

Launch of Project HOPE's  
*Sustainable Strengthening of Families of Orphans & Vulnerable Children Program*  
Remarks by USAID/Namibia Mission Director, Gary Newton  
Representing the U.S. Emergency Plan for AIDS Relief  
Tuesday, November 28<sup>th</sup>, 2005 10:15 – 13:30  
Sam Nujoma Multipurpose Centre  
Ongwediva

- Honorable Deputy Minister MGECW, Angelica Muharukua
- Honorable Clemens Kashupulwa, Governor of the Oshana region
- Honorable Sacky Kayone, Governor of the Omusati region
- Dr. John Howe, President of Project HOPE
- Dr. Louis Sullivan, Distinguished member of the Project HOPE Board
- Juliet MacDowell, Project Hope Country Director and Nelson Prada, Project Hope Project Manager
- Eric Benjaminson, DCM American Embassy Windhoek
- Director of Ceremonies, Rev. Hosea Iyambo, ELCIN AIDS Action
- Representatives from Namibian Government ministries, NGOs, and church groups who are working so hard to fight the AIDS epidemic and to meet the needs of those affected
- Members of the media
- Ladies and gentlemen

It is an honor and privilege to be here today with the Deputy Chief of the U.S. Embassy in Windhoek, Eric Benjaminson.

Together, we are representing the U.S. Emergency Plan for AIDS Relief under which this promising Project HOPE initiative is funded.

As one of 15 priority countries under the U.S. Emergency Plan, Namibia receives more funding per capita than any other country. In 2004, Namibia received approximately N\$156 million (US\$24 million); in 2005, N\$280 million (US\$42 million); and in 2006, we have asked for N\$350 million (US\$52.9 million).

Of this total, in 2005 we allocated over N\$14 million for the care and support of orphans and vulnerable children (OVC), and in 2006 we plan to increase the allocation to over N\$27 million.

While substantial, our assistance, of course, doesn't begin to cover the costs of providing adequate care to the estimated 170,000 orphans and vulnerable children currently in need.

Families and communities here in Namibia are known for your compassion and resilience. This dreadful epidemic, as it continues to incapacitate and destroy lives, is exhausting this compassion and resilience. Many families and many communities can no longer cope on their own.

Project HOPE joins a growing network of public, private, NGO and church groups working here in the north to strengthen the capacity to cope. Project HOPE brings a great deal to this network.

Project HOPE is one of America's best known and most well-respected humanitarian organizations. Since 1958, they have been providing health training and services to people around the world. As a USAID officer, I first worked with Project HOPE in 1988 in Malawi, and I can tell you they're a good and capable organization.

In Juliet MacDowell, Nelson Prada and their staff, HOPE has a strong team in Namibia; and, in Dr. John Howe and Dr. Louis Sullivan, HOPE has very strong leadership in the U.S. If I may add, among his many other accomplishments, Dr. Sullivan was the highly-regarded Secretary of Health and Human Services for the U.S. from 1989 to 1993.

Project HOPE's new initiative is timely. The initiative provides micro-credit and other support to OVC caregivers in Omusati and Oshana.

Due to Project HOPE's good work, more children will receive the care and support they need. This is important because there are many, many children in need, and their number is growing.

Two weeks ago, I spent a few days travelling around the north with colleagues visiting schools and talking with parents, caregivers, teachers, and orphans.

What we saw was heartening. There's a great deal of good work being done by the Government of Namibia and your partners. Many children's needs are being met, and there is much to be optimistic about.

But, what we saw was also disheartening. The magnitude of need not yet met is overwhelming -- 20%, 30%, 40% and more of the learners at some schools are orphans or vulnerable.

We met children who are in distressing circumstances at home and at school. Circumstances which when quietly described by these fragile ones, bring a tear to the eye.

Children reluctantly taken-in by already overcrowded households; cared for by overworked grandmothers or aunts who don't have much care left to give.

Children forced too early to assume adult responsibilities.

Children with empty stomachs struggling to learn in schools that are, in some cases, poorly-equipped and understaffed.

One school feeding program for orphans consisted of an apple -- twice a week. In one school circuit, teachers were absent 1,605 days last term due to illness or compassionate

leave. School Development Funds are depleted, with as little as N\$15 per learner per year in some schools for additional textbooks, relief teachers, learning materials and other costs related to a quality education.

We met children who spend their spare time cracking marula nuts to make oil to sell for N\$5 to buy soap to wash their school uniforms so they'll not stand-out and be ridiculed.

And we met children who after laboring at home and struggling at school – somehow muster the energy and drive to do their homework at night, by candlelight.

“Childhood” was not meant to be like this.

I think we're all aware of the worst case orphan scenario for Namibia – that by the year 2021 there will be an estimated 250,000 orphans in Namibia -- 1 in 3 children.

Every one of us, of course, finds this scenario tragic and totally unacceptable.

What's encouraging is that there's a growing coalition of Namibians and friends of Namibia who are actively working to avert this scenario, the nightmare of having more than twice as many children in need of care and support in 16 years.

Working side-by-side with those of you who are helping orphans and vulnerable children, are your colleagues providing ARV treatment to HIV-infected mothers and fathers so they can care for their children, and your colleagues imparting the information and skills required to prevent HIV infection and stem the rising tide of orphans.

At the end of the day, prevention is the one and only answer. There is no sustainable solution to Namibia's AIDS and orphan crisis other than prevention. The recurrent costs of saving and sustaining the lives of the 210,000 people already HIV-infected, and of caring for the 170,000 children already orphaned or vulnerable, will be staggering.

Namibia will be hard-pressed to pay for even these baseline costs of the epidemic.

On humanitarian and on financial grounds, we can not afford even one more HIV infection.

On Namibia's orphan crisis, I expect we all share the same vision and we all would agree that our work will not be done until:

- every child has a decent place to live, a “home” in the true sense of the word where there is love and security;
- every child feels sufficiently comfortable at school to focus on learning; this requires, among other things, ensuring every child has a nice clean uniform, shoes, book bag, pencils, in short, the basic clothes and kit the other kids have;

- every child feels well enough and has the energy to concentrate, think and achieve at school; this means for many being provided a nutritious meal at school;
- and, every orphan and every vulnerable child receives the quality of education they require to compete and to overcome the extra, formidable challenges they must confront.

These children deserve the most and the best education in all Namibia given the hurdles they face.

But many of the schools attended by vulnerable children are themselves vulnerable. Their schools are at risk of declines in the quality of education. Their schools lack the resources necessary to maintain quality.

The ability of “Vulnerable Schools” to top-up tight budgets with local funding through School Development Funds is limited: families can only afford to pay a small school fee and OVC are exempt from paying the fee; social grants from government are not being used for the fee; and the Education Development Fund is not yet funded and on-line to serve as a source of support for disadvantaged schools.

To give these children a fighting chance, we must increase support to the schools they attend *now now*.

The Namibian Government is providing vision, leadership, talent and resources in the nation’s fight against the AIDS epidemic. The Namibian people have what it takes to confront and overcome the crisis that faces so many of your children.

There is no work as important on this good Earth today as the work you all are doing to help children in daily and sometimes desperate need of care and support.

With help from their government, family, school, church, and their friends – including those of us here today – these precious children will receive the care and the education they need to become productive, independent citizens of this remarkable young nation, and to become someday themselves healthy and caring mothers and fathers.

We wish Project HOPE and all of you who are working together on behalf of the nation’s vulnerable children, strength and every success.

Thank you.

Notes:

- 170,000 OVC in need in 2005 estimate from the RAAP costing exercise, Sept 2005 (OVC PTF, USG and UNICEF)
- SIAPAC/MoHSS April 2002, A Situation Analysis of Orphan Children in Namibia (children under the age of 15)

- 100,000 under the age of 15; 156,165 under the age of 19; 2001 National Census quoted in National Policy on OVC Dec 2004
- 210,000 adults and children; UNAIDS/WHO Epidemiological Fact Sheet, p 2 – 2004 update

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G.Newton Sunday 27 Nov 2005