

1 EXECUTIVE SUMMARY

Living in the country with the world's highest income inequality, Namibian children continued to benefit in 2010 from political stability. Despite strong economic growth since Independence, Namibia faces challenges to bring social development in step with macro-economic development. Poverty rates have essentially remained unchanged since the 1980s.

Good progress was made in fully achieving five of eight programme priorities and seven of nine operational management priorities in the AMP, with strong progress toward the others.

Important achievements in which UNICEF played a key role include:

- Publication of the first Situation Analysis of children since 1995 by the Government, as a contribution to the analytical phase of the development of the National Development Plan IV
- Elimination of mother-to-child transmission of HIV by 2015 prioritised by the Government, including service delivery acceleration, reaching 74% coverage (programme data)
- Opening a dialogue on inequity and child poverty, including commitment by the Government to undertake a child poverty analysis of the 2009-10 National Household Income and Expenditure Survey
- Recognition of how sport can reduce adolescent girls' HIV vulnerability, including a global 'Beyond Sport Award' for the UNICEF-supported 'Galz and Goals' soccer and life skills initiative.

Despite this progress, some shortfalls in planned 2010 achievements can also be noted. Primarily, shortfalls were in the area of: (a) child protection system mapping, to inform development of a strengthened, integrated child protection system is now planned for completion before mid-2011, and (b) enactment of the Child Care and Protection Bill, which remained under Cabinet discussion at end-2010. Advocacy to ensure its enactment continues.

UNICEF continued to strengthen collaborative relationships to leverage resources and achieve results for children, including: a strengthened partnership with the National Planning Commission, resulting in finalisation of the Situation Analysis, and the opening of a dialogue on comprehensive social protection, as well as agreement on NHIES child poverty analysis. In addition, significant strategic and technical support was provided for successful grant negotiations for Global Fund Round 2 HIV Rolling Continuation Channel, and approval of US\$1.5 million reprogrammable funds for PMTCT.

With the 2011-12 UNICEF Country Programme extension approved, a resource mobilisation strategy was developed to fill the \$9.9M shortfall. It continues to be challenging to obtain funding assistance, given Namibia's classification as an upper-middle income country.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Strong economic growth since Independence (1990) has led to Namibia being classified as an upper-middle income country. However, this growth has not translated into reduced rates of poverty, equitable distribution of resources or contributed to

employment creation. With a GINI coefficient of 0.74, Namibia has the world's highest income inequalities. Unemployment rose from 36.7% in 2004 to 51.2% in 2008, with over two-thirds (67.7%) of 20-24 year-olds unemployed. In 2010 the economy was recovering from the global crisis; GDP growth was projected to be between 2.5% and 3.8% for 2010, and is expected to accelerate.

The inauguration of the new Government and installation of new Parliament following national elections in late 2009 was smooth, although a case filed by a group of opposition parties against the results remains in the judicial system. Local government elections were held in November 2010 with limited turnout and a sweeping victory in most constituencies for the ruling SWAPO Party.

Social development has not kept pace with economic development. Given high unemployment and lack of progress on a number of child indicators, the Namibia Household Income and Expenditure Survey (NHIES) 2009/10 is likely to show limited progress towards achieving MDG 1. According to an assessment of the 2003/2004 NHIES, 43.3% of children live in poverty, with little difference in poverty between orphans (45.3%) and non-orphans (42.9%). Poverty is concentrated in rural areas, and among certain language groups and in large families.

In relation to MDG 2, Namibia has reported net primary school enrolment of 98.3%, but without using consistent calculation formulae across the years, it is hard to assess whether there has been an increase in enrolment from the 91.3% reported in 2000. Even with high enrolment, serious inequities exist. Two regions (Kunene and Omaheke), representing the most marginalised ethnic groups (Ovahimba and San), have the lowest net attendance ratios (56.2% and 83.9%, respectively) at the primary level, compared to the national average of 90.0%. These two regions are also most disadvantaged with regard to repetition rates at grade 1 (32% and 27%) compared to the national average of 12%. Preliminary results from the third SACMEQ indicate an improvement in acceptable reading and mathematics skills amongst learners nationally. Significant differences exist in reading and math achievement amongst learners in isolated/rural schools and urban schools. Teachers with tertiary education vary sharply between regions: between 9% (Kavango) and 58% (Erongo).

The MDG target of 100% survival to secondary school (grade 8 in Namibia) looks daunting, with the 2008 rates of 79% for girls and 76% for boys showing very limited improvement. Education remains a major priority for the Government; the new Minister of Education is taking steps to improve access to quality basic education for all children, including improving the efficiency of the significant financial resources allocated to education.

Progress towards achieving MDG3 is taking place, but with mixed results. The new Parliament saw a decrease from 33% to 25% of seats held by women. The percentage of women of working age who are unemployed stands at 58% compared to 44% of men. However, the 2015 target of equal proportion of male and females in wage employment in the non-agricultural sector is likely to be met. 2009 data indicate that for every 100 boys there are 97 girls in primary school, 115 girls in secondary school. During the year a new Gender Policy was reviewed and a National Plan of Action on Gender-Based Violence was drafted. Poverty levels are highest among female-headed households with one or more children and living in a rural area. Currently 41% of households are female-headed, yet they receive only 29% of total income. Achievement of MDGs 4 and 5 also remains a challenge.

3 CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview

In 2010 the Government of the Republic of Namibia - UNICEF Country Programme continue to strategically focus on support to national capacity development, knowledge generation and management, partnership and resource leveraging in favour of children and women, disparity reduction, and innovative modelling of high-impact interventions across four main areas:

- (i) Prevention of HIV transmission among infants and adolescents
- (ii) Care and support for orphans and vulnerable children, with a strategic shift to support a comprehensive social protection approach
- (iii) Support for institutional capacity development at the national and decentralised levels to ensure higher-quality service provision in support of maternal, neonatal and early childhood health and nutrition, including access to sanitation and primary education learning outcomes;
- (iv) Mainstreaming of HIV and AIDS, gender and emergency preparedness and response across all sectors of programme support.

The approval of the two-year extension of the UNDAF and the UNICEF Country Programme until end-2012, to align with national development plan processes, allowed for accelerated action in the post-MTR programme sub-component on social policy and analysis. Important breakthroughs were made in opening dialogue around child poverty, inequity, and the potential for a comprehensive approach to child-centred social protection. As part of the contribution towards the next national development plan, actions to ensure a more solid knowledge base on disparities were central to UNICEF support in 2010.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development

Capacity development, a central strategy of UNICEF Namibia, is also one of the UNDAF Outcomes. Five of the most significant achievements in 2010 were:

- Within the National Action Plan on Disaster Risk Reduction and Management, UNICEF and UNESCO supported the Ministry of Education in contingency planning, systems strengthening and increased preparedness at the national, regional and school level. Based on needs assessment of regional education officials, school principals and traditional authorities, a national school manual on emergency preparedness and response was developed and officials trained in use of the manual and cascading the training to school level. Building on capacity gaps in monitoring and reporting, computer-based software was designed and implementing partners were introduced to the tools.
- Significant progress was made in strengthening commitment and capacity of the Central Bureau of Statistics to include the analysis of child poverty in the NHIES 2009/10 poverty assessment. Hands-on statistical training was conducted with senior and mid-level staff from CBS and NPC on child poverty analysis, using the NHIES 2003/04 dataset. A second phase is planned for 2011, once the new dataset is available.
- Coordination constraints in emergency child protection responses (regional and national) resulted in UNICEF providing support to the Directorate of Disaster Risk Management and the Regional Disaster Risk Management Committees. UNICEF provided technical support to six regional committees to integrate child protection priorities into their contingency plans. To complement this, UNICEF supported a joint

mission on Protection and Natural Disasters in six regions, identifying gaps in the Flood Preparedness, Response and Mitigation Action Plans. A national protection cluster was agreed upon, to integrate and coordinate emergency child protection planning and response.

- The 2009 Health Sector Review revealed service gaps (district and community). The subsequent strategic plan drawn up by Government, with support from UNICEF and other partners, prioritises the strengthening of community health systems. The RED approach introduced by UNICEF in seven low-performing districts has strengthened district-level capacity by using districts' own data for micro-planning, re-establishing outreach service delivery, supervision of health workers and community engagement, and the introduction of a new cadre of remunerated community health workers.

3.1.2.2 Effective Advocacy

In line with the MTR recommendations to strategically determine and limit advocacy priorities and maintain flexibility to seize opportunities that may arise, four priorities were identified in 2010 where significant advocacy was undertaken to accelerate policy strategy and programme action.

Community-based health systems strengthening: Targeting the accelerated operationalisation of a new health extension worker (HEW) cadre and ensuring the inclusion of basic curative and preventive functions, a successful advocacy strategy was implemented including reference to HEW potential in a series of media interviews, public addresses, relevant meetings and public fora, along with experience-sharing from Ethiopian officials to senior Namibian health officials.

Social protection and child poverty: To stimulate greater public debate and discussion of the extent of child poverty and the potential of a comprehensive social protection approach, UNICEF initiated a dialogue series, bringing together government officials, civil society and development partners. Hosting the Inter-Parliamentary Union Workshop on Social Protection was a core element of the advocacy strategy, as it further engaged and exposed Namibian media, parliamentarians and key government officials. This advocacy objective was undertaken in harmony with capacity development work with the Central Bureau of Statistics on child poverty, the situation analysis development process and finalisation and dissemination of a study of the effectiveness of child welfare grants.

MTCT Elimination: Through a multi-pronged advocacy approach, UNICEF was able to ensure high-level political commitment for elimination of MTCT by 2015 in Namibia. This approach included UNICEF-supported showcasing of Namibia's progress at the International AIDS Conference in Vienna through the Minister of Health, on-going informal and formal meetings with the First Lady, and involving the President in a high-level breakfast at the MDG Summit in New York.

Nutrition: In collaboration with WHO and WFP, an advocacy strategy was implemented to prioritise maternal and infant nutrition by the public-private Namibia Alliance for Improved Nutrition (NAFIN), convened by the Prime Minister. This culminated in the NAFIN launch and a special publication on malnutrition in Namibia that prioritises the first 1,000 days and the benefits of investment in low-cost, high-impact approaches, including breastfeeding.

3.1.2.3 Strategic Partnerships

2010 saw continued progress in prioritising and strengthening key partnerships to leverage resources and achieve results for children. For a number of years, UNICEF Namibia has had strong record of NGO partnerships, mainly in programme implementation. In 2010 UNICEF also strengthened its convening and joint advocacy

work with civil society and supported civil society/Government dialogue, particularly in relation to social protection, justice for children, adolescent HIV prevention, and HIV-sensitive child protection and support.

A major achievement was the strengthened partnership with the National Planning Commission, including signing a first-ever annual workplan. This nascent partnership resulted in the finalisation of the Situation Analysis, the opening of dialogue on a comprehensive social protection plan, and agreement on a child poverty analysis of the National Household Income and Expenditure Survey.

UNICEF continued to lead on adolescent HIV prevention within the UNCT, and for the national multi-sectoral partnership that coordinates the 'Break the Chain' campaign to encourage a reduction in multiple, concurrent sexual partners. Significant strategic and technical support to was provided to the CCM, the PRs and the Global Fund Secretariat in Geneva towards successful grant negotiations for Round 2 HIV Rolling Continuation Channel, and for approval of US\$1.8M in reprogrammable funds for PMTCT.

At the request of the new Minister of Education, the key external development partners supporting basic education, including UNICEF, strengthened collaboration and developed a series of coherent joint presentations to the Minister and senior staff on opportunities for improving efficiencies and outcomes in primary education.

The strategic and operational partnership with PEPFAR and key US agencies (USAID, CDC) was strengthened during 2010, including support for developing the PEPFAR/Government of Namibia Partnership Framework, along with annual operational plans. As a result, UNICEF was asked to serve on the Steering Committee of the Partnership Framework agreement. Amongst the many partnership activities was joint support to the Lifeline/Childline Counselling Centre and its toll-free counselling service.

The Namibia Alliance for Improved Nutrition , a public-private-NGO partnership convened by the Prime Minister, was formally launched in December 2010, with significant UNICEF technical, financial and facilitation support.

3.1.2.4 Knowledge Management

UNICEF supported the Government to develop the first situation analysis on children in Namibia since 1995. The analysis indicates that reaching the poorest and most deprived children and families is pivotal to the achievement of the MDGs and Vision 2030. It highlights that the country's strong economic growth has not narrowed significant disparities in child poverty, survival, development, and access to essential services, and points to the potential for greater emphasis on child-centred equitable development. New approaches are necessary to ensure that services reach the people, rather than people having to reach the services.

Led by the National Planning Commission, in collaboration with the Ministry of Gender Equality and Child Welfare, the process was innovative, with an extensive literature review and key informant interviews supplemented by focus group discussions with children. The participatory development process enabled greater common understanding of the causes of, and linkages between, problems affecting children and how resources and structures can contribute to greater child-focussed development outcomes.

As part of the process, a 'research and strategic information gap' report was prepared, outlining areas where data and information is lacking. Based on this report, a prioritised child-centred research agenda for 2011-2012 is being finalised with government.

Through UNICEF's documentation centre a wide network of partners have access to knowledge sources and networks. Knowledge products generated in 2010 include core indicator booklets, a variety of factsheets, briefs and profiles. Support was provided to the Ministry of Gender for the development of the "NamChild Wiki", a platform that provides access to a discussion forum, data and publications on child protection.

2010 saw continued support and use of NamInfo in Government. Assistance was given in the refinement of indicators and prioritisation of certain data sources.

Within UNICEF, 2010 saw a strengthening of KM systems with an institutionalised approach developed for sharing tacit knowledge amongst staff members. Regular sessions open to all staff were supplemented by specific issue presentations. While the UNCT has not developed a knowledge generation and information management strategy, UNICEF initiated a number of open KM sessions for all UN staff.

3.1.2.5 C4D- Communication for Development

Institutional capacity limitations for evidenced-informed social and behaviour change programming remain a challenge in Namibia. Building greater understanding of the benefits of using evidenced-based, participatory, strategic and measurable communication approaches rather than non-research based and reactive high-profile media campaigns was identified as a priority area.

As part of this leadership, UNICEF convened a forum of strategic partners, followed by one-on-one sessions with select institutions, as preparatory steps toward building an alliance around results-based social and behaviour change. Discussion was initiated with the Ministry of Health and Social Services, WHO and partners towards creating a formal Maternal and Child Health Sector Communication and Social Mobilisation task force.

At the same time, efforts to demonstrate the use of research-based communication approaches for new and existing campaigns and strategies were initiated. For example, social mobilisation for Global Hand-washing Day (led by the Ministry of Health) involved active participation by headmen and other traditional leaders in the Kunene Region. Stemming from this, communities have conducted sanitation clean-up days.

Linked to this is the 'Safeguarding Lives: School Hygiene Promotion' modelling initiative in five schools in three high-HIV-prevalence regions, designed to ensure the availability of functioning taps and access to soap to sustain hand-washing at critical times. The work aims to demonstrate how simple core knowledge, basic practices and access to services can reduce illness, contribute to increased school attendance, and consequently improve learning outcomes. Schools were profiled in each of the regions to ensure functionality of tap/s and school toilets, the results of which informed the final selection. Baseline information was collected about levels of knowledge and practice around hand-washing, which informed the final social and behaviour change strategy and workplan. The data helped schools to revisit the status of school facilities and water. Some schools used school development funds to provide additional buckets for increased access to hand-washing facilities. Media materials within the Safeguarding Lives initiative were developed with the involvement of pupils, Community Health Consultants and teachers. These materials were aired twice per day in three languages.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation

Information from flood emergency responses in 2009, participatory research during the preparation of *Children and Adolescents in Namibia 2010: A situation analysis*, secondary research on child poverty and inequities will be used as a basis for ensuring rights-based programme design and advocacy.

Mapping child and social protection, creating evidence for advocacy on the rights of vulnerable children to quality education and health care in high-HIV settings and drawing up interventions for assessing the capacities service providers for delivering critical services were specific areas of focus in the annual work plans.

Specific examples include eliciting voices of children in finalising the Situation Analysis, and receiving feedback from children and young people on development issues through use of SMS/information technology.

Accountabilities of stakeholders were defined through a dialogue series on child poverty and social protection and the role of communications in social and behaviour change. In addition, the use of good case practices through mentoring support from other field offices was also very valuable.

The GRN submitted its CRC report to the UN Committee in 2009 after a 16-year delay in reporting. Whilst the Resident Coordinator did not agree to the proposal made by UNICEF for a UNCT report as part of the Universal Periodic Report (UPR) on Namibia, UNICEF was able to prepare and submit its own report, which benefited from review and contributions by all UN agencies. The OHCHR later requested that this report be used as the basis of a UN system report, which was agreed to.

Four UNICEF staff underwent training on HRBAP training, organised in 2010 by the Resident Coordinator's office. Knowledge Management sessions were held linking the human rights approach to programming, communication for development and monitoring. Information sessions on child poverty and vulnerability, and inequities and disparities to staff and counterparts link MDG progress to human rights in the country. Field-monitoring formats and modelling guidelines were revised and introduced to adapt the HRBAP principles across the Country Programme.

3.1.3.2 Gender Equality and Mainstreaming

During 2010 the UNCT undertook a rapid gender analysis of the UNDAF 2006-10, to strengthen the strategies and results for the 2011-12 extension. At the same time, UN agency staff were trained by an external facilitator on gender mainstreaming approaches.

In late 2010 the UNCT approved the formation of a UN Gender Theme Group, which will be chaired by UNFPA. The Group's overall purpose is to provide a forum for a joint UN strategic response on gender equality and equity to enhance the strategic positioning of the United Nations System and its capacity to provide guidance and leadership to collaborating partners in and outside the Government of Namibia in establishing gender-specific and gender-sensitive programmes.

The UNICEF Office undertook a programme gender review through the DfID-funded Children and AIDS Regional Initiative (CARI) in 2010 to identify challenges and opportunities for improved gender-sensitive programming. Notable gender-focused achievements noted in the review included:

- Ensuring separate consultative workshops for boys and girls of different age groups during review of the Child Care and Protection Bill (CCPB) and involvement of male caregivers during the Child Welfare Grant study and the involvement of men and boys in the Joint UN MDG Initiative on Gender-Based Violence.
- Revising tools for mapping of child protection services to ensure exploration of the protection needs of boys and girls of different ages and understanding the extent to which integrated services are equally available and accessible.
- Sports for development initiatives were encouraging girls to participate in sport and to reach girls and boys with HIV prevention and healthy lifestyle messages.
- Completing a Learner Pregnancy Policy, which bans expulsion of pregnant learners and provides for child mothers to continue to attend school.

Many gaps remain in the use of gender-disaggregated data in all ministries and many NGOs. As part of the UNDAF 2011-12 extension, the UN is committed to strengthening

the capacity of the National Planning Commission, line ministries and regional councils to produce and analyse sex- and age-disaggregated statistics.

3.2 Programme Components

Title: *Maternal and child survival, care and development*

Purpose

The MCSD programme component contributes to the reduction of maternal and child mortality, with a focus on high-impact interventions. Two AWP's are signed with the Ministry of Health and Social Services. The component supports action towards achieving MDGs 1,4,5,6 and 7 and operates within the 3rd National Development Plan goals of affordable quality health care, HIV/AIDS prevention and mitigation and eradication of extreme poverty. The programme supports two of the three UNDAF Outcomes (HIV response and Social Service Capacity Development).

Resources Used

Founding Source	Ceiling	Allocation	Obligation/Expenditure US\$	Obligation/Expenditure %
RR	218,600	256,250	255,452	99%
OR	1,722,400	6		

Results Achieved

Of the 16 planned results in the AWP's, seven were achieved and good progress was made towards seven others. Results on community-led total sanitation and nutrition surveillance were not achieved. The programme focused on modelling innovative approaches to increasing coverage of high-impact interventions and addressing gaps in quality PMTCT services. UNICEF played a leading role in reprogramming funds from the Global Fund towards scale-up of PMTCT and adapting rapid advice on new WHO ART and IYCF guidelines. Frequent disease outbreaks and floods continued to constrain formal programming, adversely impacting women and children.

- Expanded coverage of PMTCT, paediatric ARV prophylaxis and early infant diagnosis to 86%, 95% and 60%, respectively, places Namibia amongst countries poised to eliminate paediatric HIV. Despite the wide geographic reach, population-based coverage is low (PMTCT - 58%, Paediatric ARV prophylaxis -73% and Early Infant Diagnosis - 25%) due to dispersed rural populations, missed opportunities and delays in infant diagnoses. Through UNICEF's leadership a technical forum is addressing these gaps.
- A measles outbreak in one of the most marginalised regions provided an opportunity to successfully advocate for strengthening community health systems, including community case management for pneumonia, diarrhoea and malaria. The framework for a new cadre of paid health workers was concluded.
- A strategic vision was developed on nutrition for the National Alliance for Improved Nutrition. This was informed by regional nutrition profiles and an analysis of malnutrition by age, sex, wealth quintiles and mothers' education status.
- Maternal Child Health Days were expanded to an additional 18 districts characterised by low measles coverage, high HIV/AIDS burden, large hard-to-reach populations and prevalent childhood diseases. A package of high-impact services, including PMTCT, was offered
- A comprehensive package of services for adolescents living with HIV and AIDS was piloted
- Maternal and newborn death review audits were initiated in the region with the highest number of deaths

- Measles, meningitis and H1N1 outbreaks were contained through the concerted efforts of WHO and UNICEF
- A national global hand-washing day, supplemented with hygiene promotion events in schools targeting 2,500 learners, was held
- In collaboration with WHO, UNICEF supported comprehensive EPI and malaria programme reviews.

Frequent health emergencies, the annual NIDS and floods continued to disrupt critical services throughout the year. Funding and human resource constraints within the section continued to pose a challenge. Lessons learnt included the strategic use of technical assistance from other offices to help ease the human resource gap. Leveraging of resources from partners proved to be successful in addressing funding gaps.

A health facility census survey provided critical planning information on essential services and gaps in essential supplies. While the biennial HIV/STI sentinel survey demonstrated the need for region-specific HIV/AIDS programming. Results from the EPI review were used to inform the development of a multi-year plan for EPI, and a malaria programme review was the basis for the development of a malaria elimination strategy.

Future Workplan

Consolidating on the work already initiated in 2010, priorities for 2011 include:

- Following through on the commitment to virtual elimination of MTCT through the development of an elimination plan, support for activities aimed at universal access and strengthening technical coordination around PMTCT and paediatric HIV and AIDS
- Costing and modelling of the health extension programme
- Systems strengthening through a restructured health system from the national to community level that can support a continuum of care across the life cycle and along the referral chain from community to health centre, hospital and back.
- Developing a communication strategy and identifying dissemination mechanism within the reformed structure
- Developing a strategy for comprehensive programmes to address adolescents living with HIV and AIDS
- Programmatic and technical support on nutrition.

Resources available for 2011: Approved budget for 2011: US\$1,941,000, with a total of US\$672,000 available (RR US\$ 220,000 and OR US\$ 452,000).

Title: Education for HIV prevention and mitigation

Purpose

The EHPM component contributes to MDGs 2, 3 and 6 and is implemented within the sector-wide Education and Training Sector Improvement Programme (ETSIP). The component supports UNDAF outcomes 1 and 3 and contributes to efforts to reduce HIV prevalence among young people through the provision of information and life skills education for HIV prevention and by facilitating quality basic education for all, including OVC. Two AWP's were signed with the implementing partners, the Ministry of Education (MOE) and the Ministry of Information and Communication Technology (MICT). The main results planned for 2010 were to define UNICEF's strategic engagement in quality education, initiating the process for institutionalising extra-curricular life skills and the incorporation of HIV/AIDS into the existing curriculum, and sharpening the focus on HIV-prevention during the two-year CP extension.

Resources Used

Total approved for 2010 as per CPD: US\$2,352,200

Total available for 2010 from all sources: RR US\$200,000; ORUS\$1,520,900; Total: US\$1,983,900 (including emergency funds)

Special allocations:

Government of Spain US\$171,000 for post-emergency recovery

Support from Regional Office for post-emergency recovery US\$92,000

Funding Source	Ceiling	Allocation	Obligation/Expenditure USD	Obligation/Expenditure %
RR	220,000	200,000	190,595	95.3

Results Achieved

Of a total of 15 AWP targets, seven were achieved, substantial progress was made towards five, and three were not met.

Results achieved in 2010 include:

- Global recognition of *Galz and Goals* (a programme promoting healthy life styles through football) by winning the 'Beyond Sports' Awards and a grant from the Australian Sports Commission. Some 1,200 girls were reached by the programme in 2010, totalling 2,500 over two years; 1,100 are playing in leagues.
- The extra-curricular HIV life skills course was revised and gaps identified to integrate HIV life skills into three examinable subjects in grades 8-12.
- Operational research on the situation of girls was followed up with workshops with girls, school management, health officials and NGOs to develop a comprehensive package of interventions at the school level to address the vulnerability and risks of adolescent girls to HIV/AIDS.
- The participation of schools in an MCP symbols competition, development of a board game on sexual networks, broadcasting of 25 radio programmes and overwhelming participation of nearly 500 young people per month in an SMS- based help-line were key results for the MCP campaign.
- UNICEF increasingly used its leveraging power to influence policy discussions on access to education and equity. In particular this process sparked questions about the quality outcomes hiding behind high enrolment and completion rates and discussions around school affordability and governance.
- UNICEF also entered into a three-year agreement with the EU for modelling a social accountability framework within the education sector.
- As a follow-up to post-flood emergency response, MOE was supported through an assessment and setting up of sanitation facilities in schools, and the development of a national school manual on disaster risk reduction and response and internet- based reporting system.

Constraints

Major delays in implementation were due to challenges in identifying the best institutions/individuals for undertaking evaluations, curriculum development and research analysis. During 2010 other challenges included sharing the selection process with Government without compromising the outcomes, and the absence of leadership by the Government of the assignments.

Studies and Evaluations

A number of studies and evaluations were finalised in 2010, the most ground-breaking of which was the evaluation of school counselling. While the evaluation pointed out gaps in teacher capacity and confidentiality and major issues related to measurement, one of the

critical findings was that learners are being unkindly treated by their peers and teachers and the emotional and mental stress experienced is severe. This has triggered a nationwide discussion on banning corporal punishment. It has also led to the realisation that learners need care and support, not necessarily professional counselling. The evaluation of sanitation facilities led to the construction of facilities in selected schools in three regions. The report of gaps and recommendations for inclusion of HIV/AIDS in the core curriculum was approved by NIED; materials development will commence in 2011.

Partnerships

Partnerships among education sector development partners were strengthened, resulting in support from the EU (Euro 1.6 million for three years) to strengthen governance in school management. UNICEF and UNESCO took the lead in capacity development for education in emergencies. The partnership with NFA and VSO has resulted in strengthening their ownership of 'Galz and Goals' through the creation of a dedicated post and partial funding from VSO. UNICEF facilitated the involvement of all development partners in the MCP evaluation ensuring ownership of the campaign. UNICEF substantially contributed in the development of the plan on HIV/AIDS and young people as part of JUTA and was approved for PAF funds for HIV prevention.

Future Workplan

Future plans for 2011 include the implementation of extra-curricular life skills and the development of teaching and learning aids for in-curricular subjects; development of a school package of interventions for adolescent girls; evaluation of MCP, IPC on MCP for young people, defining strategic intervention for quality education and commencing implementation of modelling of school governance.

Title: *Special protection for vulnerable children*

Purpose

The SPVC programme component contributes to building national and community capacities to provide care and support and protection to vulnerable children. The programme supports UNDAF Outcomes 1 and 3 and contributes to MDGs 1, 3 and 6. Two AWP's were signed with the two main implementing partners, the Ministry of Gender Equality and Child Welfare (MGECW) and the Ministry of Safety and Security (MSS).

Resources Used

Funding Source	Ceiling	Allocation	Obligation/Expenditure US\$	Obligation/Expenditure %
RR	80,000	75,000	71,904.54	96%

Results Achieved

Of 18 planned AWP results, eight were achieved and good progress was made towards eight others; little progress was made on two targets.

Key achievements included:

- An increase in the number and value of Government-funded Child Welfare Grants: 118,089 (56204 male/61885 female) beneficiaries with the budget increasing from N\$202 to N\$369 million over one year.

- The grant study was finalised, identifying the need to reach the most marginalised. 91,794 births (46814 male/44980 female; 9% of all children's births) were registered, with 17,284 through 13 functioning hospital BR facilities.
- The Child Care & Protection Bill (CCPB) was submitted to Cabinet, resourcing requirements were identified and minimum foster care standards and guidelines were developed.
- In partnership with USAID and civil society a toll-free number was launched, benefiting 850 children with support and counselling country wide. Child protection mapping commenced and consensus was reached on the tools.
- 24,419 OVC (12,005 male/12,414 female) received health, education and protection services through CAFO/DAPP networks. DAPP reached 1,269 (583 female/686 male) with HIV sports clubs.
- A 'Cross' private sector partnership resulted in 73,000 shoes reaching vulnerable children (33,916 male/39,084 female) and 16,000 caregivers.
- Friendly Haven shelter provided protection services to 51 abused women and 70 abused children(44 girls and 26 boys).
- In enhancing Government and community capacities, 158 volunteers were trained on GBV, CP and HIV; 18 media practitioners were trained on gender-responsive reporting and 95 professionals were trained on human trafficking.
- A network of trained community survivor supporters was expanded in seven regions and 126 referrals were made to protective services. Woman and Child Protection Units (WACPU) respond to abuse cases.

Constraints

Delays in promulgation of the CCPB, which provided an opportunity to review key components for implementation. Results of the grant study were only released at the end of 2010, delaying implementation of recommendations and development of a national grants strategy. National plans of action for GBV and for OVC were delayed until political consensus can be reached.

Future Workplan

Priorities for 2011 include:

- Continued advocacy for Cabinet approval and implementation of the CCPB, accession to Hague Convention(s), and endorsement of Child Justice Action Plan
- Facilitate an organisational development review of the MHAI, expansion of birth registration facilities to constituencies with documented results
- Develop MGECW-led child protection contingency plan linked to regional contingency plans and aligned with NDRR policy
- Implement integrated, community-based response to HIV, focussing on a continuum of care model developed for integrated service delivery through existing ARV/PMTCT and community OVC/protection services
- Operationalise formal foster and informal kinship care guidelines and Child Care and Protection Forum guidelines to strengthen referral mechanisms
- Develop and obtain endorsement of Standard Operating Protection Procedures for integrated services
- Initiate the development of an integrated framework for the social protection strategy, to ensure that national grants address child poverty.

Title: *Cross-sectoral: Social Policy, Analysis and Research*

Purpose

The overall objective of this sub-component (introduced following the 2008 MTR) is to ensure that high-quality disaggregated data is available for effective and efficient child-friendly policy development and implementation under the National Development Plan (NDP). It also aims to contribute to the adoption of a child-centred approach for development policies, planning and allocation of resources and support for the development of a comprehensive social protection approach. One AWP was signed with the National Planning Commission.

Resources Used

Funding Source	Ceiling	Allocation	Obligation/Expenditure US\$	Obligation/Expenditure %
RR	OR&RR total 155,000	5,250.00	5,064.40	96%
ORR	OR&RR total 155,000			

Results Achieved

Of four planned results in the AWP, one was achieved, substantial progress was made in another one and two were postponed. The situation analysis on children and adolescents was completed, with full government ownership. Because of delays in the process the AWP target related to dissemination of findings and consultative processes had to be postponed to 2011. The same holds for the AWP target of supporting the response to observations from the CRC Committee, since the Namibia session has not yet been scheduled. A major breakthrough was achieved in strengthening capacity and commitment of the Central Bureau of Statistics (CBS) to analyse child poverty and the impacts of social grants on poverty rates. Groundwork for a planned comprehensive assessment of the social protection system is stimulating debate and strengthening commitment of national authorities and civil society to addressing poverty and children's vulnerability.

- The Situation Analysis on Children and Adolescents in Namibia (the first since 1995) was completed and launched by the Minister of Gender Equality and Child Welfare after extensive participatory and consultative processes. It will inform the formulation of NDP 4 and the new UNDAF process.
- In preparation for the finalisation of the NHIES 2009/10 dataset and upcoming Namibia poverty assessment, staff from CBS and NPC were trained on child poverty analysis using the NHIES 2003/04. The training was attended by senior staff. CBS has committed itself to including an assessment of child poverty in the main poverty report that will provide, for the first time, data on poverty and deprivation among children and the impact of social grants on poverty rates.
- Different elements of an initial mapping and assessment of Namibia's social protection system were under way or completed in 2010 (model family analysis, initial review of current provisions, assessment of child poverty and social protection - based on NHIES 2003/04- and basic modelling of alternative policy options) and are being used to advocate with national authorities for more in-depth analysis to inform the reform of the social grant system.
- A dialogue series on child-sensitive social protection was initiated to bring together national authorities, civil society and development partners to share and debate recent analytical work on issues around child poverty and social protection. This not only strengthens understanding and capacities but also facilitates cross-sectoral dialogue.
- Technical assistance was provided to MoHSS in preparation for the development of a Social Development Policy that aims to overcome fragmentation across social sectors.
- A consultation with NANGOF (the umbrella body for non-governmental organisations) was facilitated to develop a civil society strategy for engagement in social budgeting.

- UNICEF, in coordination with the resident UN agencies, submitted inputs to the UPR for Namibia.

A major factor in the good progress achieved in 2010 was the recruitment of a Social Policy Specialist in May, although funding constraints remain a challenge. Significant time is required to strengthen CSO capacity and commitment, leaving less time for focusing on social budgeting.

Partnerships

UNICEF is involved in the national M&E committee and Technical Working Groups of large national surveys, and is working closely with CBS on mainstreaming child poverty analysis in general reporting on poverty in Namibia. This enhances the visibility of children in the products of national surveys and ensures that vital data is captured on child poverty and vulnerability. In addition, UNICEF has been active in participating in the UNDAF revision.

NANGOF is engaged with UNICEF in capacity building on social budgeting and social protection. Strengthened collaboration with UNDP has occurred around supporting the NHIES and the future use of new data (NHIES 2009/10, Census 2011).

Future Workplan

Priority actions will include continued support to the CBS to strengthen capacities for analysing child poverty as part of NHIES 2009/10, and to use this data for in-depth assessment of social protection measures and micro-simulation of different policy options. A strong focus will be on generating evidence of the effectiveness of social protection systems and the ability of the broader social welfare system to reach vulnerable children and their families, and to advocate and provide strategic advice for the development of a comprehensive social protection framework and a Social Development Policy.

Title: Cross-sectoral: Advocacy and External Communications

Purpose

The External Communication and Advocacy component forms part of the internal Country Programme management function, with the main purpose of providing support across the three country programme components. The component continued to play a role in ensuring that issues addressed in the various components are highlighted both nationally and internationally.

Resources Used

Funding Source	Ceiling	Allocation	Obligation	Obligation %
RR	US\$240,382.00	US\$43,720.00	US\$41,650.18	95%

Results Achieved

Of the five annual targets planned, one was met and good progress was made on the other four. Collaboration with the National Parliament of Namibia and the Inter-Parliamentary Union to host a meeting of parliamentarians from Eastern and Southern African countries brought about high international and regional visibility. The media assessment was delayed due to lack of national capacity; hence a consultancy was sourced through the Regional Office.

- As part of the Country Office's Sport for Development plans, two major initiatives continued to be major successes. The 'Galz and Goals' initiative launched in 2009

continued with great success. This year it won an international award for 'SPORT FEDERATION or GOVERNING BODY OF YEAR' at the 'Beyond Sport' Awards in Chicago, USA. In 2009, the CO entered into a partnership with Cricket Namibia to develop "*Kwata Cricket*", which was officially launched in the first quarter of 2010, with the aim of promoting a healthy lifestyle among young people.

- As part of the organisation's regional collaboration, the Inter-Parliamentary Union, Parliament of Namibia, and UNICEF convened a three-day meeting in Windhoek during the last quarter. The meeting represented an opportunity for UNICEF to strengthen networks and possible programming with parliamentarians for child-centred social protection measures. This resulted in international media coverage of Namibia's successful pension and grant systems.
- To generate dialogue on issues affecting children among decision-makers, two one-week regional visits with the parliamentary standing committee on Human Resources, Social and Community Development gave parliamentarians better insight into issues related to Gender-based Violence, OVC, HIV/AIDS, income-generating projects and sexual and reproductive health. The Country Office is also providing financial and technical support to the First Lady's 2011 campaign on male involvement and PMTCT.
- As part of an awareness-raising strategy on key issues affecting women and children in the country, communication packages were developed during launches of major publications. These issues were further articulated in key messages disseminated to the media, civil society and key Government partners.
- Namibia commemorated the 3rd Global Hand-washing Day, following two years of a unique, highly successful public-private partnership between the Ministry of Health and Social Services, Glaxo Smith Klein and UNICEF formed in 2008. Hygiene promotion materials were developed targeting learners as part of a school-based hygiene promotion campaign.
- A fundraising and advocacy package was developed and distributed widely. This resulted in a visit by UK National Committee members, which attracted considerable interest in the status of children in Namibia in relation to the countries' invisible inequities
- To ensure strategic visibility and develop capacity among media and key development partners, a partnership was created with a regional institution, Media Monitoring Africa, with the aim of monitoring reporting trends in local media and analysing coverage of children's and women's issues. The results of the analysis will be used to develop an appropriate media training package. Lessons learnt from Namibia will be used for scale-up in ESAR.

Constraints

Unplanned competing priorities continue to disrupt planned activities, leading to delays in implementation.

Future Workplan

The 2011 priorities for advocacy and external communication are guided by priorities in the three programme components. These include:

- Creating a strategic platform for decision-makers to influence policy and budget allocation through the presentation of key issues emanating from the '2010 Situation Analysis report and the 2010 Nutrition paper
- Production of a stock-taking report on Children and Aids in Namibia
- Engaging development partners in strengthening a strategic alliance for a holistic approach to inequity, health system strengthening and linking these efforts with promotion of children's rights
- High-level advocacy on breastfeeding and infant and young child feeding
- Production of a position paper on: Education in Namibia. Is it free?

4 OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure

The Annual Management Plan (AMP) serves as the core governance and management tool in UNICEF Namibia. The AMP was developed through a participatory and consultative process led by the CMT. Programme Priorities and Operational Management Priorities for 2010 outlined in the AMP were proposed at the all-staff Annual Review meeting at end-2009 and fine-tuned in the CMT before inclusion in the AMP. The UNICEF Risk Management Policy and Risk Reference Guide was used as a framework for this process. Progress towards these priorities is reviewed four times a year by the CMT. Good progress was made in fully achieving five of eight programme priorities and seven of nine operational management priorities in the AMP, with strong progress toward the others.

Closure and sustaining of audit observations is a standing discussion at CMT meetings; all 2009 audit recommendations were closed by OIA in 2010. The EPRP serves as an Annex to the AMP; UNICEF emergency task force members and roles are outlined in the AMP and discussed at the CMT.

After an analysis of the range of values for contracts issued by the office, following the introduction of the new CRC guidelines, UNICEF Namibia retained its US\$10,000 limit for submission, which was later lauded as a good practice in a small/medium office by the Regional Office.

As a standing agenda item, the CMT reviews programmatic, operational and quality assurance indicators and recommends actions that are monitored in subsequent meetings to ensure timely compliance. Namibia continues to rank highly across ESA Country Offices in compliance with core global and additional RMT management and operations indicators.

Building on the progress in 2009, PROMS was again fully used for programme workplan development and results-based monitoring. A system was established to track quarterly progress towards AWP planned results and to link progress to allocation and expenditure. However, with the migration to PROMS 9.1 in November 2010, much of the data and information was lost and use of PROMS for end-year review and reporting against results was not possible.

4.1.2 Strategic Risk Management

In early 2010 the Country Management Team commenced an approach to build a common understanding and approach to risk management across UNICEF Namibia through a risk identification and mitigation exercise. With the UNICEF Risk Management Policy and Risk Reference Guide as the reference tools, key risks were identified and analysed in terms of their likelihood and impact on programme objectives, and rating levels and trends were agreed upon. Within this exercise both threats and opportunities were identified. Mitigation measures were agreed upon, with priority actions for those risks identified as high.

Two 'red' ratings were identified: the UN Reform process /UNDAF Extension with the risk of key children's issues not being prioritised or adequately positioned, and funding predictability – including reductions in the Support Budget. These two high-level risks were included in the AMP priorities for 2010 and discussed and reviewed on a quarterly basis by the CMT and twice with all UNICEF staff.

This CMT-led approach has enabled the opening of space for dialogue about risks and an effective response to risk at strategic as well as day-to-day operational levels.

At the operational level, the Office has systematically included in PCA/SSFA submissions the 'capacity and integrity checklist' and strengthened the role of the PCA Review Committee in undertaking their review from a risk-management perspective. Similarly, the Contract Review Committee also looks at assessments by submitters of contractual risks, including risks that goods and services may not be delivered, and the planned response or mitigation measures proposed or already taken.

The BCP was updated twice during the year, and testing of mechanisms and systems undertaken. A planned full simulation could not be conducted, but is a priority for early 2011. The UNICEF Representative continues to be an active member of the UN Security Management Team, which updated the Security Risk Assessment (SRA) twice during the year and adjusted the MORSS and MOSS accordingly.

An additional important element of UNICEF Namibia's risk-management prioritisation was the commencement of HACT, with micro-assessments of 23 major implementing partners undertaken and a capacity building/training plan for IPs under development.

4.1.3 Evaluation

The Country Office has an up-to-date Integrated Monitoring and Evaluation Plan (IMEP), which was finalised once the AWP's were approved and signed by Government early in 2010. As part of a monitoring system, IMEP is periodically updated and the progress was presented during the 2010 Midyear Review and Annual Review. In 2010, 28 studies were planned, of which 15 were completed. Delays occurred for several reasons, including the relatively weak in-country capacity for conducting evaluations. Support from the Regional Office is frequently required for extending searches through research networks to locate appropriate research organisations. The Office contributes to building in-country capacity for quality evaluations by encouraging partnerships between international and local consultants and academic institutions.

The Country Office supports Government-led and partner evaluations by providing technical assistance and funding, and is represented on the Research and Surveillance Steering Committee, technical working groups and executive committees. This includes the oversight bodies for the Health Facility Census, Behaviour Surveillance Survey, DHS and other smaller surveys.

The key findings and recommendations of all studies undertaken are used to inform programming and develop appropriate Government responses. The findings of a number of studies also provide a platform for resource leveraging.

The CO does not have capacity for implementing evaluations; therefore no management response is appropriate for the Government/partner-led evaluations that the Country Office supports.

4.1.4 Information Technology and Communication

ICT standardisation and security continued to be a major priority for UNICEF Namibia in 2010. As in past years, significant financial resources were devoted to purchasing/upgrading ICT hardware based on UNICEF's global standards, ensuring the efficient functioning of the Office.

The Office is fully compliant in terms of phased upgrades to implement new global ICT systems. A migration from ProMS 8.5 to 9.1 was completed, as was the shift from Lotus Notes 6.5 to 8.5. The next phase will be the implementation of MS Windows 7 and Office 2010 Professional. The migration in late 2010 to ProMS 9.1 brought a number of

challenges in terms of data not migrating for workplans and the inability to complete AWP monitoring in PROMS for the year.

During the year, a Wi-Fi network was installed and configured for Office use, and a replacement undertaken of all switches with the standard Cisco platform, in line with standardising the network nodes as per global specifications.

UNICEF Namibia has fully installed and implemented CITRIX for remote access. All staff received training on using the CITRIX platform; two trainings were conducted this year.

Due to the many conflicting priorities, the Office was unable to fully test the readiness of the Business Continuity Plan developed, but this has been prioritised for early 2011.

Despite a recommendation from a joint UNDP-UNICEF Regional ICT Advisers' mission in 2009, a joint UN common ICT team has not been functioning.

As a result of a specific UNICEF initiative, a proposal was approved by UNCT for examination of the potential of an upgrade of the current leased link of 512kpbs to 1Mbps. The request for service was sent to Telecom Namibia, as the suitable ISP and evaluations are being made of their proposals. There will be a testing phase first, and if satisfactory, installation and implementation will follow.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations

Following the approval of the 2011-2012 UNDAF and UNICEF Country Programme extension, a resource mobilisation strategy was developed, including a specific advocacy and tailored fundraising package for National Committees. Strengthened engagement with a number of National Committees was undertaken during 2010, notably the United Kingdom, United States, Germany and Luxembourg. Increased engagement took place with the few bi-laterals present in Namibia (e.g., Spain, Germany, USA) and with a number of those based in South Africa.

- UNICEF Namibia sent 100% of 2010 donor reports on time, with positive feedback from the Regional Office regarding quality of submitted reports.
- OR Ceiling 2006-2010 is US\$27,665,000. The Office mobilised OR of US\$19,226,346 during the five-year period, which is 69% of total OR Ceiling.
- Funds available have been utilised optimally; for each of the six PBAs that expired in 2010, over 99% of the funds were utilised.
- PBA monitoring takes place on a monthly basis at Programme Group meetings and the CMT.
- UNICEF participates in one formal Joint Programme, under the Spanish MDG Achievement Fund.

4.2.2 Management of Financial and Other Assets

All 2009 audit recommendations in the area of Operations have been closed, including those in the low-risk category. To ensure this status is sustained, a small oversight committee led by the Operations Manager was established, reporting to the CMT.

Monthly Programme Group meetings and the Operations Group devote significant time to ensuring the efficient and appropriate management and use of financial and other assets. Following the review and proposals from these two meetings, the CMT has as a standing agenda item the review of funding arrangements, budget implementation status, bank reconciliations, liquidation of DCT, financial implementation status and contribution management, including PBA expiry monitoring. The Office has been able to ensure that less than 5% of DCTs are over nine months and demonstrated good performance on all other key indicators. By the close of the year, 98% of Regular Resources had been expended or obligated.

Operational (non-staff) costs for 2010 were US\$428,007 against programme assistance utilisation (expenditure and obligation, including external funding CRQs) of US\$4,895,000. The continued failure to finalise the Government-UN occupancy agreement for the UN House and the related MoU between agencies on Common Services/Common Premises has again prevented a full analysis and prediction of future operational costs for UNICEF. Continued high maintenance costs, UN common services and ORC-operational costs, along with one-off expenditures for the establishment of a fully functioning, MOSS-compliant UN House, continue to cut heavily into the reduced UNICEF Namibia support budget.

As part of the Office's efficiency gain processes – and despite limited interest by other UN agencies - UNICEF commenced implementation of a rollout plan for HACT. An external company undertook assessments of 23 Implementing Partners in late 2010. Support was gained from UNICEF Tanzania for the assessment process as well as for strengthening capacity and understanding of HACT by IPs and UNICEF staff. A training plan for IPs is under development, using the finalised assessment report.

4.2.3 Supply

The supply function in UNICEF Namibia continued to be efficiently managed in 2010. The Office supply plan was finalised by 31 March 2010. During the year, 80 supply requisitions were issued (75% against the supply plan) including seven offshore requisitions. Total value of procurement was US\$369,672, a 69% decrease from 2009, due primarily to the fact that there were no emergencies during the year. The average over the five years of the country programme 2006-2010 is US\$823,291. Printing (26%) and ICT equipment (12%) were the largest contributors to supplies procured in 2010.

New Long-Term Agreements for printing were finalised during the year, and UNICEF commenced work on establishing an updated Supplier Database to serve the UN system in Namibia. Whilst indicated in 2009 as a priority for 2010, the work on long-term arrangements for graphic design, layout, editing and translation will only commence in early 2011, with support from the UNICEF Pretoria Procurement Centre.

A peer review by the Regional Supply Chief was conducted in late 2010. The recommendations are being addressed, including moving ahead with the joint UN supplier database and introduction of new standard forms. The report of the peer review also reinforced the strength of the Government's procurement systems.

No progress was made during the year by the UN in capacity enhancement and operationalisation of critical supply and logistics services in Government to strengthen emergency preparedness and response.

UNICEF Namibia benefited from its Supply Assistant participating in a supply/logistics workshop organised by the Regional Office with peers from other offices who also do not have a professional supply function. This professional development, exposure and networking enhanced the performance and technical competencies of the staff member.

4.3 Human Resource Capacity

Human resource management and development continues to be a priority. UNICEF staff participated in 15 local and eight regional or global learning programmes. Specific local learning opportunities, along with 28 Knowledge Management sessions, were held for all staff covering a range of topics. Namibia was again commended by the Regional Office for its HRD approach. The balance between work and learning obligations remains a challenge for all staff.

With limited financial resources, Namibia was fortunate to be allocated US\$20,000 from the Regional Training Budget to allow participation in global and regional training priorities.

Building on previous years' 100% PAS compliance, Namibia continued its mandatory system of two documented performance discussions and worked to ensure key achievement linkages to Office priorities. Interesting challenges arose with two systems (E-PAS and PER) where IPs on E-PAS are supervised by National Officers who were unable to access the system.

Based on the JCC recommendation on equitable period for local staff contract renewals wherever possible, all local staff have contracts through to end-2011.

Two fixed-term staff joined in 2010 against new L4 IP posts (HIV Coordinator and C4D Specialist); and five other vacancies filled: (Operations Manager; JPO Research; Admin. Assistant; Finance Assistant, Programme Assistant). Two staff whose posts were abolished at end-2009 were successfully appointed to other posts. An L4 TA position for Social Policy Specialist was successfully filled. Recruitment for General Service posts continues to be lengthy, primarily due to the non-competitive UN remuneration package.

UNICEF continues to rely on high-quality consultancies for specific technical work, and benefited again from a UN Association of Canada partnership with another Junior Professional Consultant placement.

One IP staff member was successfully nominated for the 2011 LDI programme: three having already completed it.

A staff retreat coordinated by the Staff Association Executive and management focussed upon continued team-building. The action plan developed is under implementation and is reviewed at CMT and Staff Association meetings.

Three all-staff UN Cares activities were held, UN Cares task force meetings were held regularly. The UNCT remains committed to the implementation of 10 Minimum Standards on HIV in the Workplace.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement

UNICEF benefits from common services arrangements for the UN House in the areas of security, cleaning of common areas, lift and general maintenance, gardening and utility payments. Contracts are administered by UNDP as the managing agency and coordinated through a jointly funded Common Services unit. However, with the UNICEF Operations Manager serving as the OMT Chair, the administrative time saved is negated. Despite moving to the UN House in late 2007, cost-savings in comparison to rental premises have yet to be realised, due to continued one-off infrastructure and security expenses as well as expensive recurrent costs.

4.4.2 Changes in AMP

Apart from the annual definition of Programme and Operational Management priorities, grounded in the ERM framework, and a more comprehensive indication of staff training and development needs in relation to change management, with the two-year Country Programme Extension 2011-2012 there are no other major changes anticipated in the Annual Management Plan.

5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

- 1. Evaluation of counselling services in schools in Namibia*
- 2. Children and Adolescents in Namibia 2010: a situation analysis*

3. *Protection in flood preparedness, response and mitigation: Joint Mission in Namibia (8-25 October 2010): report*
4. *Evaluation of HIV, AIDS and life skills content in core subjects Grades 8-12*
5. *End of consultancy mission report: school WASH in flood-prone regions: northern Namibia: 16th November 2009 – 31st May 2010*
6. *Overall report : catching the voice of the born-free generation of Namibia through mobile phones : October 23rd-November 30th, 2009*
7. *Final report: formative research on multiple concurrent partners, cross generational sex and transactional sex in Namibia*
8. *UNICEF Namibia Gender Review: final report*
9. *A rapid assessment of newborn health services in Kavango region, Namibia, October 2010*
10. *Report on the support for the initiation of Health Extension Programme to Namibia, Kunene Region, in Opuwo District [report] + Comparison of key elements of Health Extension Worker programmes in 4 countries [Excel sheet]*
11. *Rapid Assessment Mission to visit flooded areas in Kavango and Caprivi Regions, Namibia, 18. to 24. April 2010*
12. *Safeguarding lives: School Hygiene Promotion project: 1st progress report*
13. *Public participation in law reform: revision of Namibia's draft Child Care and Protection Bill : final report : 2010*
14. *Comprehensive review: Expanded Programme on Immunization in Namibia: 23 March-7 April 2010*
15. *Malnutrition in Namibia: the time to act is now!*
16. *Maternal and Child Health Days in Namibia: lessons learned and the way forward, 2009-2010*

5.2 List of Other Publications

1. *African Youth Forum, 17-19 July 2010, Kampala, Uganda [posters]*
2. *Galz& Goals: Young girls changing lives [DVD]*
3. *Kwata Cricket Initiative [Video]*
4. *Technical report and study findings for the Child Welfare Grant Effectiveness Study*
5. *IEC Materials for World Breastfeeding Week*
6. *XVIII International AIDS Conference, 18-23 July 2010, Vienna [poster & pamphlets]*
7. *Break the Chain "Fly Girl/Fly Guy" campaign materials [25 radio programmes, posters and booklet]*
8. *Children in Namibia: core indicators : July 2010-June 2011*
9. *International Youth Day & International Year of the Youth [programmes]*
10. *Educational Radio Project [CD-ROM]*
11. *From living healthy to meeting the world [Agnes Samaria cartoon]*
12. *Galz& Goals fun book*
13. *School manual on emergency preparedness and response : based on lessons learned from Caprivi, Namibia 2010*
14. *A faith-based response to the situation of OVC in Namibia : CAFO best practice guideline*
15. *OVC communication materials [pamphlets, cartoons and posters]*
16. *Guidelines for completing the Maternal & Peri/Neonatal Death Review Form*
17. *Hygiene & sanitation promotion IEC materials for Global Handwashing Day [poster & pamphlet, T-shirt]*
18. *Malnutrition in Namibia: the time to act is now! [Summary and regional banners]*
19. *Namibia: a nutrition lens*

6. INNOVATION & LESSONS LEARNED

Title: *Addressing interface challenges to improve follow up of HIV-positive pregnant women and their infants*

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Abstract

PMTCT was launched in Namibia in 2002 and is now accessible in all regions. While access to health services is high (95% ANC, 81% facility-based deliveries and 93% DPT1 coverage) missed opportunities hamper achievement of universal PMTCT coverage. HIV-testing is about 80%, maternal ARV prophylaxis between 58% and 74%, infant testing at six weeks is 25% and cotrimoxazole prophylaxis 10%.

This initiative addresses interface challenges in services and is being piloted in four high-burden districts that contribute 40% to the national paediatric caseload. Strategies that help to reduce missed opportunities and improve timeliness of services include:

1. Improved follow-up through revised Child Health Passport, including HIV-related information
2. Strengthen referral system and use of facility-based monitoring tools
3. Community-level follow up and tracing of clients
4. Use of mobile phones
5. Decentralised planning, monitoring and capacity strengthening

Government is keen to adopt and scale-up use of the strategies.

Innovation or Lessons Learned

The initiative has been focusing specifically on addressing interface challenges between health facility-level services and between health facility and community-level follow up. Key innovative elements of the initiative include:

1. A facility-based child monitoring and referral tool specifically for children born exposed to HIV that captures appointment schedules, services required during each visit and outcomes at each stage. Health workers at all health facilities in the pilot districts are trained on use of the tool.
2. The above tool includes contact details for caregivers'. By using mobile phones and air time provided to the health facilities, health workers are able to call or send an SMS to remind/notify clients of appointments and follow-up on defaulters
3. The Child Health Passport was revised to capture relevant data from the mother's passport that links the baby's HIV status
4. Follow-up of defaulting clients by community outreach services has not worked as well as planned in some regions.
5. Through decentralised (regional level) situation analysis and planning, specific bottlenecks were identified and local opportunities to address interface challenges could be utilized; e.g., the presence of community volunteers (not found nation-wide). Two meetings per year bring the regions together for joint capacity building and peer review and sharing experiences.

Potential Application

Based on the positive outcomes recorded by the initiative, possible applications are:

1. The monitoring and referral tool will be adopted for national scale-up after evaluation.
2. The revised child health passport was finalised for national use.
3. The improved PMTCT and paediatric HIV care outcomes from the follow-up modelling have informed discussions and leveraging of resources from GFATM, PEPFAR and other partners for roll-out of the initiative to several other regions.

Issue/Background

Despite Namibia's remarkable progress, gaps still exist in reaching universal level PMTCT coverage and related targets. Up to 20% of pregnant women still deliver with unknown HIV status, and an estimated 58%-74% of HIV-infected women received ARVs to reduce the risk of MTCT (as of March 2009). Less than 10% of HIV-exposed infants received cotrimoxazole. Namibia has a robust, centralised EID system with a 7-14 day turn-around time. However, only 25% of exposed infants are tested at six weeks.

Achievement of HIV-free survival could remain a challenge, largely due to lack of an effective monitoring and follow-up system.

Strategy and Implementation

A number of approaches were defined from preliminary operational research geared to address challenges in interface between services and follow-up of pregnant women and their infants:

1. The Child Health Card was revised and now includes details related to PMTCT/HIV care and follow-up.
2. Design of a system that effectively tracks and follows up pregnant women and their infants, linking them to treatment and care. Strengthen the capacity of programme managers, facility care providers and community-based health workers on the use of the referral and follow-up tools
3. Liaise with community partners to undertake physical follow-up visits and promote and monitor the utilisation of services
4. Provide mobile phones to ANC and maternity units for client notification/reminders using SMS and phone calls to defaulting mother-baby pairs
5. Strengthen the planning and monitoring capacity of the district for effective implementation that targets all eligible pregnant women and children within the catchment; periodically review and planning meetings for regions involved for capacity building and peer review and support.

Progress and Results:

A review of different elements of the initiative is planned for early 2010, including the use of the mobile phones and revised Child Health Card. The improved outcomes in the two model districts has provided a discussion platform with MOHSS, GFATM and PEPFAR for expansion to 6 additional districts using GF re-programmed resources as well as PEPFAR funding. Experiences from the four regions will be further analysed and documented in 2011, and will then contribute to the development of a national plan for the elimination of PMTCT in Namibia.

7 SOUTH-SOUTH COOPERATION:

In 2010, UNICEF Namibia promoted South-South learning and cooperation across a number of areas, including:

Birth Registration: With the support of the South African High Commission to Namibia, a learning tour of senior government officials and technicians involved in the civil registration system in Namibia was coordinated. Significant outcomes resulting from the visit included actions to establish an electronic database input of birth and death registration records linked to the National Population Register and to computerize birth and death certificates. Two separate birth registration learning visits to Namibia by government officials from Tanzania and Ethiopia were also facilitated by UNICEF, focussing on the use of health facilities, and no-cost birth registration.

Community Health Systems Strengthening: Following a month-long technical support mission by a senior colleague from Ethiopia, the Namibian Ministry of Health & Social Services is now actively pursuing acceleration of the Health Extension Worker approach,

and as a direct result of the cooperation has included curative functions in the HEW package.

In preparation for the NHIES 2009/10 Namibia poverty assessment, collaboration was established between the Namibia Central Bureau of Statistics and the Department of Economics at Stellenbosch University in South Africa. Experts from Stellenbosch conducted training on child poverty analysis based on NHIES 2003/04 data, to advocate and build capacity for an assessment of child poverty with the child as the unit of analysis. This will be followed in 2011 by a second training, using the new NHIES 2009/10 dataset. As a result, for the first time an official report on poverty in Namibia will include a chapter on child poverty, providing the empirical basis for developing strategies to reduce child poverty. The analysis will be done jointly by CBS staff and the experts from Stellenbosch University, to ensure in-depth training and knowledge transfer.