

Namibia

Part 1: Situation update in the country

Economic growth in Namibia recovered slightly in 2018, with the annual gross domestic product (GDP) growth reaching 1.5 per cent thanks to an increase in the mining sector activities. The economy contracted in previous years due to fiscal consolidation and a decline in the construction sector. Fiscal austerity measures have put Namibia's budget under pressure, including for social sectors such as education, health and social welfare. While fiscal adjustment was projected to continue, the Namibian economy was expected to recover gradually, achieving 3 percent annual GDP growth by 2020 according to the World Bank Macro-economic Outlook, 2018.

In 2018, Namibia continued to maintain its peace, security and political stability based on multi-party democracy, constitutionalism, rule of law and respect for human rights. The country was preparing for presidential and parliamentary elections, scheduled to be held in 2019. In terms of regional cooperation, Namibia assumed the Southern African Development Community chair in August 2018 to lead the 14-member regional group and hosted its 38th ordinary summit in Windhoek, which focused on infrastructure development, women and youth empowerment and financial independence.

The issue of land reform, which is a pivotal issue for socio-economic development in Namibia, continued to be sensitive, with dissenting voices emerging within the ruling SWAPO party and its youth league. Disparities in land distribution emanating from the successive colonial regimes, coupled with protracted policy of land dispossession, have been a major challenge for the Government. The land issue was addressed through resettlement and transfer of commercially viable agricultural land, with 43 per cent of the latter proposed to be transferred to disadvantaged indigenous Namibians by 2020.

While Namibia's political stability and relatively strong economic growth in the past decade helped anchor its upper-middle income status and accelerate poverty reduction, stark socio-economic inequalities persisted, despite the country's generous spending on social programmes. While the Gini co-efficient decreased from 0.597 to 0.572 from 2009/2010 to 2015/2016, there was still a big gap to be filled for Namibia to achieve SDG 10. Government spending on the social sector heavily prioritised education, which accounted for 24 percent of government spending and 9 percent of the GDP in 2018. The spending on WASH and child protection accounted for just 1 percent and 2 percent of the total government spending, respectively.

Namibia's poverty rates were on a declining trend, decreasing from 28.7 percent in the 2009/2010 fiscal year to 18 percent in the 2015/16 fiscal year. The Government of the Republic of Namibia continued to develop and implement policies to address its development challenges, including through the fifth National Development Plan and the Harambee Prosperity Plan. Programme implementation and delivery of services lagged and undermined the country's pro-poor policies.

Namibia remained highly vulnerable to external shocks. Climate change and extreme weather

conditions remained a constant threat to the population, especially the poorest and the most vulnerable, who depend on subsistence farming and inhabit disaster-prone areas. According to the Southern Africa Food and Nutrition Security Working Group, there is a 70-75 percent chance of El Niño conditions during the main 2018-19 growing season, which is predicted to persist into March/April 2019. According to the November 2018 Office for the Coordination of Humanitarian Affairs Humanitarian Snapshot, Namibia's severely food insecure population was estimated at approximately 300,000 people, or 12 percent of the population, at the start of the lean season. Malnutrition rates and any negative coping mechanisms therefore need to be closely monitored in order to plan for any required support to the Government for response. This is particularly the case given high levels of malnutrition rates in Hardap and Ohangwena regions for stunting and in Omaheke, Oshikoto, Kavango and Erongo regions for wasting.

Achieving SDG2, particularly goal 2.2, continued to be a challenge in Namibia in view of the high malnutrition rates and vulnerability to natural disasters. While Namibia made considerable progress in scaling up nutrition interventions to reduce stunting and wasting in children under five years of age, stunting prevalence remained high at 24 per cent, and the rate was 2 per cent for those with severe acute malnutrition.

Over the past decade, Namibia made significant progress toward SDG3, notably for SDG 3.3 for HIV response. The HIV prevalence declined to 12.6 per cent (NAMPHIA, 2017) from 14.4 per cent (DHS 2013), with the mother-to-child transmission rate at 2 per cent at six weeks and 4.1 per cent at 18 weeks. HIV prevalence was higher among women than men, at 15 percent among women aged 15-49 years compared to 8 percent among women of the same age group. Namibia achieved the UNAIDS 90:90:90 targets in 2018 and the country surpassed the viral load suppression target among HIV-positive adults, which was at 77.4 per cent. The viral load suppression rate was lower among younger adults, at 65.4 per cent for females aged 15-24 years, and 50.5 per cent among males aged 25-34 years.

Namibia has an extensive social protection system solely financed by government resources, but the system suffers from fragmentation, which constrains Namibia's full realization of SDG10.4. The core team on social protection, which was established in 2016, continued to work on the harmonization and integration of the social protection system to improve coordination among social protection stakeholders and to improve its efficiency. In 2018 the core team was extended to all relevant stakeholders, ensuring adequate coordination in the development of a strengthened and integrated social protection system. The economic recession constituted a serious risk for the introduction of a universal child grant. In the fiscal year 2017/2018, child grants constituted 1.5 percent of the total budget, as opposed to the 5 per cent required for them to be universal. Although evidence suggests that a universal child grant would reduce child poverty from 34 per cent to 9 per cent, competing priorities in times of fiscal constraint may compromise the introduction of universal child grants as part of social protection reform.

2018 was marked by continued challenges for SDG 3.3 and addressing other communicable diseases, especially for containing Hepatitis E, which first broke out in October 2017 in Windhoek (declared by the Ministry of Health and Social Services on 14 December 2017) and spread to 8 of 14 regions around the country. The outbreak was protracted and most of the cases were detected in areas where access to water, sanitation and hygiene were limited, notably among informal settlements in urban and peri-urban areas. As of 2 December 2018, a total of 4,009 cases were reported (2.5 per cent were children aged 0-10 years), with 34 deaths (case fatality rate of 0.9 per cent, 47 per cent of whom were women who are pregnant or post-

partum.) The country also experienced other health emergency threats in 2018, notably the Congo Crimean Haemorrhagic Fever and seasonal influenza N1H1. Those were contained by mid-2018. The country continued to strengthen its surveillance systems by working closely with the World Health Organization and the Ministry of Health and Social Services.

Other outbreaks confirmed during the year included two cases of Crimean-Congo Haemorrhagic Fever (CCHF), which were reported in February and April. All suspected cases and contacts of CCHF index cases were investigated and monitored for two weeks. The fever was contained, mainly due to good collaboration by the Government, UN and other partners. Seventy cases of A H1N1 were reported in 2018 in seven regions, with two deaths among children under five years of age.

Malaria was detected mainly in the Kavango East and West regions, with some cases also reported in Ohangwena. The cumulative number of malaria cases reported as of June 2018 was 24,000, compared to 32,000 during the same period in 2017. The reason for the decrease was the massive response consisting of distribution of bednets to affected households, spray of insecticide in all houses in the North, and reinforcement of surveillance.

Population projections show that Namibia will transition to a mostly urban society in the coming years. The high urbanization rate of 4.5 per cent is driven by high rates of rural-urban migration, mainly of young men and women in search of better social and economic opportunities. Although cities offer important opportunities for economic and social development, the rapid urbanization in Namibia presents challenges, given the high unemployment rate of 34 per cent and the lack of affordable housing. The rapid internal migration into urban areas, coupled with the inability to cope with the growth of housing and other infrastructural needs, including water and sanitation, has resulted in the mushrooming of informal housing areas in all regions, most notably in Windhoek. According to the Community Land Information Program of Namibia, an estimated 25 percent of the Namibian population were living in informal settlements, with more than one-third of the inhabitants reportedly defecating openly. The ongoing Hepatitis E outbreak was an illustration of the poor sanitary conditions in the informal settlements, which have been exacerbated by the pressure on services due to urban migration.

Progress toward SDG 6, particularly target 6.2, was constrained in Namibia. Forty-six per cent of the population practiced open defecation. Geographical disparity was high, with 70 per cent of the rural population and 26 per cent of the urban population practising open defecation. Sanitation coverage in urban areas decreased by 6 percent between 2013 and 2016 due to high rural-urban migration (NIDS, 2016).

Namibia was on track to achieve SDG 4.1, thanks to the introduction of Universal Primary Education in 2013 and Universal Secondary Education in 2016. With UNICEF support to strengthen the Education Management Information System (EMIS), school enrolment continued to improve, with an overall increase in the number of learners (3.4 per cent), teachers (0.8 per cent) and schools (2 per cent) between 2017 and 2018. Pre-primary education also increased and the average annual growth rate for enrolment in pre-primary from 2011 to 2017 was 20.8 per cent. In 2018 the Cabinet approved the Basic Education Bill through an inclusive and consultative process. School-based sanitation remained a challenge, with nearly one-quarter of schools lacking sanitation facilities in 2018. This had negative consequences on school attendance and learning outcomes, especially for girls during their menstruation.

Rates of violence against children and gender-based violence remained consistently high, with 34 per cent of girls aged 15-19 years old experiencing physical or sexual violence. Due to capacity gaps among service providers or lack of appropriate referrals, survivors did not always receive timely and adequate support.

Online sexual exploitation and abuse of children was an emerging area of abuse and exploitation.. A 2016 exploratory research study on knowledge, attitudes and practices of information communication and technology (ICT) use and online protection risks by children found that 31 per cent of respondents had been sent sexually explicit images of people they didn't know, and 29 per cent had seen child sexual abuse materials online. The country lacks specialised institutional capacities, administrative management systems, clear division of tasks and cooperation protocols across ministries, and decentralised child-responsive budgets to deliver quality and accessible child protection services.

In 2018 members of the Namibian Inter-ministerial Committee on Human Rights and International Humanitarian Law were trained on state party reporting to treaty bodies. As a result, Namibia, with support from the UN system, completed all reporting obligations to treaty bodies except for the Committee of the Rights of the Child and the Convention on the Rights of Persons with Disability. The draft fourth periodic report to the Committee on the Rights of the Child was developed in 2018 and was scheduled to be submitted in 2019. In May 2018, with UN support, relevant frameworks were developed to align national legislations and policies on disabilities with the Convention on the Rights of Persons with Disability.

Part 2: Major results, including in humanitarian action and gender, against the results in the Country Programme Documents

Goal area 1: Every child survives and thrives

Intensive efforts made to operationalize the Every Newborn Action Plan started to show positive impact on neonatal mortality in targeted areas. The Plan was developed as a result of the national bottleneck analysis on newborn health conducted with support from UNICEF in 2018. It addresses care to reduce maternal and newborn deaths and stillbirths.

With support from Canada and Japan, UNICEF supported the Ministry of Health and Social Services to implement the first strategic objective of the Every Newborn Action Plan to strengthen and invest in care during labour, birth and the first day and week of life. Kangaroo mother care, for example, is one of the low cost, high impact essential newborn care interventions within the Plan that was modelled in two regions. UNICEF supported provision of newborn care equipment and supplies to targeted regions, as well as the capacity building of health workers on newborn care. To date, 1,278 out of 1,500 health workers (86 per cent) have been trained on emergency obstetric and newborn care, lifesaving skills, essential newborn care, and integrated management of newborn and childhood illnesses (IMNCI). A total of 2,337 community health workers were trained on community-based maternal and newborn care and infant and young child feeding, including the promotion of exclusive breastfeeding and complementary feeding. Those activities were conducted in collaboration with the Government, UN agencies, development partners and civil society, including the Swiss NGO Neo for Namibia, which provided technical expertise and equipment.

As a result of those efforts, the Kavango region reported a reduction in neonatal deaths, from 27 per 1,000 live births in 2013 to 18 per 1,000 in 2016, 8 per 1,000 in 2017 and 4 per 1,000 in 2018.

In line with national and regional priorities for nutrition, UNICEF leveraged and mobilized support from the Office of the Prime Minister to finalize the revision of the Food and Nutrition Security Policy, development of the structures of the Food and Nutrition Security Council and revision of the Nutrition Action Plan to strengthen the national nutrition coordination mechanism. The policy and Council structure documents were validated, and the National Action Plan was expected to be finalized and implemented in early 2019.

As part of an effort to address the issue of human resources challenges in the nutrition sector, UNICEF supported the development of a curriculum for the nutrition degree programme at the Namibia University of Science and Technology to support professionalization of nutritionists in the country. The university senate approved the curriculum and the first student intake took place in January 2018, with a cohort of 35 students enrolled.

In 2018, a total of 16,907 mothers of children aged 6-59 months received infant and young child feeding (IYCF) counselling and 107,319 children under five received regular nutrition screening. Of those screened, 3,758 were identified with severe malnutrition and enrolled for treatment. UNICEF provided nutrition supplies to the Ministry of Health and Social Services for treatment of malnutrition, including 150 cartons each of ready to use therapeutic food and ready to use supplementary food, 90 cartons of therapeutic milk and 100 cartons of therapeutic vitamin and mineral complex. A total of 2,806 children who received treatment were cured, while 940 defaulted and 12 died. In addition to support for nutrition counselling and screening, UNICEF also provided the Ministry with necessary micronutrient supply items (1,062 PACs of retinol 200,000IU and 397 PACs of retinol 100,000IU), benefitting 197,707 children under the age of five with vitamin A supplementation.

In 2018, UNICEF supported the Ministry of Health and Social Services to disseminate the National Strategic Framework for HIV and AIDS (2018-2022) in all 14 regions. This support resulted in the development of regional costed workplans for the sector, which helped guide the implementation of prevention of mother-to-child transmission of HIV and AIDS (PMTCT) and paediatric and adolescent interventions in the respective regions. UNICEF also partnered with the World Health Organization and UNAIDS to provide technical and financial support toward the development of a roadmap for the elimination of mother-to-child transmission (eMTCT) of HIV and congenital syphilis between 2019 and 2023. This resulted in the development of regional and district eMTCT action plans in seven low performing regions in attaining PMTCT targets. The eMTCT acceleration activities resulted in zero mother-to-child transmission of HIV infections in Katima Clinic in the Zambezi region.

UNICEF also provided technical support for the revision and development of the second edition of the 2019-2023 national guidelines on adolescents living with HIV. This resulted in the incorporation of emerging priorities, including tracking of viral load and transition to adult care, critical for treatment adherence for adolescents living with HIV. UNICEF contributed to the development of the Paediatric and Adolescent HIV Strategic Plan led by the World Health Organization, which was aligned to the national guidelines on adolescents living with HIV.

In partnership with the UN Population Fund and UNAIDS, UNICEF engaged in high level advocacy with the Office of the First Lady to accelerate results for adolescents living with HIV,

especially those concerning adolescent girls and young women. UNICEF provided advocacy and technical support to the government's adolescent girls and young women Global Fund-supported programme to develop a minimum package of care and a draft monitoring and evaluation framework for the programme. A national coordinator for adolescent girls and young women and regional focal points in priority regions were appointed to support programme implementation. This provided an opportunity to strengthen adolescent programming in Namibia.

UNICEF also continued to leverage partnerships with the US President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Centres for Disease Control (CDC) on paediatric and adolescent HIV programming. With PEPFAR's support, teen clubs for adolescents living with HIV were scaled up from less than 40 in 2017 to 68 in 2018, covering 12 of 14 regions, and were incorporated into the Ministry of Health and Social Services workplan and budgets. With UNICEF technical and financial support, adolescents living with HIV who graduated from the teen clubs formed a network of young people living with HIV that mentors teen club members and empowers young people with skills and effective transition into adult care.

In line with national and regional priorities, UNICEF Namibia supported the rollout of trainings aimed at strengthening the provision of elimination of mother to child transmission (eMTCT) services, in which 179 health workers (140 female and 38 male) were trained. A total of 137 caregivers, parents and faith-based leaders (119 female and 18 male) were oriented on the importance of providing quality care and support to adolescents living with HIV. Further support was provided to strengthen the monitoring and evaluation system, with 68 data clerks (54 female and 14 male) acquiring knowledge and skills on data collection, analysis and reporting to improve the quality of eMTCT and adolescents services. A total of 495 teachers were trained on care and management of school learners living with HIV, resulting in effective identification of adolescents living with HIV by teachers in need of care, including adherence to treatment, while maintaining confidentiality.

Transition of adolescents living with HIV from paediatric care to adult care continued to be a challenge due to inadequate transitioning tools and guidelines, which resulted in poor adherence and viral suppression for adolescents. UNICEF worked with PEPFAR, CDC and the World Health Organization to support the Ministry of Health and Social Services to establish an effective transition programme for adolescents living with HIV as part of the new UNICEF country programme 2019-2023, as well as the new United Nations Partnership Assistance Framework (UNPAF).

Goal area 2: Every child learns

In 2018, UNICEF's strong leadership in the education sector was acknowledged for strengthening the education management information system (EMIS), the drafting of the Basic Education Bill and Regulations, the development of the National Safe Schools Framework (NSSF) and the Integrated School Health Programme, as well as strengthening multi-sectoral and inter-ministerial coordination to implement the integrated early childhood development (IECD) Framework. UNICEF also supported evidence-based planning, policy development and advocacy based on new knowledge and evidence created in recent years, including the Public Expenditure Review and the inclusive education study.

Legislation

The progressive, inclusive, pro-poor and child-centred Basic Education Bill was approved by

Cabinet in November 2018 and was referred to the National Council for further debate. Basic Education Regulations were drafted to accelerate the implementation of the new Education Act. The consultative nature of the process of drafting the Basic Education Regulations was identified as a good practice to be emulated by other government ministries. UNICEF will continue to support the Ministry of Education, Art and Culture to ensure that parents and communities understand their roles in delivering quality education as shared responsibility.

Integrated early childhood development

The Integrated Early Childhood Development (IECD) Framework was launched in February 2018 with UNICEF support, and its implementation began under the coordination of the National IECD Committee chaired by the Permanent Secretaries in the Ministries of Education, Arts and Culture, Gender Equality and Child Welfare and Health and Social Services. UNICEF supported the development of advocacy materials and conducted community-based advocacy sessions focusing on positive parenting and nurturing care. UNICEF supported advocacy efforts to ensure that children with disabilities and children from the most marginalised and vulnerable communities have access to quality services. In 2018 UNICEF provided technical and financial support to two regions to integrate early childhood development into the integrated school health programme to ensure a continuum of service provision across the life cycle of the child.

UNICEF, through a programme financially supported by the European Union (EU), supported the implementation of the integrated early childhood development (IECD) framework, including strengthening of the early childhood development-MIS database and national data collection, and developing materials for training and capacity development. UNICEF also supported evidence generation in the form of the Rapid Assessment of IECD service provision among San Communities in Namibia, the findings from which were used by the Office of the Vice President to strengthen coordination and for advocacy purposes. UNICEF assisted in planning and coordinating the national IECD conference in February 2018, as well as the Consultative Meeting on early childhood development service provisions for San Communities held in partnership with the Office of the Vice President.

UNICEF built strong relationships with the three ministries critical for early and basic education, as well as the Office of the First Lady, and was recognized as the partner of choice with regard to technical and financial assistance in scaling up early childhood development nationally. For example, the Government requested that the European Union partner with UNICEF for the technical assistance aspect of its Education Development Fund budget support.

Social accountability and school governance

The social accountability and school governance programme, which has been implemented with UNICEF support since 2011, was institutionalised as part of key performance areas under the national standards and key performance indicators. The capacity development interventions for school boards resulted in improved capacity and commitment of principals and inspectors to implement and support the programme at national, regional and school levels. This resulted in enhanced school governance and accountability at the school level. The National Safe Schools Framework was launched in September, under which 31 regional education officials were trained, including inclusive education officers and regional school counsellors, as master trainers on identifying, responding and reporting on sexual violence in schools. Post-training feedback indicated a better understanding of the issue and increased confidence in managing cases. The national safe schools framework will be rolled out in 2019.

Education Management Information Systems (EMIS)

Through UNICEF's continued technical and financial support to the EMIS department, the Ministry of Education, Art and Culture now has strengthened capacity to generate and release quality EMIS reports within the same year. The reports were used at national and regional levels to improve planning, budgeting, and use for informing interventions at school level to improve learning outcomes.

Namibia was identified as the first country in the East and Southern African Region to benefit from UNICEF's global Data Must Speak Initiative. The 'Do Like Edu' digital learning platform was established and was piloted as a partnership between Ministry of Education, Arts and Culture and UNICEF Namibia with support of UNICEF's Global Innovation Centre. 'Do Like Edu' includes an academic learning section with questions across three senior secondary level subjects (English, mathematics and physical science), and a psychosocial support component that provides learners with assistance to cope with many of the issues they face in school and home environments, including study skills.

Integrated school health programme

In order to reinforce inter-ministerial and multi-sectoral coordination, UNICEF continued to support the implementation of the integrated school health programme, which helped strengthen cross-sectoral coordination, planning and delivery of school health services at national and regional levels, including services to address the issue of HIV and AIDS in school. This support contributed to the integration of comprehensive sexuality education into the curriculum of tertiary education institutions to ensure that all trained teachers have the necessary skills to address school health issues. Good practices and lessons learned from the integrated school health programme laid a foundation for UNICEF's strengthened programme integration approach in the new country programme.

Goal area 3: Every child is protected from violence and exploitation

Birth and death registration

The birth registration rate in Namibia has long been one of the highest on the African continent (92 percent in 2011), inequities persisted in the issuance of birth certificates. Timely registration has been a continuing challenge, with only 43 percent of the registrations being done in a timely manner. The Government embarked on an ambitious plan spearheaded by the Office of the Prime Minister to implement e-governance, including for birth registration, in all sectors by 2020. With UNICEF technical and financial support, the Government introduced an e-birth notification system in May 2017 to identify mother and child and register the information in the electronic National Population Registry System (e-NPRS) within 24 hours of any birth attended at the health facilities.

As of the end of 2018, e-birth notification was being implemented in 27 public health facilities and two private health facilities, covering all 14 regions of Namibia. Following the promising practice of the e-birth notification system, UNICEF supported the implementation of the e-death notification system, under which the police are responsible for notifying all deaths outside the hospital within 24 hours to the e-NPRS and the hospital morgue is responsible for notifying every death within in the hospital, indicating the cause of death according to the International Classification of Diseases 11th Edition.

Violence against children – justice and support services

The Government, with support from UNICEF, embarked on improving data collection and analysis of child victim of neglect and/or violence through the implementation of national surveys and strengthening of administrative information systems. In 2018, a database was developed for the gender-based violence protection units to register, track and monitor cases of gender-based violence and violence against children. UNICEF also partnered with the UN Office for the Coordination of Humanitarian Affairs and the International Organization for Migration to support the unit in Windhoek to develop a model 'one stop centre' for child victims of violence that follows gender and child-sensitive procedures. UNICEF played a crucial convening role to strengthen collaboration and coordination among the various sectors (police, prosecutors, magistrates and social workers). After the successful national rollout of the child witness training programme for the criminal justice sector in 2017, the Office of the Prosecutor General requested support for its second rollout in 2018, resulting in a total of 377 child protection/criminal justice professionals trained. Coordination among participants was also established to ensure smooth referral and follow-up of cases among the different sectors. The child witness training was subsequently adapted for the education sector. Post-training feedback from education professionals was positive in terms of better understanding of various forms of violence and referral of suspected cases to the relevant services.

UNICEF continued to support the gender-based violence protection unit, which is overseen by the Ministry of Gender Equality and Child Welfare, and sits within the Namibian Police, in strengthening its capacity to respond to online child sexual abuse. Through peer-to-peer support provided by the UK National Crime Agency's Child Exploitation and Online Protection Command, police and social workers were trained on joint interviewing of child victims of online and offline sexual abuse in 2018. This resulted in improved risk prioritisation and threat identification and better quality of the interview to limit psychological impact on the child.

UNICEF focused its efforts on improving the sustainability of capacity building for justice for children. A total of 338 doctors and nurses were trained using a newly developed training programme for medical-legal professionals to obtain forensic evidence of sexual violence against children as well as gender-based violence. The programme was incorporated into the pre-service curriculum of the University of Namibia Medical School and the School of Nursing. In cooperation with the International Organization for Migration, police training manuals covering core child protection topics were developed to be used in all five police training colleges for pre- and in-service training. The first training using the new police manuals revealed the need for increased comprehensive sexual education of professionals to debunk persistent and wide-spread myths and social norms related to sexual and reproductive health. UNICEF will explore further support in addressing this issue in the new country programme 2019-2023.

Interventions focusing on improved response to cases of online violence against children were complemented by prevention activities implemented through a partnership with Life-Line/Child-Line (LLCL), a national NGO. School outreach campaigns reached a total of 12,000 children in 39 schools country-wide who demonstrated improved understanding of online-risks of child abuse and exploitation according to pre-and post-tests. A total of 1,200 call-ins received during radio broadcasts suggested the reach of the programme among children and youth, and focus-group discussions with children and adolescents revealed the need to improve online accessibility through social media.

Goal area 4: Every child lives in a clean and safe environment

UNICEF's WASH programming focused on the elimination of open defecation through advocacy, technical and financial support toward the scaling up and institutionalization of community-led total sanitation and school-led total sanitation approaches. UNICEF supported the strengthening of the enabling environment by supporting the implementation of the National Strategy to Eliminate Open Defecation in line with UNICEF Game Plan and the SDG targets.

Open defecation and school-led total sanitation

In 2018, three villages in Ohangwena with a combined population of 915 were certified as open defecation free, while five other villages attained universal toilet coverage as a result of the implementation of community-led total sanitation efforts. UNICEF led the development and dissemination of the national open defecation free protocol, which was used to verify and certify communities of their status. UNICEF supported the review of the National Sanitation Strategy and the development of the new National Sanitation and Hygiene Strategy. The lessons learned from community-led total sanitation efforts influenced the sanitation approach for rural communities. UNICEF advocacy efforts called for more community involvement in addressing sanitation challenges in Namibia.

A total of 38 schools comprised of 19,130 students (9,797 female and 9,333 male) and 43 teachers were trained and were implementing school-led total sanitation efforts. Those schools also set up menstrual hygiene and management clubs, which included both boys and girls to address menstrual challenges in the schools. To institutionalize community-led total sanitation and school-led total sanitation approaches, UNICEF supported the establishment of national and regional coordination structures comprised of staff members from all line ministries to strengthen the joint planning and implementation of activities.

Goal area 5: Every child has an equitable chance in life

In an effort to create a coordinated social protection system, UNICEF provided technical assistance to the Ministry of Poverty Eradication and Social Protection and the Core Team on Social Protection consisting of all relevant stakeholders to develop the draft Social Protection Policy. The draft policy includes a reinforced focus on child-focused and equity-focused social protection, including universal child grants. The draft policy, its implementation plan and the monitoring and evaluation framework were to be submitted to the Cabinet in early 2019.

In 2018, UNICEF advanced fiscal analyses and studies to increase the effectiveness and efficiency of government service provision. Influenced by the publication of the 2017 Education Public Expenditure Review, which was supported by UNICEF, the Ministry of Health and Social Services also undertook a similar review in the health sector with UNICEF technical support. UNICEF also continued to support the fiscal space analysis and budget briefs for leveraging the Government's fiscal consolidation measures to ensure that the adopted measures are child-friendly. The Ministry of Finance and sectoral ministries used the evidence from the analysis for decision making on budget allocation in the social sectors. The budget briefs were used to advocate for index linking of child welfare grants as part of the social protection system strengthening.

UNICEF Namibia supported the Government in its state party reporting to the Committee on the Rights of the Child by providing guidance on process and interpretation of previous Concluding Observations. The fourth periodic report to the Committee is expected to be submitted in 2019. UNICEF used human rights instruments to advocate for changes in policy and legislation.

Cross-cutting

Gender

UNICEF Namibia continued to provide technical support to the Ministry of Gender Equality and Child Welfare through the gender theme group to strengthen the national gender coordination mechanism. Specific support was provided to the education and girl child cluster and the gender-based violence cluster, where key stakeholders convened to track implementation of the National Gender Action Plan, resulting in enhanced coordination among stakeholders working on gender.

Significant progress was made toward the implementation of the UNICEF Gender Action Plan priorities. UNICEF Namibia, in collaboration with the Ministry of Health and Social Services, Ministry of Education, Art and Culture and the African Youth and Adolescent Network, commemorated Menstrual Hygiene Management Day (the first of its kind in Namibia) on 28 May 2018. The commemoration was preceded by a five-day advocacy campaign to create awareness on menstrual health management in primary and secondary schools, which reached an estimated 4,800 learners with messaging on that topic. The high-level Menstrual Hygiene Management Day event helped mobilize policy level support for financing and policy framework formulation to guide menstrual hygiene management programming in Namibia. The Ministry of Education, Art and Culture allocated US\$0.35 per child for sanitary pads.

UNICEF Namibia developed a Menstrual Hygiene Management Booklet, which was distributed in schools as part of the Menstrual Hygiene Management commemoration week. Community engagement sessions, print and social media were used to sensitize schools and communities on menstrual hygiene management and associated taboos. This resulted in learners advocating for menstrual hygiene management during school board meetings. Thirty-eight schools comprised of 19,130 learners (9,797 female and 9,333 male) were trained and were implementing school-led total sanitation efforts. From those 38 schools, 43 teachers were trained on school-led total sanitation. The schools established menstrual health management clubs, comprised of both boys and girls, to address menstrual barriers and challenges in their schools.

As a result of UNICEF's advocacy, the Ministry of Health and Social Services and Ministry of Education, Art and Culture prioritized menstrual hygiene management in schools through the National School Health Task Force. A formative research on menstrual hygiene management was being prepared in partnership with the UN Population Fund to inform the development of policy framework and associated programming in schools and communities.

UNICEF Namibia supported the launch of the National Safe Schools Framework and the distribution to all schools of supporting materials regarding gender-based violence and violence against children. Namibia continued to witness high levels of gender-based violence across society. It will continue to be an area of priority focus in the new UNICEF country programme.

Humanitarian

In 2018, Namibia was confronted by disease outbreak, localised flooding and residual vulnerability of regions affected by the previous years' drought.

Following the outbreak of Hepatitis E Virus (HEV) in 2017 in Windhoek (declared by the Ministry of Health and Social Services on 14 December 2017), the disease spread to 8 of 14

that rapid response were provided through regular programming.

Monitoring and evaluation

UNICEF provided support to the National Planning Commission through the UN Monitoring and Evaluation Working Group for the development of Namibia's first National Voluntary Report on the Sustainable Development Goals. This technical support included the development of a roadmap for Namibia's voluntary reporting to High Level Political Forum; finalization of the National Voluntary Report baseline report and validation of the report with stakeholders. Through this process, the National Statistical Agency embarked on institutionalising the National SDG indicators framework. Management response on the evaluation of health extension workers was successfully completed with key follow-up actions undertaken in 2018, including high level advocacy to rollout the initiative as well self-financing by the Government.

Partnerships

In keeping with the Global and Regional UNICEF Strategy and key priorities for engaging the private sector to promote the achievement of the Sustainable Development Goals, UNICEF launched the first-ever UNICEF Namibia Business Council in 2018. The overarching aim of the Council is to create a forum for the business community to partner with and deliver sustainable results for all children in Namibia. The launch brought together some 20 local and international businesses from the fishing, mining, retail, agriculture and tourism industries, who agreed to develop a sustainable partnership that will enable the business sector to leverage their resources to promote sustainable development and to ensure no one is left behind. A chairperson will be selected in 2019 and the Council will identify tangible outcomes to be achieved during the year. This endeavour is in line with UNICEF Namibia's effort to leverage domestic resources in the middle-income country programming context.

UNICEF, in partnership with the Parliament of Namibia, hosted Members of Parliament and the media to create awareness on the sanitation situation in Namibia. Evidence on the poor sanitation situation in the country was presented, and links with the country's high malnutrition and stunting rates were emphasized. The participants' support was solicited to advocate for positive policies and allocation of resources to address that situation. This contributed to ongoing national debate on sanitation, especially in the local media.

As part of the public health actions and response for the Hepatitis E Virus outbreak, UNICEF, in partnership with the City of Windhoek, carried out a Health Promotion Month during which social mobilization messages and IEC materials for hygiene promotion were developed and disseminated. The campaign also included media engagement sessions and community sensitisations with food vendors as well as a competition for the cleanest marketplace among the vendors in Windhoek.

Significant achievements for children were made possible through partnerships with UN agencies. Collaborations included a partnership with the World Health Organization and UN Population Fund for the development of the elimination of mother to child transmission (eMTCT) roadmap; and with the World Health Organization, UN Population Fund and UNAIDS for the development and finalization of Namibia Combination HIV Prevention. Other collaborations were with UNESCO for the implementation of the recommendations of the 2016 Out-of-School Children Report, with the UN Population Fund and UNESCO on the integration of comprehensive sexual education into the school curriculum and with the UN Development Programme in the areas of governance, poverty reduction, social protection and disabilities. The first voluntary national review of the SDGs was submitted in 2018 through UNICEF's

contribution to the UN Monitoring and Evaluation Working Group and the UN Country Team.

UNICEF also successfully mobilized political support from member states of the Southern Africa Development Community in adopting a call to action for renewed regional commitment to accelerate the fight against child malnutrition during the 38th Southern Africa Development Community Summit held in Namibia in August 2018. High-level advocacy vis-à-vis the Government of Namibia, and technical support provided for the preparation of the Summit, as well as UNICEF's support to the Health and HIV-related ministers' roundtable, led to the issue of child nutrition and immunization being given priority attention by the member states.

Resource mobilization

The Government of Namibia/UNICEF 2019-2023 Country Programme of Cooperation commits to leave no child behind and to promote strong social investments in children, in particular the most vulnerable. In order to achieve programme priorities articulated in the country programme document, UNICEF Namibia developed a robust context-specific resource mobilization strategy in 2018, which seeks to mobilise sufficient and high-quality resources in partnership with both public and private sector stakeholders. The strategy was born from a vigorous consultative process with all stakeholders as well as mapping of potential partners and donors, both nationally and internationally. This strategy covers the full period of the Country Programme 2019-2023, coupled with an action plan with quarterly targets. The strategy aims to expand strategic engagement with the public and private sectors to leverage increased resources and support for the realization of children's rights.

Through intensive evidence-based advocacy and donor outreach, UNICEF Namibia expanded its partnership base to leverage domestic and external resources. This is a promising trend, particularly with stronger partnerships with key donors, including the European Union, Japan, Canada, United States of America, and, most recently, the Swiss Cooperation.

Operational effectiveness

Effective and efficient operational support was provided in 2018 to facilitate programme delivery. The Risk Control Self-Assessment exercise took place in 2018 to ensure that mitigation measures were in place for identified risks and that UNICEF's core business processes and related guidance were risk informed and amended accordingly. Inadequate funding and natural disasters were identified as the two major risks for UNICEF Namibia, for which risk management measures were put in place through the development of the resource mobilization strategy and the implementation of the emergency preparedness and response plan.

Peer review took place in May 2018, and an action plan based on the key recommendations was developed and implemented, including the review of office statutory committees Terms of Reference, improvement of the recruitment and contracting process and improving the monitoring of key performance indicators.

UNICEF Namibia achieved 100 per cent timely completion rate for 2017 performance evaluations and for 2018 performance planning. Strong management support was provided for the completion and staff participation in the 10 UN Cares activities that took place in 2018.

UNICEF Namibia was heavily involved in the development of the UN Business Operations Strategy framework for Namibia. The final draft of the strategy was approved by the UN Country Team. The strategy complements the UN Partnership Assistance Framework and

builds on successful inter-agency coordination on operations to promote Delivering as One. The benefits of the strategy include an estimated cost saving of US\$2 million for the UN in Namibia during the upcoming country programme.

The BNLE Hub continued to play an important role in ensuring segregation of duties and smooth communication between UNICEF Namibia, and support was also provided to the implementation of the supply plan in Namibia through the BLNE Procurement Centre. Building on the lessons learned from a Memorandum of Understanding signed in 2016 with the Ministry of Health and Social Services for procurement services for the procurement of vaccines, which resulted in a 60 percent cost savings for the Ministry, UNICEF Namibia sustained high level advocacy to support efforts to address stock-out.

UNICEF and the UN Development Programme obtained electric vehicles that the agencies will use for short trips in and around town. This will decrease the fuel bill going forward and will also help UNICEF in its efforts to reduce carbon footprint. UNICEF Namibia also secured US\$50,000 from the Greening and Accessibility Fund to replace old florescent lights in the office building, which will significantly reduce the electricity bill and improve safety in the UN House.

Information communication technology (ICT) support was provided for UNICEF Namibia's Technology for Development initiatives in 2018, including the e-Birth Notification System, the e-Death Registration system and the 'Do Like Edu' digital learning platform, which were in pilot phases. Additional technical support was provided for the review of the National Policy for Integration of ICT in Education.

Staff well-being

Staff were encouraged to participate in the Southern Africa Development Community All UN games, in which 7 staff members participated. Through human resources clinics, regular meetings were held with staff members to keep them abreast of the new human resources (HR) reforms. SAEC continued to embrace the partnership between the senior management team and Human Resources through Joint Consultative Committee meetings, and through peer support volunteers through informal discussions. UNICEF Namibia also organised a mission for a staff counsellor who conducted a group training on building resilience during change and nurturing well-being in preparation for the new Country Programme Document/Country Programme Management Plan and PBR process.

Part 3: Lessons learned and constraints

Education public expenditure review

The recommendations from the Education Public Expenditure Review contributed to the Ministry of Education, Arts and Culture identifying inherent inefficiencies in resource allocation and triggered the Ministry in taking action to tighten-up the payroll system. The Ministry also took action to introduce policies to address inefficiencies in education spending.

As part of the Public Expenditure Review recommendations, UNICEF supported a menstrual hygiene management study under the National School Health Task Force as well as the review of the National Policy for School Health. The Ministry looked into developing a school grants policy in 2019 to better address all the recommendations from the Public Expenditure Review.

In order to ensure continued access to education for vulnerable girls, the Ministry will allocate funds from the universal primary education and universal secondary education grants to procure sanitary napkins for girls. The Education Policy Briefs addressing the key recommendations from the Public Expenditure Review will be used for continued advocacy for efficient and effective resource allocation and use. The Head of State of the Republic of Namibia openly called for the Public Expenditure Review model to be emulated by other government ministries to promote equity and efficiency in resource allocation and use. The Ministry looked into ensuring interoperability between key databases, including payroll data and EMIS and examinations data and EMIS.

HIV coordination and integration

Namibia's HIV programme has achieved good results thanks to the effective coordination of the multi-sectoral response and delivery of integrated programmes. The National Strategic Framework for HIV/AIDS 2017/18-2021/22 provided a supportive policy framework coordinated through a multi-sectoral high level body. The National Executive Committee, which meets on a quarterly basis and reports to the Cabinet. The National Executive Committee works through thematic Technical Advisory Committees and specialised Technical Working Groups that facilitate specific programme interventions and partnerships.

To be sustainably addressed, the HIV response requires coordination of integrated and multi-sectoral interventions. The national coordination mechanism articulates the institutional, multi-sectoral HIV and AIDS response, with the aim of improving the efficiency and effectiveness of coordination strategies and the delivery platforms for integrated programmes.

In Namibia, HIV response is housed under Ministry of Health and Social Services within the Directorate of Special Programmes on HIV, TB and Malaria (instead of in an independent National AIDS Coordination Body, as is the case in other countries). This setup, focuses on the health aspect of the response, and posed coordination challenges given the multi-sectoral nature of HIV.

To enhance coordination and integration, the Ministry put in place a national coordination mechanism - the National Coordination Framework - under the National Strategic Framework. The framework provides planning and programming guidance of the multi-sectoral response in a coordinated and integrated manner. Through the Technical Advisory Committees, various sectors are required to plan and report their interventions based on the indicators and targets set in the framework. Integration is pursued through the SRH/HIV integration guidelines and the integrated school health programme where various stakeholders are able to converge on a single platform including health facility, school or community to implement the HIV programmes. The Ministry of Gender Equality and Child Welfare coordinates child-focused issues under the Permanent Task Force. Those structures provide avenues for integrated programming across health, education, protection, gender and nutrition.

The coordination and integration efforts supported by UNICEF resulted in alignment of funding toward integrated programmes such as the adolescent girls and young women programme, which is implemented by more than three government ministries and civil society organizations, and attracted resources from various donors, including PEPFAR and the Global Fund. Improved coordination has contributed to improved programmatic results that require inter-sectoral coordination, including the decrease of elimination of mother to child transmission rates, from 23.7 per cent in 2005 to 4 per cent in 2018 and achievement of the 90:90:90 targets

by women.

The key lesson learned was that although HIV coordination was premised under a single ministry (the Ministry of Health and Social Services), strong leadership and political commitment can be a catalyst for effective multi-sectoral coordination and integration. The complementary supportive policy framework, including the national coordination framework, strategies and guidelines, were critical for coordination. Despite these accomplishments, intra-ministerial coordination and scaling-up of integrated SRH/HIV should be further improved.

As a next step, the centralized coordination system will be replicated at the decentralized level, including regional and district levels, by strengthening the subnational level coordination structures. To enhance coordination, the change strategy will focus on key populations and vulnerable groups at higher risk of HIV infections and geographic hotspots.

Mobilizing high-level political support for early childhood nutrition through the Southern African Development Community

Through strong evidence-based policy advocacy from UNICEF, the Southern African Development Community member states adopted a call to action for renewed commitment on early childhood nutrition as a regional commitment to accelerate the fight against child malnutrition. This call for action was made during the community's 38th ordinary session, which was hosted by Namibia. The Secretariat was tasked with exploring opportunities to involve regional and national organisations to support implementation of high-impact nutrition interventions. Ministers also recommended that the Southern African Development Community Council approve the establishment of a nutrition position in the organizational structure to ensure sustained implementation of nutrition priorities in the region beyond 2020.

A Joint Ministerial Meeting of Southern African Development Community Ministers of Health and Ministers responsible for HIV AIDS was held, with the participation of representatives from Angola, Botswana, Comoros, Democratic Republic Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Namibia, South Africa, Seychelles, United Republic of Tanzania, Zambia and Zimbabwe. UNICEF, together with the World Health Organization, UNAIDS and UN Population Fund, supported technical meetings with the Permanent Secretaries from the member states to review the data, presentations and key decisions requested from the Ministers.

Prior to the Joint Ministerial Meeting, UNICEF, together with other UN agencies, held a series of meetings with line government ministries to indicate support for the preparation of Namibia's chairing of Southern African Development Community. During the meeting with the Ministry of International Relations and Cooperation, the UNICEF Namibia Representative shared her personal experience in supporting the Kingdom of Eswatini when it chaired the Community. UNICEF's evidence-based 'Advocacy Ask' tool, which highlighted the situation of each sector, including Public Financing for Development, Nutrition, HIV and WASH, as well as 'key asks' for each sector, was used for dialogue and advocacy. Similar high-level advocacy meetings were held with the Ministries of Health, Education and Economic and Planning, and with the Presidency, which welcomed the evidence presented in the UNICEF Advocacy Ask document.

UNICEF Namibia received significant technical support from the East and Southern Africa Regional Office Advisors for Nutrition, Social Policy, HIV and WASH ahead of the 38th Southern African Development Community Summit in developing an advocacy strategy. In-

country technical support was also provided by the Regional Office Nutrition Advisor, and a UNICEF Nutrition Specialist was based at the Southern African Development Community.

The Ministers also urged Southern African Development Community Member States to operationalize the 2017 Addis Ababa Immunization Declaration to eliminate measles and other vaccine-preventable diseases by 2020. The Ministers agreed to prioritize Expanded Immunization Programmes in the region through strategic partnerships to support implementation of immunization activities at district and field/community levels; and to share cross-border and inter-country immunization technical expertise to scale up immunization activities in the region. The Ministers also agreed to develop proposals for domestic, regional and international resource mobilization to improve funding for immunization programmes; and to establish partnerships with civil society, faith-based organisations, nongovernmental organizations, UN agencies and academia in the implementation of the Addis Ababa Declaration on Immunization.

Building on this momentum, UNICEF continued to support the Government in enhancing nutrition coordination, notably the re-establishment of the Food and Nutrition Council in the Office of the Prime Minister to provide technical oversight and policy direction for the implementation of nutrition interventions. The elevation of nutrition coordination to the Office of the Prime Minister provided an opportunity for nutrition advocacy toward resource allocations and leveraging of domestic resources toward nutrition. NAFIN will continue to play an advocacy role under the Nutrition Council and act as a convener of nutrition issues.

E-birth and E-death innovation

In 2017, UNICEF Namibia introduced a technology for development application for health professionals to notify the birth of a child. The notification reaches a database from which civil registration officials can facilitate and complete the birth registration process with the parents and issue a birth certificate. The system was rolled out to all regions in 2018.

The e-death notification system was launched by the Prime Minister in October 2018. Like the e-birth notification system, the e-death notification enables real-time, accurate data on the number and causes of deaths, and facilitates the death registration for faster issuance of death certificates, which are needed by family to claim benefits, social assistance or inheritance. This technology captured the interest of at least one insurance company, as it will reduce insurance fraud. The proposed linkage to the social protection system's integrated registry is also viewed as an opportunity to make social protection in Namibia more effective and efficient. Several countries in the region have shown an interest in replicating the system.

The involvement of relevant sectors in this initiative, including the Ministry of Home Affairs (for the Civil Registration and Vital Statistics component), the Office of the Prime Minister (for aligning with e-Governance including inter-operability of systems) and the National Statistics Office, the police, Ministry of Health and Social Services and Ministry of Gender, strengthened coordination among the different actors beyond e-birth registration. The connections forged facilitated work on the gender-based violence protection unit's database, which requires the cooperation of the same ministries and the police. The collaboration also helped pave the way for integrating social protection systems for the development of the single registry, the drafting of the Social Protection Policy and the linkage of birth registration and child grant application to expand it to include child welfare services.

Collaboration highlighted issues to be tackled in the new UNICEF country programme. Although national-level stakeholders support the implementation of e-birth and e-death notification, additional buy-in is required at the technical level to ensure effective implementation. Nurses are overwhelmed with administrative requirements that must be adjusted or risk their being perceived as an add-on to core responsibilities and not prioritized. The lack of ownership and clarification of roles at the operational level also must be addressed.