



Namibia Community and Household Surveillance (CHS) Findings

*WFP support to Orphans and Vulnerable Children (OVCs) in
Northern Namibia*



*Ministry of Gender Equality and Child Welfare and
the UN World Food Programme*

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This assessment was financed through the DFID-funded United Nations system-wide work programme on scaling-up HIV/AIDS services for populations of humanitarian concern. The financial assistance received is greatly appreciated.

This joint UN initiative seeks to expand HIV prevention, treatment, care, and mitigation services for people of humanitarian concern who are not sufficiently reached by current HIV/AIDS, humanitarian, and development assistance arrangements. The key intent of the programme is to address the specific organizational and technical constraints that hinder populations of humanitarian concern from benefiting from the range of assistance that is available to others. This is being done through targeting specific categories of vulnerable populations in acute and prolonged crisis and disaster situations, including those affected by the “triple threat” in southern Africa.

The “triple threat” is the synergistic impact of high HIV rates, deepening food insecurity and poverty, and failing service delivery institutions, partly because of attrition of trained human resources in all key sectors such as public administration, agriculture, education, and health. People affected by the “triple threat” live in countries with the world's highest HIV rates and are facing large scale destitution to which assistance programmes are being forced to respond by moving from development to humanitarian relief mode. In these circumstances, HIV is itself central to the crisis with huge humanitarian implications. This work programme is based on the Inter-Agency Standing Committee’s “Guidelines for HIV/AIDS interventions in emergency settings” and concentrates on interventions that have a direct population-based impact on HIV/AIDS risk reduction and mitigation.

Executive Summary

The Community and Household Surveillance (CHS) system in Namibia was designed to monitor outcomes of the Ministry of Gender Equality and Child Welfare (MGE CW) and WFP programme to support orphans and vulnerable children (OVCs) in the 6 northern regions of Namibia. These findings represent the first round of data collection and will serve as a baseline against which two more rounds of CHS data will be compared in 2007.

Of the 636 households interviewed, information was collected on nearly 4,500 household members, including 2,575 children aged 0-18 years. Of those children, 681 (26%) were single orphans and 189 (7%) were double orphans. The average age of non-orphans was 8 years while single orphans were, on average, 12 years old and double orphans 14 years of age. Only two households were headed by children, aged 16 and 18 years.

Approximately 53% of the households were beneficiary households. Of those, 73% were hosting orphans and the rest were hosting vulnerable children. There were as many as 7 beneficiary children in a household but the average was 2-3 children. Only 11% of the sampled households had a cash grant recipient.

Findings are presented by outcome:

Improvements in livelihood and food security at the household level:

- The beneficiary households had significantly better food consumption as measured by the food consumption score, than the non-beneficiary households and also had a smaller share of expenditure for food.
- Their overall asset wealth was no different from non-beneficiary households. However, asset poor and asset medium beneficiary households have much better consumption than the non-beneficiaries in the same asset wealth groups.
- ***From the above outcomes, it appears that the programme is having a positive impact on food and livelihood security at the household level as measured by indicators of food consumption.***

Improvements to the nutritional well-being of individual beneficiaries:

- Beneficiary children had slightly better nutritional outcomes, with only 7% (6-59 months) suffering from acute malnutrition as compared to 10% of non-beneficiary children.
- ***As the programme had only been implemented for 3 months prior to the survey, changes in long term nutritional indicators were not expected. However, the lower levels of acute malnutrition could indicate positive effects of food assistance on child growth in the short term.***

Information on households hosting orphans:

- Households hosting orphans, regardless of beneficiary status were significantly more likely to have a chronically ill member and also to have had a family member die in the 3 months prior to the survey.
- Orphan status did not appear to be a factor influencing school enrolment, attendance or drop-out.
- Households hosting orphans are more likely to have access to agricultural land and to cultivate larger plots. In addition, they are significantly more likely to own cattle and sheep than households without orphans. Further analysis shows that households hosting orphans are also significantly more likely to be asset 'medium' or 'rich'.
- These households are also more reliant on pension, food assistance and government grants as livelihood sources than households without orphans.
- Their share of expenditure for food was also significantly less than that of households without orphans. For food consumption analysis, households hosting orphans are also significantly more likely to have 'good' food consumption than those without.

- ***These findings indicate that food assistance may be making a difference in terms of expenditure by freeing up scarce funds to meet non-food expenditure needs. However we cannot conclude that households hosting orphans are able to sustain these levels of support to orphans without jeopardizing their own families. This study is the beginning of a learning process on the longer-term impact of hosting orphans on a household's food and livelihood security.***

Findings on beneficiary households hosting vulnerable children:

- Vulnerable children have been described as those who are living with their parents but whose circumstances at the household level are serious enough for their inclusion into the programme.
- The 27% of beneficiary households hosting vulnerable children had interesting characteristics as only 49% were headed by women as compared to 73% of orphan-hosting beneficiary households.
- Almost all of the household characteristics (chronically ill, recent death of member, etc.) were less prevalent in these households.
- Their levels of food consumption and coping were similar to those hosting orphans but these children more often live in poor households.
- Ownership of cattle and sheep is significantly lower and they have a heavier reliance on food assistance as a main source of livelihood. They also tend to rely on petty trade more for income.
- Lastly, 22% of these households were 'asset poor' as compared to only 13% of beneficiary households hosting orphans, indicating the stronger linkage between poverty and vulnerability for non-orphaned children.
- By region, 47% of the beneficiary households in the Oshana sample had vulnerable children (no orphans), followed by 37% in Omusati and 36% in Kavango. Since this was the first survey of its kind there is no comparison to findings from other countries in the SADC region.
- ***The above bullet points only provide a description of the households hosting vulnerable children and comparing them to households hosting orphans. It is likely that these households are not affected by HIV and AIDS but rather by chronic poverty. However this does not mean that they not are vulnerable to the impacts of HIV and AIDS in the future.***

The Community and Household Surveillance (CHS) activity not only provided baseline information for monitoring progress towards achieving the objectives of improved food and livelihood security at household level and improvements in nutritional well-being of individual beneficiaries. The survey also provided important insight towards a better understanding the characteristics of households hosting orphans as well as those hosting vulnerable children. This information can also be used to improve the targeting of assistance as well as to monitor performance of partners in the different regions.

Based on the initial findings from only 4 months of operation, it ***appears that the food assistance provided by WFP is having its intended impact on beneficiary households*** in terms of improved food consumption. There is still little evidence that the food assistance has allowed households to build or preserve assets. However, the expenditure information does show that perhaps the food assistance allows beneficiary households to re-allocate scarce funds for non-food expenses such as health care or education. In fact, the additional analyses show that beneficiary households allocated a significantly greater share of monthly expenditure for education than the non-beneficiary households.

The ***individual nutritional impact of the food basket is not likely to be apparent over a short period*** of time but rather in the longer-term. The small differences in acute malnutrition may signal the more immediate benefits of having access to nutritious food. However, the fact that the households hosting beneficiary children enjoy better food consumption indicates that by the next round, the programme may see improvements in nutritional status of beneficiaries.

The CHS has provided much needed empirical evidence to answer questions about the characteristics of households hosting orphans and vulnerable children. The findings show that orphans are more likely to be cared for by wealthier households – those that have the means to take on, feed and educate additional members. However, many of these households are headed by elderly indicating that despite the current situation being adequate, if the head dies and the household loses pension income, the children and other family members could become vulnerable.

The issue of child-headed households is still contentious – this survey of 636 households randomly chosen for interviews found only 2 which were headed by ‘children’ – one was 16 years and the other was 18 years of age. There is no doubt that too many children lose both parents but there is little evidence that these children are left to fend for themselves as the vast majority of orphans are living in households headed by relatives.

Lastly, these data have helped to identify some **problems in targeting** of beneficiary households, namely of reaching all of those in need. The data indicate that there are instances where it appears that beneficiary children are living in households that would not qualify for the food assistance based on the targeting checklist but they are few. The problem was in identifying those households not yet being assisted. As the programme was in the process of scaling up at the time of the survey, it is expected that many of these children will be reached with the expansion.

In addition, while a significant number of orphans have been targeted for assistance, **the analysis shows that there is a need to identify and assist vulnerable children who are not orphans**. The well-being of children appears to be primarily influenced by the relative wealth of the household (health and access to education were similar) which directly determines their access to food. Therefore targeting on orphan status alone will exclude a significant number of vulnerable children in need of assistance.

There are plans to conduct a second round of programme monitoring in early 2007. The second round should begin to show seasonal trends in some indicators and will help to confirm these early findings after only 4 months of implementation. Also improvements in targeting can be measured, as can longer-term impact of the food assistance, thus indicating the relevance of the programme’s first main objective of improvements to individual and household food security and nutrition.

In terms of measuring the feasibility of transferring these beneficiary children to the government grant system, the second round of data collection in 2007 should help to better inform this outcome indicator of the programme. This would include a series of questions to measure household awareness of the Government grants programme.

1.0 Background and Objectives

In Namibia, World Food Programme (WFP) provides food support to Orphans and Vulnerable children (OVCs). According to the OVC national policy, orphans and vulnerable children are defined as children under the age of 18 whose mother, father or both parents (or primary caregiver) has died, and/or is in need of care and protection. Through the Namibia programme, WFP aims to:

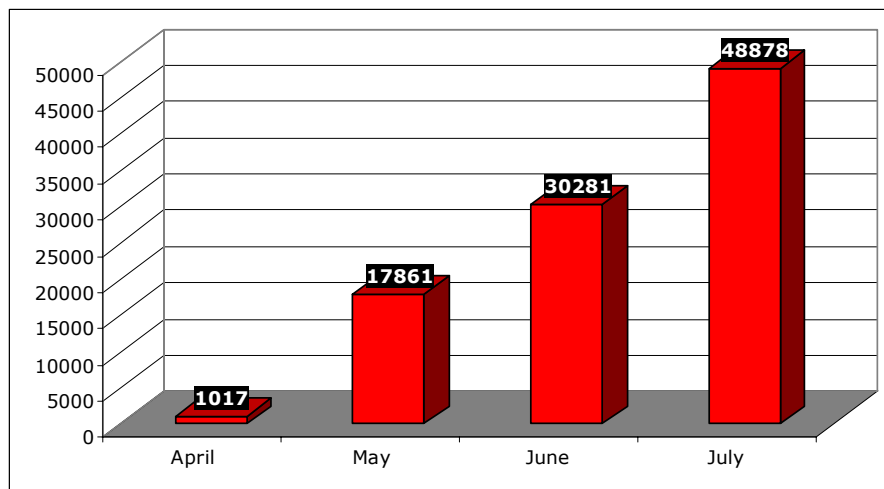
- Facilitate the identification of OVCs;
- Facilitate their placement onto the government's safety net system
- Improve OVCs access to food and contribute to their nutritional well being, especially for children < 5 years of age;
- Enhance the resilience of OVC hosting households to livelihood shocks;

The **MGECW Child Welfare Grants** programme makes provision for the payment of Foster and Maintenance grants for eligible children. Once eligibility is established, the household receives N\$ 200 for the first child and N\$ 100 for each subsequent child up to a maximum of 3 children per household.

By working jointly with Implementing Partners and the Ministry of Gender Equality and Child Welfare (MGECW), children eligible for financial assistance under the government's safety net programme are identified and provided with food assistance as an interim measure until such time as they are absorbed into the government programme. WFP support will continue until December 2007.

The programme operates in the six northern regions of the country: Caprivi, Kavango, Ohangwena, Omusati, Oshana and Oshikoto. Since the start of the Namibia OVC programme in April 2006, WFP and its partners have identified and are assisting 48,878 children. The programme aims to provide food to 111,000 children by December 2006.

Figure 1: Children receiving WFP food assistance in July 2006



Significant challenges exist in the registration of children for the government safety net programme. These include the unavailability of:

- Birth certificates for eligible children
- Death certificates for the parents of orphaned children especially for children with parents who are non citizens of Namibia
- National identification documents for the individual (parents/caretaker) applying for assistance on behalf of the child.

To better guide programming and be sure to make informed decisions it was important to ensure that a robust monitoring system was in place to;

- Track the performance of this programme in order to advise programming decisions thus ensuring that the OVC intervention in Namibia remains relevant and demonstrate achievement of purpose. Outcome indicators include:

- Changes in dietary intake of beneficiary households as measured by a food consumption score;
- Changes in household asset ownership
- Changes in coping capacity as measured by the coping strategies index (CSI)
- Prevalence of malnutrition reduced in children under five years of age
- Assess the rate of absorption of food aid beneficiaries onto the government safety net programme
- Inform replication and/or scale up efforts elsewhere in the region and within WFP globally

World Food Programme's (WFP) Southern Africa region has developed an outcomes monitoring system known as the Community and Household Surveillance (CHS). Since 2003, the CHS has been implemented bi-annually in six countries in the region¹ and monitors the short and long term effects of WFP's food-aid interventions in programmes that provide assistance to **households/family support**², informing operational decisions with respect to the food aid interventions of WFP by addressing the following questions;

- Are intended outcomes being achieved?
- Is food aid reaching intended beneficiaries? If so, are negative trends being reversed?
- When and how are vulnerabilities changing?
- What is the contribution of food aid to diet/nutrition/well being/livelihoods?
- Is food aid preventing depletion of human and productive assets?

In Namibia, World Food Programme (WFP) food support targets **individual**³ Orphans and Vulnerable children (OVCs) within a household. Thus the approach used in other countries in the region was adapted to the Namibia context to reflect the specific nature and objectives of the OVC support programme.

¹ Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe

² A food ration basket is provided to cater for the food needs of all family members for a 30 day period

³ A food ration is provided only for the identified vulnerable individual

2.0 - Methodology

The regional CHS questionnaire was adapted for the Namibia programme context, with additional focus on household composition and health and nutrition of children 0-18 years of age within a household. The approach is designed to monitor progress towards meeting the objectives of the OVC support programme as well as to provide an indication of the general food security situation in the six northern regions. In order to do this, interviews were conducted with WFP beneficiary households and a comparable sample of non-beneficiary households.

For the purposes of the survey and the analysis of the findings;

- A beneficiary household was defined as one that was host to any child that had received food assistance at any time since the start of the OVC programme in April 2006. A non-beneficiary household on the other hand, was defined as one with no child beneficiary of food assistance in the same period.
- Any individual up to 18 years of age was considered a child. This cut off was based on the maximum eligible age for receipt of government child grants.

2.1 Sampling and data collection

A stratified random sampling approach was used for the survey. Data on beneficiary and non-beneficiary households was collected at 36 final distribution points⁴ across the survey area. At each FDP, 10 WFP beneficiary households and a further 10 non-beneficiary households were selected for interviews. A total of 636 interviews (approximately 100 per region) were completed during the survey week.

The intention of the Namibia CHS was to monitor the progress of the OVC programme *in the 6 programme districts only*. As such, the sampling approach was deliberately designed for this purpose and not intended to be representative of the OVC population in the country as a whole. However, the methods and tools used in the survey are closely aligned to the Demographic Health Survey and other household surveys.

The questionnaire was loaded onto Personal Digital Assistants (PDAs) which are hand-held computers used for data collection and capture. Eighteen enumerators were recruited for the survey and were divided into 6 teams of three enumerators and one supervisor. The enumerators, who were mostly university students and/or individuals with household survey experience, were recruited through the Namibia National Planning Commission (NPC), responsible for the national census.

The enumerators were trained over a period of a week to;

- Administer the questionnaire both in English and the relevant local languages of the region;
- Collect health and nutrition information, including anthropometric measurements;
- Utilise the PDAs to directly record the data in the field.

2.2 – Survey instruments and analysis

Questionnaires were used to collect information at both household and individual levels. Data was captured at the household level on the following aspects:

- Individual child information such as age, orphan status and school attendance, beneficiary status with respect to government child grants and / or WFP food assistance, health status, anthropometric measurements
- Livelihood strategies of the household, expenditure, agricultural production, chronic illness and deaths in the household, in/outward migration, coping strategies employed by the household, food consumption and sources, asset ownership.

Since the data were stored as they were collected using the PDAs, they were ready to be analysed soon after the teams returned from the field. The data were converted to SPSS format and analysed

⁴ A 'Food Distribution Point' is defined as a central geographic location at which food distributions are conducted

both in Johannesburg and Windhoek by WFP staff. The anthropometric indices⁵ for children 0-10 years of age were calculated using Epi-Info 6.04b and then uploaded into SPSS for analysis.

2.3 – Data constraints and limitations

Although all attempts were made to ensure data quality, representativeness and accuracy, there were some limitations of the study that will be addressed in the next round of data collection.

- Generalization: the data only represent WFP beneficiaries and similar non-beneficiary households. They can provide indications of the food security situation in general for the different regions.
- Sample size: Due to time and cost constraints, only about 100 households were interviewed in each region. Ideally a larger sample could lead to more precise estimates of food insecurity and vulnerability, especially in relation to nutritional outcomes.
- Language: Despite thorough training and field testing, some of the enumerators still had difficulties interviewing households. This was partly due to their lack of fluency in the language of the interview. They also had to translate from English (PDA version of questionnaire) to local languages which could have led to some problems in standardizing the interviews.
- Household sampling: The teams encountered difficulties in locating beneficiary households and often had problems finding non-beneficiary households in the survey areas. In addition, there were long distances to travel between households which slowed down the data collection process.
- Weighing and measuring: As always, there were problems with equipment and skill in weighing and measuring children and adolescents.

⁵ Weight-for-height, weight-for-age and height-for-age z-scores

3.0 Vulnerability characteristics for programming

The vulnerability of the household as a whole is presumed to influence the vulnerability of its individual members and in particular the children. The OVC selection criteria agreed jointly by WFP and the Ministry of Gender and Equality and Child Welfare (MGE CW) define a range of household characteristics. From those characteristics, nine could be derived from the CHS data:

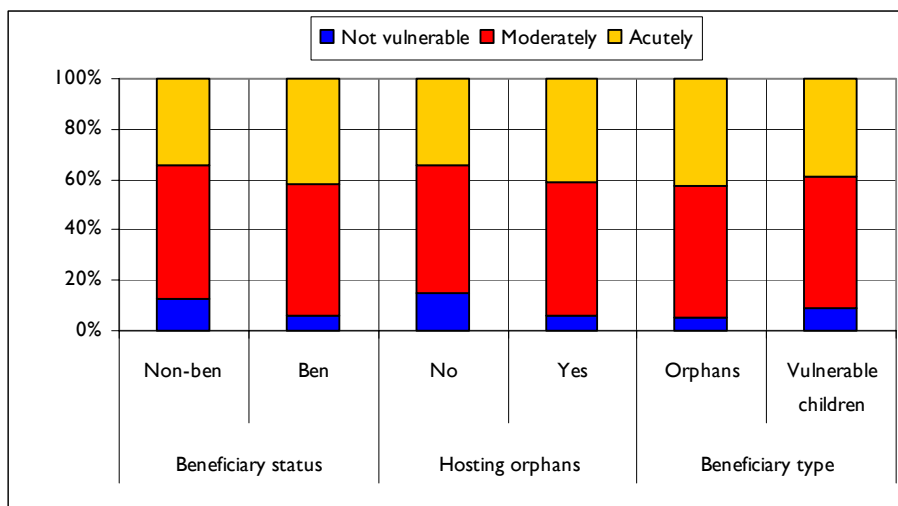
- Sales of household items to purchase food
- Child living in a single parent household
- Child living in a household headed by someone less than 21 years old
- More than three children 0-18 in the household
- Children in HH not receiving any grant
- Household has monthly per capita expenditure of less than N\$ 100
- Children or adolescents eat only one meal per day
- Household does not produce at least 50% of its annual food requirements
- Household is in lowest 20% in terms of access to food

Based on these criteria, sampled households were grouped into three categories based to the number of selection criteria they displayed:

- “Not vulnerable” – 0-2 characteristics: 10% of the sample.
- “Moderately vulnerable” – 3-4 characteristics: 52% of the sample
- “Acutely vulnerable” – 5-8 characteristics: 38% of the sample

A review of the sampled households indicated that based on the above characteristics, 38% overall fell into the acutely vulnerable category. The results also show **relatively low inclusion of non-vulnerable households** among beneficiaries. However, there is need to ensure that all acutely vulnerable non beneficiaries can be identified and provided with assistance.

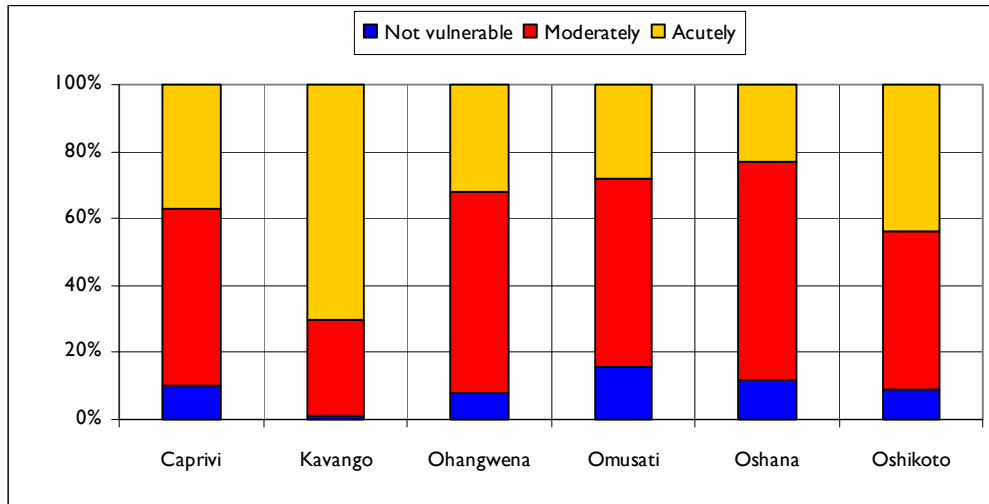
Figure 2: Vulnerability status of households



Although the chart above indicates that households hosting orphans appear to be more vulnerable than those without, the previous analyses show that often the hosting households are wealthier than those not hosting. In addition, using the above selection criteria may be biased towards households with orphans and away from those with vulnerable children who are not orphaned. *Thus more care should be taken in using the complete list of characteristics to identify vulnerable children, rather than quickly assuming all orphans are the most vulnerable.*

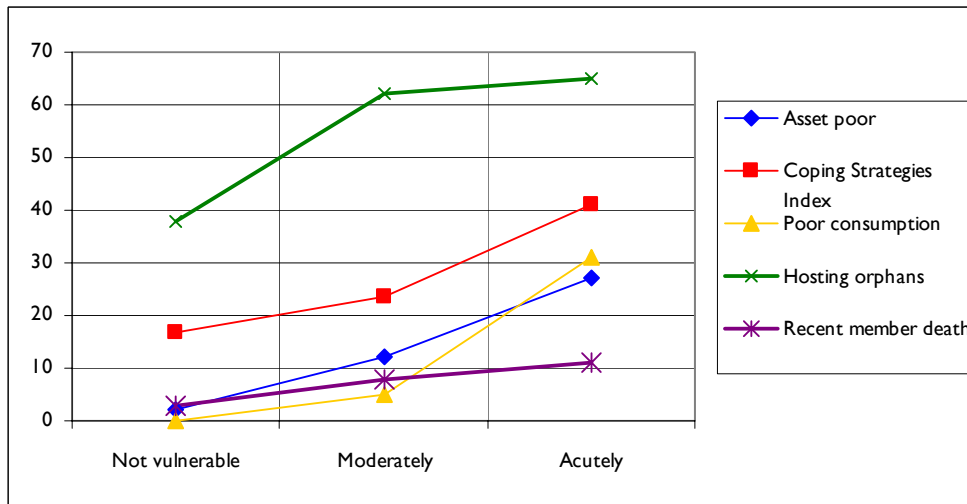
The figure below shows the vulnerability by region, highlighting the Kavango sample as having the highest percentage of vulnerable households based on the characteristics listed above. Omusati and Oshana have the lowest percentage of acutely vulnerable households.

Figure3: Vulnerability by region



The chart below shows how as vulnerability increases, so do some other indicators used in the analysis. For example, the percentage of households hosting orphans is lowest in the 'not vulnerable' group but increases greatly to 'moderately vulnerable' but does not increase much to acutely vulnerable, indicating that this indicator alone does not differentiate between levels of vulnerability. The death of a recent member shows a similar but not as drastic pattern, with the greatest increase between 'not vulnerable' and 'moderately vulnerable' groups. On the other side, the coping strategies index (CSI) and poor consumption variables show large increases between 'moderately vulnerable' and 'acutely vulnerable'. Asset poverty increases linearly as vulnerability increases and thus may be the best single measure of vulnerability.

Figure 4: Relationships to vulnerability



4.0 Determinants of vulnerability to food insecurity

Determinants of vulnerability used in the CHS analysis are;

1. Asset wealth
2. Coping capacity as measured by the Coping Strategies Index
3. Diet adequacy as measured by the Food Consumption Score
4. Proxy indicators such as household headship and composition

4.1 Asset wealth categorisation of households

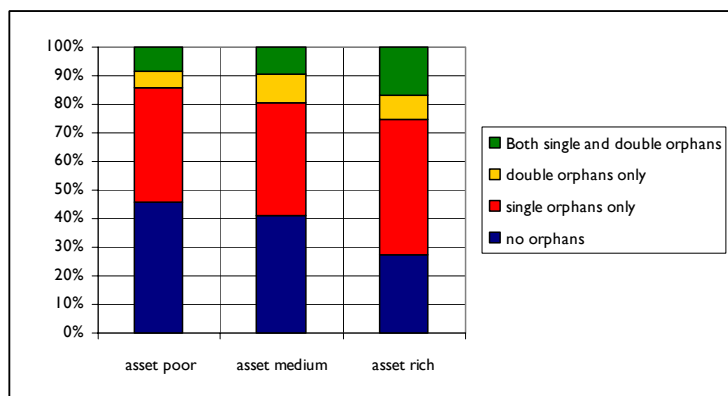
Livelihoods research has shown that asset wealth is a fairly sensitive measure of household vulnerability as the sustainability of livelihoods is critically dependent upon the households' access to assets⁶. The CHS measures a household's asset wealth on the basis of the number of different types of assets owned using a list of 19 productive and non productive assets. Households are then classified as being either:

- Asset 'poor' – 0 to 4 different types of assets,
- Asset 'medium' - 5-9 different types of assets, or
- Asset 'rich' (10 or more types of assets).

Based on this definition, 17% of households were 'asset poor', 64% were 'asset medium' and 19% were 'asset rich'.

The results however did not show any significant differences in asset wealth distribution between beneficiary and non-beneficiary households. The majority of asset poor households (84%) regardless of beneficiary status had no food stocks from their own production at the time of the survey whereas 68% of non poor households did. The per capita expenditure on food was also significantly lower for asset poor households (N\$47) as compared to their non poor counterparts (N\$69).

Figure 5: Asset wealth distribution



When comparing households hosting orphans to those not, those with orphans are more likely to be asset medium or rich. As illustrated in Figure 5, the asset rich households are significantly ($p < 0.05$) more likely to host orphans (73%) than the other wealth groups. In addition, asset rich households are also more likely to be hosting both single and double

orphans. Oshikoto (38%) and Omusati (35%) samples had the most asset rich households while 55% of the sample households in Kavango were asset poor.

When looking only at the beneficiary households, 22% of those with vulnerable children were asset poor as compared to 13% of orphan hosting beneficiary households. In addition, only 14% of those households were asset rich.

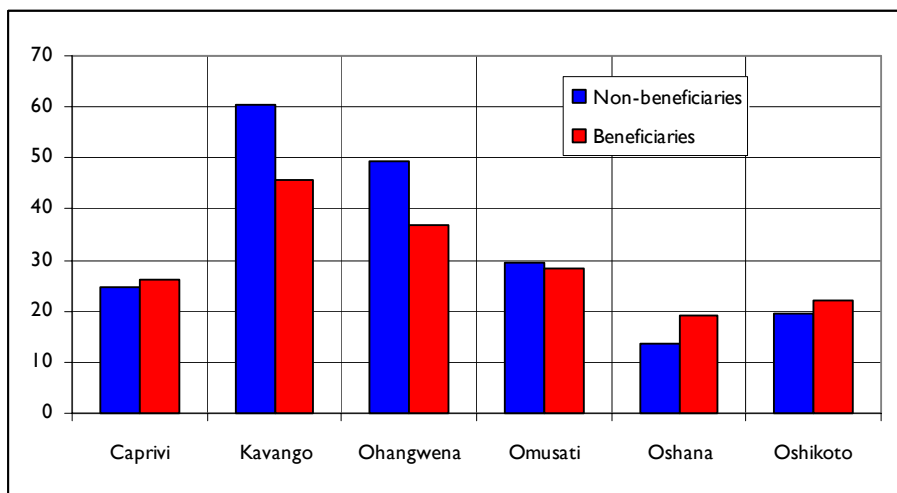
4.2 Household coping capacity

The CHS measures the coping capacity of households in response to the presence or threat of food shortages. A lower Coping Strategies Index (CSI) implies reduced stress and thus relatively better food security. By monitoring the CSI over time, it is possible to track improvements or deterioration in the households' food security situation. The CSI of beneficiary households was similar to that of

⁶ The CHS assessed ownership of the following household items: chair, table, bed, TV, radio, refrigerator, cell phone (non-productive assets), axe, sickle, hoe, bicycle, harrow, plough, sewing machine, hammer mill (productive assets).

non beneficiary households suggesting that food assistance was contributing to stabilizing the food security situation of beneficiary households and reducing the extent of their adoption of coping mechanisms more severe than those adopted by their counterparts. However, Figure 6 below compares the mean CSI by region and beneficiary status of the sample households.

Figure 6: CSI by region and beneficiary status

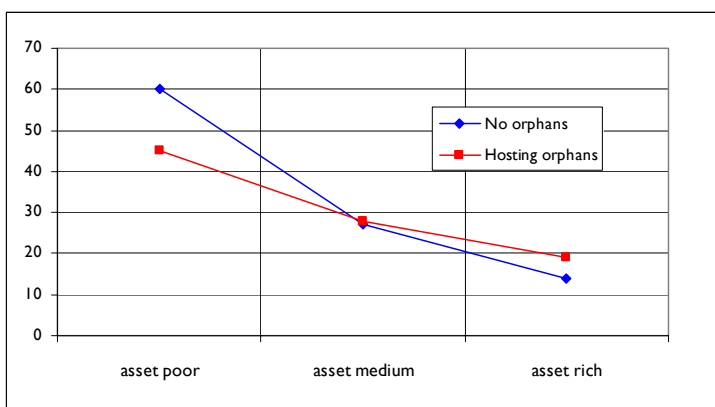


The CSI suggests that stress levels for both beneficiary and non-beneficiary households were highest in Kavango, followed by Ohangwena and lowest in Oshana. However, the difference between beneficiaries and non-beneficiaries in Kavango was statistically significant ($p < 0.05$) while the other regional differences were not. There was no difference in CSI between households hosting orphans and those not, or between beneficiary types.

However, when asset wealth was factored in, it was evident that asset poor households had a CSI score that was almost twice that of non-poor households, suggesting these asset poor households experienced far higher levels of food insecurity and in consequence were forced to adopt more severe coping strategies and more often than others. Figure 7 compares the mean CSI by asset wealth and presence of orphans.

Among the poor households, those without orphans have a higher CSI while in the asset rich households, those with orphans have a slightly higher CSI. This clearly demonstrates the heightened vulnerability of asset poor households and therefore the need to ensure that children living in such households are prioritised to receive support.

Figure 7: CSI by asset wealth and presence of orphans



4.3 Household consumption patterns

Research has shown that dietary diversity⁷ and frequency are a good proxy measure of food security. Using a 7-day recall period, information was collection on the variety and frequency of different foods and food groups to calculate a weighted⁸ food consumption score. Weights were based on the

⁷ Dietary diversity is defined as the number of individual foods or food groups consumed over a given period of time

⁸ Animal proteins = 4, pulses = 3; corn-soya blend (CSB) = 2.5; cereals, roots & tubers = 2; fruits and vegetables = 1; sugar and oil = 0.5

nutritional density of the foods. Cut-points or thresholds were established to enable analysis of trends and to provide a benchmark for success. Households were then classified as having either 'poor', 'borderline' or 'good' consumption based on the analysis of the data. Use of the Food Consumption Score also allows for comparisons of dietary quality and diversity between beneficiary and non-beneficiary populations.

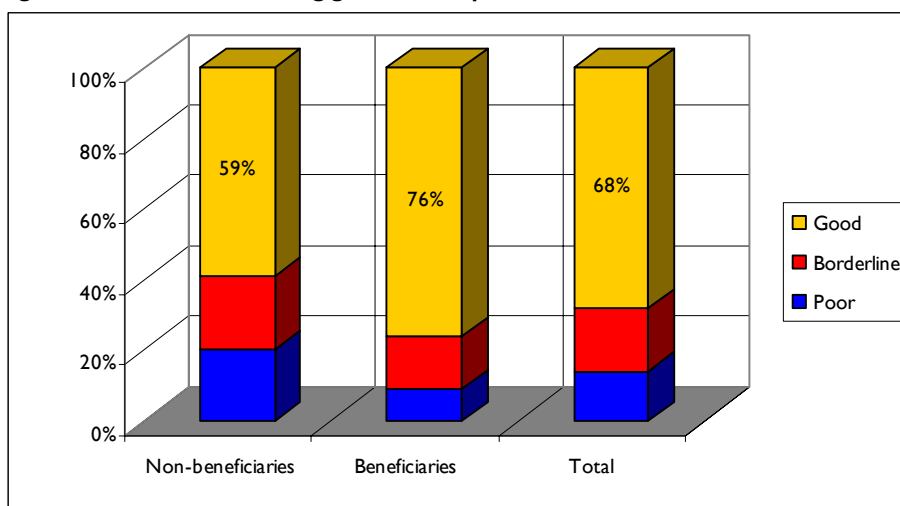
The food basket provided to each beneficiary child consists of a month's ration of cereal, pulses, CSB and vegetable oil.

Households with 'borderline' consumption are eating the equivalent of cereals and vegetables on a daily basis plus pulses and oils about 4 times per week. Those with 'poor' consumption managed to eat the equivalent of only cereals and vegetables on a daily basis. This is considered a bare minimum and is a sign of extreme household food insecurity.

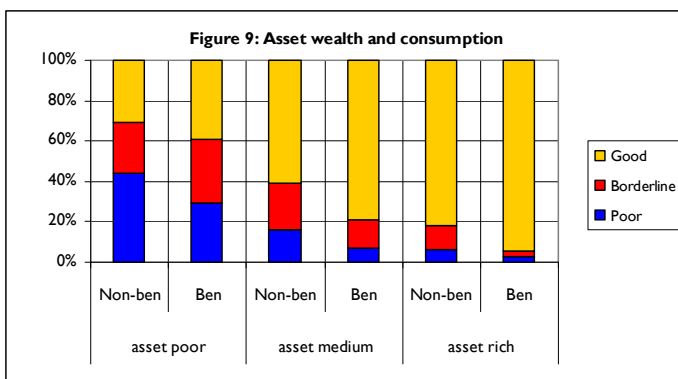
insecurity.

As illustrated in Figure 8 below, significantly more ($p < 0.001$) beneficiary than non-beneficiary households were achieving good consumption. Given that per capita expenditure on food is significantly lower for beneficiary households, this result suggests that food assistance is contributing positively to the diversity of the diet in beneficiary households.

Figure 8: Households achieving good consumption



By region, only 29% of the sample households in Kavango had good consumption, followed by 64% in Caprivi and more than 70% in the other regions except for Omusati where 83% of the households had good consumption. In addition, households hosting orphans, regardless of beneficiary status, were significantly ($p < 0.05$) more likely to have good consumption. However, there was no difference in consumption between beneficiary households hosting orphans and those hosting vulnerable children.



When investigating the relationship between consumption, wealth and beneficiary status, Figure 9 below shows that food assistance appeared to have the greatest effect when targeted to asset poor households. In addition, there is a definite relationship between asset wealth and food consumption, regardless of beneficiary status.

4.4 Female headed households

Female headed households have long been recognised as a group particularly prone to vulnerability. Female headed households accounted for 62% of the sample. The vulnerability of female headed

households in this survey was tested against the CHS indicators i.e. coping capacity, diet adequacy and asset wealth status (See Section 3 for further elaboration).

In this survey, female headed households were no more vulnerable than their male headed counterparts. This has been a consistent finding of other CHS studies in the region and has led to a review of the targeting criteria used to identify vulnerable households. In the OVC programme, female headship is not considered to be a criteria for selection into the programme rather selection is based on a household having a single head regardless of gender.

4.5 Elderly headed households

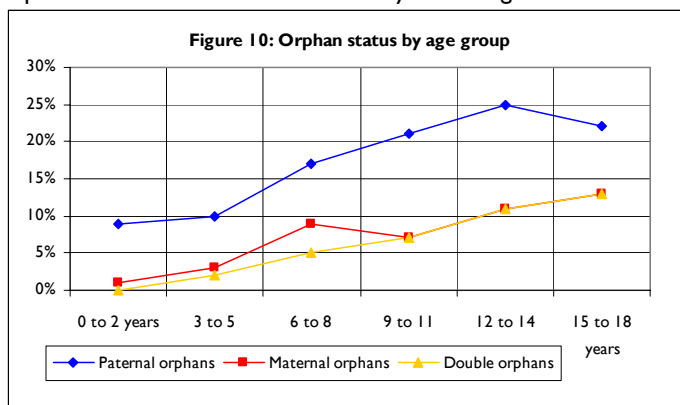
The majority (84%) of elderly headed households were receiving pensions. Apart from this, 58% were involved in crop production and 53% were hosting a beneficiary child. Given the large proportion of elderly households involved in agricultural production, it was further noted that 60% had consumed cereal from their own harvest in the past two months. Purchases of cereal in this period were generally low (17% of elderly headed households). This suggests that as long as these households are able to harvest adequate amounts of food, they will be relatively food secure. As this study was conducted in the period after harvest, it is not clear as yet how the vulnerability of elderly headed households may change if at all during that period. It could be surmised however, that in the lean season or when faced with adverse agricultural conditions, these households might require a level of support.

4.6 Orphanhood

A child is defined as an orphan if they have lost either one parent (single orphan) or both (double orphan). Parental status of sampled children was established and showed that 33% were orphaned. Most commonly, one parent was dead (78% of orphaned children) and one-fifth (22%) had lost both their parents.

Among the households with orphans, the majority (68%) were hosting single orphans, while 14% were hosting double orphans. Eighteen percent of households had both single and double orphans living with them. The number of orphans in households ranged from one to as high as nine, with an average of 2 orphans per hosting household. Beneficiary households were also significantly more likely to be hosting orphans (73%) than their non-beneficiary counterparts (47%).

Figure 10 presents the percentage of children in each age group that are paternal, maternal or double orphans. There are no children 0-2 years of age that are double orphans and just a few that are maternal orphans.



These percentages increase slightly in the 3-5 years age group while the percentage of paternal orphans remains stable amongst those children. However, there is a big increase of both paternal orphans and maternal orphans in the 6 to 8 years age group, indicating that perhaps this is the most vulnerable group. The percentage of double orphans increases steadily with increasing age of children, with

no big jumps.

The coping capacity and consumption patterns orphan hosting households were compared with those of non-orphan households and showed no significant difference. This could possibly be because the majority of orphan households (70%) in the sample were hosting a child that was a beneficiary of food assistance. It appeared that orphan households were targeted for food assistance regardless of their vulnerability status. This is likely because it is easier to target orphans as a group based on the assumption that orphanhood equates to vulnerability. The Community and Implementing Partners need to further assess orphan households to ensure that they are indeed vulnerable to food insecurity.

5.0 Targeting efficiency

By establishing the factors that contribute to vulnerability, the survey was able to approximate the levels of inclusion and exclusion. In addition to this, community perceptions on the efficiency of beneficiary selection were probed.

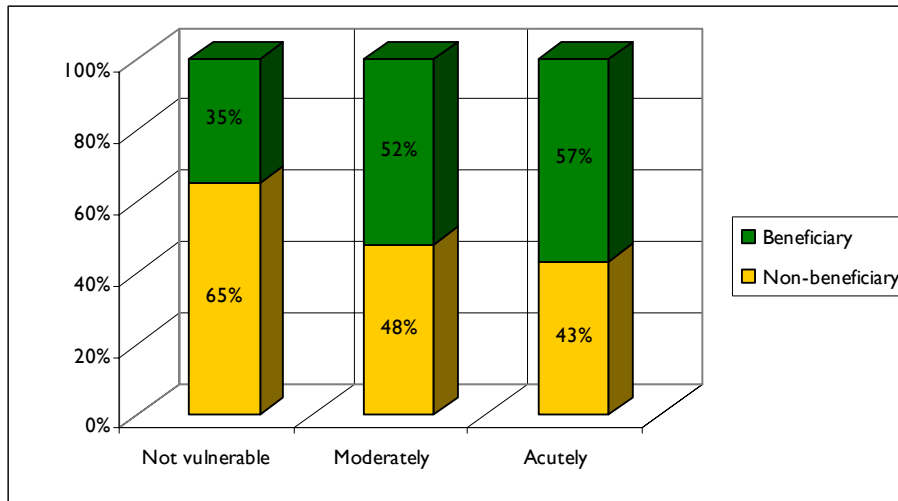
5.1 Eligibility for food assistance

Identification of orphans and vulnerable children in need of food assistance is undertaken by the community with the support of the implementing partner. The poorest 20% of households are identified and this selection is verified by the implementing partner, based on the selection checklist (see Section 3.0) proposed by WFP and MGECW. Using the checklist as a basis for assessing the extent to which vulnerable households had been incorporated into the programme, it was evident that:

- Of the 60 'non-vulnerable' households, one-third have food aid beneficiaries.
- More than half of the 332 households with 'moderately vulnerable' characteristics are hosting beneficiaries.
- 140 (57%) of the 244 households with 'acutely vulnerable' characteristics are hosting beneficiaries.
- 27% of beneficiary households were not hosting orphans but rather, **vulnerable children**.

In this regard, the CHS has been beneficial in highlighting the areas for improvement. The programme is continuing to screen children for eligibility until December 2006 when the target of 111,000 children is expected to be reached. There is therefore still opportunity to ensure that acutely vulnerable households that are as yet unidentified are not overlooked. It is also necessary that beneficiary status of children living in households showing fewer vulnerability characteristics should be reviewed.

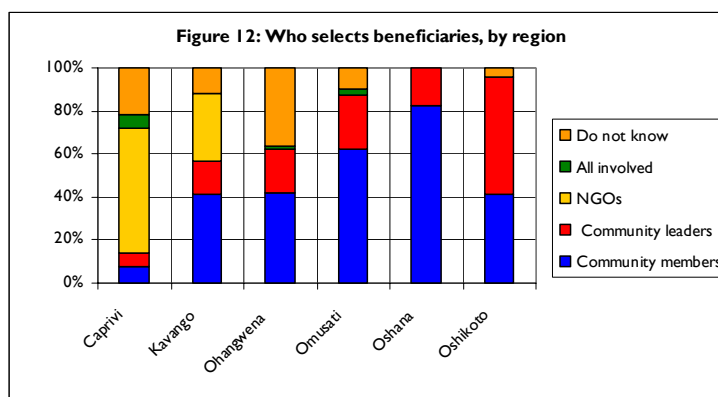
Figure 11: Vulnerability status of households receiving food assistance



5.2 Community perceptions on beneficiary selection

The majority of respondents (72%) reported that the community and leaders were responsible for beneficiary selection. Other respondents believed that beneficiaries were selected by NGOs (14%) while 14% were not sure who was responsible. WFP and MGECW promote the active involvement of the community in beneficiary selection to ensure that the most vulnerable households receive support.

The chart on the right shows the differences in who selects WFP beneficiaries, by region. In Caprivi, the beneficiary households are mostly selected by NGOs but with more than 20% of the beneficiary households not knowing who selections are made. In Kavango, beneficiaries are mostly selected by community members and leaders while in some cases, they are selected by NGOs. Nearly 40% of the beneficiary households in Ohangwena had no idea who selected the beneficiaries while others agreed that it was usually community members and leaders. For Omusati, Oshana and Oshikoto beneficiaries, most understood that they were selected by community members and leaders.



Nearly 40% of the beneficiary households in Ohangwena had no idea who selected the beneficiaries while others agreed that it was usually community members and leaders. For Omusati, Oshana and Oshikoto beneficiaries, most understood that they were selected by community members and leaders.

5.3 Food assistance and grant support

Individuals already receiving government grants are ineligible for food assistance and the status of individual in this regard is verified by MGE CW. The proportion of sample households hosting government cash grant recipients was relatively low (11%). In all, only 6% of households hosting food assistance beneficiaries were also hosting government grant beneficiaries. The number of children receiving grants in a given household ranged from one to four. Most commonly, just one child was receiving a grant. The types of grants received by the children are noted below. It was noted that maintenance and foster grants were most common.

Table 1: Type of grants received by households

Type of grant	Percentage of households
Maintenance	3.9% (25 HH)
Foster	4.1% (26 HH)
Disability	0.9% (6 HH)
Other/respondent did not know	2.2% (14 HH)
None/don't know	88.8% (565 HH)

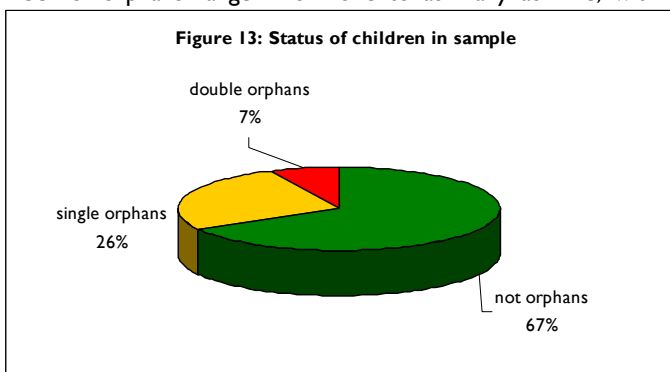
6.0 – Demographics and living conditions

A total of 636 households interviews were completed over a six day period, yielding information of 4,487 household members of whom 2,575 (52%) were children 0-18 years of age. Of those households, 335 (53%) were beneficiary households and 301 were non-beneficiaries.

Some selected summary characteristics of the sampled households are listed in Annex I at the end of this report.

6.1 – Children in the survey sample

Of the 2,575 children, 681 (26%) were single orphans and 189 (7%) were double orphans. In households with orphans, the number of orphans ranged from one to as many as nine, with an average of 2 orphans per hosting household. For non-orphans, the head of the household was most likely to be a grandparent or parent (90%). For single orphans, the head of the households was most likely to be the grandparent (54%), followed by parent (28%) or other relative (15%). For double orphans, the head of the household was most likely to be the grandparent (64%). Ten percent lived in households headed by a sibling and 11% lived with foster parents. Nearly 80% of the sample households in Ohangwena were hosting orphans, followed by 68% in Caprivi and 66% in Oshikoto. For each of the other regions, about half the sample households were hosting orphans.



The average number of beneficiary children per household receiving food assistance was 2.6, with a maximum of 7 children. Almost half had 3 or more beneficiary children.

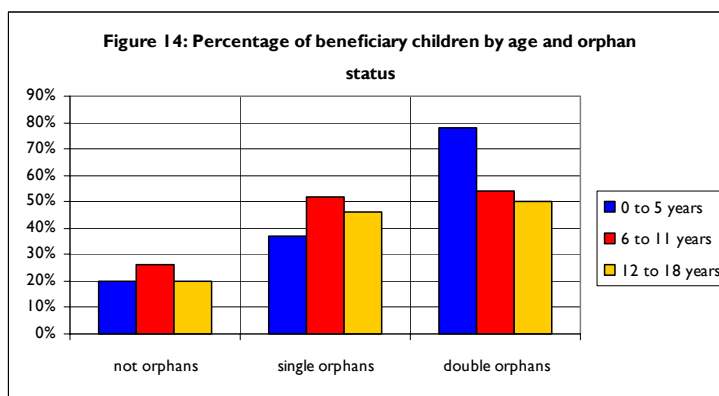


Figure 14 on the left shows the relationship between orphan status, age and beneficiary status. For non-orphans in the sample, about 20% from each age group were receiving food assistance. However, for single orphans, more than half in the 6 to 11 years age group were receiving assistance while only about one-third of single orphan children less than five years

of age were food assistance recipients. This changes drastically for double orphans under five – nearly 80% were beneficiaries. For older double orphans, still only about half of the sample were enrolled in the programme.

6.2 Household size and headship

The average household size for the sample was 7 persons. However, the average size for beneficiary households was significantly ($p < 0.001$) larger (8 persons) than non-beneficiary households. This was also the case when comparing households hosting orphans to those not, as would be expected.

Over 60% of the surveyed households were reportedly headed by women – significantly more beneficiary households than non-beneficiaries. It was also noted that more than 40% of the households were headed by elderly people (60 or older), with no difference between beneficiary and non-beneficiary households. The survey found only two child-headed households – one was headed by an 18 year old and the other by a 16 year old. Both households were comprised only of older

teenagers. These results are similar to what WFP has found in six rounds of CHS surveys in other countries in the region.

When comparing households with orphans to those without, regardless of beneficiary status, those hosting orphans are significantly more likely ($p < 0.001$) to be headed by a woman or older person.

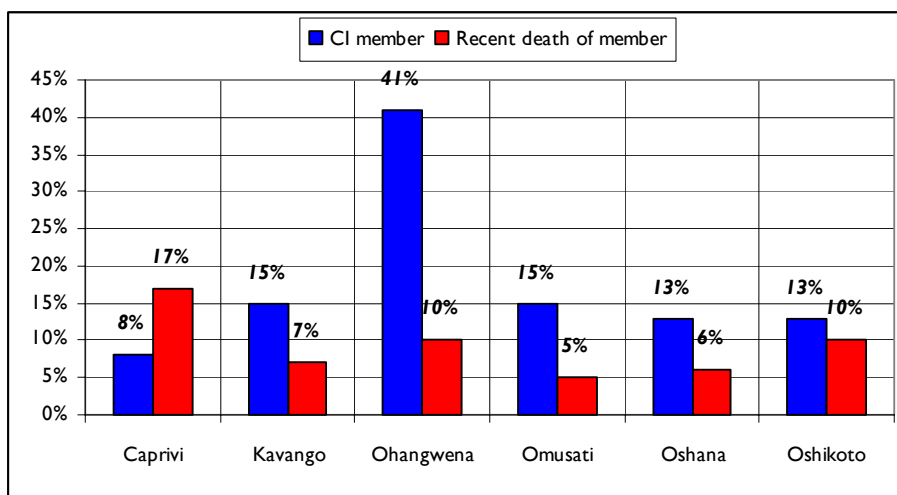
6.3 Chronic illness, death and disability

The presence of at least one chronically ill member was reported by 17% of sampled households. Beneficiary households were significantly ($p < 0.05$) more likely to have a chronically ill member (20% of households) than non beneficiary households (14%). The death of a household member in the three months prior to the survey was reported by 9% of sampled households with no significant difference between beneficiary and non-beneficiary households.

Chronic illness is defined as any illness lasting 3 or more months that prevents a person from being economically active. In this analysis, it is used as a proxy indicator of HIV/AIDS.

Figure 15 below illustrates regional differences in households reporting a chronically ill member or the recent death of a household member. More than 40% of the sample in Ohangwena reported a chronically ill member which was significantly higher than the other regions. However, the Caprivi sample showed the highest proportion of households reporting a recent death. Nationally, Caprivi also has the highest reported HIV/AIDS prevalence rate (43%).

Figure 15: Households with a recent death or chronically ill member



In the majority of cases, the deceased member had been a main income earner (56%) and/or had died following a chronic illness (63%). Beneficiary and non-beneficiary households were similar with regard to these aspects.

When comparing households hosting orphans to those without, regardless of beneficiary status, households with orphans were significantly more likely to have a chronically ill household member ($p < 0.001$) and to have had a member die in the past 3 months ($p < 0.01$).

Physically disabled members were reported by 13% of households and 6% had mentally disabled members. Levels of mental and/or physical disability among children were very low (less than 2%). However, households hosting orphans (regardless of beneficiary status) are significantly more likely ($p < 0.05$) to have a physically disabled member than those without orphans.

6.4 Living conditions

Living conditions (housing quality, cooking fuel and water sources) were similar for both beneficiary and non beneficiary households.

The majority of sampled households had thatched roofs (70% of households) and mud flooring (84% of households). In total, nearly 70% of the sample had both a thatched roof and mud floor with no difference between beneficiary and non-beneficiary households or whether the household was hosting

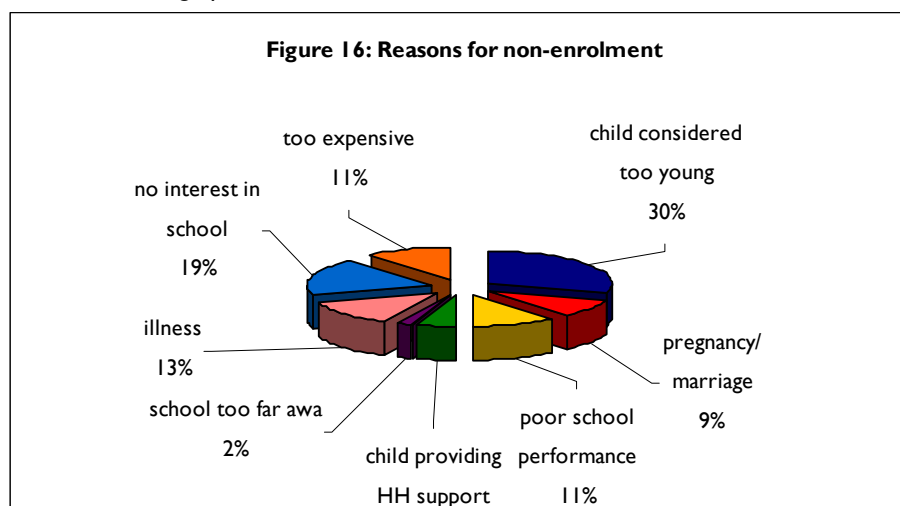
orphans or not. However, there were regional differences with around 80% of households in Caprivi, Ohangwena and Oshikoto having a thatched roof and mud floor as compared to only 48% in Omusati and 61% in Kavango.

Wood was the main cooking fuel used by 96% of the sampled households although 6% of the sample in Oshana and 4% in Oshikoto indicated they use cow dung for fuel. The main household lighting sources were candles (75% of households), paraffin (9%), firewood (7%) and electricity (6%). Sample households in Caprivi and Kavango were the most likely to have electric lighting as indicated by 14% of the sample. Households in Omusati were also likely to use paraffin lamps (28%) and firewood (21%) for lighting.

Unsafe water sources such as streams, rivers, rainwater and unprotected wells provided the main drinking water source for 29% of households, with the rest having access to piped / protected water sources such as public taps, protected wells and boreholes with pumps. By region, households in the Kavango (81%) and Ohangwena (75%) samples were most likely to use water from improved sources while those in Omusati were most likely to consume drinking water from unsafe sources. Interestingly, beneficiary households were significantly ($p < 0.05$) less likely to use drinking water from improved sources when compared to non-beneficiary households.

6.5 School attendance

More than 90% of the school-age children in the sample were enrolled and attending school regularly. Orphan status did not appear to be a factor influencing school enrolment, attendance or drop out. Among children not attending school, the main reasons (similar for both orphans and non orphans) are shown in the graph below.



6.6 Child health and nutrition

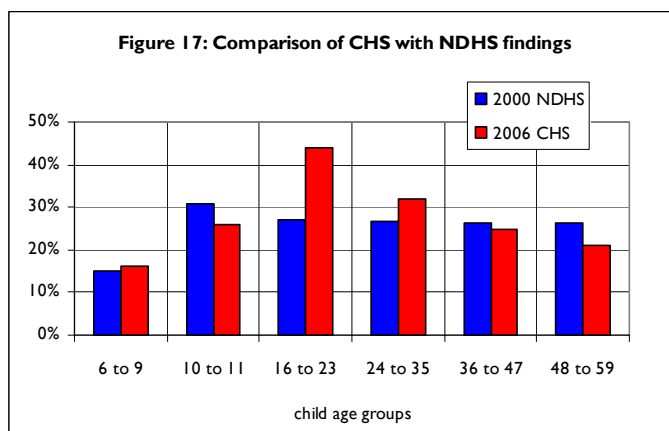
Malnutrition can occur even when access to food and healthcare is sufficient and the environment is reasonably healthy. The social context and care environments within the household and the community also directly influence nutrition. Factors influencing nutritional status include:

- Breastfeeding practices – exclusive breastfeeding up to 6 months of age
- Weaning practices – timely introduction of nutritious weaning foods
- Maternal hygiene behaviours – hand-washing, bathing, etc.
- Relationships between morbidity and water and sanitation
- Pregnancies and antenatal care – birth spacing, tetanus toxoid injections, vitamin A supplementation
- HIV and AIDS

The problem of malnutrition in Namibia is exacerbated by the impact of HIV and AIDS, especially in the northern regions. In Kavango, more than 30% of children less than five years of age chronically

malnourished (stunted)⁹, while in Ohangwena and Omusati more than one-quarter of the children are stunted¹⁰. In Ohangwena and Oshana, nearly 15% of the children are acutely malnourished (wasted¹¹) while one-third of the children in Ohangwena are low weight-for-age (underweight¹²).

In the survey, measurements were taken on more than 330 children 6-59 months of age and on around 250 children 5 to 9 years of age. Information was also collected on all children up to 18 years of age but the data have not yet been analysed due to lack of clear understanding on how to interpret adolescent nutritional status.



The prevalence of low-weight-for-age is presented by age group in the graph on the left and is compared to the findings of the Namibia Demographic and Health Survey (DHS) conducted in 2000. The children in the northern regions are more likely to be malnourished in the 16-35 months age group.

Overall, 8% of the sample children 6-59 months were wasted, 27% were underweight and 31% were stunted. When compared by beneficiary status,

the non-beneficiary children were slightly more likely to be wasted (10%) than beneficiary children (7%). There were no real differences in underweight or stunting. For children 5 to 9 years of age, the beneficiary children were also less likely to be wasted (4%) when compared to non-beneficiaries (7%). However, they were significantly ($p < 0.05$) more likely to be chronically malnourished (37%) than their non-beneficiary counterparts (22%).

By region, the highest levels of acute malnutrition in children 6-59 years were found in Ohangwena (17%), followed by Omusati (10%). Chronic malnutrition was highest in Oshana (55%), followed by Kavango (35%). Underweight was highest in the Ohangwena sample (40%). Overall the nutrition situation appears to be best in the Caprivi region and worst in Ohangwena. For children 5 to 9 years, the situation is similar with two-thirds of the children measured in Ohangwena being stunted and Caprivi having the lowest levels.

Access to antenatal care appears to be lowest in the Ohangwena sample where half of the mothers reported no ANC during their most recent pregnancy and three-quarters had received a tetanus toxoid injection. However, the mothers of the children in the Kavango sample appeared to have the best access to antenatal care with more than 40% of the pregnancies being attended by a doctor and nearly all reported receiving a tetanus toxoid injection.

Just over 40% of the children 6-59 months had received a vitamin A supplement in recent months, ranging from more than half in Kavango, Ohangwena and Oshana to none of the children in the Oshikoto sample. In addition, 96% of these children had received both doses of polio vaccination in the June and July 2006 campaign – all children in Ohangwena, Omusati and Oshikoto and only 84% in the Caprivi sample. For children 9-59 months, 80% had received their measles vaccination, as determined by caretaker's recall or by viewing the immunization records. All eligible children in the Ohangwena and Oshikoto samples had been immunized while only 64% in Caprivi and 76% in Kavango had received their measles immunization. There was no difference between beneficiary and non-beneficiary children.

⁹ 2000 Namibia Demographic and Health Survey

¹⁰ A **stunted child** has a height-for-age Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population. Stunting or **chronic** malnutrition is the result of an inadequate intake of food over a long period and may be exacerbated by chronic illness.

¹¹ A **wasted child** has a weight-for-height Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population. Wasting or **acute** malnutrition is the result of a recent failure to receive adequate nutrition and may be affected by acute illness, especially diarrhoea.

¹² An **underweight child** has a weight-for-age Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population. This condition can result from either chronic or acute malnutrition or a combination of both.

Information was also collected on illness in the 2 weeks prior to the survey. In all, 23% of the children 6-59 months of age in the sample had experienced recent fever, 27% had a cough, 11% had diarrhoea and 9% suffered from acute respiratory infection. When comparing by beneficiary status, beneficiary children were significantly ($p < 0.05$) less likely to have experienced recent fever or acute respiratory infection.

The only significant relationship between recent illness and nutritional status in children was that children with recent diarrhoea were significantly more likely ($p < 0.01$) to be stunted than the others.

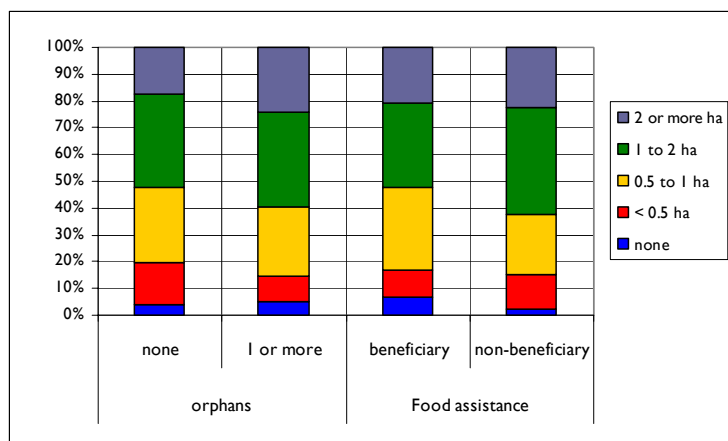
7.0 – Asset ownership, livelihoods and expenditure

7.1 – Access to land and cultivation

More than 80% of households had access to agricultural land with no significant difference in this regard between beneficiary and non-beneficiary households. However, households hosting orphans were significantly ($p < 0.05$) more likely to have access to land than those without orphans, regardless of beneficiary status.

The amount of land cultivated by beneficiary and non beneficiary households in the last agricultural season (05/06) differed significantly, with beneficiary households generally planting less land than their counterparts, as illustrated in Figure 18 below. However, households hosting orphans tended to cultivate larger plots of land than those not hosting orphans.

Figure 18: Amount of land cultivated by households in 05/06 season



The sources of draught power were however similar for all the households i.e. tractor (39%), donkeys (22%), cattle (21%). Eighteen Percent of households cultivated their land by hand. By region, households in Oshana (74%) and Oshikoto (62%) were more likely to use a tractor while those in Caprivi (82%) and Kavango (52%) were more likely to use cattle to cultivate their

land. Nearly two-thirds of the farmers in Omusati used donkeys to cultivate their land while another 48% in Kavango did cultivation by hand.

Millet was the main crop grown by households – 79% of non-beneficiary and 83% of beneficiary households had cultivated millet in the previous season. Other important crops were sorghum (74%), legumes (72%), maize (34%) and groundnuts (24%). For 67% of these households, their cereal needs over the previous two months had been met through their own production. However, just 40% said they would have sufficient cereal to last them at least to October 2006.

By region, most of the maize producers are found in Caprivi (73% of sample households) and Kavango (60%) while sorghum was a more important crop in Omusati and Ohangwena. Millet was the main crop in Ohangwena, Oshana, Omusati and Kavango. Groundnuts were produced by two-thirds of the sample households in Omusati while legumes were produced by nearly all of the farming households in Ohangwena, Omusati and Oshikoto. Vegetables were produced by one-quarter of the households in Oshana and Oshikoto while the production of wheat was highest in Oshikoto (36%).

7.2 Livestock ownership

Cattle were owned by one-third of the sample households, ranging from only 15% in Kavango to more than 40% of the sample in Omusati. Overall donkey ownership was low except in Omusati where more than half the households had at least one donkey. Few households in Caprivi or Kavango owned sheep while nearly 80% of the sample in Omusati and two-thirds in Ohangwena and Oshikoto owned sheep. Pig ownership was again highest in Omusati (63%), followed by Ohangwena (51%) but non-existent in Caprivi and Kavango. Overall, three-quarters of the sample households owned poultry with nearly all sample households in the four 'O' regions owning poultry but less than half in Caprivi and only one-third in Kavango with chickens or ducks.

By beneficiary status, there were few differences in livestock ownership with beneficiary households slightly more likely to own donkeys, sheep and poultry but less likely to own cattle and pigs when compared to non-beneficiaries.

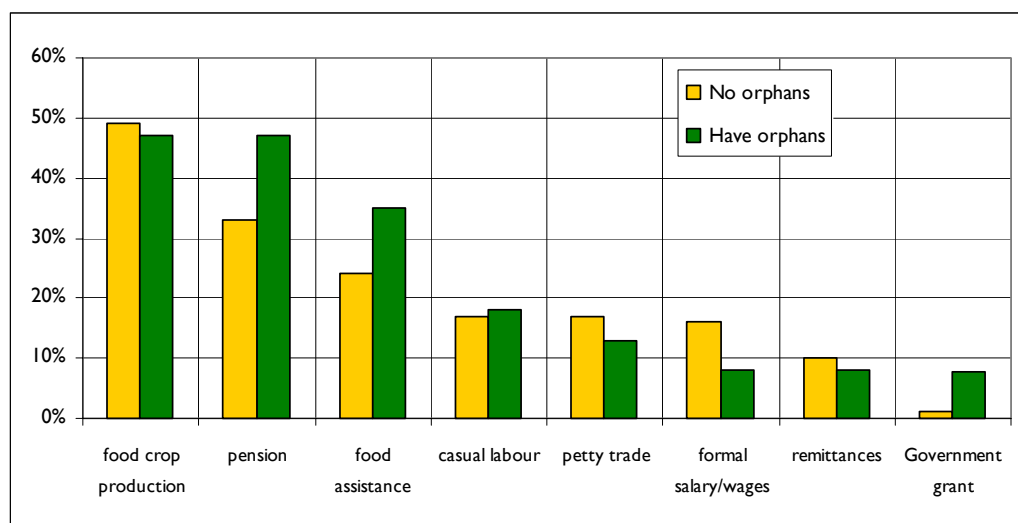
However, households hosting orphans were significantly ($p < 0.001$) more likely to own cattle (38% vs. 25%) and sheep (51% vs. 37%) than households without any orphans. This indicates that perhaps 'wealthier' households are more likely to be caring for orphans than poorer ones. There was no difference in donkey, pig or poultry ownership between the households.

Amongst beneficiary households, there were some differences in livestock ownership between those households hosting orphans and those only with vulnerable children. Only 21% of beneficiary households with vulnerable children owned cattle and only 39% owned sheep – significantly fewer ($p < 0.05$) than beneficiary households hosting orphans.

7.3 Livelihood strategies

Households were asked to indicate up to three sources of livelihood. Crop production and pension were the most common contributors to household's livelihoods (cited by over 40% of respondent households). Persons over 65 years of age, receive a government pension of N\$370 per month. In households that were primarily dependant on pensions, the average household size was 8 members. The graph below compares main livelihood sources between households hosting orphans and those not.

Figure 19: Main livelihood sources



Households hosting orphans rely much more on pension, food assistance and government grants than those without orphans, who rely more on formal salary or wages.

Other common livelihood sources were small business or petty trade activities and casual labour. Few households (under 9%) relied on remittances. When comparing beneficiary households, 67% of those with vulnerable children named food assistance as a main livelihood source, as compared to 55% of those hosting orphans. In addition, 22% of those with vulnerable children rely on petty trade for livelihoods as compared to only 13% of the beneficiary households hosting orphans.

Table 2: Reliance on external sources of livelihood/income

	Remittance		Government grant		Pension		Food aid
	Ben	Non-ben	Ben	Non-ben	Ben	Non-ben	
Caprivi	14%	12%	14%	8%	14%	20%	59%
Kavango	7%	12%	0	3%	10%	12%	74%
Ohangwena	23%	8%	5%	17%	58%	42%	15%
Omusati	5%	28%	0	3%	65%	68%	79%
Oshana	2%	3%	2%	9%	38%	43%	38%
Oshikoto	3%	4%	3%	0	68%	54%	64%

Table 3 above indicates reliance on external sources of income/livelihoods by region and beneficiary status. The figures represent the percentage of households who named the source as one of their

top three. Non-beneficiaries in Omusati have the highest reliance on remittances as do beneficiaries in Oshana. Very few households in Kunene or Kunene rely on government grants as a main livelihood source. Around two-thirds of the households in Kunene rely on pension while additional analyses show that 56% of the Kunene sample households are headed by persons 60 or older. The same applies for Kunene while only 20% of the households in Kunene and Kunene are headed by elderly and hence, there is less reliance on pension.

7.4 Household debt

Borrowing money to buy food and selling assets to buy food are among the common coping strategies adopted by households when they are faced with a food shortage. By providing food support to orphans and vulnerable children, the food assistance programme aims to minimize this and other negative coping behaviours.

Levels of borrowing in the three months prior to the survey were relatively low and similar (14%) among beneficiary and non-beneficiary households. The main source of credit for these households was relatives and friends. The highest level of borrowing was found in the Kunene sample with 32% borrowing money, mostly to buy food. Households with orphans were slightly more likely to have borrowed money in the past 3 months, but for a variety of reasons. In addition, beneficiary households with vulnerable children were less likely to have borrowed money in recent months.

Sale of assets was also low with 8% of both beneficiary and non beneficiary households reporting the sale of assets to facilitate the purchase of food in the previous month. Even though the percentage of sales was low, significantly more ($p < 0.01$) beneficiary households (9%) had sold livestock in the 6 months prior to the survey. However, 11% of beneficiary households had acquired assets in recent months which was significantly higher ($p < 0.05$) than non-beneficiary households.

7.5 Expenditure

Detailed expenditure information was collected from households in order to calculate:

- Share of monthly expenditure devoted to food
- Per capita monthly expenditure

Beneficiary households had a lower monthly expenditure for food (38%) than non beneficiary households (45%) and this difference was significant ($p < 0.001$). The monthly per capita expenditure of beneficiaries (N\$ 53) was significantly lower ($p < 0.001$) than non beneficiaries (N\$ 79).

Households hosting orphans allocated 39% of their monthly expenditure for food, which was significantly lower ($p < 0.05$) than those with no orphans (44%). Their average per capita monthly expenditure was also significantly less ($p < 0.05$). However, there were no differences in expenditure between beneficiary households hosting orphans and those hosting vulnerable children.

Annex I – Data Tables

Table 3: Selected characteristics of sampled households

Household characteristics	Beneficiary status		Hosting orphans		All households
	No	Yes	No	Yes	
Female headed	57%	67%	49%	70%	62%
Elderly headed	42%	42%	34%	47%	42%
With Chronically ill member	20%	14%	10%	21%	17%
With disabled member	10%	15%	8%	15%	13%
Death of household member (past 3 months)	9%	9%	5%	11%	9%
Hosting orphans	47%	73%	0	100%	61%
Hosting double orphans	14%	25%	0	32%	19%
Hosting a cash grant beneficiary	9%	6%	3%	11%	7%
Average household size	6 persons	8 persons	6 persons	8 persons	7 persons
% dependents in households	62%	69%	60%	69%	65%

Table 4: Selected characteristics of households by region

Household characteristics	Caprivi	Kavango	Ohangwena	Omusati	Oshana	Oshikoto
Female headed	74%	67%	59%	58%	49%	67%
Elderly headed	212%	23%	49%	56%	39%	58%
With Chronically ill member	8%	15%	41%	15%	13%	13%
With disabled member	12%	11%	23%	16%	8%	9%
Death of household member (past 3 months)	17%	7%	10%	5%	6%	10%
Hosting orphans	68%	55%	77%	50%	50%	66%
Hosting double orphans	29%	17%	19%	16%	13%	22%
Hosting a cash grant beneficiary	14%	9%	6%	3%	13%	2%
Average household size	5 persons	8 persons	7 persons	7 persons	7 persons	8 persons
% dependents in households	63%	65%	71%	67%	60%	66%

Table 5: Selected characteristics of sampled households

Household characteristics	Beneficiary status		Hosting orphans		All households
	No	Yes	No	Yes	
Coping strategies Index	30.1	29.5	31.6	28.7	29.8
Poor food consumption	18%	10%	17%	12%	14%
Adults only one meal	30%	36%	32%	33%	33%
Acutely vulnerable	33%	47%	31%	44%	39%
Asset poor	9%	7%	9%	8%	8%
% expenditure for food	45%	36%	44%	28%	41%
% expenditure for health	5%	7%	7%	5%	6%
% expenditure for educ.	12%	15%	11%	15%	13%
Monthly expenditure p/c	N\$ 75.2	N\$ 52.2	N\$ 75.5	N\$ 59.1	N\$ 65.4
Safe drinking water	65%	56%	58%	63%	61%
% food from production	34%	24%	28%	31%	30%
% food from gifts	6%	3%	6%	4%	5%
% food from purchase	50%	29%	45%	39%	41%
% food from food aid	4%	40%	15%	23%	20%

Table 6: Selected characteristics of households by region

Household characteristics	Caprivi	Kavango	Oshana	Oshana	Oshana	Oshikoto
Coping strategies Index	25.4	51.0	43.8	28.7	16.1	20.9
Poor food consumption	17%	43%	11%	7%	1%	12%
Adults only one meal	37%	69%	29%	14%	10%	42%
Acutely vulnerable	27%	57%	36%	35%	33%	45%
Asset poor	12%	24%	4%	1%	6%	5%
% expenditure for food	47%	39%	47%	34%	40%	41%
% expenditure for health	4%	7%	2%	10%	7%	4%
% expenditure for educ.	8%	17%	17%	15%	12%	12%
Monthly expenditure p/c	N\$ 68.2	N\$ 32.3	N\$ 54.4	N\$ 87.8	N\$ 68.5	N\$ 74.8
Safe drinking water	67%	81%	75%	44%	49%	57%
% food from production	24%	11%	42%	42%	31%	30%
% food from gifts	17%	3%	< 1	3%	2%	4%
% food from purchase	36%	35%	45%	38%	45%	48%
% food from food aid	19%	40%	9%	16%	18%	17%