monitoring definition | Numerator: Number of children under 18 who are classified as vulnerable (using international monitoring definition)<br>Denominator: Total children under 18 years in survey | DHS | Every 5 years | MoHSS | TBD | NA | 5.3, 5.4, 5.5, 5.7, 5.8, 5.11 |
| OUTPUT | | | | | | | | |
| M.3 | Website developed on OVC services | Functioning accessible public web interface with information on OVC services available | Programme report | Annually | MGECW | No | Yes | 5.5 |
| M.4 | Annual NPA report submitted to Cabinet | Report on implementation status of National Plan of Action | Programme report | Annually | MGECW | No | Yes | 5.9 |
| M.5 | Number of national OVC Conferences held in 2006-2010 | National OVC Conference bringing together key government and civil society partners | Programme report | Every 2 years | MGECW | 1 | 3 | 5.2 |
| M.6 | Percentage 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<br>Denominator: Total number of organisations | SPM | Annually | MoHSS | Unknown | 80% | 5.3, 5.6, 5.7 |
| M.7 | Number of OVC Forum exchange visits conducted between regions | Record number of exchange visits | OVC Forum Annual Report | Annually | OVC Forum | TBD | 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 | Social workers | | 130 000 OVC registered | 5.1 |
| M.9 | A National Children's OVC Forum established | Programme reports | Programme reports | Once | MGECW | No | Yes | 5.6 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| M.10 | Percent of regions with functioning OVC Forums | Programme reports | Programme reports | Annual | MGECW | 40% | 80% | 5.7, 5.8 |
| M.11 | Percent of constituencies with functioning OVC Forums | Programme reports | Programme reports | Annual | MGECW | 25% | 80% | 5.8 |
| M.12 | Average number of OVC service providers attending Permanent Task Force | Service providers include key government and civil society partners | Programme reports | Annual | MGECW | 25 | 50 | 5.4, 5.6 |
| M.13 | Study on resource mapping for OVC services completed and disseminated | Study to explain the utilisation of the child welfare grants by the caregivers/ guardians for the intended OVC beneficiaries | Study | Once | MGECW | No | Yes | 5.10 |
| M.14 | Demographic and Health Survey completed | Demographic and Health Survey completed and results available at MGECW | Report | Every 5 years | MoHSS | Yes | Yes | |

# Appendix B.

# SUGGESTIONS FOR MONITORING THE STATUS OF INDIVIDUAL PROGRAMMES

## Monitoring questions

This section lists some of the key monitoring questions that an organisation's M&E plan aims to answer. The questions posed lead to the development of indicators and the data analysis plan. These questions, along with evaluation questions, will help an organisation to strengthen programme performance and design, and possibly will lead to new areas of programme implementation. The questions should cover both quantitative data (numbers and measurements) as well as qualitative data (feedback of a nature that cannot be counted) on the implementation of OVC activities.

### Basic questions

- How many OVC are in the target area?
- How many OVC were provided with support (by gender, age, region and type of support)?
- How many OVC were referred to other care and support services (by gender, age, type and source)?
- How many service providers/caretakers have been trained in caring for OVC?

### Questions on coordination, leadership and collaboration

- How many networking/collaborative meetings and conferences have been coordinated/held?
- How many guideline documents have been developed?

### Qualitative questions

- How was client identification and selection done?
- Is care and support being provided to *genuine* beneficiaries? Were the most vulnerable groups targeted?
- What kind of problems did staff and volunteers encounter when implementing activities?

## Monitoring quality of care

One of the main objectives of any OVC programme is to provide *quality* care to its beneficiaries. Programmes should focus not only on the number of children served, but also on better serving those in need. Higher-quality services can lead to changes in behaviour and improve the quality of life of beneficiaries. Measuring

quality of care on a routine basis is therefore important, not only to inform future strategies, but also to demonstrate to staff that quality care is an important component of the programme and is used as a benchmark for staff performance. Ensuring the quality of services will be critical to increasing the target population's access to these services. Therefore, quality assurance protocols for OVC services will be developed in line with the Third National Strategic Medium Term Plan for HIV/AIDS 2004-2009 (MTP III).

Monitoring of service quality must be an integral part of any routine programme monitoring system. The quality of services provided by volunteers should be monitored on an ongoing and regular basis by employing a number of methods. The mentoring and supervision of volunteers is crucial in order to maintain their level of motivation, identify additional training needs early, and otherwise ensure that a minimum level of quality is maintained. This supervision should entail regularly reviewing the monitoring forms submitted by the volunteers and ensuring that they are submitted on time and in a complete manner.

Non-governmental organisations bear the responsibility for monitoring the quality of services provided by their volunteers. The social worker in the Ministry of Gender Equality and Child Welfare has the role of monitoring community-based organisations.

The Regional OVC Forum will periodically assess the frequency and quality of supervision by conducting site visits, interviewing volunteers and strengthening the capacity of implementing partners to monitor volunteer supervision on a regular basis.

Supervisors who are monitoring the quality of services by volunteers will be expected to carry out the following steps:

(1) Make direct observation of client-volunteer interaction, using a standardised checklist, on a regular basis.

(2) Hold regular meetings with volunteers, during which volunteers can discuss problems encountered in delivering services and share experiences.

(3) Conduct informal interviews with the volunteers at various intervals to assess their knowledge.

All of these methods have certain limitations because they require a well-functioning supervisory system and staff who are skilled in qualitative data collection (such as interviewing and direct observation). In addition, the findings obtained may have a certain amount of bias or subjectivity when interviews and direct observations are conducted by staff members of implementing partners, and clients may be reluctant to provide honest responses in this situation. However, employing these methods is valuable in order to ensure that minimum standards of quality service delivery are maintained.

# Agency contact details

| AGENCY | CONTACT PERSON | TELEPHONE | FAX | POSTAL ADDRESS | EMAIL ADDRESS |
|---|---|---|---|---|---|
| Ministry of Agriculture, Water and Forestry | | | | | |
| Ministry of Education | | | | | |
| Ministry of Finance | | | | | |
| Ministry of Gender Equality and Child Welfare | | | | | |
| Ministry of Health and Social Services | | | | | |
| Ministry of Home Affairs and Immigration | | | | | |
| Ministry of Information and Broadcasting | | | | | |
| Ministry of Justice | | | | | |
| Ministry of Labour and Social Welfare | | | | | |
| Ministry of Regional and Local Government, Housing and Rural Development | | | | | |
| Ministry of Safety and Security | | | | | |
| Namibian Parliament | | | | | |
| National Planning Commission | | | | | |
| Office of the President | | | | | |
| Office of the Prime Minister | | | | | |
| OVC Permanent Task Force | | | | | |

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# National Plan of Action for Orphans and Vulnerable Children

## Volume 2: M&E Plan