

PLAN OF ACTION

2006-2010

NATIONAL

VOLUME 1

FOR
ORPHANS
AND
VULNERABLE
CHILDREN
IN NAMIBIA





Coordinated by

**MINISTRY OF GENDER EQUALITY
AND CHILD WELFARE**

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NAMIBIA NATIONAL PLAN OF ACTION FOR ORPHANS AND VULNERABLE CHILDREN

Volume 1



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

Windhoek
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Acronyms

ART	Anti-Retroviral Treatment
MGECW	Ministry of Gender Equality and Child Welfare
MTP III	Third National Strategic Medium Term Plan for HIV and AIDS 2004-2009
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission of HIV
RAAAP	Rapid Assessment, Analysis and Action Planning
RACOC	Regional AIDS Coordinating Committee
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific & Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme

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- ▶ 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.



Rt Hon Nahas Angula

Foreword

The Namibian Constitution enshrines the rights of children to life, health, education and a decent standard of living. The Namibian Government is signatory to a number of international conventions (such as the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the Convention on the Prohibition and Immediate Elimination of the Worst Forms of Child Labour) which show the seriousness of our commitment to safeguarding our nation's future leaders and citizens. However, the efforts of the Government to realise these rights has been hampered by the spread of the HIV and AIDS pandemic.

Just a few years ago, it was almost impossible to imagine the tragedy of children grieving for dying or dead parents, stigmatised by society through association with HIV and AIDS and then plunged into economic crisis and insecurity by their parents' deaths. The limited services and support systems in impoverished communities only add to the difficulties faced by so many of our children. As the number of orphans and vulnerable children rises, the risk increases that these children will not be able to realise their rights and be supported – economically and emotionally – through their trauma.

I would like to congratulate the Ministry of Gender Equality and Child Welfare and the Orphans and Vulnerable Children Permanent Task Force for their tireless work to improve the lives of so many children to date, and I pledge my support to their continuing efforts.

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

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

Rt Hon Prime Minister Nahas Angula

Commitment from Ministries

Agriculture, Water and Forestry: Commits to providing access to sustainable food security, clean water and sanitation for all children.

Education: Commits to ensuring that all orphans and vulnerable children can access quality educational services, and complete schooling successfully.

Finance: Commits to ensuring that resources are available to different ministries to meet the rights of children.

Gender Equality and Child Welfare: Commits to coordinating the multi-sectoral response to the crisis affecting children in Namibia, and building community coping mechanisms to ensure that children's rights are met.

Health and Social Services: Commits to ensuring that all children can access quality preventative and curative health care services.

Home Affairs and Immigration: Commits to ensuring that birth certificates are issued to all children, and that children have access to death certificates of deceased guardians/caregivers.

Information and Broadcasting: Commits to raising awareness on the rights of children to protection, care and support, and lobbying for the fulfilment of children's rights with various duty bearers.

Justice: Commits to upholding the rights of children and women as enshrined in international human rights instruments, and ensuring that laws are enacted and interpreted in a just and proper manner.

Labour and Social Welfare: Commits to preventing child labour, children being used by adults to commit crime, commercial sexual exploitation of children, child trafficking, slavery and very hazardous labour.

Regional and Local Government, Housing and Rural Development: Commits to strengthening local responses to meet children's need for care, support and protection.

Safety and Security: Commits to ensuring that all children and women are protected from violence, exploitation, neglect and abuse.

Office of the Prime Minister: Commits to multi-sectoral integrated service delivery for all children to drive Namibia towards prosperity and sustainable development by 2030.

National Planning Commission: Commits to integrating issues affecting orphans and vulnerable children into national priorities to direct the course of national development.

Namibian Parliament: Commits to lobbying and assuring attention at the highest level for the fulfilment of children's rights, and the national prioritisation of resources to respond effectively to the crisis affecting orphans and vulnerable children.



1. Executive Summary

The National Policy on Orphans and Vulnerable Children defines an **orphan** as “a child who has lost one or both parents because of death and is under the age of 18 years” and a **vulnerable child** as “a child who needs care and protection”. The policy was developed by the Ministry of Gender Equality and Child Welfare and endorsed by Cabinet in 2004. It provides a solid foundation for strategic planning around its main goals of strengthening the capacity of children, families, social networks, neighbourhoods and communities to protect and care for OVC; ensuring that government protects and provides essential services to the most vulnerable children; and creating an enabling environment for affected children and families.

This Plan of Action supplements the National Policy by identifying concrete activities in support of these goals. It was developed through a collaborative process involving various stakeholders under the leadership of the Ministry of Gender Equality and Child Welfare. It also takes into account the views of Namibian children, especially orphans and vulnerable children.

The Plan of Action is organised around five strategic areas, which have key objectives and targets:

- i) **Rights and Protection** aims to protect and promote the well-being of all OVC, 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.
- ii) **Education** aims for all OVC of school-going age to attend school, and provides 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.



- iii) **Care and Support** aims for the basic needs of all OVC to be met, including adult care and supervision, access to social services and psychosocial support.

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

- iv) **Health and Nutrition** aims for OVC to have adequate nutrition and access to preventative and curative health services, including anti-retroviral treatment, both in the community and at health facilities.

Target: 20 percent 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.

- v) **Management and Networking** aims for a multi-sectoral and multi-disciplinary institutional framework to coordinate and monitor the provision of services and programmes to OVC and their caregivers, and promote action research and networks to share learning.

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



The Plan of Action is divided into two volumes: Volume 1 specifies the activities within the strategic areas to achieve the objectives, and Volume 2 is the Monitoring and Evaluation Plan, which outlines a detailed system for monitoring and evaluating progress in making this National Plan of Action a reality.



Although the Ministry of Gender Equality and Child Welfare is tasked with ensuring that orphans and vulnerable children are protected and nurtured, the plan calls for integrated and multi-sectoral action by those responsible for health, education, social welfare, trade and livelihoods and civil registration. Many non-governmental partners have already devoted substantial attention and energy to assisting families, communities and orphans and vulnerable children in many parts of the country, but there still remains a great deal to be done.

The Orphans and Vulnerable Children Permanent Task Force will spearhead the implementation and monitoring of the National Plan of Action, under the direction of the Ministry of Gender Equality and Child Welfare. This Permanent Task Force includes representatives of a range of government and civil society stakeholders, and is responsible for advising and coordinating the activities as well as providing a platform for information sharing.



Transforming the lives of orphans and vulnerable children in Namibia is achievable. This Plan of Action details in a practical and concrete way how we can collectively accomplish that transformation.

2. Introduction



In 2007, the number of orphans in Namibia was estimated at 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 The rights of these children to health, education, a caring family environment and full participation in society are under threat in light of increasing poverty, over-stretched extended families and insufficient mechanisms to ensure policy implementation. The National Plan of Action for Orphans and Vulnerable Children is designed to address these problems and challenges.

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

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, page 36. Previous estimated and projected numbers of orphans have been superseded by these more accurate figures.

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

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

This definition of ‘vulnerable’ could describe all children in Namibia since all children need care and protection. The definition of a ‘vulnerable child’ is purposefully kept broad so the appropriate children can be reached with the appropriate interventions. Every programme or project will target 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 and might need psychosocial support. Both target groups are vulnerable but both groups 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. It is the responsibility of each programme to develop a programme definition, which will identify beneficiaries for a particular intervention. So the education sector may define children not attending school as ‘vulnerable’ and exempt their school fees to increase attendance and retention.

To measure the circumstances of a consistent group of children over a period of time, a monitoring definition of OVC was developed, based on circumstances which are not expected to change in most cases. The **impact definition** for a “**vulnerable child**”⁴ is:

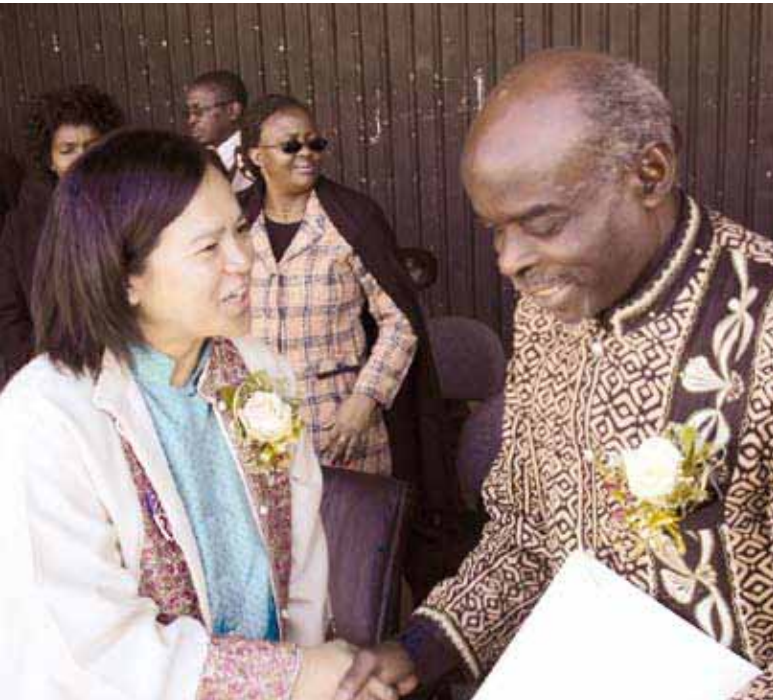
- ▶ a child living with a chronically ill caregiver, defined as a caregiver who was too ill to carry out daily chores during 3 of the last 12 months
- ▶ a child living with a caregiver with a disability who is not able to complete household chores
- ▶ a child of school-going age who is unable to attend 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)
- ▶ a child who has experienced a death of an adult caregiver (18-59 years) in the household during the last 12 months.



Refer to the accompanying Volume 2, the *Monitoring and Evaluation Plan for the National Plan of Action for OVC*, for additional details on the programme and impact definitions for OVC.

It should be noted that while it is acceptable to use the term “OVC” for planning, implementation and monitoring purposes, care must be taken not to apply any labels to children directly as this could result in stigma or discrimination.

⁴ This definition was developed by 46 government, civil society and United Nations partners at an OVC Monitoring and Evaluation Workshop (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.



2.2 National Policy on Orphans and Vulnerable Children

The starting point for government intervention on OVC is the National Policy on Orphans and Vulnerable Children, endorsed by Cabinet in 2004. This National Plan of Action should be read in conjunction with the National Policy.

The National Policy on OVC developed by the Ministry of Gender Equality and Child Welfare provides a solid foundation for strategic planning. It is organised around five main goals:

- (1) strengthening and supporting the capacity of families, social networks, neighbourhoods and communities to protect and care for OVC
- (2) stimulating and strengthening community-based responses
- (3) ensuring that government protects and provides essential services to the most vulnerable children
- (4) strengthening the capacity of children and young people to meet their own needs and
- (5) creating an enabling environment for affected children and families.

This policy document identifies concrete action in support of these goals.

2.3 The broader policy environment

Namibia has a very positive policy environment for the fulfilment of the rights of orphans and vulnerable children. This includes several complementary policies with specific relevance to OVC.

Vision 2030 sets broad overall objectives for the envisioned future of areas including poverty reduction, health and education. It also contains a specific section on fostering and orphans which emphasises the need to provide adequate social safety-nets in the form of grants as well as other types of support. It cites as one of its objectives “to provide opportunities to disadvantaged children, including orphans, which will prepare them for, and make them live, a meaningful and happy life”, and recommends incorporating

the needs of vulnerable groups into development planning at all levels.⁵ These objectives are based on policies developed much earlier in Namibia's history.

In **1992** (shortly after independence), for example, Namibia adopted a **National Programme of Action for Children**. Although this general Programme of Action has now been largely superseded by more specific policies, it was an early signal of the political will to protect children.

The **Namibian HIV/AIDS Charter of Rights**, adopted as a national policy in **2002**, covers children and adolescents as well as adults. It specifically indicates that quality, accessible and user-friendly health care, information and education should be made available to all children and adolescents, including those living with HIV and AIDS. It prohibits all discrimination against children orphaned by AIDS, and states that such children are entitled to love and care and a nurturing environment.

The **National Policy on HIV/AIDS for the Education Sector** adopted in **2003** contains a specific section on the needs of OVC which emphasises the necessity of disseminating information on exemptions from the payment of school and hostel fees. It also promises that no learner shall be excluded from a government school, or from examinations, because of inability to pay school or examination fees, or to afford a school uniform. This policy also stresses the need for effective inter-school referral systems to minimise disruption and to provide support to learners when they have to be transferred after a parent or caregiver dies.

An **Education Sector Policy for Orphans and other Vulnerable Children in Namibia** has been drafted by the Ministry of Education and is expected to be finalised in **2007**. The draft policy has been consulted in the preparation of this Plan of Action.

The **National Policy on HIV/AIDS (2007)** contains a section devoted to orphans and vulnerable children. It puts forwards a range of policy measures to protect young people from sexual abuse and exploitation and commits to involving children in the design and implementation of relevant HIV and AIDS policies and programmes.

The **Third National Strategic Medium Term Plan for HIV and AIDS 2004-2009 (MTP III)** includes a specific section on OVC with the objectives of increasing access to:

- ▶ community-led quality programme interventions
- ▶ social assistance for OVC and their caregivers in all 13 regions
- ▶ education for all school-age OVC.

Namibia has also embarked on an **Education and Training Sector Improvement Programme (ETSIP)**, which is a 15-year strategic plan (2005-2020) for improving Namibia's education system.⁶ Within this plan, specific attention is given to the educational needs of OVC with regard to specialised training, equitable access, psychosocial support, feeding programmes and steps to prevent stigmatisation, to name but a few.⁷

⁵ Office of the President, Government of the Republic of Namibia, *Namibia Vision 2030: Policy Framework for Long-term National Development* (Main Document), Windhoek, 2004, at page 121.

⁶ Republic of Namibia, "Education and Training Sector Improvement Programme (ETSIP): Planning for a Learning Nation, Programme Document – Phase I (2006 -2011)", Government of the Republic of Namibia, Windhoek, February 2007, at page 4.

⁷ Id at pages 13-15, 25, 78-80.

The **National Gender Policy (1997)** and its accompanying **Plan of Action (1992-2003)** cover a range of issues relevant to OVC, and particularly the girl child. As of 2007, the Plan of Action is being revised and the updated plan will give particular attention to violence against women and children. The Ministry is also committed to ensuring that the new Plan of Action covers issues affecting OVC.

The Ministry of Labour and Social Welfare is also in the process of formulating a **National Action Programme on the Elimination of Child Labour**, which is expected to address issues such as children being used by adults to commit crimes, commercial sexual exploitation of children, child trafficking and slavery and very hazardous labour.

Another relevant process underway in 2007 is the updating of Namibia's Second National Development Plan (NDP2). The **Third National Development Plan (NDP3)** is expected to integrate the National Policy on and Plan of Action for OVC.

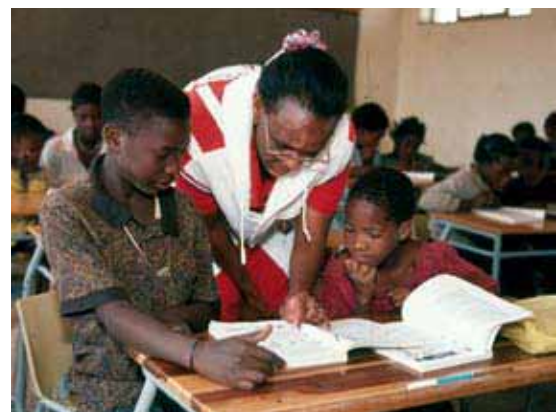
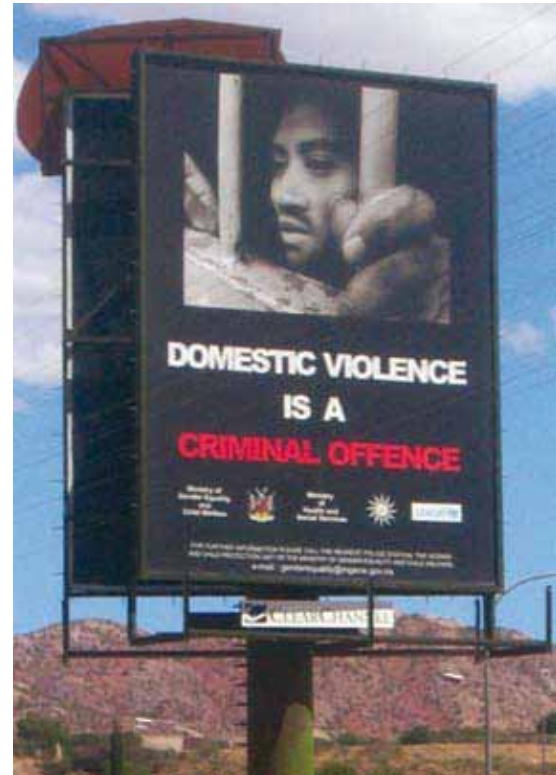
The **National Policy on OVC** and this **National Plan of Action for OVC** take cognisance of all these related plans and policies.

2.4 The development of the Plan of Action

The National Plan of Action for Orphans and Vulnerable Children harmonises with other national and international efforts to assist OVC in that it has involved recommendations from the Global OVC Partners Forum held in Geneva in October 2003. In the wake of this forum, UNICEF, UNAIDS, USAID and the WFP agreed to embark upon a joint process of Rapid Assessment, Analysis and Action Planning (RAAAP) in 17 countries, including Namibia. This Action Plan draws heavily on the RAAAP conducted in Namibia in 2004, as well as other recent research relevant to OVC in Namibia.

Following international models, the National Plan of Action for Orphans and Vulnerable Children is organised into five thematic areas:

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



The proposed activities in the Plan of Action have been costed, and a plan for monitoring and evaluation has been developed (see Volume 2, the *Monitoring and Evaluation Plan for the National Plan of Action for OVC*).

The tables at the end of this document include indicators which can show that the activity has been implemented, as well as other indicators which can measure the broader success of the planned activity. For example, for an activity such as “Ensuring that OVC receive birth certificates”, an immediate process indicator would be “public awareness campaign implemented”, while a broader indicator of success would be an increase in the “percent of children whose births are reported registered”.

2.5 Listening to children's voices

In order to ensure that children's opinions were incorporated into the National Plan of Action for Orphans and Vulnerable Children, research from the RAAAP study and other research incorporating the opinions of Namibian children⁸ were used. As a reminder of the need to listen to the voices of affected children, this policy document takes the unusual step of including some direct quotes from Namibian children, such as the following:



“I feel so bad when somebody does not treat me the same as the ones who are having their own mother. Sometimes they can say, ‘There is no food for you here; maybe you can look for your father and mother to get food.’ It only happens sometimes. My aunt says it. Sometimes (at school) they just shout, ‘You are thin like somebody who doesn’t eat.’ I think they bully us because we don’t have parents. When somebody is bullying me, I say, ‘I am going to report you to my mother and father.’ But sometimes the other says, ‘I know you don’t have a mother and father.’”⁹

Many children have reported on their experiences of stigma and rejection at school and sometimes even in their own extended families, and many have told how they have been forced to give up friends and recreation in order to care for those at home. Key problems cited by children in households affected by HIV and AIDS are inability to afford school-related expenses and inability to perform in school due to hunger. Trauma, neglect and stigmatisation leading to withdrawal and additional household responsibilities – including children heading households – are also major concerns.¹⁰

⁸ See Social Impact Assessment and Policy Analysis Corporation (SIAPAC), *A Situational Analysis of Orphan Children in Namibia*, Ministry of Health and Social Services/UNICEF, Windhoek, April 2002 (information from a large number of children and their caregivers); D Yates, *Documentation Study on the Responses by Religious Organizations to Orphans and Vulnerable Children in Namibia*, World Conference on Religion and Peace, Windhoek, 2003 (interviews with 38 children); M Ruiz-Casares, *Strengthening the Capacity of Child-Headed Households to Meet their Own Needs: Preliminary Findings*, University of Namibia, Windhoek, May 2004 (a study involving more than 200 children and including in-depth interviews with 33 children heading households in three regions of Namibia); and information from a Circles of Support Project in northern Namibia supported by the Danish development organisation Ibis, which facilitated an intensive dialogue with 14 children in 2003/2004.

⁹ UNICEF, UNAIDS, USAID and WFP, *Rapid Assessment, Analysis and Action Planning on Orphans and Vulnerable Children, Namibia*, July 2004, at page 59.

¹⁰ Id at page 56. See also the studies cited in footnote 11.

CHILDREN'S PARLIAMENT

In May 2007 the National Assembly, in cooperation with the Ministry of Education and of Gender Equality and Child Welfare, convened the Children's Parliament of Namibia. Two learners and one guardian teacher from each of Namibia's 13 regions participated. The Children's Parliament was established through the recommendation of the African Children's Parliamentary Union Initiative, which seeks to enable children to take action to demand their rights. One of the aims of the initiative is to empower young leaders to champion for the rights of under-privileged children.



The Children's Parliament of Namibia discussed the five thematic areas covered by the Plan of Action. They made the following comments and suggestions:

Rights and Protection: This area is not progressing well. In rural areas children are especially vulnerable to violence and abuse. There is a need for more social workers who can help enforce the rights of children and address the needs of street children which are largely ignored. There is also a need for stiffer sentences for offenders. More sensitisation campaigns need to be introduced to help communities understand children's rights.

Education: Children are on the whole attending primary school, especially in cities, but orphans and vulnerable children are often not in school because they are instead forced to look after cattle and goats. Education campaigns are needed to educate children on their right to free education, especially in rural areas. Secondary education is also important, and government should devote money to supporting it if children are really the nation's future.

Care and Support: The period of approving applications for child welfare grants is too long, especially for people in villages who are unable to make repeated trips to government offices. Residents of rural areas are not receiving psychological support, and caregivers need more training and support.

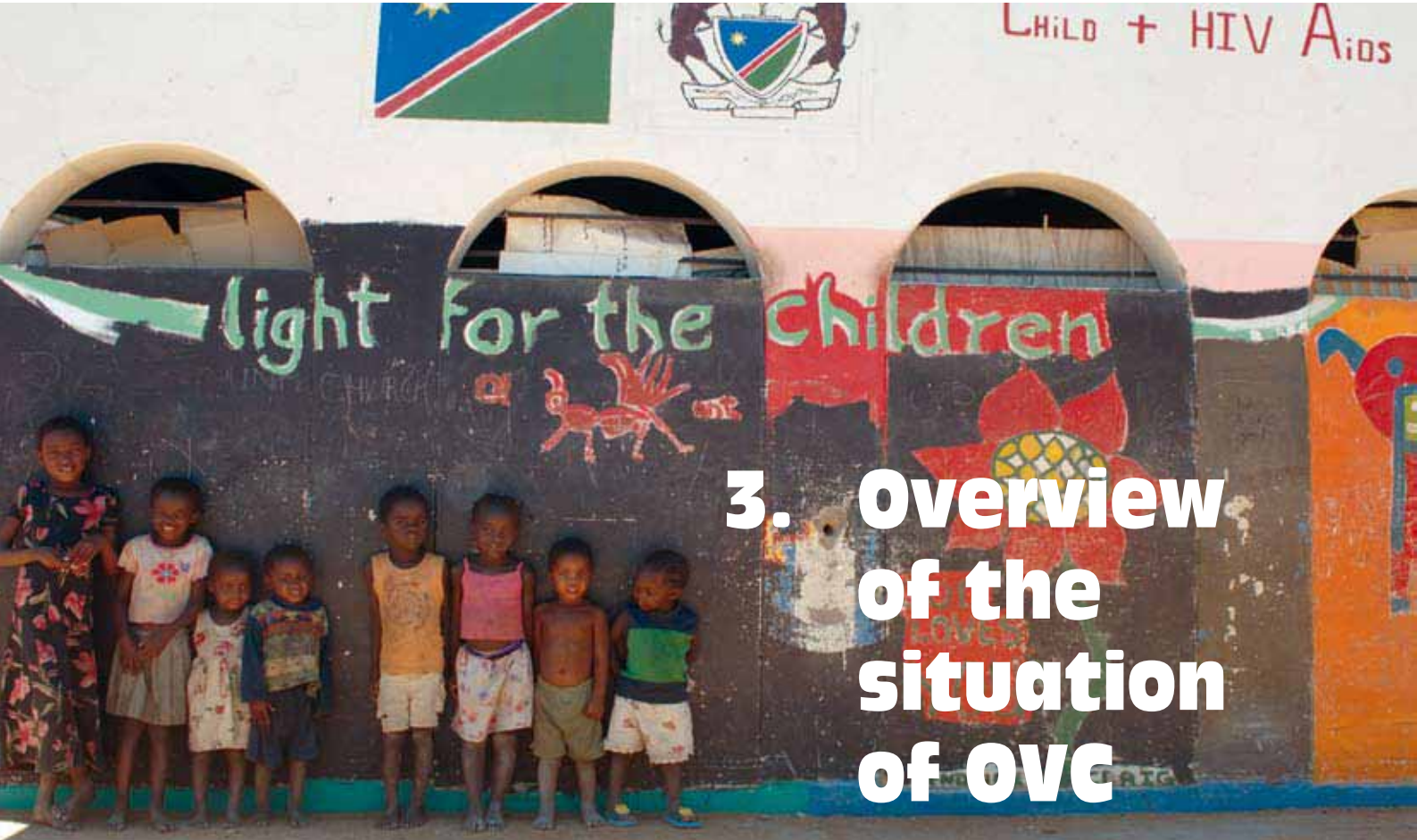
Health and Nutrition: It is good that all children are supposed to have access to health services, including anti-retrovirals for HIV. There is insufficient provision of food to orphans and vulnerable children, especially street children, as well as insufficient support for related nutritional initiatives such as vegetable gardens. Health services need to be closer to the communities, and there should be greater preventative health measures. OVC should be targeted for education about good nutrition, and information on how to care for people who are sick with HIV. There is a need for nurses and doctors in rural areas.

Management and Networking: Multi-sectoral and disciplined institutions should coordinate and monitor the provision of services. It is good to solicit children's opinions, and there should be more child-initiated services.

Participants in a previous "Youth Parliament" launched in 2004 have pointed out the importance of effective follow-up to make such initiatives for children's participation meaningful.¹¹

¹¹ See letters from two participants of the Youth Parliament, published in *The Namibian* on 18 May 2007 and 24 May 2007. See also *Parliament Journal* (Publication of the Parliament of Namibia), Vol 3 No 1, January-April 2005, pages 11-12 on planned follow-up to a "Second Youth Parliament" convened in 2005 in the form of visits to schools and tertiary institutions by Members of Parliament.

The concerns and suggestions put forward by Namibian children have been incorporated into this National Plan of Action for Orphans and Vulnerable Children.



3. Overview of the situation of OVC

Most of Namibia's orphans acquire their status as a result of **HIV and AIDS**, which is without question the most important health and development issue facing Namibia today. In 2007, Namibia's HIV prevalence rates were ranked amongst the highest in the world (19.9% at antenatal sites nationally in 2006¹²). It has been estimated that as of 2005, there were an estimated 230 000 Namibians living with HIV, 17 000 of whom were children.¹³ The estimated number of orphans and vulnerable children in 2007 is 128 000.¹⁴ HIV and AIDS are impacting on the economy at every level, but especially at the household level, where economic resources are undermined by the costs associated with sickness and death and exacerbated by the loss of wage earners.

Most extended families are doing the best they can. After the death of the parents, it is usual for relatives to take in most of the orphans, but households are becoming larger; dependency rates are growing; grandparents (especially grandmothers) have to care for an increasing number of children with dwindling resources; household food security seems threatened and destitution is on the increase. It is no longer uncommon for the family's children to stay on in the parental home without adult care. Such '**child-headed households**' have no physical or legal protection. While dividing the siblings may make the situation more manageable for the caregivers involved, this separation compounds the sense of personal and family loss that is experienced by the affected children.¹⁵ Child-headed households are particularly vulnerable to loss of assets, as it often happens that relatives refuse to recognise the children's inheritance rights and take their house and land from them.¹⁶

¹² Ministry of Health and Social Services, "Press Release: Results of the 2006 National Sentinel Survey among Pregnant Women", 17 April 2007. The 2006 sentinel sites comprised 79 health facilities in 29 sites spread over all 13 regions, with urban and rural characteristics representing the country's regional and population diversity.

¹³ UNAIDS, *2006 Report on the Global AIDS Epidemic*, United Nations, New York, Annex 2 at pages 505-07.

¹⁴ Ministry of Gender Equality and Child Welfare, 2007.

¹⁵ L Steinitz, "'Needing More than Love': A Harmonisation of Existing Data on Orphans and Other Vulnerable Children in Namibia", UNESCO, Windhoek, 2003.

¹⁶ UNICEF, UNAIDS, USAID and WFP, *Rapid Assessment, Analysis and Action Planning on Orphans and Vulnerable Children, Namibia*, July 2004, at page 16.

The burden faced by OVC is often exacerbated by high levels of **stigma and discrimination** associated with HIV and AIDS which remain a significant problem. For example, a 2005 study of selected communities found that many families would keep the HIV-positive status of a family member secret.¹⁷ A 2006 study of different age groups found a significant level of stigma amongst 10- to 14-year-olds. Children in this age group would like to see HIV-positive children kept out of school, do not want to be friends with HIV-positive children, would not buy food from an HIV-positive seller, would like to keep the infection of a family member secret and feel that someone with AIDS should not be allowed to work where food is sold. Children in this age group perhaps do not understand HIV fully, which may contribute to their fears. Nevertheless, this indicates that interventions in this age group are necessary to curb stigma.¹⁸ Such attitudes present a serious stumbling block to effective care and support of OVC.

The impact of the HIV pandemic must be viewed against the backdrop of the Namibian **economic situation**. Namibia has been ranked as the most unequal country in the world in terms of division of wealth,¹⁹ with 35% of the Namibian population surviving on \$1 per day and 56% on \$2 per day.²⁰ Despite this, Namibia has been classified as a middle-income country, which has a negative effect on its ability to attract international development aid.

Although wages and salaries are the main source of income for almost half of Namibian households, unemployment was calculated at 37% in 2004.²¹ Women are disproportionately represented amongst the unemployed, with 43% of women being unemployed overall compared to 30% of men.²² Some 23% of households rely on subsistence farming as their mainstay, while almost 12% of the nation's households rely on a pension as the main source of income.²³ At the same time, HIV and AIDS are having a negative impact on the economy at every level.

Violence and abuse of women and children, especially girls, is another major obstacle to which OVC are particularly susceptible. More than 1 100 rapes and attempted rapes are reported to the Namibian Police each year, and more than one-third of these rape victims are children under age 18.²⁴ Despite these high figures, research suggests that child rape is often unreported, with many children fearing that they will be blamed for the situation if they speak out.²⁵ For example, a UNICEF study published in 2006 produced disturbing findings about children's experiences of forced sex; 25% of respondents aged 10-14

¹⁷ RN Rimal & RA Smith, "Namibia HIV/AIDS Strategic Information Report: A baseline household analysis of residents from Gobabis, Grootfontein, Omaruru, and Otjiwarongo and a midterm household analysis of residents from Oshikuku, Oniipa, and Rehoboth", Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs, Baltimore, Maryland, at page 16.

¹⁸ UNICEF, *Knowledge, Attitudes, Practice and Behaviour (KAPB) Study in Namibia: Key Findings*, UNICEF, Windhoek, 2006, at page 10.

¹⁹ Distribution of wealth is measured internationally by means of a number called a "Gini coefficient". A Gini score of 1 would mean that a single person gets all of the country's income, while a score of 0 would mean the country divides its income equally among everyone. Namibia's Gini coefficient is the world's highest as of 2007, standing at .7 in the most recent rankings.

²⁰ UNDP, *Human Development Report 2006*, at page 293.

²¹ Ministry of Labour and Social Welfare, "Namibian Labour Force Survey 2004: Report of Analysis", Windhoek, 2006, at pages 38-39. This is based on a "broad" measure of unemployment which counts all those aged 15 and above available for work, whether or not they are actively seeking a job, as opposed to a stricter measure of unemployment confined to the unemployed who are actively job-seeking.

²² Id at page 3 and page 44 (Table 4.4).

²³ Id at page 2.

²⁴ NAMPOL statistics for 2003-2005, as reported in Legal Assistance Centre, *Rape in Namibia* (Full Report), Legal Assistance Centre, Windhoek, at page 8.

²⁵ Rachel Jewkes et al, "Child Sexual Abuse and HIV: Study of Links in South Africa & Namibia", Pretoria: Medical Research Council, June 2003, at page 11.



and 15% of respondents aged 10-15 had experienced one or more forms of sexual abuse. Half of the 10- to 14-year-olds who had already had sex said that they had been forced into it, or had been paid or given a gift in exchange for sex. The sexual partners were often much older. In the 15-24 age group, 24% of those who had already had sexual intercourse said that this was because they were forced, paid or offered a gift. Most shocking of all, there was a significant incidence of rape or inappropriate sexual touching of both male and female children *by their own parents or caregivers*.²⁶



Namibia is in a vicious cycle where the impact of HIV and AIDS, unequal power relations between men and women, exacerbating food insecurity and poverty, and the lack of economic empowerment for women and girls increase children's vulnerability to sexual exploitation and HIV infection.

The "sugar daddy" phenomenon, where older men have relations with young girls, including schoolgirls, in return for material favours is well-established in Namibia.²⁷ This behaviour sometimes shades into **commercial sex work**. In one Namibian study, most of the sex workers interviewed had entered into this trade before they were 16 years old and many said they began having transactional sexual relationships in their early teens (sexual relationships in which one person "pays" the other with food, clothes and other household support), which later led to participation in commercial sex work. Others began sex work when they were orphaned.²⁸ There are also reports of instances in several regions where commercial truck drivers entice young girls into commercial sex work, sometimes with the support of the girls' mothers, as an avenue out of extreme poverty.²⁹ A recent study of child labour similarly reported accounts of parents forcing their children into sex work, or at least condoning this line of work, in an effort to secure household income.³⁰ An extensive study of sex workers conducted by the Legal Assistance Centre in 2001 found that many of the

²⁶ UNICEF, *Knowledge, Attitudes, Practice and Behaviour (KAPB) Study in Namibia: Key Findings*, UNICEF, Windhoek, 2006, at pages 6-7, 19. This study was based on responses from 1 000 persons in three regions (Kavango, Omaheke and Oshanaana).

²⁷ E lipinge and D LeBeau, *Beyond Inequalities: Women in Namibia*, University of Namibia and South African Research and Documentation Centre, Windhoek and Harare, 2005, at page 36; D LeBeau, "The Economics of Sex Work: Implications for Sex Workers' HIV Risk-taking and Legal Alternatives for Namibia," in S LaFont and D Hubbard, eds, *Unravelling Taboos*, Legal Assistance Centre, Windhoek, 2007, at pages 264-65.

²⁸ D LeBeau, "The Economics of Sex Work: Implications for Sex Workers' HIV Risk-taking and Legal Alternatives for Namibia," in S LaFont and D Hubbard, eds, *Unravelling Taboos*, Legal Assistance Centre, Windhoek, 2007, at pages 263-64.

²⁹ E lipinge and D LeBeau, *Beyond Inequalities: Women in Namibia*, University of Namibia and South African Research and Documentation Centre, Windhoek and Harare, 2005, at page 36; D LeBeau, *From Corridors of Mobility to Corridors of Hope: Mapping the Link between Mobility and HIV Vulnerability in Namibia*, Institute of Public Policy Research (IPPR) and International Organization for Migration (IOM), Johannesburg, 2006.

³⁰ Dr ME Terry et al, "Discussion Document on Child Labour in Namibia", Ministry of Labour and Child Welfare, Windhoek, March 2007, at page 40.

adults interviewed had entered into sex work while they were still children, often as a result of financial hardship or following on their own experiences of sexual abuse.³¹ A study which is still underway as of mid-2007 is exploring preliminary information that Namibian children are possibly being trafficked out of the country for commercial sex work overseas.³²

Other forms of exploitative child labour are also problematic. Only small numbers of children have been identified in illegal employment, but it is sometimes difficult to draw the line between acceptable and unacceptable child labour in the family home. The burden of household tasks appears to be having a negative impact on school attendance, especially in households affected by extreme poverty or where children must take on the chores of sick family members.³³ There is also evidence that small numbers of children are being trafficked within Namibia, and into Namibia from Angola and Zambia, for domestic work, child-minding, agricultural work, charcoal production, road construction and (in rare cases) commercial sex work.³⁴

The nexus of poverty, violence and abuse contributes to the existence of **children on the street**. There is no national data on this phenomenon, although it was estimated in 2007 that there are about 400 street children in Windhoek alone. Some beg, while others perform small services for money, and it is suspected that some are involved in commercial sex work or theft.³⁵

More generally, **crime committed by juveniles** is a growing problem. For example, a study of rape published in 2006 found that 13% of the perpetrators in a sample of about 400 police dockets were boys under age 18.³⁶ A recent survey of 124 children being held in prisons and police cells found that the top most common crimes perpetrated by these children were rape, housebreaking, various forms of theft and murder. It has been estimated that 10-30% of young offenders are coerced into crime by adults or older children.³⁷



³¹ Legal Assistance Centre, *Whose Body Is It? Commercial Sex Work and the Law*, Legal Assistance Centre, Windhoek, 2002, at pages 96-100, 102-07.

³² John Grobler, preliminary information from research for forthcoming study on trafficking of women and children in Namibia, Institute for Security Studies, Cape Town, South Africa.

³³ Dr ME Terry et al, "Discussion Document on Child Labour in Namibia", Ministry of Labour and Child Welfare, Windhoek, March 2007, at pages ix-x.

³⁴ Id at pages xi-xii, 39-40.

³⁵ Id at page 26.

³⁶ Legal Assistance Centre, *Rape in Namibia (Full Report)*, Legal Assistance Centre, Windhoek, 2006, at page 179.

³⁷ Dr ME Terry et al, "Discussion Document on Child Labour in Namibia", Ministry of Labour and Child Welfare, Windhoek, March 2007, at pages 35-36.



4. Multi-sectoral responses to the OVC crisis

4.1 The OVC Permanent Task Force

The multi-sectoral OVC Permanent Task Force was established by Cabinet Directive in the wake of the first OVC National Conference held in May 2001. This Task Force is chaired by the Ministry of Gender Equality and Child Welfare and includes broad government and non-government representation. Its responsibilities are:

- ▶ to advise on the development of a National Plan of Action for OVC
- ▶ to co-ordinate and monitor the implementation of the National Plan of Action for OVC
- ▶ to assist the MGECW on the development of guidelines for the implementation of the National OVC Policy
- ▶ to provide advice on the best practices and regulations for interventions on OVC
- ▶ to provide a platform for information sharing between all relevant stakeholders at a national level
- ▶ to meet quarterly to discuss current and emerging issues on OVC and advise the MGECW on appropriate strategies
- ▶ to submit annual reports to the Permanent Secretary of the MGECW.

There are also Regional OVC Forums in all 13 regions. These groups work together with the Regional AIDS Coordinating Committees (RACOCs) which have been established in all 13 regions of the country and have full-time Regional AIDS Coordinators.

4.2 Government initiatives

The government's response to OVC is primarily through four key government ministries: the Ministry of Gender Equality and Child Welfare as the lead ministry; the Ministry of Health and Social Services, the Ministry of Education and the Ministry of Safety and Security.

The Ministry of Gender Equality and Child Welfare provides child welfare grants to OVC themselves and to families caring for OVC. Coverage of these grants has increased enormously in recent years, with the increase in applications handled by the Ministry going from some 28 000 children in 2004 to 76 000 children in September 2007. It is also appointing Community Childcare Workers at constituency level to provide psychosocial support, activate communities, refer cases to social workers and register children for social grants. It is responsible for attending to children in need of care or protection, and for removing them from the home environment and placing them in alternative care where necessary. This Ministry also provides monthly subsidies to children's homes and places of safety. It has established Community Liaison Officers in support of Early Childhood Development, OVC and income generation in all regions. The Ministry has also set up various centres, including eight multi-purpose centres and several recreation and after-school centres, which serve as bases for addressing the needs of women and vulnerable children in seven different regions. For example, the multi-purpose centres accommodate community members who are engaged in income-generation projects as well as serving as venues for recreational and educational activities for OVC. The recreational and after-school centres offer support for children in the form of help with homework, soup kitchens, sports activities and training in computer skills. Some of the centres also offer income-generation projects for youth and their parents.

The Ministry of Health and Social Services is responsible for the provision of general health services including immunisation, treatment and care. The provision of medication for the prevention of mother-to-child transmission of HIV, and the treatment HIV and AIDS, falls under this Ministry. This Ministry also coordinates home-based care programmes, although most of the services at community level are provided by non-governmental and faith-based organisations.

In addition to its general responsibility for education, the Ministry of Education runs a school feeding programme. In 2006, almost 110 000 OVC were receiving nutritional support through the education system.³⁸

An international NGO in partnership with the Ministry trains school boards to institute networks within the community (known as Circles of Support) to provide different services for OVC, resulting in Kid's Clubs, the sewing of affordable school uniforms, and community feeding schemes.

³⁸ Republic of Namibia, "Education and Training Sector Improvement Programme (ETSIP): Planning for a Learning Nation, Programme Document – Phase I (2006 -2011)", Government of the Republic of Namibia, Windhoek, February 2007, at page 152.





The Ministry of Safety and Security is responsible for the Woman and Child Protection Units in all regions which deal with criminal abuse against women and children. There are presently 15 units in 13 regions, whose purpose is to provide protection and support to women and children who have been abused.



In addition, the Ministry of Justice, working in conjunction with the Ministry of Safety and Security and the Ministry of Gender Equality and Child Welfare, deals with young offenders, foster care placements and adoptions, and the Ministry of Labour and Social Welfare is in the process of investigating and addressing child labour.

There are also many efforts being undertaken by a range of non-governmental organisations, faith-based organisations and community-based groups which are making sustained and substantial attempts to address the needs of OVC. These non-governmental initiatives include feeding programmes, educational support, home-based care and psychosocial support.



However, the current interventions are not yet sufficient to ensure that OVC grow up with the love, protection and care they need. Despite the excellent progress that has been made in scaling up the response to OVC by government and by non-governmental organisations, the demands for services are still outstripping the supply. The National Plan of Action is designed to intensify and expand support and assistance to OVC.

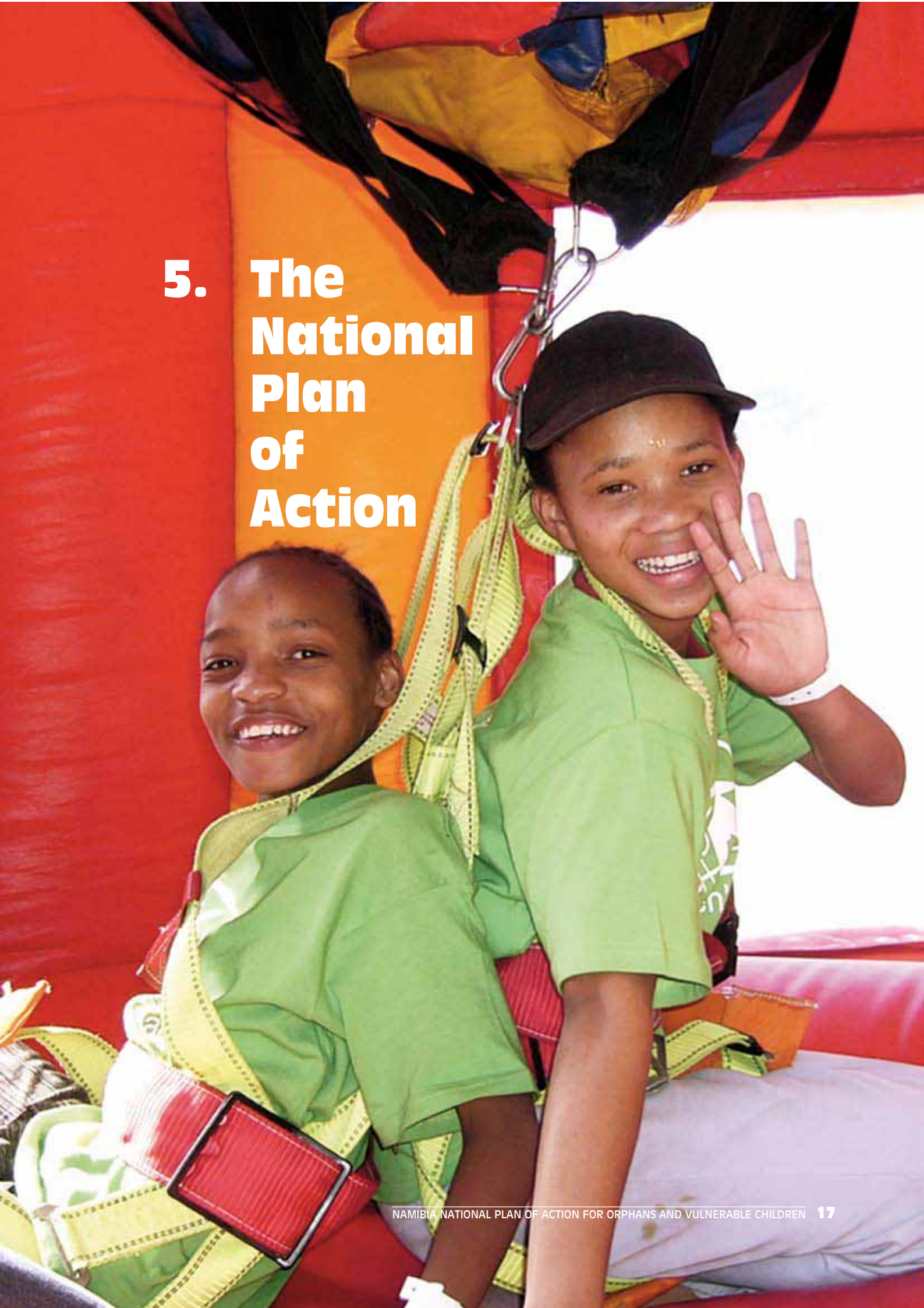
4.3 Time frame

The goal is to complete all of the activities in the Plan of Action project by the end of 2010. Specific time frames have not been identified for individual activities, as many of them are overlapping and inter-related. If any of the activities in the Plan of Action cannot be completed by the target date, the government will assess the obstacles identified through the monitoring and evaluation process to determine a way forward.

4.4 Costing

Budget implications were considered for the Plan of Action; the rounded budget totals were N\$2 092 million (or US\$299 million) for activities from 2006-2010. Details of the budget can be found in Volume 2, but each strategic area covered below has a summary budget total.



A photograph of two young children, a girl and a boy, both wearing bright green short-sleeved shirts and yellow safety harnesses. They are positioned as if they are about to go bungee jumping, with a colorful parachute (yellow, blue, and red) visible above them. The girl on the left is smiling broadly. The boy on the right is also smiling and waving his right hand towards the camera. They are in a red-walled enclosure. The text '5. The National Plan of Action' is overlaid on the left side of the image.

5. The National Plan of Action

(1) RIGHTS AND PROTECTION

Namibia has a strong Constitutional backdrop for the fulfilment of children's rights. Article 10 of the Constitution ensures equality and freedom from discrimination, whilst Article 14 highlights the family as the natural and fundamental group unit of society, entitled to protection by society and the State. Article 15 guarantees children the right to a name and nationality and the right to know and be cared for by their parents, subject to legislation enacted in the best interests of the child, and also provides protection against exploitative child labour practices. Article 20 provides for the right to free, compulsory, primary education. In terms of Article 95(j), the State is obliged to promote and maintain the welfare of the people by adopting policies aimed at raising and maintaining an acceptable level of nutrition and standard of living of the Namibian people, and at improving public health.



Namibia is party to the following international conventions with relevance for children, and particularly in some cases the girl child:

- ▶ Convention on the Rights of the Child (plus the Optional Protocols on the Involvement of Children in Armed Conflict and the Sale of Children, Child Prostitution and Child Pornography)
- ▶ African Charter on the Rights and Welfare of the Child
- ▶ ILO Convention 138 concerning Minimum Age
- ▶ ILO Convention 182 on the Prohibition and Immediate Elimination of the Worst Forms of Child Labour
- ▶ Protocol to the Convention Against Transnational Organised Crime to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children
- ▶ Convention on the Elimination of All Forms of Discrimination against Women
- ▶ Protocol to the African Charter for Human and People's Rights on the Rights of Women in Africa.

However, Namibia is not yet party to several important international conventions pertaining to children, in particular the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption and the Hague Convention on the Civil Aspects of International Child Abduction.

The main legislation governing child protection is the Children's Act 33 of 1960, inherited from the Republic of South Africa at independence.

Since independence, Namibia has enacted several laws which improve protection for OVC in various ways. The Combating of Rape Act 2000 provides a stronger framework for addressing sexual abuse, and gives increased protection to young children, both girls and boys. The Combating of Domestic Violence Act 2003 provides remedies in cases of broadly-defined acts and threats of domestic violence, and specifically covers violence against, or in the presence of, children. The Maintenance Act 2003 assists children by improving the system whereby caregivers (including extended family members or even unrelated caregivers) can obtain maintenance for children from absent parents.

In 2006 Parliament passed a Children's Status Act which removes discrimination against children born outside marriage (particularly in the area of inheritance), and provides new rules for parental custody and access in respect of such children. This new Act also assists orphans by providing a simple, cost-free procedure for appointing guardians when a child's parent or guardian has died, as well as a simple procedure for making complaints in cases where a child's guardian is not acting in the best interests of the child. This is aimed at the situations where adults appear to take responsibility for children but are in fact motivated by a desire to get access to the child's assets or grants intended to assist the child. The Ministry of Gender Equality and Child Welfare is in the process of developing Regulations to put this Act in force.

In 2007, a new Labour Act was passed by Parliament with strengthened provisions aimed at preventing harmful forms of child labour.

Some pieces of legislation that are currently in draft form are:

- ▶ The Child Care and Protection Bill, which is under preparation and is expected to replace the old Children's Act. This law is expected to emphasise preventative measures, and to provide more recognition of the role of the extended family structures present in many Namibian communities.
- ▶ The Child Justice Bill, which would institutionalise screening and diversion programmes for young offenders, to provide alternatives to criminal conviction for first-time offenders accused of relatively minor crimes.

In order to fully protect OVC, it is also necessary to move forward with law reform on surrounding family issues, particularly those which affect the distribution of family resources – including the removal of all existing discrimination in respect of the rights of women and children to inherit property.

Yet another rights issue involves birth certificates, which are often a pre-requisite for accessing various forms of support. Namibia's Demographic and Health Survey 2000 concluded that 71% of births in Namibia are registered (based on responses from mothers who could either produce birth certificates or said that their children's births were registered). Among the reasons given for failure to register births were that it required travelling too far, the mother did not know that births must be registered, or the mother did not know where to go to register the birth.³⁹ The Legal Assistance Centre has had several recent complaints from mothers who report that they were told by government officials that they could not register their children's births without the father's identity document – although the Births, Marriages and Deaths Registration Act 81 of 1963 actually allows mothers to register a child's birth without giving any information about the child's father, in which case no one will be named as the child's father on the birth certificate.⁴⁰ This is an example of an area where there is a need for public information as well as clear guidance to the officials who implement the law.

The enactment of new legislation is only the first stage in improving child rights and protection, as effective implementation is probably the key challenge. Service providers must be trained and monitored, and there is a need to ensure that adequate structures and human resources are available to put improved laws into action.



³⁹ Ministry of Health and Social Services, *Namibia Demographic and Health Survey 2000*, Ministry of Health and Social Services, Windhoek, at page 128.

⁴⁰ Information from the Legal Assistance Centre, 2007.



RIGHTS AND PROTECTION: Plan of Action – N\$27.9 million

Objective: A framework 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.

ACTIVITY 1.1

Popularise the National Policy on OVC and the Plan of Action for OVC, by various means including (a) posters and pamphlets in various languages (b) radio broadcasts on the various language services (c) video productions on OVC which can be shown on NBC or at community meetings (d) discussions of OVC issues on NBC television programmes such as *Talk of the Nation* and *Good Morning Namibia* and (e) awareness-raising amongst church leaders.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force
OVC Forums
Namibian Broadcasting Corporation
Ministry of Education
Council of Churches in Namibia

ACTIVITY 1.2

Assess the need to adopt international and regional conventions aimed at the protection of children to which Namibia is not already a party, and adopt additional conventions as necessary.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Justice
Ministry of Foreign Affairs
OVC Permanent Task Force
Legal Assistance Centre
National Assembly Parliamentary Committee on Human Resources, Social and Community Development

ACTIVITY 1.3

Finalise and enact all relevant draft legislation on children, including the Children's Status Act, the Child Care and Protection Act and the Child Justice Act, and incorporate the criteria for all social welfare grants aimed at OVC into appropriate legislation.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Justice / Office of the Prosecutor General
Ministry of Safety and Security / Woman and Child Protection Units
Ministry of Regional and Local Government, Housing and Rural Development
OVC Permanent Task Force
Legal Assistance Centre
Traditional Authorities

ACTIVITY 1.4

Review and reform as necessary existing laws which affect the distribution of family resources, including the laws on inheritance, registration of customary marriage, customary and civil divorce proceedings, marital property rights and cohabitation.

Leading agencies

Law Reform and Development Commission (lead)
Ministry of Gender Equality and Child Welfare
Ministry of Justice
OVC Permanent Task Force
Legal Assistance Centre

ACTIVITY 1.5

Provide detailed and intensified training on all existing and new child- and family-related laws for implementing officials including judges and magistrates, court clerks and interpreters, prosecutors, police, officials in the Master's Office, social workers and other key service providers.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Justice / Master of the High Court
Ministry of Safety and Security
Traditional Authorities
Legal Assistance Centre

ACTIVITY 1.6

Compile and disseminate in popular form information for caregivers, OVC and the public on all new child- and family-related laws – including information on inheritance, marital property issues, how to request maintenance from a deceased estate and how to access social welfare grants – by various means including (a) simple educational material in various languages (b) radio broadcasts on the various language services (c) video productions on OVC which can be shown on NBC or at community meetings and (d) workshops for non-governmental organisations and church and community leaders.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Justice / Master of the High Court
Ministry of Information and Broadcasting
OVC Permanent Task Force
Legal Assistance Centre

ACTIVITY 1.7

Develop and implement media campaigns (including pamphlets, videos, radio programmes, television programmes and posters) addressing (a) the elimination of discrimination against OVC, including the issue of stigma and discrimination in respect of HIV and AIDS (b) the need to eliminate all forms of violence against children and (c) encouraging parents to provide for their children after their death by means of written wills.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Information and Broadcasting
Ministry of Justice / Master of the High Court
OVC Permanent Task Force
Legal Assistance Centre

ACTIVITY 1.8

Increase the effectiveness of Woman and Child Protection Units in protecting children by amongst other things (a) ensuring that they have proper human and material resources (including increased staff, additional computers and vehicles and suitable office accommodation) and intensified training for all staff (b) strengthening linkages between the Units and communities through the establishment of Community Protection Groups and (c) giving priority in police investigation, prosecution and court rolls to cases involving children.

Leading agencies

Ministry of Safety and Security (lead)
Ministry of Gender Equality and Child Welfare
Ministry of Health and Social Services
Ministry of Justice / Office of the Prosecutor-General
Judge-President of the High Court



ACTIVITY 1.9

Mobilise traditional leaders to play a more proactive role in protecting women and children against property-grabbing, by providing training workshops for traditional leaders on children's rights and inheritance issues.

Leading agencies

Ministry of Lands and Resettlement (lead)
Council of Traditional Leaders
Ministry of Gender Equality and Child Welfare
Ministry of Justice
Legal Assistance Centre

ACTIVITY 1.10

Create child rights information corners in all schools, hospitals and clinics, with accessible information about relevant policies, laws and support services in appropriate languages for the geographical area.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force
Ministry of Education
Ministry of Health and Social Services

ACTIVITY 1.11

Ensure that OVC and their caregivers can obtain birth certificates, identity documents, death certificates, guardianship certificates and any other documentation necessary to facilitate access to state assistance in a timely manner, by various means including (a) establishing birth registration facilities in hospitals (b) conducting a public campaign to reach children for late birth registration and (c) identifying and acting on bottlenecks in respect of other documentation.

Leading agencies

Ministry of Home Affairs and Immigration (lead)
Ministry of Gender Equality and Child Welfare
Ministry of justice / Master of the High Court
OVC Permanent Task Force
Traditional Authorities

ACTIVITY 1.12

Encourage children's participation in OVC issues by various means including (a) supporting and expanding on initiatives such as the Children's Parliament to ensure that children have an effective voice in issues affecting them, by arranging regular regional and national forums where children can give input on OVC issues and (b) ensuring that children's authentic and ethically-obtained opinions and contributions are taken into account in the planning and implementation of each activity in the Plan of Action.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Education
Ministry of Youth, National Service, Sport and Culture
National Assembly
Regional Councils
OVC Permanent Task Force

(2) EDUCATION

As primary education is compulsory in Namibia,⁴¹ primary school enrolment is generally very high and well-balanced between boys and girls. However enrolment in secondary grades is more problematic.

In 2005, net primary school enrolment was at 93.6% (95.4% for females and 91.7% for males), but net secondary school enrolment dropped to 49.5% (54.1% for females and 44.8% for males).⁴² Female learners have higher promotion rates and lower repetition rates up to Grade 6, while the opposite is true for the higher grades. Yet early school leaving is overall a greater problem amongst boys than girls.⁴³



The most recent statistics indicate that Namibia is making great strides in ensuring that OVC attend school. The 2000 Demographic and Health Survey indicated that 83% of double orphans of primary school age were attending school, as compared to 90% of non-orphans.

Primary education is, in theory, free to those who cannot afford it.⁴⁴ The current regulations require that learners who are orphans must be fully exempt from paying contributions to the school development fund if there is proof that there is no provision for the learner's education.⁴⁵ School boards are also authorised to accept contributions in kind, such as livestock or services to the school, where parents are unable to make a financial contribution – although this often proves to be impractical.⁴⁶

Some OVC are excluded from schooling because they cannot pay hostel boarding fees. The national education regulations specifically mention orphans who are not receiving proper guardianship at their homes and several other categories of vulnerable children, as categories of children eligible for hostel accommodation.⁴⁷ The Education Act and the regulations also provide a procedure for applying for exemption from hostel fees,⁴⁸ but this does not always serve the purpose in practice.

⁴¹ Article 20 of the Constitution is supported by section 53(1) of the Education Act 16 of 2001, which provides that school attendance is compulsory for every child from the beginning of the year in which the child attains the age of 7 years, until the day the child completes primary education before reaching the age of 16 years or the last school day of the year in which the child reaches the age of 16 years.

⁴² Education Management Information System, *Education Statistics 2005*, Ministry of Education, Windhoek, Table 27.

⁴³ Id, Tables 30 and 32.

⁴⁴ Article 38(1) of the Education Act 16 of 2001 provides that "All tuition provided for primary and special education in state schools, including all school books, educational materials and other related requisites, must be provided free of charge to learners until the seventh grade, or until the age of 16 years, whichever occurs first."

⁴⁵ Government Notice 187 of 2002 (*Government Gazette* 2841), Regulation 11(4).

⁴⁶ Id, Regulation 11(6).

⁴⁷ Id, Regulation 42(3). Other categories of children mentioned include children with disabilities which warrant hostel accommodation, children who are being neglected or abused at their homes and children who live in unsafe conditions.

⁴⁸ Education Act 16 of 2001, section 39; Government Notice 187 of 2002 (*Government Gazette* 2841), Regulation 42(6). One problem for some orphans may be that the regulation requires that the "parent" apply for the exemption from boarding fees.

Despite the evident intentions to ensure that OVC are not deprived of schooling because of their financial position, in practice there are still some OVC who do not attend school either because they cannot afford the school development fund contribution, the boarding fees or the school uniform or because they are required to stay at home to care for sick parents or siblings. In practice, the exemption procedure for orphans and poor children is rarely used due to lack of awareness.⁴⁹

Schooling may be one of the most important interventions for OVC. Many studies have shown that schooling provides a degree of protection from the risk of HIV infection. In addition, schools provide children with the knowledge and skills to support themselves in the future without resorting to high-risk activities such as transactional sex.

Schools help to integrate OVC into society and can serve as a watchdog and protection service for vulnerable children. Schools also provide a base for improving nutrition amongst OVC. Feeling hungry and being unable to concentrate at school seem to be common experiences for orphans and vulnerable children:

“...I often make oshikundu (millet drink) before I go to sleep. But when I wake up, somebody drunk it and then I go to school without breakfast. Sometimes you just sit like this (she lays her head on her arms), it looks like you are sleeping, and then you don’t listen at all. Sometimes you are looking at the teacher but you don’t hear anything, because your mind is not in the class, you are just thinking about food. Sometimes the teacher asks, “Do you understand?” Then I say, “Yes,” but I didn’t hear anything.”⁵⁰

Although the school feeding programme is already reaching almost 110 000 children,⁵¹ a major drawback is the fact that it is operational only on weekdays during school terms. The supply and delivery of food is contracted out, and parents or school community members prepare the food and receive some meals in return.⁵²



⁴⁹ T Godana and N Kalili, “Study to Cost School Development Fund Exemptions”, Namibia Economic Policy Research Unit (NEPRU), Windhoek, 2003, at pages 38 and 45. Only 2% of the parents in this survey had obtained exemptions from school development fund contributions.

⁵⁰ UNICEF, UNAIDS, USAID and WFP, *Rapid Assessment, Analysis and Action Planning on Orphans and Vulnerable Children, Namibia*, July 2004, at page 17.

⁵¹ Republic of Namibia, “Education and Training Sector Improvement Programme (ETSIP): Planning for a Learning Nation, Programme Document – Phase I (2006 -2011)”, Government of the Republic of Namibia, Windhoek, February 2007, at page 152.

⁵² UNICEF, UNAIDS, USAID and WFP, *Rapid Assessment, Analysis and Action Planning on Orphans and Vulnerable Children, Namibia*, July 2004, at page 6.

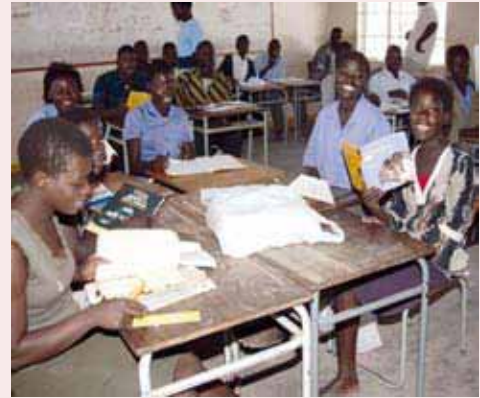
All primary and secondary schools implement HIV and AIDS life-skills programmes which provide young people with facts about sexual health and reproduction, pregnancy and sexually-transmitted infections including HIV and AIDS, as well as attempting to improve their communication skills. These are supported by extracurricular programmes, namely *Windows of Hope* (primary school students aged 8-13), *My Future My Choice* (secondary school students aged 14-18), and *Let's Talk* (out-of-school youth and parents).⁵³ There are also many civil society organisations that target schools with programmes (such as the *Stepping Stones* and *True Love Waits* programmes; Lifeline/Childline's *Feeling Yes, Feeling No* programme for pre-primary and junior primary classes; the Early Childhood Development Project; Development Aid from People to People – Namibia's *Hope Youth Programme*; and Ombetja Yehinga Organisation's school programmes and clubs in selected regions with innovative cultural programmes that incorporate dance, music and fashion).



Another issue of relevance to OVC is the current educational policy on teen pregnancy. The current official policy is in the form of “temporary guidelines” issued in 2001, but not yet replaced by a more permanent policy. These guidelines state that a pregnant schoolgirl should be allowed to attend regular classes at least until her pregnancy is visibly clear, and then allowed to return to normal schooling after spending at least a year with the baby. The same conditions are supposed to apply to any schoolboy who is held responsible for a schoolgirl's pregnancy, but this aspect of the policy is obviously harder to enforce.⁵⁴ This is an area where policy re-examination and clarification would be useful, if girls are to be successfully encouraged to achieve the highest possible levels of education.

⁵³ Ministry of Health and Social Services, “Follow-up to the Declaration of Commitment on HIV/AIDS”, *Namibia Country Report 2005*, Ministry of Health and Social Services, Windhoek, December 2005.

⁵⁴ Ministry of Education, “Circular Formal Education 5/2001”.



EDUCATION: Plan of Action – N\$347.9 million

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.

ACTIVITY 2.1

Assist and support the Ministry of Education in finalising, implementing, disseminating and monitoring the National Education Sector Policy for Orphans and other Vulnerable Children in Namibia, particularly where it overlaps with the activities in this Plan of Action.

Leading agencies

Ministry of Education (lead)
Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force
OVF Forums

ACTIVITY 2.2

Complete initial registration of OVC of school-going age and OVC in schools, ensure that a workable system is in place for regular updating of this information, compare the lists annually and target any OVC of school-going age who is not in school for the necessary support and assistance to enable enrolment, or for appropriate alternative assistance.

Leading agencies

Ministry of Education (lead)
Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force
OVF Forums

ACTIVITY 2.3

Ensure adequate provision of meals to OVC attending schools and Early Childhood Development Centres by revising guidelines for school feeding programme and increasing numbers of OVC benefiting from the school feeding programme.

Leading agencies

Ministry of Education (lead)
Ministry of Gender Equality and Child Welfare
Community-based partners

ACTIVITY 2.4

Develop and implement a strategy for feeding of OVC who are most in need of food during weekends and holidays.

Leading agencies

OVC Permanent Task Force (lead)
OVC Forums
Various non-governmental partners
Traditional Authorities

ACTIVITY 2.5

Ensure that OVC who cannot afford the costs of schooling are exempted from all such costs, by (a) disseminating accessible information nationwide on exemptions from school fees, hostel fees, examination fees, contributions to school development funds and other school-related expenses to children and their caregivers (b) monitoring and enforcing implementation of the regulations on exemptions by schools nationwide (c) activating the Education Development Fund to reimburse schools which provide exemptions from contributions to school development funds and (d) putting in place a plan for exempting OVC from uniforms, or for providing uniforms to OVC free or at reduced cost.

Leading agencies

Ministry of Education (lead)
Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force

ACTIVITY 2.6

Strengthen counselling, care and support services for OVC in all educational institutions, by (a) continuing and expanding pre-service and in-service training on OVC care for education personnel including principals, hostel superintendents, teachers and school board members and (b) establishing HIV and AIDS committees and functional counselling support groups at each school.

Leading agencies

Ministry of Education (lead)
OVC Permanent Task Force

ACTIVITY 2.7

Expand Early Childhood Development services for OVC, by (a) identifying children who are in most need of Early Childhood Development services and removing obstacles to their participation (b) expanding Early Childhood Development facilities as necessary to accommodate such children as necessary and (c) providing training to Early Childhood Development teachers and caregivers to enable them to understand and address the needs of all children.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Health and Social Services
Ministry of Education
OVC Permanent Task Force

ACTIVITY 2.8

Ensure OVC have priority access to OVC-friendly hostels regardless of their ability to pay hostel fees, by (a) disseminating information to the public on procedures for obtaining exemptions from hostel fees and ensuring that schools implement the exemption process correctly (b) equipping hostel facilities with the necessary human and material resources to provide an acceptable standard of security, safety and hygiene and (c) providing information and training to hostel staff and their supervisors on how to understand and address the needs of all children.

Leading agencies

Ministry of Education (lead)
Ministry of Gender Equality and Child Welfare
Faith-based organisations / Community-run hostels
OVC Permanent Task Force

ACTIVITY 2.9

Support multi-purpose centres to cater for needs of out-of-school OVC, by (a) identifying OVC who might benefit from the services offered at the multi-purpose centres (b) targeting these OVC for information about the available services and (c) providing training to the persons offering the services to enable them to understand and address the needs of all children.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Youth, National Service, Sport and Culture
OVC Permanent Task Force





ACTIVITY 2.10

Target all children attending school, including OVC, with appropriate life-skills training programmes (such as the *Windows of Hope* and *My Future My Choice* programmes and the Health-Promoting School Initiative) and increase the effectiveness of such programmes, by amongst other things (a) incorporating them into the school routine at all schools (b) providing all peer education initiatives with support from an appropriately-trained teacher (c) introducing more experiential learning to achieve greater impact on the students and (d) ensuring that such programmes address alcohol use and abuse.

Leading agencies

Ministry of Education (lead)
Ministry of Health and Social Services
OVC Permanent Task Force

ACTIVITY 2.11

Target OVC not attending school for appropriate basic education and skills training programmes.

Leading agencies

Ministry of Youth, National Service, Sport and Culture (lead)
Ministry of Education
Ministry of Gender Equality and Child Welfare
Namibian College of Open Learning (NAMCOL)
Vocational Training Centres
Community Skills Development Centres
Various non-governmental partners

(3) CARE AND SUPPORT

Basic family units and extended families remain the primary caregivers to the vast majority of OVC, but their human and financial resources are often stretched beyond capacity. Interventions must seek to give economic possibilities to poor families caring for children and to improve their access to services. The child welfare grants, school feeding schemes and various other interventions targeting food security are the main channels for this. Income-generating programmes and skills training are a complementary strategy.



OVC and their caregivers have access to assistance in the form of maintenance and foster grants, and in some cases to disability grants. The current criteria and practices were inherited by the Ministry of Gender Equality and Child Welfare from the Ministry of Health and Social Services in 2004. The grant criteria are based on regulations issued in terms of the Children's Act 33 of 1960, which is reviewed by the Ministry from time to time.

In 2007, the criteria for a maintenance grant require that the application be made by a parent in a situation where the other parent is:

- ▶ deceased (as proved by a death certificate)
- ▶ in prison for longer than six months (as proved by a notice of imprisonment) or
- ▶ in receipt of an old-age pension or disability grant.

The household income prior to the grant must be less than N\$1 000 per month. The applicant must also provide each child's birth certificate (or confirmation of birth or baptism card) and school reports if the child is attending school. The grant is N\$200 for the first child and N\$100 for subsequent children, up to a maximum of six children per household.

The current criteria exclude some of the more vulnerable groups of OVC:

- ▶ children in situations where both parents are alive are unable to contribute sufficient maintenance because they are unemployed and without assets
- ▶ double orphans (although those who have lost both parents may qualify for a foster grant if they are in foster care)
- ▶ child-headed households
- ▶ children with one or two parents who are untraceable
- ▶ children in households with an income of more than N\$1 000/month, which may have to be shared amongst large numbers of dependants
- ▶ children who have six other siblings already receiving a maintenance grant.

Therefore, the criteria need to be reassessed, revised and embodied in law or regulations.

Double orphans and other children in need of care can be placed with a foster parent in terms of the Children's Act. However, such placements take a considerable amount of time to finalise as they require a detailed assessment by a social worker followed by a court hearing with a magistrate. Foster grants are N\$200 for the first child and N\$100 for subsequent children. The regulatory framework for foster parents is also in need of re-examination and revision.

Disabled children are eligible for special maintenance grants of N\$200/month after a medical certificate and a background report from a social worker has been completed.

There is also provision for the payment of N\$10 per child per day as a "place of safety" allowance to an individual or an institution which has taken in children on a short-term, temporary basis.

In recent years, the coverage of these grants has increased dramatically as a result of a two-fold strategy – an intensive information campaign so that many more people realised that they were eligible for these grants, accompanied by the recruitment of Community Childcare Workers in each constituency to augment the Ministry's ability to provide psychosocial support and to process application forms.⁵⁵ However, access to these grants, though drastically improved, is still cumbersome and difficult especially for poor, isolated families, sometimes because of a lack of information about what assistance is available or how to access such assistance. A particular problem for some families is acquiring certified copies of all the required documents for grant applications. Another problem is that the verification of documents is difficult and time-consuming.⁵⁶



Financial support is not the only kind of support needed. The trauma of losing a parent, perhaps of serial loss of caregivers, and of emotional and material insecurity, takes its toll on children. A number of children interviewed for the RAAAP study reported bouts of crying and feelings of estrangement with little opportunity for fun, recreation, a sympathetic adult listener or peer support:

"When I didn't have anybody, I cried and cried. Then I felt better." (Girl, aged 15.)

"I beat my fist against a wall until it hurt really badly and then I stop. It feels good to feel the pain in my hand because it is not bad as the pain in my heart." (Boy, aged 17.)

"I once got so angry, I broke a window. But then my hand got all cut and I felt even worse." (Boy, aged 14.)⁵⁷

⁵⁵ A Ashby, D Yates, D Hubbard & E Mkusa, "A Review and Plan to ensure the systematic transition of OVC from Food Assistance to Government Grant", Ministry of Gender Equality and Child Welfare / World Food Programme OVC Food Support Programme, September 2006.

⁵⁶ Ibid.

⁵⁷ UNICEF, UNAIDS, USAID and WFP, *Rapid Assessment, Analysis and Action Planning on Orphans and Vulnerable Children, Namibia*, July 2004, at page 17.

Children also expressed their desire for more time to spend having fun with friends as an antidote to hardship and stress. Caring for sick relatives and for other siblings reportedly took children away from sports and other recreational activities and friends.

“I didn’t have time to visit my friends because I had to take care of my father... It was hard because I wanted to be with my friends but I knew that I had to do this because my father was sick and he needed me.” (Boy, aged 18.)

“Last year I had to stay away from my friends in order to care for my Mom. I had to clean the house and wash her.” (Girl, aged 14, in Katutura.)

Although assisting in the household, caring for sick relatives, and doing things for oneself are all important aspects of building resilience, there needs to be a balance so that children can also experience fun, nurturing and support.⁵⁸

Current interventions are addressing such emotional needs by providing adult champions for OVC in the form of youth mentors, home-visitors, lay counsellors, camp leaders, school counsellors and other supportive persons. Associated material support (such as food, blankets and clothes) also helps keep families intact and provides comfort to vulnerable children. The provision of recreational, sporting, cultural and religious activities is another means of integrating isolated children and providing a platform to address a variety of needs. It has been estimated that about 15 000 OVC were receiving some form of psychosocial support in 2006.⁵⁹

Children can be placed at risk of exploitation, abuse or neglect by caretakers who are unavailable or unable to cope because of the strains of the situation. Both adult caregivers and OVC need support from social networks, including educational institutions, churches and other civil society organisations to cope with the challenges of their circumstances.

Churches, faith-based organisations, home-based caregivers, and school-related projects are primary providers of support to OVC and their caregivers. Faith-based organisations are playing an ever-increasing role in supporting families with counselling as well as a few basic material needs.



⁵⁸ Id at page 59.

⁵⁹ Republic of Namibia, “Education and Training Sector Improvement Programme (ETSIP): Planning for a Learning Nation, Programme Document – Phase I (2006 -2011)”, Government of the Republic of Namibia, Windhoek, February 2007, at page 152.

Care and Support: Plan of Action – N\$1 248 million

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

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

ACTIVITY 3.1

Review and revise social welfare grant criteria and procedures to ensure that extended family or persons caring for OVC can access appropriate social assistance quickly and that the neediest OVC are not excluded, and enact legislation or regulations embodying the revised grant criteria and procedures to provide a high degree of transparency, certainty and clarity.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Justice
Legal Assistance Centre

ACTIVITY 3.2

Compile and disseminate in popular form information for caregivers, OVC and the public on how to access child welfare grants, by various means including (a) posters and pamphlets in various languages (b) radio broadcasts on the various language services and (c) video productions which can be shown on NBC or at community meetings.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Information and Broadcasting
OVC Permanent Task Force
Legal Assistance Centre

ACTIVITY 3.3

Strengthen and expand training for home-based caregivers in methods of psychosocial support, parental skills, home-caring practices and children's rights, to enable them to address the needs of OVC more effectively both before and after the death of a parent or caregiver.

Leading agencies

Ministry of Health and Social Services (lead)
Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force

ACTIVITY 3.4

Register all homes and shelters caring for OVC; streamline the registration process, developing different categories if necessary to serve the best interests of OVC; and make regular supervisory visits to registered places of care to assess the standard of care and what forms of support or intervention are needed.

Leading agencies

Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force

ACTIVITY 3.5

Train caregivers in homes and places of safety to ensure appropriate levels of care, and assess needs for greater outreach to vulnerable families.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Health and Social Services
OVC Permanent Task Force

ACTIVITY 3.6

Develop and adopt mechanisms to ensure that children's opinions and wishes are expressed and taken into consideration when looking at care options.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force

ACTIVITY 3.7

Provide community groups (including Circles of Support, school boards, and church groups) with training, technical assistance and financing to increase their capacity to assist OVC and affected families.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Regional AIDS Coordinating Committees (RACOCs)
Constituency AIDS Coordinating Committees (CACOCs)
OVC Permanent Task Force

ACTIVITY 3.8

Encourage families caring for OVC to keep siblings together or at least to maintain regular contact between siblings.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force
Traditional Authorities

ACTIVITY 3.9

Expand programmes in small and micro enterprise and skills training enabling families headed by children or young adults, and families with large numbers of OVC, to generate income.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Education
Katutura Youth Enterprise Centre (KAYEC)
Vocational Training Centres
Community Skills Development Centres
Various non-governmental partners

ACTIVITY 3.10

Hold workshops for organisations providing psychosocial support through camps, Kids Clubs and other after-school programmes to share expertise, learning, materials and best practices.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Education
Ministry of Youth, National Service, Sport and Culture
OVC Permanent Task Force

Activity 3.11

Realign national drought relief programme, emergency food assistance, food for work, agricultural extension work and other programmes so that families caring for OVC are prioritised.

Leading agencies

Ministry of Agriculture, Water and Forestry (lead)
Ministry of Gender Equality and Child Welfare
Emergency Management Unit, Office of the Prime Minister
OVC Permanent Task Force

ACTIVITY 3.12

Strengthen community capacities to provide care and support to OVC, by various means including (a) piloting the concept of central “Village Care Points” where OVC can access a range of services (b) equipping people at these Village Care Points with the knowledge to provide a full range of assistance to OVC (c) building on good practices from these pilot initiatives and (d) sensitising leaders at the regional level to prepare and implement regional work plans for OVC.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force

(4) HEALTH AND NUTRITION

As of mid-2007, there is little health and nutrition data available which is specific to OVC, but we can look at the overall picture for children. In 2005, Namibia's infant mortality rate was 46 per 1 000 live births, while the under-five mortality rate per 1000 live births stood at 62. On both of these indicators, Namibia's rates were amongst the best in all the African countries monitored by the World Health Organisation.⁶⁰

The majority of Namibian babies are breastfed from birth, but supplemental feeding tends to begin very early, which can lead to children being underweight for their age. Looking at nutritional indicators, in 2000 one-quarter of Namibian children under five were short or underweight for their age, or stunted (suffering from chronic malnutrition). About 9% of children under age 5 were wasted (acutely malnourished), and 2% were severely wasted, which can lead to an elevated risk of death. These indicators of malnutrition were higher for children not living in the same households with their mothers, illustrating the increased vulnerability of OVC.⁶¹ On the surface, immunisation rates in Namibia are good, with many regions having 80% coverage, but this does not reflect the vast regional disparities and those regions that have very low coverage.

Long distances between health care centres in rural areas and lack of access to transport often mean that OVC and their caregivers find it difficult to access primary health care.⁶²

Important interventions include the Prevention of Mother to Child Transmission of HIV (PMTCT) programme of the Ministry of Health and Social Services (piloted in 2002). By March 2006, 165 health facilities were providing PMTCT services, including all 34 district hospitals plus 131 health



⁶⁰ World Health Organisation Statistical Information System, <http://www.who.int/whosis/>.

⁶¹ Ministry of Health and Social Services, *Namibia Demographic and Health Survey 2000*, Ministry of Health and Social Services, Windhoek, at pages 143-146, 150-154.

⁶² UNICEF, UNAIDS, USAID and WFP, *Rapid Assessment, Analysis and Action Planning on Orphans and Vulnerable Children, Namibia*, July 2004, at page 37.



centres and clinics, with the result that PMTCT services were available to 68% of pregnant women seeking antenatal care nationwide. However, one problem is that in 2006, 35% of pregnant women on average still did not know their HIV status. If a woman does not seek antenatal care before delivery or does not deliver in a hospital, she will not have access to PMTCT – which will increase her chances of passing HIV to her baby, in turn increasing that baby's vulnerability.

Anti-retroviral treatment (ART) is available free of charge through the state health care system. As of 31 March 2007, ART was available at 43 sites, including all 34 district hospitals. Namibia has already exceeded its original national target of having 30 000 people on ART by 2008, achieving this goal by December 2006.⁶³ This treatment is important to the topic of OVC because it is the best hope for keeping HIV-positive parents alive and minimising the number of orphans in Namibia.

Home-based care is an important component of Namibia's response to HIV and other chronic diseases, and one way of reducing the care burden experienced by OVC. Almost 40 000 people were receiving home-based care as of March 2006, with the highest number being in the Oshana region. An estimated 64% of the beneficiaries of home-based care were female. The Ministry of Health and Social Services is responsible for coordinating this response, in close coordination with the Namibia Network of AIDS Organisations (NANASO). However, care and support services at community and household level for people infected and/or affected by HIV and AIDS are largely provided through civil society organisations. As of 2006, the faith-based group Almighty Father Protect our Nation against the Disease AIDS (Tkmoams) was the largest provider of home-based care services in Namibia with 17 820 clients, mainly in the four northern regions.⁶⁴ Another key provider was Catholic AIDS Action, with some 1 500 trained volunteers assisting more than 4 000 clients and 18 500 orphans. Despite these admirable efforts, there is still insufficient coverage of home-based care services across the country.

The government acknowledges the strong leadership role civil society and private sector organisations play in providing home-based family care and psychosocial support to OVC and other vulnerable populations in the country. The Regional and Constituency AIDS Coordinating Committees (RACOCs and CACOCs) play an important role in facilitating referrals to home-based care, providing volunteers with relevant information and providing financial support and training. A Home-Based Care Forum has also been established in the northern regions of the country to serve as a coordinating mechanism amongst various community-based service providers. Volunteers work within the framework of the Community Based Health Care Policy and National HIV/AIDS Policy on Community Volunteers and Home Based Care Programmes.⁶⁵ The work of volunteers in this regard is vital and yet many volunteers are forced to stop their work when they themselves become too ill to help or must devote their full attention to others in their family who are ill, or when they find full-time employment.

⁶³ Response Monitoring and Evaluation Unit, Directorate of Special Programmes, Ministry of Health and Social Services, "Draft MTP Progress Report", 2007, Chapter 4.

⁶⁴ Ibid.

⁶⁵ Ibid.

Food security is a particular problem for OVC. In communal areas, the Communal Land Reform Act 5 of 2002 was a large step forward in protecting women's rights to communal land tenure. In terms of this law, if a husband dies, his widow has a right to remain on the land if she wishes and is entitled to keep the land even if she re-marries. If there is no surviving spouse when the holder of the land right dies, then the land will be re-allocated to a child of the deceased identified by the Chief or Traditional Authority as being the rightful heir. There is as yet no data on the effectiveness of this law in protecting widows and children.⁶⁶ However, there is evidence that "property-grabbing" continues to take place, and the current law gives no protection for movable assets such as livestock and farming equipment.



A study based on a 2002 survey of 514 households in Ohangwena, 50% of which were headed by women, found that the deceased husband's family had taken away cattle from 44% of widows and orphans surveyed, while 28% had lost small livestock and 41% had been deprived of farming equipment. In addition to being a direct loss of food security, the loss of livestock also takes away draught power and a source of organic fertiliser, meaning that grain production in the affected households also falls. The study found that households affected by HIV tended to lose more property than other households. It also found that 20% of the households surveyed were fostering orphans, confirming the direct effect of property-grabbing on OVC food security.⁶⁷

A related health issue concerns access to clean water and acceptable sanitation. In 1990, only 57% of the Namibian population had access to an improved water source, whereas by 2004 that figure had risen to 87%. Access to improved sanitation over the same period was not so impressive, increasing from 24% of the population to only 25% in 2004.⁶⁸ Lack of access to such services can fall disproportionately on OVC, who may find themselves in a situation where the household can no longer pay municipal accounts or who may be pressed into greater chores, such as fetching water for a household which has suddenly increased in size.



⁶⁶ The Legal Assistance Centre was in the process of conducting a study of the impact of the new law in mid-2007.

⁶⁷ Africa Institutional Management Services, "The impacts of HIV/AIDS on the agricultural sector and rural livelihoods in Northern Namibia", Integrated Support to Sustainable Development and Food Security Programme of the Food and Agriculture Organization (FAO), October 2003.

⁶⁸ UNDP, *Human Development Report 2006*, at page 307. An improved water source includes household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. At least 20 litres per person per day of this water must be available within one kilometre of a user's dwelling to qualify for this definition. An "improved water source" is used as a measure internationally because access to a safe water supply cannot be adequately measured on a global scale. "Improved sanitation" includes connection to a public sewer, a septic tank, a pour-flush latrine, a simple pit latrine or a ventilated improved pit latrine.

Alcohol abuse is recognised as a wide-spread social problem in Namibia, and it has been linked to violence and abuse, as well as willingness to engage in risky behaviour of various sorts. A 2006 study found that about one out of ten 10- to 14-year-olds in the survey had already started using alcohol, as well as about three out of ten 15- to 24-year-olds who had on average started drinking at age 15. Peer pressure was cited in both groups as the most common reason for beginning to drink, with parental example also being a significant factor. In both age groups, 6% of those who had tried alcohol were already drinking daily. Some 60-70% of the children and youth in these age groups had been exposed to alcohol abuse and drunken behaviour in their own homes, and close to half had witnessed drunken behaviour by their own parents or caregivers.⁶⁹ In addition to affecting children's health, alcohol abuse also has ramifications for their vulnerability to violence and to earlier and riskier sexual activity.



Government efforts to address alcohol abuse are being complemented by non-governmental organisations such as the Drug Awareness Group and the Coalition on Responsible Drinking.

Another issue of concern which is reportedly affecting the ability of OVC to access needed medical services is the application of the law on fees payable at hospitals and clinics. The Hospitals and Health Facilities Act 36 of 1994 authorises the Minister to grant exemptions for the prescribed fees for health services.⁷⁰ The regulations issued in terms of this law prescribe fees for state patients which, despite being set quite low, are still beyond the reach of many. Although the regulations provide several possible categories of exemptions, none of these apply to OVC as a group or provide for fee exemptions on the straightforward ground of poverty.⁷¹ In practice, it is reported that exemptions from the prescribed health service fees are granted to persons who cannot pay, but these exemptions are treated as “debts” to the state which can prevent the persons in question from being able to access follow-up treatment.

⁶⁹ UNICEF, *Knowledge, Attitudes, Practice and Behaviour (KAPB) Study in Namibia: Key Findings*, UNICEF, Windhoek, 2006, at pages 20-21.

⁷⁰ Section 19 of the Hospitals and Health Facilities Act 36 of 1994 states that “the Minister may at any time in his or her discretion determine that a patient, or category of patients, be exempted from the payment of fees for treatment or for other services rendered at a state hospital or state health facility or be liable for payment only of such reduced fees as the Minister may determine”. In addition, section 21 provides for the provision of emergency treatment and transport to any patient at state expense, with later reimbursement from those who are able to pay.

⁷¹ See Government Notice 43/1993 (*Government Gazette* 621), as amended by Government Notice 199/1995 (*Government Gazette* 1183) and Government Notice 12/2001 (*Government Gazette* 2468). Regulations concerning the classification of hospitals and health facilities are contained in Government Notice 184/2001 (*Government Gazette* 2609). State patients are entitled in terms of the regulations to receive “essential health care which is reasonably affordable”. Fee exemptions are provided for (a) persons suffering from a “notifiable disease” (b) students who are injured during school activities (c) treatment associated with donations of milk, blood or organs (d) persons treated in the interests of medical research and training (e) treatment aimed at the prevention of the spreading of a contagious disease and (f) well baby, antenatal, post-natal, family planning and immunisation services which are part of state campaigns aimed at disease prevention or health promotion.

HEALTH AND NUTRITION: Plan of Action – N\$247.6 million

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.

ACTIVITY 4.1

Improve OVC access to free health services, by (a) disseminating information to communities, OVC caregivers and health workers on how to access health care services and on the procedures for being exempted from the fees for such services and (b) amending health regulations to provide for exemptions for OVC and other state patients who cannot afford the prescribed health fees, and issuing an official circular to all health care providers and administrative staff on the proper interpretation and implementation of such regulations.

Leading agencies

Ministry of Health and Social Services (lead)
Ministry of Information and Broadcasting
Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force
OVC Forums

ACTIVITY 4.2

Develop an appropriate system for referrals of OVC who are in need of assistance from multiple agencies, and improve referral systems between health care services and home-based care providers and others.

Leading agencies

Ministry of Health and Social Services (lead)
Ministry of Gender Equality and Child Welfare
Ministry of Education
OVC Permanent Task Force
OVC Forums

ACTIVITY 4.3

Ensure that all pregnant women access PMTCT services and that HIV-positive mothers access after-care for themselves and their babies, by various means including (a) implementing a campaign to encourage pregnant women to have HIV tests and to use PMTCT (b) strengthening outreach and follow-up services for pregnant women and new mothers and (c) providing pregnant women and mothers with information and counselling on infant-feeding practices and growth monitoring.

Leading agencies

Ministry of Health and Social Services (lead)
OVC Permanent Task Force

ACTIVITY 4.4

Improve provision of HIV and AIDS care for children, by (a) ensuring that such children receive quality treatment and (b) improving outreach and follow-up service, including nutrition counselling and growth monitoring.

Leading agencies

Ministry of Health and Social Services (lead)
OVC Permanent Task Force

ACTIVITY 4.5

Promote adolescent-friendly health services, by various means including (a) mobilising young people to visit health facilities (b) sensitising them on their reproductive health rights and (c) training health staff to understand the needs of adolescents and to provide appropriate counselling.

Leading agencies

Ministry of Health and Social Services (lead)
Ministry of Youth, National Services, Sport and Culture
Health Faculty, University of Namibia
OVC Permanent Task Force

ACTIVITY 4.6

Train communities and home-based care volunteers in nutrition monitoring and basic health care practices, and ensure that they use these skills to monitor and care for children.

Leading agencies

Ministry of Health and Social Services (lead)
Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force

ACTIVITY 4.7

Improve access to proper nutrition for families caring for OVC, by means of training in labour-saving, cost-effective production and processing of food.

Leading agencies

Ministry of Agriculture, Water and Forestry (lead)
Emergency Management Unit, Office of the Prime Minister
Ministry of Regional and Local Government, Housing and Rural Development
OVC Permanent Task Force

ACTIVITY 4.8

Provide temporary food supplies to needy families caring for OVC and to children on the street.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Regional AIDS Coordinating Committees (RACOCs)
Emergency Management Unit, Office of the Prime Minister
OVC Permanent Task Force



ACTIVITY 4.9

Target preventative health care services for young children (0-3) in the care of the elderly or at Early Childhood Development Centres and strengthen growth monitoring to identify children in these circumstances who are not thriving.

Leading agencies

Ministry of Health and Social Services (lead)
Ministry of Education
Ministry of Gender Equality and Child Welfare

ACTIVITY 4.10

Revise and enforce inheritance laws and the provisions for widows in the Communal Land Reform Act, and take strong action against property-grabbing, to ensure that OVC and child-headed households do not lose access to the land and resources they need for food security.

Leading agencies

Ministry of Lands and Resettlement (lead)
Ministry of Justice / Master of the High Court
Law Reform and Development Commission
Legal Assistance Centre
Traditional Authorities

ACTIVITY 4.11

Record health and nutrition information on OVC to provide data for measuring progress on this issue.

Leading agencies

Ministry of Health and Social Services (lead)
Ministry of Gender Equality and Child Welfare
OVC Permanent Task Force

ACTIVITY 4.12

Improve OVC access to clean water and sanitation by various means, including (a) rainwater harvesting at schools and Early Childhood Development Centres (b) providing boreholes and pay pumps in areas where they are most needed and (c) installing environmentally-appropriate toilet facilities at schools and Early Childhood Development Centres.

Leading agencies

Ministry of Agriculture, Water and Forestry (lead)
Ministry of Gender Equality and Child Welfare
Ministry of Health and Social Services
Ministry of Regional and Local Government, Housing and Rural Development



(5) MANAGEMENT AND NETWORKING

The sheer volume of demand for OVC services seems to be an inhibiting factor in some interventions, especially for community responses. Some organisations have closed their registration lists, as they can no longer address the needs of so many OVC. Church leaders also express how overwhelming the needs appear, given their very limited resources.

The dearth of technical skills among staff and the lack of funds are key constraints faced by organisations which want to address HIV and AIDS and the needs of orphans and vulnerable children.

Lack of funds may be such a problem because the evident material needs of OVC demand a response over and above that required by other HIV interventions. Skills and information on how to access funds are needed at the local level, and strategies are needed to channel resources to local communities. A few mechanisms do exist that allow for communities and smaller non-governmental organisations to access funds, but these need to be replicated and scaled up. Various government initiatives, such as the school feeding programme described above, also need funds in order to expand their services horizontally to more schools and more children, and vertically, down to early childhood centres.

The shortage of human resources and the lack of technical skills is another major concern. Ministries indicate that a shortage of trained personnel is hindering their work. The government has for several years now struggled to fill vacant posts for social workers, as it does not receive sufficient applications from suitably qualified applicants. Non-governmental organisations and faith-based organisations have insufficient qualified staff to write funding proposals, manage large budgets and monitor programmes. Furthermore, the very organisations which are being called upon to play a larger role in mitigating the impact of HIV and AIDS on an increasing number of vulnerable children are themselves negatively impacted through death and illness of key staff, burnout and overwork of existing staff, and pressure to deliver.⁷²

The Ministry of Gender Equality and Child Welfare is responsible for convening the OVC Permanent Task Force, which, with its cross-sectoral representation, is responsible for implementing the National Plan of Action for OVC. The Ministry of Gender Equality and Child Welfare is a relatively new ministry, having acquired ministerial status only in 2000. A Human Resource and Capacity Gap Analysis

⁷² UNICEF, UNAIDS, USAID and WFP, *Rapid Assessment, Analysis and Action Planning on Orphans and Vulnerable Children, Namibia*, July 2004, at pages 6-7, 14 and 43, referring to:

- D Yates, *Documentation Study on the Responses by Religious Organizations to Orphans and Vulnerable Children in Namibia*, World Conference on Religion and Peace, Windhoek, 2003.
- D Yates, "Report on the Situational Analysis of the Church Response to HIV/AIDS in Namibia", Pan African Christian AIDS Network, Windhoek, July 2003.

undertaken in 2007 found that the Ministry will need significantly increased human and material resources to carry out its role in implementing the National Plan of Action for OVC.⁷³ Similar challenges must be tackled if Regional OVC Forums are to be fully functional in all regions.

Regional OVC Forums are supposed to report to Regional AIDS Coordinating Committees (RACOCs), or in their absence to Regional Development Committees. At constituency level, OVC Forums are supposed to report to Constituency AIDS Coordinating Committees (CACOCs) or to Constituency Development Committees. Representatives from the constituency-level OVC Forums are expected to attend the Regional OVC Forum and provide reports. However, as of May 2007, OVC Forums had been established in only 35 out of 107 constituencies. Furthermore, capacity needs to be enhanced at both regional and constituency level so that OVC Forum members are equipped to convene, facilitate and run effective meetings that produce results, and to make plans and monitor outcomes.⁷⁴

Government efforts to provide support for OVC are also hampered by the current shortage of social workers in the country. There are approximately 400 registered social workers in Namibia, but many prefer to work outside the government because of work pressure and comparatively low salaries. Only six students graduated with degrees in social work from the University of Namibia in 2006.⁷⁵ Both the Ministry of Gender Equality and Child Welfare and the Ministry of Health and Social Services are currently unable to fill all of their vacant social work posts.

Another challenge is ensuring the proper application of funds. One of the most serious obstacles to proper use of funds comes in the form of “bottle-necks” – bureaucratic procedures or regulations that stop or slow down the flow of financial resources from the original source (such as national government or a donor) to the final destination (such as a service provider or OVC). There are typically several intermediaries between source and destination; it is therefore important to map all of these elements (sources, intermediaries and destinations) and track the flow of money so problems can be identified. The greater the number of intermediaries, the more likely fund transfers will be delayed and some of the original amounts lost or stopped along the way. Resource tracking can show whether funds are actually being spent for their intended purposes.⁷⁶

Improved coordination at national, regional and local levels will help to ensure that Namibia is making the best use of its limited resources.



⁷³ Ministry of Gender Equality and Child Welfare, “A Human Resources and Capacity Gap Analysis: Improving Child Welfare Services” (draft report), July 2007.

⁷⁴ Id at pages 17-18.

⁷⁵ Id at page 22.

⁷⁶ UNAIDS, *2006 Report on the Global AIDS Epidemic*, United Nations, New York, at Chapter 10, pages 251-52.

MANAGEMENT AND NETWORKING: Plan of Action – N\$221.1 million

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

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

ACTIVITY 5.1

Develop, update, maintain and share a national database on OVC services which includes information on all OVC interventions, and make every effort to ensure that it is accurate and comprehensive.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force

ACTIVITY 5.2

Hold a national conference on OVC every two years to examine and highlight the current situation, progress, best practices and future plans.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force

ACTIVITY 5.3

Maintain and report on basic Monitoring and Evaluation information on the situation of OVC, review the Monitoring and Evaluation Plan which accompanies this Plan of Action and train on its use, and periodically revise the Monitoring and Evaluation system as necessary.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force
OVC Forums

ACTIVITY 5.4

Ensure commitment and consistency in attendance and participation in the OVC Permanent Task Force to increase its effectiveness, and strengthen OVC Permanent Task Force secretariat capacities.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force
Participating ministries
Participating non-governmental partners

ACTIVITY 5.5

Further develop the capacity of the OVC Permanent Task Force to share good practices, plan and monitor the national programme, create awareness, and involve all sectors, by providing (a) additional training as necessary (b) organising in-country study tours (c) sharing case studies and documentation and (d) encouraging them to make use of appropriate e-forums and websites.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force

ACTIVITY 5.6

Strengthen information-sharing and networking throughout the country, by highlighting good practices, organising in-country study tours, sharing case studies and documentation and establishing e-forums and websites.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Information and Broadcasting
OVC Permanent Task Force

Activity 5.7

Develop regional and constituency-level OVC Forums and committees, to increase the level of regional and local networking and service delivery, and to improve reporting.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Regional and Local Government, Housing and Rural Development
OVC Permanent Task Force
Regional AIDS Coordinating Committees (RACOCs)
Constituency AIDS Coordinating Committees (CACOCs)

ACTIVITY 5.8

Increase the capacity of mayors, municipal leaders and local authorities to initiate, expand and manage local support to OVC, by (a) providing local officials with training and sensitisation on the needs of OVC (b) encouraging them to establish and participate in local OVC committees (c) encouraging them to make local authority resources (such as space in buildings owned by the local authority) available to support OVC services and (d) encouraging them to provide at least temporary relief to households caring for OVC who cannot pay for local authority services such as water and electricity.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force
Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) (lead)
Namibia Association of Local Authority Offices (NALAO)
Association of Local Authorities in Namibia (ALAN)



ACTIVITY 5.9

Map services for OVC to facilitate referrals and to prevent duplication of services.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)

**ACTIVITY 5.10**

Commission a study on resource mapping to see if funds allocated for OVC services are being applied efficiently for their intended purposes.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
OVC Permanent Task Force

**ACTIVITY 5.11**

Ensure that the recommendations in the Ministry of Gender Equality and Child Welfare Human Resource and Capacity Gap Analysis are implemented.

Leading agencies

Ministry of Gender Equality and Child Welfare (lead)
Ministry of Finance
Public Service Commission



6. Summary of activities and indicators of progress

The following tables are intended to give a summary of the planned activities, their target beneficiaries, the participating agencies and the anticipated results. This provides a resource for quick reference, and it ties the Plan of Action to its accompanying Monitoring and Evaluation Plan. Each of the anticipated results is designed to be a measurable item, so that progress in making the Plan of Action a reality can be tracked in a systematic fashion. In addition, the last column of each table lists the indicators which will be collected through the Monitoring and Evaluation Plan in order to measure the broader impact of each activity.



RIGHTS AND PROTECTION

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

ACTIVITIES	LEADING AGENCIES	RELATED INDICATORS IN M&E PLAN
<p>1.1 Popularise National Policy on OVC and National Plan of Action for OVC, by various means, including (a) posters and pamphlets in various languages (b) radio broadcasts on the various language services (c) video productions on OVC which can be shown on NBC or at community meetings (d) discussions of OVC issues on NBC television programmes such as <i>Talk of the Nation</i> and <i>Good Morning Namibia</i> and (e) awareness-raising amongst church leaders.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force ▶ OVC Forums ▶ Namibian Broadcasting Corporation ▶ Ministry of Education ▶ Council of Churches in Namibia 	<ul style="list-style-type: none"> ▶ 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 OVC theme ▶ P.5 Orphaned and vulnerable children policy and planning effort index
<p>1.2 Assess the need to adopt international and regional conventions aimed at the protection of children to which Namibia is not already a party, and adopt additional conventions as necessary.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Justice ▶ Ministry of Foreign Affairs ▶ OVC Permanent Task Force ▶ Legal Assistance Centre ▶ National Assembly Parliamentary Committee on Human Resources, Social and Community Development 	<ul style="list-style-type: none"> ▶ P.13 Number of laws enacted or amended and brought into place ▶ P.8 Number of recommended conventions ratified by Parliament
<p>1.3 Finalise and enact all relevant draft legislation on children, including the Children's Status Act, the Child Care and Protection Act and the Child Justice Act, and incorporate the criteria for all social welfare grants aimed at OVC into appropriate legislation.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Justice / Office of the Prosecutor General ▶ Ministry of Safety and Security / Woman and Child Protection Units ▶ Ministry of Regional and Local Government, Housing and Rural Development ▶ OVC Permanent Task Force ▶ Legal Assistance Centre ▶ Traditional Authorities 	<ul style="list-style-type: none"> ▶ P.13 Number of laws enacted or amended and brought into place
<p>1.4 Review and reform as necessary existing laws which affect the distribution of family resources, including the laws on inheritance, registration of customary marriage, customary and civil divorce proceedings, marital property rights and cohabitation.</p>	<ul style="list-style-type: none"> ▶ Law Reform and Development Commission (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Ministry of Justice ▶ OVC Permanent Task Force ▶ Legal Assistance Centre 	<ul style="list-style-type: none"> ▶ P.13 Number of laws enacted or amended and brought into place
<p>1.5 Provide detailed and intensified training on all existing and new child- and family-related laws for implementing officials including judges and magistrates, court clerks and interpreters, prosecutors, police, officials in the Master's Office, social workers and other key service providers.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Justice / Master of the High Court ▶ Ministry of Safety and Security ▶ Traditional Authorities ▶ Legal Assistance Centre 	<ul style="list-style-type: none"> ▶ P.14 Training manual for service 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>1.6 Compile and disseminate in popular form information for caregivers, OVC and the public on all new child- and family-related laws – including information on inheritance, marital property issues, how to request maintenance from a deceased estate and how to access social welfare grants – by various means, including (a) simple educational material in various languages (b) radio broadcasts on the various language services (c) video productions on OVC which can be shown on NBC or at community meetings and (d) workshops for non-governmental organisations, church and community leaders.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Justice / Master of the High Court ▶ Ministry of Information and Broadcasting ▶ OVC Permanent Task Force ▶ Legal Assistance Centre 	<ul style="list-style-type: none"> ▶ P.7 Percentage of women and children who experience property dispossession. ▶ 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 OVC theme
<p>1.7 Develop and implement media campaigns (including pamphlets, videos, radio programmes, television programmes and posters) addressing (a) the elimination of discrimination against OVC, including the issue of stigma and discrimination in respect of HIV and AIDS (b) the need to eliminate all forms of violence against children and (c) encouraging parents to provide for their children after their death by means of written wills.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Information and Broadcasting ▶ Ministry of Justice / Master of the High Court ▶ OVC Permanent Task Force ▶ Legal Assistance Centre 	<ul style="list-style-type: none"> ▶ P.2 Percentage of adults aged 15-49 expressing accepting attitudes toward people living with HIV ▶ P.1 Number of cases of children (sexually or physically) abused reported ▶ 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>1.8 Increase the effectiveness of Woman and Child Protection Units in protecting children by amongst other things (a) ensuring that they have proper human and material resources (including increased staff, additional computers and vehicles and suitable office accommodation) and intensified training for all staff (b) strengthening linkages between the Units and communities through the establishment of Community Protection Groups and (c) giving priority in police investigation, prosecution and court rolls to cases involving children.</p>	<ul style="list-style-type: none"> ▶ Ministry of Safety and Security (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Ministry of Health and Social Services ▶ Ministry of Justice / ▶ Office of the Prosecutor -General ▶ Judge-President of the High Court 	<ul style="list-style-type: none"> ▶ P.1 Number of cases of children (sexually or physically) abused reported ▶ P.4 Median time between rape and court outcome ▶ P.6 Number of people receiving counselling (from WACPU) ▶ P.9 Number of functioning Community Protection Groups ▶ P.21 Number of OVC receiving protection services
<p>1.9 Mobilise traditional leaders to play a more proactive role in protecting women and children against property-grabbing, by providing training workshops for traditional leaders on children's rights and inheritance issues.</p>	<ul style="list-style-type: none"> ▶ Ministry of Lands and Resettlement (lead) ▶ Council of Traditional Leaders ▶ Ministry of Gender Equality and Child Welfare ▶ Ministry of Justice ▶ Legal Assistance Centre 	<ul style="list-style-type: none"> ▶ P.15 Number of traditional leaders receiving training on inheritance and property rights and issues
<p>1.10 Create child rights information corners in all schools, hospitals and clinics, with accessible information about relevant policies, laws and support services in appropriate languages for the geographical area.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force ▶ Ministry of Education ▶ Ministry of Health and Social Services 	<ul style="list-style-type: none"> ▶ P.10 Number of information corners in schools
<p>1.11 Ensure that OVC and their caregivers can obtain birth certificates, identity documents, death certificates, guardianship certificates and any other documentation necessary to facilitate access to state assistance in a timely manner, by various means, including (a) establishing birth registration facilities in hospitals (b) conducting a public campaign to reach children for late birth registration and (c) identifying and acting on bottlenecks in respect of other documentation.</p>	<ul style="list-style-type: none"> ▶ Ministry of Home Affairs and Immigration (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Ministry of Justice / Master of the High Court ▶ OVC Permanent Task Force ▶ Traditional Authorities 	<ul style="list-style-type: none"> ▶ P.3 Percentage of children aged 0-4 whose births are reported registered ▶ P.11 Percentage of hospitals with birth and death registration facilities ▶ P.17 Number of service providers trained on children's rights ▶ P.21 Number of OVC receiving protection services
<p>1.12 Encourage children's participation in OVC issues by various means, including (a) supporting and expanding on initiatives such as the Children's Parliament to ensure that children have an effective voice in issues affecting them, by arranging regular regional and national forums where children can give input on OVC issues and (b) ensuring that forums' authentic and ethically-obtained opinions and contributions are taken into account in the planning and implementation of each activity in the Plan of Action.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Education ▶ Ministry of Youth, National Service, Sport and Culture ▶ National Assembly ▶ Regional Councils ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ P.12 Results of Children's Parliament are reflected in National Plan of Action

EDUCATION

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

ACTIVITIES	LEADING AGENCIES	RELATED INDICATORS IN M&E PLAN
<p>2.1 Assist and support the Ministry of Education in finalising, implementing, disseminating and monitoring the National Education Sector Policy for Orphans and other Vulnerable Children in Namibia, particularly where it overlaps with the activities in this Plan of Action.</p>	<ul style="list-style-type: none"> ▶ Ministry of Education (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force ▶ OVC Forums 	<ul style="list-style-type: none"> ▶ E.4 OVC education policy finalised ▶ E.1 Ratio of OVC to non-OVC aged 15-17 years completing Grade 10
<p>2.2 Complete initial registration of OVC of school-going age and OVC in schools, ensure that a workable system is in place for regular updating of this information, compare the lists annually and target any school-going age OVC who is not in school for the necessary support and assistance to enable enrolment, or for appropriate alternative assistance.</p>	<ul style="list-style-type: none"> ▶ Ministry of Education (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force ▶ OVC Forums 	<ul style="list-style-type: none"> ▶ E.1 Ratio of OVC to non-OVC aged 16-17 completing Grade 10 ▶ E.2 Ratio of double orphans to non-orphans aged 10-14 attending school
<p>2.3 Ensure adequate provision of meals to OVC attending schools and Early Childhood Development Centres by revising guidelines for the school feeding programme and increasing numbers of OVC benefiting from the school feeding programme.</p>	<ul style="list-style-type: none"> ▶ Ministry of Education (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Community-based partners 	<ul style="list-style-type: none"> ▶ E.5 Number of OVC benefiting from school feeding programme ▶ H.1 Ratio of proportion of OVC compared to non-OVC who are malnourished (underweight) ▶ H.16 Number of OVC receiving food and nutritional services
<p>2.4 Develop and implement a strategy for feeding OVC who are most in need of food during weekends and holidays.</p>	<ul style="list-style-type: none"> ▶ OVC Permanent Task Force (lead) ▶ OVC Forums ▶ Various non-governmental partners ▶ Traditional Authorities 	<ul style="list-style-type: none"> ▶ H.1 Ratio of proportion of OVC compared to non-OVC who are malnourished (underweight)
<p>2.5 Ensure that OVC who cannot afford the costs of schooling are exempted from all such costs, by (a) disseminating accessible information nationwide on exemptions from school fees, hostel fees, examination fees, contributions to school development funds and other school-related expenses to children and their caregivers (b) monitoring and enforcing implementation of the regulations on exemptions by schools nationwide (c) activating the Education Development Fund to reimburse schools which provide exemptions from contributions to school development funds and (d) putting in place a plan for exempting OVC from uniforms, or for providing uniforms to OVC free or at reduced cost.</p>	<ul style="list-style-type: none"> ▶ Ministry of Education (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ E.1 Ratio of OVC to non-OVC aged 16-17 completing Grade 10 ▶ E.2 Ratio of double orphans to non-orphans aged 10-14 attending school. ▶ E.8 Number of OVC exempted from school and examination fees ▶ E.7 Number of OVC exempted from hostel fees ▶ E.13 Number of OVC accessing education services
<p>2.6 Strengthen counselling, care and support services for OVC in all educational institutions, by (a) continuing and expanding pre-service and in-service training on OVC care for education personnel including principals, hostel superintendents, teachers and school board members and (b) establishing HIV and AIDS committees and functional counselling support groups at each school.</p>	<ul style="list-style-type: none"> ▶ Ministry of Education (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ E.9 Number of institutions with functioning counselling support groups
<p>2.7 Expand Early Childhood Development services for OVC, by (a) identifying children who are most in need of Early Childhood Development services and removing obstacles to their participation (b) expanding Early Childhood Development facilities as necessary to accommodate such children as necessary and (c) providing training to Early Childhood Development teachers and caregivers to enable them to understand and address the needs of all children.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Health and Social Services ▶ Ministry of Education ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ E.10 Number of OVC attending ECD programmes ▶ E.13 Number of OVC accessing education services

<p>2.8 Ensure OVC have priority access to OVC-friendly hostels regardless of their ability to pay hostel fees, by (a) disseminating information to the public on procedures for obtaining exemptions from hostel fees and ensuring that schools implement the exemption process correctly (b) equipping hostel facilities with the necessary human and material resources to provide an acceptable standard of security, safety and hygiene and (c) providing information and training to hostel staff and their supervisors on how to understand and address the needs of all children.</p>	<ul style="list-style-type: none"> ▶ Ministry of Education (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Faith-based organisations / Community-run hostels ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ E.8 Number of OVC exempted from school and examination fees ▶ E.7 Number of OVC exempted from hostel fees ▶ E.6 Number of school boards, principals, teachers and peer counsellors trained in OVC support
<p>2.9 Support multi-purpose centres to cater for needs of out-of-school OVC, by (a) identifying OVC who might benefit from the services offered at the multi-purpose centres (b) targeting these OVC for information about the available services and (c) providing training to the persons offering the services to enable them to understand and address the needs of all children.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Youth, National Service, Sport and Culture ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ E.11 Number of OVC getting food support at multi-purpose centres
<p>2.10 Target all children attending school, including OVC, with appropriate life-skills training programmes (such as the <i>Windows of Hope</i> and <i>My Future My Choice</i> programmes and the Health-Promoting School Initiative) and increase the effectiveness of such programmes, by amongst other things (a) incorporating them into the school routine at all schools (b) providing all peer education initiatives with support from an appropriately-trained teacher (c) introducing more experiential learning to achieve greater impact on the students and (d) ensuring that such programmes address alcohol use and abuse.</p>	<ul style="list-style-type: none"> ▶ Ministry of Education (lead) ▶ Ministry of Health and Social Services ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ E.3 Percentage of children aged 15-24 years who have comprehensive knowledge on the transmission of HIV and AIDS
<p>2.11 Target OVC not attending school for appropriate basic education and skills training programmes.</p>	<ul style="list-style-type: none"> ▶ Ministry of Youth, National Service, Sport and Culture (lead) ▶ Ministry of Education ▶ Ministry of Gender Equality and Child Welfare ▶ Namibian College of Open Learning (NAMCOL) ▶ Vocational Training Centres ▶ Community Skills Development Centres ▶ various non-governmental partners 	<ul style="list-style-type: none"> ▶ E.12 Number of OVC receiving basic skills training at vocational training centres (VTCs)

CARE AND SUPPORT

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

ACTIVITIES	LEADING AGENCIES	RELATED INDICATORS IN M&E PLAN
<p>3.1 Review and revise social welfare grant criteria and procedures to ensure that extended family or persons caring for OVC can access appropriate social assistance quickly and that the neediest OVC are not excluded, and enact legislation or regulations embodying the revised grant criteria and procedures to provide a high degree of transparency, certainty and clarity.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Justice ▶ Legal Assistance Centre 	<ul style="list-style-type: none"> ▶ C.1 Ratio of OVC versus non-OVC who have 3 basic material needs ▶ C.3 Number of children 0-17 living in residential care facilities ▶ C.6 Number of children receiving social welfare grants
<p>3.2 Compile and disseminate in popular form information for caregivers, OVC and the public on how to access child welfare grants, by various means including (a) posters and pamphlets in various languages (b) radio broadcasts on the various language services and (c) video productions which can be shown on NBC or at community meetings.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Information and Broadcasting ▶ OVC Permanent Task Force ▶ Legal Assistance Centre 	<ul style="list-style-type: none"> ▶ C.1 Ratio of OVC versus non-OVC who have 3 basic material needs ▶ C.3 Number of children 0-17 living in residential care facilities ▶ C.6 Number of children receiving social welfare grants ▶ 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 OVC theme
<p>3.3 Strengthen and expand training for home-based caregivers in methods of psychosocial support, parental skills, home-caring practices and children's rights, to enable them to address the needs of OVC more effectively both before and after the death of a parent or caregiver.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ C.2 Percentage of OVC whose households have received free basic external support in caring for the child ▶ C.3 Number of children 0-17 living in residential care facilities ▶ C.5 Number of providers/caregivers trained in caring for OVC ▶ C.6 Number of children receiving social welfare grants ▶ C.8 Number of OVC receiving psychosocial support services
<p>3.4 Register all homes and shelters caring for OVC; streamline the registration process, developing different categories if necessary to serve the best interests of OVC, and make regular supervisory visits to registered places of care to assess the standard of care and what forms of support or intervention are needed.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ C.7 Registration process, guidelines and procedures implemented for institutional care ▶ C.9 Number of OVC receiving shelter and care services
<p>3.5 Train caregivers in homes and places of safety to ensure appropriate levels of care, and assess needs for greater outreach to vulnerable families.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Health and Social Services ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ C.5 Number of providers/caregivers trained in caring for OVC
<p>3.6 Develop and adopt mechanisms to ensure that children's opinions and wishes are expressed and taken into consideration when looking at care options.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ C.3 Number of children 0-17 living in residential care facilities
<p>3.7 Provide community groups (including Circles of Support, school boards, and church groups) with training, technical assistance and financing to increase their capacity to assist OVC and affected families.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Regional AIDS Coordinating Committees (RACOCs) ▶ Constituency AIDS Coordinating Committees (CACOCs) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ C.2 Percentage of OVC whose households have received free basic external support in caring for the child ▶ C.5 Number of providers/caregivers trained in caring for OVC

<p>3.8 Encourage families caring for OVC to keep siblings together or at least to maintain regular contact between siblings.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force ▶ Traditional Authorities 	<ul style="list-style-type: none"> ▶ C.3 Number of children 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 years
<p>3.9 Expand programmes in small and micro enterprise and skills training enabling families headed by children or young adults, and families with large numbers of OVC, to generate income.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Education ▶ Katutura Youth Enterprise Centre (KAYEC) ▶ Vocational Training Centres ▶ Community Skills Development Centres ▶ Various non-governmental partners 	<ul style="list-style-type: none"> ▶ 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 in caring for the child ▶ C.3 Number of children 0-17 living outside of family care ▶ C.5 Number of providers/caregivers trained in caring for OVC ▶ C.10 Number of OVC receiving economic strengthening services
<p>3.10 Hold workshops for organisations providing psychosocial support through camps, Kids Clubs, and other after-school programmes to share expertise, learning, materials and best practices.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Education ▶ Ministry of Youth, National Service, Sport and Culture ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ C.8 Number of OVC receiving psychosocial support services
<p>3.11 Realign national drought relief programme, emergency food assistance, food for work, agricultural extension work and other programmes so that families caring for OVC are prioritised.</p>	<ul style="list-style-type: none"> ▶ Ministry of Agriculture, Water and Forestry (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Emergency Management Unit, Office of the Prime Minister ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ 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 in caring for the child ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished
<p>3.12 Strengthen community capacities to provide care and support to OVC, by various means including (a) piloting the concept of central "Village Care Points" where OVC can access a range of services (b) equipping people at these Village Care Points with the knowledge to provide a full range of assistance to OVC (c) building on good practices from these pilot initiatives and (d) sensitising leaders at the regional level to prepare and implement regional work plans for OVC.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ 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 in caring for the child ▶ C.3 Number of children 0-17 living in residential care facilities ▶ C.4 Number of providers/caregivers trained in caring for OVC ▶ C.9 Number of OVC receiving shelter and care services

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.

ACTIVITIES	LEADING AGENCIES	RELATED INDICATORS IN M&E PLAN
<p>4.1 Improve OVC access to free health services, by (a) disseminating information to communities, OVC caregivers and health workers on how to access health care services and on the procedures for being exempted from the fees for such services and (b) amending health regulations to provide for exemptions for OVC and other state patients who cannot afford the prescribed health fees, and issuing an official circular to all health care providers and administrative staff on the proper interpretation and implementation of such regulations.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ Ministry of Information and Broadcasting ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force ▶ OVC Forums 	<ul style="list-style-type: none"> ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished ▶ H.2 Ratio of OVC to non-OVC accessing appropriate health care for Acute Respiratory Infections ▶ H.8 Number of OVC exempted from fees for health services ▶ H.16 Number of OVC receiving food and nutritional services ▶ H.17 Number of OVC receiving health care services
<p>4.2 Develop an appropriate system for referrals of OVC who are in need of assistance from multiple agencies, and improve referral systems between health care services and home-based care providers and others.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Ministry of Education ▶ OVC Permanent Task Force ▶ OVC Forums 	<ul style="list-style-type: none"> ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished ▶ H.2 Ratio of OVC to non-OVC accessing appropriate health care for Acute Respiratory Infections ▶ H.7 Number of home-based carers and health care workers trained in referral services
<p>4.3 Ensure that all pregnant women access PMTCT services and that HIV-positive mothers access after-care for themselves and their babies, by various means including (a) implementing a campaign to encourage pregnant women to have HIV tests and to use PMTCT (b) strengthening outreach and follow-up services for pregnant women and new mothers and (c) providing pregnant women and mothers with information and counselling on infant-feeding practices and growth monitoring.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ H.11 Proportion of HIV-positive women who receive PMTCT care
<p>4.4 Improve provision of HIV and AIDS care for children, by (a) ensuring that such children receive quality treatment and (b) improving outreach and follow-up service, including nutrition counselling and growth monitoring.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished ▶ H.2 Ratio of OVC to non-OVC accessing appropriate health care for Acute Respiratory Infections ▶ H.5 Equal proportions of OVC to non-OVC aged 15-17 years are not HIV infected by 2010 ▶ 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 ▶ H.14 Number of children reached with HIV and AIDS care ▶ H.17 Number of OVC receiving health care services
<p>4.5 Promote adolescent-friendly health services, by various means including (a) mobilising young people to visit health facilities (b) sensitising them on their reproductive health rights and (c) training health staff to understand the needs of adolescents and to provide appropriate counselling.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ Ministry of Youth, National Services, Sport and Culture ▶ Health Faculty, University of Namibia ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ H.9 Number of service providers, community leaders, caregivers and educators trained in Adolescent Friendly Health Services ▶ H.10 Number of adolescents reached through Adolescent Friendly Health Services ▶ H.3 Ratio of OVC compared to non-OVC aged 15-17 years who had sex before age 15. ▶ H.5 Equal proportions of OVC to non-OVC aged 15-17 are not HIV infected by 2010.

<p>4.6 Train communities and home-based care volunteers in nutrition monitoring and basic health-care practices, and ensure that they use these skills to monitor and care for children.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished ▶ C.5 Number of providers/caregivers trained in caring for OVC
<p>4.7 Improve access to proper nutrition for families caring for OVC, by means of training in labour-saving, cost-effective production and processing of food.</p>	<ul style="list-style-type: none"> ▶ Ministry of Agriculture, Water and Forestry (lead) ▶ Emergency Management Unit, Office of the Prime Minister ▶ Ministry of Regional and Local Government, Housing and Rural Development ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ H.13 Number of households receiving food assistance ▶ H.12 Number of households trained in food security ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished ▶ C.2 Percentage of OVC whose households have received free basic external support in caring for the child
<p>4.8 Provide temporary food supplies to needy families caring for OVC and to children on the street.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Regional AIDS Coordinating Committees (RACOCs) ▶ Emergency Management Unit, Office of the Prime Minister ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ H.13 Number of households receiving food assistance ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished ▶ C.2 Percentage of OVC whose households have received free basic external support in caring for the child ▶ H.16 Number of OVC receiving food and nutritional services
<p>4.9 Target preventative health care services for young children (0-3) in the care of the elderly or at Early Childhood Development Centres and strengthen growth monitoring to identify children in these circumstances who are not thriving.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ Ministry of Education ▶ Ministry of Gender Equality and Child Welfare 	<ul style="list-style-type: none"> ▶ H.1 Ratio of OVC to non-OVC aged 0-4 who are malnourished ▶ H.17 Number of OVC receiving health care services
<p>4.10 Revise and enforce inheritance laws and the provisions for widows in the Communal Land Reform Act, and take strong action against property-grabbing, to ensure that OVC and child-headed households do not lose access to the land and resources they need for food security.</p>	<ul style="list-style-type: none"> ▶ Ministry of Lands and Resettlement (lead) ▶ Ministry of Justice / Master of the High Court ▶ Ministry of Gender Equality and Child Welfare ▶ Law Reform and Development Commission ▶ Legal Assistance Centre ▶ Traditional Authorities 	<ul style="list-style-type: none"> ▶ H.4 The 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
<p>4.11 Record health and nutrition information on OVC to provide data for measuring progress on this issue.</p>	<ul style="list-style-type: none"> ▶ Ministry of Health and Social Services (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ M.14 Demographic and Health Survey completed
<p>4.12 Improve OVC access to clean water and sanitation by various means, including (a) rainwater harvesting at schools and Early Childhood Development Centres (b) providing boreholes and pay pumps in areas where they are most needed and (c) installing environmentally-appropriate toilet facilities at schools and Early Childhood Development Centres.</p>	<ul style="list-style-type: none"> ▶ Ministry of Agriculture, Water and Forestry (lead) ▶ Ministry of Gender Equality and Child Welfare ▶ Ministry of Health and Social Services ▶ Ministry of Regional and Local Government, Housing and Rural Development 	<ul style="list-style-type: none"> ▶ H.6 Proportion of children under five years of age who died in the last year ▶ H.16 Number of OVC receiving food and nutritional services

MANAGEMENT AND NETWORKING

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

ACTIVITIES	LEADING AGENCIES	RELATED INDICATORS IN M&E PLAN
<p>5.1 Develop, update, maintain and share a national database on OVC services which includes information on all OVC interventions, and make every effort to ensure that it is accurate and comprehensive.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ M.8 Number of OVC registered on web-enabled database
<p>5.2 Hold a national conference on OVC every two years to examine and highlight the current situation, progress, best practices and future plans.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ M.5 Number of National OVC conferences held between 2006 and 2010
<p>5.3 Maintain and report on basic Monitoring and Evaluation information on the situation of OVC, review the Monitoring and Evaluation Plan which accompanies this Plan of Action and train on its use, and periodically revise the Monitoring and Evaluation system as necessary.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force ▶ OVC Forums 	<ul style="list-style-type: none"> ▶ 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 ▶ M.6 Percentage of organisations that have submitted the required System for Programme Monitoring forms on time in the past 12 months
<p>5.4 Ensure commitment and consistency in attendance and participation in the OVC Permanent Task Force to increase its effectiveness, and build OVC Permanent Task Force secretariat capacities.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force ▶ Participating ministries ▶ Participating non-governmental partners 	<ul style="list-style-type: none"> ▶ M.12 Number of OVC service providers attending Permanent Task Force ▶ 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
<p>5.5 Further develop the capacity of the OVC Permanent Task Force to share good practices, plan and monitor the national programme, create awareness, and involve all sectors, by providing (a) additional training as necessary (b) organising in-country study tours (c) sharing case studies and documentation and (d) encouraging them to make use of appropriate e-forums and websites.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ M.7 Number of OVC Forum exchange visits conducted between regions ▶ 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 ▶ M.3 Website developed on OVC services
<p>5.6 Strengthen information-sharing and networking throughout the country, by highlighting good practices, organising in-country study tours, sharing case studies and documentation and establishing e-forums and websites.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Information and Broadcasting ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ M.6 Percentage of organisations that have submitted the required System for Programme Monitoring forms on time in the past 12 months ▶ M.7 Number of OVC Forum exchange visits conducted between regions ▶ M.9 National children's OVC Forum established ▶ M.12 Number of OVC service providers attending Permanent Task Force
<p>5.7 Develop regional and constituency-level OVC Forums and committees, to increase the level of regional and local networking and service delivery, and to improve reporting.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Regional and Local Government, Housing and Rural Development ▶ OVC Permanent Task Force ▶ Regional AIDS Coordinating Committees (RACOCs) ▶ Constituency AIDS Coordinating Committees (CACOCs) 	<ul style="list-style-type: none"> ▶ M.10 Percent of regions with functioning OVC Forums ▶ M.11 Percent of constituencies with functioning OVC Forums ▶ M.6 Percentage of organisations that have submitted the required System for Programme Monitoring forms on time in the past 12 months ▶ 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

<p>5.8 Increase the capacity of mayors, municipal leaders and local authorities to initiate, expand and manage local support to OVC, by (a) providing local officials with training and sensitisation on the needs of OVC (b) encouraging them to establish and participate in local OVC committees (c) encouraging them to make local authority resources (such as space in buildings owned by the local authority) available to support OVC services and (d) encouraging them to provide at least temporary relief to households caring for OVC who cannot pay for local authority services such as water and electricity.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force ▶ Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICALL) (lead) ▶ Namibia Association of Local Authority Offices (NALAO) ▶ Association of Local Authorities in Namibia (ALAN) 	<ul style="list-style-type: none"> ▶ M.10 Percent of constituencies with functioning OVC Forums ▶ M.1.1 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 ▶ M.1.1 Percent of constituencies with functioning OVC Forums
<p>5.9 Map services for OVC to facilitate referrals and to prevent duplication of services.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) 	<ul style="list-style-type: none"> ▶ M.4 Annual NPA report submitted to Cabinet
<p>5.10 Commission a study on resource mapping to see if funds allocated for OVC services are being applied efficiently for their intended purposes.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ OVC Permanent Task Force 	<ul style="list-style-type: none"> ▶ M.13 Study on resource mapping for OVC services completed and disseminated
<p>5.11 Ensure that the recommendations in the Ministry of Gender Equality and Child Welfare Human Resource and Capacity Gap Analysis are implemented.</p>	<ul style="list-style-type: none"> ▶ Ministry of Gender Equality and Child Welfare (lead) ▶ Ministry of Finance ▶ Public Service Commission 	<ul style="list-style-type: none"> ▶ 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

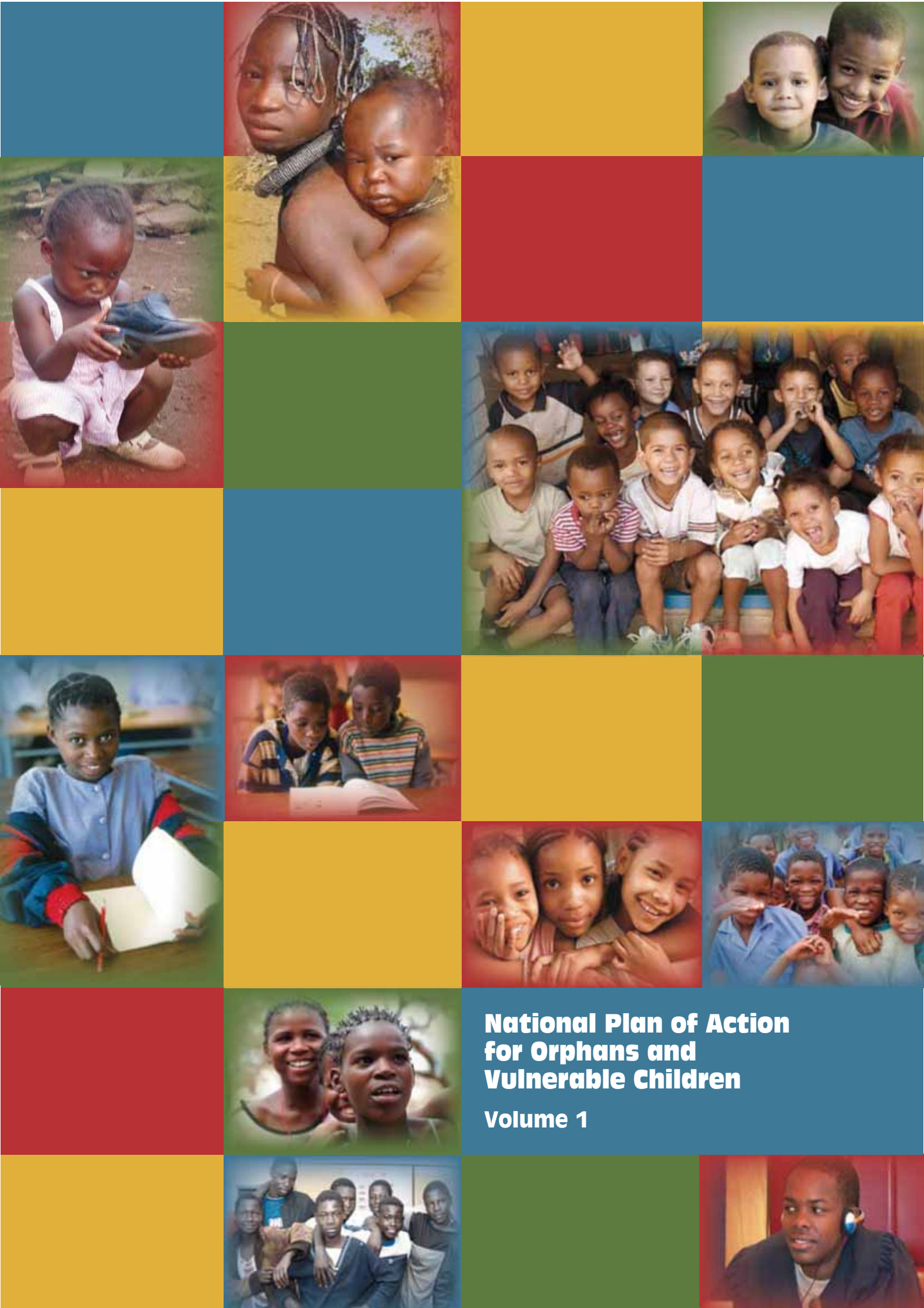
Agency contact details

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 1**