

Assessment of OVC Interventions with a Food Component in Namibia

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retro viral treatment
CAA	Catholic Aids Action
CAFO	Church Alliance for Orphans
CBO	Community-Based-Organization
CBS	Central Bureau of Statistics
CFW	Cash-For-Work Programme (MAWRD)
ECD	Early-Childhood Development Programme (MWACW)
EMU	Emergency Management Unit (Prime Minister's Office)
FAO	Food and Agriculture Organisation of the United Nations
FBO	Faith-Based-Organization
FFW	Food-For-Work Programme (MAWRD)
FHI	Family Health International
FIVIMS	Food Insecurity, Vulnerability Information and Mapping Systems Initiative
FSNAP	Food Security and Nutrition Action Plan
FSNC	Food Security and Nutrition Council
FSNS	Food Security and Nutrition Secretariat
FSNTC	Food Security and Nutrition Technical Committee
GDP	Gross Domestic Product
GFCCM	Global Fund Country Coordination Mechanism
GRN	Government of the Republic of Namibia
HBC	Home-based care programme
HBC-TC	Home-based care technical committee
HIS	Health Information System
IPPR	Institute for Public Policy Research
MAWRD	Ministry of Agriculture, Water and Rural Development
MBESC	Ministry of Basic Education, Science and Culture
MOHA	Ministry of Home Affairs
MOHSS	Ministry of Health and Social Services
MWACW	Ministry of Women Affairs and Child Welfare
NAC	National AIDS Committee
NDHS	National Demographic and Health Survey
NDP	National Development Plan
NEMC	National Emergency Management Committee
NEPRU	Namibian Economic Policy Research Unit
NEWFIS	Namibia Early Warning Food Information System
NGO	Non-Governmental Organization
NHIES	National Household Income and Expenditure Survey
NPC	National planning Commission
NRCS	Namibian Red Cross Society
NSFP	National School Feeding Programme (MBESC)
NVAC	National Vulnerability Assessment Committee
OPM	Office of the Prime Minister
OVC	Orphans and vulnerable children
OVC-PTF	OVC Permanent National Task Force
OVC-RF	OVC Regional Forum
PLWA	People Living with AIDS
PLWHA	People Living With HIV/AIDS

PMTCT	Prevention of Mother-To-Child Transmission of HIV/AIDS
PRRO	Protracted Relief and Rehabilitation Operation
RAAAP	Rapid Appraisal, Analysis and Action Plan
RACOC	Regional Aids Coordinating Committee
REMU	Regional Emergency Management Unit
RIACSO	UN Regional Inter-Agency Coordination Support Office
RRDP	Regional Rural Development Planner (MAWRD)
RVAC	Regional Vulnerability Analysis Committee
SADC	Southern African Development Community
SARCOF	Southern African Regional Climate Forum
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
UNAM	University of Namibia
UNDP	United Nations Development Fund
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
UWC	University of Western Cape (SA)
VCT	Voluntary Counselling and Testing
VEMU	Village Emergency Management Unit
WFP	World Food Programme

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EXECUTIVE SUMMARY

In response to the Government of the Republic of Namibia (GRN) drought appeal in November 2003, WFP approved a 6-months emergency operations targeting 111,000 orphans and vulnerable children (96,940 OVC and 14,060 malnourished children through health clinics) in six of the most affected northern regions of the country. Originally, the WFP support was scheduled to start in March 04 and end by August 04, but due to delays in implementation, the operations started in July and will be terminated by December 2004, although an extension till March 2005 seems likely. Of the 6 regions originally selected, Caprivi, Kavango, Oshikoto and Ohangwena regions are served to date.

This report is expected to help WFP in taking a decision whether to continue its support to OVC, one of Namibia's most vulnerable population groups, starting with an assessment if food gaps are currently being addressed appropriately by government and/or its partners.

This consultancy was requested in light of the new WFP Regional Appeal for Southern Africa, a so-called "Protracted Relief and Recovery Operations" or PRRO that has recently been approved by the WFP Executive Board and will start from early 2005 for a period of three years. The PRRO is a follow-up to the Regional "Emergency Operation" (EMOP) for Southern Africa that has run from 2002-4 and is specifically designed to tackle the so-called "triple threat" of food insecurity, weakened capacity for governance and HIV/AIDS in the most affected countries (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe), with chronic poverty as an internal driver of peoples' vulnerability. The consultancy should provide some well-informed recommendations if it is required to include a small appeal for Namibia in the Regional PRRO.

Namibia is classified as a lower middle-income country with an estimated GDP of US\$4.7 billion for 2003 and a Gross National Income of US\$1,870 per capita. Unfortunately, there are a number of reasons why this assumption would seem unjustified for a majority of the Namibians, which I list below:

- The majority of the people (more than 1 million), live in the North on communal land, are asset poor, depend on subsistence farming and small stock rearing and are vulnerable to natural disasters such as recurrent droughts, locusts, floods and animal diseases.
- Namibia has also one of the highest HIV/AIDS infection rates in the world (22.3 per cent of all Namibian adults were HIV-positive in 2001, with peaks of 43 per cent in the Caprivi region)
- Already in 2001, almost 30 per cent of the households had an under-15 child orphaned by 1 or two parents in their midst.
- It is further projected that by 2021 there will be a cumulative death total of over one-half million persons, leaving more than 200 000 AIDS orphans behind.

In response, the GRN has implemented grant-based support programmes to develop a national social safety net in support the most afflicted population groups. These include the following measures:

- Pensions to persons over 60 years old and war veterans (MOHA)
- Special maintenance and disability grants (MOHSS)
- Maintenance and foster parent allowance for OVC and caregivers (MWACW)
- Cash for Work programmes (MAWRD)

Ongoing safety net programmes with food as a component are:

- School Feeding Programme (MBESC)

- Food for work (MAWRD)
- Drought relief assistance (OPM-EMU)
- OVC supplementary feeding scheme (WFP/EMU)

The GRN has also drafted a number of new pieces of legislation to create a more conducive policy and regulatory environment to tackle the problems of HIV/AIDS, poverty, food insecurity and malnutrition.

In total, the GRN is among the 8 countries in the world who spend the highest share of GDP on public expenditure in education (almost 25 per cent) and is only second to South Africa in Southern Africa in terms of per capita spending in the health sector.

This report supports the legitimacy of the claim that the GRN can request to be included under the new WFP Regional PRRO, in helping to assure Namibians' right-to-food.

The latest estimates for number of orphans in Namibia range from 31, 000 in 1999 to over 130,000 today. In other words in 10 years time 1 out of 3 kids will have lost one or both parents. These dramatic figures reflect the enormous changes that have occurred and will further arise over time on individual households, their extended families and communities as a whole. As the extended family remains the primary caretaker of orphans, and families accept the additional "burden" of taking on board OVC to and beyond the carrying capacity of a household, family structures are breaking down due to the impact of HIV/AIDS on family life. Reliable figures about the numbers of defunct families are not available. Clearly, all members of these families are vulnerable to food insecurity.

About half of the orphans are to be found in the four central north regions of *Oshikati*, *Omusati*, *Ohangwena* and *Oshikoto*, while the rest reside in the north eastern regions of *Kavango* and *Caprivi* and *Windhoek*. They further emphasize that they have found evidence that orphans are moved back to the rural areas when parents die in urban environment. Therefore, the report expects that about 60 per cent of the total orphan population will end up in these four northern regions.

The report clarifies how OVC access food, through the description of predominant livelihoods and household characteristics in Namibia by region. In short, a large distinction can be made between the central north and north-east of the country and the centre and south. The northern part is predominantly communal land and hosts over two-thirds of the population largely dependent on rain-fed crop production, raising cattle and small stock. Apart from the capital Windhoek, the centre and south of the country constitute of mainly commercial export cattle and game farms, with a majority of the population involved as farm workers.

Overall, the food security situation seems to have much improved since the 2003 drought, especially for the large numbers of subsistence farmers in the northern areas, who were temporary food insecure because of the drought. As a majority of OVC are cared for by their extended families, they are likely to profit from this improved food security situation as anyone else. Due to a lack of statistical data, it is not possible to calculate or estimate the percentage of households with OVC experiencing transitory versus chronic food insecurity. The latter households would include children headed households and grandmother headed households caring for a large number of (grand)children.

The agricultural season of 2003/4 has been much more successful. NEWFIS expected that Ohangwena, Omusati, Oshikoto regions as well as commercial crop growing areas to be generally self-sufficient in basic foodstuffs and would even generate higher marketable surpluses of millet compared to the previous marketing year. Forecasts for the agricultural season 2004/5 are also looking good, as

the bulk of the country can expect to receive "normal" to "above-normal" rainfall during January to March 2005.

The nutritional status among children under five years of age is low, with a quarter underweight and stunted and almost 10 per cent wasted. There are significant regional differences in the nutritional status of children. Except for a few regions like Erongo, Karas and Otjozondjupa under-nutrition is widespread among the regions in Namibia. Kavango and Khomas have the highest rates of severely stunted children, while also the regions of Ohangwena, Omaheke, Omusati and Oshikoto have close to 30 per cent of their children moderately stunted. Moderate wasting with a prevalence rate between 10 and 15 per cent can be found in Hardap, Ohangwena, Omaheke and Ashana. The regions of Ohangwena and Kavango stand out as about 10 per cent of their children under five were severely underweight. Prevalences for moderately underweight children was again highest for these two regions, but were followed shortly by Hardap and the "four O's" with about a quarter of children under 5 affected.

HIV/AIDS is recognized as one of the greatest threats to the well-being of children in Namibia as 22 per cent of pregnant women were HIV- positive according to the 2002 sero-sentinel survey. Regional differences are significant, as Caprivi tops the list with 43 per cent were infected with the HIV-retrovirus. The causes of Namibia's high HIV prevalence rate are unprotected sex with an infected person, and mother-to-child transmission of HIV.

As characteristics of HIV/AIDS infected/ affected households are well documented in Namibia and the Southern Africa region, it is important to reflect on the duress of chronic illness and death on the households and its individuals. Here is a selection of these changes due to HIV/AIDS, which were also emphasized during interviews in the field:

- loss of labour due to illness and death, increased caring for household members and attending funerals.
- Loss of labour leads to loss of agriculture production, other income generating activities and social activities.
- Money used to be spent on hiring agricultural labour, seeds, tools and implements is now used for funerals costs, including buying of coffins, etc.
- Increased requirements for spending on healthcare.
- Household assets decrease due to slaughtering of livestock for funerals.
- Money runs out and children can't pay school fee or contribution to the school development fund.
- When a parent dies (father) in some areas, it is not uncommon that family members claim valuable assets like agricultural implements and leave the bereaved grandmother and/or children left behind with almost nothing. This phenomenon is also known as "property grabbing."

The impact of HIV/AIDS on PLWHA and their households have lead to a change in household composition. OVC can therefore be found in the following household categories, where the latter ones would be considered as the most vulnerable:

- Family nucleus intact, one parent is left (often female-headed).
- Family nucleus destroyed, OVC taken in by extended family, around new nucleus.
- OVC in orphanages/ safe homes, a minor but growing phenomenon.
- Grand mother headed households, no middle-generation present (migrated - access to remittances or dead).
- Children headed households, only children present, oldest/ strongest takes responsibility for all.
- Roaming OVCs from dissolved households, rotate between different households and scramble for a living.

Street children one finds in places as Rundu and Windhoek are not a separate category as the vast majority have a home to return to in the evenings. Life on the streets is a real coping strategy as money can be made through begging. Some OVC are taking to the streets as parental care and supervision is missing, partly because it is far more exiting to spend time in town than be in the village, but it was also reported that others are sent by family members to beg from passing tourists to help support their family.

Households are vulnerable to food insecurity if they depend on a single source of income or food for their consumption. Diversification of household income to reduce vulnerability to food insecurity is necessarily sought after and achieved by measures taken by individual household members and through government support. One of the main strategies by households to reduce vulnerability to food insecurity is to split households, where grandparents and grandchildren remain in rural areas whereas adults move to town in search of work. This strategy enables the household to retain a rural base, while also minimizing the higher costs associated with living in an urban centre. The household now depends on two sources of income, farming and remittances, if employment can be found. The government has made this strategy possible as it provides pensions to the over- 60 years, so the remaining family has at least a basic monthly income. Although vulnerability is reduced by this strategy, as income is stabilized there are also a number of disadvantages, such as lost labour, dislocated households, which in turn contribute to the spread of STDs, including HIV/AIDS.

In short the following “non-erosive” coping strategies for (OVC) households are used:

- Split households to diversify income and reduce risk
- Casual agricultural labour by OVC.
- Collection of wild fruits
- Hunting (Caprivi)
- Collecting and selling firewood
- Odd jobs
- Selling of limited number of cattle and small stock
- Selling of non-essential assets

More damaging or “erosive” survival mechanisms that people rely on include a number of activities such as:

- Selling of productive assets (agricultural implements)
- Selling of large number of cattle and small stock
- Begging by orphans themselves
- Alcohol abuse
- Prostitution
- Crime

Conclusions

Identify within the OVC population the most food insecure

The main conclusion of this mission is that a substantial part of the Namibian population experiences chronic poverty, food deprivation, malnourishment, sickness and death by HIV/AIDS and related diseases such as TB and Malaria. Although the food security situation has improved during the 2003/4 agricultural season, and transitory food insecurity was reduced, there is a growing group of chronic food insecure households that need consistent support to survive. They include the following most vulnerable households with OVC:

- San people

- Single female headed households
- Grandmother headed households
- Children headed households
- PLWHA

Within the group of OVC (0-18 years old), the majority of key informants stated that the under fives were the most vulnerable age group as they could not tend for themselves and were completely dependent on support from parents, close family such as uncles/aunts and grandparents. And as households break down and family support structures in the process, the under fives end up not receiving the necessary nutrients necessary for growing of a healthy body and mind.

The most affected areas, with the highest numbers of OVC are in the central north and north east, where the majority of the people (more than 1 million) live on communal land, are asset poor, depend on subsistence farming and small stock rearing and are vulnerable to natural disasters such as recurrent droughts, locusts, floods (Caprivi) and animal diseases.

Several key informants mentioned that pockets of food insecure households with OVC can be also found among farm worker communities in the south, as they lack alternative livelihood strategies and have less coping mechanisms than the north.

There is sufficient evidence that the so-called "triple threat" of HIV/AIDS, food insecurity and weak capacity for governance has a similar devastating effect on Namibia as it has on the other countries in Southern Africa. And although Namibia has a much smaller population than its neighbours, the sheer magnitude and depth of the problems, the growing numbers of OVC and PLWHA, and again the weak technical capacity of the government warrant the inclusion of a small appeal for Namibia under WFP's new Regional PRRO.

It seems that by spending a large proportion of the budget on for instance health (15 per cent) and education (20 per cent), the GRN has fulfilled a major commitment under the new "Guidelines for the Progressive Realization of the Rights to Food" in facilitating and/or providing the rights to adequate food, education, health care, etc. by means at their disposal. Moreover, the GRN was also seen to be proactive in the creation of new and strengthening of existing policies, strategies and programmes, including a legal framework in the relevant fields of poverty reduction, health, HIV/AIDS, food security, nutrition and OVC.

As the general food distribution to OVC has run into problems with accurate beneficiary lists and availability of transport, self-targeting mechanisms seem to be much preferred by clinics, schools, and voluntary HBC groups.

Best practices in the delivery of services to OVC with a food component

A number of relevant programme/ project activities were identified in support of OVC in the fields of education, health, care, protection, psycho-social support and food aid, etc. Best practices identified and validated by the GRN and all its partners (UN, Civil society, NGOs, CBOs and FBOs) during the mission include:

- Supplementary feeding scheme for malnourished children at clinics (<2 years) by EMU/WFP and MOHSS.

- Primary School Feeding Programme (6-14 years) by MBESC. Expand to other rural and urban schools.
- HBC programmes by MOHSS, Red Cross, CAA, etc. Expand with a food component for clients (PLWA), care takers and orphans
- “Food-for-Work” programme by MAWRD. Expand the current programme funded by EMU.

New ideas include:

- Start solid foods supplementary feeding to children participating in the PMTCT programme (>6 months) by MOHSS
- Expand support and add food component to kindergartens (under Early Childhood Development, (3-6 years) by MWACW
- Start Secondary School Feeding Programme (12-18 years) by MBESC

The general distribution of food to OVC through EMU and WFP (OVC and drought relief) were considered not a priority, partly because of problems with the official registration of OVC and transport problems, but fore mostly because there are enough viable health and education projects and programmes available that could benefit from the inclusion of a food component.

Constraints identified among two major WFP partners

MWACW

From 2001 onwards, this Ministry took over the responsibility from MOHSS to look after the welfare of all children in Namibia, including the mandate for care and support to OVC. The Ministry is insufficiently capacitated to fulfil its mandate to keep an up-to-date rolling register for OVCs. As a consequence, the current list of approved OVCs, used by WFP in their ongoing general food distribution scheme, is outdated. New applications forms are only sparsely processed by the Ministry in Windhoek. Capacity problems include:

- Lack of human resources at national level to provide technical backstopping to the regions (social workers and Regional OVC Forums).
- Lack of human resources (social workers) in the regions to register OVC for special maintenance and foster care grants, and to verify/scrutinize living conditions of new applicants, making sure that criteria apply.
- Lack of equipment at national and regional level to establish and maintain a rolling OVC register (transport, PCs, database)
- Registration of OVC under the broad definition in use, is expected to increase rapidly in the coming years, as a majority of rural children with both parents alive, but earning less than N\$500 in cash income per month, will also qualify for a special maintenance grant of N\$200. With almost half the population under 15 years of age, this may not be sustainable.

OPM-EMU

The Emergency Management Unit (EMU), situated within the Office of the Prime Minister, is responsible for the monitoring of national emergencies and for liaison with line ministries to co-ordinate and facilitate disaster preparedness and response. The study has found that the EMU is insufficiently equipped to implement its mandate because:

- There is no comprehensive National Disaster Management Policy and Legal Framework yet that describes in detail the roles and responsibilities of all involved. Therefore, EMU does not have direct control over transport, warehouses and human resources to implement the drought relief programme and WFP's OVC food distribution programme. This has led to serious delays in delivery.
- Lack of human resources at national level to provide technical backstopping to the regions, including warehouse management, registration of beneficiaries, M&E, etc.
- the Namibia Vulnerability Assessment Committee is not fully operational. The recent arrival of 3 UNVs, including one VA- specialist (UNV) should provide a much-needed impetus to revitalize the committee's important work.

WFP

Regarding the ongoing general food distribution to OVC by WFP/EMU the following can be stated:

- Problems with logistics (EMU), access to an up-to-date beneficiary list (MAWRD), absence of proper monitoring and evaluation component of the general food distribution scheme for OVC by GRN and WFP, and a decrease in transitory food insecurity through a productive agricultural season in 2003/4 make it unsuitable for extension in its current form beyond March 2005.
- There are enough opportunities for WFP in Namibia to enter into partnerships with government and non-government stakeholders to package food with other support measures for OVC (health, care, education, protection, psycho-social support), to phase out indiscriminate general food distribution among all OVC between 0-18.

Identify appropriate programming modalities and partnership models

There are a number of operational coordination mechanisms in place, all with a sectoral or topical focus or as in the case with the OVC PTF, a focus on a particular vulnerable group in society. The most relevant for comprehensive OVC support include:

- OVC Permanent Task Force
- National Aids Committee, with RACOC in the regions
- Global Fund Country Coordination Mechanism

Develop a baseline data model

A comprehensive food insecurity and vulnerability information system in Namibia is not yet operational, although different attempts have been made to bring together the Early Warning and Food Information System (MAWRD), Health Information System (MOHSS) under the National Vulnerability Assessment Committee chaired by the EMU.

MAWRD has made a start with the adoption of a so-called National FIVIMS, but lacks the full access to other non-agricultural datasets, such as health and poverty, to undertake any comprehensive analysis. Most of the data and maps provide information only at the aggregate level of regions, not beyond.

Several key informants expressed their frustration that government data sets (e.g. Census 2001) could not be easily accessed for further in-depth analysis by researchers. This is a clear constraint in the conduct of any comprehensive vulnerability analysis in the country.

There is a lack of baseline data on food security and nutrition and although a number of surveys have been conducted, there has never been a comprehensive food and nutrition survey, as was proposed under the Food Security and Nutrition Action Plan. Detailed descriptions of OVC households, their location, livelihoods, coping mechanisms and specific needs are also incomplete.

RECOMMENDATIONS

Proposed Interventions

- A follow-up study needs to be undertaken to review the feasibility of the following proposed interventions in support of OVC in Namibia:
 - Continue/ expand supplementary feeding scheme for malnourished children at clinics (<2 years) by EMU/WFP and MOHSS.
 - Expand Primary School Feeding Programme (6-14 years) to other rural and urban schools by MBESC
 - Start Secondary School Feeding Programme (12-18 years) by MBESC
 - Expand HBC programmes with a food component for clients (PLWA), care takers and orphans by MOHSS, Red Cross, CAA, etc.
 - Expand "Food-for-Work" programme by MAWRD funded by EMU.
 - Start solid foods supplementary feeding to children participating in the PMTCT programme (>6 months) by MOHSS
 - Expand support and add food component to kindergartens (under Early Childhood Development, (3-6 years) by MWACW
- Priority should be given to discuss tripartite agreements between WFP, the GRN (MOHSS, MWACW and EMU), and CAA and the Namibian Red Cross Society as implementing partners to start a supplementary feeding programme for PLWHA, ARV-patients and orphans.

OVC Registration

- The systematic registration of OVC by MWACW should become a priority for all members of the OVC PTF by providing necessary financial and technical support.
- In line with the overall drive towards decentralization of government functions, the head of MWACW in the regions should be responsible for coordination of the OVC registration and scrutinizing of applications. Therefore, positions of social workers need to be filled with utmost priority, staff need to be equipped with a working space, PC, training in Excel, photocopier, and transport (4x4).
- It would be deemed useful to include a number of additional questions on the registration form that would provide vital socio-economic information (access to PSS, health, care, protection, education and food) to provide a much improved understanding of the magnitude and depth of the problems. This information would then allow to be (dis-)aggregated for analysis by level of household, community, district, region, socio-economic groups, language group, etc. Once this OVC management information system would be in place, packages of support could be better designed in response to specific needs.

- As competition for qualified human resources is fierce in Namibia, including the government sector, it would also be recommended that common guidelines are drafted to allow other stakeholders with capacity on the ground to assist with the registration, such as MOHSS, Regional Council, CAA, Red Cross, etc.

EMU

As a way to increase their capacity and operational effectiveness and efficiency of reaching the most vulnerable in times of emergency:

- EMU should consider the inclusion of PLWHA and orphans as legitimate beneficiaries under their drought relief programmes.
- EMU should take the opportunity to discuss with MOHSS the need to assist the Ministry with provision of food to PLWA on ARV's.
- EMU should consider the use of HBC programmes as food distribution channel to reach PLWHA in the country.
- As chair of the NVAC, the EMU should give priority to the Namibia National VAC and take the lead in drafting of the terms of reference, making an inventory of existing data sets, identify main data gaps, facilitate a common workplan, etc.)
- As chair of the NVAC, the EMU should make sure that the Poverty Reduction Monitoring System (NPC) and FIVIMS (MAWRD) are brought in as full partners to prevent duplication in establishing a common socio-economic baseline and early warning system.

WFP

- As a first priority, WFP should consider to deepen its relationship with EMU and provide technical assistance to help finalize the disaster management policy framework and legal framework.
- WFP should consider to provide technical assistance to strengthen EMU operations, e.g. warehouse management, targeting, and monitoring and evaluation.
- Based on the feasibility study of the proposed interventions, listed above, WFP should consider to develop a small appeal for Namibia under their regional PRRO for Southern Africa.
- WFP should consider to discuss a tripartite agreements between WFP, the GRN (MOHSS, MWACW and EMU) to start a supplementary feeding programme for PLWHA, ARV patients and orphans through the CAA and Red Cross HBC programme
- Preferred regions to pilot these supplementary feeding programme for PLWHA, ARV patients and orphans are *Caprivi* (CAA and Red Cross), *Kavango* (CAA) and *Ohangwena* (Red Cross). These regions are among the most vulnerable in the country and have a strong presence from intended Implementing Partners.

Introduction

In response to the Government of the Republic of Namibia (GRN) drought appeal in November 2003, WFP approved a 6-months emergency operations targeting 111,000 orphans and vulnerable children (96,940 OVC and 14,060 malnourished children through health clinics) in six of the most affected northern regions of the country. Originally, the WFP support was scheduled to start in March 04 and end by August 04, but due to delays in implementation, the operations started in July and will be terminated by December 2004, although an extension till March 2005 seems likely. Of the 6 regions originally selected, Caprivi, Kavango, Oshikoto and Ohangwena regions are served to date.

Close to the termination date of this short intervention, WFP hired a consultant to conduct a situation analysis of OVC, with a particular emphasis to identify the most food insecure among them, identify best practises in response from government and non-government stakeholders and look at opportunities to form partnerships to strengthen a comprehensive response to OVC.

This report is expected to help WFP in taking a decision whether to continue its support to OVC, one of Namibia's most vulnerable population groups, starting with an assessment if food gaps are currently being addressed appropriately by government and/or its partners. Based on the needs identified, WFP is expected to make a better-informed decision whether to continue its current intervention or to become involved with other support mechanisms, engage in partnerships, and assist the GRN in scaling up, and/or replicating some of the most successful activities elsewhere in Namibia.

It is worthwhile to note that this consultancy was requested in light of the new WFP Regional Appeal for Southern Africa, a so-called "Protracted Relief and Recovery Operations" or PRRO that has recently been approved by the WFP Executive Board and will start from early 2005 for a period of three years. The PRRO is a follow-up to the Regional "Emergency Operation" (EMOP) for Southern Africa that has run from 2002-4 and is specifically designed to tackle the so-called "triple threat" of food insecurity, weakened capacity for governance and HIV/AIDS in the most affected countries (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe), with chronic poverty as an internal driver of peoples' vulnerability. HIV/AIDS and food insecurity in particular, have become more and more entangled in a vicious circle where low nutritional status increases susceptibility to HIV infection, while HIV/AIDS in turn reinforces vulnerability to food insecurity. The consultancy should provide some well-informed recommendations if it is required to include a small appeal for Namibia in the Regional PRRO.

Upon arrival in Windhoek, it was noticed that a new UNDAF round was close to completion. It is anticipated that the main recommendations and project ideas stemming from this report should be considered for incorporation into this programme development framework.

1. BACKGROUND

When the WFP launched its first and second emergency appeal for assistance to the Southern Africa region, starting in July 2002, Namibia was not included in the list of most affected countries, as the country is classified as a lower middle-income country with an estimated GDP of US\$4.7 billion for 2003 and a Gross National Income of US\$1,870 per capita (World Bank: 2004). With an estimated annual GDP growth of 3.3 per cent in 1999 and 3.7 per cent in 2003, a relatively small population of 1.8 million, and a buoyant export economy based on mining, fishing, livestock production and tourism, this certainly gives the impression that Namibia should be able to deal with problems affecting Namibians without outside assistance.

Unfortunately, there are a number of reasons why this assumption would seem unjustified for a majority of the Namibians, which I list below:

- First of all, it is widely known that there is a major inequality in the division of richness in the country, leading to the highest Gini coefficient in the world at .7. This means that just over 5 per cent of the Namibian population earns over half the entire GDP, or if we look at the top income quintile, where the top 20 per cent earners received almost 80 per cent of the GDP.¹
- Although Namibia ranked 65 out of 175 countries in terms of income, using the Human Development Index, combining income with other capability measures such as education and health, Namibia only comes 124th place, making income as a sole indicator a poor measure for development in Namibia.
- Of the total surface of land (824.3 thousand square kilometres), only 1 per cent is arable.
- The majority of the people (more than 1 million), live in the North on communal land, are asset poor, depend on subsistence farming and small stock rearing and are vulnerable to natural disasters such as recurrent droughts, locusts, floods and animal diseases.
- Namibia has also one of the highest HIV/AIDS infection rates in the world (22.3 per cent of all Namibian adults were HIV-positive in 2001, with peaks of 43 per cent in the Caprivi region)
- Already in 2001, almost 30 per cent of the households had an under-15 child orphaned by 1 or two parents in their midst.
- It is further projected that by 2021 there will be a cumulative death total of over one-half million persons, leaving more than 200 000 AIDS orphans behind.

In response, the GRN with technical support from its non-government partners have taken action in a both strengthening grant-based transfer programmes as an important component of a national safety net that prevents the most needy from falling further into poverty and deprivation (NPC: 2002a). The GRN has also drafted a number of new pieces of legislation to create a more conducive policy and regulatory environment to tackle the problems of HIV/AIDS, poverty, food insecurity and malnutrition. It is commendable that some of this legislation has already been approved by Cabinet and Parliament or is at the final stages of preparation under the supervision of individual line ministries. For example, the following overall policies have been adopted:

- National Development Policy II (2001)
- National Poverty Reduction Strategy (1998) and Action Programme (2002)
- Vision 2030 (2004)

On HIV/AIDS the following legislation has been put in place:

- National Policy on HIV/AIDS, Charter of Rights (2002)

¹ In comparison the top 20 per cent of earners make the following shares of GDP in neighbouring countries: South Africa - 65 per cent; Botswana – 60 per cent; and 50 per cent in Zambia.(Source: Website USAID Namibia)

- National Policy on HIV/AIDS for the Education Sector (2003)
- HIV/AIDS Medium Term Plan III (2004-2009)

Some of the relevant Acts and Bills with a focus on the rights of children and OVC currently under consideration are:

- Children Status Bill (MWACW)
- Child Care and Protection Bill (MWACW)
- Basic State Grants Bill (MWACW)
- National Social Welfare Act (MOHSS)
- National Policy on OVC (MWACW)

The main policy on food and nutrition was already adopted in 1995 with a formal declaration for a “Food Security and Nutrition Decade” and the commitment to reduce famine and famine related death, starvation and nutritional deficiency diseases. Food security and nutrition strategies and action plans are carried out under the guidance of the inter-ministerial “Food Security and Nutrition Secretariat” located in the MAWRD.

Given the multitude of legislation in place or under consideration, the GRN and its partners have made considerable progress in developing a policy and legal framework in Namibia that has created a conducive environment for ALL to “raise and maintain an acceptable standard of living of the Namibian people” (1990 Constitution, Article 95).

Moreover, the GRN has implemented grant-based support programmes to develop a national social safety net in support the most afflicted population groups. These include the following measures:

- Pensions to persons over 60 years old and war veterans (MOHA)
- Special maintenance and disability grants (MOHSS)
- Maintenance and foster parent allowance for OVC and caregivers (MWACW)
- Cash for Work programmes (MAWRD)

Ongoing safety net programmes with food as a component are:

- School Feeding Programme (MBESC)
- Food for work (MAWRD)
- Drought relief assistance (OPM-EMU)
- OVC supplementary feeding scheme (WFP/EMU)

In total, the GRN is among the 8 countries in the world who spend the highest share of GDP on public expenditure in education (almost 25 per cent) and is only second to South Africa in Southern Africa in terms of per capita spending in the health sector (GRN: 2004). Moreover, in 2003, the GRN spend a total of 220 million N\$ on a national drought aid scheme and targeted a total of 640,000 people, about one third of the total population. (GRN: 2004.) Although these overall figures are impressive, some caution need to be considered as these figures do not include a measure of efficiency nor effectivity of spending.

Although the GRN has taken a proactive approach in dealing with the policy and legislative framework and has been responsible for the implementation of a number of interventions directed to benefit the population most affected, and has further entered into a number of partnerships with non-government organizations to improve coordination of a comprehensive response, the GRN is noticeably overwhelmed by the problems. Overwhelmed, as the human capacity inside the government, both at national and regional level, is still very limited. The lack of capacity at all levels in Namibian society is noticeable and still very much a legacy of the recent colonial past.

Altogether, it is only just to state that the commitments and actions by the GRN are without doubt indicative of a government that takes the obligation seriously

“to facilitate and proactively engage in activities intended to strengthen people’s access to and utilization of resources and means to ensure their livelihoods.” (FAO: 2003)

These guidelines were drafted in 2003 by an Intergovernmental Working Group under the auspices of the FAO Council in response to an invitation from Heads of State and Government at the 2002 World Food Summit: *five years later*, “to elaborate, with the participation of stakeholders, a set of voluntary guidelines to support Member States’ efforts to achieve progressive realization of the right to adequate food in the context of national food security.” These guidelines also address the participation from all members of society at large, including civil society organizations as well as private business entities. In elaborating these guidelines, an important step has been taken into operationalizing, among others, Article 25 of the Universal Declaration of Human Rights and Article 11 of the International Covenant on Economic, Social and Cultural Rights. (FAO: 2003)

In short, these Guidelines ask for a strong role of governments in facilitating and/or providing the rights to adequate food, education, health care, etc. by means at their disposal. Facilitation, by drawing up an enabling and conducive policy and legal framework together with stakeholders, and, whenever an individual or group is unable to enjoy these rights, for reasons beyond their control, states have an obligation, to fulfil that right directly. Either through subsidies/grants or, if the State does not have the resources to fulfil all the rights directly, it has an obligation to request international assistance in the case of a natural or human-made emergencies if their own resources do not suffice (guideline 14 – Emergency, *ibid*).

In the following chapters, the report explores, among others, the particular responses by the Namibian government and other actors in the country (UN, NGOs, CBOs and FBOs) to the needs of orphans and “vulnerable children, ” a denomination used by many stakeholders to include non-orphaned children that also lack in well-being. The report is expected to discuss the legitimacy of the GRN to request for international assistance to WFP, under the new regional PRRO, in helping to assure Namibians’ right-to-food.

2. OBJECTIVES OF THE STUDY

In short, this study focuses on the status of OVC in Namibia, identify best practises in response from government and UN agencies, NGOs, CBOs and FBOs with a food component, and look for opportunities to form partnerships to strengthen a comprehensive response to needs of OVC.

More specifically, the consultant was tasked to:

- Identify within the OVC population the most food insecure and most in need of WFP assistance (establish targeting criteria) and how WFP can include them in any intervention;
- Identify best practices (of GoN, NGOs, CBOs and the UN) in the delivery of services to OVC where food is one component.
- Identify appropriate programming modalities and partnership models for OVC interventions with the GoN, NGOs and CBOs;
- Identify a suitable exit strategy in collaboration with the GoN for any proposed interventions.
- Develop a baseline data model for the collection of information/indicators to be monitored over time to evaluate programme progress.

3. METHODOLOGY AND APPROACH

3.1 Methodology and Approach

During a 6 weeks consultancy, the consultant collected quantitative and qualitative data from relevant government and non-government key informants:

- at the start in Johannesburg (briefing with WFP at RIACSO);
- in Windhoek; and
- in Caprivi, Kavango, Oshikoto and Ohangwena regions (centre north and north east of Namibia), home to the ongoing OVC food distribution programme by WFP/GRN.

In more detail, the consultancy was divided into two missions of each 14 days to Namibia and another two weeks were used for report writing at home in Pretoria. Of those four weeks in Namibia, the consultant spent a total of two weeks in Windhoek to interview key stakeholders such as OPM-EMU, MWACW, MHSS, MAWRD, WFP, UNICEF, FAO, CAA, CAFO and FHI, and further collected and read essential literature. The other two weeks in Namibia were spent in the field (trip 1: Caprivi and Kavango region; trip 2: Oshikoto and Ohangwena). These field trips focused on meetings with local key stakeholders to draw out relevant programmes and regional differences from key informants in the regions (REMU, MOHSS, MWACW, CAA, Red Cross, etc.). The field visits proved very useful in assessing the reality on the ground, allowing to see the relative strengths, weaknesses, opportunities and constraints of the players involved.

As long travel distances between Windhoek and the regions prevented the field visits to explore OVC living conditions in detail, and sufficient information on OVC needs was identified in reports (including needs reported by OVC themselves) prior to the first field visit, and as also little time was available for setting up focus group discussions, the consultant decided not to use focus group discussions with OVC during the rapid appraisal, as originally suggested in the terms of reference. In short, each of the four region were visited for two days and work concentrated on interviews with key informants from government and non-government agencies. EMU/WFP distribution points were visited in Kavango and Caprivi. Mr Timothy Shixungileni from the OPM-EMU accompanied the consultant on these field visits and facilitated the organization of meetings with representatives from the regional government (Regional Emergency Management Unit).

The limitations of this study include the unavailability of recent health and nutrition surveillance data by region and district, and detailed poverty and livelihood descriptions² of PLWHA and households living with OVC, which made it difficult to conduct a break-down of homogeneous smaller groups that were particularly vulnerable to food insecurity. An attempt has been made by providing socio-economic profiles for the main regions involved.

It must also be stated that the consultancy took place shortly before the presidential elections in Namibia. This meant that especially during the second trip, the consultant was not able to meet up with many of the intended key informants.

At the end of the consultancy, a half-a-day briefing was organized in Windhoek to inform the stakeholders of the preliminary results and discuss the validity of the findings and opportunities identified to assist OVC in future. Comments and suggestions from this successful meeting have been incorporated into the final version of this report.

3.2 Definitions

As this study concerns itself mainly with the food security aspects of OVC, the following definitions should clarify the main terminology used in the report.

Food insecurity exists when people are undernourished as a result of the physical unavailability of food, their lack of social or economic access to adequate food, and/or inadequate food utilization. Food-insecure people are those individuals whose food intake falls below their minimum calorie (energy) requirements, as well as those who exhibit physical symptoms caused by energy and nutrient deficiencies resulting from an inadequate or unbalanced diet or from the body's inability to use food effectively because of infection or disease (FIVIMS Website: 2004).

Transitory versus Chronic food insecurity

Transitory food insecurity is temporary or seasonal and occurs during periods before harvest. It includes periods of shortfall resulting from natural disasters or other negative shocks. Chronic food insecurity is associated with long-term conditions such as poverty or complex emergencies like the current emergency "triple threat" in Southern Africa.

So, when we consider OVC, both concepts of food insecurity apply. First, long-term factors are in place because families with OVC are characterized by few or no productive assets, reduced consumption patterns, low dietary diversity and few or no seed stocks (as erosion of household assets is likely to continue).

Vulnerability

Vulnerability is the extent to which people are affected by adverse events and processes. Vulnerability is often misunderstood in terms of events rather than consequences of adverse events. People living in drought-prone areas are vulnerable not to drought as such, but to hunger induced by drought.

In general, there are three ways to address vulnerability:

- Reduce exposure to *adverse* events
- Reduce the *impact* to adverse event

² This month, the NPC published their first Poverty Reduction Participatory Poverty Monitoring Report on the Ohangwena region (NPC, 2004). Similar exercises are scheduled to be conducted in all other regions starting from early next year. This is expected to provide much more qualitative insights into livelihood strategies and coping mechanisms of the very poor, which will help the particular understanding of OVC problems, their underlying causes as well as suggestions how best to tackle these.

- Reduce the harmful *consequences* of these events (WFP: 1995)

Vulnerability to food insecurity refers to the full range of factors that place people at risk of becoming food insecure. The degree of vulnerability of individuals, households or groups of people is determined by their exposure to risk factors, and their ability to cope with or withstand stressful situations. Further distinction can be drawn between structural vulnerability (long-term) and transitory or current vulnerability (short-term) to distinguish the different time dimensions involved (FIVIMS Website).

Work by the Programme for Land and Agrarian Studies (PLAAS) at the University of Western Cape (UWC) in Cape Town (Du Toit & Ziervogel: 2004), suggested that chronic poverty needs to be understood in relationship to at least three overlapping types of vulnerability and stress. These include:

- **Economic vulnerability** related to stress on livelihood systems (asset poverty, debt, insecure entitlements to social services, wage/remittance dependency, job insecurity, monetary poverty, lack of access to credit);
- **Health vulnerability** related to ill-health and disease (poor diet, malnourishment, stunting and wasting, chronic ill-health, vulnerability to HIV/AIDS and TB, psychological stress); and
- **Social vulnerability** related to stress on social networks (high dependency ratios, stressed care chains, exploitative gender dynamics, patterns of alcoholism, prostitution, violence and crime).

Covariate versus idiosyncratic risks

Covariate risks are risks that affect many individuals, households or communities simultaneously (droughts, floods, etc.) whereas idiosyncratic risks are risks that are specific to the individual or household (illness, unemployment, etc.).

As HIV/AIDS would first be qualified as a idiosyncratic risk, impacting on particular individuals and households only. On the other hand, given the scale of the disease and the extended family networks taking care of the affected and OVC, this makes it almost a risk that is felt by the whole community, so could be also seen as a covariate risk as well.

Orphans and vulnerable children

To be more specific, in Namibia, the following definition is used for orphans and vulnerable children:

“Children under the age of 18 whose mother, father or both parents or primary caregiver has died and/or are in need of care and protection, are known as orphans and vulnerable children (OVC).”

It has become clear in the progress of this mission that the “OR are in need of care and protection” in theory embraces many rural poor children that may need some kind of assistance. This makes the definition very inclusive, which is desirable from a legal point of view to protect children’s rights, but when used by MWACW as the criteria for accessing grants it provides almost any child from a poor rural household (earning less than N\$500 on paper) with an opportunity to register and apply for the OVC special maintenance grant.

A second limitation of the definition is the age restriction, as OVC when they become 18 or 19 might very well be still school going and therefore would still be in need of assistance.³ The report will later come back to the issue of defining OVC and the consequences this will have for the interventions designed.

Poverty

Although there are different definitions in use in Namibia, the National Planning Commission (NPC) classifies a household as being “relatively poor” if it devotes 60% of its expenditure to food and “extremely poor” if expenditure on food exceeds 80%.

4. SITUATION ANALYSIS OF OVC IN NAMIBIA:

4.1 Introduction

Ever since the HIV/AIDS related deaths started to Namibia in increasing numbers, the problem of OVC has come to the fore. The most comprehensive situation analysis on OVC to date has been undertaken by SIAPAC in 2001 for the MOHSS with financial support from UNICEF. The report, now often quoted, broke important ground as it made predictions about the alarming rise in numbers of OVC in the next 20 years, to a incredible number of 200, 000 AIDS orphans by the year 2021 (using a definition of orphans under 15 years of age). The report also makes clear that AIDS orphans made up just over half the total amount of orphans in 2001, while this is expected to increase to 80 per cent by 2021.

Although accurate figures about the numbers of OVC are absent, and AIDS orphans in particular, as testing and registration is incomplete, this chapter will make an attempt to describe OVC living in Namibia, by number, geographical area, and analysing their socio-economic status, main livelihoods and coping strategies of their households by main regions. Particular attention has been given to their food security status. The aim is to identify the most food insecure among OVC, and if possible, identify ways to target the most vulnerable, with clear criteria to distinguish them from other OVC, clearing the way for the design of specific interventions. This would help in reviewing ongoing interventions and enable a well-informed decision for future interventions, in which WFP could play a role.

4.2 How many?

The latest estimates for number of orphans in Namibia range from 31, 000 in 1999 to over 130,000 today (UNICEF: 2004). In other words in 10 years time 1 out of 3 kids will have lost one or both parents (SIAPAC: 2002). These dramatic figures reflect the enormous changes that have occurred and will further arise over time on individual households, their extended families and communities as a whole. As the extended family remains the primary caretaker of orphans, and families accept the additional “burden” of taking on board OVC to and beyond the carrying capacity of a household, family structures are breaking down due to the impact of HIV/AIDS on family life. Reliable figures about the numbers of defunct families are not available. But clearly, all family members of these families are vulnerable to food insecurity.

4.3 Where?

The SIAPAC reports states that about half of the orphans are to be found in the four central north regions of Oshikati, Omusati, Ohangwena and Oshikoto, while the rest reside in the north eastern regions of Kavango and Caprivi and Windhoek. They further emphasize that they have found evidence that orphans are moved back to the rural areas when parents die in urban environment. Therefore, the

³ The Governor of Caprivi asked the mission to show some flexibility, as in his words, teenagers do not automatically move out of the household when they reach the age of 18, as maybe customary in the USA or the EU countries.

report expects that about 60 per cent of the total orphan population will end up in these four northern regions (SIAPAC: 2002).

4.4 How do OVC access food?

As most OVC have been taken in by family members, OVC depend almost solely on the food/ income earned by other household members, including income generated by themselves. Therefore, to clarify how OVC access food, we need to consider predominant livelihoods and household characteristics in Namibia by region. In short, a large distinction can be made between the central north and north-east of the country and the centre and south. The northern part is predominantly communal land and hosts over two-thirds of the population largely dependent on rain-fed crop production, raising cattle and small stock. Apart from the capital Windhoek, the centre and south of the country constitute of mainly commercial export cattle and game farms, with a majority of the population involved as farm workers.

4.4.1 central north and north east

The northern communal areas (NCA) of Namibia are home to over a million people, 90 percent of whom live in rural areas and are dependent on fragile natural resources for most or part of their livelihoods. The following description applies:

- The main cropping sectors are Ohangwena, Omusati, Shana and Oshikoto, the commercial, Kavango and Caprivi. The central north regions grow mainly mahangu (millet) and sorghum. Maize is grown on commercial farms and in the Caprivi region. Wheat is grown commercially. (WFP: 2002)
- Predominant subsistence farming, with Ohangwena almost 80 per cent, Omusati close to 60 per cent, followed by Kavango, Kunene and Caprivi regions with between 40 and 50 per cent.
- Prone to natural disasters, such as recurrent droughts, wild fires, animal diseases, floods (Caprivi), locusts, etc.
- Highly prone to Malaria and other tropical diseases.
- Highest % in households with orphan members (see table 2)
- Highest percentage of households with a death within 3 years before Census.
- Family support systems under increased pressure, many have collapsed as many OVC are cared for and looked after by a single grandparent.
- Alternative livelihood strategies available, in agriculture - seeds, rain, soil, etc.
- More elaborate community networks and livelihood strategies than South, including urban-rural linkages.

Vulnerable population groups:

- San people
- PLWHA (on ARV roll out programme)
- Poor female (and grandmother) headed households with OVC

4.4.2 *Central/south*

The centre and south covers a huge but sparsely populated area. A large part of the centre and south consists of semi-arid to arid lands and is used for extensive livestock and game production on large commercial farms. This part of the country can be characterised as follows:

- Predominant a cash economy (ostrich, beef farms, etc.). Econometric better off than North but access to materials may be lower.
- Main source of income are salaries and wages
- Lower % in households with orphan members (see table 2)
- Lower percentage of households with a death within 3 years before Census.
- Alternative livelihood strategies are very limited as the landscape is only suitable for extensive livestock raising.
- Less elaborate community networks and livelihood strategies than in North, including less urban-rural linkages.
- So, if the family unit breaks down, there is high vulnerability to food insecurity.
- Lower levels of HIV/AIDS infections than in North.
- Almost Malaria free.

Most vulnerable population groups :

- San people
- Commercial farm workers⁴
- PLWHA (on ARV roll out programme)
- Unemployed female (and grandmother) headed households with OVC

4.5 *Update on the food security status November 2004*

After the recent years of drought, the agricultural season of 2003/4 has been much more successful. NEWFIS expected that Ohangwena, Omusati, Oshikoto regions as well as commercial crop growing areas to be generally self-sufficient in basic foodstuffs and would even generate higher marketable surpluses of millet compared to the previous marketing year. The estimated cereal production was put at 167 500 tons, made up of 96 200 tons of millet/sorghum; 52 900 tons of white maize; and 21 700 tons of wheat. National cereal food use has been provisionally calculated at 317 700 tonnes, which means 150 200 tonnes will have to be imported to plug the deficit. The bulletin says commercial farmers have already indicated that they plan to import 90 000 tonnes, comprised of 50 000 tonnes of wheat and 40 000 tonnes of white maize. (NEWFIS: 2004).

⁴ I was told there is a high risk for HIV/AIDS in isolated farm worker communities in the South as literacy rates are low, there is a high turn over of labour, and high levels of job insecurity. Subsequently, the community feeling and common identity is absent, whereby little solidarity is shown to one another when one falls ill. I was told that over 10, 000 farm workers around Orange River "Orange Care" and Komsberg are highly vulnerable to HIV/AIDS and would qualify for an extensive HIV/AIDS awareness campaign.

Forecasts for the agricultural season 2004/5 are also looking good, as the bulk of the country can expect to receive "normal" to "above-normal" rainfall during January to March 2005, as reported at the eighth "Southern African Regional Climate Forum" (SARCOF) that was held in Harare, September 2004. This will also have the desired effects on the grazing conditions and water catchments such as earth dams for livestock. Maybe a first indication was given during the months of October and November 2004, when larger than usual rains were experienced all over most parts of Namibia.

The region that need most careful monitoring for the crop season of 2004/5 is Caprivi as some of the remote areas in the east are still water logged and are vulnerable to new flooding in the coming months. Secondly, a severe outbreak of African migratory locusts is experienced by the Caprivi and Kavango regions.

Overall, the food security situation seems to have much improved since the 2003 drought, especially for the large numbers of subsistence farmers in the northern areas, who were temporary food insecure because of the drought. As a majority of OVC are cared for by their extended families, they are likely to profit from this improved food security situation as anyone else. Due to a lack of statistical data, it is not possible to calculate or estimate the percentage of households with OVC experiencing transitory versus chronic food insecurity. The latter households would include children headed households and grandmother headed households caring for a large number of (grand)children. It would be highly desirable to know how many of these households could be qualified as chronically food insecure, as it would inform the design and development of appropriate measures, for instance whether to focus on an OVC grant system or whether temporary drought relief measures would suffice.

Despite the fact that Namibia has a good infrastructure and marketing system for food delivery, and the supermarkets may be full of basic commodities, a large segment of Namibians can not afford to make any desired purchases. This was further emphasized during interviews in the field with beneficiaries from the WFP/GRN supplementary feeding programme, who often complained about the high prices of basic commodities in the shops, which they could not afford.⁵ It may not come as a surprise that many of the key informants qualified of the poorest households with OVC were still going hungry despite the end of the droughts.

4.6 *Poverty, the underlying cause of food insecurity*

Human poverty is about deprivation of the most essential capabilities, including living a long and healthy life, being knowledgeable, having an adequate standard of living and participating in community life. It is more than just income-related, although income and money are extremely important for accessing basic amenities such as food, clothing and shelter.

As 47 per cent of Namibian households lived in relative poverty and 13 per cent in extreme poverty, according to the 1993/4 National Household Income and Expenditures Survey (NHIES)⁶, poverty is an important constraint on people's access to food, especially during periods of recurrent droughts when reliance on subsistence farming fails. Almost 85 per cent of these poor households are located in the rural areas, predominantly in the north, but pockets of poverty are also found in the south, where income inequality is higher. In addition, there is a gender inequality as well, as the per capita income in female-headed households is on average half that of households by a male (GRN: 2004).

⁵ The Governor in Caprivi region questioned the government policy that disallowed Namibians to buy cheaper food from across the border. As maize prices are subsidized to support local farmers in Namibia, prices for maize are almost twice as expensive than in neighbouring countries. During harvest time, the GRN does not allow any imports into the country to further help these farmers market their produce. The governor said questioned this policy as this might be in conflict with the Constitution, as it worked directly against the rights of the poor to access food at a reasonable price.

⁶ More recent data will only become available in 2005, when the most recent HIES will be finalized.

More recent poverty data is available from the Afrobarometer survey (Afrobarometer: 2002). According to this survey, held in 15 African countries including Namibia, 45 per cent of Namibians had sometimes gone without food and 11 per cent had often gone without food during the previous 12 months. These percentages seem to correspond well with the 1993/4 figures and indicate that not much progress has been made in 10 years. The lack of progress may very well be explained through the HIV/AIDS epidemic which is probably the single most challenge to development in Namibia (GRN: 2004. MDG) It may be helpful to look at composition of main income per region to compare the differences within Namibia regarding dependency on wage labour and salaries, subsistence farming, etc. (table 1).

<i>Area</i>	<i>Farming</i>	<i>Business activities, non-farming</i>	<i>Wages and Salaries</i>	<i>Pension</i>	<i>Cash remittance</i>
Namibia	28.6	9.5	41.4	11	6.2
<i>Urban</i>	<i>1.9</i>	<i>12</i>	<i>69.7</i>	<i>5.4</i>	<i>7.2</i>
<i>Rural</i>	<i>46</i>	<i>7.8</i>	<i>23</i>	<i>14.6</i>	<i>5.5</i>
Caprivi	27.6	23.4	29.7	9	8.2
Erongo	3.9	7.9	66.6	9.6	8
Hardap	8.5	4.8	61.4	15.2	6.7
Karas	7.2	4.5	68.6	10.2	6.2
Kavango	51.9	14.1	20.6	5	4.3
Khomas	1.4	11	74.2	3.5	6.5
Kunene	35.4	6.9	37.4	10.1	7.2
Ohangwena	51.7	7.5	13	20.4	4.7
Omaheke	28.3	6.3	45	9	7.4
Omusati	45.5	7.5	16	22	6.1
Oshana	35.8	12.5	32.3	11.5	5.2
Oshikoto	56.3	6.1	20.6	10.6	3.2
Otjozondjupa	14.6	7.6	55.2	7.2	9.6

Table 1 clearly shows the importance of the cash economy for most of the Namibian regions, with most of the formal jobs centred around cities and towns in the centre and south. Job creation after independence has been slow, with official unemployment up to 35 percent and close to 50 per cent among youngsters. Underemployment is considerably higher as the large category of subsistence farmers in the northern communal areas hide would appreciate another opportunity to feed their families, as the communal lands are over-utilized and overgrazed. There is a lack of formal employment opportunities in the north, with the exception maybe of the Oshiwambo speaking people who seem to have taken to business more than others. Some of the interviewed even spoke of a booming business environment in the former "four O's". It is understood that the GRN provides much-needed incentives for businesses to take off in this most populated part of the country, partly to prevent further out-migration to Windhoek.

For a broader comparison of selected socio-economic indicators between regions please view table 2.

Table 2: A selection of Socio-economic Indicators for assessing regional differences in Namibia (Census 2001)

Area	Population distribution	Population under 15, in %	Average Household Size	Female headed households in %	Children under-15 orphaned by 1 or both parents	Households with at least one child under-15 orphaned by 1 or both parents, in %	School enrolment, population aged 6-24, total in %	Population aged 15 years and above by Literacy in %	Households by distance to water source 1001+ meters, in %	Under-5 Mortality	Population aged 3-6 years attending ECD Programme in %	Households dependent on Pension as main income, in %
Namibia	1830330	39.3	5.1	44.7	13.5	27.2	65	81.3	9.2	71	31.9	11
<i>Urban</i>	<i>603612</i>	<i>30.1</i>	<i>4.2</i>	<i>40</i>	<i>10.4</i>	<i>17.6</i>	<i>59</i>	<i>90.7</i>	<i>0.3</i>	<i>57</i>	<i>39.3</i>	<i>5.4</i>
<i>Rural</i>	<i>1226718</i>	<i>43.8</i>	<i>5.7</i>	<i>47.9</i>	<i>14.6</i>	<i>31.7</i>	<i>67</i>	<i>75.6</i>	<i>15.0</i>	<i>81</i>	<i>29.5</i>	<i>14.6</i>
Caprivi	79826	38.9	4.7	48.6	20.2	34	60	78.2	3.3	97	13.9	9
Erongo	107663	28.3	3.8	34.6	7.6	13.3	57	92.3	1.1	51	37.9	9.6
Hardap	68249	35.7	4.4	34.4	10	18.2	59	83	0.8	71	22.1	15.2
Karas	69329	30.6	4.1	35.5	9.8	17.6	56	86.6	0.7	58	34.3	10.2
Kavango	202694	43.9	6.5	40.8	15.1	31	63	70.3	18.8	113	15	5
Khomas	250262	28.4	4.2	36.3	8.7	14.7	58	93.7	0.3	51	44.2	3.5
Kunene	68735	41.0	5.3	40.1	7.6	17.7	44	57.1	9.4	73	12.6	10.1
Ohangwena	228384	48.2	6.3	59.7	16.2	38.8	71	79.2	18.2	78	38.6	20.4
Omaheke	68039	40.5	5.3	32.8	8.3	19.2	55	66.1	1.6	77	20.2	9
Omusati	228842	43.9	5.9	62	16	35	77	82.8	20.4	61	40.3	22
Oshana	161916	39.4	5.4	54	17.2	33.9	74	88.9	9.0	64	48.3	11.5
Oshikoto	161007	43.4	5.6	50	14.6	32.3	70	83	20.4	74	38.2	10.6
Otjozondjupa	135384	37.8	4.6	33.2	9.4	18.6	47	66.7	3.1	70	16.2	7.2

* 2002 Sentinel Survey, in major cities/towns

Finally, it may be appropriate to look at the importance of remittances for each of the regions. As there is no hard data how much money flows back to the communal centre north and north east, and this is also easily underreported in official statistics, a proxy can be found in the Census through counting the number of residents who were enumerated outside their own region. The results show that the centre north seem to have the highest outmigration, both lifetime and short-term migration, where as for residents in Caprivi migration does not seem to be an option. Considerable numbers of residents from Ohangwena, Omusati, Oshana were surveyed in Erongo, Khomas, Karas and Otjozondjupa (GRN: 2001). Kavango residents were seen to migrate in significant numbers to Karas and the Otjozondjupa region only.

4.7 Health and nutritional status of Namibia

Available data show that the health and nutritional status of Namibian children is low but slowly improving. For an overview of selected national indicators please view table 3.

Table 3: Selected National Health and Nutrition Indicators, 1992 and 2000, Namibia

Indicator	1992 DHS	2000 DHS
Infant mortality rate (per 1000 live births)	67	52
Under-five mortality rate (per 1000 live births)	87	71
Underweight among children under five	26	24
Stunting among children under five	28	24
Wasting among children under five	9	9

Although these national indicators present a improvement over time, it may be interesting to review the results for each of the 13 regions to view the inequalities between the regions. Only figures for the 2000 DHS are presented as the sample framework for 1992 only produced reliable results at national level. Please find results in table 4.

Table 4: Percentage of children under five years by age classified as malnourished according to the three main anthropometric indices by region, 2000 Namibia (NDHS, 2000)

Region	Height-for-age (stunting)		Weight-for-height (wasting)		Weight-for-age (underweight)	
	Severe	Moderate	Severe	Moderate	Severe	Moderate
Caprivi	6.8	19.8	2.2	7.4	3.3	18.2
Erongo	2.7	8.7	1.9	4.9	2.3	8.9
Hardap	6.0	19.1	2.1	12.6	5.2	22.2
Karas	2.7	15.0	0.0	5.9	1.5	13.7
Kavango	11.8	30.7	1.9	8.4	9.6	28.3
Khomas	14.7	32.3	1.5	4.8	5.6	19.1
Kunene	6.8	18.3	0.6	6.8	2.5	17.3
Ohangwena	8.7	27.5	2.7	14.8	10.1	35.6
Omaheke	8.7	25.6	3.0	11.1	7.2	25.7
Omusati	8.0	26.5	1.4	6.3	3.7	28.3
Oshana	5.6	18.3	1.7	13.5	4.9	22.8
Oshikoto	5.2	23.2	1.2	9.4	2.8	26.7
Otjozondjupa	4.6	17.4	0.7	6.9	3.9	15.9

There are significant regional differences in the nutritional status of children. Except for a few regions like Erongo, Karas and Otjozondjupa under-nutrition is widespread among the regions in Namibia. Kavango and Khomas have the highest rates of severely stunted children, while also the regions of Ohangwena, Omaheke, Omusati and Oshikoto have close to 30 per cent of their children moderately stunted. Moderate wasting with a prevalence rate between 10 and 15 per cent can be found in Hardap,

Ohangwena, Omaheke and Ashana, while severe wasting is lower than close to 2 or lower in almost all regions. Finally, the regions of Ohangwena and Kavango stand out as about 10 per cent of their children under five were severely underweight. Prevalences for moderately underweight children was again highest for these two regions, but were followed shortly by Hardap and the "four O's" with about a quarter of children under 5 affected.⁷

The problems with malnutrition of the under fives were confirmed through the HIS of 2001, which showed that the deaths of 95 children under 1 year old and 319 under 5 years old were directly attributed to malnutrition. In total, 1180 children were admitted to hospital for severe malnutrition. These are the official reports and it is believed that many malnutrition cases go unreported, as nutritional monitoring is only carried out in health facilities.⁸ Other important indicators include a high rate of respiratory diseases (18 per cent in under 5's), malaria (408 cases per 1000) and diarrhoeal diseases (12 per cent in under 5's).

HIV/AIDS

HIV/AIDS is recognized as one of the greatest threats to the well-being of children in Namibia as 22 per cent of pregnant women were HIV- positive according to the 2002 sero-sentinel survey. Regional differences are significant, as Caprivi tops the list with 43 per cent were infected with the HIV-retrovirus. Mobility, proximity to major roads and international borders play an important role with the high infection rates in the Caprivi region. The causes of Namibia's high HIV prevalence rate are unprotected sex with an infected person, and mother-to-child transmission of HIV. In 2002, it was estimated that over 6000 infants had been infected with the retrovirus by their mothers either during pregnancy, at birth or through breastfeeding (in Rodgers, 2004.). The MOHSS projected that 24, 000 people will die from an AIDS-related illness in 2005, that is 66 people per day (GRN: 2004).

Nutrition is often an overlooked component in a strategy against HIV/AIDS although there are a number of reasons to consider good nutrition as vital to survival, a longer and better life of PLWHA, namely:

- Good nutrition increases resistance to infections;
- Immune impairment as a result of HIV/Aids leads to malnutrition; and
- Malnutrition leads to immune impairment, worsens the effect and quickens the progression to AIDS (Rodgers: 2004.)

4.8 Household changes in the context of HIV/AIDS:

As characteristics of HIV/AIDS infected/ affected households are well documented in Namibia and the Southern Africa region, it is important to reflect on the duress of chronic illness and death on the households and its individuals. We all know where it normally ends, that is a negative spiral of material and non-material losses that lead to deeper poverty and social misery for all household members. Here is a selection of these changes due to HIV/AIDS, which were also emphasized during interviews in the field:

- loss of labour due to illness and death, increased caring for household members and attending funerals.
- Loss of labour leads to loss of agriculture production, other income generating activities and social activities.

⁷ A word of caution. It would seem justifiable using this data as an important criteria for allocating funds to the worst off regions. Indeed, nutrition indicators are very useful to use as outcome indicators in monitoring food security and poverty over time, but the level of aggregation, by region, may hide a lot of internal variation. For instance, it would be expected that there are clear pockets of undernutrition among large groups of farm workers in the southern regions, whose values are averaged out by a segment of the population that is well off. This in contrast to some of the northern regions that are more homogeneously poor.

⁸ Anecdotal evidence was provided by a nurse and a HBC group leader in Kavango and Caprivi respectively, that malnutrition had played an important role in the deaths of a number of under 5 children, some who died at home, others in the hospital. So, it may be said that deaths of the under 5's as a results of undernutrition is larger than HIS monthly reports suggest.

- Money used to be spent on hiring agricultural labour, seeds, tools and implements is now used for funerals costs, including buying of coffins, etc.
- Increased requirements for spending on healthcare.
- Household assets decrease due to slaughtering of livestock for funerals.
- Money runs out and children can't pay school fee or contribution to the school development fund.
- When a parent dies (father) in some areas, it is not uncommon that family members claim valuable assets like agricultural implements and leave the bereaved grandmother and/or children left behind with almost nothing. This phenomenon is also known as "property grabbing."

These negative effects listed above are all in principal idiosyncratic, as they do not hit all families irrespectively, but if one considers the rapid perpetual increase in AIDS related deaths in the country, the consequences for the extended family network and traditional community structure responsible for absorbing OVC, the case could be made that actually a large part of society is struck by a enduring shock of covariate proportions. It has become evident that HIV/AIDS infected and affected households have had to rethink their livelihood strategies to use their time, between social obligations, including care for household members and agricultural labour.

The impact of HIV/AIDS on PLWHA and their households have lead to a change in household composition. OVC can therefore be found in the following household categories, where the latter ones would be considered as the most vulnerable:

- Family nucleus intact, one parent is left (often female-headed).
- Family nucleus destroyed, OVC taken in by extended family, around new nucleus.
- OVC in orphanages/ safe homes, a minor but growing phenomenon.⁹
- Grand mother headed households, no middle-generation present (migrated - access to remittances or dead).
- Children headed households, only children present, oldest/ strongest takes responsibility for all.
- Roaming OVCs from dissolved households, rotate between different households and scramble for a living.

Street children one finds in places as Rundu and Windhoek are not really a separate category as the vast majority have a home to return to in the evenings. Life on the streets is a real coping strategy as money can be made through begging.¹⁰ Some OVC are taking to the streets as parental care and supervision is missing, partly because it is far more exiting to spend time in town than be in the village, but it was also reported that others are sent by family members to beg from passing tourists to help support their family.

It is unfortunate that no statistical data is available how OVC are distributed over the above household categories and do not support analysis of the depth of poverty and food insecurity for each of these categories.

4.9 Coping strategies:

As chronic illness or death in the household immediately effects on the household and even its composition, there can be changes in livelihood patterns as remaining members try to optimize their

⁹ By many, including the state, regarded as last resort to take up care/protection function. Official registration is required to start business operations and receive state support.

¹⁰ A member of the Red Cross in Rundu explained that street kids could make up to 100 Rand on a good day from contributions from passing tourists. Some would bring the money home, but most was directly spent to buy food.

available assets. This can lead to successful coping, or following a period of unsustainable response (e.g. by selling productive assets) could ultimately result in the dissolution of the household. (Source: SCF, 2004). The economic effects of taking in an orphan is not always negative, depending on the existing composition of the household and then on the age, gender and skills of the incoming orphan, which determines the net contribution of the orphan to the household. (O'Donnell: 2004)

Households are vulnerable to food insecurity if they depend on a single source of income or food for their consumption. Diversification of household income to reduce vulnerability to food insecurity is necessarily sought after and achieved by measures taken by individual household members and through government support. One of the main strategies by households to reduce vulnerability to food insecurity is to split households, where grandparents and grandchildren remain in rural areas whereas adults move to town in search of work. This strategy enables the household to retain a rural base, while also minimizing the higher costs associated with living in an urban centre (UNAM: 1995)¹¹. The household now depends on two sources of income, farming and remittances, if employment can be found. The government has made this strategy possible as it provides pensions to the over- 60 years, so the remaining family has at least a basic monthly income. Although vulnerability is reduced by this strategy, as income is stabilized there are also a number of disadvantages, such as lost labour, dislocated households, which in turn contribute to the spread of STDs, including HIV/AIDS.

In short the following “non-erosive” coping strategies for (OVC) households are used:

- Split households to diversify income and reduce risk
- Casual agricultural labour by OVC.
- Collection of wild fruits
- Hunting (Caprivi)
- Collecting and selling firewood
- Odd jobs
- Selling of limited number of cattle and small stock
- Selling of non-essential assets

More damaging or “erosive” survival mechanisms that people rely on include a number of activities such as:

- Selling of productive assets (agricultural implements)
- Selling of large number of cattle and small stock
- Begging by orphans themselves
- Alcohol abuse
- Prostitution
- Crime

This chapter offered a description of OVC living in Namibia, by number, geographical area, by socio-economic status, main livelihoods and coping strategies of their households. As we have seen the information available has made it possible to distinguish between different regions and predominant livelihoods that would call for a different approach when aiming to target OVC. And although OVC as a group can be subdivided by a number of criteria (maternal, paternal, double orphan, etc.) there is no reliable information source to build on, clearing the way for the design of specific interventions. It is anticipated though that the wealth of information provided in this chapter will help to assess the success rate on ongoing and newly proposed interventions, which is subject of the second part of this report.

¹¹ It is interesting to note that a number of key informants had mixed feelings about this coping strategy as they felt that the children were dumped with the family, while the parent(s) were free to lead a good life in town. Others focused their criticism on the fact that the pension allowed parents to have more children than they otherwise would have. They saw the state grants for elderly, orphans and their care takers as incentives for parents not to behave “responsibly,” as one of the social workers expressed.

5. PROGRAMMES IN SUPPORT OF OVC:

This chapter describes the most relevant Namibian key stakeholders, their mandate and programmes in support of OVC, where a food component is included or that qualify for the introduction of a food component. For an overview of individual strengths, weaknesses, opportunities and constraints of the most relevant stakeholders involved, read Annex IV.

5.1 *Government Agencies*

5.1.1 *Ministry of Women Affairs and Child Welfare*

Since 2001, a brand new Ministry was created that took over the responsibility from MOHSS to look after the welfare of all children in Namibia. This includes the care and support for OVC. First and foremost, as the Children's Act of 1960 is seen as clearly outdated, the Ministry was tasked to coordinate and finalize, as per Cabinet Directive, the preparation of the new National Policy on OVC, the Children Status Bill, the Child Care and Protection Bill, and the Basic State Grants Bill. Once in place, a significant step will have been made towards creating a much improved policy and legal framework that cares for and protects the rights of children.

Other responsibilities of the Ministry include:

- Foster care, adoption and emergency places of safety
- Investigation and counselling into violence, abuse and neglect
- Maintenance grants for OVC, death and survivor benefits
- Early Childhood Development (kindergartens) and after-school centres

From April 2004 onwards, the Ministry took over the mandate from MoHSS to set up a rolling registry of OVC, which provides OVC and their caretakers access to maintenance and foster care grants. This rolling registry is quite crucial as a benchmark to assess the magnitude and depth of problems with OVC, and the subsequent design and development of appropriate interventions.. So far, the registry has made it possible to offer social assistance grants to 25 000 OVC themselves, up from 9 000 in 2003, and to over 11 000 families caring for OVC. In discussions with staff in Windhoek, they expected that the budget for OVC grants would be doubled from a N\$53 million to over N\$100 in 2005, possibly extending support to a total of 50 000 OVC. As the registry of OVC is still not computerized, the NPC has requested that the registry needs to be fully computerized to develop an appropriate management information system that allows proper monitoring and evaluation of the assistance on offer.

Social workers are crucial in the implementation of the mandate of MWACW, especially in the regions. They play an important role in the regional multi-stakeholder meetings such as RACOC and the Regional OVC Forum. These committees aim to inform, coordinate activities and develop joint work plans. Every 3 months, the latter submits a plan for funding by the OVC PTF, provided by UNICEF. There is clearly a shortage of social workers in government service, and especially with the MWACW. A number of vacancies exist that need to be filled as a matter of urgency. In interviews with various informants it was suggested that prospects for qualified staff to find employment in the private sector or in civil society are excellent, and so the prospect of earning a lower government salary combined with a high working load does not to be a viable option for many. In addition, social workers are also clearly constrained by the lack of resources to undertake the necessary work. Often, it was found that they lack the basics of office space, secretarial support, transport, access to PC, photocopier, etc. It is therefore all the more remarkable that staff from MWACW was seen to be very active and making the most of what was possible. Usually, social workers (MOHSS) and trained volunteers help with the registration of OVC. In September 2004, the MBESC gave a hand by registering all OVC at primary schools in the Caprivi region. This initiative could clearly find replication elsewhere, as schools teachers and principals are uniquely qualified to produce an accurate OVC list or registry for the age group between 6-14 years.

It is expected that this new list will produce a number of new names, which after proper scrutinizing can be added to the master OVC list.

Among a number of challenges, the following are pertinent:

- The establishment of a computerized rolling database on OVC in 2005. It is expected that the registration would be decentralized to the regions, once equipped, who would send updates to Windhoek, possibly on a quarterly basis.
- To access foster care grants, the local Magistrate needs to formally assign orphans to foster care parents. As most regions have only one Magistrate, only few cases can be processed every month. Every case also involves a lot of paper work by the social worker, who is hard-pressed for time and often has limited access to a PC to write the official reports.
- Given the broad definition of OVC adopted by the GRN, a great number of children seem to qualify for the children grant system, which raises the question of sustainability of the maintenance grant system in a couple of years time.

Finally, the GRN has set up an OVC Trust Fund with a grant of N\$10 million to be used for emergency assistance to orphans. A first N\$5 million was allocated for free blankets to orphans around the country.

5.1.2 Ministry of Agriculture, Water and Rural Development (MAWRD)

The popular "food for work" and "cash for work" programmes aimed at able-bodied adults, fall under the Rural Development Department of the Ministry. Village Development committees provide project ideas to the Regional Rural Development Planner and the best are selected for execution. These small community projects cover activities like town cleaning, road building, sanitation programmes, water supply and digging wells; and IGA such as brick making, sewing, bread baking, handicrafts, soap making, and vegetable gardens. RRDPs also provide the necessary supervision of food assistance provided to people by EMU in drought affected areas. In general, it seems that the scale of FFW and CFW schemes could be up-scaled in comparison to the large general food distribution programmes, as it is more self-targeting the most needy individuals. In other words, only the real needy people are willing to work for food, while everyone would accept free hand outs when offered. As household food security is a major concern for PLWHA and OVC households FFW and CFW could be expanded to involve training in new activities such as food production, water harvesting, goat rearing, etc.

5.1.3 Ministry of Basic Education, Sports and Culture (MBESC)

The right to free education is enshrined in Article 20 of the Constitution, stating that:

"All persons shall have the right to education. Primary education shall be compulsory and the state shall provide reasonable facilities to render effective this right to every resident within Namibia, by establishing and maintaining State schools at which primary education will be provided of charge."

The large and well-funded MBESC takes great interest in making primary education accessible for all. Although school fees are not allowed to be raised by schools according to the Constitution, all schools charge school board fees or contributions to the "development fund" all but in name to fund some of the equipment/ material used. In general, these fees are higher in urban than rural areas. They vary considerably, for instance, from 5 N\$ in Caprivi to 1380 N\$ in Windhoek. School boards are generally not keen in allowing pupils to enter school without paying fees, so a number of children have had problems entering schools. Already in 1993, it was recognized that with the spread of HIV/AIDS, the rise in OVC, school fund fees were beyond the means of some families. Regulations were needed to

exempt these groups from making monetary contributions (NEPRU: 2003). Instructions have been drawn up to waive these contributions for the poorest, but it needs to be mainstreamed so that more children can make use of this option.

Another relevant programme of this Ministry in support of Article 20, is the National School Feeding Programme (NSFP) that currently feeds over 100 000 primary school pupils (five times a week) during school terms with a budget of 9.6 million N\$ in 2004. School feeding programmes are popular as they provide nutrition to malnourished children and an incentive to go to school. This programme was initially set up by WFP in the drought years of the early nineties. On a monthly basis, ingredients for an enriched maize blend are being delivered to schools, and prepared by volunteers. The provision of maize, maize blend, protein, sugar, salt, etc. and transport has been outsourced by tender to private entities.

Criteria for entitlement to receive a school meal are children who:

- Have unemployed parents
- Have parent(s) with a very low income
- Are raised by grand parent only
- Are orphans
- Are neglected or abused
- Are from marginal communities
- Walk 5 km or more to school
- Show visible signs of under-nutrition

The Ministry is in the process of decentralizing the school feeding programme to the regions. The regions are expected to receive a PC for assistance in administration, while HQ will concentrate on the overall budget and auditing. Further standardization is under way with common forms/ criteria to assist the school inspectors with assessing applications from new schools. The programme is viewed by all stakeholders as very well managed and successful in terms of delivery. There are clear opportunities for expansion of the current primary school feeding programme to include more schools, more beneficiaries, feeding during long holiday breaks (in the months of May and December) and extension to secondary schooling as well. As schools often have a primary and secondary education section, implementation would be easy as most schools have been registered already, volunteers have been identified, etc.

Recently, the MBESC has also started with the exemption of hostel fees (secondary education) for OVC. These costs are charged directly to Ministry's budget. The MBE is further active in HIV/AIDS information awareness campaigns ("Wind of Hope"), counselling of OVC, sport and culture activities, and an emerging scouting system providing life skills to older pupils.

A member of a Kid's Club in Oshana:

"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 sit like this (she lays her head on her arms), it looks like you're 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 thinking about food. Sometimes the teacher asks, "Do you understand?" Then I say, "Yes," but I didn't hear anything. (RAAAP:2004)

In a report by NEPRU (NEPRU: 2003), it was questioned if the MBESC could incur these additional increases in expenses, mainly to guarantee access to primary and secondary schooling. As the GRN already spends about a quarter of its total budget on Education, it is unlikely that large increases will be possible, either to compensate schools for allowing pupils not to pay for the school development fund OR to expand the current school feeding programme. This may provide a legitimate opportunity for donor support targeting the most needy, including OVC.

5.1.4 Emergency Management Unit (EMU), Office of the Prime Minister (OPM)

The Emergency Management Unit (EMU), situated within the Office of the Prime Minister, is responsible for the monitoring of national emergencies and for liaison with line ministries to co-ordinate and facilitate disaster preparedness and response. The EMU operates currently under the policy framework of the National Disaster Plan 1998. Activities are coordinated through a National Emergency Management Committee (NEMC) and Chief Control Officers in the regional REMU. Under the current NDP, in times of emergencies EMU has no direct control over transport, warehouses and man power. In the past, this has led to delays in delivering food to beneficiaries. The head of EMU the EMU should prepare a comprehensive Disaster Management Policy and associated legal framework, which would provide the necessary means to operate Outside technical assistance may be needed from organizations like WFP.

Once an emergency has been called, EMU responds with general food distribution to the most affected people and areas, targeting the following demographic categories as the most economically vulnerable: Under 5, disabled, pregnant and lactating women (all drought-affected) and the elderly (+60). Main geographical areas in need are identified through a multi-disciplinary crop needs assessment mission. The identification of beneficiaries is conducted at the local level through the REMUs, chaired by the regional Governor, heads of line ministries and village development committees. Usually, large numbers of beneficiaries are identified, and registered, as the demographic categories used form a large part of the general population in Namibia, so potentially, many could qualify. And as the definition of "drought affected" is not defined in easily verifiable terms, almost all who "do not have sufficient food" seem to qualify (WFP: 2003).

The last major intervention involved the response to the recent drought in 2003, which started in October 2003 and ran till May 2004. This massive scheme targeted a total of 640 000 people, about one third of the population. As EMU received a few late contributions to their drought appeal of 2003 (China and India), the drought relief is still operational and is expected to end early 2005. As the ARV roll-out has picked up pace in Namibia, food insecure PLWA on ARVs are recommended to contact the governor's office to request food (leftovers) under the drought relief programme. The use of drought relief in a flexible manner, is commendable. Soon though, the emergency relief programme will be phased out and no food assistance project has been put in place to help PLWA on ARV drugs. This needs urgent attention from MOHSS, with a likely role for the EMU.

Another recent EMU intervention, was the Caprivi Flood Relief programme that ran from April till August 2004, with assistance from the Red Cross.

As stated earlier, the EMU is overall responsible for monitoring emergencies, and chairs the inter-ministerial and multi-sectoral Namibia Vulnerability Assessment Committee or NVAC. Main partners are MAWRD (Early Warning and Food Information Unit), MOHSS, MWTC, MWACW, MRLGH, UNICEF and WFP. In contrast to countries that were part of the WFP regional EMOP, the NVAC is still at its infancy, with no clear terms of reference, a budget, a joint work plan, etc. Recently, through the SACI initiative (Southern African Capacity Initiative) the EMU received the support of 3 UNVs, of which one has expertise relevant to broad vulnerability analysis. It is expected that the NVAC will receive a new impetus, and with support from the SADC-RVAC in the coming year will take off and build up a baseline and monitoring system that combines the essential data on peoples' health, nutrition and food security status and the main underlying causes and shocks that drive vulnerability in Namibia. Finally, as the current NVAC is operating on a more or less informal basis, the EMU newly proposed disaster management policy and legal framework should incorporate the responsibilities of the NVAC and provide instructions to line ministries to participate and contribute to this process as much as possible.

5.1.5 Ministry of Health and Social Services (MOHSS)

Until 2001, this Ministry was tasked with for the government support to OVC. As the immediate responsibility was transferred to MWACW, the Ministry is still vital to safeguard the rights of OVC, mainly in the field of HIV/AIDS, but also other communicable diseases and for instance nutrition education. Most importantly, the Ministry is responsible for the following relevant activities:

- provision of health services including immunization, treatment and care.
- HIV/AIDS awareness and Voluntary Counselling and Testing (VCT)
- Prevention of Mother-to-child Transmission of HIV infection (PMTCT);
- Provide training for HBC groups with support from UNICEF.
- Early Childhood Development programme targeting 3-6 year olds with kinder gardens.

As only at the beginning of 2004, the responsibility for a rolling OVC register was transferred to MWACW, and the Ministry has by far the most of the social workers in the field, MOHSS still assist their colleagues with the registration of OVC and processing of forms for maintenance grants and foster care applications through the Magistrate.

The Ministry also manages a successful part of the current OVC food distribution programme by EMU/WFP. As part of the beneficiaries, a nutritious mix of Corn Soya Blend (CSB) is distributed to malnourished children in health clinics. Local clinics supply lists of under-weight children to the main office in the region and this is used for supply of the nutritious CSB to the Ministry, who is responsible for the distribution. This self-targeting component is operational in Kavango and Caprivi regions and viewed very successful in reaching the most needy.

In discussions with MOHSS staff, requests were made for food support to PLWA on ARV, TB patients, and malnourished children under 5 as clinics to strengthen the body's immune system and help the uptake of ARV by the body. Separately, food support was requested for the "Prevention of Mother-To-Child Transmission of HIV infection" (PMTCT) programmes, which prescribes that a mother stops radically after 6 months of breast feeding, and starts feeding solid foods. As access to solid foods is a problem for the poor, the success rate of the programme could be much higher if food would be available so they can keep to the described regime.

Example of HBC: Mafuta Orphan Care Centre (Katima Mulilo)

Mafuta is a great example of a HBC group developing from a community care initiative into a comprehensive community development project using only volunteers. We spoke to Ellen Maposa, coordinator of the Mafuta Orphan Care Centre near Katima Mulilo, Caprivi region. She told us, her HBC group consists of 10 women and 3 men, and provide a combination of care/counselling to people living with HIV/AIDS and other basic community services such as food distribution to OVC. More specifically, the centre feeds 75 children under 12 years old, three times a week with support from the OVC food distribution scheme of WFP/GRN. An additional 13 children under 4 receive the soya-blend. Selection of beneficiaries is based on a growth chart that monitors "under weight" status of all children that are part of the group. They select only the most malnourished among them, as they do not have enough to feed all.

The proximity to town has certainly helped access to grants from government, businesses and private persons alike. For instance, UNICEF provided utensils for cooking, cattle, goats for rearing while MAWRD has supplied seeds for the garden. The group also receives support from the local community. A local business man has donated the building, while another has provided the fencing for the garden.

Mafuta would not like to stop here, as it needs more assistance to sustain itself. Ellen Maposa emphasized that Mafuta would like to start a kinder garden with pre-learning facilities and play materials, an after-school centre for OVC to help with their home work, and IGA such as dress making. Recently they received a donation from a traditional leader that they can use a plot of 4 hectares. Now they urgently need tools and seeds to plant crops and vegetables.

5.2 *United Nations*

5.2.1 *UNICEF*

UNICEF is guided by the UN General Assembly Special Session on Children, that has asks for the conduct of a situation analysis, structure on action, development of OVC policy and development of an Action Plan. The highest priority for UNICEF is to assist the MWACW and other stakeholders with the drafting of the comprehensive policy framework and legislation that would facilitate the programme implementation on children's rights. Support is still needed to see The Child Care and Protection Bill, the Children's Status Bill, the Maintenance Bill and the Domestic Violence Bill passed by Parliament. (UNICEF: 2002)

UNICEF's Programme of Cooperation with the Government of Namibia for 2002 – 2005 is based on the United Nations Development Framework for Namibia and UNICEF global priorities as set out in the Medium Term Strategic Plan. It has incorporated four approaches: a human rights approach to programming, multi-sectoral and child-centred approach and result-based management.

The programme has three components focusing on specific areas supported by a cross-cutting programme to strengthen communication for behavioural change, advocacy and information, monitoring and evaluation, as well as supply and procurement services.

1. Young Children's Health Care and Development Programme

addresses the most critical problems of mothers and young children from 0-10 years old, including prevention of mother-to child transmission of HIV and persistent problems of malnutrition and poor health. Disparities among regions and population groups are addressed through targeting those most disadvantaged. This includes the promotion of early childcare and development and will improve access to quality early childhood services for the most vulnerable children, including orphans.

2. Adolescents HIV Prevention Programme,

for 10-18 years olds addresses the threat of HIV and AIDS among this potentially sexually active group with knowledge and communication, life skills training and access to reproductive health services. This includes a participatory life skills training "My Future is My Choice" for 15 – 18 years olds; and introduce a new life skills programme for 10 –14 year olds called "Window of Hope", using role plays, drama and other participatory activities as part of the school curriculum.

3. Special Protection and Disparity Reduction Programme,

serves to protect children of all ages from abuse and violence, and from a criminal justice system which is insensitive to the age of the perpetrator; and the growing challenge of orphans and other children made vulnerable by HIV and AIDS. The most glaring disparities in basic education are also covered by the programme.

UNICEF has concentrated its attention on 3 regions in their support to home-based-care programme assisting OVC, namely Omasati, Osundjupa and Caprivi. This includes trauma support, early childhood development (playground material), pit latrines, capacity development of local communities, rather than providing food (UNICEF Website:2004).

Finally, a small portion of the annual budget has been set aside to a small trust fund for OVC managed by CAFO, that uses the funds for training and counselling.

5.2.2 Food and Agriculture Organisation (FAO)

Under the Theme: "Food Security and Poverty Reduction" FAO has the following projects in Namibia relevant to food security and OVC in particular:

Training Rural Youth for Sustainable Livelihoods in Rural Namibia

To develop and test leader guides and small enterprise development modules, as part of an innovative community-based rural youth programme, enabling boys and girls and young men and women to gain basic knowledge and skills in agriculture and nutrition through practical experiences and activity-based learning.

Decentralized information and Participatory Communication for Food Security

Established organizational and operational framework for decentralized information and communication (I/C) networks in three pilot sites and linked to the central information level; establishment of an integrated I/C network in three pilot sites with appropriate local, regional, national and global information linkages; an action plan with recommendations and guidelines for the expansion of the I/C networks beyond initial pilot phase.

Support to Food Security and Nutrition Programme

The project's main objective is to assist the Government in developing its capacity to move from the initial assessment and planning phase to the pilot implementation phase. It focuses on (1) institution building and human resource development (with specific reference to the Food Security and Nutrition Secretariat); (2) decentralizing food security and nutrition to sub-national levels; (3) providing assistance for the implementation of the National Food Security and Nutrition Action Plan, and (4) development of household food security and nutrition information, monitoring and evaluations systems.

It is interesting for the identification and characterization of most vulnerable groups, including OVC, that FAO provides support to the establishment of a so-called Food Insecurity Vulnerability Information Mapping System (FIVIMS) within the Directorate of Planning/Ministry of Agriculture, Water and Rural Development. The mapping of agricultural related data has been outsourced to a private GIS company and produces maps which are currently used. It is believed that incorporation of data from the Health Information System, nutrition surveillance and poverty data has not yet been fully achieved.

TeleFood Projects

These are small agricultural income-generating community based projects. Between 2001 and 2002, five TeleFood projects have been funded and are currently running. These include vegetable gardening projects and goat farming projects (FAO Namibia Website:2004).

5.2.3 World Food Programme (WFP)

In response to the Government of the Republic of Namibia (GRN) drought appeal in November 2003, WFP approved a 6-months emergency operations targeting 113, 000 orphans and vulnerable children (OVCs) in six of the most affected northern regions of the country. Originally, the WFP support was scheduled to start in March 04 and end by August 04, but due to delays in implementation, the operations started in July and will be terminated by December 2004, although an extension till March 2005 seems likely. Instead of the 6 regions originally selected, only Caprivi, Kavango, Oshikoto and Ohangwena regions are served to date. Progress has been slow, mainly due to lack of transport. Moreover, beneficiary lists provided are not up-to-date.

Under the Letter of Agreement between WFP and the GRN, the EMU is responsible for providing all the transport arrangements and warehouses for distribution of food, but unfortunately EMU does not have direct control over or access to trucks from line ministries or the Namibian Defence Force (NDF).

Adoption of a legal framework, which would clearly define rights and responsibilities for all stakeholders should solve this problem. Moreover, as drought-relief operations are still ongoing, this also competes for transport with the WFP operation. As a result the remote areas, viewed to be most food insecure have not been reached yet. In October, a WFP/EMU mission has taken place that would resolve the transport problem.

Under the Letter of Agreement, the MWACW is responsible for providing an up-to-date list of OVC in the affected regions. As human capacity and equipment is a problem for social workers from MWACW, and delays with registration are eminent, the lists used by WFP monitors are outdated. Often, legitimate beneficiaries show up at the distribution points but do not find their names on the form, even though some of them have registered with MWACW. It is expected that their registration forms may await processing by the Ministry in Windhoek. The majority of the beneficiaries must have applied between 1-2 years ago. Because of the delay, some beneficiaries of 16 or 17 years old have reached the age limit and do no longer qualify. This has made it difficult for WFP and Africare, its implementing partner, to manage the general food distribution process, especially as the agreement prohibits the incorporation of any new beneficiaries.

A small part of the WFP intervention is aimed at malnourished children visiting hospitals and clinics. The distribution of a nutritious mix of Corn Soya Blend (CSB) is in the hands of the MOHSS. Local clinics supply lists of under-weight children to the main regional office who is responsible for the distribution. This self-targeting component is only operational in Kavango and Caprivi regions and viewed very successful in reaching the most needy children.

Is there a future for WFP in Namibia?

Interviews with stakeholders at national and regional government, NGOs, CBOs, UN agencies and FBOs almost all were quite explicit in their wish for continued involvement of WFP in Namibia. Whether this was always purely based on altruistic motives needs to be seen, but on the whole the responses sounded convincing. At the same time, it must be said that almost all informants were against the use of general food distribution as an isolated intervention, as it not addresses any of the underlying causes of poverty, HIV/AIDS and food insecurity. Therefore, all were pleased to hear that WFP, from 1 January 2005 onwards through its new intervention of the Regional PRRO, had changed direction and was now actively looking for partnerships where food is linked to capacity building activities of specific vulnerable groups.

The Head of EMU also mentioned that the Secretary to Cabinet, was strongly in favour for continued WFP support, mainly in the fields of technical capacity building, starting with the preparation of a new Disaster Management Policy and Legal Framework and more practical issues such as warehouse training, targeting of beneficiaries, and monitoring and evaluation.

5.3 Civil Society in support of OVC

5.3.1 Namibian Red Cross Society

The NRCS was founded in 1992, following an act of parliament. The NRCS strategic plan is based on the International Federation's Strategy 2010. The National Society works in partnership with several government ministries for the provision of safe water (MAWRD), HIV/AIDS education, health education, social programmes (MOHSS) and disaster preparedness (OPM-EMU). The society has a network of seven regional offices and each region has a regional committee with a total of about 4 000 volunteers. In some regions, branches exist at village level, where village committees assist with volunteer management.

The Society's involvement in disaster management and disaster response focuses at building prevention and preparedness activities of communities in disaster prone areas such as droughts in the centre north and flooding in the Caprivi region. The NRCS is also well represented at the national and regional level in OPM-EMU and REMU. Operations are guided by the NRCS own five year Action Plan. Under the umbrella of health care in communities, the NRCS has established a network of community support for terminally ill people, their families and AIDS orphans in most affected regions of Ohangwena, Khomas, Caprivi and Otjozondjupa. So far, over a hundred supervisors, 130 facilitators and almost 800 care providers have been trained. Altogether the project has established 11 HBC or support groups. The project managed to reach over 4000 clients and managed to register over 10, 000 OVC.

The National Society receives technical backstopping from their regional office for Southern Africa in Harare, Zimbabwe. The HBC programme in Namibia forms part of a regional programme called "IFRC Home Based Care, Prevention and Orphan Support in Southern Africa Region Project." One of the objectives of this new regional programme is "to provide nutritional support to 100 000 most vulnerable PLWHA and 250 000 OVC through food security integration into the home based care projects in Botswana, Malawi, Namibia, South Africa, Swaziland, Zambia, Zimbabwe, Angola, Lesotho and Mozambique by the end of 2007." (IFRC:2003)

Intervention is through established HBC groups and nutritional support becomes fundamental in the care for PLWHA. So far, HBC programmes have targeted clients only, while even care facilitators and givers, and probably the rest of the community is in need of food support, including OVCs (IFRC:2003). In particular, the report states that although HBC programme in Namibia had not included a food component, there is need to assess the food security situation, determine the impact of food distribution and validate the need for a food component in the programmes (IFRC 2003). In discussions with Red Cross staff, all said that food was essential to be included in a full set of support interventions.

Nutritional support to HBC programmes was found to be very successful in Zambia¹² during a field assessment, where the HBC groups were characterized by:

- More than 80 per cent of the client/households had more than 6 children under their care, and the number of people eating from the same pot often reached 10-12 per household.
- Few could afford to supplement their sorghum meal and dried indigenous vegetables with tubers, fresh vegetables, meat and fruits.
- None had a vegetable garden and less than 10 per cent had access to fresh vegetables.
- 77% of clients/ households interviewed revealed that they had no sources of income and were unemployed.
- All clients/households interviewed indicated that food could be sourced from the local township market or shops and was always but they did not have the money to buy the food and considered it expensive (IFRC:2003)

The positive results from the nutrition support included the following:

¹² The provided food packs in Zambia consisted of: beans (3.6 kg/person), maize mealie meal(12.5 kg/person) and vegetable cooking oil (1L/person) . This proved sufficient nutrients of proteins, fats and carbohydrates to meet minimum requirements of health sustaining diets, for recommended daily allowances (RDA) and recommended nutrient intakes (RNI).

- Interviews conducted at clinics indicated an decrease of about 30 per cent in the number of patients with malnutrition ailments since the start of the food distribution and that clients with TB had started to respond to treatment evidenced by increased drug compliance and weight gain.
- Results showed that clients could now use the little money they spent earlier on food to send children to school. Buy school uniform and stationary.
- Study revealed that Zambian HBC programme's food support programme has "tremendously"(literal quote) improved the quantities and quality of basic food resources available to clients. Since the start of the programme, 80 per cent of the clients are now able to have at least 2 meals a day compared to one before the programme.
- Overwhelming evidence of increased mobility, productivity, and self-sufficiency among clients.
- Finally, food distribution had impacted well on families LWHA, harmony increased within the families, as family members were now viewed as valuable members of the family (IFRC:2003).

This clearly seems to indicate that to look at feasibility of introduction of a similar approach in Namibia as well.

5.4 Faith-based organizations

As 90 per cent of Namibians are of the Christian faith, and 70 % of the mainstream (Anglican, Lutheran and Catholic), faith-based organizations have an enormous reach in society. In general, the church is much respected and its leaders often take the lead in community initiatives. Moreover, they entertain good relations with the traditional leaders ("Induna"). In the recent past, these FBOs and related NGOs have build up an impressive net work of community services based on volunteers working with and looking after PLWHA and OVC. FBOs are involved with a number of relatively small-scale activities such as camps, home-visitors, support clubs and after-school groups that provide adult protection, mentoring, comfort and recreation (RAAAP, 2004). They include organizations like Catholic Aids Action (CAA), ELCIN Aids Action, TKMOAMS, ELCAP, and the Anglican church. They are strong in particular regions, but together they form an impressive on-the-ground infrastructure that is more and more utilized by UN agencies and government alike to reach the most needy. Recently an umbrella organization called CAFO was launched to provide the much needed coordination, to fully utilize the potential of this support network. Although many FBOs and related NGOs provide help to OVC, the report will discuss the two largest involved, CAFO and CAA.

5.4.1 Christian Alliance For Orphans (CAFO)

The Christian Alliance For Orphans (CAFO), was launched in October 2002 as Southern Africa's first inter-religious or ecumenical coordinating body, with the aim of encouraging and empowering local churches and other faith-based organizations to provide emotional, spiritual and/or material assistance to needy orphans and other vulnerable children in their communities (CAFO:2004). CAFO has received funding from Ford Foundation, UNICEF, AJWS and FHI.

By end of 2004, CAFO has registered and provides technical assistance to almost 400 member congregations. CAFO has three professionals in Windhoek. The strategy is to build direct capacity of volunteers in individual congregations, without a layer of regional offices. The main aim is to transfer skills to OVC volunteers, care givers and community leaders. CAFO believes that FBOs have the capacity and are best placed to identify the OVC needs and respond in an appropriate, timely manner

focused on holistic community-based interventions. Church members are seen as a reservoir for support to social workers, as well as trained nurses. CAFO also makes small funds available to start feeding programmes in towns and communities (RAAAP, 2004).

CAFO entertains a close working relationship with the MWACW and is a member of the OVC Permanent Task Force. As an umbrella organization, CAFO would be a logical counterpart, representing religious organizations in Namibia, for a drive towards expanding the current HBC programme in Namibia.

5.4.2 Catholic Aids Action

This professional NGO was founded in 1998 and has 14 branch offices around the country, 90 paid staff, with over 1600 trained and active volunteers. CAA is active in prevention, advocacy and education; assistance to people living with HIV; and support of orphans and vulnerable children. CAA provides training to their own and other HBC givers in psycho-social support for children in households with relatives dying of HIV/AIDS, before and after deaths, minimizing trauma¹³.

CAA supports HBC at 110 sites and operates 10 soup kitchens. It further runs 3 VCT centres as part of the preventive education programme. And finally, it supports a total of 18,500 OVC in the country, although the support received by OVC differs considerably. This ranges from daily visits by a volunteer, to participation in a X-mas party once a year. The main aim of CAA for these OVC is to attend primary school and remain at school. They assist financially if needed, for instance by contributing to the school development fund and with the provision of school uniforms. It is the director's firm belief that if more food would be available another 10 per cent, currently not school-going would also come.

In 2003, Catholic Relief Services provided CAA with the funds for a food distribution programme called "Food First". Eleven soup kitchens were set up. Food was served to OVC after school, helping them at the same time with after-school activities, providing an environment for doing homework, etc. When this programme ended, the food gap was felt by many and led to a lot of frustration as it had created a lot of dependency among beneficiaries. Therefore, CAA would not easily repeat this programme, but would rather concentrate on more "sustainable" activities like seed distribution. CAA was only in favour of food supplementary feeding schemes if combined with more sustainable solutions such as IGA. In this respect, food could be used as an incentive for people to participate.

CAA, and other NGOs are in an excellent position to help MWACW with the registration of OVC at household level. Often the larger organizations like CAA and Red Cross already maintain their own OVC register. It is important that the MWACW keeps a control over the registration, by scrutinizing the new cases, otherwise confusion about duplication, and who has the most up-to-date list will be rampant.

5.5 Discussion of interventions reaching OVC by age group

When analysing the different support structures and activities aimed at OVC, it may be useful to look at Table 5, which provides an overview of relevant support programme and project activities for OVC in Namibia, by age group.

¹³ Most of the groups are comprised of women, although male members are present. It mostly depends if males stay in the area, as many are in town to seek jobs. One of the women coordinators for HBC said the groups that had males were actually the strongest, as men took often they seemed to be better able in accessing assistance. Furthermore, for additional tasks as gardening, clearing of fields, building fences, the use of able-bodied men was clearly thought an advantage to the group.

Table 5: Distribution of relevant programme and project activities for OVC in Namibia, by age group

0-3 years	Clinics, post-natal care, immunization (MOHSS)
	Drought relief programme (OPM-EMU)
3-6 years	Kindergartens, Early Childhood Development (MWACW)
6-14 years	Primary school feeding programme (MBESC)
	Exemption from contribution to School Development Fund (MBESC)
	Provision of School uniform (NGOs, CBOs and FBOs)
	Soup kitchens (NGOs, CBOs and FBOs)
	After school care (NGOs, CBOs and FBOs)
12-18 years	Hostel fee waivers – secondary school (MBESC)
	Window of Hope (UNICEF)
15-18 years	Life skills training (MWACW, UNICEF)
	Vocational training (MHE, MAWRD)
	Behavioural training (CAA)

Although the list may not be fully exhaustive, it strongly indicates that most of the activities focus on keeping OVC in school, and in particular primary school. Support to OVC in secondary schools is a fairly new phenomenon and needs considerable financial support if addressed at scale. The focus on primary schools by all stakeholders is also fed by convenience, as it provides an opportunity to reach a large number of OVC in a central place, making it economical sense to use it as a vehicle for support.

The age group 15-18 receives training, life skills training, but the numbers involved are fairly small as this training is intensive and costly. A number of them have dropped out of school, and are unemployed. Youth unemployment score the highest rates among all age groups (close 50 per cent). The older youth survive by doing odd jobs (e.g. weeding, planting and harvesting) for relatives and other community members. They could fetch an average payment for a day's work of about N\$40 to N\$60. At times they are paid in kind (a bottle of Coke or food). In contrast to the under 10, who are often cared for by the extended family, older youth 10-18 often have behavioural problems, ripe for abuse, work, sex, etc. or have disciplinary problems. Epidemiological data lots of deaths in this cohort .

The majority of key informants stated that the under fives were among the most vulnerable age group as they could not tend for themselves but instead were completely dependent on support from parents, close family such as uncles/aunts and grandparents. And as households break down and family support structures in process, these children end up not receiving the necessary nutrients necessary for growing of a healthy body and mind.

6. WAY FORWARD

6.1 Identification of best practices

Altogether, the following best practices or success stories have been identified by the consultant. The findings were verified and validated during a briefing of stakeholders in Windhoek at the end of the mission, where the consultant presented the preliminary findings of the mission. Stakeholders present at the briefing were MWACW, EMU-OPM, MBESC, MAWRD, FAO, WFP, FHI, National Red Cross Society, CAA and the Aids Law Unit (LAC). Note that some of the interventions already have a food component while others qualify for the inclusion of a food component.

1. Continue supplementary feeding for malnourished children at clinics (<2 years) by EMU/WFP and MOHSS.
2. Start solid foods provision to children participating in the PMTCT programme (>6 months) by MOHSS
3. Expand support to kindergartens under Early Childhood Development, (3-6 years) by MWACW
4. Expand Primary School Feeding Programme (6-14 years) by MBESC
5. Start Secondary School Feeding Programme (12-18 years) by MBESC
6. Expand HBC programmes and add food component for clients (PLWA), care takers and orphans by MOHSS, Red Cross, CAA, etc.
7. Expand "Food-for-Work" programme by MAWRD

All of the above were viewed as legitimate and desirable interventions. Food was viewed as essential to achieving success in the areas of health, care, protection, psycho-social support and education. It would be desirable to start discussions with all stakeholders about feasibility of each of the proposed plans.

The FHI representative made a comment regarding the inclusion of food into the HBC programmes, that food distribution to HBC groups located in inaccessible rural locations was a challenge. It was mentioned that important lessons could be learned from CAA in this respect, that provides light weight food (EPOP) for volunteers to bring. As these volunteers at times travel considerable distances, it is pertinent that appropriate foods would be selected and adequate logistical support would be put in place to make this option a success. Experiences from HBC programmes in Southern Africa need to be reviewed to further guide the design of such interventions.

Other options that were reviewed and deemed less desirable were:

8. Ongoing supplementary feeding scheme for all OVC (0-18 years) by EMU/WFP
9. Drought relief (<5 years) by EMU
10. Life skills training/ vocational courses (15-18 years) by all

Both programmes responsible for indiscriminate food distribution were viewed as only applicable in short times of severe distress and emergency. At the final briefing in Windhoek, all present agreed that programmes needed to be carefully designed in order to prevent a "dependency syndrome" among beneficiaries. The problems with registration of beneficiaries, the lack of capacity to monitor progress and impact of these interventions further added to a reduced ranking in priority. All the preferred options (1-7) are more or less self-targeting, which makes the entire operation, including registration and M&E far easier to manage.

The training programmes for youngsters, school drop-outs were not seen as a suitable vehicle for food distribution, as the targeted number of youth is small, courses are short, so there would be cost implications and the impact would be insignificant.

6.2 Coordination model

There are a number of legitimate coordination mechanisms in place, all with a sectoral or topical focus or as in the case with the OVC PTF, a focus on a particular vulnerable group in society. It must be noted that most of the people interviewed emphasized that all necessary institutional structures already had been established, and urged to be careful in setting up of new committees. People rather felt that existing structures needed to be supported and strengthened. They include:

- OVC Permanent Task Force
- National Aids Committee, with RACOC in the regions
- Global Fund Country Coordination mechanism
- Food Security and Nutrition Council and Technical Committee (under FSN Secretariat, MAWRD)
- UNDAF and UN sectoral committees

For our purpose, the following task force has been singled out as the most relevant :

6.2.1 OVC Task Force

In November 2002, the results from a joint UNICEF/USAID Regional Workshop lead to a Cabinet Directive for the installation of a OVC committee/ Permanent Taskforce in January 2003. The task force meets regularly, at least four times per year. Recently, OVC fora have also been established in the regions with exception of the Karas and Hardap. The Cabinet has given an initial 10 Million N\$ grant under an Emerging Trust Fund for OVC, which was used in providing blankets to OVC around the country in the final quarter of 2004.

Under guidance of the Task force, in July 2004 the "OVC Rapid Assessment, Analysis and Action Plan" (RAAAP) was finalized and published. This document provides the latest overview on OVC status in Namibia, and for the first time offers a summary of the players and their activities to support OVC in the country, by region. It is expected that the OVC PTF will soon develop a 2-3 year strategy and joint work plan. It is anticipated that this report will contribute to this process.

Finally, as HBC programmes are viewed by many, including the author of this report, as the way forward for comprehensive support to PLWA and OVC, it would be necessary to strengthen coordination between the actors involved. As no forum or committee exists yet, it may be unavoidable for the HBC supporters to meet under the NAC and RACOC and discuss the need for a "National Coalition to Support HBC in Namibia." This should help in lobbying for funds at national level, and could help the inclusion of a HBC project under the WFP Regional PRRO. MOHSS and UNICEF would be the appropriate entities to take the lead in this process.

6.3 Programming modalities and partnership models for OVC interventions

With the OVC Permanent Task Force and National Aids Committee as main national and regional institutional structures in place to support OVC programmes, programming of new activities can be dealt through these channels and of course, with the individual stakeholders (see list of best practises). Furthermore, it may be beneficial to contact the Global Fund for AIDS, Malaria and TB as well as USAID to assess if they would be interested in funding one or more of these programmes.

In addition, as the UN Development Assistance Framework is currently updated, this offers a chance to zoom in on one of the most vulnerable population groups in Namibia, which provides a very hands-on example where different agencies can contribute to a comprehensive strategy, to support OVC's education, health, care, protection, psycho-social support and food. For instance, it should be possible to incorporate some of the ideas summed up in this report into the UNDAF work plans. This would provide an opportunity to strengthen the UNDAF process, as it is currently viewed to be quite general in approach and zooming in on practical support to the most needy people. UNICEF should take the lead

in this, fully supported by WFP, FAO and others. It was disappointing that no representative of UNICEF participated in the final briefing to discuss this option.

Finally, when looking at a comprehensive support programme for HBC in Namibia, which may take time, it may be opportune to open negotiations with the GRN on the one hand and Red Cross and CAA (as likely implementing partners) on the other, to review opportunities and discuss details of a tri-partite agreement for food distribution among PLWA, care givers and OVCs.

6.4 Food insecurity and vulnerability data baseline model

6.4.1 National level:

A comprehensive food insecurity and vulnerability information system in Namibia is not yet operational, although different attempts have been made to bring together the Early Warning and Food Information System (MAWRD), Health Information System (MOHSS) under the National Vulnerability Assessment Committee chaired by the EMU. The generation of a such as information system comprises two distinct exercises:

- 1) the generation of a baseline, and
- 2) the establishment of a monitoring system.

6.4.1.1 Baseline

First of all, priority needs to be given to the development of a baseline through expansion of existing relevant (spatial) databases. The information generated by the FIVIMS baseline would identify structural causes of vulnerability such as agro-ecological constraints for farming in rural areas or lack of assets and job opportunities in urban areas. The baseline would include food security and nutrition indicators which helps the country to monitor levels of food insecurity and malnutrition over time. Secondly, one would need to consider an effective early warning system that responds well to well-known and recurrent shocks as drought and floods; but also includes economic shocks, i.e. oil price increases, international currency fluctuations, etc. that strongly impact on the markets on which many urban poor are dependent (Verduijn, 2004).

In the past years, considerable efforts have been made by a number of stakeholders (MAWRD, FAO, MOHSS, UNICEF and WHO among them) to improve the nutrition surveillance system, as this provides one of the most reliable indicators for monitoring well-being of children under 5 and further provide vital information to help assess the outcome or impact of projects and programmes in the fields of food security, health and poverty alleviation.

There is a lack of baseline data on food security and nutrition and although a number of surveys have been conducted, there has never been a comprehensive food and nutrition survey, as was proposed under the Food Security and Nutrition Action Plan (Rodgers: 2004). The baseline data currently in use is provided by the National Demographic Health Survey (2000). Unfortunately, this survey only provides reliable aggregate data at the regional level, which provides important clues but leaves little or no opportunity for analysis at more disaggregate levels.

The relevant sectoral information systems in Namibia suffer from a number of weaknesses, which individually and collectively prevent the development of a comprehensive food insecurity and vulnerability information network/database. The following are signalled shortcomings:

- There is no single repository of all relevant information and individual data sets are held by a variety of different agencies. Because data is held by a number of different agencies, it is not collated into a

comprehensive database with a uniform set of indicators. Different sampling frames are used, therefore limiting prospects for multi-variant analysis.

- Although both the CBS and the HIS generate data at the local level (the CBS at EA level and the HIS at clinic level), this information is generally presented at aggregate level.
- A number of important data sets (the NDHS, NHIES and Agricultural Census) are based on samples which can not, statistically, be disaggregated to the district level.
- One of the most serious shortcomings of the current database is the lack of reliable information on nutritional intake at household and individual levels. (FAO: 1999)

For development of such a baseline, all relevant stakeholders with a sectoral mandate need to be brought together. Special attention is given to the following stakeholders who have an cross-sectoral, inter-agency mandate and therefore need to collaborate if they are serious in developing an operational and sustainable information network:

- Food Security and Nutrition Secretariat (MAWRD) who are working on a so-called National FIVIMS¹⁴
- Poverty Monitoring Unit, under the National Poverty Reduction Strategy and Action Plan (NPC)
- National Vulnerability Assessment Committee (EMU)

The basis for the national baseline for food insecurity and vulnerability would include the following components:

- Census 2001
- NDHS 2000
- HIS 2000/1
- Afrobarometer 2000 (and 2004) Life/poverty index

An update of the 1993 National Household Income and Expenditure Survey (NHIES) is expected to be published in 2005 and should be helpful in exploring household food security and nutrition further in-depth and explaining regional differences.

6.4.1.2 Monitoring system

As early as 1992, recommendations were made to set up an integrated monitoring system, linking up EWFIS and HIS and nutrition surveillance data through the EMU (WFP:1995). The monitoring system would provide regular information on impending events or shocks to food security and identifies the population groups most at risk and/or affected in a given area. It would contain relevant information sources that are collected on a monthly, bi-annual and annual basis such as

- drought early warning data and annual crop assessments,
- HIS data (incidence of communicable and other diseases (especially AIDS),
- nutrition surveillance data (anthropometric measurements, dietary intake etc.),
- demographic survey data (population numbers and distribution, infant mortality etc.),
- market surveys and economic data (inflation, currency exchange rates, etc.)

The EWFIS is so far the most important player, who reports regularly on the status of the majority of people in Namibia who depend on either crop production or livestock rearing. It is critical to receive new buy-in from the MOHSS, as they have access to vital health and nutrition information that updated on a monthly basis. The HIS and the monthly monitoring reports generated by clinics play a key role in the monitoring system as its data can be disaggregated to the level of clinics/districts. As early as 1999, it was proposed to map the service areas of all individual clinics in Namibia and overlay them with results from the Census, disaggregated to lowest level Enumeration Area (EA), thus creating opportunities to

¹⁴ For more details about the global FIVIMS initiative, please go to www.fivims.net

learn more about correlations between the local economy, prevalent diseases, malnutrition and demographic data (FAO:1999).

Finally, special studies to address particular data gaps in available data sets and rapid appraisals would be conducted to verify information generated and for more in-depth analysis of the local situation. The NVAC, chaired by EMU would be the right institutional structure to access sectoral data sources, integrate the different sectoral information systems, and conduct comprehensive vulnerability analysis. The Regional VAC is expected to provide much needed technical backstopping to make the NVAC successful.

6.4.2 Project level:

As monitoring of progress and impact of interventions on beneficiaries is not very well developed in the general drought relief interventions by the EMU, as well as in the WFP OVC feeding programme, it would be expected that as a minimum, at the closure of the project, the project food monitors would conduct an *ad random* sample survey based on the provided MWACW beneficiary list, to review how many beneficiaries were reached, and at what frequency they received food. Anthropometric measurements of beneficiaries should be considered as well. Given the short period of the OVC general food distribution (6 months), and that EMU operated another general food distribution programmes in the same areas at the same time, would make it difficult to depend on HIS data to review under-nutrition on clinic, district or regional levels, and contribute any perceived positive changes to the WFP OVC food distribution programme.

The following section has been developed to strengthen the design of future interventions for OVC such as HBC programmes, where a food is an intrinsic part of the support package and the wider impact of support activities need to be considered.

6.4.2.1 Quantitative Component

Core data to be collected from beneficiaries (0-18 years) and from key service points (schools and clinics) and their catchment areas at the start and then at one year intervals:

Community/district level:

- Percentage of orphans in schools with gender breakdown
- Number of days missed in attending school or vocational training by OVC
- Number of orphans as a % of the overall child population
- Number of malnourished OVC taken in by clinics in catchment areas.
- Deaths of children <5 at clinics where malnutrition played an important role
- Success rate in treating children for communicable diseases such as Malaria, TB, diarrhoea, etc.
- Sex distribution of OVC in area, region.

Household level:

- Name, age, nutritional status (weight-for-age, age-for-height and weight-for-height) and location of OVC
- Number of household members sharing the same pot
- Number of able-bodied adults in the household
- Number and type of meals consumed per day
- % of OVC household income spent on food
- Type of OVC (maternal, paternal or double orphan)
- Designation of main care provider: family, community, church, orphanage or state

- Participation in after-school activities and income generating activities (Axios: 2002)

6.4.2.2 Qualitative Component :

In-depth individual and group interviews with project beneficiaries (OVC), care takers, teachers, nurses, and traditional leaders, to better understand the situation prior to the start of the project followed by repeated exercises every 1-2 years to monitor changes and better understand the impact of the project on beneficiaries and their environment.

Interviews with OVC should include:

- Perceived quality of food
- Perceived changes in quality of life
- Changes in workload in the family
- Time available for sport/ spare time
- Perceived changes in performance and attendance in school
- Expectation/ hope for the future, including job expectations
- Relationship with other family members and friends
- Relationship with neighbours and other community members
- Perceived changes in health status
- HIV/AIDS knowledge and attitudes (Axios: 2002)

6.5 A suitable exit strategy for WFP for any proposed interventions.

The newly proposed interventions to assist OVC in Namibia, all adhere to the new spirit set out under the new regional PRRO, to tackle the root causes of the “triple threat” based on partnerships with government, civil society, NGOs and FBOs. This clearly requires a more flexible approach from WFP, including a shift from a mainly logistics operation towards building technical capacity among partners, a much more proactive approach to participate in discussions around recovery programmes, and not least the design of smaller, tailor-made food distribution and supplementary feeding schemes focussing on particular vulnerable groups, or age groups thereof. Unlike general food distribution schemes that have difficulties in finding an exit strategy, the improved networking and involvement of more stakeholders as well as a general smaller scale of interventions, all work in the advantage of an exit strategy, where government, donors, UN and others are more likely to take over the support, when WFP pulls out.

For most of the proposed interventions it is believed that the GRN itself with support from donors, the Global Fund and/or USAID could provide necessary funding, especially for:

Health

- Supplementary feeding scheme for malnourished children at clinics (<2 years)
- Solid foods supplementary feeding to children participating in the PMTCT programme (>6 months)
- HBC programmes by MOHSS, Red Cross, CAA, etc. Expand with a food component for clients (PLWA), care takers and orphans

Education

- Expansion of Primary School Feeding Programme (6-14 years) by MBESC. Expand to other rural and urban schools.
- Secondary School Feeding Programme (12-18 years) by MBESC

An expansion of the current "Food-for-Work" programme by MAWRD could be realized through a change in budget allocation from EMU to MAWRD, as the GRN has expressed recently the view to prefer FFW programmes over free handouts (EMU).

7. CONCLUSIONS

The conclusions of this report have been listed under the main tasks set out under the terms of reference.

7.1 Identify within the OVC population the most food insecure

The main conclusion of this mission is that a substantial part of the Namibian population experiences chronic poverty, food deprivation, malnourishment, sickness and death by HIV/AIDS and related diseases such as TB and Malaria. Although the food security situation has improved during the 2003/4 agricultural season, and transitory food insecurity was reduced, there is a growing group of chronic food insecure households that need consistent support to survive. They include the following most vulnerable households with OVC:

- San people
- Single female headed households
- Grandmother headed households
- Children headed households
- PLWHA

Within the group of OVC (0-18 years old), the majority of key informants stated that the under fives were the most vulnerable age group as they could not tend for themselves and were completely dependent on support from parents, close family such as uncles/aunts and grandparents. And as households break down and family support structures in the process, the under fives end up not receiving the necessary nutrients necessary for growing of a healthy body and mind.

The most affected areas, with the highest numbers of OVC are in the central north and north east, where the majority of the people (more than 1 million) live on communal land, are asset poor, depend on subsistence farming and small stock rearing and are vulnerable to natural disasters such as recurrent droughts, locusts, floods (Caprivi) and animal diseases.

Several key informants mentioned that pockets of food insecure households with OVC can be also found among farm worker communities in the south, as they lack alternative livelihood strategies and have less coping mechanisms than the north.

There is sufficient evidence that the so-called "triple threat" of HIV/AIDS, food insecurity and weak capacity for governance has a similar devastating effect on Namibia as it has on the other countries in Southern Africa. And although Namibia has a much smaller population than its neighbours, the sheer magnitude and depth of the problems, the growing numbers of OVC and PLWHA, and again the weak technical capacity of the government warrant the inclusion of a small appeal for Namibia under WFP's new Regional PRRO.

It seems that by spending a large proportion of the budget on for instance health (15 per cent) and education (20 per cent), the GRN has fulfilled a major commitment under the new "Guidelines for the Progressive Realization of the Rights to Food" in facilitating and/or providing the rights to adequate food, education, health care, etc. by means at their disposal. Moreover, the GRN was also seen to be proactive in the creation of new and strengthening of existing policies, strategies and programmes,

including a legal framework in the relevant fields of poverty reduction, health, HIV/AIDS, food security, nutrition and OVC.

As the general food distribution to OVC has run into problems with accurate beneficiary lists and availability of transport, self-targeting mechanisms seem to be much preferred by clinics, schools, and voluntary HBC groups.

7.2 Best practices in the delivery of services to OVC with a food component

A number of relevant programme/ project activities were identified in support of OVC in the fields of education, health, care, protection, psycho-social support and food aid, etc. Best practices identified and validated by the GRN and all its partners (UN, Civil society, NGOs, CBOs and FBOs) during the mission include:

- Supplementary feeding scheme for malnourished children at clinics (<2 years) by EMU/WFP and MOHSS.
- Primary School Feeding Programme (6-14 years) by MBESC. Expand to other rural and urban schools.
- HBC programmes by MOHSS, Red Cross, CAA, etc. Expand with a food component for clients (PLWA), care takers and orphans
- “Food-for-Work” programme by MAWRD. Expand the current programme funded by EMU.

New ideas include:

- Start solid foods supplementary feeding to children participating in the PMTCT programme (>6 months) by MOHSS
- Expand support and add food component to kindergartens (under Early Childhood Development, (3-6 years) by MWACW
- Start Secondary School Feeding Programme (12-18 years) by MBESC

The general distribution of food to OVC through EMU and WFP (OVC and drought relief) were considered not a priority, partly because of problems with the official registration of OVC and transport problems, but fore mostly because there are enough viable health and education projects and programmes available that could benefit from the inclusion of a food component.

7.3 Constraints identified among major government stakeholders

The following section provides insights into the main constraints identified during the consultancy with two of the main partners of WFP in Namibia, MWACW and OPM-EMU.

MWACW

From 2001 onwards, this Ministry took over the responsibility from MOHSS to look after the welfare of all children in Namibia, including the mandate for care and support to OVC. The Ministry is insufficiently capacitated to fulfil its mandate to keep an up-to-date rolling register for OVCs. As a consequence, the current list of approved OVCs, used by WFP in their ongoing general food distribution scheme, is

outdated. New applications forms are only sparsely processed by the Ministry in Windhoek. Capacity problems include:

- Lack of human resources at national level to provide technical backstopping to the regions (social workers and Regional OVC Forums).
- Lack of human resources (social workers) in the regions to register OVC for special maintenance and foster care grants, and to verify/scrutinize living conditions of new applicants, making sure that criteria apply.
- Lack of equipment at national and regional level to establish and maintain a rolling OVC register (transport, PCs, database)
- Registration of OVC under the broad definition in use, is expected to increase rapidly in the coming years, as a majority of rural children with both parents alive, but earning less than N\$500 in cash income per month, will also qualify for a special maintenance grant of N\$200. With almost half the population under 15 years of age, this may not be sustainable.

OPM-EMU

The Emergency Management Unit (EMU), situated within the Office of the Prime Minister, is responsible for the monitoring of national emergencies and for liaison with line ministries to co-ordinate and facilitate disaster preparedness and response. The study has found that the EMU is insufficiently equipped to implement its mandate because:

- There is no comprehensive National Disaster Management Policy and Legal Framework yet that describes in detail the roles and responsibilities of all involved. Therefore, EMU does not have direct control over transport, warehouses and human resources to implement the drought relief programme and WFP's OVC food distribution programme. This has led to serious delays in delivery.
- Lack of human resources at national level to provide technical backstopping to the regions, including warehouse management, registration of beneficiaries, M&E, etc.
- the Namibia Vulnerability Assessment Committee is not fully operational. The recent arrival of 3 UNVs, including one VA- specialist (UNV) should provide a much-needed impetus to revitalize the committee's important work.

WFP

Regarding the ongoing general food distribution to OVC by WFP/EMU the following can be stated:

- Problems with logistics (EMU), access to an up-to-date beneficiary list (MAWRD), absence of proper monitoring and evaluation component of the general food distribution scheme for OVC by GRN and WFP, and a decrease in transitory food insecurity through a productive agricultural season in 2003/4 make it unsuitable for extension in its current form beyond March 2005.
- There are enough opportunities for WFP in Namibia to enter into partnerships with government and non-government stakeholders to package food with other support measures for OVC (health, care, education, protection, psycho-social support), to phase out indiscriminate general food distribution among all OVC between 0-18.

7.4 Identify appropriate programming modalities and partnership models

There are a number of operational coordination mechanisms in place, all with a sectoral or topical focus or as in the case with the OVC PTF, a focus on a particular vulnerable group in society. The most relevant for comprehensive OVC support include:

- OVC Permanent Task Force

- National Aids Committee, with RACOC in the regions
- Global Fund Country Coordination Mechanism

7.5 *Develop a baseline data model*

A comprehensive food insecurity and vulnerability information system in Namibia is not yet operational, although different attempts have been made to bring together the Early Warning and Food Information System (MAWRD), Health Information System (MOHSS) under the National Vulnerability Assessment Committee chaired by the EMU.

MAWRD has made a start with the adoption of a so-called National FIVIMS, but lacks the full access to other non-agricultural datasets, such as health and poverty, to undertake any comprehensive analysis. Most of the data and maps provide information only at the aggregate level of regions, not beyond.

Several key informants expressed their frustration that government data sets (e.g. Census 2001) could not be easily accessed for further in-depth analysis by researchers. This is a clear constraint in the conduct of any comprehensive vulnerability analysis in the country.

There is a lack of baseline data on food security and nutrition and although a number of surveys have been conducted, there has never been a comprehensive food and nutrition survey, as was proposed under the Food Security and Nutrition Action Plan. Detailed descriptions of OVC households, their location, livelihoods, coping mechanisms and specific needs are also incomplete.

8. RECOMMENDATIONS

8.1 *Proposed Interventions*

- A follow-up study needs to be undertaken to review the feasibility of the following proposed interventions in support of OVC in Namibia:
 - Continue/ expand supplementary feeding scheme for malnourished children at clinics (<2 years) by EMU/WFP and MOHSS.
 - Expand Primary School Feeding Programme (6-14 years) to other rural and urban schools by MBESC
 - Start Secondary School Feeding Programme (12-18 years) by MBESC
 - Expand HBC programmes with a food component for clients (PLWA), care takers and orphans by MOHSS, Red Cross, CAA, etc.
 - Expand "Food-for-Work" programme by MAWRD funded by EMU.
 - Start solid foods supplementary feeding to children participating in the PMTCT programme (>6 months) by MOHSS

- Expand support and add food component to kindergartens (under Early Childhood Development, (3-6 years) by MWACW
- Priority should be given to discuss tripartite agreements between WFP, the GRN (MOHSS, MWACW and EMU), and CAA and the Namibian Red Cross Society as implementing partners to start a supplementary feeding programme for PLWHA, ARV-patients and orphans.

8.2 OVC Registration

- The systematic registration of OVC by MWACW should become a priority for all members of the OVC PTF by providing necessary financial and technical support.
- In line with the overall drive towards decentralization of government functions, the head of MWACW in the regions should be responsible for coordination of the OVC registration and scrutinizing of applications. Therefore, positions of social workers need to be filled with utmost priority, staff need to be equipped with a working space, PC, training in Excel, photocopier, and transport (4x4).
- It would be deemed useful to include a number of additional questions on the registration form that would provide vital socio-economic information (access to PSS, health, care, protection, education and food) to provide a much improved understanding of the magnitude and depth of the problems. This information would then allow to be (dis-)aggregated for analysis by level of household, community, district, region, socio-economic groups, language group, etc. Once this OVC management information system would be in place, packages of support could be better designed in response to specific needs.¹⁵
- As competition for qualified human resources is fierce in Namibia, including the government sector, it would also be recommended that common guidelines are drafted to allow other stakeholders with capacity on the ground to assist with the registration, such as MOHSS, Regional Council, CAA, Red Cross, etc.

8.3 EMU

As a way to increase their capacity and operational effectiveness and efficiency of reaching the most vulnerable in times of emergency:

- EMU should consider the inclusion of PLWHA and orphans as legitimate beneficiaries under their drought relief programmes.
- EMU should take the opportunity to discuss with MOHSS the need to assist the Ministry with provision of food to PLWA on ARV's.
- EMU should consider the use of HBC programmes as food distribution channel to reach PLWHA in the country.

– ¹⁵ During the fieldwork, it was noted that some social workers in the regions had already started with the design of their own short questionnaire, but it is not yet used nation-wide, a prerequisite for the establishment of a national register and database.

- As chair of the NVAC, the EMU should give priority to the Namibia National VAC and take the lead in drafting of the terms of reference, making an inventory of existing data sets, identify main data gaps, facilitate a common workplan, etc.)
- As chair of the NVAC, the EMU should make sure that the Poverty Reduction Monitoring System (NPC) and FIVIMS (MAWRD) are brought in as full partners to prevent duplication in establishing a common socio-economic baseline and early warning system.

8.4 WFP

- As a first priority, WFP should consider to deepen its relationship with EMU and provide technical assistance to help finalize the disaster management policy framework and legal framework.
- WFP should consider to provide technical assistance to strengthen EMU operations, e.g. warehouse management, targeting, and monitoring and evaluation.
- Based on the feasibility study of the proposed interventions, listed above, WFP should consider to develop a small appeal for Namibia under their regional PRRO for Southern Africa.
- WFP should consider to discuss a tripartite agreements between WFP, the GRN (MOHSS, MWACW and EMU) to start a supplementary feeding programme for PLWHA, ARV patients and orphans through the CAA and Red Cross HBC programme
- Preferred regions to pilot these supplementary feeding programme for PLWHA, ARV patients and orphans are *Caprivi* (CAA and Red Cross), *Kavango* (CAA) and *Ohangwena* (Red Cross). These regions are among the most vulnerable in the country and have a strong presence from intended Implementing Partners.

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List of local participants was not faxed as promised but included the following persons: Regional Governor, Representative of the traditional leaders, MBESC, MAWRD, MWACW, MOHSS, and representatives from the town council.

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ANNEX III TERMS OF REFERENCE

Orphans and Vulnerable Children (OVC) Programme - Namibia

WFP has been requested to compliment and coordinate with the government's food assistance to the 642,539 food insecure persons in the thirteen regions of the country. The majority of the affected population is found in the northern regions. WFP has an ongoing EMOP that targets 111,000 orphans and vulnerable children in the six most affected regions in Northern Namibia. WFP foresees an extension of this operation past the December 2004 project end-date and the eventual inclusion of an OVC intervention into the Regional PRRO. The Government of Namibia (GoN) has well development social safety net infrastructure system already in-place. WFP would like to ensure that the present safety net system is strengthened to include food insecure OVC in the six Northern districts.

A study of the present GoN, NGO, UN agencies and Community Based Organisations (CBO) interventions needs to be conducted to identify present and ongoing best practices to determine whether these interventions can be either scaled-up or used as models in the districts of WFP intervention. The consultancy should identify the specific populations within the OVC sector that WFP should be reaching; how WFP will be able to target this population (are the present targeting criteria acceptable) and what types of interventions will be best suited to reach this population including the types of partnerships that WFP will need to make to implement the intervention. The consultant should also identify a suitable exit strategy in collaboration with the GoN for any proposed interventions.

An analysis of the capacity of the Ministry of Women Affairs and Child Welfare to eventually incorporate this intervention into ongoing safety net programmes also needs to be reviewed. A capacity building plan for the Ministry or potential NGO partners to eventually take over the WFP intervention needs to be developed.

Key Outputs:

The consultant will:

- Identify ongoing best practices (of GoN, NGOs, CBOs and the UN) in the delivery of services to OVCs where food is one component;
- Identify within the OVC population the most food insecure and most in need of WFP assistance (establish targeting criteria) and how WFP can include them in any intervention;
- Identify a collaborative approach with the GoN for the implementation of an OVC intervention (explore any possible resource sharing agreement);
- Identify appropriate programming modalities and partnership models for OVC interventions;
- Identify coordination models with the GoN, NGOs and CBOs;
- Develop baseline data model for the collection of information/indicators to be monitored over time to evaluate programme progress.

Methodology:

The consultant will undertake field visits to the operational areas and interview key informants and meet with organizations working with OVCs. Focus group meetings should also be held with stakeholders including orphans. WFP will send some secondary data for review before arrival and additional data will be made available upon arrival.

Key Responsibilities:

- Identification of the most food vulnerable OVCs and targeting criteria for this cohort.
- Lessons learned from ongoing interventions on targeting and programme design
- Mechanism for incorporating most food vulnerable OVCs into WFP programming.
- Identify most appropriate programming modalities for most food vulnerable OVCs by district.
- Design a baseline framework for proposed programming modalities.
- Identification of most appropriate partnerships for identified programming modalities by district.
- Coordination of WFP interventions with ongoing GoN safety net programmes.
- Design of an exit strategy with the GoN and other partners.

Deliverables:

- PowerPoint debrief/presentation halfway through the consultancy to highlight progress made on key responsibilities.
- Framework report responding in general terms to all of the key responsibilities one-week after field visits.
- Interim report with all key outputs by district clearly defined two-weeks after field visits.
- PowerPoint presentation/debrief for all stakeholders one-week after field visits.
- Final Report three-weeks after return from field visits.

ANNEX IV SWOC ANALYSIS

Strengths, Weaknesses, Opportunities and Constraints Analysis of main stakeholders involved with OVC interventions.

I: EMU (Drought Relief)

Internal Environment	External Environment
Strengths <ul style="list-style-type: none"> - Experienced in large food relief operations - Strong relationship and decentralised operations under the overall supervision of EMU, directly supervised by Regional Councils (REMUs). - Decentralised identification and registration of beneficiaries with EMU playing a facilitating role only. 	Opportunities <ul style="list-style-type: none"> - The development of a new disaster management policy and legal framework would help efficiency and effectiveness of operations. - New warehouses are expected to be build around the country with a loan from the Spanish government giving EMU more control/flexibility over operations.
Weaknesses <ul style="list-style-type: none"> - Bureaucratic and centralized - Expensive distribution process, as it includes overtime for government staff. - Technical capacity in disaster management, logistics, targeting criteria, M&E. - Weak targeting criteria, where demographic categories are used as economically vulnerable. 	Constraints <ul style="list-style-type: none"> - EMU is not in direct control over distribution process (trucks, drivers) as the current National Disaster Plan of 1998 does not specify the legal roles and responsibilities for all stakeholders involved. Instead, EMU depends on the good will of line ministries to access equipment.

II: WFP (OVC Food Distribution)

Internal Environment	External Environment
Strengths <ul style="list-style-type: none"> - Working closely with GRN in OVC food distribution programme (OPM-EMU, MWACW, MOHSS and Regional Councils) - Renowned experience in food distribution and supplementary feeding programmes - Access to technical expertise in warehouse management, M&E, ID of beneficiaries, etc. 	Opportunities <ul style="list-style-type: none"> - Under new regional PRRO, partnerships with government ministries, UN agencies, NGOs, CBOs and FBOs for a more integrated response to the so-called "triple threat" in Namibia - In particular, there are opportunities for smaller, self-targeting projects in support of health and education delivery to the most vulnerable, including PLWHA and OVC.
Weaknesses <ul style="list-style-type: none"> - OVC food distribution programme (duration: 6 months) is not properly designed - limited technical capacity of staff in Windhoek, when looking at new strategy to be used under PRRO that eliminates the provision of food as sole relief intervention. 	Constraints <ul style="list-style-type: none"> - WFP is too dependent on the GRN (EMU) for a successful identification of beneficiaries distribution of food - Namibia is seen as a middle income country with small population, preventing substantial support from donors.

III: - MBESC (School feeding programme)

Internal Environment	External Environment
<p>Strengths</p> <ul style="list-style-type: none"> - Large government budget available - Large number of educated/ trained staff employed - Well equipped (buildings, transport, etc.) - Successful school feeding programme feeding over 100,000 hungry primary school pupils nation-wide - Extensive network built up between school principles and regional government - Good monitoring system in place through School Inspectors - Motivated teachers, and parents around the country that take on additional work to make the SFP a success. 	<p>Opportunities</p> <ul style="list-style-type: none"> - Expansion of current primary school feeding programme to other primary schools - Extension of school feeding programme into secondary schools - As many schools have primary and secondary school section, extension of school feeding to secondary education pupils will be relatively easy as teachers and principles are fully aware of procedures and volunteer networks already exist.
<p>Weaknesses</p> <ul style="list-style-type: none"> - Assessment of new applications for SFP is conducted by the inspector, based on experience. A standard list with criteria is in the making - not computerized register, although regional offices are getting equipped with a PC to take on 	<p>Constraints</p> <ul style="list-style-type: none"> - Provision of free primary education to all is very expensive, especially when a growing number of OVC-households do not have means to contribute to their children's education. - Provision of free boarding/ lodging, waivers to School Development Fund for primary and secondary education are very expensive. - Due to increasing number of OVC, demand from schools to be included in SFP is ever increasing.

IV: MWARD (Food For Work)

Internal Environment	External Environment
<p>Strengths</p> <ul style="list-style-type: none"> - Strong presence in the regions through extension officers and RRDPs - FFW is self-targeting of most needy individuals (able-bodied adults) - FFW supports innovative small community-based development projects, prioritised by village development committee. 	<p>Opportunities</p> <ul style="list-style-type: none"> - Cabinet has decided that food hand outs by EMU should be reduced and that FFW needs more attention. Clear advantages are seen in FFW for self-targeting principle. - MAWRD can provide necessary technical (gardening, etc.) and material support (tools, seeds, fencing) to HBC programmes.
<p>Weaknesses</p> <ul style="list-style-type: none"> - FFW is bureaucratic, long procedure to receive approval for project proposal - FFW is small programme, in terms of funds (2 million N\$ a year) - Lack of civil society to run community projects - Lack of supervisory staff (RRDP) 	<p>Constraints</p> <ul style="list-style-type: none"> - Budget - Personnel, as the post of RRDPs (MAWRD) is expected to be terminated next year.

V: Catholic Aids Action (CAA)

Internal Environment	External Environment
<p>Strengths</p> <ul style="list-style-type: none"> - Branch offices in eight of the country's 13 political regions. Catholic AIDS Action has a staff of 50, including 6 religious sisters, 1 religious brother and 6 international volunteers. - Large number of trained volunteers (1600) who are focused on serving their Christian duty, rather than looking for additional income - Regional offices are all well-equipped (PCs, email, printers, photocopiers, etc.) - Small-scale HBC projects are a success, which already incorporate a small food component - CAA employs a few international staff who are highly qualified. - Existing support to OVC (18,500) - Good relations with traditional leaders 	<p>Opportunities</p> <ul style="list-style-type: none"> - Great potential for involvement of even more volunteers, as church is central part of society. - One of the few organizations in Namibia with a strong presence in the field to assist organizations like WFP with project implementation. - Opportunity to use CAA as pilot partner for WFP before teaming up with other religious NGOs/FBOs, possibly under CAFO umbrella, covering entire country. -
<p>Weaknesses</p> <ul style="list-style-type: none"> - Technical capacity in areas of health care, HIV/AIDS education, PSS, community mobilization, project management, administration, etc. - Represented in only 8 regions in Namibia (out of 13) 	<p>Constraints</p> <ul style="list-style-type: none"> - CAA strongly depends on donor support - Donor fatigue to support operations in Namibia, as it is viewed better off than its neighbours.

VI: Namibia Red Cross Society

Internal Environment	External Environment
<p>Strengths</p> <ul style="list-style-type: none"> - Broad collaboration with GRN in providing safe water, HIV/AIDS education, disaster preparedness and social programmes. - Strong organizational structure with 7 regional offices and a regional committee. - Large number of volunteers involved in HIV/Aids programme (including prevention, VCT), HBC and disaster management. - Number of HBC clients serviced in Ohangwena (3824), followed by Caprivi (157), Khomas (133) Otjozondjupa (56) - No. of supervisors 43, no. of facilitators 205, and no. of care givers 819. - Strong technical support from IFRC Regional Office in Harare - Strong donor support from other national RC societies (Europe and America) - Independent capacity for M&E - Existing registration of OVC 	<p>Opportunities</p> <ul style="list-style-type: none"> - One of the few organizations in Namibia with a strong presence in the field to assist organizations like WFP with project implementation. - Regional IFRC programme to include food component for PLWHA, care givers and OVC opens door for collaboration with WFP, in Namibia and under new PRRO.
<p>Weaknesses</p> <ul style="list-style-type: none"> - Financial/ programme management capacity of HQ staff - Limited number of highly skilled/ trained experts to support volunteers in HIV/Aids programme, HBC, and disaster management. - No strong presence in the South of Namibia 	<p>Constraints</p> <ul style="list-style-type: none"> - Operations are strongly dependent on donor support. - Donor fatigue to support operations in Namibia, as it is viewed better off than its neighbours. -