Executive Summary

The past year marked the first year of the new Programme of Cooperation, as part of the UN Partnership Framework in Namibia, for 2014-18. This was also the first Programme of Cooperation developed since Namibia achieved upper-middle-income country (UMIC) status in 2009. The overall goal of Government of Namibia-UNICEF cooperation is to realise the rights of children and women through improved national systems and 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.

The Country Programme ties together three mutually reinforcing strategies to ensure effective advocacy and a clear focus on addressing inequity and social exclusion: upstream work to strengthen legislative frameworks and policies and leverage resources from Government and other development partners; technical support to develop capacity to deliver quality services and to influence demand for services; and support for monitoring, evaluation and reporting to ensure that knowledge is used to improve policies, programmes and accountability. UNICEF Namibia is strengthening national/local capacity to deliver services and maximise results; advocating for pro-child policies, laws and budgets; focusing on disparities, exclusion and discrimination; encouraging innovation and proof of concept; monitoring of children’s and women’s rights; and promoting and enhancing partnerships for children.

Component programmes are aligned with the UNICEF Strategic Plan and Regional priorities; UNICEF Namibia also engaged in development of joint South-South activities in these areas among the BNLSS countries (Botswana, Namibia, Lesotho, South Africa and Swaziland).

2014 was also marked by a reduction in support for programme interventions by several development partners. PEPFAR, CDC, the Millennium Challenge Account and I-Tech all announced sharp reductions in funding or even closure of operations. The Government therefore called on UNICEF to fill strategic programme gaps, particularly in health and HIV and AIDS response, resulting in huge technical and financial pressure on UNICEF Namibia.

The most significant achievements of the year included the launch of Child Survival Strategy (as part of the commitment to “A Promise Renewed”) and the roll-out of the costed and approved Nutrition Country Implementation Plan (as a lead country in the Scaling-Up Nutrition global initiative). Both provide the basis for Government and development partners’ resource allocations and tracking of progress against key results during the course of the Country Programme.

The BNLSS Cooperation Framework was endorsed by the Regional Director to strengthen mutual accountability and effectively and efficiently use (and mobilise) resources in middle-income countries in Southern Africa. Already in 2014, UNICEF Namibia worked with Government partners to host sub-regional learning on both Community-Led Total Sanitation (CLTS) and Gender Justice.
Passage of the Child Care and Protection Bill (CCPB) in December 2014 represented the culmination of years of advocacy with partners, including the Children’s Parliament, and technical support for drafting the Bill. The Committee on the Rights of the Child in 2013 emphasised how well the CCPB incorporates the Convention on the Rights of the Child (CRC) into national legislation. The administrative implications and resource requirements will demand sustained attention in 2015.

Despite opportunities to leverage resources with Government and other critical partners (such as the European Union and private sector) resource mobilisation remains a challenge in a small, upper-middle income country. UNICEF Namibia has paid increased attention to timely, quality reporting to donors as well as articulating its role in a UMIC – requiring high-quality technical staff and modest financial resources to leverage Government resources for achieving results at scale. While 73 per cent of the funding required for 2014-15 work plans has been secured, the limited availability of multi-year funding delayed full recruitment against the CPMP for 2014-2018, as well as creating insecurity for existing staff.

For achieving results in an upper-middle-income country, partnerships are critical. Strengthened partnership with the Namibia Statistics Agency and with academic institutions led to more effective use of available data for analysing the situation of children and adolescents in Namibia, tracking progress against the MDGs and strengthening accountability for results with Government. The UN has also fully implemented the Standard Operating Procedures for Delivering as One – strengthening joint advocacy on agreed priorities. The UN Country Team (UNCT) continues to advocate for progress on children’s rights as Namibia approaches its own celebration of 25 years of independence in 2015. UNICEF Namibia has engaged with civil society, both in programmatic interventions and in advocacy for policy changes. Both the EU and Japan have continued to provide significant funding to the Country Programme – and visibility and acknowledgement of their support has been highly valued.

**Humanitarian Assistance**

As part of humanitarian assistance, UNICEF Namibia scaled-up WASH and nutrition interventions through the Namibian Red Cross Society (NRCS) in five northern regions as well as strengthening the Government-led response on both drought and cholera emergencies in 2014.

Community-based Infant and Young Child Feeding (C-IYCF):
- Two Training of Trainers conducted, a total of 52 NRCS staff trained as trainers and 448 community volunteers trained in C-IYCF and how to screen for acute malnutrition.
- Subsequently 4,698 children under-five and pregnant women were screened using mid-upper arm circumference. 2,529 children under-five and 14 pregnant women were referred to health centres for further nutritional assessment.

Water, Sanitation and Hygiene (WASH):
- A total of 162 WASH information and education sessions were conducted, reaching 8,774 people. These sessions focused on hand-washing with soap and household treatment of water.
- 34 water tanks were given to NRCS for distribution in schools and communities, benefiting approximately 5,400 people per region.
- 57,520 households and 37 schools received water purification sachets.
- Hygiene kits were pre-positioned in two north-eastern regions (Kavango and Zambesi) prior to the rainy season as a disaster preparedness measure.
Community Led Total Sanitation was implemented in Ohangwena region (north) only. This was a joint initiative with the Ministry of Agriculture, Water and Forestry, Southern Africa Regional Environmental Programme, NRCS and UNICEF. Four NRCS staff were trained to be CLTS facilitators. Subsequently, 50 people including traditional leaders have been ‘triggered’. As a result of the triggering in five villages, it was observed that individuals and households have constructed ‘tippy taps’ for hand washing and reduced open defecation. Five volunteers were trained in latrine construction in Ohangwena.

Cholera:
- UNICEF is a key member in the National Emergency Response Task Force as well as Khomas Regional Team, which oversaw the outbreak in the capital, Windhoek. UNICEF led the process of establishing a national level Information, Education, Communication (IEC) taskforce to develop and distribute common messages about cholera.
- 50 volunteers from NRCS trained in basic hygiene promotion and cholera prevention as well as 50 health workers, including Health Extension Workers from Kunene Region, received similar training. UNICEF procured supplies for an immediate and medium-term response, including 900,000 Water Purification Sachets; 100,000 ORS packets; 2,500 water containers (household jerry cans); 2,500 hand-washing basins; 100,000 soap bars and 250,000 copies of IEC materials in five different local languages.
- With those concerted efforts, the cholera outbreak in both regions subsided in April 2014.

Overall, the Directorate of Disaster Risk Reduction, in the Office of the Prime Minister, has gained an appreciation of the importance of including a nutrition component in their response – as distinct from food relief – in their drought-response planning. In addition, the Namibia Red Cross Society has built up a cadre of trained staff and volunteers to provide the required operational support for both nutrition and WASH in emergencies.

Against the Humanitarian Action for Children appeal for US$3.5 million for the drought response in 2014, only US$562,225 (16 per cent) was funded, mostly from carryover, as no new emergency funds were forthcoming, although US$740,000 was received from Japan’s Supplementary Budget as non-emergency funds for building up resilience to droughts. A Joint UN appeal to DfID for the drought response was unsuccessful in light of competing priorities for DfID.

Equity Case Study

Income inequality in Namibia is amongst the highest in the world, a fact reiterated in the UNDP Human Development Report for 2014. At the same time, the country is one of the few African countries with a comprehensive and entirely Government-funded social protection system, providing social grants to over 15 per cent of the population, targeting elderly people, adults and children with disability, orphans, children in foster care as well as war veterans. According to the 2011 Census, 22 per cent of children in Namibia grow up in a household where a social grant is the primary source of income.

Despite substantial investments in social grants, however, their impact in reducing child poverty remains limited. According to the Namibia Household Income and Expenditure Survey 2009/2010, poverty rates declined, but remain high with 29 per cent of the overall population and 34 per cent of children living in poverty. Child welfare grants, mostly means-tested and targeted towards orphans, currently only reduce child poverty rates by 1.4 per cent: from 35.4 per cent to 34.0 per cent. This reflects both the comparatively low value of the grants and a targeting mechanism that excludes most poor and vulnerable children. In many respects
orphans are not the most vulnerable – with little difference between orphans and non-orphans in access to education and health services for example.

Modelling exercises have demonstrated that if the Child Grant were redesigned so that rather than focusing on orphans, it was instead expanded to all children, then it would dramatically reduce child poverty rates, to just 9 per cent, and eliminate extreme child poverty. With this single measure, one of the goals of NDP4 to reduce income inequality would be met.

During the years 2010-2013, a strong evidence base and advocacy on the value of expanding Child Grants to all poor and vulnerable children and impact studies of the current social protection system on child poverty rates was built. The foundations were a Child Poverty Study (2012) and Qualitative Grant Assessment (2012) produced jointly by UNICEF and Namibia’s statistics agency and Government. This has generated broad-based support for an expansion of child welfare grants, as reflected in both the Fourth National Development Plan (NDP4) and in the Concluding Observations of the Committee on the Rights of the Child (2012) – as well as through the report of the UN Special Rapporteur on Extreme Poverty and Human Rights (2012). A scale-up proposal for Child Grants was developed by the Ministry of Gender and Child Welfare in 2013, again with technical support from UNICEF Namibia.

Building on the momentum generated, UNICEF in 2013/2014 provided technical support through Oxford University to the development of NAMOD, a micro-simulation tax-benefit software model that uses household and expenditure survey data and social grant and taxation rules and procedures to simulate the effect of changes in social grant and taxation policies and systems on household income and poverty levels. A Government NAMOD Task Force was formed, composed of the five key line Ministries, which was trained on the application of NAMOD. This training, plus upstream Government advocacy, and technical support to obtain licenses and house the model within MOF, built a sense of commitment with Government decision-makers and fuelled discussion on universalisation of child welfare grants.

A second step towards child welfare grant reform in 2014 was a study tour on child grants to South Africa by the three Ministries working together on social protection, which helped shape Government understanding of the merits of a universal approach and on efficient social grant administration system and reforms needed in Namibia for expansion of the social grant system as a whole, and child grants in particular.

The third area of UNICEF support in 2014 was the assessment of funding mechanisms for universal child grants, developed by a leading national economist in consultation with relevant ministries. The study examined the fiscal space available, identifying options for securing sustainable funding and thereby the feasibility of expanded child grants, thus providing an invaluable advocacy tool for Government decision-makers.

Together, these informed adjustments to the draft Child Care and Protection Bill (subsequently approved by Parliament in December 2014); removal of all targeting criteria for child grants and a Cabinet submission calling for gradual expansion towards universalisation of the child grants.

While broader discussion on social security reform will continue in 2015, the key enabling environment is now in place for more “operational” support in 2015: such as a functional review of the social welfare workforce and the social grant administration system, as well as establishing a framework to carefully monitor, and ultimately evaluate, the impact of universal child grants.
Overall, the experience of “walking with partners” over several years, from developing the evidence to building up the capacity and confidence of the Ministry of Gender Equality and Child Welfare to engage with Ministry of Finance, has demonstrated the significant role UNICEF can play in middle-income countries in using limited resources (primarily high-quality staff and technical assistance) to leverage social protection reform to maximise its benefit to children. Partnering with non-traditional partners such as the Ministry of Finance, and supporting child-focused economic research that brings to the table hard evidence on fiscal space and tax-benefit simulations that “speaks their language” enables such policy dialogue to take place.

This support has also helped UNICEF to leverage social protection reform to strengthen the reach of child protection services, as reforms in social grant administration will thereby free up the time of the social welfare workforce to focus on case management. This will therefore increase their effectiveness and impact on the lives of vulnerable children.

This example shows how targeted – and relatively inexpensive – technical expertise that UNICEF brings to the table in middle-income countries can help change the national dialogue and leverage Government resources in such a way as to maximise the impact on vulnerable children. In Namibia, this has the potential to reduce child poverty from 34 per cent to less than 10 per cent and to virtually eliminate extreme poverty among children.

Summary Notes and Acronyms

AIDS - Acquired Immune Deficiency Syndrome  
ALHIV - Adolescents living with HIV  
AMP - Annual Management Plan  
APR – A Promise Renewed  
BNLSS - Botswana, Namibia, Lesotho, Swaziland, South Africa  
C4D - Communication for Development  
CBMNC - Community-based Maternal and New-born Care  
CDC – Centre for Diseases Control  
CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women  
C-IYCF – Community-led Infant and Young Child Feeding  
CLTS – Community-led Total Sanitation  
CMT - Country Management Team -  
CPMP - Country Programme Management Plan  
CRC - Contract Review Committee  
CRC - Convention on the Rights of the Child  
DfID – Department for International Development (UK)  
DHS - Demographic and Health Survey  
DWSSC – Directorate for Water Supply and Sanitation Coordination  
EMIS - Education Management Information System  
eMTCT - Elimination of mother-to-child transmission (of HIV)  
ESARO - Eastern and Southern Africa Regional Office  
GRN - Government of the Republic of Namibia  
HEW - Health extension worker  
HIV - Human Immunodeficiency Virus  
ICT - Information and Communication Technology  
IEC – information, education and communication  
IMEP - Integrated Monitoring and Evaluation Plan  
JCC - Joint Consultative Committee  
LTA – Long- term agreement
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.

Support to Health Extension Workers (HEWs) continued through strengthening the training curriculum and training of 22 master trainers at regional and district level. As result, there are now 562 functioning HEWs deployed in five regions. An additional 900 will graduate in May 2015. The Ministry of Health and the media have reported increased numbers of children and women seeking health services as well as increased use of hand washing facilities - tippy taps – at household level. The Ministry also singled out the Health Extension Workers in Kunene region for effective control of cholera in April 2014. An evaluation is planned in late 2015.

Improved social accountability in schools resulted in learners, parents and community members
gaining information and practical tools to hold schools accountable for quality education. Some 1,128 learners were reached from January to June 2014, with a further 1,500 to be reached by December 2014. Using participatory methodologies to assess challenges in their schools, they can implement activities to address challenges and provide inputs that will feed into the revision of the Education Act in 2015. Social accountability tools were provided to more than 1,000 parents and community members to measure the performance and quality of education in their schools. An impact assessment is planned for 2015.

The finalisation of a child protection-sensitive police training curriculum will strengthen police investigation into protection cases and the functioning of women and child protection units. The curriculum will be rolled out in 2015 through Police Training Colleges throughout the country and will help ensure implementation of the new Child Care and Protection Act. Moreover, all 120 prosecutors in the country were reached with specialised training on the use of forensics to prosecute child protection cases.

A lesson learned for UNICEF was the need to involve the Public Service Commission and link to national Human Resource planning processes to ensure sustainable institutionalisation of capacity.

**Evidence Generation, Policy Dialogue and Advocacy**

The Namibia Programme of Cooperation emphasises a strategy that: ties together policy analysis, system strengthening, use of evaluation and research, combined with “proof of concept” pilot interventions. When these elements work together, in the context of a UMIC, they can effectively leverage Government’s own resources at scale, using high-quality technical assistance and a modest financial contribution from UNICEF.

Current examples include the demonstration of the Health Extension Programme in Ethiopia, followed up by a pilot project in one region (supported by UNICEF and USAID) (2012/13). Now Government has funded the scale-up to an additional five regions – while UNICEF and USAID provide support to strengthen supervision and monitoring to demonstrate the effectiveness of this intervention in reaching the most vulnerable. A second example is the progressive build-up from research to advocacy: the 2012 Child Poverty Study and Qualitative Grant Assessment provided the evidence base for the scaled-up proposal for Child Grants (2013), supported by a Fiscal Space analysis and Study Tour to South Africa in 2014. This ‘walking with the partners’ led to a Cabinet Memorandum and discussion of broader reform of Social Security (with ILO) (2014). The tax-benefit modelling shows that universalisation of the Child Grant could reduce child poverty from 34 per cent (2011/12) to under 10 per cent and free up social workers to do more case management, rather than grant administration. In 2015 UNICEF Namibia will work with partners on the administrative implications and support continued policy dialogue on Social Security reform.

The observations of the Committee on the Rights of the Child on Namibia’s CRC Reports (2013), plus submission of the report to the AU Committee of Experts on the ACRWC (2014) – in addition to culmination of the debate on the proposed Child Care and Protection Bill (2012-2014) – have made discussion of children’s rights a permanent feature of the Parliament, which was reinforced by sessions of the Children’s Parliament becoming annual. The anniversary of the CRC@25, plus an analysis of children in the three censuses held since 1991 have allowed UNICEF and partners to keep children in view as Namibia prepares to mark 25 years of independence in 2015.
**Partnerships**

UNICEF Namibia has used partnerships to put the rights and well-being of the most disadvantaged children at the heart of social, political and economic agendas and leveraged increased public resources for children in Namibia.

Namibia has shown global leadership in the Scaling-Up Nutrition (SUN) movement, and the SUN Country Implementation Plan to reduce stunting in Namibia was launched in partnership with the Ministry of Health and Social Services and WHO in September, along with the national Child Survival Strategy, in fulfilment of commitments to “A Promise Renewed” (APR). The launch, which was attended by the Deputy Regional Director of ESAR, brought together over a 100 participants from the 14 regions of the country. The outcome of the launch was a commitment by all stakeholders to implement to implement accelerated actions for maternal, new-born and child survival and nutrition. In order to advocate for the APR and highlight the importance of civil society engagement and community response, the Regional Goodwill Ambassador, Ms. Yvonne Chaka Chaka, participated as a champion for the campaign.

UNICEF Namibia, with support from Japan and the EU, has provided a convening role for greater inter-ministerial cooperation around key cross-sectoral challenges (especially MDGs for which Namibia is unlikely to reach 2015 targets), such as: providing secretariat support to the Namibia Alliance for Improved Nutrition (NAFIN) which has led the SUN country implementation planning process; support to the Ministry of Agriculture, Water and Forestry to coordinate Government interventions on sanitation; and to the transfer of responsibilities for Early Childhood Development from the Ministry of Gender Equality and Child Welfare to the Ministry of Education. (See section on cross-sectoral support for details.).

For the past five years UNICEF has been a catalyst in engaging the private sector, such as the Namibia Football Association, Cricket Namibia and SPAR, a leading international retailer, for its Sport for Development Programme. Taking this work global, this year UNICEF Namibia forged a new partnership with the Namibian National Olympic Committee with aim of advancing joint efforts to advocate for child protection and healthy recreation as part of the 2014 Glasgow Commonwealth Games.

**External Communication and Public Advocacy**

UNICEF Namibia provides a voice for children in Namibia and has worked closely with Government, the Children’s Parliament and the Legal Assistance Centre to advocate for and support the ongoing national consultative process that resulted in approval of the Child Care and Protection Bill in Parliament, which largely domesticates the CRC.

Advocacy on reducing violence against women and children was through the Gender Justice in Namibia Colloquium hosted by the Government. During this event UNICEF Namibia maintained a Social Media package locally and regionally and with traditional media with support from the Africa Media Hub in Johannesburg. The meeting also appointed eight “national champions” to advocate against violence against women and children in Namibia. Similar support was also provided to launch the national Child Survival Strategy (A Promise Renewed) and the Nutrition Country Implementation Plan.

To show partners the work in shaping hopes and dreams for girls in Namibia, UNICEF Namibia, with the Digital Strategy Section in NY, released a music video to raise awareness on the role sports play through the Galz and Goals project. The video, developed as part of a UNICEF Global Team activity feeding in to the 2014 soccer World Cup in Brazil, generated over a
100,000 downloads on social media within a month of its posting. The German National Committee was very appreciative of this additional visibility. An average of 82 per cent of all posts/tweets were retweeted and likes on Facebook increased from 155 to 1,865 during 2014. HQ colleagues also trained the UN Advocacy/Communication team, which resulted in the development of a UNCT Communication Strategy and new social media platforms.

As part of the commemoration of CRC@25, UNICEF Namibia, in partnership with the Government, private sector (SANTAM Namibia), civil society and children held a week-long series of events. The main event, officiated by the President of Namibia, highlighted the plight of children living with disability. Three opinion pieces by the UNICEF Representative, two essays written by eminent Namibians focusing on children’s rights and a video starring children from the hearing-impaired school singing/signing “Imagine” were distributed locally and globally.

South-South Cooperation and Triangular Cooperation

The BNLSS strategy for increased cooperation and coordination with planned joint and country-specific activities was developed by the participating UNICEF offices and has been endorsed by Regional Management Team with ESARO seed funding. The group also developed a note on programming in middle income countries (MICs), and is establishing itself as a learning hub for programming in MICs globally by proactively addressing the need to change programming approaches in MICs.

BNLSS participants are aligning their programming around select, high-impact initiatives and positioning UNICEF as a catalyst for change by strengthening national/local capacity to deliver services and maximise results; advocating for pro-child policies, laws and budgets; focusing on disparities, exclusion and discrimination; providing technical assistance and expertise; encouraging innovation and providing “proof of concept” for new interventions; monitoring of children’s and women’s rights; and promoting and enhancing partnerships for children.

The BNLSS group is also developing four joint programmes for 2015–2016: HIV and AIDS (as part of the Results for Adolescents Regional Priority) – led by Botswana; Preventing violence against children and women (Results for Adolescents) – led by Swaziland; Nutrition (Reduce Stunting) – led by Namibia; and Social Protection (Social Protection) – led by South Africa and Lesotho.

The value of South-South learning remains a valuable part of supporting evidence-informed advocacy for policy change: examples in 2014 include the hosting of the sub-regional conference on Community-Led Total Sanitation (the initiative is now being piloted in four northern villages), hosting the Gender Justice in Namibia Colloquium (with experts from the sub-region and from Senegal) and supporting the Child Grant Study Tour to South Africa, which helped engage senior ministry staff in the push for universalisation. The Civil Registration and Vital Statistics Assessment was also a direct follow-up of a 2013 study tour. The Health Extension Programme continues to exchange with Ethiopia on good practices and challenges.

Namibia, within the SACU context and the dominance of South Africa’s private sector in the sub-region, has engaged in the ESARO-led regional learning component to identify ways to engage more effectively with the private sector as a development partner.

Identification Promotion of Innovation

A UNICEF Namibia task team has been instituted to identify and scale-up innovative practices and devices in the programme. The team represents input from programme sections, IT and
Communications and works to strengthen current innovation work, build new partnerships and identify new innovations.

Dialogue was held with the largest mobile phone network provider (MTC) to identify ways to capitalise on their reach and create links between communities and policy makers. MTC will work on two health campaigns in 2015 as part of their Corporate Social Responsibility work, tying these with focus areas in the UNICEF programme of cooperation.

Indigo Trust is a UK-based grant making foundation that funds technology-driven projects to bring about social change. After a meeting with the executive director, UNICEF Namibia will undertake a mapping of innovation projects and see how linkages and agreements can be built with companies such as R Labs, Namibia Polytechnic College and Unongo Technology, and lessons learned from other countries shared by Indigo to see what can be adapted locally.

The use of ICT for development has included real-time information-sharing, exchange and dialogue using Facebook, Instagram, You Tube and Twitter as part of the social media package in support of the programme. An SMS platform was introduced to the Gals and Goals initiative to use sport to springboard discussions around sexuality, HIV prevention and other issues affecting young girls.

The Young Peoples e-application on HIV and AIDS (YeAH!) tablet application is used to share messages and provide guidance to young people on issues pertaining to risk perception and fears around testing and counselling. An assessment done in 2014 from the 16 pilot schools in two regions indicated relevance of the application for encouraging testing, albeit with a need to adapting it to devices more accessible to young people (see Annex: Innovations 2014). Mixit (a free instant messaging application that runs on most devices) will be introduced to learners in 2015 to complement learning outcomes by sharing information relevant to their academic needs.

Support to Integration and cross-sectoral linkages

UNICEF Namibia undertook a number of strategic initiatives to influence inter-sectoral policy dialogue and action.

The Scaling-Up Nutrition Country Implementation Plan 2013/14 – 2016/17 was developed with support from UNICEF and the multi-sectoral Namibian Alliance for Improved Nutrition, engaging Government, development partners, civil society, academia and the private sector. The plan promotes the life-cycle approach and early interventions within 1,000 days from pregnancy to age two, to prevent irreversible long-term limitations on children’s health, and cognitive and physical development.

The Nutrition Country Implementation Plan was launched in September 2014 together with the Child Survival Strategy (2014-2018) - under the umbrella of “A Promise Renewed”. The Child Survival Strategy aims for reduction of under-five morbidity and mortality to achieve the national and international targets by 2018. It aims to increase and sustain the integrated delivery of high-impact, cost-effective interventions – including health extension workers - through a multi-sectoral approach incorporating health, education, water, sanitation & hygiene and child protection sectors.

Building on the 4th National Development Plan, which commits to the expansion of quality, integrated early childhood development (IECD) services to the poorest communities, UNICEF
Namibia has partnered with an international NGO (Pact) to support the transition of the IECD mandate from the Ministry of Gender Equality and Child Welfare to the Ministry of Education, with a framework and costed plan. The transition process is supported by a high-level technical committee consisting of Government, civil society and academia and facilitated by UNICEF. The IECD model explicitly includes child protection and nutrition, drawing from global lessons learned, with these sectors well-represented on the high-level committee and in stakeholder consultations. UNICEF secured regional funding for the piloting in 2015 of an IECD service delivery model in the country’s most underserviced locations.

With Situation Analysis and Demographic Health Survey (2013) results now available, analysis of data on adolescents will assist with targeted response, particularly to most vulnerable and at-risk adolescents in the most affected geographical areas. Further efforts will be made in 2015 to support the development and implementation of an adolescent health and development strategy.

Service Delivery

The overall thrust of the new Country Programme has been to “move upstream”. Within this approach, support to service delivery remains important in two respects: a) modelling interventions to provide proof of concept for Government scale-up, and b) providing humanitarian assistance.

Successful modelling of service provision aims to inform structural reform to reduce barriers to access. For example, the pilot to strengthen access to justice for child victims and witnesses of crimes was scaled-up by Government, with UNICEF assistance, to 13 regions in Namibia in 2014, building the capacity of 90 social workers, police officers and prosecutors, benefiting 100 children and guiding work to institutionalise child-sensitive justice within the law school curriculum.

Two national immunisation drives in 2014, African Vaccination Week and Maternal and Child Health Week, benefited a total of 20,017 children under five who received the Penta vaccine; more than 70,000 were vaccinated against Measles. Around 300,000 children received Vitamin A and de-worming tablets; while 150,000 were screened for malnutrition; more than 2,000 referred or given RUTF; and 30,000 women of child-bearing age received Tetanus Toxoid (TT). Two new vaccines, Pneumococcal and Rota, were introduced and 1,700 and 1,600 children, respectively, received the new vaccines. In parallel, an Effective Vaccine Management Assessment has highlighted critical areas to improve the immunisation programme.

UNICEF Namibia continued to work on reinforcing national systems, accountability structures and routine monitoring systems, to ensure timely delivery and monitoring of services for vulnerable children. Examples include: a) support to the development of the Education Management Information System (EMIS) and school profiles for improved planning, and b) technical assistance to develop a database capturing data on identification and response to violence against children, housed with the NGO Lifeline/Childline.

Such service delivery (plus the humanitarian assistance described elsewhere) has a significant supply component (almost US$330,000 in 2014). The Effective Vaccine Management Assessment has triggered interest by the Ministry of Health in engaging UNICEF Procurement Services; a Ministerial-level visit to Supply Division took place in December 2014 to brief the Ministry on the support available for efficient procurement and building national procurement capacity.
Human Rights-Based Approach to Cooperation

The Country Programme Document (2014-18) was informed by the 2013 Situation Analysis of Children and Adolescents in Namibia. The CRC and the African Charter on the Rights and Welfare of the Child provided the framework for analysis, drawing on the observations provided by the Committee on the Rights of the Child in 2013 on Namibia’s combined 1st, 2nd and 3rd CRC Progress Reports. The country’s first report to the AU Committee of Experts on progress in implementing the African Charter was also submitted in 2014.

On CEDAW, the list of issues was transmitted to the Government for their response before official consideration of the report by the CEDAW Committee in their 61st session in July 2015. The UN County Team will participate, and the UN Gender Theme Group also supported the shadow report prepared by civil society in 2014.

Addressing issues of equity is the overall thrust of the Country Programme. Further analysis, using 2011 census data, highlighted region-specific issues facing children and adolescents. The recently released Demographic and Health Survey data for 2013 will also be used to gain deeper understanding of the vulnerabilities faced by children and adolescents.

The UN Partnership Framework for 2014-18 drew upon the findings and observations of special measures, such as Universal Periodic Review and convention-specific reviews, as well as visits by Special Rapporteurs to Namibia (including those addressing poverty, water and rights of indigenous peoples). Training of UN staff and counterparts in human rights programming was built into the process of developing the UN Partnership Framework for 2014-18, linking it to Results-based Management. This will be maintained through a proposed training on programming for equity in early 2015. In addition, all UNICEF staff participated in a Programme Policies and Procedures workshop in 2014, which included human rights programming and emphasised equity programming.

The 25th anniversary of the CRC also provided an opportunity to engage the whole UN Country Team in promoting child rights, as well as a platform for advocacy by the Children’s Parliament for passage of the Child Care and Protection Bill.

Gender Mainstreaming and Equality


The ‘Adolescent Girls Sports for Development Programme’, led by Education and supported by Adolescent Development and Communication (2014-18, US$75,000, 1 staff) has resulted in: A total of 3,000 adolescent girls being reached with organised football through U/13, U/15 and U/17 leagues; seven programme graduates playing on the national football team (which also hosted the 2014 African Cup this year); knowledge and skills related to teenage pregnancy, HIV/AIDS education, life skills, gender-based violence and overall healthy lifestyle choices acquired by the participating girls; and capacity developed in football coaching and Sport 2 Life tool for participating team coaches.

The ‘Male involvement in PMTCT Programme’, led by Health and supported by Communications (2010-15, US$72,000, 1 staff) resulted in significant progress toward reducing
transmission of HIV from mother-to-child. Recent reports indicate that the transmission rates declined by almost 50 per cent in just two years: from 13.4 per cent in 2006/07 to 7.0 per cent in 2008/09. This progress is supported by anecdotal reports indicating that more and more fathers or partners are accompanying their pregnant wife/partner for their first visit to the antenatal care, making it easier for mothers to adhere to treatment, lead a healthy lifestyle and give birth to HIV-free babies. An impact evaluation is planned for 2015.

UNICEF also supported the implementation of the ‘Learner Pregnancy Prevention and Management Policy’, placing emphasis on preventing adolescent pregnancies and supporting adolescent mothers to return to school. Notable was the boys and girls empowerment initiative in schools (‘EDUcircle’), which has created a platform for boys and girls to participate in policy and decision-making processes on issues affecting their education. One of the common issues being raised is bullying - an impediment for school attendance by some learners.

**Environmental Sustainability**

Namibia is considered a water-scarce country and is prone to natural disasters such as drought and floods, the incidence and severity of which has been on the rise in recent years. Vulnerability to the impact of climate change is highlighted in both the Government’s 4th National Development Plan and the Government-UN Partnership Framework for 2014-18. Namibia is also faced with a sanitation crisis, with the lowest levels of sanitation coverage in Southern Africa. UNICEF response on environmental sustainability has thus been focused on improving access to water, sanitation and hygiene (WASH).

1) The Southern Africa regional meeting on Community Led Total Sanitation took place in April 2014, with 80 participants from Botswana, Lesotho, South Africa, Swaziland, Zambia and Zimbabwe. Namibia had the highest number of participants, and the capacity of Directorate Water Supply, Sanitation Coordination (DWSSC) and Namibia Red Cross Society was improved. CLTS has been since implemented in six villages each in three regions by DWSSC and five villages by NRCS in one northern region.

2) A Communication Strategy for the Elimination of Open Defecation was developed after formative research was carried out by UNICEF, endorsed by the National Water and Sanitation Forum.

3) A Project Cooperation Agreement with NRCS on Nutrition and WASH activities was entered into, in response to drought in five severely affected regions. Activities included household water treatment and safe storage, hand-washing with soaps, and behaviour change. Some 8,774 people were reached with hand-washing, water treatment and storage education sessions, while 57,520 households and 37 schools were reached with water purification sachets and 34 schools received water storage tanks.

UNICEF is active in the Water and Sanitation forum and various other steering committees; i.e. School WASH and Health and Hygiene Task Force. UNICEF also play a role in ensuring the involvement of children in awareness-raising and national policy advocacy dialogue with Government partners on issues related to the environment.

In terms of its own environmental footprint, UNICEF Namibia has paper and waste management guidelines to reduce waste and increase recycling of paper. Carpooling is also practiced to reduce fuel consumption and increase transport efficiency.
Effective Leadership

The CMT, in consultation with the staff association and general staff body, and with inputs from senior management, completed the Annual Management Plan (AMP) by March 2014, incorporating priorities for 2014 based on audit and peer review recommendations and weaknesses identified in the implementation of programme and operations indicators. On the basis of the AMP and the Country Programme Management Plan (2014-2017), frameworks and guidelines were articulated for each governance committee. Oversight structures were required to make presentations to the CMT on bottlenecks or challenges that required CMT attention and action. Additionally, the CMT reviews management indicators for both programme and operations on a monthly basis focusing on those indicators that are not met and recommending corrective measures. A table of action points detailing the actions, responsible staff and agreed timelines is maintained on a monthly basis by the CMT for follow-up on progress made regarding action points of previous meetings. Action points not acted upon are reviewed and supplementary recommendations and timelines agreed at the CMT.

The AMP contains details of the CMT and other committees in terms of composition, terms of references and reporting responsibilities. The additional office committees are: Contract Review and Programme Cooperation Agreement Review Committee, Central Review Board, Property Survey Board, Learning and Training Committee, Staff Association Executive Committee, Caring for Us committee, Audit Committee and Business Continuity Team. Members were taken through the terms of reference and reporting requirements.

The audit committee reviewed the peer review recommendations and audit recommendations and minutes of meeting presented to the CMT for discussion. At the mid-year and annual internal reviews, governance gave updates on activities, bottlenecks and successes during the course of the year. Although the last country audit was conducted in 2009 and all recommendations were considered closed, the Operations Manager conducts compliance and substantive tests and highlights weaknesses to CMT, finance staff and section chiefs for corrective and/or compliance action. Peer review recommendations on Human Resources (2012), Information Technology (2013), Supply (2011), Operations (2008), Country Office (2009) were reviewed by the audit committee, and additional actions recommended to the CMT and other committees.

At the Programme Planning Process Workshop in September 2014, UNICEF Namibia’s Risk Control Self-Assessment (RCSA) profile was reviewed and participants taken through the risk profile and the implications for programme implementation and operational support were explained. At the CMT, the RCSA was revisited and the profile reviewed with a view to a revision early next year, before completion of the AMP in February 2015. The exercise will be done with all staff to secure ownership and packaging into regular programme and operational activities. The Business Continuity team also met and updated the plan in line with the RCSA and new complement of staff.

The CMT also oversaw the development of proposed adjustments to the CPMP in readiness for the introduction of the Global Shared Service Centre.

Financial Resources Management

The CMT and programme and operations groups review all budgets and utilisation rates during their monthly meetings. Since some funds have donor conditions, OR funds are reviewed by the CMT and programme group both in terms of utilisation, liquidation of cash assistance, donor reporting as well as expiration. Bank reconciliation is part of the Operations Group management
indicators and feeds into the monthly CMT report.

The Operations manager performs compliance tests on vouchers and identifies weaknesses for the CMT and Finance staff to address. 2009 Audit recommendations were closed, but are monitored in conjunction with changes brought about by VISION and SAP. Operations colleagues meet monthly to review progress toward AMP targets and to ensure that outstanding and lagging activities are addressed. Key indicators such as bank reconciliation status, open trips in VISION, overtime management and cost-savings initiatives are discussed during Operations meetings and shared with the CMT on a monthly basis and with ESARO quarterly.

The office HACT Task Force has overseen the application of the new guidance. Outstanding cash transfers have largely been kept between three and six months through the year. By December, the total stood at US$0.9 million, of which 43 per cent were under six months, but jumped to 55 per cent over six months, largely due to one partner.

Monthly cash forecasting is used by sections to ensure that large sums are not lying idle in the local bank account, and to adhere to UNICEF’s cash farming principles. Variations between forecasts and actuals utilised are investigated and addressed to ensure improvements in the system.

**Fund-raising and Donor Relations**

The Resource Mobilisation Task Force oversees implementation of the Resource Mobilisation Strategy: to close funding gaps, track proposals submitted/pledges received and maintain/develop donor relationships (through visibility, field visits, updates, etc.). The Country Management Team includes donor reporting as a monthly performance indicator, as well as updates from the Task Force on major upcoming donor visits.

The strategy covers leveraging resources as well as resource mobilisation for UNICEF Namibia per se. In addition, UNICEF Namibia is engaging in joint resource mobilisation with BNLSS countries in four agreed priority areas. The UN Country Team plans to develop a joint resource mobilisation strategy in 2015. Private sector engagement has been limited, pending development of UNICEF ESAR’s regional strategy.

UNICEF Namibia mobilised US$9.9 million for 2014 and 2015 (i.e. 60 per cent of planned biennial ceiling. In addition to thematic funds, UNICEF Namibia has developed proposals for bilateral/multilateral organisations and national committees, with limited results given Namibia’s UMIC status and competing global humanitarian demands.

Visits by the Canadian National Committee and the Japanese Government (Embassy in South Africa) generated interest around children and families who live in remote areas and supported the extension of partnerships with Canada and Japan. The webpage launch, social media updates, plus the ‘Galz and Goals’ video (with the Digital Strategy Section in NYHQ), have enabled UNICEF Namibia to share stories and promote its work more widely. While no new partners engaged as a direct result, donors are appreciative of the visibility given to their support.

**Evaluation**

The evaluation function is a core responsibility of the M&E specialist (NO3), established in 2013 but vacant due to insufficient OR funding. In the interim, the responsibilities have been covered by the Social Policy Adviser (supervisor of the post), supported by the M&E and Research
Group established in the AMP to oversee quarterly implementation of the IMEP. The IMEP was reviewed during the internal mid-year review to identify changes required due to new opportunities identified with partners (e.g., Teacher Incentive Review) or constraints (e.g., remove those lacking strong funding prospects at mid-year).

UNICEF Namibia will prioritise the M&E position for OR funding in 2015. This will be critical for supporting evaluations and reviews to inform any necessary programme re-design at mid-term of the Country Programme in 2016. As agreed with the RO, this will be better use of limited resources than an end-cycle evaluation. The UNICEF Namibia also initiated discussion with the Office of Research on participation in the proposed global evaluation of the advocacy function – which is at the heart of the Namibia programme strategy of support for a UMIC.

Within the IMEP, there were 17 planned studies, surveys and evaluations, of which eight were completed, five are ongoing and two rescheduled for 2015. Two were dropped (or merged) at mid-year after review of funding.

The evaluations include specific interventions (e.g. HCT tablet), project evaluation (social accountability) and, as a trusted neutral partner, to evaluate a Government initiative (teacher incentives). These still require formal management response to be developed with Government partners, but are already informing development of work-plans for 2015.

The National Planning Commission is seeking to establish its role in providing an overall evaluation function for Government programmes and projects, and has requested the newly formed UN M&E Group to provide support.

Efficiency Gains and Cost Savings

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

UNICEF Namibia continues to make use of global insurance rather than local insurance, resulting in an annual cost saving of US$10,000.

A significant number of video conferencing, tele-conferencing, Skype lectures and webinars were conducted during 2014; the estimated savings in time and travel was US$60,000.

A new Internet service provider has been engaged for the UN House, including UNICEF. Cost-saving was US$1,500 per month, a total of US$18,000 annually.

UN Agencies in Namibia are increasingly using each other’s recruitment short lists and rosters where appropriate, and UNICEF Namibia saved on advertisement costs of an estimated value of US$10,000 through such means (and also supported other agencies in the same manner).

Through economies of scale using common travel agents, UNICEF was able to save US$14,000 on domestic and external air travel, as a result of quantity discounts enjoyed by placing bulk orders. A market survey updated the list of pre-screened vendors for stationary and by placing bulk purchases, UNICEF was able to enjoy reduced prices at an estimated savings of US$6,000 annually.

By collaborating with other agencies on security costs, UNICEF Namibia saved an estimated
US$56,000 compared to unilaterally procuring such services. It also gained from hotel accommodation discounts to an estimated tune of US$12,000 annually due to group booking discounts and negotiated rates for the UN.

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

**Supply Management**

The supply function in UNICEF Namibia continued to be efficiently managed in 2014, in liaison with the Pretoria-based BNLSSA Procurement Centre. The supply plan was finalised by end February 2014. Printing, ICT equipment and WASH supplies were the largest components of supplies procured in 2014.

UNICEF conducted a market survey exercise assisted by the BNLLSA Procurement Centre, through which 14 new suppliers were identified. Long-term agreements (LTAs) were established for design and layout services and custom clearance services (and shared with other UN Agencies), which improved timeliness and quality of delivery and production of materials. End-User Monitoring Field Visits were conducted with Programme staff and identified areas for improvement in record-keeping and storage by partners.

The Supply Assistant and Operations Manager participated in the BNLSSA Procurement Centre Orientation Workshop in March, which greatly assisted in providing clear operating procedures for Institutional Contracting. The support received from the BNLSSA Procurement Centre and Supply Division was swift and professional and supplies/equipment were received on time.

UNICEF Namibia assisted the International Organisation for Migration with the clearing process of supplies, and was also part of the OMT Procurement Group to engage in the Delivery as One process. UNICEF Namibia used the LTA for design and layout to support UNICEF Sierra Leone to print Ebola IEC materials.

UNICEF also supported the Government of Namibia in the procurement of vaccines on short notice, and also facilitated a familiarisation visit to Supply Division by senior officials of the Ministry of Health following their expression of interest in an MOU on Procurement Services.

**Security for Staff and Premises**

The UN House perimeter fence has been secured by blocking vehicles from parking within six feet of the fence. In terms of office safety, firefighting equipment in the form of fire extinguishers and fire hydrants was installed. This equipment is checked every six months. Smoke detectors and surveillance cameras were placed in strategic locations and function 24 hours a day. Visitors are scanned before entering the premises and all mail is screened through metal detectors before being allowed into the premises. Fire drills were conducted three times in 2014.

Shatter-proof glass was installed in all windows. Codan radios were installed in the vehicles for communication with the base station. Staff members are encouraged to travel in 4x4 vehicles that are MOSS-compliant. The premises are about 85 per cent MOSS-compliant.

In terms of Minimum Operating Residential Security Standards (MORSS), UNDSS reviews staff premises to ensure these standards are met. UNICEF supports international and national staff
to beef up security at their residences. The most recent MORSS document is dated 13 November and covers support mechanisms including perimeter protection, residential alarm system, security guards, security grills/anti-burglar bars/safe haven. Staff members are also encouraged to ensure that private vehicles have first-aid kits, fire extinguishers, spare wheel, jack, reflector triangle, battery powered lantern and seat belts for staff safety.

UNICEF has confirmed that SOS can convey staff involved in an accident both within Namibia and for evacuation to South Africa. The office premises are fully covered by twenty four hours of surveillance cameras around the perimeter fence as well as internal corridors and main entrances and exits. Defensive driving training was conducted for all the drivers and the first-aid kits in the cars were re-equipped.

**Human Resources**

UNICEF Namibia planned six group training activities, of which four were completed, including: Staff Retreat, Programme Process and Planning (PPP) Training, Defensive Driving and First Aid Training for Drivers and Vision Refresher via Knowledge Management sessions.

With regard to individual training, timely reporting and completion rates continue to pose a challenge. Forth-three training activities were planned, but only 13 were reported completed by late 2014. Staff members will report on 2014 individual training activities in the 2014 e/PAS reports (due Feb 2015).

The Regional Training budget allocated US$9,000 to UNICEF Namibia, which was used for PPP training and team-building facilitators. The PPP training was attended by 22 staff members of which two came from other UNICEF offices (Malawi and ESARO). The staff retreat included an externally facilitated team-building exercise and a session on project monitoring in informal settlements. The staff retreat also gave a refresher to all staff on ethics, facilitated by the Human Resources Manager for BNLSSA. The staff retreat also gave a refresher to all staff on ethics, facilitated by the Human Resources Manager for BNLSSA. The retreat reviewed progress made on the Global Staff Survey and action plans outlined in 2012. When 2014 Global Staff Survey results became available an action plan will be drafted to address any challenges, overseen by the Joint consultative Committee (JCC).

UNICEF Namibia obtained a 100 per cent completion rate in terms of 2013 year-end Performance appraisal systems (PAS), 2014 individual and development work-plans and mid-year discussions on PAS. Staff were encouraged to discuss the final 2014 phase with their supervisor/supervisee before end-December 2014.

Eight staff joined the CO: 3 IP, 2 NO and 3 GS. One IP was reassigned to another UNICEF office. In addition, UNICEF Namibia had two Temporary Appointments, 1 GS and 1 NO. One GS staff retired from UNICEF service and two GS staff resigned from their posts. There were funding challenges during the year to fill the posts, resulting in five positions not being filled. As a temporary measure, current staff covered the gaps (e.g. the Social Policy Chief covered M&E).

Standard Operating Procedures for the division of labour between UNICEF Namibia and the Human Resources Manager for BNLSSA were developed and are already being implemented satisfactorily.

All-staff UN Cares activities were carried out as per the work plan and UN Cares task force meetings were held regularly. The UNCT continues to be committed to the implementation of 10
Minimum Standards on HIV in the Workplace. Seven out of the ten minimum standards were implemented. Two identified counsellors continued to provide counselling service to all UN staff. In addition two stress management sessions were facilitated by an external counsellor. Compliance with the minimum standards stood at 80 per cent. UNICEF Namibia trained two Peer Support Volunteers and one Workplace Adviser, all are working well.

Few OR-funded posts were funded from RR funding due to OR funding constraints.

**Effective Use of Information and Communication Technology**

The advent of Office 365 has enabled the UNICEF Namibia to take full advantage of mobility. Staff members were able to access their e-mails from various devices and different locations. MS Lync has been particularly beneficial in saving money in training and travel time and expenses. Conferences, subject matter consultations and meetings were made using Lync and the quality of voice and video calls and (screen sharing) has been exceptional. Some cloud-based applications (e.g. VISION) have, however, slowed down significantly.

UNICEF Namibia has also made attempts to use SharePoint by creating a Teams page. SharePoint has also been a useful platform for Headquarters to share status of financial closure schedules with UNICEF offices. The Teams page was set up, and has the potential to be a helpful tool for collaboration, but it is underutilised at the moment.

On innovation and use of IT for development, the office has developed software for Android devices that address HIV Testing and Counselling. The applications developed address the low level of uptake in HTC services by young and adolescents alike. An evaluation of the pilot was conducted, showing promise for the use of this technology to address health and societal issues. UNICEF collaborated with one of its partners, Development Aid from People to People, to implement this project.

Virtualisation has significantly decreased the number of physical servers at UNICEF Namibia – from six servers to three. The other servers were converted to virtual servers.

Social media use in the country has risen, aided by the price drops in connectivity due the commission of the WACS undersea cable that increased Namibia’s bandwidth capacity. This influenced the use of social media and all similar platforms. The CO created Facebook, Slides Share, Twitter and YouTube pages.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1 Special Purpose**

**Analytical Statement of Progress:**

Training of all drivers on defensive driving and first-aid kits for all vehicles were replaced.

**OUTPUT 1 Premises and Security**

**Analytical Statement of Progress:**
Training of all drivers on defensive driving was completed. First-aid kits for all vehicles were replaced.

OUTCOME 2 Governance and Systems

Analytical Statement of Progress:

Operations support to programmes was provided in the areas of Finance, Admin, HR, Supply, Security and ICT. Audit, peer reviews and RCSA reviews provided the framework for maintaining standards and improving the quality of support in all these areas. (See Management Effectiveness and Efficiency).

OUTPUT 1 Governance and Systems

Analytical Statement of Progress:

The CMT, in consultation with the staff association, general staff body, with inputs from senior management team, completed the Annual Management Plan (AMP) by March 2014, incorporating the office priorities for 2014, based on audit and peer review recommendations and weaknesses identified in the implementation of programme and operations indicators. On the basis of the AMP and the Country Programme Management Plan (2014-2017), frameworks and guidelines were articulated for each governance committee. Oversight structures were required to make presentations to the CMT on bottlenecks or challenges that required CMT attention and action. Additionally, the CMT reviews management indicators for both programme and operations on a monthly basis, focusing on indicators that are not met and recommending corrective measures. A list of action points detailing the actions, responsible staff and agreed timelines is maintained on a monthly basis by the CMT for follow up on progress made regarding action points of previous meetings. Action points not acted upon are reviewed, and supplementary recommendations and timelines agreed at the CMT. The JCC met four times in 2014.

At the Programme Planning Process Workshop in September 2014, UNICEF Namibia’s Risk Control Self-Assessment (RCSA) profile was reviewed and participants taken through the risk profile and the implications for programme implementation and operational support were explained. At the CMT, the RCSA was revisited and the profile reviewed, with a view to revising early next year before the completion of the AMP in February 2015. The exercise will be done with all staff to secure ownership and packaging into regular programme and operational activities. The Business Continuation Plan Committee also met and updated the plan in line with the RCSA and new complement of staff.

The CMT also oversaw the development of proposed adjustments to the CPMP, in readiness for the introduction of the Global Shared Service Centre.

OUTPUT 2 Effective and efficient management and stewardship of Financial Resources

Analytical Statement of Progress:

The audit committee reviewed peer and audit recommendations and minutes of meeting presented to the CMT for discussion. At the mid-year and annual internal reviews, management gave updates on activities, bottlenecks and successes during the course of the year. Although
the last country audit was conducted in 2009 and all recommendations were considered closed, the Operations Manager conducts compliance and substantive tests and highlights weaknesses to CMT, finance staff and section chiefs for corrective and/or compliance action. Peer review recommendations on Human Resources (2012), Information Technology (2013), Supply (2011), Operations (2008), Country Office (2009) were reviewed by the audit committee and led to recommendations for additional actions to the CMT and the other committees.

Key operations performance indicators were monitored monthly by the CMT and submitted quarterly to ESARO.

The HACT Task Force was also active and applied revised HACT guidelines, where possible, with other UN Agencies.

OUTPUT 3 Effective and efficient management of human capacity

Analytical Statement of Progress:
Six group training activities were planned, of which four were completed, including: Staff Retreat, Programme Process and Planning (PPP) Training, Defensive Driving and First Aid Training for Drivers and Vision Refresher via Knowledge Management sessions.
Timely reporting and the completion rate continue to be challenges in relation to individual training: 43 activities were planned, 13 had been completed by late 2014.

UNICEF Namibia obtained 100 per cent completion rate for completing 2013 year-end PAS, 2014 individual and development work-plans and mid-year discussions on PAS.

Eight staff joined the CO: 3 IP, 2 NO and 3 GS. One IP was reassigned to another UNICEF office. In addition, the Office had two Temporary Appointments, 1 GS and 1 NO. One GS staff retired from UNICEF service, and two resigned from their posts. Filling posts has been difficult due to funding challenges during the year; five positions remained vacant as a result.

Standard Operating Procedures for the division of labour between UNICEF Namibia and the Human Resources Manager for BNLSSA were developed and are being implemented satisfactorily.

OUTCOME 3 Cross-sectoral support provided for programme effectiveness and efficiency.

Analytical Statement of Progress:
Child Rights and Equity were integrated into the Government-UN Partnership Framework for 2014-18 and UNICEF support is reflected in all four joint rolling two-year work-plans for UNPAF implementation. Joint reviews were not held in 2014.

The CRC@25 provided an opportunity for UNICEF and partners (Government, UN and civil society, e.g. Child Rights Network and Children's Parliament) to celebrate progress over 25 years. This will feed into Namibia’s national celebration of 25 years of Independence in 2015.

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 were reflected in GRN-UN Programme Framework for 2014-28 and in rolling two year work-plans for 2014-15. A focus on realisation of children’s rights and on the most vulnerable was reflected in all four UNPAF pillars. Pillar coordination was weak after AWPs were developed. The MoHSS had not signed UNPAF Health Pillar work-plan for 2014-15 by late 2014. Although joint UN reviews were not held, the annual review with UNICEF partners took place in December 2014.

Programme results also aligned with the Strategic Plan and UNICEF Namibia engaged in preparation of regional priorities and advocacy strategies to reflect areas applicable to Namibia upper-MIC context.

**OUTPUT 2** Leveraging of resources for children and women, and use of C4D for programme effectiveness.

**Analytical Statement of Progress:**

UNICEF Namibia has worked closely with the Ministry of Gender Equality and Child Welfare, the Children’s Parliament and civil society to advocate for approval of the Child Care and Protection Bill in Parliament which largely domesticates the CRC. This was successfully passed in December 2014.

UNICEF also advocated on reducing violence against women and children through the Gender Justice in Namibia Colloquium hosted by the Government. During this event UNICEF Namibia maintained a Social Media package and with traditional media with support from the Africa Media Hub in Johannesburg. The meeting appointed eight National Champions to advocate against violence against women and children in Namibia. Similar support was also provided to the launch of the national Child Survival Strategy (A Promise Renewed) and the Nutrition Country Implementation Plan.

UNICEF Namibia collaborated with the Digital Strategy Section in NY to create a music video to raise awareness on the role sports play through the Galz and Goals project. The video, which was developed as part of the UNICEF Global Team activity, feeding into the 2014 soccer World Cup in Brazil, generated over a 100,000 downloads on social media within a month of its posting. HQ colleagues also provided training to the UN Advocacy/Communication team, which resulted in the development of the UNCT Communication Strategy and UN Social Media platforms.

As part of the commemoration of **CRC@25**, UNICEF Namibia, in partnership with the Government, private sector (SANTAM Namibia), civil society and children held a week-long series of events. The main event, officiated by the President of Namibia, highlighted the plight of children living with disability. Three opinion pieces by the UNICEF Representative, two essays written by eminent Namibians and a video starring children from the hearing-impaired school singing/signing “Imagine” were distributed locally and globally.

**OUTPUT 3** Issues of gender, adolescent development and participation and HIV integrated in all programme areas and supported.
UNICEF has participated actively in meetings of the Joint UN Team on AIDS (JUTA), as well as meetings of the GFATM Country Coordinating Mechanism (see 882-006). JUTA has also developed a Joint Programme, extracting all the HIV-related interventions from UNPAF. While good for coordination, it has added another reporting layer against the UNPAF.

Specifically, UNICEF provided technical assistance towards the review of the National Policy on HIV and AIDS, a process which is currently in progress and will be completed early 2015. Further assistance was provided on the development of the National Strategy and Action Plan for HIV Testing and Counselling 2014/2015-2016/2017 and the development of the Combination Prevention Strategy for HIV 2015-2017 which promotes integration and synergies for effective prevention outcomes.

In collaboration with the Government and the wider civil society, UNICEF Namibia has continued to mainstream gender across the key sectoral interventions, to bring positive results for women and children. Notable efforts focused on empowering adolescent girls to end teenage pregnancies and new HIV infections, and on greater involvement of men in the elimination of mother-to-child transmission of HIV. High-level advocacy work with policy-makers, the media and young people has continued to be undertaken through various forums such as the Gender Justice Colloquium.

OUTCOME 4 By the end of 2018, appropriate child protection legislation, policies, strategic plans and budgets set up and implemented.

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

Analytical Statement of Progress:
High-level coordination, management and technical support was provided through development of the child survival strategy, scaling up nutrition through NAFIN and open-defecation-free Namibia through the national WATSAN forum. The launch of "A Promise Renewed", a combined dissemination of sharpened child survival strategy and scaling-up nutrition country implementation plan took place on 1 September 2014 with high-level commitments to reduce child mortality and stunting rates in Namibia.

OUTPUT 2 By 2015, appropriate legislation, policies, strategic plans and budgets for maternal, adolescent, new-born and child health established and implemented

Analytical Statement of Progress:
The International Code of Marketing was submitted as part of the public health bill and is pending approval by the Cabinet. A NAFIN quarterly meeting on 30 June 2014 recommended that MoHSS prepare a separate bill on the Code of Marketing. Since then the MoHSS asked UNICEF to provide technical assistance in early 2015 to develop regulations on Code of Marketing of Breast Milk Substitute.

As part of ‘A Promise Renewed’ a Child Survival Strategy and Scaling-Up Nutrition Country Implementation Plan were launched on 1 September 2014. The Child Survival Strategy was launched together with the Maternal, New-Born and Child Health (RMNCH) Scorecard. UNICEF has been requested by the Ministry to further develop an operational plan for the child survival
strategy and sub-national (regional) RMNCH scorecards for monitoring of child survival strategy implementation in early 2015.

**OUTCOME 5** By the end of 2018, 85 per cent of mothers, adolescents, new-borns 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 new Child Survival Strategy 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 during the early post-natal period. Between 2013 and 2014, there was only a 1 per cent increase in PNC coverage, which is one of the underlying causes of new-born and maternal deaths. Lack of human resources and quality of care are contributing factors for slow progress in PNC coverage. In Namibia, not all neonates were checked since 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 to the 12 per cent of mothers who delivered at home.

Over 550 HEWs graduated from five regions in May 2014, boosting the number of HEWs in country to 578. As the first region to pilot the HEW programme in Namibia, Kunene Region has 100 per cent coverage of HEWs (192). As of December 2014, there were 562 HEWs functioning in five regions (207 male - 37 per cent and 355 female - 63 per cent). The number of children and women seeking MCH services, as well as number of households with hand-washing facilities - tippy taps in those five regions increased.

More than 90 per cent PMTCT coverage was reported from health centres, and transmission of HIV from mother to child was kept at 4 per cent among breastfed infants, and below 4 per cent among non-breastfed children. The roll out of Option B+, starting 1 July 2014 in Namibia will not only further reduce the transmission rate but also improve the health outcomes of infected mothers and exposed babies.

Namibia was challenged by Cholera and Measles outbreaks at the beginning and middle of 2014, respectively. During the Cholera outbreak, UNICEF provided technical, financial and material support to ministries of Health, Agriculture and Water and Forestry and to the Namibian Red Cross Society to respond urgently, which contributed to the subsiding of the Cholera outbreak in April 2014. A team of WHO and UNICEF technical staff met in late September 2014 to prepare for a nationwide Measles and Rubella campaign in 2015 in order to address frequent Measles outbreaks.

**OUTPUT 1** By 2015, quality technical support provided effectively for maternal, adolescent, newborn 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 provided through consultants on the development of the child survival strategy, cold chain and effective vaccine management and assessment of adolescents living with HIV.
OUTPUT 2 By 2015, 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 efforts to increase access to HIV Testing and Counselling (HTC), focusing on adolescents. A school-based HTC programme was piloted in Oshana and Omusati regions to increase uptake of HTC amongst adolescents aged 16 and older. A computer application ‘Young people’s eAid on HIV’ was developed and installed on computer tablets to motivate learners to take up HTC and offer them a ‘test for test’. Only half of all 2,096 learners sensitised and mobilised by the tablet computers got tested, due to the high demand that the programme created. Those who tested positive were referred for treatment. Adolescents participated in the design, implementation and evaluation of the programme. Another significant result was the dialogue on enabling laws and policies for testing adolescents, where the age of consent was changed from 18 to 16. The pilot was evaluated and findings validated at a national stakeholders’ workshop.

OUTPUT 3 By 2015, young people (10-24 years) are equipped to access sexual and reproductive health including HIV information and services

Analytical Statement of Progress:
A workshop on experience-sharing and learning among healthcare providers from eight regions (10 districts) was carried out in August 2014. Needs assessment related to service delivery for adolescents living with HIV was carried out between August and November 2014 to provide technical assistance to District Hospitals and health centres. Training capacity was built among staff members of National Health Training Centre, Regional Health Training Centres and District Public Health Supervisors on provision of integrated, adolescent-friendly health services (AFHS) and ALHIV services during the second half of 2014. The total number of trained health care workers able to provide comprehensive ALHIV services increased to 239 from eight regions (Khomas, Oshana, Oshikoto, Ohangwena, Sambesi, Kavango, Omusati, and Karas), and they provided comprehensive services for 2,890 ALHIVs by the end of 2014. It was reported during the experience-sharing and learning meeting that most health facilities treating ALHIVs experienced increased uptake of anti-retroviral treatment, reduced loss to follow-up, good adherence to treatment, and 100 per cent disclosure among those nearly 3,000 ALHIVs.

OUTPUT 4 By 2015, 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:
Since young people are being disproportionally affected by HIV, efforts focused on reaching the priority groups of adolescents at high risk of exposure: adolescent girls and adolescents living with HIV. UNICEF supported modelling of innovative interventions to demonstrate effectiveness and efficiency for possible national scale-up. 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 the school premises, using technology for development (T4D).
OUTPUT 5 By 2015, 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. This framework was revised as part of the National Strategic Framework Mid-Term Review undertaking to make it more responsive. Regional responses are diverse, with some regional and constituency AIDS committees more active than others.

The UN response is coordinated through the UN Joint Team on AIDS, in which UNICEF is a major player and takes responsibility for school-based HIV prevention; the girls and goals programme; PMTCT and paediatric AIDS. The Namibia Network of AIDS Service Organisations and Namibia Non-Governmental Organisations Forum facilitate coordination among CSOs.

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

OUTPUT 6 By 2015, districts effectively implement e-MTCT plans

Analytical Statement of Progress:
Ninety-four per cent of healthcare facilities providing PMTCT services and 91 per cent of HIV-positive pregnant women received PMTCT services. Additionally, 89 per cent of HIV-exposed infants diagnosed through PMTCT programme are receiving treatment. A bottleneck analysis carried out in four regions resulted in better work plans, district level eMTCT plans with budgets, and improvement plans. PMTCT and ARV guidelines were revised in early 2014, including Option B+. Training was carried out in four regions; roll-out began on 1 July 2014. However the programme is currently facing challenges due to the closing down of I-TECH, which provided trainers to support PMTCT roll-out training in Namibia. UNICEF, WHO and UNAIDS met in December to prepare a plan to fill this gap. An ART operational plan that included roll-out of PMTCT option B+, is currently in final draft to assist the Ministry to overcome these implementation challenges.

OUTPUT 7 By 2015, skills of Health Workers in the provision of MNCH, HIV/SRH, and nutrition services improved

Analytical Statement of Progress:
The percentage of children under five with diarrhoea increased from 12 per cent in 2006 to 17 per cent in 2013. Although 79 per cent were treated with oral rehydration therapy or increased fluids, 12 per cent of children with diarrhoea did not receive any type of treatment, thus diarrhoea is still the leading cause of under-five mortality. Diarrhoea is somewhat more prevalent among children in households without an improved source of drinking water (20 per cent) than among children from households that do have such (17 per cent). Similarly, the prevalence of diarrhoea is higher among children whose households do not have an improved toilet facility (20 per cent) or share a facility with other households (16 per cent) than among

26
children whose households have an improved, unshared toilet facility (13 per cent). Rural children are more likely to have had diarrhoea than urban children (20 per cent vs. 15 per cent). The prevalence of diarrhoea varies at the regional level: it is highest in Zambesi and Kavango (32 per cent each), which have lowest sanitation coverage, and lowest in Hardap (8 per cent), with relatively high sanitation coverage.

Symptoms of ARI among under-fives increased from 4 per cent in 2006 to 6 per cent in 2013. Sixty-eight per cent of children with symptoms of ARI were taken to a health facility or health provider; 53 per cent received antibiotics.

UNICEF supported an IMCI training-of-trainers programme in 2014 in collaboration with WHO. The computerised course that uses the IMNCI Computerised Adaptation and Training Tool was introduced in five regions in 2014. Around 500 health workers received IMCI training or a refresher course. Groundwork started on introducing integrated community case management into the on-going health worker programme. More than 500 HEWs were deployed in five Northern Regions to ensure that under-five children were diagnosed, treated (simple diarrhoea) and/or referred to nearest health facility. A new-born care needs assessment will be carried out, together with a training programme, in 2015.

OUTPUT 8 By 2015, Health Facilities equipped to provide quality MNCH, HIV/SRH, and nutrition services

Analytical Statement of Progress:
The maternal mortality ratio (MMR) was 385 maternal deaths per 100,000 live births in DHS 2013. This ratio is not significantly different from those reported in DHS surveys conducted in 1992, 2000, and 2006-07, indicating that maternal mortality has not changed in the last two and a half decades in Namibia.

Although 87 and 88 per cent of women delivered at health facilities or with skilled birth attendants, respectively, only 69 per cent of women received postnatal care for their last birth within the critical first two days following delivery. This is a slight improvement over 2006, when 65 per cent of women received care in the first two days after delivery.

Although the country has made strides in increasing HIV/AIDS awareness, is providing ARVs, and the majority of mothers deliver in health facilities the current maternal mortality ratio could be a reflection of weak postnatal care follow-up as well as issues related to quality of care. UNICEF, jointly with WHO, provided emergency obstetric and new-born care training in 2014 to train more than 50 trainers from all 14 regions. The cascade training will take place in 2015.

OUTPUT 9 By 2015, access to services for the prevention and control of priority communicable diseases improved

Analytical Statement of Progress:
Paediatric ART coverage dropped from 90 per cent to 70 per cent due to changes in the denominator, as per revised WHO 2013 guidelines that recommend that all under-five children, regardless of their immune status, should be put on treatment. UNICEF and the CDC started discussion with MoHSS to carry out a detailed analysis of Paediatric ART service delivery.

immunisation coverage increased to 89 per cent in 2014, due to the Ministry’s endorsement of the first nationwide Maternal Child Health Week in 2013. It was further strengthened by African Vaccination Week in May 2014, jointly supported by UNICEF and WHO. During the 2014 MCH
week the MoHSS introduced two new vaccines – Pneumococcal and Rota – to further reduce child deaths due to vaccine preventable diseases. However sporadic Measles outbreaks were reported in Windhoek (Khomas) and Omusati Regions right after the AVW campaign, which prompted WHO and UNICEF to host a consultation on a Measles and Rubella Elimination Strategy in October 2014, which called for a Measles/Rubella campaign in mid-2015.

A total of 20,017 under five received Penta vaccines; more than 70,000 received Measles, around 300,000 children received Vitamin A and de-worming tablets; 150,000 were screened for malnutrition; more than 2,000 were referred or given RUTF; and 30,000 women of child bearing age received Tetanus Toxoid (TT) during the two national child health day events. Two new vaccines, Pneumococcal and Rota, were introduced during the MCHW in November 2014 and, respectively, 1,700 and 1,600 children received the new vaccines.

UNICEF provided cold chain and vaccine management assistance to the MoHSS for five months, from July to December 2014, to strengthen routine immunisation and prepare for the introduction of new vaccines. The report triggered high-level advocacy as well as actions to improve cold chain and vaccine management in Namibia. As a result, a high-level delegation from the MoHSS and the UNICEF Namibia Deputy Representative visited Copenhagen between 10 and 12 December 2014 to explore procurement services for EPI vaccines. A temporary structure of additional human resources within the Ministry to strengthen routine EPI was also discussed with the Permanent Secretary of MoHSS, and UNICEF has been tasked with preparing a strategy for recruiting temporary staff – possibly through UNICEF, but funded by the Ministry.

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:
DHS 2013 showed that 97 per cent of women age 15-to-49 and 95 per cent of women age 50-to-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 where to obtain an HIV test.

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 had been 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 (Oshana and Omusati) where technology for development was used for test4test and mobilisation. The learning from this initiative will be used to inform future programming for adolescents and ALHIV.

The target for adolescents living with HIV (ALHIV) who receive comprehensive services was sharply increased due to support from the national level and regional teams of MoHSS in those selected regions. The study tour to Zimbabwe in late 2013 paid off as key staff members from MoHSS started implementing an ALHIV programme upon their return.

OUTCOME 6 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 the DHS 2013 showed a reduction in stunting of 5 per cent; however, over a period of eight years this is not sufficient, especially since Namibia aimed to reduce under-five stunting by 2 per cent annually. The New SUN implementation plan will continue to strengthen nutrition-specific and sensitive interventions that will, in turn, reduce stunting rates at the desired level.

The exclusive breastfeeding rate increased from 24 per cent in 2006 to 49 per cent in 2013, to which UNICEF greatly contributed through its Infant and Young Child Feeding 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 from 2008 - 2011 floods to 2013-2014 droughts, also paid off, with spill-over effect among the general population reflected in the overall increased rate of exclusive breastfeeding.

A 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 of 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, as compared with 17 per cent of households in rural areas.

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

The 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 of 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 was provided for scaling-up nutrition through NAFIN, and support for an open defecation-free Namibia through national WATSAN forum. UNICEF Namibia recruited a WASH Specialist at NOC level to spearhead the WASH sector response.

OUTPUT 2 By 2015, NAFIN able to coordinate and monitor the implementation of multi-sectoral Scaling-Up Nutrition Country Plan.

Analytical Statement of Progress:

Two quarterly NAFIN meetings took place in June and November 2014. A small working group formed with MoHSS, UNICEF and Synergos to prepare the launch of SUN CIP, resource mobilisation and roll-out process for two regions. IYCF and caring practices study was completed; data collection and entry in December 2014 will inform the national nutrition agenda for reducing stunting.

The SUN self-assessment workshop was carried out on 15 May 2014, with Namibia doing well on three indicators of NAFIN execution, policy and development of SUN CIP. However it scored low on resource mobilisation and alignment of resources. UNICEF participated actively in the
UNICEF Namibia was asked to become a member of the Malnutrition Task Force chaired by the MoHSS, which will focus on the under-five malnutrition programme and could be a strong ally of NAFIN. Almost all children (96 per cent) are breastfed at some point in their life. Forty-nine per cent of children under 6 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 African Vaccination Week and Maternal and Child Health Week, carried out in May and November 2014, respectively.

OUTPUT 3 By 2015, 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 under-five children decreased to 3 per cent in 2013 from 4 per cent in 2006. Currently obesity assessment is on-going in five schools in Khomas Region and results will be available by early 2015. A committee was to be established to develop national strategies in early 2015 based on these DHS results.

OUTPUT 4 By 2015, six communities achieved Open Defecation Free (ODF) status

Analytical Statement of Progress:
The Ministry of Agriculture, Water and Forestry (MAWF) hosted a regional workshop on CLTS from 1st to 3rd April 2014, with support from UNICEF’s Regional and Namibia offices. The meeting was opened by two ministers – MAWF and MoHSS – and closed by the Minister of Health and Social Services. The 80 participants represented all 65 regions of Namibia, as well as Botswana, Lesotho, South Africa, Swaziland, Zambia, Zimbabwe, UNICEF East and Southern Africa Regional Office (ESARO), UNICEF Namibia, consultants from the USA and UK and Dr. Kamal Kar from the CLTS Foundation of India.

As a result of this sub-regional meeting, the Directorate of Water Supply and Sanitation Coordination (DWSSC) with UNICEF and USAID’s Southern Africa Regional Environmental Programme triggered CLTS in six constituencies in three regions before the end of 2014. UNICEF has been requested to conceptualise a ‘Namibian Approach to Total Sanitation’ in early 2015, together with the EU and other development partners.

UNICEF supported cholera outbreak response in Kunene and Khomas regions through emergency response planning, procurement and distribution of supplies and communication
through mass media (TV, radio) and IEC materials. UNICEF collaborated with IOM, OCHA and WHO in mobilising additional resources and supplies during the drought emergency and cholera outbreak of 2014.

Continued technical and financial support in WASH and emergency through Namibian Red Cross Society, and school WASH through Society for Family Health was provided. A national communication strategy for sanitation and formative research documents are in advanced final stage. Production of animation videos on WASH and nutrition is underway.

OUTCOME 7 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:
The Education Section has provided technical support to the Government to finalise both the Prevention and Management of the Learner Pregnancies Policy and the Inclusive Education Policy. UNICEF also provided technical support, as lead development partner, to strengthen ECD within the Ministry of Education and to assist with moving the ECD portfolio from the Ministry of Gender and Child Welfare to the Ministry of Education. UNICEF is also the lead development partner for providing technical support for the review of the Education Act (2001). In the context of a UMIC, UNICEF worked consistently in 2014 to be a reliable partner to Government in areas such as knowledge-brokering, providing evidence for good practise that can be scaled-up, and creating an evidence-informed policy environment to support quality education.

OUTPUT 1 Quality technical support provided for Education programme management.

Analytical Statement of Progress:
The Teacher Incentive Study provided a wealth of information on the continued inequalities faced by teachers and learners in poverty-stricken rural areas. Despite monetary incentives to attract qualified teachers to teach in these areas, the incentives have not increased the performance of learners. The study pointed to several challenges in the implementation of the system that need to be rectified. The MoE has accepted the findings and recommendations of the study. Based on the findings, the MoE has decided to continue with the incentive scheme, whilst the other recommendations are currently being considered by a high-level task team within the Ministry. The MoE’s Human Resources Development Strategy is currently being developed through technical and financial support by UNICEF. The post provisioning of teachers is one of the key areas being investigated, along with the efficiency of regional offices for high-quality support to schools. The strategy should be finalised by April 2015.

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

Analytical Statement of Progress:
Regional- and school-based profiles are in place and this programmatic area will be accelerated. The EMIS directorate within the MoE experienced several procurement and other technical challenges in 2014. UNICEF is working with the MoE to address the challenges and provide increased technical support in 2015. UNICEF is concerned with the high staff turnover within this Directorate and the lack of capacity at regional level. The data could also be more gender-sensitive, with data disaggregation between boys and girls.
OUTPUT 3 By 2018, key education policies (ECD learner pregnancy & inclusive education) are reviewed and their implementation strategies approved by MoE

Analytical Statement of Progress:
The pregnancy policy for learners was completed and printed and an Inclusive Education policy was launched. UNICEF established itself as a key technical partner in policy formulation in education during 2014. During 2015, focus will be placed on translating these policies into action through C4D and other social mobilisation strategies. There is also a strong need to reflect on transforming the gender norms perpetuated through policies and making them more responsive to gender-sensitive programming.

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

Analytical Statement of Progress:
The Teacher Incentive Study was completed in September. The Human Resource Development Plan review is currently under way, as well as an Out-of-School Children study. UNICEF also leveraged its position as convenor of civil society and Government to play an active role in preparation of the report on ECD centres in Namibia. UNICEF indirectly supported the work of two consultants that worked on the report on behalf of the Government. This provides a good baseline for interventions to promote universal access to IECD.

OUTPUT 5 By 2018, national and regional education plans and school curriculum are responsive to emergencies and sustainable development

Analytical Statement of Progress:
A draft booklet on emergency preparedness and response for schools is in place, through a partnership and joint funding with IOM. Training of education officials will take place in 2015. The focus will be on strengthening the resilience of schools and education officials at both district and school levels to prepare and respond effectively to natural disasters and other emergencies.

OUTCOME 8 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:
There are several bottlenecks in Namibia related to quality secondary education. Repetition rates are far too high and access is becoming a major challenge because school hostels are not able to provide a safe and secure living environment for secondary school learners. It should be noted that due to Namibia’s sparsely populated geographical areas, secondary schools with hostels is seen as the norm. UNICEF is strongly advocating for a review of the hostel system. Poor quality teaching and learning practises in junior primary and pre-primary are also having a negative impact on learners’ ability to complete secondary school. The education system itself needs to be much more ‘pro-learner’ and review its assessment and promotion policies to enable and encourage learners to complete a quality secondary education.

OUTPUT 1 Quality technical support provided for programme management of Education
Analytical Statement of Progress:
UNICEF continues to ensure that staff are 'fit-for-purpose' and able to respond to the multiple needs of the Ministry of Education. This includes having a strong skillset in-house on EMIS, ECD, school health, education policy, inclusive education, child-friendly schools and pedagogy and learner assessment. UNICEF relies on expert consultants to provide support in human resource development for education, costing and financial management, use of data for development and community participation in school performance.

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

Analytical Statement of Progress:
Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) IV is currently under progress and new data should be available by 2016. However, based on the curricula of Namibian schools - all schools must teach life-skills as a non-examinable subject. Evidence points to poor quality of life-skills education and the ability of teachers to effectively teach this subject as being negligible. However, the decrease in learner pregnancies and in HIV prevalence for the school-going age group may suggest that more information on sexual and reproductive health and HIV/AIDS is available in schools.

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 is currently planning for universal access to secondary education, after introducing universal access to primary education in 2013. Current DHS data (2014) suggest that 12 per cent of females and 14 per cent of males age six and older have never attended school. Females have completed a median of 6.6 years of schooling, slightly more than the median for males (6.0 years). The percentage of females who have no education decreases from 43 per cent among those age 65 and over to 2 per cent among those age 10-19. Similarly, the percentage of males who have never been to school decreases from 39 per cent in the oldest age group to 3 per cent among those age 10-19, indicating gradual improvement in the level of education in Namibia over the last few decades. The gross enrolment rate (GER) at the primary school level is 130 per cent. This figure exceeds the primary school net attendance ration (NAR) (90 per cent) by 40 per cent, indicating that a large number of children outside the official school age population are attending primary school. At the secondary level, the GER (61 per cent) is somewhat closer to the NAR (50 per cent), indicating that fewer youth outside of the official school age population are attending secondary school than is the case for primary school. At the primary school level, the GPI is more than 1 for the NAR and 0.95 for the GER, but both are more than 1 at the secondary school level. This means that there is greater gender disparity in favour of females in secondary school than in primary school. This parity difference is especially pronounced between urban and rural areas. The gender parity index (GPI) associated with the secondary school NAR in rural areas is 1.28, as compared with 1.01 in urban areas; the GPI associated with the secondary school GAR is 1.20 and 1.01 in rural areas and urban areas, respectively. Large differences in GPI are also observed by region. The difference in the GPI for both the NAR and GER by wealth quintile is more pronounced at the secondary level. It would be very difficult, if not impossible to address the quality of education without considering these factors that impact on the ability to provide effective teaching and learning in schools.

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:
According to the 2011 National Education Conference, there is still little access or equity in the provision of early childhood development and education. Based on the 2011 Census, less than 20 per cent of children 0-to-4 years of age attend an ECD or pre-primary class. According to the 2011 Census, 37,789 children between the ages of 0 and 4 years were enrolled in ECD programmes. The 2012 MoGECEW baseline survey found 57,000 children in some ECD programme. Facilities and programmes for 0-to-4 year olds are community or privately run and dependent on contributions from parents, guardians and benefactors. Access to quality services is not equitable, as parents who can afford it send their children to programmes with well-trained caregivers and adequate facilities, while poorer families use volunteer or low-paid caregivers working in inadequate facilities with minimum training or equipment. The Ministry of Education now provides pre-primary education for 13,450 children (EMIS 2011). Early childhood development programmes for younger children, however, is still under-resourced and underdeveloped, even though it is well known that quality ECD can help address the high levels of Grade 1 repetition (20.6 per cent in 2011) and provides a solid foundation for continued educational achievements.

OUTPUT 5 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:
In Namibia 13 per cent of primary school age children were still out of school, according to the 2011 National Population and Housing Census. Some of the country’s most vulnerable children – especially those living in poverty and with disabilities – remain excluded from education. It is also of major concern that quality has become a definitive factor in children dropping out of school – despite increased investments in education, children rather forced to drop out of school. Namibia is particularly challenged due to structural and geographical inequalities and disparities. Long distances between schools and communities have resulted in the necessity for school hostels that may also contribute to school dropout rates. Namibia has made significant gains towards achieving universal access to education for its children. The number of schools in the country increased from 1,641 in 2006 to 1,723 in 2012. Primary and Junior Secondary school enrolment increased from 402,529 and 121,077, respectively, in 2006 to 415,454 and 143,189 in 2012. Despite a significant increase in education spending since independence, progress seems to have stalled. Increased access and educational investment has not resulted in learners remaining in school: EMIS data show that the dropout rates for Grade 1, 5 and 8 were: 1.9 per cent, 4.0 per cent and 6.7 per cent in 2006, increasing to 2.4 per cent, 3.2 per cent and 9.2 per cent in 2012. Repetition rates for Grade 1, 5 and 8 remain high (above 20 per cent) and enrolment rates indicate a slight incline in learner numbers from grade 1 to grade 7, with female learners showing the least growth. A great concern is the disproportionate drop-out rate in the transition to senior secondary phase, with the number of school leavers almost doubling between 2010 and 2011 in Grade 10 (EMIS, 2012).

OUTCOME 9 By the end of 2018, appropriate child protection legislation, policies, strategic plans and budgets set up and implemented.

In the first year of the new Country Programme cycle, UNICEF contributed to accelerating laws, policies and national strategies that impact on the protection of children in Namibia, most significantly evidenced by the adoption, in December, of the Child Care and Protection Bill and the development of the Strategic Plan on Civil Registration and Vital Statistics. The CCPB, over 10 years in the making and developed through the largest legislative consultation
process in the history of the country, conducted with UNICEF support over the years, will bring the country's national legislation in line with the CRC and other international standards. The Bill will pave way for a comprehensive child protection procedure or strategy that will be costed, and a functional review of the social welfare workforce to help implement provisions in the new Act, both under discussion with UNICEF as part of the 2015 work-plan.

The year 2014 for the Child Protection and Social Protection Programme was also a year for strategically re-positioning child protection more cross-sectorally, with programmatic ties initiated around cross-sectoral policy and institutional strengthening gaps with ministries of Education and Health around violence prevention and response in schools (e.g. the School Health Policy and curriculum) and around new community-based social work functions provisioned by the CCPB, aimed at strengthening access to family support and protection services in rural and peri-urban Namibia.

Collaboration with the Ministry of Gender Equality and Child Welfare focused on aligned planning for social work case management reform and social grant administrative reform, in view of a functional mapping of the CCPB and development of a human resources development plan for social welfare planned for 2015/2016. Partnerships with the ministries of Finance, Labour, Justice, Prosecutor's Office and Home Affairs were consolidated around work on social grants, child justice and birth registration, respectively.

Leveraging its global evidence-gathering and convening power, UNICEF strengthened the role of child protection in the national ECD debate in 2014, bringing critical child welfare and protection partners to the table to join strategy development on integrated ECD leadership, coordination and service delivery - for which 7 per cent in Set-Aside funds were successfully raised. UNICEF further raised visibility of the economic burden and community-based service models to prevent and respond to violence against children in the national gender-based violence debate, by co-hosting a widely attended Gender Justice Colloquium in September, which culminated into a Call for Action and the appointment of ‘National Champions’. The programme promoted South-South collaboration through the Gender Justice Colloquium, supporting Government sharing of specialised expertise on birth registration technology globally and active contributions to the preparation of a joint paper by BNLSS+A countries to mobilise funds for violence against children.

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

Analytical Statement of Progress:

The start of activities in 2014 was delayed by the absence of section leadership in the first and second quarters, with a new Section Chief arriving in June, and vacancies for core staffing functions, e.g. Child Protection Specialist NOC and Social Protection Specialist L3, due to lack of funding. A former UNICEF staff member was hired temporarily to provide technical support for the first quarter of the year.

UNICEF expertise was provided to the Ministry of Gender Equality and Child Welfare to support preparation for social work case management reform and social grant administrative reform, in light of the CCPB, and development of Social Welfare Human Resource Development plan for 2015/2016. Partnerships with the ministries of Finance, Labour, Justice, the Prosecutor's Office and Home Affairs were consolidated around work on social grants, child justice and birth registration, respectively.
OUTPUT 2 By 2018, the government has acceded to additional regional and international human rights treaties

Analytical Statement of Progress:
Government, through the Ministry of Gender Equality and Child Welfare and followed by a Cabinet directive, has embarked upon a process that will lead to the ratification of the Hague Convention on Inter-Country Adoption. An internal needs assessment was carried out, followed by a plan for implementation of the Hague Convention that was certified by the Attorney-General's Office and is ready to be discussed and approved by Parliament in early 2015. As soon as The Hague Convention is adopted, the Child Care and Protection Bill will enter into force. UNICEF in 2015 will invest in supporting the development of submission documentation to facilitate this process, as well as technical assistance to the Central Authority to ensure effective implementation.

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

Analytical Statement of Progress:
The long-awaited Child Care and Protection Bill was accelerated in 2014, with UNICEF-supported technical consultation meetings held and close cooperation on the preparation of quality submission documentation for National Assembly and Council. The Bill was successfully passed by the National Assembly in October and adopted into an Act by the National Council in December after another round of regional consultations partially supported by UNICEF. The Ministry of Justice is taking the lead in the revision and update of the Child Justice Bill, with UNICEF-supported regional consultations planned for Q1 in 2015. The National Population Registration Bill was finalised, but remains to be presented to the Attorney General in 2015 before consideration by Cabinet Committee on Legislation and subsequently National Assembly and Council.

OUTPUT 4 By 2015, functional multi-sectorial coordination mechanism in place that ensure effective implementation of poverty and vulnerability policies and strategies

Analytical Statement of Progress:
Child welfare and protection coordination among Government and CSO stakeholders was supported by the organisation of quarterly meetings of the 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. The first progress report of the NAC was completed in 2014; the review document is to be printed and made available in 2015.

UNICEF contributed to the civil society shadow report to the African Union, coordinated by the Child Rights Network, to complement the Namibian Government's first progress report to the AU on the implementation of the African Charter on the Rights and Welfare of the Child.

UNICEF further technically supported the Ministry of Home Affairs for specialised training by UN-ECA on and completion of a comprehensive national assessment on civil registration and vital statistics (CRVS), and the subsequent development with key stakeholders of a costed National Strategic Plan on Reform of the CRVS, leading support to the birth registration components with Ministry of Home Affairs and partners. 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 by the Government and UN partners.

**OUTCOME 10** By the end of 2018, more vulnerable individuals and families demand for, and benefit from integrated child protection and justice services.

UNICEF in 2014 worked towards strengthening access and quality of child protection and justice services by taking to scale in 13 regions a pilot programme that prepares child witnesses to violent crimes for court through integrated police, prosecutors and social work services. UNICEF now works with justice partners to explore integration of components of this programme into relevant university curricula. UNICEF in 2014 also reinforced tools and capacities needed by service providers to effectively assist children. For example, UNICEF assistance ensured completion of new police training modules on child protection to be incorporated into the Police Training College curriculum in 2015, and national prosecutors training on child development, communication tactics and forensics. These interventions aim to curb not only the high violence rates in Namibia (31% of girls 15-19 have ever experienced physical violence, 7.5% have ever experienced sexual violence and 34% report to have experienced one or the other, as per DHS 2013), but also to increase the persistently low conviction rates of cases involving violence against children brought to court.

UNICEF with UN partners technically supported the Ministry of Home Affairs (MoHAI) for the completion of a comprehensive national assessment on civil registration and vital statistics, and the subsequent development of a costed National Strategic Plan on Reform of the CRVS. UNICEF co-funded a Government stakeholder pre-assessment training and lead TA towards the birth registration components. The Strategic Plan address the remaining bottlenecks to raise the birth registration rate from 87% (DHS 2013) to 100%, including late registration, traditional practises and the pending National Population Registration Bill.

UNICEF in 2014 consolidated, analysed and widely disseminated through factsheets the available data on violence against women and children, to boost evidence-based public advocacy by the child protection community in Namibia. Routine collection of data on reports of violence and abuse in Namibia was strengthened with the UNICEF-supported development of a Child Lifeline/Child Helpline database and participation of a MGECW expert in a regional child indicators meeting to prepare the ground for planned work in 2015 to strengthen routine data collection on violence against children.

**OUTPUT 1** Salary and related costs – Child Protection Specialist

**Analytical Statement of Progress:**

The unfilled vacancy of the critical Child Protection Specialist position, due to funding constraints, hampered regular situation and programme monitoring in child protection and maintaining partnerships during the gap in section leadership. This was partially mitigated through the use of a temporary appointment.

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

**Analytical Statement of Progress:**
A comprehensive police training curriculum on protection of women and children was finalised by the Ministry of Safety and Security with UNICEF support, to be released and incorporated into the National Police Training College curriculum in 2015. The new modules will enhance skills of police investigators and the specialised Women and Child Protection Units to adequately investigate and effectively refer child protection and GBV cases, a prerequisite for successful victim support and conviction of perpetrators.

Timely identification and delivery of protection services for children came one step closer with the revision – involving local stakeholders through a consultative process – of guidelines for the work of Child Care and Protection Forums, regional and community-level multi-sectoral coordination bodies that facilitate timely identification, management and referral of child protection cases.

While the revision of the Child Justice Bill is expected to be completed in 2015, bringing child justice procedures in line with international standards, steps to improve understanding of the protection rights and wellbeing of children in the justice process were taken with UNICEF support to the National Prosecutor’s Office in the form of training by South Africa-based specialists of the nation’s 106 prosecutors on child development, communication tactics and forensics, to help curb the very low conviction rates in child violence cases. This training was a direct result of partnerships built during the Gender Justice Colloquium.

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

Access to integrated justice and social work services for children in contact with the law was stepped up with the UNICEF-supported transition of a successful NGO-driven pilot by the Ministry of Gender and Child Welfare, expanding the integrated service delivery for child witnesses of crimes and their families from three to 13 regions, directly benefiting 37 girls and 18 boys in 2014, while indirectly serving many others due to the strengthened capacities on child protection and support, child justice and service coordination skills of social workers, prosecutors and police officers trained.

This programme addresses two of the major barriers to successful case closure in Namibia: limited coordination and referrals between professionals during the management of a child protection case, and the high rate of case withdrawal of child protection cases in courts, due to system failures. Involved ministries are currently planning to document the lessons learned to guide future institutionalisation of knowledge and good practices flowing from this programme. In addition, the arrival of a 7 per cent Set Aside funding (RR) for IECD has paved the way for the development of an IECD pilot to model the policy currently under development by the CPSP and Education programmes, for implementation in 2015.

OUTPUT 4 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH, HIV, psycho-social, justice and economic) to GBV and VAC survivors is developed and implemented.

UNICEF’s Child Protection/Social Protection (CPSP) programme invested in 2014 in the development of guidance that facilitates coordinated, integrated services for the prevention and response to violence and abuse. UNICEF partnered with Government to draft integrated guidance on school health and Child Care and Protection Forums, scheduled for adoption in 2015. Child Care and Protection procedures will be developed in 2015 with UNICEF support to guide implementation by service providers in all sectors covered by provisions in the Child Care
and Protection Act, e.g. health, education/ECD, social work and police. Guided by the Commitment to Action adopted at the Gender Justice Colloquium, and drawing from good practises from a transitioned pilot programme, UNICEF in 2015/2016 will also invest in guidance for integrated social work and justice services for children in contact with the law, and engagement was initiated with the ministries of Health and Gender to develop guidance on the newly created function of auxiliary social workers.

**OUTPUT 5** By 2018 State Agencies systems for the collection, analysis, utilisation and dissemination of up to date data on GBV and VAC strengthened.

**Analytical Statement of Progress:**

UNICEF Namibia in 2014 consolidated, analysed and widely disseminated through factsheets the available data on violence against women and children, to boost evidence-based public advocacy by the child protection community in Namibia. Three factsheets were developed on violence in the home, violence in the community and violence in schools, with statistics and analytical data that are already being cited widely. Routine collection of data on reports of violence and abuse in Namibia was strengthened with the UNICEF-supported development by Technobrain - through engagement with UNICEF Kenya - of a database on case reporting, referral and management of protection cases that is housed in the NGO Childline/Lifeline and that makes the link to services provided by the State. Database reports show that over the first semester of 2014, 10 per cent of calls by children resulted in a case involving State services, including specialised police units and social workers – 60 per cent of these cases involved females. UNICEF initiated discussion with MoGECW and the NSA on development of child welfare/protection indicators, work that will be stepped-up in 2015 to ensure that routine data management systems are strengthened and better connected, and a set of protection-related indicators are developed for inclusion in national surveys.

UNICEF also supported the participation of MoGECW in the December 2014 meeting at the University of Cape Town on child indicators, to facilitate joint action in 2015 on strengthening administrative data systems and development of core child welfare and protection indicators to influence key national survey tools.

**OUTCOME 11** 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 institutionalised.

**Analytical Statement of Progress:**

The child-centred analysis of the Housing and Population census noted that 22 per cent of children in Namibia live in a household that is dependent on a social grant; however child poverty still stands at 34 per cent. In 2014, UNICEF continued to build the evidence base and legal basis for expanding the child grant system towards universalisation. Strategic evidence and skills building through UNICEF assistance accelerated the national debate towards universal child grants by creating clarity on fiscal space for universalisation, social grant administration efficiency reforms and tax-benefit simulations to measure the impact on poverty reduction.

A high-level cross-Ministerial Government (ministries of Finance, Gender, Labour) study tour to South Africa in 2014 built knowledge and Government commitment in regard to the advantages of a universal child grant system and the administrative systems and processes
put in place in South Africa to ensure its efficiency. As a result, the Child Care and Protection Bill was adjusted to remove all means-test targeting criteria from the article on child grants, effectively expanding access of child welfare grants to a much wider group of vulnerable children. A study on fiscal space for a universal child grant system was completed in July 2014 through UNICEF support, in consultation with the ministries of Finance Gender and Labour, providing evidence on the taxes and levies that can be explored to fund an expansion towards full universalisation in Namibia. This study informed the development of a Cabinet submission and a set of recommendations on a gradual introduction of a universal system that is now under review by the Prime Minister's Office. The required budget for the gradual introduction of a universal system in 2016/2017 was captured in the three year MoGECW budget 2015-2017 (introduction of child grants for all 0-1 year olds).

In 2015/2016 work will focus on the functional and institutional changes required to operate an expanded social grant system, with a functional mapping and social welfare human resource development plan on the agenda, guided by UNICEF, GFATM and a technical stakeholders group.

OUTPUT 1 Salary and related costs (SP Specialist P3)

Analytical Statement of Progress
After the departure of the Chief of Social Policy, the social protection portfolio was integrated with the Chief of Child Protection and Social Protection function. Funding constraints delayed the recruitment of the Social Protection Specialist.

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

Analytical Statement of Progress:
Work started in 2014 to support MoGECW with a human resource development strategy planned for 2015, with UNICEF and GFATM support, which is to include a functional review of the ministry’s social workforce and development of a training plan to support the changes in functions of social workers once the Child Care and Protection Bill enters into effect. Its provisions call for increased case management functions - and introduction of a universal child grant system - which will require retraining of social workers from grant administrators to case managers. This strategy development is undertaken jointly through a technical working group modality. It was decided to postpone the start of a baseline to evaluate the universal child grants system to 2015.

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

Analytical Statement of Progress:
The development of NAMOD tax-benefit microsimulation model software was completed early 2014 by the Centre for South African Social Policy in South Africa, and is housed at the Ministry of Finance. NAMOD is embraced by the Ministry of Finance as a model that can be used to demonstrate the effectiveness of the current social grant system and the poverty-reduction impact of changes to this system. NAMOD user training was conducted for all ministries involved in social grants; e.g., Finance, Gender, and Labour, followed by a training on the use of STATA statistical software to operate NAMOD for the same three ministries as well as the NSA.
and National Planning Commission. In 2015 UNICEF will support the institutionalisation of a core NAMOD working group and an analysis that simulates the impact of the prospective roll-out of universal child grants over time, to maintain momentum with policy makers.

**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:**

A study on fiscal space for a universal child grant system was completed in July 2014, providing recommendations on the taxes and levies that could be explored to fund such system in Namibia. The report revealed the availability of close to US$0.5 million, twice the amount needed to fund a universal system. The Child Care and Protection Bill was adapted to delete the means-test targeting criteria in the section on social grants, thereby providing the legal basis for the expanded reach of child grants. The required budget for the gradual introduction of a universal system in 2016/2017 was captured in the three year MoGECW budget 2015-2017.

**OUTCOME 12** By the end of 2018, evidence-based policies and legislative frameworks for the realisation of the rights of all children and adolescents in place, implemented, effectively monitored and adequately resourced.

**Analytical Statement of Progress:**

UNICEF Namibia in 2014 supported 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 the African Charter. UNICEF supported the finalisation of the first progress report on NAC implementation, with a mid-term review planned for 2015. The multi-sectoral Permanent Task Force (PTF) on Vulnerable Children enabled national coordination and information-sharing among partners around social policy and protection, and facilitated collaboration around the development of the Child Care and Protection Bill and the report to ACERWC. The CCPB was approved by the National Council in December 2014, and will guide the work of the PTF.

UNICEF supported fiscal space analysis and tax-benefit microsimulation modelling that enabled policy-makers to make informed judgements on the effectiveness and affordability of a universal child grant. UNICEF further supported equity- and child-centred analysis of national data, with support and engagement with the National Statistics Agency on the development of questionnaires for the National Household and Income Expenditure Survey planned for 2015, and the completion of a child-centred analysis of the 2011 Population & Housing Census, with critical child-centred data already being used by UNICEF and partners in public advocacy initiatives. Advocacy materials on trends with respect to child rights in Namibia, based on data from the last three Census reports, were released at the CRC@25 celebrations. A full child-centred analysis of trends in the situation of children since Independence is ongoing.

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

**Analytical Statement of Progress:**

Recruitment for the post of Chief Social Policy, vacant since July 2014, is on hold due to
funding constraints for the Social Policy programme for 2015

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

Analytical Statement of Progress:

NAMOD training for a Government Technical Working Group (ministries of Finance, Gender and Labour) was conducted in January 2014; NAMOD is housed in the MoF. A study on fiscal space for a universal child grant system was conducted, resulting in recommendations on the taxes and levies that could be explored to fund such system - the report revealed the availability of close to US$0.5 million, twice the amount needed to fund a universal system. Training in statistical software for NAMOD users was conducted in November/ December for the Government’s NAMOD working group, to operationalise the tax-benefit model. Engagement with Government and UN partners on zero budgeting is planned for 2015.

OUTPUT 3 By 2015, the Children's Advocate and wider Ombudsman's office are better able to investigate and follow up on human rights violations, including child rights violations

Analytical Statement of Progress:

UNICEF initiated engagement with the Ombudman's Office for a new partnership to support the establishment of Children's Advocate in the Office of the Ombudsman, as foreseen in the CCP Bill, who will be tasked with investigation of complaints relating to child rights violations.

OUTPUT 4 By 2018, Government, CSO and the general public are better able to protect human rights

Analytical Statement of Progress:

UNICEF support contributed to the organisation of six regional consultations by a Joint House Committee of National Assembly and National Council, to enable the general public to make further inputs regarding the draft CCP Bill in December 2014; inputs were captured in the revision before the bill was adopted on 14 December. Moreover, UNICEF sponsored a high-level Gender Justice Colloquium in October that brought together policy-makers, Government technical staff, CSOs, embassies and UN partners from Southern Africa to debate on best practises in the region on community-based prevention and response to family violence, with joint commitments captured in a Call for Action that received media attention. National Champions were appointed to drive future social mobilisation. The Colloquium was supported by media events in which UNICEF joined senior Government officials to advocate on joint commitments.

OUTPUT 5 By 2018, national statistical system consistently produces, disseminates and utilises high quality disaggregated statistical data.

Analytical Statement of Progress:

A child- and youth-centred analysis of the 2011 Population & Housing Census was completed, capturing statistical data in tables and visual maps disaggregated by region, providing rich, child-centred data for public advocacy on equity and social inclusion. Preparatory discussions took place with World Bank and Namibia Statistics Agency (NSA) on the inclusion of child welfare indicators in the National Multi-Topic Household Survey. Work is ongoing on analysing trends in child- and adolescent-related indicators over the past three censuses - and will provide inputs to mark Namibia’s 25th Independence Anniversary celebrations in 2015.
OUTPUT 6 2018, the government has acceded to additional regional and international human rights treaties related to protection issues.

Analytical Statement of Progress:
The adoption of the Child Care and Protection Bill has brought Namibia's accession to The Hague Convention closer, as the Convention will have the force of law as soon as the CCP Bill will be enacted in 2015. Preparations are made to ensure Namibia's new Central Authority will benefit from tailored technical assistance to pave the way for full implementation upon accession.

OUTPUT 7 By 2018, the Government, with participation of civil society, complies with treaty monitoring and reporting obligations on time.

Analytical Statement of Progress:
With technical support from UNICEF Namibia, the first progress report on the African Charter on the Rights and Welfare of the Child was submitted to the African Committee of Experts on the Rights and Welfare of the Child in 2014. Observations by the committee are expected in 2015. Namibia's State Party report on CEDAW was also submitted in 2014, as was a civil society report.

OUTPUT 8 By 2018, the Government is effectively implementing recommendations from regional and international human rights treaty bodies.

Analytical Statement of Progress:
The newly adopted Child Care and Protection (CCP) bill will domesticate the CRC once enacted. An impact assessment and review of the National Agenda for Children is planned for 2015.

OUTPUT 9 By 2018, the government has domesticated international and regional human rights commitments related to protection

Analytical Statement of Progress:
The Child Care and Protection Bill, adopted by the national Council in December 2014, will incorporate the CRC into national law once enacted in 2015.

OUTPUT 10 By 2016, key Government institutions, the private sector, CSOs and academics are better able to generate, analyse and disseminate evidence on the root causes of poverty and vulnerability in Namibia

Analytical Statement of Progress:
Will only be initiated after Namibia Multi-Topic household Survey is completed in 2015.

OUTPUT 11 By 2015, functional multi-sectoral coordination mechanisms in place that ensure effective implementation of poverty and vulnerability
Analytical Statement of Progress:

The Permanent Task Force on Vulnerable Children oversaw preparation of the first Progress Report on the National Agenda for Children 2012-2016 (NAC) with UNICEF support, which will be printed and shared in 2015. UNICEF will also provide technical assistance for the impact assessment of the NAC to complete this planned and budgeted for 2015.

Document Center

Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottleneck Analysis (BNA) of eMTCT in Namibia</td>
<td>2014/007</td>
<td>Study</td>
</tr>
<tr>
<td>The Impact of Incentives for the Recruitment and Retention of Qualified Teachers in Namibia’s Remote Schools</td>
<td>2014/006</td>
<td>Study</td>
</tr>
<tr>
<td>Assessment of Sustainable Funding Options for the Implementation of Universal Child Grants in Namibia</td>
<td>2014/005</td>
<td>Study</td>
</tr>
<tr>
<td>School Based HIV Testing and Counselling Pilot Programme Evaluation</td>
<td>2014/004</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Young People in Namibia: An Analysis of the 2011 Population &amp; Housing Census</td>
<td>2014/003</td>
<td>SitAn</td>
</tr>
<tr>
<td>Planning for Open Defecation Free (ODF) Namibia: Formative Research</td>
<td>2014/002</td>
<td>Research</td>
</tr>
<tr>
<td>Namibia Effective Vaccine Management Assessment (EVMA)</td>
<td>2014/001</td>
<td>Survey</td>
</tr>
</tbody>
</table>

Other Publication

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Sanitation and Hygiene (WASH) in Schools. WASH Training Guide for Teachers Grades 1 – 10</td>
</tr>
<tr>
<td>Multi-Sectoral Nutrition Implementation Plan, Results Framework &amp; Dashboard of Indicators</td>
</tr>
<tr>
<td>Our Goals, Our Stories</td>
</tr>
<tr>
<td>Towards a Namibia Fit for Children. Situational Analysis on the Status of Children’s and Adolescents’ Rights, 2010-2013</td>
</tr>
<tr>
<td>Sector Policy on Inclusive Education</td>
</tr>
<tr>
<td>Namibia Child Survival Strategy 2014-2018,</td>
</tr>
<tr>
<td>BUILDING NAMIBIA’S FUTURE: understanding and responding to violence in schools</td>
</tr>
<tr>
<td>BUILDING A HEALTHY NATION: understanding and responding to violence against children in the home and family in Namibia</td>
</tr>
<tr>
<td>BUILDING NAMIBIA’S FUTURE: the challenge of violence against children in the community</td>
</tr>
<tr>
<td>Young People in Namibia: An Analysis of the 2011 Population &amp; Housing Census</td>
</tr>
</tbody>
</table>
### Lessons Learned

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation</td>
<td>From commitment to action: towards universalisation of child grants</td>
</tr>
<tr>
<td>Innovation</td>
<td>Adolescent Friendly Technology motivates learners to take up HIV Testing &amp; Counselling in Namibia</td>
</tr>
<tr>
<td>Lesson Learned</td>
<td>Lessons learned from the Social Accountability in Schools Pilot Programme in Namibia.</td>
</tr>
</tbody>
</table>