

Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Namibia

2017 Survey Findings from Project HOPE

Purpose

As part of its monitoring, evaluation, and reporting (MER) guidance, the United States President's Emergency Plan for AIDS Relief (PEPFAR) launched a set of outcome indicators for orphans and vulnerable children (OVC) programs in 2014. The purpose of collecting these MER OVC Essential Survey Indicators is to obtain a snapshot of program outcomes at one point in time (Round 1) and to assess changes in outcomes among OVC program beneficiaries over time (Round 2). MEASURE Evaluation, funded by the United States Agency for International Development and PEPFAR, conducted this Round 1 survey in seven health districts in which Project HOPE operates: Andara, Nankudu, Nyangana, Rundu, Eenhana, Engela, and Katima Mulilo. Three districts (Walvis Bay, Swakopmund, and Okongo) were excluded from the sampling frame, because Project HOPE is no longer operating there. With oversampling done in some health districts and in other clusters to compensate for sustained districts/communities or sustained groups of beneficiaries, we managed to interview 591 of the targeted 600 households, which yielded a 99 percent response rate.

Project Description

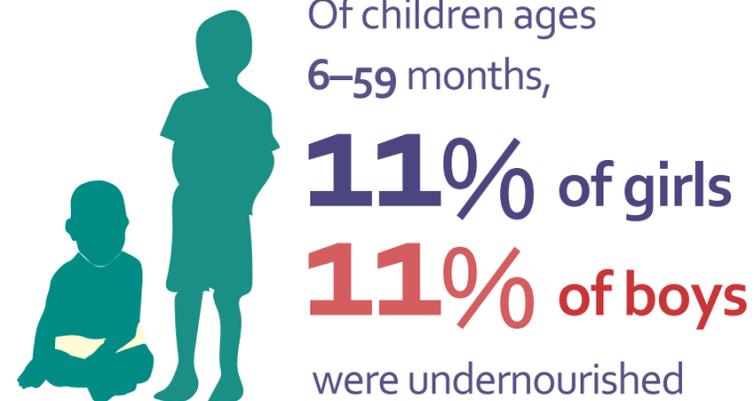
Project HOPE covers 14 health districts in eight regions in Namibia. In 2005, the organization began implementing programs to address the increased economic needs of OVC households, by providing economic strengthening opportunities and microcredit loans or savings groups, along with health and parenting education. It developed an OVC-targeted educational curriculum for caregivers, which addressed essential OVC care and support. Project HOPE provides financial support (in the form of loans) to women taking care of OVC. These loans help women support their families. They contribute to job creation and the Namibian economy.

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International, John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. GR-18-017

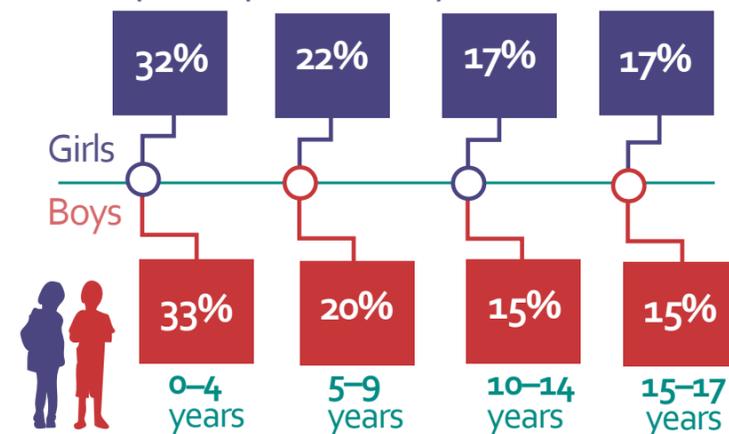


HEALTH

55% of children have a primary caregiver who knows the child's HIV status, based on an HIV test



Children ages 0-17 years, who were too sick to participate in daily activities



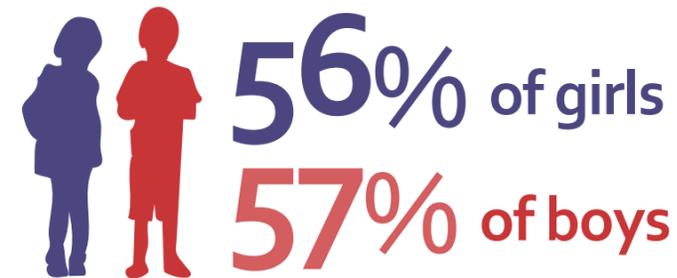
ECONOMIC WELL-BEING AND RESILIENCE

55% of households were able to access money to pay for unexpected household expenses



LEGAL PROTECTION

Girls and boys who have a **verified birth certificate**



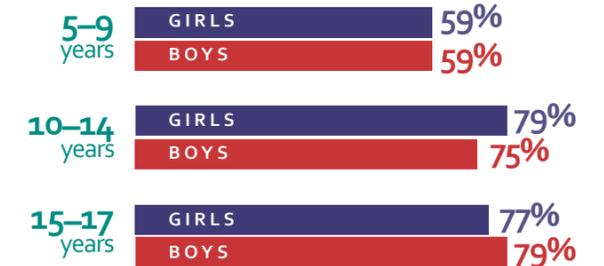
CHILD PROTECTION

62% of caregivers agree that harsh physical punishment is an appropriate means of discipline in the home or school



EDUCATION

Children regularly **attending school**



Children who progressed to a more advanced level in school



59% of children < 5 recently engaged in **stimulating activities**

