

Namibia

Executive Summary

2015 was the second year of implementation for the programme of cooperation as part of the Government-UN Partnership Framework in Namibia for 2014-18. The overall goal of the Government of Namibia-UNICEF cooperation, in the context of an upper-middle-income country (MIC) is to realise the rights of children and women through improved national systems, to ensure that the most vulnerable people in Namibia have equitable access to high-quality services across nine outcome areas, including health, nutrition, education, child protection, social inclusion and water, sanitation and hygiene.

Namibia's performance against the Millennium Development Goals (MDGs) registered successes in halting and reversing HIV, increasing access to education and promoting gender equality. In other areas, there remains unfinished business as the Sustainable Development Goals are adopted: minimal progress was made in reducing maternal mortality (335 per 100,000 live births), under-five (especially neonatal) mortality (54 per 1,000 live births), malnutrition (13.3 per cent underweight), and 51 per cent of the population still defecates in the open. Income inequality remains among the highest in the world and the disparities in outcomes between the poorest and wealthiest quintiles - and between rural and urban - remain stark according to data from the 2013 Namibia Demographic and Health Survey.

The Country Programme ties together three mutually reinforcing strategies to ensure effective advocacy and a clear focus on addressing inequity and social exclusion: (i) strengthening legislative frameworks and policies and leveraging resources from Government and other development partners; (ii) capacity development to deliver quality services and to influence demand for services; and (iii) support for monitoring, evaluation and reporting to ensure that knowledge is used to improve policies, programmes and accountability. UNICEF Namibia is focusing on disparities, exclusion and discrimination; encouraging innovation and proof of concept; monitoring children's and women's rights; and promoting and enhancing partnerships for children.

The programmes are aligned with the UNICEF Strategic Plan and the Regional Priority Outputs and Indicators, and UNICEF Namibia also engaged in joint programme activities among the "BNLSS" countries (Botswana, Namibia, Lesotho, Swaziland and South Africa). 2016 will be the mid-term of the programme of cooperation, and the ongoing BNLSS Review will be a critical input to the mid-term review to ensure that the Office and the programme remain 'fit for purpose' in the context of a middle-income country.

2015 was marked by continued reduction of programme interventions supported by the U.S.-based President's Emergency Plan for Aids Relief (PEPFAR) and Centres for Disease Control (CDC), as well as the Millennium Challenge Account and I-Tech, which have all reduced funding or even closed operations. Government has therefore called on UNICEF to fill strategic programme gaps, particularly in health and HIV and AIDS response.

The most significant achievements during the year under review included enactment of the Child Care and Protection Act (CCPA) No 3, after a long process of advocacy and technical support to consultations and drafting of the bill, which incorporates the Convention on the Rights of the Child (CRC) into national legislation. The drafting of associated regulations is ongoing, with UNICEF support, in order for the Act to be enforced.

The year also marked 25 years since Independence and of UNICEF's presence in Namibia. Combined with the CRC@25, this provided rich opportunities for advocacy, including the publication of "A Namibia Fit for Children" which tracked the changes over 25 years and highlighted the unfinished business of the MDGs. The newly elected Government also declared a "War on Poverty", within which UNICEF and UN partners have advocated for a focus on children.

The SADC Inter-Parliamentary Union offered a powerful opportunity for South-South learning and to mobilise parliamentarians and champions to ensure that greater resources are put into addressing malnutrition rates that are inconsistent with Namibia's MIC status.

Resource mobilisation remains a challenge in a MIC with a small population. UNICEF Namibia has articulated through field visits and proposals the role of the office in a MIC – requiring high quality technical staff and modest financial resources to leverage Government resources for achieving results at scale. While the Country Programme is 42 per cent funded, limited multi-year funding continues to hamper full recruitment for 2014-2018, although mitigation measures have ensured continuity through the use of consultants, technical assistance and load-sharing modalities. Programme implementation was temporarily delayed post-election as the new Cabinet members settled into their new roles.

For achieving results in a MIC, partnerships are critical. Building on the UN partnership and the key role of development partners established in 2014, the year was marked by greater attention to supporting inter-sectoral collaboration across multiple ministries on priority areas: nutrition, sanitation, integrated early childhood development and the new area of online child protection. This was reinforced by stronger cross-sectoral collaboration within the Country Office.

Humanitarian Assistance

Namibia experienced one of its worst droughts during 2013/14, which continued into 2015. The Ministry of Agriculture, Water and Forestry conducted a post-harvest crop assessment and a Vulnerability Assessment in June 2015. The assessment revealed that as a result of abnormal rainfall patterns and prolonged dry spells, crop production for the 2014/15 season was 46 per cent below average. The assessment estimated that 370,316 people (16 per cent of the total population) were food insecure and in need of urgent food support, while some 578,480 people were affected by the drought and would need livelihood protection deficit support until the next harvest in April 2016. Data on the impact of drought on health, nutrition, water, sanitation, education and child protection was limited.

The Government of the Republic of Namibia first responded by introducing an Interim Drought Programme for 2015 (April- June 2015). In addition, Cabinet approved the implementation of a Comprehensive Drought Relief Programme up to March 2016, as an extension of the interim measures. These activities include purchasing and distributing maize grain to affected parts of the country.

While the UN did not directly support drought interventions, it did provide technical support and

advice to the Government, primarily to the office of the Prime Minister, the Ministry of Agriculture and the National Planning Commission, in policy development and preparedness.

UNICEF Namibia provided technical assistance and input to the UN Emergency Focal Points Committee; the UN Resident Coordinator called on all UN agencies to contribute to the development of a joint drought response plan in readiness for a possible Government request.

The 2015 humanitarian target was to pre-position supplies and train all 14 regional disaster risk management units in areas such as infant feeding in emergencies and hygiene and sanitation behavioural practices. Since the Humanitarian Action for Children appeal for Namibia did not mobilise any additional resources in 2015, UNICEF Namibia used programme funds to engage the Namibian Red Cross Society to deliver community-based nutrition and WASH activities. Specifically, the cadre of 448 community volunteers implemented community-based infant and young child feeding counselling, and active and opportunistic case detection for children with severe and moderate acute malnutrition for referral for assessment and treatment at Government facilities. By end-2015 the volunteers had detected 69 cases of severe malnutrition and 351 cases of moderate malnutrition from the five regions in northern Namibia most affected by drought (Kunene, Oshikoto, Omusati, Ohangwena and Kavango). They managed 'soup kitchens' in these regions, which provide one meal per day to vulnerable groups such as children, pregnant and lactating women, the elderly and people living with HIV. The volunteers detected cases of acute malnutrition during the Government's Maternal and Child Health Week campaign in November, as well as amongst children attending the 'soup kitchens'. All children were referred for assessment and treatment at a Government health centre or hospital.

Due to the increased vulnerability of households and individuals caused by drought, efforts to improve sanitation and hygiene practices were critical to reduce diarrhoea and environmental enteropathy-related malnutrition. Ohangwena region has the highest proportion of households without a toilet (80 per cent) according to the 2011 Census. The Namibia Red Cross Society (NRCS), with support from UNICEF Namibia, therefore introduced community led total sanitation (CLTS) in five villages. The result of this implementation was that all five villages in Ohangwena are now on track to achieve open defecation-free status in 2016.

The NRCS also conducted education about water safety and household water treatment methods in the communities most affected by drought. A total of 350 people received water safety and hygiene education and there were no reported cases of disease outbreak in those communities.

UNICEF Namibia received funding from the International Organization for Migration (IOM) to strengthen education sector disaster preparedness. While the funds provided direct support to produce the 'Field Booklet for Emergency Preparedness and Response' and accompanying materials, the initiative also resulted in additional benefits, such as increased attention to disaster risk reduction within the education sector and stronger coordination mechanisms and collaboration between key stakeholders and partners. The funds were also used to conduct a series of training of trainers' workshops, reaching a total of 90 officials and Life Skills teachers from the Ministry of Education at the national and regional levels. Each region developed an action plan to cascade the training to schools, circuit offices and regional office departments.

The Country Office maintained the early warning/early action website.

Mid-term Review of the Strategic Plan

As part of the Southern African grouping of middle income countries – Botswana, Namibia, Lesotho, Swaziland and South Africa – UNICEF Namibia’s Country Programme ties together three mutually reinforcing strategies to ensure effective advocacy and a clear focus on addressing inequity and social exclusion in a middle income country: (i) upstream work to strengthen legislative frameworks and policies and leverage resources from government and other development partners; (ii) technical support to develop capacity to deliver quality services and to influence demand for services; and (iii) support for monitoring, evaluation and reporting to ensure that knowledge is used to inform and improve policies, programmes and accountability.

This grouping of countries also provided peer support in country programme development as well as joint programmes in areas of common interest as a way of modelling appropriate country programmes, as more and more sub-Saharan countries are expected to become middle income countries over the next decade.

In 2015, the Namibia Country Office in partnership with ESARO hosted a workshop on ‘Monitoring Results for Equity; quality programming in MICs’, which reiterated the need for adaptation to middle-income-country (MICs) context, especially when developing “theories of change” (to be clear about how support or pilot/models are expected to leverage greater systemic changes), evaluation (ensuring greater government responsibility for management response) and monitoring (strengthening systems and ensuring greater contact with on-the-ground realities to inform programme and policy development).

Accountability for delivering results against the Strategic Plan 2014-2017 was also strengthened by ensuring that output indicators for the Eastern and Southern Africa (ESAR) regional priorities were integrated into the Country Programme results framework.

Summary Notes and Acronyms

ACRWC – African Charter on the Rights and Welfare of the Child
AIDS - Acquired immune deficiency syndrome
AMP - Annual management plan
ART – Anti-retroviral treatment
BNLSS - Botswana, Namibia, Lesotho, Swaziland, South Africa
CCPA – Child Care and Protection Act No3 (2015)
CDC – U.S. Centres for Disease Control
CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women
CLTS – Community-led total sanitation
CMT - Country management team
CRC - Convention on the Rights of the Child
CRVS - Civil Registration and Vital Statistics
ECD – Early childhood development
EMIS - Education management information system
ESAR - Eastern and Southern Africa Region
ESARO - Eastern and Southern Africa Regional Office
GBV – Gender-based violence
GRN - Government of the Republic of Namibia
HEWS – Health extension workers
HIV - Human immunodeficiency virus
HTC – HIV testing and counselling

ICT - Information and communication technology
IEC – information, education and communication
IECD – Integrated early childhood development
ILO – International Labour Organization
IMEP - Integrated monitoring and evaluation plan
IMNCI - Integrated Management of Newborn and Childhood Illnesses
IOM – International Organisation for Migration
IPU – Inter-Parliamentary Union
IPV – Inactivated poliovirus vaccine
IYCF – Infant and young child feeding
JCC - Joint consultative committee
JUTA – UN joint team on AIDS
MDGs - Millennium Development Goals
MGE CW - Ministry of Gender Equality and Child Welfare
MIC – Middle-income country
MHAI – Ministry of Home Affairs and Immigration
MODA – Multiple overlapping deprivation analysis
MoEAC – Ministry of Education, Arts and Culture
MoHSS - Ministry of Health and Social Services
MOSS – Minimum operating security standards
MoU – Memorandum of understanding
MTC – Mobile telecommunications company
NAC – National Agenda for Children
NAFIN - Namibia Alliance for Improved Nutrition
NAMOD - tax-benefit microsimulation model for Namibia
NANASO – Namibia Network of AIDS Service Organisations
NDHS - Namibia Demographic and Health Survey
NHIES - National Household and Income Expenditure Survey
NRCS - Namibia Red Cross Society
NSA - Namibia Statistics Agency
OIAI – Office of Internal Audit and Investigations
OIC – Officer in charge
OR – Other resources
PAS - Performance appraisal system
PEPFAR - President’s Emergency Plan for Aids Relief
PMTCT - Prevention of mother-to-child transmission (of HIV)
RMNCH - Reproductive, maternal, new-born and child health
SACMEQ - Southern and Eastern Africa Consortium for Monitoring Education Quality
SADC – Southern Africa Development Community
SUN - Scaling-Up Nutrition
UBRAF - Unified Budget, Results and Accountability Framework (of UNAIDS)
UN - United Nations
UNAIDS – UN Programme on HIV and AIDS
UNESCO – UN Education, Science and Culture Organization
UNFPA – UN Population Fund
UNICEF - United Nations Children’s Fund
UNPAF - UN Partnership Framework (with GRN)
US\$ - United States dollar
VAC – Violence against children
VAW – Violence against women
VISION - Virtual integrated system of information

WASH – Water, sanitation and hygiene
WHO - World Health Organization

Capacity Development

UNICEF Namibia provided technical support to develop institutional and human capacity of Government and non-governmental partners for improved results for children through training of service providers and creating evidence for high-impact, sustainable programmes.

In line with the priorities of Government and to address critical bottlenecks in service delivery, support was provided to: health care workers and social workers from all 14 regions, who were trained on accelerated birth and death registration and to develop regional work-plans; more than 40 educational planners from all 14 regions were trained so that data from the education management information system (EMIS) was better used for planning, budgeting and monitoring. In addition, teachers, school counsellors, social workers and nurses were trained to implement the School Health Manual, which was developed with the support of UNICEF, UNESCO, WHO and UNFPA. The health extension workers programme continued to benefit from UNICEF support; 200 were trained in 11 of the 14 regions on maternal and child health, new HIV guidelines, sexual reproductive health, nutrition and infant and young child feeding practices. Forty-nine staff in the Ministry of Gender Equality and Child Welfare received training on promoting infant and young child feeding (IYCF) in early childhood development (ECD) centres and communities.

UNICEF further supported the training of 16 journalists on IYCF to increase the media's capacity to report on the international code of marketing of breastmilk substitutes and its link to infant survival, health and HIV prevention.

Support was provided to the ministries of Education and Sport to strengthen the capacity of educators and ministry officials to deliver physical education and school sport through regular planning, briefing and strategy meetings with national and regional departments. This drew on the experience of the UNICEF-supported 'Galz and Goals' out-of-school sports for development initiative, to be scaled-up through the school system.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Namibia commissions research which is relevant to partners' needs to generate best practices, improve decision making and inform policies and programmes in support of planned programme results.

The situation analysis, 'A Namibia Fit for Children', reviewed changes in child well-being since Independence as an advocacy tool to inform programmes, and thus help improve the living conditions of children in Namibia.

The Government reviewed the Education Act of 2001. This review was informed by research studies, including the study on Human Resource Development for the Education Sector, a study on Out of School Children, the Post Provisioning study and Integrated Early Childhood Development (IECD) mapping (see also Innovations).

UNICEF also supported the further development of the Education Management Information System (EMIS), from which strategic data was used for education planners to improve the quality of service delivery in education. The '15th day' school statistics brief was also used to inform budget decisions.

With the UN's support, the Civil Registration and Vital Statistics (CRVS) assessment was used to develop the National Strategic CRVS Plan for 2015-2020. The Plan targets faster turnaround times for the issuance of national identity documents, including birth certificates, as well as improved linkages with health, education and other sectors.

The Assessment of Infant and Young Child Feeding and Care Practices in Namibia survey was used for advocating best practices in feeding amongst mothers and other care givers. The study results also informed Namibia's Multi-Sectoral Nutrition Country Implementation Plan, for the years from 2012/13 to 2015/16, as well as providing baseline data for integrated early childhood development interventions.

Data driven advocacy work commenced on HIV and adolescents through the 'All In!' End Adolescents AIDS Initiative. A country assessment was completed which sharpened the adolescents' component of the National HIV/AIDS response. Furthermore, the process offered space for adolescents and young people's voice to be heard by programmers and policy makers.

Partnerships

UNICEF drove progress in the country-level Scaling-Up Nutrition (SUN) movement by providing technical and financial support in all four participating countries in Southern Africa to build national networks among UN, business, civil society and governments. Being members of the global SUN movement also mobilised champions for nutrition and served to position national governments in leadership roles. The result was an increased commitment to financing for nutrition interventions, and an increased investment in human resources for nutrition, especially at the sub-national level, in line with the costed action plan.

UNICEF Namibia facilitated greater inter-ministerial cooperation around key cross-sectoral challenges (especially those MDGs for which Namibia did not reach 2015 targets): providing secretariat support to the Namibia Alliance For Improved Nutrition (NAFIN), which has led the SUN country implementation planning process; supporting the Ministry of Agriculture, Water and Forestry to coordinate government interventions on sanitation; for the transfer of responsibilities for ECD from the Ministry of Gender Equality and Child Welfare to the Ministry of Education; and strengthening child-sensitive social protection systems within the new national priority on poverty eradication.

UNICEF put the issue of child online protection on the national agenda, facilitating a new task force of all involved Government, academic, industry and civil society agencies to generate knowledge, build capacity, advocate and respond to child online safety risks.

A proposal was developed to engage a petroleum company, Engen, to support UNICEF in promoting access to critical information related to health; education; water, sanitation and hygiene; and child protection, at all their facilities national wide.

UNICEF Namibia also partnered with the University of Namibia and the Polytechnic (now Namibia University of Science and Technology) on joint research and advocacy (e.g. on child online protection) and also on the deployment of their undergraduates as interns in the UNICEF Namibia Country Office.

External Communication and Public Advocacy

To engage with the newly elected Government, briefing meetings were held with the incoming President, the prime minister, cabinet ministers, parliamentarians, regional governors and the First Lady, during which UNICEF made a call for children's issues to be prioritised in their new agenda.

An advocacy pack – consisting of human interest stories, fact sheets and programme videos was developed to promote information-sharing with key partners and stakeholders, as well as to mobilise action from Governments and other stakeholders.

In line with the global strategy, UNICEF references in the media increased through sharing of press releases, media advisories, op-eds and appearances on radio and television discussion and interviews. Three media field visits helped to increase media access to stories on children, while a three-day media training strengthened media capacity and knowledge on exclusive breastfeeding for the first six months and on Namibia's adoption of the Code for Marketing Breastmilk Substitutes.

Working with relevant ministries; annual commemorative days such as Day of the African Child, International Children's Day, Global Hand-washing Day and Maternal and Child Health Week were used to reinforce and disseminate key communication messages. Information and communication (IEC) materials, multimedia messaging; social mobilisation and inter-personal activities were used. Communication and advocacy support was also given to programme campaign initiatives, including the campaign on social accountability and sensitisation around the education act review to ensure active dialogue and consultation during the process.

To shift from a one-directional to a two-way conversation – allowing us to listen and respond to our audiences, and to nurture interest and passion for children's issues within our audiences – Internet, Facebook and Twitter were used. These platforms engaged the public on the Office's priority areas and shared the story of the Namibian child with local and global online audiences.

South-South Cooperation and Triangular Cooperation

South-South cooperation is an explicit strategy for the GRN-UN Partnership Framework (UNPAF) 2014-18. As such, it is about both learning from others and sharing the Namibian experience with other countries.

Within the context of joint programming among the Southern African grouping of middle income countries (BNLSS), highlights included the mobilisation of governments and parliamentarians within the SADC on nutrition.

Members of parliament from nine countries of the SADC Inter-Parliamentary Union (IPU) gathered at a regional workshop in Namibia, September 2015, to discuss how parliaments can contribute to the protection, promotion and support of optimal nutrition. The outcome document highlighted the roles parliamentarians can play, including adopting relevant legislation; helping to shape or oversee national plans; engaging constituencies at community level; partnering with people/organisations in civil society to hold governments accountable; and ensuring that laws and policies are actually implemented. In terms of pro-nutrition legislation stress was placed on: implementation and enforcement of effective national regulations to implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions and the adoption of maternity legislation based on the ILO Maternity Protection Convention (2000). A key recommendation from the IPU seminar was for the development of an

advocacy document on what parliamentarians can do to improve nutrition – this document will serve the all SADC countries.

Namibia also contributed to a high-level advocacy platform in November in Botswana, where countries from the sub-region shared lessons learned and exchanged ideas on how better to collaborate across borders.

UNICEF Namibia also promoted academic partnerships, using South African institutions in partnership with local institutions to address, for example, child witness and victim support, child online protection, integrated early childhood development (IECD) mapping and school-based sports for development. Regional workshops also provided peer support for adolescent engagement in the 'All In' assessments.

Identification and Promotion of Innovation

A UNICEF Namibia strategy for IT for development was developed with ESARO support, mapping prospective innovations projects through consultations with key stakeholders, internal and external to UNICEF, including Mobile Telecommunication Company (MTC), R-Labs, Indigo Trust and the Namibia Business Innovation Institute.

The Office prioritised the formation of alliances with local organisations as necessary for spring-boarding any innovations work; for example, the mobile phone provider MTC will be the network provider working with UNICEF on the launch and roll-out of Intranet.org and promoting child online protection through its networks. Indigo Trust, a UK-based grant-making foundation that funds technology-driven projects, was supported to identify social accountability and citizen empowerment initiatives to bring about social change.

UNICEF participated in the national information and communication technology (ICT) summit and made a presentation on “Promoting ICT Innovations to Strengthen Child Online Protection and Digital Empowerment”, which showcased and stimulated local interest in UNICEF work among local players in the telecommunication industry, government and the business world. UNICEF was also able to add its perspective to discussions on how to utilise ICT to contribute to social and economic sustainability, while at the same time ensuring that online threats to children are minimised.

The 'Galz and Goals' programme is a platform for using sport to hold discussions around sexuality, HIV prevention and other issues affecting young girls. Through SMS, different regions share information and improve the monitoring of regional events and organizations. A Galz and Goals SMS dashboard and a monitoring and evaluation database were established and launched in 2015 to support the registration of new members in the programme and dissemination of life skills messages. UNICEF Namibia also gave technical guidance to the Namibian Football Association Women's desk to support the proper and impactful use of this system.

Support to Integration and cross-sectoral linkages

UNICEF Namibia invested in building and leveraging cross-sectoral partnerships and programmes to advance child rights outcomes. In Namibia's MIC context, the UNICEF Country Programme learned and applied important lessons on both added value and the efficiency gains of cross-sectoral strategies. Joint evidence generation on cross-sectoral indicators of child wellbeing resulted in new evidence on: holistic IYCF practices, adolescents living with HIV and AIDS, integrated services for the care and development of young children and consolidated

national child wellbeing statistics. These publications guided UNICEF public advocacy on the multi-dimensional complexities of the barriers to services access and the pockets of deprivation in Namibia's MIC context, and the need for cross-sectoral strategies to address these issues.

UNICEF investments in strengthening partnerships between critical Government agencies around the care and development of young children resulted in a strategic framework on IECD that includes accountabilities across multiple government ministries that will inform national IECD reform. UNICEF Namibia further built cross-sectoral partnerships for strengthening health and safety in schools, and tackling child online safety risks, bringing together partners in a Task Force to address this emerging multi-sectoral child rights issue. Investments in the development of cross-sectoral training tools built capacities of teachers and social workers on school response to child abuse and strengthened operational networks among professionals on the ground, paving the way for successful implementation of the new Child Care and Protection Act and the proposed new Education Act. Dedicated training for journalists strengthened ethical coverage of HIV and AIDS and nutrition. At the UN level, UNICEF promoted cross-sectoral linkages in addressing the eradication of poverty, with strategies on child-sensitive social protection and non-income related multiple deprivations (including violence and abuse) as drivers of poverty, included in the joint work plan.

Service Delivery

Despite Namibia's MIC status, human resource capacity is often the key bottleneck for service delivery and implementation of the policies, programme and legislation already in place and for which significant government budget allocations are made available. Indeed, significant proportions of the annual budget remains undisbursed at the end of each financial year. An explicit strategy of the programme of cooperation with UNICEF has been to strengthen capacity and improve efficiency in service delivery.

In 2015, the Ministry of Health and Social Services signed a MoU for the use of procurement services. This was welcomed by partners as a valuable mechanism to procure vaccines and other medical goods and supplies at up to 60 per cent less cost than currently achieved, while also ensuring quality.

The health extension programme was expanded to 11 of Namibia's 14 regions and UNICEF provided technical support and strengthened monitoring. Health workers were also trained on inactivated poliovirus vaccines (IPV) which were launched in November 2015. The Maternal and Child Health Week increased access to primary services for mother and children. With the support provided, there was noticeable improvement in the registration of births, especially at health facilities around the country.

A total of 439 life skills teachers received training, in partnership with UNESCO, on effective methods of teaching and learning life skills and comprehensive sexuality education, as well as on how to deal with learners with different learning abilities. Practical lessons were developed to assist teachers in discussing sensitive sexual reproductive health and HIV issues, a subject with which most of the teachers were previously uncomfortable.

Human Rights-Based Approach to Cooperation

Enactment of the Child Care and Protection Act in 2015 incorporated the CRC into Namibian legislation. UNICEF Namibia supported finalisation of the accompanying regulations for the enforcement of this Act. UNICEF also advocated for finalisation of the Child Justice Bill, which would increase the age of criminal liability from seven to 12 years and comply with the Beijing

rules on juvenile justice, as recommended by the Committee of Experts on the African Charter on the Rights and Welfare of the Child (ACRWC). UNICEF and IOM collaborated with Government on the anti-Trafficking Bill, to bring it in line with international standards and the CCPA. UNICEF advocated for legal reform in the area of child online protection and strengthened child protection coordination at regional and constituency level by supporting the revision and training on Child Care and Protection Forum Guidelines.

UNICEF promoted accession to The Hague Convention on Inter-Country Adoption through a learning visit to South Africa, to inform the establishment of a central authority in Namibia, once accession takes place and the CCPA enters into force. UNICEF also supported the Namibia delegation to present its first progress report to the Committee of Experts to the ACRWC, which was prepared in 2014, and to disseminate its concluding observations to stakeholders through the Permanent Task Force for Children, which also ensures that the recommendations of the UN Committee on the Rights of the Child on Namibia's periodic report were addressed and the country's National Agenda for Children (NAC) 2012-2016 was regularly monitored. UNICEF also contributed to the joint UN report on the CEDAW review in 2015.

The Ombudsman's Office launched the Namibia Human Rights Action Plan for 2015-2019, although capacity and visibility of the Ombudsman's Office and the Children's Desk remain limited.

Gender Mainstreaming and Equality

The UNICEF Namibia gender focal point continued to support Government efforts aimed at reducing the incidence of gender-based violence/violence against women and children (GBV/VAW/C) and improving responses. At the policy level, technical assistance was provided through the UN Theme Group on Gender for the production of the CEDAW periodic report, whose concluding recommendations have since been received by the Government. UNICEF-supported National GBV/VAC champions and provided key messages during key GBV/VAW/C advocacy events during the year. UNICEF Namibia also initiated male partner involvement for the prevention of mother-to-child transmission of HIV in order to increase couples' HIV testing, reduce GBV and provide them with peer-to-peer support. In addition:

The 2015 impact evaluation of the adolescent girls sports for development programme demonstrated that it had changed the lives of the girls, as they had become team players, developed a positive attitude to school work, been motivated to pursue their dreams and prevented them from getting involved in risky behaviours. In addition, the programme assisted the girls to develop self-confidence, self-esteem, self-worth and self-efficacy as well as instilling leadership skills. However, coverage of the programme at 3,000 girls per annum was low.

Ten youth dancers were trained as part of the theatre for development programme and transformed into youth ambassadors against GBV and VAW/C. With 30 young people from two regional youth groups, these dancers performed across the country reaching 5,000 in-school adolescents and youth and their teachers, educating communities on the prevention and response of gender based violence and violence against children and women.

Environmental Sustainability

Namibia is a water-scarce country prone to natural disasters such as drought and floods, which have occurred with increasing frequency and severity in recent years. Its vulnerability to climate change was highlighted in Government's 4th National Development Plan and the GRN-UN Partnership Framework for 2014-18. Namibia also faces a sanitation crisis, with 51 per cent of

the population practicing open defecation. UNICEF interventions focus on improving household access to water, sanitation and hygiene (WASH) and reducing the environmental footprint through activities such as:

- 1) Training of trainers of 25 NRCS volunteers and staff on community led total sanitation. Triggering and post triggering follow-up was conducted in five villages, one of which has attained universal coverage and is awaiting certification as ODF.
- 2) Fifty-three new school hygiene clubs were formed and support was continued for 47 hygiene clubs formed by Millennium Challenge Account, benefiting about 45,000 learners in seven regions. The school clubs carried out environmental awareness in schools and communities.
- 3) The partnership with NRCS on Nutrition and WASH strengthened adaptive capacity and resilience of individuals and communities affected by the drought and floods. The focus was on IYCF, nutrition screening, counselling and support to women on maternal, new-born and child health and emergency preparedness and response.

The Namibia Country Office conducted an environmental footprint analysis establishing a baseline. It continues to implement a paper and waste management guideline to reduce waste and increase recycling, and the number of printers in the office was reduced to ensure minimal printing, while photocopiers have been configured to ensure default duplex printing. The Office also reduced the number of computer desktop workstations, replacing them with laptops. This has been an innovative approach towards saving on energy consumption and improving mobility in situations where staff members need to work away from the office. Various social media messages on climate change impacts on children were developed and shared. The UNCT team began to investigate the use of solar power and water recycling at UN House.

Effective Leadership

The country management team (CMT), in consultation with the staff association, general staff body and senior management team, completed the annual management plan (AMP) by February 2015, incorporating Office priorities for 2015 based on audit and peer review recommendations and weaknesses identified during implementation. On the basis of the AMP and the Country Programme Management Plan (2014-2017), guidelines were provided for each governance committee. Oversight structures were required to make presentations to the CMT on bottlenecks or challenges that required CMT attention and action. The CMT reviewed management indicators for both programme and operations on a monthly basis, using the regional dashboard, focusing on indicators that were not met and recommending corrective measures. A table of action points detailing the actions, responsible staff and agreed timelines was maintained on a monthly basis by the CMT for follow-up.

The AMP defines all the committees and backstopping arrangement so that officers in charge were pre-determined and established in order to manage leave plans effectively and minimise role conflicts in VISION in the context of a small/medium-size Country Office. The chairs of each committee received refresher trainings in light of new guidelines, policies and procedures.

UNICEF Namibia had a remote internal audit in June/July 2015 and was rated by Office of Internal Audit and Investigations (OIAI) as satisfactory; five recommendations were addressed and closed. Sustained compliance was monitored through the Programme and Operations group meetings, which in turn reported monthly to the CMT. A full Business Continuity Plan simulation was carried out and fully documented. Sustained compliance of audit recommendations was maintained through compliance tests by the Operations Manager.

At the mid-year and annual review meetings the risk control self-assessment profile was updated to mitigate residual risks identified.

Financial Resources Management

The internal audit was completed remotely by OIAI during July 2015 and the Office was rated as satisfactory. The audit action plan was agreed upon by the CMT, and five medium findings in the areas of Partnership with NGOs; contract management in VISION; vendor master records; property, plant and equipment; and business continuity plan were identified. All agreed actions were implemented and closed; the focus remains on continued compliance.

The CMT continued to review budgets and utilisation rates during monthly meetings, and clarification for over- or under-expenditure was sought. Since some funds have donor conditions, OR funds were reviewed by the CMT and programme group both in terms of utilisation, liquidation of cash assistance, donor reporting and expiration date.

The bank reconciliation was reviewed and submitted to headquarters on a monthly basis; all anomalies were investigated and cleared within 30 days.

Key indicators such as open trips, cash transfers over six months, vacancies, IT open calls, supply plan monitoring and open bank reconciliations were monitored on the Dashboard and discussed during Operations meetings and shared with the CMT on a monthly basis (and ESARO on a quarterly basis). Operations colleagues met monthly to review progress in light of AMP targets, and to ensure that outstanding and lagging activities were addressed.

Payroll simulations, Netpay reports, funds availability reports and payroll journals were run monthly before the finalisation of the payroll, to ensure accuracy and funds availability

Monthly cash forecasting continues to be used by sections to ensure that large sums of funds in the local bank account are well managed, and to adhere to UNICEF's cash management principles. Variations between forecasts and actuals utilised were investigated and addressed to ensure improvements in the system.

Fund-raising and donor relations

As of December 2015, the Country Programme 2014-18 was 42 per cent funded.

During the course of 2015, US\$2.5 million in new OR grants were received, primarily as Thematic Funding (70 per cent), with other smaller and short-term grants coming from National Committees (Sweden, UK, Germany), Unified Budget Results and Accountability and UK Aid. Its small population and middle-income status leaves Namibia as a non-priority country for many donors. Social inclusion remains acutely un-funded.

Available funds are used promptly and all were used within agreed timeframes. The 2015 tranche of thematic funds for education was over 70 per cent utilised by end-year.

Resource mobilisation remained active, despite the vacant Resource Mobilisation post, with both National Committees and bi-laterals (including the few still resident in Namibia). In addition, the Office explored new partnerships with local embassies (e.g., Turkey and the British High Commission) as well as private sector partners. UNICEF Namibia also provided inputs to regional resource mobilisation efforts (e.g., Africa Partnership meeting and the draft BNLSS Investment Case). The Office hosted three national committee field visits as well as one for the

Turkish embassy to strengthen the advocacy for the continued need in a country marred by extreme inequalities, despite its MIC status. An advocacy package was developed to facilitate fund-raising for 2016 and beyond.

The Office continues to leverage funds of other partners for children, such as European Union (EU) budget support (especially in education, working closely with partners to remove bottlenecks to implementation), the new EU/OECD Social Protection Systems Building fund, Global Fund and the U.S. Centres for Diseases Control. Jointly with the National Planning Commission, UNICEF explored options for serving as an implementing partner for these existing funds in cases where ministries face challenges in implementing activities in a timely manner.

Evaluation

The evaluation function is a core responsibility of the research and evaluation specialist (NO3) post, established in 2013 but only filled in November 2015. In the interim, the responsibilities were covered by the OIC for social policy adviser (supervisor of the post) and by the Deputy Representative, supported by the monitoring, evaluation and research group which oversaw implementation of the integrated monitoring and evaluation plan (IMEP). The IMEP was reviewed during the internal mid-year review to identify any changes required due to new opportunities identified with partners or constraints (or to remove those lacking strong funding prospects at mid-year).

Studies, research and evaluation will be used to inform any necessary programme re-design at mid-term of the Country Programme in 2016. As agreed with the Regional Office, this will be a better use of limited resources than an end-cycle evaluation.

Within the IMEP, three evaluations were scheduled to start in 2015, of which one was finalised by December 2015. The evaluation of the Sports for Development (S4D) Galz and Goals Programme demonstrated positive results towards the programme goal of making football more accessible to adolescent girls. The significant impact made was mainly on the individual lives of girls playing soccer, empowering them by increasing their self-efficacy, self-confidence, self-esteem and self-worth. In order to address the limited reach of the current programme identified by the evaluation, the initiative is now being linked to the Ministry of Education to integrate S4D within the school timetable. The evaluation management response is being developed in close consultation with partners.

The National Planning Commission sought to establish its role in providing an overall evaluation function for Government programmes and projects, and requested the UN M&E Group to provide support, as well as releasing a framework for M&E within government.

Efficiency Gains and Cost Savings

UNICEF Namibia and the UN Country Team as a whole applied the Quadrennial Comprehensive Policy Review recommendations and Delivering as One standard operating procedures to promote collaboration and reduce shared costs.

A significant number of video conferencing, telephone conferencing, Skype lectures and webinars were conducted during 2015, reducing the need for face-to-face meetings (savings estimated at up to US\$ 25,000).

UN agencies in Namibia increasingly used each other's recruitment short lists and rosters where

appropriate and UNICEF Namibia saved on advertisement costs (US\$ 5,000).

Through economies of scale from the use of common travel agents, the Office was able to save on local and international travel; savings came from quantity discounts enjoyed by placing bulk orders (US\$ 15,000).

A market survey updated the list of pre-screened vendors for stationery, and by placing bulk order the Office was able to enjoy reduced prices (US\$ 5,000).

By collaborating with other agencies on security costs, UNICEF Namibia saved compared to unilaterally procuring such services (US\$ 25,000).

The Office also gained from hotel accommodation discounts due to group booking discounts and negotiated rates for the UN (US\$ 10,000).

UNICEF Namibia used the Pretoria-based hubs for procurement and HR – accessing pooled professional support in these areas – anticipating additional efficiencies to be gained through the Global Shared Service Centre.

UNICEF Namibia participated in the global environmental footprint assessment, which identified potential areas for significant savings, especially through reducing air travel, electricity and water consumption and improving paper use and recycling.

Supply Management

The supply function in UNICEF Namibia continued to be competently managed in 2015, with valuable support from the Pretoria-based BNLSSA Procurement Centre. The supply and institutional contract plan were finalised by end-February, and 93 per cent of planned sales orders were raised and 86 per cent requisitions were raised against the institutional contract plan. Both plans were monitored on a quarterly basis at CMT meetings, and feedback on the implementation was given during the Programme Meetings on a monthly basis.

UNICEF Namibia 2015	Value in US\$
Programme supplies	192,433
Operational Supplies	80,969
Institutional Contracts for Programme/Operations	323,817
Total Procurement of Goods and Services	597,219
Local Procurement	
Programme Supplies	164,195
Operational Supplies	14,373
Procurement Services	
Ministry of Health and Social Services	395,079
World Health Organization	47,364

Vitamin A, therapeutic complex of mineral & vitamins, ECD kits, printing, ICT and sports equipment and WASH supplies were the major supply components in 2015.

Long-term agreements were established for design and layout services and custom clearance services (and shared with other UN agencies), which improved timeliness and quality of service delivery. End-user monitoring field visits were conducted with programmes, and areas for improvement were identified and communicated to partners.

The assistance received from the BNLSSA Procurement Centre and Supply Division was swift and professional and supplies and equipment were received on time.

UNICEF Namibia was also part of the UN Procurement Group to engage in the Delivery as One process, and UNICEF also led the procurement process to engage a vendor for landscaping services.

The Office supported WHO and the Ministry of Health and Social Services through procurement services via memoranda of understanding for the procurement of Polio Vaccines (MOHSS) and Hospital Equipment (WHO), all expected to be delivered in 2016.

Security for Staff and Premises

In terms of safety, firefighting equipment in the form of fire extinguishers and fire hydrants were installed and maintained. Smoke detectors and surveillance cameras were also installed. Visitors were scanned before entering the premises and all mail was screened by metal detectors before being allowed into the office. Fire drills were conducted twice in 2015. Blast-resistant glass film was applied to all windows in the building. Codan radios were installed in the vehicles, for communication to the base station, and UNICEF drivers were trained in their operation. Staff members travelled with Minimum Operating Security Standards (MOSS) compliant 4x4 vehicles. The premises were about 85 per cent MOSS-compliant.

In terms of Minimum Operating Residential Security Standards, the UN Department of Security Services reviewed staff premises to ensure that standards were met. The Office supported international and national staff to beef up security in their residences.

Burglaries remain rife and a shooting incident occurred in 2015 during which the UN building was hit by bullets. The matter is currently under review by a Namibian Police investigation team. The regional security advisor will also visit the Country Office next year to review the situation and compliance with standards. Staff members were encouraged to ensure that private vehicles have first-aid kits, fire extinguishers, spare wheel, jack, reflector triangle, and a battery powered lantern for staff safety. Defensive driving training was conducted for all the drivers and the first aid kits in the cars were re-equipped.

The Office has confirmed that SOS International can convey staff who may be involved in an accident, both within Namibia and for evacuation to South Africa.

Drivers also underwent defensive driving training, which enhanced staff safety and security during programme delivery.

Human Resources

Six staff joined the Namibia Country Office during 2015 and five posts were unfilled due to funding limitations. The Office mitigated these gaps through a consultant nutritionist for the Nutrition manager post and temporary assistance for the Child Protection specialist position, while the Chief of Social Policy P-4 and Social Protection P-3 vacancies were both covered by

the Chief of Child Protection and Social Protection. A stretch assignment from the Tanzania Country Office filled the gap for a chief of Child Survival & Development, who was reassigned to another country, whilst the recruitment was being finalised. The position of HIV/AIDS Specialist, P3 was covered by an individual from the newly emerging talent initiative at P2 level.

The Learning Committee completed all six planned group training activities. For individual trainings, 47 activities were planned of which 34 had been completed to date.

The staff retreat was facilitated by an external consultant who incorporated team-building exercise and revisited the 2014 Global Staff Survey report. An action plan was implemented by the Office and was monitored by the Joint Consultative Committee and CMT.

The Office continued to perform well on 2014 PAS and 2015 individual and development work-plans, as well as mid-year discussions on PAS, with a 100 per cent completion rate.

Standard operating procedures for role clarity between UNICEF Namibia and the Human Resources Manager for BNLSSA were developed and implemented satisfactorily.

All UN Cares activities were carried out as planned and six task force meetings were held regularly. The UNCT continues to be committed to the implementation of 10 Minimum Standards on HIV in the Workplace. Eight of the ten minimum standards were implemented. Completion of the 'Directory' and first aid training are still unfinished. Two identified counsellors continued to provide counselling services to all UN staff. The Office has two peer support volunteers (NO, GS) and one 'respectful workplace' adviser (GS).

Effective Use of Information and Communication Technology

The introduction of Skype for Business and all information-sharing platforms facilitated the sharing of information within the Country Office.

The renewal and maintenance of all ICT-related service contracts was completed. The SAT phones, BGAN contracts and all sundry services are up to date. To improve connectivity, the Country Office contracted a new internet service provider (Paratus Telecom), increasing bandwidth from 2Mbps to 4Mbps.

A team from the Regional Office supported the development of a strategic plan in relation to Technology for Development. Several workshops and conferences were attended to build relations with drivers of innovation in the country. Bilateral meetings were held with prospective partners such as MTC and Telecom as mobile operators.

WUNICEF Namibia continued to provide support to technology for development initiatives with implementing partners. Several options were under review to further implement the HIV testing and counselling application developed in 2014 and identify additional partners for this initiative.

As part of efforts to reduce UNICEF's carbon footprint several measures were implemented: two multifunctional printers were removed and replaced with a multifunctional photocopier with eco-friendly functions. The use of personal printers is being discouraged and removed from selected offices.

Due to the staffing increase, the Office is considering the use of interns (under the current

Memorandum of Understanding with the University of Namibia) to provide assistance to the ICT unit, which currently has only one staff member.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Cross-sectoral support provided for programme effectiveness and efficiency.

Analytical Statement of Progress:

Child Rights and Equity were integrated into the GRN-UN Partnership Framework for 2014-18 and UNICEF support is reflected in all four joint rolling two-year work-plans for UNPAF implementation.

2015 marked 25 years since Namibia's Independence and of UNICEF's presence in the country. Combined with the [CRC@25](#), this provided rich opportunities for advocacy, including the publication of "A Namibia Fit For Children", which tracked the changes over 25 years, as well as highlighting the unfinished business of the MDGs. The newly elected Government also declared a "War on Poverty" within which UNICEF has advocated for a distinct focus on child poverty. The annual review meeting with all UNICEF partners provided an opportunity for all partners to obtain an overview of, and be part of, overall progress made for children.

OUTPUT 1 Programmes aligned with UNICEF Strategic Plan, ESAR Priorities and UNPAF and managed for results.

Analytical Statement of Progress:

UNICEF commitments under the CPD for 2014-18 fully reflected in GRN-UN Programme Framework for 2014-28 and rolling two-year work-plans for 2014-15.

Programme results are also aligned with UNICEF Strategic Plan, and UNICEF Namibia engaged in preparation of regional priorities and advocacy strategies to reflect areas applicable to Namibia's MIC context. Regional priority indicators were integrated into the Country Programme results framework and BNLSS plans in the areas of eMTCT, Nutrition, Social Policy and VAW/C, each of which contributes to a regional priority.

An Annual Review with UNICEF partners was held in December 2015.

OUTPUT 2 Issues of gender, adolescent development and participation and HIV integrated in all programme areas and supported.

Analytical Statement of Progress:

Adolescent development and participation programming was integrated in all sectoral plans and interventions. See Education programme for progress on capacity for development of life skills teachers on comprehensive sexuality education. Three thousand adolescent girls were reached with healthy life style messages through football and training of their coaches in sport to life under the Galz and Goals programme. The programme was evaluated and findings will inform

future programming and support. The programme has informed the school sports for development model initiative, also being undertaken under the Education Programme.

The All In assessment process created a platform for adolescent consultations where a youth speak forum was convened and adolescents provided input into the national HIV response. Working with the Health programme, eight hospital-based teen clubs were established in eight health districts to support and guide adolescents living with HIV and AIDS, where they receive psychosocial support and care to encourage increased uptake of ART, reduced loss to follow-up, good adherence to treatment and full disclosure by parents of pertinent information. Dialogue continued to be carried out by partners on taking school-based HIV testing and counselling (HTC) to scale. A discussion paper was developed and is informing national policy on the provision of HTC in educational establishments. The national programme will commence in 2016. Technical support was provided to the National Technical Advisory Committee for Prevention (TAC/P) through the Technical Working Group on Adolescents and HIV, chaired by Ministry of Youth and Ministry of Education, with UNICEF serving as the secretariat. The Combination Prevention Strategy was completed, and included social and behaviour change communication and adolescents; children and HIV were well-positioned in plans and interventions of the UN Joint Team on AIDS (JUTA).

As part of the Child Protection programme, over 5,000 adolescents and young people were mobilised using Theatre and Dance for Development on key social issues affecting them, including GBV and VAW/C. This programme was implemented in partnership with a civil society group, OYO. National Champions on GBV/VAW/C participated in advocacy activities, disseminating key messages.

UNICEF Namibia provided policy level inputs for the CEDAW report, whose concluding observations informed UNPAF plans for 2016.

OUTPUT 3 Commitment & capacity of media & partners to report responsibly on key child rights issues strengthened.

Analytical Statement of Progress:

In line with the Global Communication and Advocacy Strategy and UNICEF's equity focus, the Country Office continued to use various media platforms to inform, educate and advocate for children's rights through sharing of press releases, media advisories, Op-Eds and appearances on radio and television discussion and interviews. Four Op-Ed pieces were published, focusing on ECD, nutrition, ending child marriage and education policy review. To continue the previous year's advocacy on ensuring that the most vulnerable children have equitable access to high-quality services (including in health, education, protection and water, sanitation and hygiene), the Country Office facilitated three separate media field visits to UNICEF-supported programmes. These visits helped to enhance UNICEF's visibility in the country and increase media access to stories about how children and families benefit from UNICEF support.

As a response to the changing situation with regards to the HIV and AIDS epidemic, and related guidelines and recommendations, and to advocate for children's rights to treatment, the Namibia Network of AIDS Service Organisations (NANASO) and UNICEF held a training for 24 media practitioners and editors in Windhoek. The objective was to enhance the capacity of journalists to report on emerging HIV and AIDS-related issues, including the change in global guidelines and trends in the HIV and AIDS epidemic in Namibia. As part of the main outcomes participants were expected to produce stories for their respective media houses, with the aim of enhanced

visibility of HIV and AIDS-related issues through effective and quality media coverage. About eight stories/articles were covered in the local media, highlighting various topics covered in the training – nutrition situation in Namibia, risks of artificial feeding, international code of marketing of breastmilk substitutes and normative guidance and resources on eliminating mother-to-child transmission (eMTCT).

OUTPUT 4 Increased public & key stakeholder access to information on Namibia's children & Rights of Children.

Analytical Statement of Progress:

UNICEF worked with the Namibia Institute for Democracy to develop IEC materials including radio spots, five newspaper inserts and a documentary on the social accountability programme. The aim was to promote learners' participation in educational matters, especially through the school governance circle initiative, where a group of learners meet at least once per week to discuss issues that may be affecting their ability to learn and participate in school. The materials also helped to raise awareness among learners, parents and the school community around issues related to school governance, rights and responsibility of learners in enhancing quality education and to help them understand the roles, purposes, functions and responsibilities of the education system.

As part of the School Governance and Social Accountability initiative, an anti-bullying campaign was launched with the aim of addressing violence in schools and creating an enabling environment for learners to feel safe at school while creating a culture of caring between learners, teachers and the community. IEC materials (including posters, radio spots and television adverts) were used to disseminate the campaign's messages.

Technical assistance was given to the Ministry of Health and Social Service for the development and implementation of communication strategies to create awareness and demand for the annual maternal and child health days, as well as for the measles/rubella supplementary immunisation activities. This included training of trainers sessions on social mobilisation and support for the development of radio, television and print messages.

To mark 25 years of Independence (and the [CRC@25](#)) UNICEF and the Namibia Statistics Agency (NSA) published "A Namibia Fit for Children", which reviewed changes in child well-being since Independence as an advocacy tool to inform programmes and strategies to improve the living conditions of children in Namibia.

OUTPUT 5 Strategic alliances & public/private partnerships to promote action on children's rights developed

Analytical Statement of Progress:

Forty-six per cent of the programme's annual ORR ceiling was funded in 2015; US\$ 2.5 million in new grants was mobilised during the year (mostly thematic); none from the private sector.

In keeping with the UNICEF Strategic Plan 2014-2017 on Strategic Partnerships, a concept note and proposal were developed to engage a petroleum company, Engen, in supporting UNICEF's efforts to promote access to critical information related to health, education, water,

sanitation and hygiene and child protection, at all their facilities nationwide. The MoU for this partnership will take effect in 2016.

OUTCOME 2 By the end of 2018, appropriate maternal and child health legislation, policies, strategic plans and budgets set up and implemented. .

Analytical Statement of Progress:

The overall Government budget for health has gradually increased, but does not yet meet the Abuja target (15 per cent) and a large percentage is being allocated for tertiary care. The total health sector budget for 2015/16 is US\$ 458 million; approximately US\$199 per capita.

The SUN country implementation plan proposed an additional US\$43 million for three years to improve the sanitation sector.

The MOHSS signed a MoU to procure services through UNICEF's Supply Division on 16 October 2015, and has already started procurement of IPV and bOPV for 2016. Through this MoU, the MOHSS will save up to 60 per cent as well as having efficiency gains.

UNICEF Namibia played a key role in the coordination of the SADC Inter-Parliamentary Union's seminar on child nutrition, which took place in Namibia, Sept. 28-29, 2015. Delegates from 15 national parliaments shared perspectives and expertise on their role in contributing to the reduction of malnutrition and stunting rates. Emphasis was on the strategies and tools parliamentarians can use to leverage scale-up and strengthening of nutrition programmes and policies.

UNICEF played a key role in the drafting of the Namibian Code of Marketing of Breast Milk Substitutes by providing technical assistance during the drafting process and the trainings for the code's dissemination.

Review of the 1995 food security and nutrition policy was initiated in the fourth quarter of 2015 and will be finalised in 2016. UNICEF Namibia was appointed as a member to the food security and nutrition strategic review technical committee, with responsibility for guiding the direction of the review.

OUTPUT 1 Quality technical support provided for Health & Nutrition programme management.

Analytical Statement of Progress:

UNICEF provided high-level coordination, management and technical support for development of the e-MTCT evaluation as well as SUN, through NAFIN, and open defecation-free Namibia through the national WATSAN forum. NAFIN leadership was strengthened as a result of greater involvement by the Deputy Minister of the Office of the Prime Minister, who was appointed co-chair of NAFIN. UNICEF Namibia provided technical assistance to the prime minister's office to revise NAFIN's multi-sectoral platform with the aim of improving membership accountability for reporting against results.

UNICEF Namibia supported the Health Hygiene Task Force, under the WATSAN Forum, to convene WASH stakeholders to collaborate on the development of a national approach to sanitation.

OUTPUT 2 By 2016, appropriate legislation, policies, strategic plans and budgets for maternal, adolescent, new-born and child health established and implemented

Analytical Statement of Progress:

Part 8 of the Public and Environmental Health Act contains provisions for the International Code of Marketing of Breastmilk Substitutes. UNICEF supported MoHSS to carry out a series of training workshops on the Code and provided technical assistance to develop national regulations, which are pending approval by the Minister of Health. A monitoring system for Code implementation was developed with support from UNICEF Namibia and will be implemented in 2016.

OUTCOME 3 By the end of 2018, 85 per cent of mothers, adolescents, newborns and under-fives, especially the most vulnerable, benefit from access to health care services, including HIV prevention, care, treatment and support.

Analytical Statement of Progress:

The Child Survival Strategy, which was launched as part of 'A Promise Renewed' in September 2014, calls for increasing access and quality services for post-natal care (PNC) and new-born care due to the large percentage of maternal and new-born deaths that occur during the early post-natal period. Between 2013 and 2014, there was only a 1 per cent increase in terms of PNC coverage. Lack of human resources and low quality of care were contributing factors for slow progress in PNC coverage. In Namibia, only 69 per cent of mothers were seen within the first two days after delivery, and less than 50 per cent were seen during the first four hours. There were no reported PNC visits by the 12 per cent of mothers who delivered at home.

The Health Extension Programme initiated with UNICEF support has continued to be scaled up by Government. Some 818 health extension workers (HEWs) graduated from five regions in May 2015. As of December, 1,366 HEWs were functioning in 11 regions (Kunene, Omusati, Ohangwena, Kavango East, KavangoWest, //Karas, Zambezi, Omusati, Oshana, Otjozondjupa and Hardap). An increased number of children and women are seeking MCH services and more households have hand-washing facilities (tippy taps), as reported from those 11 regions.

More than 90 per cent of prevention of mother-to-child transmission of HIV (PMTCT) coverage was reported from health centres, and transmission of HIV from mother to child was kept at 4 per cent among the breastfed population and below 4 per cent among non-breastfed children. The roll out of Option B+ in July 2014 was expected not only to further reduce transmission rates, but also improve the health outcomes of infected mothers and exposed babies.

Namibia was challenged by Cholera and Measles outbreak at the beginning and middle of 2014 respectively. During the Cholera Outbreak, UNICEF provided technical, financial and material support to Ministry of Health; Ministry of Agriculture, Water and Forestry, and Namibian Red Cross Society to respond urgently resulting in subsiding of Cholera in April. Preparations are underway for a nationwide Measles and Rubella campaign in 2015 in order to address frequent Measles outbreaks.

OUTPUT 1 By 2016, quality technical support provided effectively for maternal, adolescent, new-born and child health services

Analytical Statement of Progress:

High-level coordination, management and technical support was provided through the MoHSS and key implementing partners on improving Maternal, Child Health and new-born care services. Additional technical assistance was offered through a consultant engaged to initiate

the development national new-born care strategy to be completed, endorsed and launched during the first quarter of 2016.

OUTPUT 2 By 2016, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations

Analytical Statement of Progress:

UNICEF supported national and sub-national efforts to optimise comprehensive services for adolescents living with HIV (ALHIV). This is now reflected in the National Strategy and Action Plan for HIV Testing and Counselling 2014/2015-2016/2017. Guided by the underlying problem of limited strategic information at a regional level in the areas of prevention and treatment to guide optimal investment for efficiency, effectiveness, and sustainability of the response, UNICEF provided technical assistance to the regions to evaluate their capacities, strengths and weaknesses in recognising and responding to the epidemic and reporting on progress. This resulted in a comprehensive sub-national analysis of the eight UNICEF priority regions that will guide programming and implementation to achieve quality results for ALHIV while ensuring the optimisation of investments. UNICEF continued its sub-national support to clinics administering anti-retroviral treatment (ART), in order to provide comprehensive services to ALHIV by strengthening the capacity of health workers and caregivers on issues surrounding ALHIV. In particular,

UNICEF supported the training of 168 caregivers and 10 health workers in Oshana and //Karas, which reinforced caregiver support to ALHIV and encouraged caregiver disclosure by providing best practices on communication. By December a total of 80 ALHIV had been exposed to the experience-sharing annual conference in Oshana region. Additionally, a stakeholder meeting on ALHIV, involving 23 health workers and representing all health facilities in the Oshana region, resulted in the development of action plans to achieve tangible results for ALHIV. Some 1,920 young people in schools completed four sessions on child sexual exploitation in Zambezi and Ohangwena regions.

A major concern is the lack of youth focus and participation in response. Interventions, particularly for social and behaviour change, involvement of PLHIV, HCT, and reach to key and vulnerable populations, do not measure indicators that facilitate measurement of impact in terms of prevention gains. However, the HIV investment case supported by UNAIDS, of which UNICEF was a member of the steering committee, provided strategic information to guide future implementation in 2016 in order to optimise investments and resources.

OUTPUT 3 By 2016, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services

Analytical Statement of Progress:

UNICEF supported national and subnational efforts to increase the dissemination of HIV information and services for young people by increasing youth participation. According to the Namibia Demographic and Health Survey (NDHS) of 2013, the majority (99 per cent) of adolescents aged 15-19 in Namibia have heard about HIV/AIDS; however comprehensive knowledge on HIV/AIDS among adolescent girls decreased from 62.3 per cent in 2006 to 55.9 per cent. Only seven clinics provide comprehensive ALHIV services (MOHSS 2015). Reacting to the need to revitalise and step-up the efforts to eliminate new infections among adolescents,

UNICEF Namibia supported the 'All In!' movement, funding the first phase of the agenda, which calls for actions to accelerate HIV results for adolescents. The initiative provided Namibia with national and sub-national data on the burden of HIV among adolescents, disaggregated by age and gender. It also provided an opportunity to support the country in improving data collection and analysis for high-impact programming and optimisation of funding. In addition, the project provided a platform for adolescent participation and consultation on the strategic direction for ALHIV programming. The All In! Agenda was complemented with the participation of the Namibian delegation to the WHO/UNICEF regional meeting on stepping up efforts to eliminate new adolescent and paediatric infections, which culminated in a comprehensive multi-year road map to reduce HIV infections among adolescents. UNICEF continued its support at the sub-national level by providing 38 ALHIV in two regions with psychosocial support and information on adolescent-friendly principles (such as disclosure, SRH and adherence). This, in turn, increased participation at the ALHIV teen clubs in the regions and increased treatment adherence. A training of 20 adolescent peer educators on ALHIV issues, including AFHS, SRH, violence and abuse, was conducted to increase peer-to-peer support and youth participation in HIV prevention.

Findings from the All In! Phase 1 assessment showed that HIV prevalence is low among children ages 10 -14 for both males and females (2 per cent), starts to increase among females aged 15-19 and doubles for those aged 20-24. It further highlighted low uptake of HTS by adolescents aged 15 -19 (14 per cent for males and 29 per cent for females). Meanwhile the estimated number of AIDS-related deaths amongst adolescents is increasing, unlike any other age group.

OUTPUT 4 By 2016, Public and higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out-of-school young people and key populations

Analytical Statement of Progress:

With young people being disproportionately affected by HIV, efforts focused on reaching the priority groups of adolescents at higher risk of exposure - adolescent girls and adolescents living with HIV. UNICEF supported modelling of innovative interventions to demonstrate their effectiveness and efficiency for possible national-scale implementation. Thus UNICEF continued to support the Sports for Development programme for adolescent girls, to curb teenage pregnancies and provide HIV education, supported the teen club approach for provision of psychosocial support to adolescents living with HIV and piloted the provision of HIV testing and counselling within school premises, using Information and Communication Technologies for Development (ICT4D), an app for 'test for test'.

OUTPUT 5 By 2016, HIV-NSF coordination structures function effectively and in a sustainable manner

Analytical Statement of Progress:

Coordinating structures exist at national, regional and constituency levels. Other structures exist outside the Government framework with UN, CSOs, private sector and development partners. Although a national coordination framework was developed in 2010, coordination has remained a key challenge. The framework was revised as part of the National Strategic Framework (NSF) Mid-Term Review undertaking to make it more responsive. Regional responses are diverse, with some regional and constituency AIDS committees being more active than others.

The UN response is coordinated through JUTA, where UNICEF is a major player and taking responsibility for school-based HIV prevention, Galzs and Goals; PMTCT and paediatric AIDS. NANASO and the Namibia NGO Forum facilitate coordination among CSOs.

Namibia's national AIDS response was spearheaded by the Ministry of Health and Social Services. This has created some coordination challenges with other line ministries. Regional AIDS coordinating committees, down to village level constituencies, are under a different ministry, creating a disconnect between national and sub-national level actors.

UNICEF is a member of the Global Fund (GFATM) country coordinating mechanism. GFATM funds continue to be underutilised and the CCM has not been very proactive in addressing bottlenecks, due to leadership constraints. With budget reductions announced by PEPFAR, CDC and other US-funded partners, the GRN has requested that UNICEF provide additional support.

OUTPUT 6 By 2016, districts effectively implement e-MTCT plans

Analytical Statement of Progress:

While last year 12 per cent of districts had costed eMTCT plans, the MoHSS reports that this year no districts have costed eMTCT plans, emphasising the need to support the PMTCT programme in monitoring and evaluation.

UNICEF supported national and subnational efforts to roll out option B+ and reduce the maternal-to-child transmission of HIV. Since its introduction in 2002, Namibia's PMTCT programme has been scaled up massively across all 14 regions and 35 districts, reaching 333 health facilities (94 per cent). The PMTCT programme reduced the mother-to-child transmission (MTCT) rate from 12 per cent in 2007 to 4 per cent in 2012. Yet, due to bottlenecks slowing the roll-out of Option B+, the current MTCT rate stands at 7 per cent according to the 2015 Global AIDS Response Plan Report. While Namibia surpassed 80 per cent PMTCT coverage, the HIV child case rate is 892 per 100,000 live births making its elimination validation goal By 2016 unachievable. UNICEF provided technical assistance to the regions to evaluate their PMTCT programmes and implement bottleneck analysis. Analysis carried out in two regions resulted in better work-plans and district-level eMTCT plans. UNICEF continued its national support to the PMTCT programme by providing technical assistance, leading to an alignment of the Namibian PMTCT indicators with global guidance indicators and a revision of data collection tools. In particular, UNICEF supported the conceptualisation and printing of the new child health passports, a document that tracks the health of children, particularly children living with HIV, through a holistic lens. Additionally, UNICEF supported the attendance by four Namibian delegates to the regional IATT Option B+ M&E framework dissemination workshop, which resulted in a new emphasis of the Namibian PMTCT programme on monitoring, integration of services and elimination of MTCT.

Chronic shortage of staff due to the high attrition rate in the PMTCT programme was compounded by the closure of the I-TECH programme due to funding cuts from USAID, PEPFAR and the CDC in the previous year. The remaining staff are struggling to cope with increased patient volume.

Health workers, including community counsellors, need training on new ART guidelines, including Option B+, so that they can tailor their services to address various eligibility genres.

OUTPUT 7 By 2016, skills of Health Workers in the provision of MNCH, HIV/SRH, and nutrition services improved

Analytical Statement of Progress:

In Namibia, combatting maternal mortality has not made significant progress since the early 1990s. According to NDHS data, the Maternal Mortality Ratio was estimated at 249 per 100,000 live births in 1992, 271 per 100,000 live births in 2000, 449 per 100,000 live births in 2007, and 385 per 100,000 live births in 2013. Additionally, the Namibia Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) draft review report (Oct.2015) states that postnatal care for new-borns within one-to two days of birth is only 20 per cent, while post-natal care for the mother is 69 per cent, despite the fact that 67 per cent of mothers were discharged from health facilities one-to two days after delivery. The same report states that as of 2014, 30 of 34 health districts have at least one health worker trained in Integrated Management of Newborn and Childhood Illnesses (IMNCI) in the past four years, deployed at clinics, health centres and hospitals. The maximum number of trained health workers per district was 13. To ensure the continuous provision of IMNCI services, at least 60 per cent of health workers who manage sick children in health facilities should be trained in IMNCI. Unfortunately, there is no recent information from districts on the availability of IMNCI trained health workers at post in their health facilities.

Currently 14 per cent of maternal deaths are due to HIV in pregnancy. Namibia is amongst a handful of countries with maternal deaths from HIV above 10 per cent.

According to WHO Namibia, one contributing factor to stagnant maternal mortality is the inadequacy of emergency obstetric care, which is only available at four of the country's 34 district hospitals. Obstetric haemorrhage accounted for 25 per cent of direct deaths between April 2010 and March 2012 (MoHSS 2014); Caesarean section was associated with 44 per cent of the deaths, especially in private facilities. Poor monitoring and recognition of haemorrhage was found to contribute to the poor outcomes; partogram interpretation and surgical skills were found to be lacking.

The 2013 DHS also reported that only 34 per cent of households have access to improved sanitation. An important part of diarrhoea management (prescription of Zinc tablets with ORS) is yet to start in the country. The Rota virus is a common cause of childhood diarrhoea; the Rota and Pneumococcal vaccines were introduced during the Maternal and Child Health Week in November 2014, whilst the Inactivated Polio Vaccine was launched in November 2015, but the vaccine will be introduced in 2016.

Neonatal death contributes to more than 40 per cent of overall under-five mortality. As a consequence, the Government has developed plans to prioritise improving the quality of new-born care as a means to achieve the MDG target. A total of 1,366 HEWs were deployed in 11 of 14 regions to ensure that children under five years were diagnosed, treated (simple diarrhoea) and referred to nearest health facility. UNICEF is supporting the development of the new-born care strategy, which will be reviewed, endorsed and launched jointly with a training programme in 2016.

OUTPUT 8 By 2016, Health Facilities equipped to provide quality MNCH, HIV/SRH, and nutrition services

Analytical Statement of Progress:

According to the draft 2015 Namibia RMNCH review, findings on the quality of antenatal care showed that blood pressure check, abdominal palpation, foetal heart rate auscultation and iron folate supplementation were provided to almost all clients. The least-provided services were those involving information, education and counselling. For those who were counselled, nutrition, breastfeeding and danger signs were the most common topics covered. It is of concern that only two clients were counselled on postnatal care and none were counselled on family planning. There is need to strengthen provision of these topics to antenatal care clients, as this impacts uptake of services, adherence to treatment, birth preparedness and complication readiness, thus having an impact on pregnancy outcomes.

UNICEF and WHO provided emergency obstetric and new-born care training in 2015 and cascaded to train more than 75 doctors and midwives in emergency obstetric and new-born care across the country by December 2015. Scale-up will continue in 2016.

OUTPUT 9 By 2016, access to services for the prevention and control of priority communicable diseases improved

Analytical Statement of Progress:

Namibia is among the 22 priority countries committed to eliminating new paediatric HIV infections; this commitment is clearly evident: from the Office of the President of Namibia through the national, regional and sub-regional levels. Electronic dispensing tool reports estimate paediatric ART coverage at 67 per cent, a three percentage point difference from 2014. UNICEF, WHO and the CDC started discussions with MoHSS on developing a detailed roadmap to reduce new paediatric HIV infections and optimise treatment coverage for children.

Loss to follow-up and delayed/low uptake of early infant diagnosis among HIV-exposed children are key challenges for paediatric ART interventions. Paediatric ART is still part of adult ART; more training needed for healthcare workers.

African Vaccination Week was postponed from May 2015, as the country planned to introduce IPV in November 2015. Whilst IPV was launched on 16th November 2015, the Maternal Child Health Week in November 2015 did not include IPV, as it was provided without Vaccine Vial Monitoring by local contractors/suppliers.

Notified cases of suspected measles totalled 1,150 from 85 per cent of districts, with non-febrile rash; illness rates of 51/100,000 were reported by end November 2015. A total of 93 confirmed measles cases and 262 lab-confirmed Rubella cases had been counted by end-October 2015. The routine immunisation performance for the given period was satisfactory. Signs of immunity gaps in the country prompted strong advice from WHO in early December 2015 to develop routine immunization improvement plans, following a thorough review of all reviews conducted and plans. The 2014 Effective Vaccine Management (EVM) Assessment report triggered an immediate response in the form of establishing an EVM committee comprised of WHO and UNICEF and other partners, chaired by a high-ranking MoHSS official, to meet bi-weekly and discuss all the recommendations. In addition, MoHSS signed a MoU on procurement services through the UNICEF Supply Division as of end-October 2015, and by December the MoHSS Central Medical Stores had initiated procurement of IPV and bOPV, using the MoU for 2016 stock.

A recent cluster survey shows that mothers failed to immunise their children because of long distances and long waiting times. The ministry has tried to address the low immunisation rates by using the reaching every district approach and by conducting national and sub-

national immunisation campaigns, which are labour-intensive and expensive. Outreach activities, a key approach for widespread immunisation coverage, face challenges in the areas of human resources and transport.

OUTPUT 10 By 2018, women and men, key populations and young people have access to comprehensive HIV counselling and testing and prevention services

Analytical Statement of Progress:

The 2013 NDHS showed that 97 per cent of women age 15-49 and 95 per cent of women age 50-64 know where they can get an HIV test. However 93 per cent of young women age 15-19 and 91 per cent of young women who have not yet initiated sexual activity are less likely than other women to know of a place to get tested.

Obtaining an HIV test can be more difficult for youth than for adults because many youth lack experience or face barriers in accessing health services. Fifty-eight per cent of sexually active young women and 39 per cent of sexually active young men were tested for HIV in the past 12 months and received the results of their last test.

To date a total of 1,088 learners were tested and counselled for HIV under the school-based HTC program for adolescents in two regions of Oshana and Omusati, where technology for development was used for 'test4test' and mobilisation. A discussion paper was developed outlining key issues from the 2014 pilot programmes and was on the agenda at the national technical working group on HTC and the national TWG on adolescents and young people. The discussion paper has since informed national policy for taking HTC to scale through the education system; implementation will begin in 2016.

The target for ALHIV receiving comprehensive services has been tremendously increased due to support from the national level and regional MoHSS teams in selected regions. The study tour to Zimbabwe in late 2013 paid off, as key staff members from MoHSS started implementing the ALHIV programme upon their return.

Achieving coverage requires a range of HCT modalities, including mobile outreach and provider-initiated testing and counselling at all health facilities. The decline in donor funding for HCT needs to be addressed to ensure service sustainability with greater efficiencies and effectiveness through increased Government support, and strengthened integration into primary health care, antenatal care, etc. Quality HCT needs sufficient supportive supervision to assure minimum standards. Effective community mobilisation and demand creation are also needed, with strong engagement of people living with HIV.

OUTCOME 4 By the end of 2018, stunting prevalence among children under 5 reduced nationally from current 29 per cent to less than 20 per cent.

Analytical Statement of Progress:

Results from NDHS 2013 showed a reduction of stunting by 5 per cent over a period of six years, which is not sufficient to meet the national target of reducing stunting by 2 per cent annually among children under five. Nutrition-specific interventions under the SUN implementation plan are being implemented in all 14 regions, however the coverage of nutrition sensitive-interventions is lower.

The exclusive breastfeeding rate increased from 24 per cent in 2006 to 49 per cent in 2013; UNICEF made important contributions through its IYCF programme for both facility- and

community-based interventions, in collaboration with MoHSS and the Namibian Red Cross Society. Nutrition in emergency response and its focus on IYCF, starting during the 2008 - 2011 floods through the 2013-2014 droughts, also paid off with a spill-over effect among the general population that resulted in an overall increased rate of exclusive breastfeeding.

The 2 per cent increase in the open defecation rate was attributed to the large number of urban migrants and lack of access to sanitation facilities in urban informal settlements. Percentages for improved sanitation coverage did not change between 2006 and 2013, stagnating at 34 per cent, which called for strong interventions on communication, behaviour change and demand-creation. Inequities in access to sanitation facilities were demonstrated by the fact that 49 per cent of households in urban areas have improved toilet facilities that are not shared, compared with 17 per cent of households in rural areas.

The CLTS approach was introduced in 2014, and UNICEF support for the roll-out of a communication strategy could accelerate a reduction in open defecation rates.

A majority of Namibian households (87 per cent) have access to improved water sources; however disparities persist, as demonstrated by the outbreak of cholera in Kunene region and informal settlements in Windhoek in early 2014.

OUTPUT 1 Quality technical support provided for programme management of Nutrition and WASH

Analytical Statement of Progress:

High-level coordination, management and technical support provided for scaling-up nutrition through NAFIN and open defecation-free Namibia through the national WATSAN forum. UNICEF Namibia recruited a WASH Specialist to spearhead the WASH sector response.

OUTPUT 2 By 2016, NAFIN able to coordinate and monitor the implementation of multi-sectoral Scaling-Up Nutrition Country Plan.

Analytical Statement of Progress:

Regions are implementing nutrition specific-interventions that are in the SUN Plan, however national-level coordination challenges delayed this process in 2015. UNICEF provided technical support to the Office of the Prime Minister to strengthen NAFIN's coordination function, and two NAFIN meetings took place, in March and December 2015. A SUN self-assessment workshop was carried out on 17 May 2015, with Namibia doing well on three indicators: execution, policy and development of a SUN implementation plan. However, it scored low on resource mobilisation and alignment of resources. UNICEF participated actively in the SUN Global Gathering in Milan, Italy and Namibia's participation was highly visible. UNICEF was requested to become a member of the malnutrition task force chaired by MoHSS, which will focus specifically on under-five malnutrition as a strong ally of NAFIN. UNICEF was also appointed as a member of the food security and nutrition policy technical review committee.

Members of parliament from nine countries in the SADC IPU gathered at a regional workshop in Namibia in September 2015 to discuss how parliaments can contribute to the protection, promotion and support of optimal nutrition. The outcome document highlighted the roles parliamentarians can play, including: adopting relevant legislation; helping to shape or oversee national plans; engaging constituencies at community level; partnering with people/ organisations in civil society to hold governments accountable; and ensuring that laws and policies are actually implemented. In terms of pro-nutrition legislation, implementation and

enforcement of effective national regulations to implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions and the adoption of maternity legislation based on the ILO Maternity Protection Convention (2000) were emphasised. A key recommendation from the IPU seminar was for the development of an advocacy document on what parliamentarians can do to improve nutrition to serve all SADC countries.

The IYCF and caring practices study draft report was finalised and is pending approval by MoHSS before being disseminated in 2016. Almost all children (96 per cent) are breastfed at some point in their life. Forty-nine per cent of children under six months are exclusively breastfed. Sixty-two per cent of children aged six-to-nine months are breastfeeding and consuming complementary foods. Eighty-four per cent of Namibian children age six-to-59 months received vitamin A supplements in the six months prior to the survey, 43 per cent received deworming medication in the preceding six months, and 76 per cent live in households with iodised salt. Nationwide Vitamin A supplementation and deworming interventions were supported by UNICEF through Maternal and Child Health Week carried out in November 2015. Despite an increase in exclusive breastfeeding, mothers in Namibia introduce complementary foods early, and by five months up to 28 per cent (NDHS 2013) of the babies are receiving complementary feeds instead of the recommended six months. Half of Namibian children get solid or semi-solid food at six-to-eight months and only 33 per cent of children this age are appropriately fed. The Code of Marketing of Breastmilk Substitutes was drafted and is waiting for parliamentary approval.

OUTPUT 3 By 2016, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control

Analytical Statement of Progress:

The 2013 NDHS was the first national survey in Namibia to include biomarker measurements of blood pressure and fasting blood glucose. Six per cent of women and 7 per cent of men are diabetic; that is, they have elevated fasting plasma glucose values or report that they are taking diabetes medication. An additional 7 per cent of women and 6 per cent of men are pre-diabetic. Among eligible respondents age 35-64, more than four in ten women (44 per cent) and men (45 per cent) have elevated blood pressure or are currently taking medicine to lower their blood pressure.

Prevalence of obesity among children under five decreased to 3 per cent in 2013, from 4 per cent in 2006. An obesity assessment was conducted in five schools in Khomas Region; however the MoHSS has yet to release the results. A non-communicable disease committee has yet to be set up and there currently is no national strategy for NCD (delayed by the NDHS results). WHO is the lead UN agency in this sector. The MoHSS, with WHO support, has developed guidelines for the dietary management of NCDs, with technical support from UNICEF Namibia.

OUTPUT 4 By 2016, six communities achieved Open Defecation Free (ODF) status

Analytical Statement of Progress:

The Directorate of Water and Sanitation Sector Coordination (DWSSC) hosted a Health and Hygiene Task Force workshop in August 2015 with support from UNICEF. The Task Force is comprised of representatives of the DWSSC, MOHSS, Ministry of Education, Ministry of Information Communication Technology, Association of Local Authorities, UNICEF, NRCS, Desert Research Foundation of Namibia (DFRN), Society for Family Health (SFH),

Development Aid from People to People (DAPP), Namibia Health Training Centre (NHTC) and City of Windhoek. The task force agreed on a 'Namibian Approach to Total Sanitation'; as a result, terms of reference were developed and finalised. The process to recruit a consultant is ongoing.

A formative study in 2013-2014 commissioned by UNICEF revealed a major disconnect between the key government stakeholders responsible for sanitation delivery, despite the existence of a National Sanitation Strategy (NSS) based on the principle of community participation to find sustainable solutions for improved sanitation. This disconnect hinders community participation and effective implementation of the NSS. Furthermore, hygiene and sanitation promotion activities to date, which are based largely on health information messages alone, have resulted in a knowledge/behaviour gap and failed to deliver sustainable hygiene behaviour change. Hence a change of approach to behaviour change communications (BCC) is called for that engages communities in sanitation delivery – through Community Approaches to Total Sanitation (CATS). There is a discord between NSS objectives and the principles of CATS, including CLTS. CATS aims to eliminate open defecation, while the NSS aims for improved sanitation. The approach of providing toilet facilities by government and other stakeholder to some household has led to resistance towards CATS approach, as households expect to be provided with toilets, perpetuating open defecation. Unlike water supply, sanitation interventions fall under seven different ministries, with DWSSC having the mandate to coordinate. This has created a fragmented approach, resulting in sanitation coverage lagging behind that of water supply. Coordination was also affected by ongoing restructuring in DWSSC.

UNICEF supported a CLTS training of 15 NRCS community volunteers, nine NRCS staff and one UNICEF staff member. As a result five villages were triggered and 86 pit latrines with tippy taps were constructed and used by households. One of the villages has attained universal coverage, but was not yet certified open defecation-free.

UNICEF continued technical and financial support to WASH in schools (WinS) through SFH. As a result 391 school inspectors, school teachers, cleaners and community health workers received WASH training. Fifty-three new school hygiene clubs were formed and support was continued for the 47 hygiene clubs established under the Millennium Challenge Account Namibia (MCA-N).

UNICEF collaborated with the City of Windhoek on WASH training for food vendors; 27 were trained and 50 hand-washing units were provided and distributed to food markets in Windhoek. Another 50 hand-washing units were handed over to the Ministry of Agriculture, Water and Forestry.

OUTCOME 5 By the end of 2018, appropriate legislation, policies, strategic plans and budgets set up and implemented for improved teaching and learning outcomes for boys and girls (pre-primary, primary, secondary).

Analytical Statement of Progress:

UNICEF provided technical support for the review of the Education Act 16 of 2001. This is a major development in terms of aligning the Education Act to progressive policies in relation to universal primary and secondary education, free pre-primary education, mother tongue education, early childhood development and safe and secure learning and teaching environments. An issues paper was developed and approved by Government and validated at a national stakeholder consultation. The layman's draft is currently under development, with the support of UNICEF. A strategic framework for integrated early childhood development was

developed for the lead ministries and adopted by the permanent secretaries of all three. A comprehensive human resource development plan for the Ministry of Education, Arts and Culture (MoEAC) was developed to address the challenge of unqualified and underqualified teachers and the shortage of teachers in general. The recommendations are currently under review, with an analytical team being constituted to take the recommendations forward.

According to the 2014 SAT results Namibia has reached the targets set for 2018 for both grade 5 and grade 7. The results, however, are not consistent with other indications, which point to the conclusion that quality remains a challenge. Socio-economic status and home background factors clearly also play a role in the weak performance, but it is likely that teacher quality is a critical factor. Historically in Namibia the majority of unqualified teachers have been employed in rural schools, creating a learning deficit that is further compounded by high rates of teacher turnover. The scarcity of skilled teachers in rural schools is the result of various factors, including Namibia's geography, the limited pool of skilled teachers and teacher preferences for an urban location. Internationally, qualified people usually prefer an urban location and this is also the case in Namibia. In the Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ) of 2007, 40 per cent of Grade 6 children in cities were taught by a language teacher with a degree, against only about half as many (20 per cent) in isolated rural areas and 25 per cent in small towns. The conditions faced by teachers in rural schools affect the quality of teaching that they are able to deliver. In addition to lacking basic educational resources, they are also more likely to obtain fewer support services than do urban-based teachers. Rural schools are less likely to be visited by external officials, and are also less prone to come under pressure from local communities where parents do not value education as much as urban professionals do. The lack of monitoring in rural schools may also contribute to poor teacher performance and absenteeism. Enhancing the ministry's capacity for monitoring may therefore present an inexpensive means to improve outcomes in rural schools.

Terms of reference were developed for a national school safety framework and the national anti-bullying campaign, launched jointly with the education minister, reaching over 57, 000 learners (16 per cent of total learner population; 100 per cent of learner population in the targeted regions of Hardap and Ohangwena).

OUTPUT 1 By 2018, quality technical leadership provided and programme results achieved

Analytical Statement of Progress:

UNICEF maintains an excellent relationship with the MoEAC and good progress was made towards achieving quality education. UNICEF continues as lead technical support for the Ministry's human resource development plan, review of the Education Act, releasing EMIS data, capacity building on education data sets, social accountability and school governance and ECD. UNICEF also continued to convene the education pillar of the UNPAF; two meetings were held in 2015.

OUTPUT 2 By 2018, MoEAC has enhanced capacity at all levels to better plan, monitor and evaluate education programmes and policies.

Analytical Statement of Progress:

UNICEF support to MoEAC for efficient EMIS data management comprised two main lines of intervention: 1) technical and financial support for data collection, analysis and presentation of EMIS data; and 2) capacity building for in-house EMIS management through continued training of MoEAC's education data planners at both national and regional levels. UNICEF supported a

complete technical revamp of the Annual Education Census (AEC) platform, rendering it more efficient and user-friendly through user acceptance testing, which was carried out with the participation of MoEAC data planners and served both as a training opportunity and a validation of platform's user acceptability. To render the platform more responsive to the needs of children and to facilitate coordinated service delivery in education, UNICEF conducted a gap analysis to ascertain which questions pertaining to the integrated school health programme and integrated ECD ought to be featured on the AEC. It is expected that these questions will be incorporated into the AEC platform from 2016 onwards, as instructed by the EMIS Steering Committee. Finally, the AEC is complemented by the school register of needs and OVC register, two vital censuses conducted independently of AEC. In order to increase the capacity at MoEAC for effective management of data, UNICEF supported the Ministry to procure the services of a leading EMIS expert who carried out a three-day training for 28 education data planners (two from each of the 14 regions in Namibia) entitled "Skills Development for Education Planners in EMIS in Namibia". The consultant assisted MoEAC in extensive data validation ensuring that the databases for 2013 to 2015 are reliable. This enabled the release of the snapshot '15th School Day' Report for 2015; reports for 2013 and 2014 are expected to be released in January 2016.

An EMIS template was created for the MoEAC to ensure that essential data on schools are released within three months of the 15th day in the school year, ensuring timely use of data for planning. Data indicate very high drop-out rates after Grade 9. The greater numbers of learners in Grades 5 and 8 than in the preceding grades is the result of a high repeater rate in these grades, with many learners from successive birth cohorts ending up here in the same grades. In lower grades, most learners are in the grade appropriate for their age, but due to repetition (and perhaps also drop-out and subsequent drop-in) by Grade 8 there is a much wider age range, indicating an overage (repeater) problem in these grades. Repetition patterns by grade and school category show that the major differential lies between Category 4 schools (most remote and rural/poorest) on the one hand and all three of the groups of schools classified as remote schools on the other. The high repetition rates in the system are confirmed by the fact that 43 per cent of all Grade 6 pupils in SACMEQ had already repeated a grade at least once. These proportions are higher in the more rural regions.

OUTPUT 3 By 2018, key education policies (ECD, learner pregnancy & inclusive education) are reviewed and their implementation strategies approved by MoEAC

Analytical Statement of Progress:

The strategic framework for ECD was finalised and approved by two Ministers (MGECW and MoEAC) and the educator policy was to be completed in 2016; the new Education Act is to be promulgated in 2016. The learner pregnancy policy is being implemented.

Training on the sector policy of inclusive education (IE) was conducted in all regions of Namibia to benefit educational planners and programme developers, including curriculum developers with specific focus on establishing an inclusive culture, values and best practices at implementation level. The sector policy aims to expand access to and provision of quality education for all, including children with disabilities and other marginalised groups in Namibia and to establish therapeutic and protective support mechanisms at the community level. Through the national trainings conducted during 2015, the MoEAC expects that at least 40 per cent of teaching staff will be able to effectively implement IE practices in schools by the end of 2018. In particular, the review of the Education Act of 2001, Act 16 of 2001, conducted during 2015 will recommend legislation ensuring that IE and a supportive educational environment for all learners including children with disabilities, and ensure that all excluded children access

quality education. National ECD consultations were held in January and June 2015, including advocacy campaigns on the importance of ECD with a particular focus on the first 1,000 days. Radio and television programmes were also held to raise further awareness on the importance of multi-sectoral coordination of ECD. The IECD Strategic Framework was officially submitted and approved by the MGECW. ECD was not a focus on the Education Act, Act 16 of 2001 but with the transfer of ECD from MGECW to the MoEAC, ECD received particular attention during the national review process and was highlighted in the Issues Paper, and will thus be in the new Education Act to be promulgated in 2016. The new Act stresses the importance of starting early and the continuum of care and services for children before formal education.

The educator policy places emphasis on the professionalization of teachers, including career development, quality and accountability and teacher conduct. The policy will be finalised in 2016. National consultations were held during 2015 reaching such stakeholders as institutions of higher education, development partners and national teacher organisations.

OUTPUT 4 By 2018, national institutions of higher education have expanded research outputs linked to MoEAC programmatic needs.

Analytical Statement of Progress:

The national IECD policy was developed and approved by the MGECW. The out-of-school children (OOSC) report was approved by MoEAC and printed. The human resources development plan and implementation strategy for the Namibian education sector was completed, approved by MoEAC and submitted to Cabinet. The plan is aimed at all those involved in the development of Namibia's education system, in particular those working in the area of human resources. It is aimed at guiding planners and managers in the system, including those who draw up annual plans and budgets for key education planning organisations, in particular MoEAC, agencies such as the National Institute for Educational Development and Namibia Students Financial Assistance Fund, and education institutions such as the University of Namibia, the Polytechnic of Namibia and Namibian College of Open Learning. But the plan is also aimed at stakeholders outside the education sector who need to understand why certain things need to be done, including the National Planning Commission, Office of the Prime Minister, Ministry of Finance and international partners such as UNICEF, UNESCO, the European Union and the World Bank. The plan also serves as a point of departure for work which the Ministry is expected to undertake with regard to a human resources development plan for the country as a whole. The issues paper for the review of the Education Act, Act 16 of 2001, was approved by the MoEAC; a draft bill was being developed and will be discussed in Cabinet by February 2016, leading to the promulgation of a new Education Act.

The national school safety framework is currently under development and will be finalised by March 2016. The positive deviance study being conducted in 12 secondary and primary schools in five of the 14 regions of Namibia is under way. The study aims to examine the factors that enable some schools to consistently demonstrate exceptional academic performance, differentiating them from schools sharing the same culture and resources, with a view to sharing best practices at the national level. Furthermore, an IECD mapping exercise was conducted in four regions (Karas, Hardap, Kavango and Ohangwena) in 2015. The objective of the exercise was to identify existing governance structures and mechanisms at the constituency level for effective service delivery in IECD, to identify gaps and bottlenecks in access to services and to recommend key components of the package of services, the service delivery mechanism and integration of IECD in selected regions. An inception report was discussed at a stakeholder meeting held in November 2015. Based on the findings and recommendations of the mapping, six constituencies will be selected in 2016 to demonstrate proof of concept.

OUTPUT 5 By 2018, MoEAC emergency preparedness and response capacity strengthened and sustained at national and regional levels

Analytical Statement of Progress:

A series of capacity development/sensitisation workshops was conducted from 9–20 March 2015 in all six flood-prone regions. Ninety MoEAC officials, including Regional Directorate of Education officials and life skills teachers representing all circuits in the regions, attended the workshops. Some 6,000 copies of the 'Emergency Preparedness and Response' manual were printed and distributed and 7,000 copies of six posters were designed, printed and distributed, in partnership with IOM. No emergency was declared in 2015 that had a reported impact on schooling, however, food security remains a concern and UNICEF is proposing a nutrition-based approach to the school feeding programme through the Issues Paper for the revision of the Education Act.

OUTCOME 6 By the end of 2018, 66 per cent of school-aged children (boys and girls) (especially among the socially excluded), benefit from continued access to improved learning through to secondary education within a safe schooling environment.

Analytical Statement of Progress:

The Government of Namibia confirmed that it will be implementing universal secondary education in 2016. A significant proportion of Namibian children do not even attain Grade 1; i.e., they never go to school (or fail Grade 1 and leave). For the age group 20-to-24 years in the 2011 census, that was true for 9 per cent of respondents. For younger age cohorts, the percentage did decline to 6 per cent among 12 year olds, but it appears to be rising again for younger children. However, because many children start school late, the figures for the younger age cohorts may be slightly exaggerated. However, the indications are that there is still need for further efforts to get all children to attend school at the lowest grades. Starting school late is still quite common; It is apparent that the proportion of children at school peaks at age 10 or even higher, and not at the age group when Grade 1 children should be in the census, namely at seven years of age. Considerable drop-out of children from the school system occurs long before they have completed senior secondary school, but in some cases even before completing primary school. Due to high rates of repetition, there is much inefficiency: children who may remain at school for ten years often leave having attained only Grade 7 (completion of primary) or Grade 8.

An estimated 7.8 per cent of pregnant women aged 15-to-24 were HIV-positive in 2014. This positive trend from the baseline needs to be sustained, and may be evidence of the impact of life skills programme in schools and improved access to SRH services for girls.

OUTPUT 1 Quality technical support provided for programme management of Education

Analytical Statement of Progress:

Good progress was made in providing technical support to the MoEAC in emerging issues such as inclusive education and assisted devices in education, integrated early childhood development and mother tongue education/language policy. Significant technical support was provided for revolutionising data systems in the education sector; the EMIS system was revamped and hosted on an electronic platform. The '15th School Day' report was for the first time available in the same year that the data was captured, highlighting UNICEF's critical support to strengthening the education data management system and moving toward its use for improved analysis and planning. Critical support was also provided in 2015 for the review of the

Education Act (Act16 of 2001) to ensure that the legislative framework is in line with progressive developments in the education sector, such as inclusive education, universal primary and secondary education, the Children's Act etc.

OUTPUT 2 By 2018, young people demonstrate improved knowledge and skills for informed decisions on HIV prevention and SRH

Analytical Statement of Progress:

UNICEF Namibia, in collaboration with UNESCO, supported training of life skills teachers on the new junior secondary school life skills curriculum, through the National Institute for Education Development (NIED). The training saw 439 upper-primary life skills teachers receiving a four-day training course and reorientation on the new curriculum. A training manual was developed in the process, through the service of designated facilitators under NIED supervision. Emphasis was placed on life skills-based education, with a special focus on sensitive issues around HIV management, early detection and prevention and support. Furthermore, the training placed a special emphasis on continuous assessment and learning support for in-service training. Key bottlenecks in successful delivery of HIV prevention, management and support through life-skills programmes are persistent cultural/traditional factors that impede teachers from openly discussing and teaching sexual education. In many instances, the private views of teachers regarding sexual matters determine their didactics, regardless of the curricular provisions.

In collaboration with development partners, UNICEF provided extensive support in the development of the integrated school health programme, which features a fully developed training-of-trainers manual on school health as well as a concept note for development of the school health portal. This integrated approach to school health is expected to benefit the Life skills service delivery by bringing together analysis and monitoring of various dimensions of school health under a unified framework. Finally, UNICEF supported the implementation of the Sport for Development (S4D) training programme, the aim of which is to foster positive choices and outcomes for the participating adolescent girls and their families and development of life skills through sports. The Galz and Goals programme, which forms the backbone of S4D implementation in Namibia, saw over 3,000 girls receiving training. Strategies are needed to expand the programme's reach beyond just the number of girls playing football and to build in an advocacy and peer education component so that the girls in the programme can influence others.

OUTPUT 3 By 2018, all schools in Namibia are implementing and monitoring standards and regulations for effective teaching and learning.

Analytical Statement of Progress:

Namibia may exceed its target of <10 per cent by 2018 for sanitation in primary schools. With regard to pre-primary, there was adequate provision of toilets in only one-third (34.3 per cent) of ECD centres.

The provision of more and better housing for qualified teachers in remote schools should be prioritised, within fiscal and practical constraints. Currently, there is already a considerable amount set aside for teacher housing within the MoE budget. Assuming that half the teachers in Category 1 schools would require housing, given low unit costs, the cost of providing it to those experiencing the greatest hardship would be only about US\$18.8 million. Thus it is possible to provide all Category 1 teachers with housing within five years by spending about US\$3.8 million per year – not even half the amount currently set aside in the budget for teacher housing.

The review of the Education Act (Act 16 of 2001), paid attention to ensuring equitable access and quality life-long learning for all children of Namibia through making learning inclusive and learner-centred. The introduction of free primary education in 2013 and free secondary education in 2016 further ensures that all children in Namibia have access to education. National and regional consultations were held in all 14 regions, reaching 28 towns and 2,015 participants through meetings and over 11,000 through social media platforms such as Facebook and SMS messages, as well as national radio and television.

The social accountability and school governance programme was implemented in two regions, benefiting 48 schools, and was increased to 148 schools in 2015. The objectives of the programme are to ensure quality education, instil a school culture that promotes and supports an enabling environment for learners to participate in decision-making with other stakeholders and advocate for safe schools and to encourage discussions on how schools can better interact with learners to achieve quality learning outcomes. An anti-bullying “Start Caring, Stop Bullying” campaign was launched to reduce school violence and cultivate a culture of care in schools. A total of 57,418 learners (28,947 girls, 28, 556 boys) from all 148 schools were directly reached. The Edu-circles reached an additional 827 girls and 800 boys to build capacity for learner participation in school government and to increase ownership of the education process amongst children and youth. A national safe schools framework was initiated in 2015 to address issues of unsafe conditions and practices, including bullying, harassment and violence, in addition to child abuse and neglect. In addition, Namibia has adopted the World Health Organization’s Health Promoting School Initiative as a key strategy to deliver on the Vision 2030 goal of ensuring equity and access to quality education for all Namibians, especially young people.

The MoEAC should increase its efforts to deal with the extraordinarily poor conditions for learners and teachers in remote schools by improving infrastructure and maintenance of facilities. To do so, better information on conditions of school facilities and their maintenance is required.

OUTPUT 4 By 2017, 60 per cent of existing ECD centres meet the minimum standards and are managed by qualified educators

Analytical Statement of Progress:

Enrolment rates in ECD centres are 13 per cent for 0-4 year-olds, 24.6 per cent for 4-5 year-olds and 18.7 per cent for 6-7 year-olds. Sixty-four per cent of children in ECD centres have learning disabilities, 12.8 per cent have physical disabilities and 7.6 per cent have visual difficulties. Twenty-two per cent of ECD centres have met the minimum standards.

The Integrated ECD framework was finalised and submitted to the Government through the MGECW. Two national consultations were held (January and June 2015) with stakeholders from MoEAC, MGECW and MoHSS, NGOs and community members involved in ECD, national training institutions and development partners, including UNICEF, UNESCO and the EU. Two radio and television panel discussions were also held to sensitise the Namibian public about the importance of ECD. The MoEAC assigned a deputy director in the Directorate of Planning to lead the coordination process, and a specialised unit was being established in the same ministry. In addition, the First Lady of the Republic of Namibia began to advocate to ensure sufficient investment in IECD, and will be convening a national stakeholder consultation on ECD in 2016 as well as conducting an assessment of ECD Centres in eight of 14 regions. Plans were underway to revise the 2007 National IECD Policy to bring it in line with current developments, including the new Education Act, to be promulgated in 2016, and the Sustainable Development Goals.

An IECD mapping exercise was conducted in four regions (Karas, Hardap, Kavango and Ohangwena) in 2015. The objective was to identify existing governance structures and mechanisms at the constituency level for effective service delivery in IECD, to identify gaps and bottlenecks in access to services and to recommend key components of the package of services, the service delivery mechanism and integration of IECD in selected regions. An inception report was discussed at a stakeholder meeting held in November 2015. Based on the findings and recommendations of the mapping, six constituencies will be selected in 2016 to demonstrate the proof of concept for providing integrated IECD services across the continuum of health and nutrition, child protection, welfare and early stimulation and school readiness.

OUTPUT 5 By 2018, by 2018, out-of-school children and most at risk adolescents and adults have improved access to second chance education and skills

Analytical Statement of Progress:

The out-of-school children study was completed and the report was validated in a public validation workshop through wide consultations with line ministries, development partners and CSOs. Furthermore, a condensed version of the OOSCI Report was prepared, featuring relevant statistics on OOS children and youth in Namibia as well as key recommendations. According to the study, 120,267 children were not in school, representing 20 per cent of the school age population at primary and secondary levels (dimensions of exclusion 1-3 and 6). Moreover, 90,294 children are at risk of dropping out of school, representing 15 per cent of the school going population at primary and secondary levels. Taken collectively, the seven dimensions of exclusion suggest a relatively fair access to school systems with limited exclusion. Major areas of concern remain: limited access to pre-primary education; the fact that many children still start schooling late (which compounds the risk of early drop-out) or never start schooling; many children drop out early due to a high level of repetition. Most children at risk of dropping out come from poor economic circumstances or remote areas, highlighting a significant source of inequity in the education system. Among socio-cultural factors, the effect of teenage pregnancy seems to be particularly pervasive and puts girls at a substantial risk of dropping out due to strong (cultural) prejudice against pregnant girls continuing schooling. Both the full report and a condensed summary of key findings were shared with education stakeholders, civil society and development partners for the purpose of strengthening the education system's capacity for preventing/minimising dropout rates and reintegrating out-of-school children and youth into formal education.

Universal secondary education is to be implemented in 2016; this study will help inform strategies to ensure access for all.

OUTCOME 7 By the end of 2018, appropriate child protection legislation, policies, strategic plans and budgets set up and implemented.

Analytical Statement of Progress:

UNICEF in 2015 continued to advocate for and technically support legal reform to strengthen the child protection legislative and policy framework in Namibia. The Child Care and Protection Act was gazetted in June 2015, and UNICEF provided technical support for the development of regulations, which are pending the finalisation of the social grants chapter. Shifting mandates in social protection portfolios with the new Government and absence of targeting criteria for the new vulnerable child grant are part of this delay, which UNICEF was mitigating through high-level advocacy and by working closely with the ministries and technical partners involved. The comprehensive Act will fully incorporate the child protection provisions of the CRC,

complementing the existing Combating of the Rape Act and Combating of Domestic Violence Against Women and Children Act, and provides the country's framework for the prevention and response to violence against children. The National Agenda for Children and national gender-based violence action plan, both costed, provide strategies for national action to address violence against women and children. UNICEF Namibia provided technical assistance in the revision of the draft Anti-Trafficking Bill, the development of a national safe schools framework (to be piloted in schools in 2016), and successfully advocated for the inclusion of child protection strategies in the new strategic framework on IECD, through high-level and technical engagement with the responsible three ministries and the National Assembly, and jointly with other programme sections. The framework will guide the country's efforts to update the 2007 ECD Policy. UNICEF continued its collaboration with WHO and UNFPA in supporting the Ministry of Home Affairs and Immigration (MHAI) to disseminate and implement the national strategic plan for civil registration and vital statistics (CRVS) systems, supported sharing of Namibia's experience on digitalising its national population register and the development of MoUs between ministries to accelerate coordination in the registration of births and access to social assistance of vulnerable children.

UNICEF in 2015 embarked on a comprehensive legal analysis of gaps and opportunities to strengthen the online protection of children in Namibia, by leveraging relevant draft legislation. UNICEF supported the operation of the Permanent Task Force on Children, the national multi-sectoral coordination body on all matters relating to children's rights. UNICEF further supported the GRN to meet its monitoring and reporting functions in relation to the CRC. In 2016 UNICEF will support Government to develop and disseminate tools to implement the CCPA, which includes technical guides for professionals and a child-friendly version, as well as the integrated case management tools developed through an ESARO contract and pilot-tested in Namibia, and which will be applied to feed into the CCPA costing and functional review, and social work human resources development plan to be developed by the MGECW, with technical support from a consortium of UNICEF, USAID and CSO partners, funded through Global Fund.

OUTPUT 1 Through to 2018, quality technical support provided effectively for protection programme.

Analytical Statement of Progress:

Start-up of activities in 2015 was delayed by limited funding and vacancies of core staffing functions, e.g. child protection specialist and social protection specialist, due to lack of Country Office funding. The section was able to temporarily fill these gaps through the chief of child protection and social protection post and the national officer (NO-B) on temporary appointment. With new funding allocated in 2015, the section was able to move ahead with the recruitment of a national officer who will come on board in Q1 2016, and a short-term consultant to support legislative reform in the field of online child protection.

OUTPUT 2 By 2018, the government has acceded to additional regional human rights treaties.

Analytical Statement of Progress:

UNICEF worked towards Namibia's accession to The Hague Convention on Inter-Country Adoption by investing in a learning visit to South Africa and sharing experiences with Central Authorities (to-be) in Southern Africa. This will assist the MGECW in setting up a central authority in Namibia, once accession to the Hague Convention is approved by The Hague Permanent Bureau and the CCPA enters into force. UNICEF further joined and technically supported a GRN delegation to present its first progress report to the AU Committee of Experts

on ACRWC, which was prepared in 2014, and the dissemination of its concluding observations to stakeholders.

OUTPUT 3 By 2018, the government has domesticated international and regional human rights commitments.

Analytical Statement of Progress:

The CCPA was gazetted as Act 3 of 2015, as the culmination of a long, robust consultation process, which effectively incorporates the provisions of the CRC into Namibian legislation. UNICEF Namibia is providing technical and financial assistance for finalising the accompanying regulations for adoption to pave the way for the enforcement of the new Act. In addition, UNICEF continues to advocate for finalisation of the draft Child Justice Bill through a consultative process. Critical in this bill is the increased age of criminal liability from the current seven years to 12, and compliance with the Beijing rules on the administration of juvenile justice, as recommended by the Committee of Experts on the ACRWC and as per the CRC. UNICEF also continued to advocate for finalisation of the draft national population register bill and the marriage bill; with dedicated funding for birth registration systems coming in in 2016 UNICEF will be able to fast-track this technical support. UNICEF and the IOM collaborated to provide technical advice to the Government in the reform of the anti-trafficking bill, to bring it in line with international standards and national laws, including the new CCPA. Dedicated technical support was put in place end 2015 to support legal reform in the area of child online protection. UNICEF strengthened the enabling environment for child protection coordination at regional and constituency level, by supporting the revision and training on Child care and protection forum guidelines. In 2016 UNICEF will continue to offer technical support for finalisation of CCPA regulations and the strengthening and advancement of the draft anti-trafficking bill, draft electronic communications and cybercrime bill, draft child justice bill and population register bill.

OUTPUT 4 By 2016, functional multi-sectoral coordination mechanism in place that ensure effective implementation of poverty and vulnerability policies and strategies.

Analytical Statement of Progress:

UNICEF in 2015 promoted and supported stakeholder coordination in the field of child rights, school safety, child online protection, school health and IECD, initiating new stakeholder task forces (e.g., child online protection) and facilitating the inclusion of relevant child protection stakeholders (school safety, school health, IECD). UNICEF contributed to the quarterly meetings of the multi-sectoral Permanent Task Force for Children. This coordination committee continued to ensure that the UN CRC Committee's recommendations on Namibia's periodic report are addressed and the country's National Agenda for Children 2012-2016 is monitored.

UNICEF further gave technical support to the MHAI to convene stakeholders around the finalisation of the CRVS and supported collaboration between the ministries of Home Affairs, Gender and Health to design joint regional work plans to accelerate birth registration in hard-to-reach areas. UNICEF provided technical support for bilateral MoUs to formalise this collaboration. While birth registration rates in Namibia are high, e.g. 87 per cent as per DHS 2013, the national assessment and strategic plan outline strategies to address remaining bottlenecks relating to late registration, social norms, and the pending adoption of the national population registration bill, which will guide future investments of Government and UN partners. UNICEF, in collaboration with UNFPA and WHO, will continue to provide strategic support to MHAI to ensure implementation of the CRVS strategic plan 2015/16-2020/21.

OUTPUT 5 By 2016, CRVS system has increased coverage and strengthened inter-ministerial cooperation.

Analytical Statement of Progress:

UNICEF gave technical support to the MHAI to convene stakeholders around the finalisation of the national strategic plan for CRVS systems and supported collaboration between the ministries of Home Affairs, Gender and Health to design joint regional work plans to accelerate birth registration in hard-to-reach areas. UNICEF gave technical support to finalise bilateral MoUs to formalise this collaboration. While birth registration rates in Namibia are high (87 per cent as per DHS 2013), the national assessment and strategic plan outline strategies to address remaining bottlenecks relating to late registration, social norms and the pending adoption of the national population registration bill, which will guide future investments of Government and UN partners. UNICEF, in collaboration with UNFPA and WHO, will continue to provide strategic support to the MHAI to ensure the implementation of the CRVS strategic plan 2015/16-2020/21.

OUTCOME 8 By the end of 2018, more vulnerable individuals and families demand for, and benefit from integrated child protection and justice services.

Analytical Statement of Progress:

In 2015 UNICEF made headway in strengthening access by vulnerable women and children to child protection services by generating evidence and data collection frameworks, building new partnerships, developing tools that enable greater sharing of data among ministries, developing tools for institutional development, and modelling strategies that help prevent and respond to violence against children. In doing so, UNICEF Namibia invested in cross-sectoral partnerships and coordination, both within the Office, with the UN family and with Government. In the absence of a solid funding base during the first semester, the programme successfully leveraged other programme funding to advance child protection outcomes, which proved to be an effective strategy in a MIC context. The programme, for example, leveraged the development of the School Health Manual by the ministries of Education and Health, jointly with WHO, to include dedicated chapters that address violence and abuse in all settings (not just in schools, but also in the home and the community), and child online safety. The programme collaborated closely with the Education and Health programmes in mapping the integration of IECD services in local communities, in integrating cyber-bullying in the MoE's anti-bullying campaign, and in modelling IECD and protection of children in schools in four regions. With dedicated funding coming in mid-year to address child online protection, the programme built new partnerships with regulatory and cybercrime authorities, initiated a stakeholder coordination forum, supported the development of a costed action plan, raised awareness through social media and initiated work planned for 2016 to build institutional capacities of justice, social work and CSO stakeholders in tackling child online abuse. UNICEF advocated with ministries to strengthen the evidence base on child protection; promote sharing of data on child protection amongst ministries and with the Namibia Statistics Agency; support the development of an MoU between MHAI and MGECW that includes sharing of birth and death registration data, to facilitate access to social assistance; and worked with NSA to include new indicators on the impact of social grants on child welfare in the inter-census demographic survey planned for 2016.

Initial partnerships were built with the CDC in Namibia and Atlanta, MGECW and NSA to conduct a VAC baseline survey in 2016/2017. UNICEF in 2016 will continue to advocate for greater sharing of data and linking MIS of the ministries of Gender, Safety and Security, Justice and Home Affairs on child protection, as at the moment systems are not linked and different collection tools and indicators are used. In 2016 UNICEF will also continue to broker collaboration and complementarity around various case management and HRD initiatives that

GRN and UNICEF are engaged in, including the ESARO/Maestral, Global Fund, and USAID/4Children initiatives, only some requiring a financial contribution from UNICEF. UNICEF is ideally placed to support coordination in this area with GRN and donors. Moreover, UNICEF Namibia in 2015 played an active role in the development of a joint sub-regional programme and proposal on VAC; in 2016 UNICEF will share lessons from the country piloting of integrated case management tools to help strengthen one-stop centres in BNLSS neighbours as part of this joint work.

OUTPUT 1 Salary and related costs

Analytical Statement of Progress:

The past half year witnessed an important shift in the child protection/social protection programme: from being mostly unfunded in the first half - which impacted on maintaining momentum with partners on programme activities to an influx of OR funding at mid-year, some with a tight timeframe, which sharply intensified the workload of the understaffed section. While recruitment of a national child protection officer is ongoing, the programme is hopeful that the funding for the social protection specialist will become available in 2016. The programme has successfully covered the gap by the new programme assistant (GS-6), the national officer (NO-B) on temporary appointment, and the chief of child protection and social protection all took on additional functions. A new national officer is expected to be on board by March 2016.

OUTPUT 2 By 2018, improved procedures and guidelines are in place for Government and CSOs to provide better services to poor and vulnerable communities.

Analytical Statement of Progress:

The child care and protection forum guidelines were updated in 2015 by MGECW, with UNICEF support. UNICEF Namibia supported the design of a school safety framework, funded and led by the Education programme, with technical inputs from the child protection programme, ensuring that prevention and response to violence and abuse were addressed. A baseline in eight schools highlighted the high levels of violence and poverty and low educational outcomes. The programme contributed to the development of an inception report that will guide the development of the national safe schools framework, which will be modelled in 2016.

Set-aside funding for IECD paved the way for strengthening IECD services. A local mapping on IECD services was conducted in four regions with the lowest child wellbeing indicators, jointly supported by UNICEF's protection, education and health programmes. The study findings, which came out in November, demonstrate the systems and services gaps that hamper effective delivery of IECD services, and will guide the modelling of a package services for IECD services that is being implemented with UNICEF support. The protection programme further leveraged the development of the School Health Manual by the ministries of Education and Health, jointly with WHO, to include dedicated chapters that address violence and abuse in all settings – not only in schools – and child online safety. IECD and anti-bullying platforms were leveraged to raise awareness for child protection services as part of the IECD package and for child online abuse and cyber-bullying. UNICEF in June embarked on a new Child Online Protection programme, which is an entirely unexplored area in Namibia. A costed action plan was developed, new partnerships with the Namibia University of Science and Technology, the Ministry of ICT, regulatory authorities and the Cybercrime Police Department were initiated. A first stakeholder consultation, led by the ministries of ICT and Gender, was held in September, and brought together all stakeholders, including learners and teachers from 10 schools, the Office of the Prime Minister and the Office of the First Lady. A roadmap for national action was developed with strong participation and inputs by children. A Stakeholder Task Force was

established, which had its first meeting in December, with active engagement by 12 different Government agencies, CSOs and ICT industry partners. UNICEF further supported a GRN/CSO/UNICEF delegation to take part in a regional conference on child online protection, which built critical relationships with regional CSOs, industry and content regulation partners, which will be followed up with dedicated initiatives in 2016. UNICEF further initiated exploratory research on the use of ICTs by children and their awareness of online risks, implemented by the Namibia University of Science and Technology with the South Africa Centre for Justice and Crime Prevention, which is an active partner in global research networks on this topic. The year 2016 will see intensified continuation of all the various project initiatives in this field and their linkages and integration as much as possible with ongoing partnership and capacity building work with GRN.

OUTPUT 3 By the end of 2018, more vulnerable girls and boys and their families demand for and benefit from integrated child protection and justice services including CRVS.

Analytical Statement of Progress:

Gender-based violence protection units in the 14 regions of the country are mandated to provide a multi-sectoral response to victims of violence, abuse and exploitation. A social worker from the Ministry of Gender Equality is based at each unit to provide psychosocial support and other social welfare services to victims. Challenges exist with regard to access to medical care for victims of sexual violence. UNICEF in 2015 advocated for the expansion of mandates of forensic nurses to perform post-rape exams, and successfully advocated for an agreement between the Ministry of Safety and Security (MoSS) and MoHSS to ensure that an MD is always on stand-by for the nation's highest-density Woman and Child Protection Unit in the Khomas region, where the capital Windhoek is situated. Further in 2015, a comprehensive police training curriculum on protection of women and children was finalised by the MoSS with UNICEF support. Pilot manuals were printed and will be used for a training-of-trainers with instructors from the Police Training College in the first quarter of 2016. This will be followed by roll-out and incorporation into the national police training college curriculum. The new modules will enhance skills of police investigators and the specialised GBV Protection Units in effective investigation and referral of child protection and GBV cases, a prerequisite for successful victim support and conviction. The CSO Child Line/Life Line was supported with an upgrade to its Helpline database, which captures and disaggregates the calls from children coming in and the referrals made to state social workers for counselling and psychosocial support services. UNICEF supported the implementation of the anti-bullying campaign, which addresses cyber-bullying, through the social accountability in schools initiative. The "Start Caring, Stop Bullying" campaign aims to reduce school violence, cultivate a culture of care and establish safe schools in Namibia. The roll-out of this campaign will feed into the development of the national safe schools framework in 2016, on which UNICEF's education and protection programmes are collaborating. The newly enacted CCPA calls for safe environments for children, including schools and organisations/professionals who deal with children. The Act places a legal duty on teachers, nurses and others to report cases of violence, abuse and exploitation. UNICEF and UNDP provided joint support to the MGECW to develop terms of reference for developing guidelines on shelter management for victims of GBV/VAC, which is planned for 2016. In 2016, UNICEF Namibia will also work on strengthening integrated case management systems, with the ministries of Gender and Safety and Security, as part of the development and testing of integrated case management tools and business models lead by ESARO.

OUTPUT 4 By 2018 State Agencies systems for the collection, analysis, utilization and dissemination of up to date data on GBV and VAC strengthened.

Analytical Statement of Progress:

UNICEF advocated with ministries to strengthen the evidence base on child protection; promoting sharing of data on child protection amongst ministries and with the NSA; providing technical support for the development of an MoU between MHA and MGECW that includes sharing of birth and death registration data to facilitate access to social assistance; and working with NSA to include new indicators on the impact of social grants on child welfare in the inter-census demographic survey planned for 2016. UNICEF supported the M&E section of MGECW to participate in a regional workshop on 'Child Indicators' to learn from and share with other countries good practises in the design of child welfare indicator frameworks. Initial partnerships were built with the CDC in Namibia and Atlanta to generate PEPFAR funding to start a VAC baseline survey in 2016/2017. UNICEF in 2016 will continue to advocate for greater sharing of data and linking the MIS of the ministries of Gender, Safety and Security, Justice and Home Affairs on child protection, as their systems are not linked and rely on differing collection tools and indicators.

OUTCOME 9 By the end of 2018, a social protection system with adequate financial resources to progressively support all families with children has been set up and institutionalized.

Analytical Statement of Progress:

The Cabinet Decision of 2014 and Child Care and Protection Act of 2015 expand child welfare grants from orphans to other vulnerable children (means-tested).

The GRN in 2015 declared a "War on Poverty" and established a new Ministry of Poverty Eradication and Social Welfare that reports directly to the Office of the President. UNICEF in 2015 actively engaged with Government, UN agencies and development partners to influence the dialogue beyond child-focused grants to engage more on child-sensitive poverty and social protection reform, in the context of SDG 1, by sharing UNICEF-supported evidence on child poverty, multiple deprivations and the impact, effectiveness and fiscal space for expanded child grants during high-level advocacy meetings and national conferences. UNICEF closely collaborated with UN partner agencies, supporting Government to define mandates and coordination in poverty eradication and social protection, and supporting coordinated GRN reporting on social protection in the context of the NDP4 annual review process. UNICEF provided technical support to the gazetting and development of regulations for the newly enacted CCPA, including a chapter on social grants, which will reform the nation's already strong, Government funded child grant system. Completion of the regulations is pending the Government decision on expansion of child grants, delayed due to the changing GRN social protection mandates and the potential introduction of a new Household Income Grant.

UNICEF advocacy and evidence-generation on gaps in access to social assistance for currently excluded vulnerable children had contributed to a Cabinet Decision in 2014 to expand the child maintenance grant from orphans to vulnerable children living in a household earning less than US\$100 per month. In 2015, Government piloted the implementation of this Cabinet Decision, ensuring an additional 15,000 children accessed social grants. A total of 181,033 children had benefited from one of the four child grants by June 2015, which constitutes 19 per cent of all children in Namibia. UNICEF continued to advocate for expansion of social grants to achieve universal access, based on UNICEF-supported evidence on affordability and the significant poverty reduction impact this would have, including the tax-benefit microsimulation model for Namibia (NAMOD), which will be updated and applied to the new data from the National Household Income and Expenditure Survey (NHIES) in 2016 and fed into a new study of child

poverty. Unfortunately, despite strong interest in the evidence on the child poverty reduction impact of universal child grants, it became clear in 2016 that universalisation is politically sensitive. While UNICEF continues to advocate for expanding access to child grants, the agency will work more closely with UN and GRN on influencing the national poverty agenda, a process begun in 2015. UNICEF Namibia actively engaged with neighbouring countries in the development and implementation of a "BNLSS Joint Programme on Social Protection", which will see the development of joint Sectoral Budget Briefs that analyse financing for children in the sub-region in 2016, including one on financing social protection.

OUTPUT 1 Salary and related costs

Analytical Statement of Progress:

During 2015, the P-3 Social Protection Specialist Post was covered by the Chief of Child Protection and Social Protection. Funding gaps delayed the recruitment of the Social Protection Specialist in the Child Protection and Social Protection programme.

OUTPUT 2 By 2016, MGECW has the institutional capacity to expand the child welfare grant system.

Analytical Statement of Progress:

UNICEF in 2015 played an active role both within the UN and with Government to influence the national poverty eradication and social protection reform debate, based on UNICEF-supported evidence on child poverty and expansion of child grants towards universal access, through development of a policy brief and high-level advocacy meetings with the Prime Minister, First Lady and ministers of Poverty Eradication and Gender, as well as presentations at two national conferences on social protection and poverty eradication, leveraging the platform to share evidence generated on affordability of universal child grants, child-sensitive social protection and the value of a single registry system. Meanwhile, Government piloted expansion of the child grant from orphans to vulnerable children living in a household earning less than US\$100 per month, as per the 2014 Cabinet decision. The expansion pilot reached 15,000 additional children in 2015. Work is now ongoing to define vulnerability criteria for a roll-out of the expanded child grants, which UNICEF will support in 2016. Large numbers of the most vulnerable children – including children living in poor households just over the narrow means-test, children with disabilities and children in tribal areas – are missing out on the social grant system. For example: 80 per cent of disabled children do not have access to the special maintenance grant to which they are entitled; for those living in rural areas the difference between accessing the grant or not is not only the availability of a birth certificate, but also the availability of a community welfare worker who facilitates access; hence UNICEF's focus on strengthening community case management work. UNICEF closely collaborated with UN partners in the UNPAF poverty pillar to draft a white paper on poverty eradication, which is intended as guidance for Government efforts to eradicate poverty and reform social protection systems. At the request of Government, UNICEF gave technical support to MGECW and GRN partners during the annual reporting process of the NDP4 Desired Outcome on Extreme Poverty and the development of the annual plan 2015/2016 on social protection. UNICEF successfully played a catalysing role in advocating for Namibia to become a recipient of new funding from the EU/OECD/Government of Finland on social protection systems by facilitating meetings with UNICEF's close Government partners in the field of child poverty and social protection for a visiting EU/OECD technical delegation. UNICEF advanced preparations for a functional review and costing of the CCP Act, development of a human resources development plan for the social welfare workforce and a monitoring framework on impact of expanded child grants in 2016, offering technical support to the Government on this

work, to be funded by the Global Fund. UNICEF also collaborated with NSA on the integration of new indicators that will measure the impact of child grants on various facets of child wellbeing in the upcoming Inter-Census Household Survey in 2016.

OUTPUT 3 NAMOD I and II developed to link tax-benefit micro-simulation with social protection budget forecasting.

Analytical Statement of Progress:

During high-level advocacy engagements and advocacy efforts for universal child grants and poverty reduction, UNICEF consistently utilised data from the 2013 NAMOD tax-benefit micro-simulation modelling exercise, which provided evidence on the potential poverty reduction impact (from 34 per cent to 9 per cent) of universal child grants. UNICEF liaised with the Ministry of Finance and the National Planning Commission on the upcoming NAMOD refresher training in 2016, maintaining the momentum for a new NAMOD modelling exercise in 2016 as soon as the new NHIES 2015 data become available. UNICEF leveraged its partnership with the Ministry of Finance and NPC on NAMOD to ensure that a visiting EU/OECD technical delegation was exposed to the child poverty reduction evidence generated by the model and was fed into the decision-making process that resulted in selecting Namibia for a new EU/OECD Fund to build social protection systems.

OUTPUT 4 By 2016, MOF, MGECW and MOLSW have increased capacity for evidence-informed planning, financing and implementation of social protection measures.

Analytical Statement of Progress:

UNICEF efforts contributed to the inclusion in the MGECW budget request for fiscal year 2016/2017 of the required funding to expand child grants to all vulnerable children under five. The ministry's budget allocated to fund child grants increased by US\$ 6.7 million from 2014/2015 to the 2015/2016 fiscal year, a steady increase since 2012. Since 2012/2013, the Government budget allocated to child grants has risen by US\$ 23 million. Currently the Ministry is in the process of identifying and registering vulnerable children to benefit from the new piloted grant in the next financial year. UNICEF in 2016 will develop budget briefs, including one on financing social protection.

OUTCOME 10 By the end of 2018, evidence-based policies and legislative frameworks for the realization of the rights of all children and adolescents in place, implemented, effectively monitored and adequately resourced.

Analytical Statement of Progress:

UNICEF Namibia in 2015 continued to support the implementation of the country's guiding strategy for child rights, the National Agenda for Children, and coordination among Government and non-Government stakeholders to support Namibia's progress towards meeting its commitments under the CRC and ACRWC. UNICEF supported the Government to monitor and report progress on the implementation of international and regional treaty bodies it has ratified. UNICEF further facilitated Government capacity building towards accession to international treaties, and technically assisted the finalisation and adoption of laws that domesticate the CRC in Namibia. A major achievement in this respect was the gazetting of the newly adopted CCPA in June 2015. UNICEF further provided inputs into the quarterly stakeholder task forces that address children's rights, including the Permanent Task Force for Orphans and Vulnerable Children, which was initiated by UNICEF but is now led by Government. UNICEF built the country's evidence base on the situation of the rights of children by supporting two equity- and

child-centred analyses of national census data, together with the NSA. The studies were launched in September 2015 by the National Speaker and used extensively for advocacy. UNICEF further supported the Namibian Government to participate in a regional child indicator conference organised by the University of Cape Town, which facilitated the inclusion of new child wellbeing impact indicators into the upcoming inter-census household survey. A rapid internal child budgeting exercise was conducted. In 2016, UNICEF will support a secondary analysis of the DHS 2013, in which a Multiple Overlapping Deprivation Analysis (MODA) will be integrated. UNICEF will further provide technical assistance to the NSA in the analysis of survey results of the National Household and Income Expenditure surveys, which are expected to be released in the final quarter of 2016. Moreover, MGECW will embark on a review and update of the NAC, to which UNICEF will provide technical and financial contributions. (Results for the outcome on social protection are reported under the child protection & social protection programme.)

OUTPUT 1 Quality technical support provided effectively for child-sensitive legislation, policies, strategic plans and budgets

Analytical Statement of Progress:

Given the funding shortage, the chief of social policy position remained vacant in 2015. The chief of child protection and social protection performs OIC function to ensure commitments are implemented and remain on track. A new research & evaluation specialist (NO-C) came on board in late 2015 and will cover the statistics portfolio.

OUTPUT 2 Social sector ministries have increased capacity for effective and efficient budget planning and implementation

Analytical Statement of Progress:

The 2014 Cabinet Decision and initiation of the new pilot of a vulnerable children grant were informed by the NAMOD model. A revision of NAMOD, combined with training, is envisaged for 2016 as part of a new regional United Nations University partnership, and a South-South learning event is planned by the UNICEF South Africa and Namibia Country Offices on the local adaptations (SAMOD and NAMOD, respectively) of the original EUROMOD model. A new model will run as soon as the new NHIES data are released toward the end of 2016.

UNICEF further conducted a rapid child budget mapping exercise that indicated trends in state budget expenditures in the fields of health, education, child protection and WASH. This will provide a basis for budget briefs to be developed in all BNLSS countries in 2016.

OUTPUT 3 By 2018, government, CSOs and the general public are better able to protect human rights

Analytical Statement of Progress:

UNICEF supported public human rights dialogues in 2015 to advance law reform, strengthen media coverage on human rights and ensure that child rights themes and the protection of women and children remained high on the political agenda. UNICEF provided technical support for a regional consultation process on the draft Education Act, to help ensure that the Act is guided by priorities and realities on the ground. To pursue the recommendations made at the Gender Justice in Namibia Colloquium in 2014, a work plan was developed together with the seven nominated national Champions on GBV & VAC, for their engagement in public advocacy.

Three Champions engaged in four important UNICEF-supported public advocacy events in 2015. UNICEF further supported a 'National Consultation on Child Online Protection', accompanied by a week-long social media campaign in which children and young people engaged. The consultation brought together more than 25 Government departments, CSOs, industry partners, academia and learners and teachers from 10 primary and secondary schools. Inputs from children and other stakeholders resulted into a roadmap, which provides Namibia with a framework for action to address child online protection risks.

The new function of child rights advocate was put in place in the Office of the Ombudsman in February 2015. Since then, UNICEF has facilitated her introduction to the child protection community, e.g. the main Government and non-government partners and coordination networks. While the mandate of the children's advocate has been operationalised, the function is still constrained by the absence of a national advisory council on children and children's fund, which will be established once the regulations governing the CCPA have been gazetted. The children's advocate has started to receive and investigate complaints of (groups of) children and bring proceedings to Court.

OUTPUT 4 By 2018, national statistical system consistently produces, disseminates and utilises high-quality disaggregated statistical data.

Analytical Statement of Progress:

The Namibia Statistics Agency is in the process of integrating administrative data systems from ministries into its social statistics system, but faces challenges with gaining access to data routinely collected by ministries. Meanwhile, UNICEF supported two child-focused analyses of the census in partnership with NSA. In 2015 the child and youth-centred analysis of the 2011 housing and population census ("Young People in Namibia - An Analysis of the 2011 Population & Housing Census") was printed. In addition, the child-centred trend analysis of data from the 1991, 2001 and 2011 housing and population census ("A Namibia Fit for Children - 25 Years of Progress") was completed and printed this year. Both documents were officially launched by the National Assembly in September in the context of the IPU meeting. The launch generated considerable media coverage, and the reports are being widely disseminated through high-level advocacy meetings and the PTF on Children. UNICEF further assisted the NSA to establish a national research network and data cleaning of the national household and income expenditure survey, which is expected to be released in 2016. In addition, UNICEF supported the development and inclusion of nutrition and social grant impact indicators into the NHIES, the data of which will be released in late 2016. The latter will provide a baseline for a planned impact assessment of the expended child grant system.

OUTPUT 5 By 2018, the government has acceded to additional regional and international human rights treaties, and is complying with reporting obligations.

Analytical Statement of Progress:

In January 2015 the child care and protection bill was formally adopted and promulgated as an Act in June. UNICEF was supporting the MGECW to finalise the regulations that will enable the enforcement and implementation of the Act - these are expected to be finalised in early 2016, awaiting finalisation of the social grants chapter. UNICEF continued to support the quarterly sessions of the Permanent Task Force on Children and the Child Protection Collaborative, convened by the MGECW; proposing agenda items and promoting participation of other sectors.

In March 2015 UNICEF supported the participation of the MGECW's Child Welfare Department,

the prospective central authority on international adoptions in a regional conference for Central Authorities on the key principles and safeguards of The Hague Convention, to discuss lessons learned on accession and management of ICA cases. The request for accession was deposited but pending, and in June the request for a working agreement was discussed with Cabinet. Renewed advocacy is needed with new Cabinet leaders to familiarise them with The Hague Convention and its merits for the protection of children, before Namibia will be able to sign off on the accession request.

UNICEF provided technical support to the Government in 2015 to complete and submit its State Party progress reports to the Committee on the Elimination of Discrimination against Women (CEDAW) and the Committee of Experts on ACRWC. UNICEF further supported a Government delegation to travel to AU headquarters in Ethiopia to present and defend its first Progress Report to the ACERWC, and provide timely responses during and after the session in writing. UNICEF also provided technical inputs for the CSO shadow report in its capacity as an independent voice for children. The concluding observations on Namibia's ACERWC report were presented by the chair of the delegation (MGECW) and discussed at a child protection stakeholder forum in December. In 2016, UNICEF will support the Government process for developing the country's 4th and 5th progress reports to the CRC, due in 2017.

OUTPUT 6 By 2016, key Government institutions, private sectors, CSOs and academia are better able to generate, analyse and disseminate evidence on the root causes of poverty and vulnerability in Namibia

Analytical Statement of Progress:

The partial MODA presented in the report "A Namibia Fit for Children", was launched and discussed with Government - the data on multiple deprivations of children are starting to be included by UNICEF in public advocacy on child poverty. A new child poverty analysis is expected for 2017, based on the data produced by the new NHIES, to be released end-2016. In 2016, UNICEF will support a secondary analysis of the DHS 2013, which will include a MODA. (More details on poverty analysis can be found under the social protection outcome in the RAM for child protection and social protection.)

OUTPUT 7 By 2016, functional multi-sectoral coordination mechanisms in place that ensure effective implementation of poverty and vulnerability

Analytical Statement of Progress:

UNICEF continued to support the MGECW in coordinating the quarterly sessions of the PTF on children and child protection collaborative, proposing agenda items and promoting participation by other sectors. A decision was made to conduct an end-evaluation of the NAC, which will be conducted in 2016 with a UNICEF technical and financial contribution. UNICEF in 2015 supported MGECW and GRN partners to conduct an annual review of the NDP 4 (Desired Outcome on Extreme Poverty), under which social protection is reported, and the development of a new annual strategic execution plan for 2015/2016. (More details on poverty analysis can be found under the social protection Outcome in the RAM for child protection and social protection.)

Evaluation and Research

Title	Sequence Number	Type of Report
Strengthening Adolescent Component of National HIV Programmes through Country Assessments – Namibia	2015/008	SitAn
Survey Report on Formative Assessment of Infant and young child feeding and care practices in Namibia	2015/007	Survey
CRVS comprehensive national assessment	2015/006	Study
Local Mapping of Integrated Early Childhood Development systems and services in Namibia	2015/005	Review
Impact Evaluation of the Namibia Football Association's Galz & Goals Sports for Development S4D programme	2015/004	Evaluation
A Namibia Fit for Children – 25 Years of Progress	2015/003	Review
School drop-out and out-of-school children in Namibia: A country study	2015/002	Research
Development of a Comprehensive Human Resource Development Plan and Implementation Strategy for the Namibian Education Sector	2015/001	Research

Other Publications

Title
A Namibia fit for children. 25 years of progress.
Regional Nutritional Profiles
Core indicators for children in Namibia
Promoting exclusive breastfeeding as a standard practice for countering malnutrition in Namibia
The Impact of Incentives for the Recruitment and Retention of Qualified Teachers in Namibia's Remote Schools
Field Booklet for Emergency Preparedness and Response in Namibia's Education Sector.
Training Manuals on Basic and Advanced Investigation of GBV, Child Protection and Trafficking Cases – materials for pilot testing

Lessons Learned

Document Type/Category	Title
Innovation	Participatory/social media revolution of the Education Act review – setting a new standard for legislative reform in Namibia
Innovation	Triggering system change in National Procurement: the joint use of Advocacy and Procurement Services in Namibia