Executive Summary

Against the priorities set out in the 2013 AMP, two relate to global initiatives:
- Namibia has made good progress within the ‘Scaling Up Nutrition’ (SUN) movement; a multi-sectoral Country Implementation Plan was developed and approved for implementation, and Namibia participated actively in the global SUN meetings, and at both the Child Under-Nutrition Conference for Sub Saharan Africa (Paris) and the Pre-G8 Conference on Nutrition for Growth (London).
- Under ‘A Promise Renewed’ (APR), initial drafts on the Child Survival Strategy were developed in partnership with WHO and will be finalised for launch in 2014. (ESARO and Executive Director’s participation already requested).

Namibia Country Office has also seen excellent results in terms of leveraging resources for children:
- The UNICEF/CDC-supported pilot on Health Extension Workers (HEWs), drawing upon Ethiopia’s experience, resulted in the expansion of the programme to an additional five regions, funded by Ministry of Health and Social Services (US$18m for 2014-15)
- Active participation in the Global Fund RCC Phase II (US$118m) and in the Mid-Term Review of the National Strategic Framework (NSF) on HIV and AIDS, also resulted in prioritisation of resource allocations by Government and other development partners for elimination of mother-to-child transmission (eMTCT), and increasingly on adolescents, who now represent the majority of new infections.

The major shortfall for 2013 was, again, the Child Care and Protection Bill, which was not enacted despite re-commitment by the President of the Republic to prioritise this in 2013’s legislative agenda. The Office continued to advocate with the Ministry of Gender Equality and Child Welfare and the Ministry of Justice, since the enactment of this Bill would largely domesticate the provisions of the CRC.

Despite the successes on leveraging the resources of Government and development partners for children, resource mobilisation for the Country Programme remained a challenge. Only US$2 million was mobilised against the country programme ceiling, plus another US$0.8 million against the stand alone drought appeal of US$7.4 million. The Office worked closely with PARMO and National Committees to develop and share proposals for the new Country Programme 2014-18.

The development of the new partnership with the Government of the Republic of Namibia (GRN) – the GRN-UN Partnership Framework for 2014-18 (UNPAF) - sets the relationship on a new footing, reflecting Namibia’s Upper-Middle Income Country (UMIC) status. The GRN and UNCT also committed to apply the Standard Operating Procedures for countries Delivering as One. UNICEF was very active in developing the UNPAF, the Action Plan and associated planning documents in this context.

Namibia has worked closely with the Botswana and Swaziland Country Offices to promote joint action and learning in 2014 around APR, SUN and the “#ENDviolence” campaigns. This partnership also undertook collective resource mobilisation for programmes to address mother-to-child transmission of HIV (PMTCT) and gender-based violence.

The Namibia Alliance for Improved Nutrition (NAFIN) was a critical partnership under the SUN initiative. Operationally, the World Bank undertook the costing of the SUN Country Implementation Plan.

Country Situation as Affecting Children & Women

Namibia is an upper middle income country with a stable democracy, sound financial and economic policies and strong political commitment to improving the welfare of its people. As the most arid country south of the Sahara, Namibia is exposed to recurring natural disasters such as droughts and floods. In 2013, Namibia experienced the worst drought for 30 years, which is affecting all parts of the country and has led to widespread food insecurity, livestock loss and limited access to water.

Nevertheless, the economy remained robust, with an increase in Gross Domestic Product of 5 per cent in
2012, growth was expected to slow down somewhat (to 4.7) per cent in 2013. The outlook is fairly positive in view of strong primary industries despite prevailing risks such as the fragile state of the global economy, declining international commodity prices and the impacts of the drought (Bank of Namibia, 2013). Namibia adopted a counter-cyclical approach with increased social spending during the global economic crisis but has begun to slightly cut back again on social sector expenditure in the MTEF 2013/14-2016/17. At the same time, the Ministry of Finance introduced new tax thresholds, reducing the income tax burden particularly of low- and middle-income households. Child poverty reduction now features prominently on Namibia’s poverty reduction agenda and the Government is planning the universalisation of the child welfare grant system that currently reaches mostly orphans, but not the broader group of poor or vulnerable children.

The recent child well-being index by the African Child Policy Forum saw Namibia drop from 2nd rank in 2008 to 26th rank, the largest reduction across all of the 55 countries included. This is largely due to lack of progress compared to other African countries over the reporting period. The legal reform process remains slow, with the Child Care and Protection Bill (which will replace the Children’s Act of 1960) not yet enacted and the Child Justice Bill still in draft after many years. As a result the delivery of adequate services to protect the rights of children is severely hampered.

In 2013 Namibia was elected to the UN Human Rights Council, giving new impetus to the realisation of children’s rights and adherence to human rights monitoring and reporting obligations. The first report on the African Charter on the Rights and Welfare of the Child is awaiting Cabinet approval before submission, while a process of drafting the initial report on the UN Convention on the Rights of People with Disability has recently begun. Also, during 2013 a mid-term review of the Universal Periodic Review was completed.

The 2011 Census report was launched and a child and youth-centred analysis is currently being prepared. The Census shows substantial improvements in birth registration rates, with 78 per cent of children under the age of five having birth certificates compared to 60 per cent in 2006. Also, the number of orphans is declining, pointing to the impacts of the roll-out of ART. On the other hand, the Census identified hotspots of child and youth vulnerability. On average, 9 per cent of girls aged 12-19 have children, with the highest rate (16 per cent) among girls in Kavango, about a third of whom have more than one child. Nationally, 52 per cent of Namibians continue to practice open defecation and just 8 per cent of children in Ohangwena have access to improved sanitation. Of all households in Namibia, 5,300 (1.1 per cent) are headed by children and among these 1,700 are headed by children aged 10-14 years. The Census also showed the extent of urbanisation, especially of young people moving from rural areas to the capital and other urban areas; the high levels of youth unemployment suggest that not all internal migrants are able to improve their situation. Urbanisation also impacts on the well-being of children, with one-in-four children in Khomas (the region that hosts the capital) now living in shacks.

In collaboration with the Ministry of Health and Social Services (MoHSS), UNAIDS and UNFPA, UNICEF commissioned the ‘Know Your Epidemic/Know Your Response’ (KYE/KYR) study to assess what is actually known about the HIV epidemic amongst young people in Namibia and about interventions to curtail the effects of the epidemic in that population. The studies revealed that young people are a critical group that is at high risk of contracting HIV. The MoHSS 2012 HIV data showed that about 43 per cent of new infections took place in the age group 15–24. Furthermore, of these new infections, 67 per cent are estimated to be among young women aged 15–24, indicating that women and girls are most vulnerable. HIV interventions targeted towards adolescents, especially girls, are key to reducing the number of new infections in Namibia.

New data on child health outcomes are only expected when the 2013 DHS is published in 2014, and new HIV prevalence data will be released after the 2014 HIV Sentinel Survey. During 2013, the Health Extension Workers programme in Kunene was institutionalised by MoHSS and will be expanded to other regions from 2014, bringing basic healthcare services to the remotest areas of Namibia.

There has been little change in official education enrolment data, with the exception of a 30 per cent increase in pre-primary enrolment between 2011 and 2012. The 2011 Census, however, suggests that 13 per cent of children of primary school age are not in school. With the abolishment of the School Development Fund for primary education in early 2013, a major barrier to accessing education, especially for poor and socially excluded children, has been removed. There are anecdotal reports of an increase in school attendance. This
can only be validated when administrative data for 2013 become available early in 2014.

The high levels of violence against women and children in Namibia remain worrying. While reliable data is scarce, police statistics suggest no change in the incidence of rape.

Country Programme Analytical Overview

2013 marks the last year of the current Country Programme (2006-2010) which was extended (twice) to run 2006-2013 in order to synchronise with the joint UN process and the Government’s Fourth National Development Plan. A formal Mid-Term Review was conducted in 2009, and a Situation Analysis produced; ‘Children and Adolescents in Namibia, 2010’ (UNICEF/ National Planning Commission) and updated in 2013 (for publication and launch early 2014).

The GRN-UN Partnership Framework (UNPAF) for 2014-18 was developed in line with the Standard Operating Procedures for Countries Delivering As One and in recognition of Namibia’s UMIC status (acquired in 2009). The UNPAF identifies four pillars through which all UN support in Namibia will be channelled. An UNPAF Action Plan further articulates these through joint rolling two-year work-plans for each of the UNPAF pillars. The Action Plan replaces the need for any agency-specific CPAP. These work-plans were developed, and will be reviewed jointly, with Government and other stakeholders through the NDP4 sectoral planning and review mechanisms – with a Technical Committee providing oversight of the overall GRN-UN partnership. During the year the UN Communications Group was revived and a Business Operations Strategy developed along with a MOU on Common Services.

The UNICEF programme of cooperation is fully aligned to the UNPAF process, and outcomes and outputs are clearly linked to the outcomes and outputs of UNPAF for ease of accountability to Government. The programme structure also takes into account the UNICEF Strategic Plan for 2014-17 and planned results are coded accordingly for internal reporting purposes.

The major shifts in programme approach for the new Country Programme include:

- New emphasis on Quality of Education and school preparedness and additional (human) resources for Nutrition and WASH, where Namibia is lagging behind on the MDGs.
- Continued recognition of the scale of the HIV pandemic in all programme areas, and an increased attention on Social Protection to address widespread poverty and vulnerability, working more closely with Child Protection.

In line with the UNICEF Strategic Plan, and as appropriate for programming in a UMIC, each programme will address the enabling environment (policy and legislative frameworks), informed by operational experience (strategically selected pilot initiatives to address bottlenecks and leverage resources from Government and development partners) and effective knowledge management (to track the situation of children and adolescents and to provide strong evidence for effective advocacy). Equity and vulnerability will be emphasised throughout each of these strategies.

Humanitarian Assistance

In 2013 Namibia experienced the worst drought in three decades and a second consecutive year of failed rains in some locations. The President of Namibia declared a state of emergency on 17 May 2013 as all 14 regions are affected by the drought. An Emergency Food Security Assessment in April 2013 estimated that 330,925 people were severely food insecure and 447,577 moderately food insecure. This equates to almost a third of the whole population; approximately 109,000 children under the age of five required urgent support. UNICEF participated in the assessment and supported the development of the national response plan.

Government has responded with interim measures providing 500 Metric Tons of (unfortified) maize meal for each region, but the lack of community-based malnutrition screening and treatment, as well as targeted support for young children’s nutritional needs is a critical gap. The impact of the drought will continue to unfold and the numbers of affected children and households is likely to increase through March 2014 when
the next crop cycle should be harvested.

As part of the emergency response, UNICEF provided technical and financial support to the Namibian Red Cross (NRCS), Directorate of Water Supply and Sanitation Coordination (DWSSC), Ministry of Health and Social Services (MoHSS) and Directorate of Disaster Risk Management (DDRM) to ensure communities and households in six of the most affected regions have access to safe water, sanitation, and hygiene practices and prevention, early detection and referral of malnutrition problems among children and women. Some 340 NRCS trained volunteers carried out household-level assessments of malnutrition in four drought-affected regions, whereas 34 water tanks and 8,000 Jerry Cans were distributed through NRCS to ensure access to safe and clean water. More than 9,000 households received water purification sachets in those regions.

**Effective Advocacy**

**Mostly met benchmarks**

Advocacy to leverage resources of Government and development partners:
- The pilot HEW initiative supported by UNICEF and the USAID resulted in the Government allocation of US$18 million to roll out this initiative to an additional five regions in 2013-2014 and another six regions in 2014-2015.
- Building on the commitment by the President of the Republic to prioritise the Child Care and Protection Bill in 2013’s legislative agenda, the Office worked with the former AU Commissioner on Social Affairs to advocate with the Ministry of Gender Equality and Child Welfare and the Ministry of Justice.
- In collaboration with the Ministry of Education, the Office supported the development of the Namibia Education Transition Fund to mobilise resources from development partners to strengthen education delivery mechanisms and improve the quality of educational services, with special attention to the most vulnerable children.

Supporting Namibia to take a lead on children’s issues regionally/ globally:
- To keep up the momentum created during the past three years and the political commitment made by the Government on nutrition, this year UNICEF supported NAFIN officials to attend high-level meetings in London and Paris. Namibia, as a SUN lead country, recommitted to the “Global Nutrition for Growth Compact”. This and other national efforts resulted in a strong commitment and adoption of the SUN Country Implementation Plan; resource mobilisation was being conducted through Government and donor resources.

Providing greater visibility for children and adolescents in Namibia:
- UNICEF worked with the Parliament of Namibia to host the fourth session of the Namibian Children’s Parliament under the theme: “Ensuring that the Voices of tomorrow’s leaders are heard”. Steward Sukuma (UNICEF Mozambique Good Will Ambassador) gave a motivational talk and joined the delegates in singing “We are the Voices of Freedom”, which was written with the local youth group Maszanga.
- UNICEF – in partnership with the Ministry of Gender and Child Welfare, the Children’s Parliament, the First Lady’s Campaign, civil society and the media – organised a week-long series of events to commemorate the Day of the African Child to raise awareness on effective prevention and response to all forms of violence against children and adolescents, including harmful traditional practices.
- The Country Office launched its website in December 2013, to increase visibility of the work done by UNICEF and partners at country level. Complementing the website, the Country Office expanded its Social Media usage to include Facebook, Twitter, Tumbler and Blogs.
- With support from the Africa Media Hub in Johannesburg, the Office hosted and held interviews with various international media houses such as Aljazeera, CCTV, SABC, Spanish media and BBC to highlight the plight of women and children during the drought, which generated financial support from the Canadian National Committee, the Japanese Government and the South African Government.

UNICEF is chairing the UN Communication Group and was instrumental in developing the UNPAF partnership briefing package, which will be used as a fundraising information kit for potential donors.
## Capacity Development

### Mostly met benchmarks

In preparation for new Country Programme in a UMIC context, UNICEF technical assistance across programme components substantially focused on building capacity of Government in equity based analysis, monitoring and evidence driven decision making.

A tax-benefit micro-simulation model (NAMOD) developed with technical assistance from UNICEF has strengthened MoF capacity in evidence-informed policy planning in social protection and personal taxation. The model has triggered discussion between MoF, NPC, MGECW and MoLSW on the need to review current social grants schemes. UNICEF will continue to support Government in analysis of the impact of various tax policy options for internal revenue generation and to identify the most effective Government funded social protection mechanisms in terms of poverty reduction impact, income inequality, accessibility and cost.

In the education sector, UNICEF facilitated the development of user-friendly school profile for monitoring progress on key supply, demand and learning outcome indicators at all levels. Regional education planners were trained on using the tool to identify schools most in need, better target resources allocation and monitor progress. The profile for the first time allows feedback of the education information management system (EMIS) data to schools and is being piloted in 48 schools to promote community involvement in school self-evaluation, improvement planning and performance monitoring.

To accelerate access to HIV prevention life skills (LS) to young people, 437 life skills trainers were trained as national resource persons to lead the rollout of life skills teachers training in all schools. An additional 135 youth were trained to support Adolescents Living with HIV (ALHIV), and facilitated expansion of ALHIV services to eight district hospitals. A further 20 young people received training to provide leadership and peer support to identify and effectively respond to violation of rights stemming from HIV-related stigma, discrimination, prevention as well as access to treatment, care and support.

UNICEF strengthened the capacity of social workers, police and prosecutors to develop skills and knowledge on court preparation for children who are victims/witnesses and how to work with child victims/witnesses in their respective capacities within the criminal justice system. The Ministry of Safety and Security, with the Namibian Police, revised the basic and specialised training curriculum of police officers to include practical ways and skills for dealing with sensitive cases such as child protection and gender-based violence; to ensure that guidelines and standards of operation are in line with national and international human rights instruments; and to address identified gaps in both the police basic and specialised curriculum. The revised curriculum will be used for continuous professional capacity development of police officers.

UNICEF supports MoHSS to strengthen follow up of mothers and their new-born babies in six northern health districts to reduce new-born morbidity and mortality. This was carried out through the institutionalization of Community Based New-born Care (CBMNC) training materials into the National Health Training Centre (NHTC) of the MoHSS. As a result, 565 health extension workers from five regions had received CBMNC training by the end of October 2013, along with 90 community volunteers in two regions.

## Communication for Development

### Mostly met benchmarks

C4D activities are guided by the need to maximise the impact of Government services through using communication to positively influence individual behaviour, social norms and service uptake.

In 2013, the main focus has been on WASH, given the high rates of open defecation (52 per cent). UNICEF worked with the Directorate of Water Supply and Sanitation Coordination and CSO partners to develop materials in support of WASH in Schools interventions. UNICEF provided strategic guidance and technical assistance for communication materials on correct behaviours, to support engaged interaction by learners and practical involvement by learners in maintaining good sanitation at school. UNICEF also
UNICEF supported the development of the two-year communication strategy for an Open Defecation Free Namibia (2014–2015). Formative research shaped an understanding of the underlying social, cultural and behavioural factors contributing to low national sanitation coverage. Apart from the media and communications activities, the strategy also outlines the need for high-level advocacy on sanitation issues.

UNICEF also worked with relevant ministries to take advantage of annual commemorative days to develop, reinforce and disseminate key communication messages to stimulate positive changes in behaviour, including the Day of the African Child, Breast Feeding Week and Global Hand-washing Day. The use of IEC materials, multimedia messaging, social mobilisation, use of social media and interpersonal activities combined to promote the behaviour of washing hands with soap before handling food and after using the toilet as vital interventions to respond to the high occurrence of water-borne diseases, especially among children under five.

In the area of prevention of mother-to-child transmission (PMTCT) and Paediatric HIV/AIDS, UNICEF supported the Office of the First Lady in community engagement through media messages on male involvement in the PMTCT programme, including the development of radio broadcasts of Public Service Announcements in local languages.

UNICEF worked with the MoHSS to develop an integrated health promotion strategy, providing guidance on using communication and social mobilisation to engage the general public and decision-makers on key health issues such as immunisation, hygiene, maternal and child health and sanitation. The strategy addresses: current bottlenecks in the process of materials design in the health sector, ensuring formative research, audience analysis, and consultation and pre-testing of all materials and publications. The strategy also supports the adoption of other channels for delivering messages to target audience without relying solely on production of IEC materials.

In addition, specific support was provided to:
- ensure that dialogue with communities, alliance-building and partnerships with community structures and appropriate feedback and monitoring mechanisms are well incorporated in the work plans of the Health Extension Workers.
- an EPI communication strategy that has been rolled out in 13 districts, beginning with sensitisation of district-based health care professionals and giving health care professionals an opportunity to identify ways in which to engage their communities.

**Service Delivery**

*Mostly met benchmarks*

Despite improvements in its economy since the independence in 1990, Namibia still faces challenges in equitable access to social sector services due to vastness of the country, difficult geographical terrain and weak human resource capacity. In order to fill those gaps, UNICEF Namibia provides technical and financial support to the Government of Namibia to strengthen the delivery of essential services for children and women in an equitable and sustainable manner. Operating in an UMIC, UNICEF itself rarely provides services directly, but strengthens the capacity of partners to do so in an equitable, effective and efficient manner.

In order to achieve Millennium Development Goals (MDGs) 4 and 5 UNICEF supported the MoHSS, together with WHO and other development partners, to carry out Maternal and Child Health Week (MCHW) from 25-29 November 2013 to provide high-impact, low-cost interventions. The MCHW provided an opportunity to immunise about 248,758 children against Measles, catch up with many children who had missed routine immunisation, as well as to provide vitamin A, deworming drugs, ORS for future use and, most importantly, nutrition assessment and referrals. In two regions, birth registration services were included in the programme. The MCHW creates an opportunity to assess progress in maternal and child health services and establishes best practices to deliver high-quality interventions to all. Lessons learnt and strengths and weaknesses identified will lead to improved service delivery for all women and children in the future (see
Lessons Learned).

To increase community engagement in the provision of primary education, UNICEF supported a pilot initiative whereby 45 Government and civil society officials learned about the social accountability concept, approaches and global experiences and applied the knowledge in discussions and to develop tools appropriate for Namibia. A particularly contentious issue discussed was restrictions (by Education Act (2001)) on school board membership for parents and legal guardians of learners, which is widely believed to have contributed to weakened school boards, especially in rural schools, thereby undermining its objective of ensuring accountability and democratic practices in school governance. The restriction also deprives schools of the contribution of retired teachers and other civil servants who could otherwise have time to provide effective leadership on school boards. Civil society has taken advantage of the ongoing review of the Act to push for open membership of school boards and establishment of an informal platform for school-community collaboration at the local level, with clear and measurable outcomes monitored through the social accountability tools and external evaluations. The proposed structure is expected to enhance the sense of school ownership in the community, accountability in education services delivery and subsequently better quality of education.

In response to the drought, UNICEF procured supplies and strengthened access to safe water; sanitation and hygiene practices and prevention; and early detection and referral of malnutrition problems among children and women in the most affected communities in the northern regions (See Humanitarian Assistance).

### Strategic Partnerships

Mostly met benchmarks

Strategic partnerships with civil society organisations were strengthened to create a common advocacy front and enhance implementation of a multi-sectoral and integrated approach to realise child rights.

- UNICEF worked with the National Parliament to strengthen the National Children’s Parliament. In partnership with the National Assembly, 55 learners (four from each of the 13 regions and three Junior Councillors from the City of Windhoek) participated in the Children’s Parliament. This platform offered the young people an opportunity to articulate their needs and be part of the solutions.

- UNICEF played a leading role in the establishment of the Child Rights Network. The aim was to forge a common advocacy front for children among civil society organisations. The Network is a critical voice on violence against children and women, which is a growing concern in the country.

- Child rights advocates are fundamental in advancing children’s rights in the country. In 2013, Mrs Graça Machel, a Child Rights and Nutrition advocate, played a critical advocacy role in the country (and the region) as a follow-up to her visit and engagement with Parliament on nutrition in 2012. Goodwill Ambassadors Steward Sukuma (Mozambique) and Oliver Mtukudzi (ESAR) visited the country to raise awareness on child participation and the issues raised at the Children’s Parliament.

The GRN-UN Partnership Framework for 2014-18 was developed as the successor to the UNPAF 2006-10 (extended to 2013). Its title reflects an overall shift from the perception of the UN as the provider of development assistance to a true partnership, as befits an upper-middle income country, working together towards nationally driven objectives as articulated in the 4th National Development Plan (2012/13 – 2016/17). Adoption of the One Programme approach resulted in joint programming discussions to ensure coordinated agency support to common objectives in each of the programme areas of the UNPAF, and provides the basis for joint reviews in 2014.
Knowledge Management

Fully met benchmarks

Studies and research
UNICEF Namibia supported the GRN to undertake a range of studies on the situation of children and adolescents. As a rule, studies supported by UNICEF are led by Government, with Government partners closely involved throughout the research process. This ensures that even results that may be difficult or contentious are accepted and recommendations acted upon.

In 2013, studies included a qualitative assessment of the effectiveness of the social protection in reducing child poverty, a desk review on adolescents and HIV and the completion of regional school profiles. Most of the studies were undertaken by local researchers. UNICEF also undertook a ‘situation analysis of the situation of children’s and adolescents’ rights’, providing an update to the 2010 report. The analysis repositions children and adolescents within the current national development framework and adopts a strong child rights perspective. The Know Your Epidemic report presented information and analysis in relation to principal themes for HIV prevention in the NSF, which implicitly identified known, standard ‘drivers’ of HIV epidemics.

UNICEF also was part of the Steering Committee for the 2013 DHS and provided technical input to the 2013 School Health Survey.

(On the management of the IMEP see Evaluation section)

Building Capacity on Data Collection and Knowledge Generation
UNICEF worked with counterparts to integrate analysis of equity into ongoing work. In this respect, the Namibia Statistics Agency (NSA) has continued to strengthen national statistics and administrative data. Following the publication of the first child poverty report in 2012, child-centred analyses of surveys and censuses are beginning to be undertaken routinely. UNICEF is partnering with NSA on strengthening national household surveys to provide better information on children. A new multi-topic survey, which will replace the current income and expenditure and labour force surveys from 2014, is likely to include a module on child well-being with children and adolescents as respondents.

Administrative data is of varying quality with data often not timely, not capturing relevant indicators and sometimes difficult to access. UNICEF is providing continuous technical assistance to MOE (EMIS), MoHSS (HIS) and MHAi (vital statistics) to strengthen national data collection systems.

Information Centre
The UNICEF information centre continued to be well used and appreciated by a wide range of local and international partners as well as the general public (e.g. students). Support was provided with literature search on child-related issues and access to hard and soft copies of relevant Namibian and international publications. With the start of the new Country Programme, the Information Centre will be handed over and maintained by a national library institution.

UNICEF Knowledge Management
A series of knowledge management sessions was organised for different subsets of staff (all staff, programme, operations, CMT) to share latest research, feedback on learning and training by staff, share relevant global and national developments and to provide clinics on VISION-related issues to improve staff capacity to use VISION functionality, e.g. cubes and other reports.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

The observations and recommendations on the Namibian State Party Report were issued by the Committee on the Rights of the Child in September 2012. During 2013, these recommendations were disseminated in a variety of fora, including two meetings of the inter-ministerial Permanent Task Force on Vulnerable Children.
They have also been incorporated into the 2013 update of the Situation Analysis of the Rights of Children and Adolescent in Namibia (2014, forthcoming), which makes explicit use of the global and regional child rights instruments as an analytical framework. The recommendations have also provided context and substance for the review of the Birth Marriages and Death Act (1963), which, with UNICEF support, involved regional and national consultations; addressing the right to a name and identity, as well as the practicalities of improving the Birth Registration process. The information also fed into the revised draft of Namibia’s first progress report on the African Charter on Rights and Welfare of the Child. This report was finalised and submitted by the responsible Minister of Gender Equality and Child Welfare to Cabinet for clearance, and will be submitted to the AU in early 2014.

The development of the new UNICEF Country Programme, as an integral part of the UNPAF 2014-18, benefitted from the training provided by UNDG Regional team during the year to UN staff and counterparts during the development of the UNPAF Action Plan and biannual work-plans for each UNPAF Pillar for 2014-15. The UNPAF Governance Pillar makes explicit provision for joint UN action to promote Human Rights and to strengthen key Namibian institutions in this regard, including the Office of the Ombudsman (in lieu of a specific Human Rights Commission). Through UNICEF support in 2012-13, rights-based approaches were also explicitly utilised to develop a series of Police In-Service training courses on Child Protection, Children in Conflict with the Law and Gender-based Violence, as well as to address HIV & AIDS in reproductive health programming for young people and for adolescents living with HIV. The Regional Analysis of Education MIS data also took care to identify key data related both to children’s’ rights and the duties of service providers.

Children’s participation in national dialogue around children’s rights was supported through the biennial Children’s Parliament and discussions with the Child Rights Network on a framework for child participation. This will be formalised in a cooperation agreement with Lifeline/Childline NGO in 2014. (See also section on Partnerships).

### Gender Equality

*Partially met benchmarks*

- The Office continued to participate in the UN Gender Theme group, the highlights of which were the costing of the National Plan of Action on Gender-Based Violence and the successful inclusion of a specific outcome on gender within the new UNPAF 2014-2018.
- The update on the 2010 situation analysis on adolescence and children included sex disaggregated data to guide implementation of the UNPAF 2014–2018 based on specific needs of boys and girls
- The Office participated in development of a joint concept note/funding proposal on gender-based violence and plans to host a Gender Justice Colloquium in Namibia (the third in a series of such in Southern Africa).

### Environmental Sustainability

*Initiating action to meet benchmarks*

Against a backdrop of underlying fragility, including pre-existing high levels of food insecurity and maternal and child under-nutrition (29 per cent national stunting among children under five) combined with low sanitation coverage (14 per cent in rural areas), children and women are particularly at risk of worsening health and nutrition status given the current drought conditions. Overall, the frequency of drought and flood situations has increased in recent years, perhaps signalling the impact of climate change.

UNICEF’s response has been to strengthen community capacities to recognise and manage malnutrition cases and promote sanitation and hygiene practices to increase resilience and reduce the impact of droughts (and floods) on child survival and development.

UNICEF supported, the Government of Namibia’s response plans, through nutrition and WASH, to improve access to clean water, hygiene practices and community identification and treatment of acute malnutrition.
UNICEF works closely with the Directorate of Disaster Risk Management, Ministry of Health and Social Services, Directorate of Water Supply and Sanitation Coordination, and especially the Namibian Red Cross Society (NRCS), to address this drought emergency by:

- Introducing community-based management of acute malnutrition (to ensure detection, treatment, and referrals for severe and moderate cases in four most-affected regions.
- Establishing a household nutrition assessment data collection system by training volunteers to screen for and report on incidence of acute malnutrition amongst children 6to-59 months.
- Providing micronutrient powder (MNP) for all children aged 6-to-59 months to prevent further deterioration of nutritional status and to complement Government’s distribution of food parcels.
- Supporting access to clean water through household water treatment, promotion of hygiene and sanitation at the community level.
- Installing water tanks near schools to provide access to Government-trucked clean water.
- Building capacity of regional and district Government bodies, NGOs and CSOs in assessment of water and sanitation needs, immediate response and reporting.
- Close coordination with UNICEF Angola to ensure exchange of cross-border information on trends, population movements and disease surveillance.

The emergency water, sanitation and hygiene (WASH) response plan also targets the same northern regions to address critical immediate needs such as access to safe water, health and hygiene promotion.

The urgency of the response allowed scaling-up and acceleration of several initiatives already under discussion or in early stages of implementation, including CMAM and Community Led Total Sanitation (CLTS). Working through line ministries and extending engagement with community structures gives stronger support to a sustainable approach and builds resilience, as Namibia continues to face rain shortfalls on a regular basis. UNICEF’s collaboration with NRCS targeting communities created a better understanding of vulnerabilities, shocks and stress at the community level, as well as support for transformative capacities and aspirations of communities in resilience-building.

### South-South and Triangular Cooperation

The Country Offices of Namibia, Botswana and Swaziland have cooperated to strengthen the process of developing awareness, interest, desire and a call for action for greater South-South Cooperation between the three UNICEF Country Offices and their respective host Governments. The focus of this cooperation is to promote joint action and learning in 2014 around two global UNICEF campaigns, namely “A Promise Renewed” and the “#ENDviolence” campaigns. In particular the offices will continue to work together to organise a “Gender and Justice” Colloquium in June 2014. The partnership also undertook collective resource mobilisation for programmes to address mother-to-child transmission of HIV and gender-based violence. These initiatives have received positive feedback from both Headquarters and the Regional Office, during the November Regional Management Team meeting, where Lesotho and South Africa also expressed interest in joining the initiative.

Inter-country support also took place in a range of programmatic areas:

- Namibia’s Deputy Representative participated in the Swaziland MTR.
- A study tour to Ethiopia by senior MoHSS staff to understand the Ethiopian HEW initiative reinforced commitment to the scale-up from one to five regions in 2013 (funded by GRN). The Ethiopian Minister of Health also undertook a return visit to support the MoHSS in November 2013.
- Other exchange visits for programme development, supported by UNICEF, included a visit by Namibian counterparts to witness ALHIV initiatives in Zimbabwe, and a visit by Botswana Government officials to understand improvements made through inter-ministerial cooperation to boost birth registration rates in Namibia.
- Following earlier UNICEF support for training of National Planning Commission staff on child-centred survey data analysis at Stellenbosch University in 2011/12, the NPC has maintained the partnership and, on its own initiative, funded additional training of staff (NPC and NSA) on census data analysis during 2013.

Operationally, Namibia worked closely with the Pretoria Procurement Centre, as the initial focus of the BNLSS hub. (See section on Supply).
The drought response in 2013 also broke new ground in South-South Cooperation in 2013, when UNICEF received US$300,000 from the Government of South Africa to support the response, focusing on WASH and nutrition. In addition, during a state visit, the South African President pledged US$10 million to support the GRN drought response plan.
Narrative Analysis by Programme Component Results and Intermediate Results

Namibia - 6980

PC 1 - Maternal and child survival, care and development

- Met

**PCR 6980/A0/04/002** Pregnant women and their infants have access to an integrated approach/system of maternal and new-born services and care, including comprehensive PMTCT. UNICEF will take forward and generate evidence of comprehensive and quality PMTCT and Paediatric HIV care from the current modelling of a system to follow up HIV exposed children in 4 high volume districts. The modelling ensures a continuum of care approach, which addresses quality and comprehensiveness in delivery of care for mothers and their children.

**Progress:**

Namibia’s PMTCT programme scaled up massively across 14 regions and 35 districts, reaching 336 health facilities (94 per cent). Namibia surpassed the 80 per cent PMTCT coverage target in 2013, likely to achieve elimination by 2015. Namibia’s strong political commitment and domestic financing matched by coordination and partnership support from UNICEF in collaboration with UN agencies, PEPFAR, CDC, USAIDS and German Cooperation made this agenda possible. UNICEF’s contribution resulted in strengthened national PMTCT Technical Working Group; effective referral and follow-up system institutionalised in four high burden districts; and national E-MTCT plan developed and disseminated in 2012. Other areas of UNICEF strategic support included analysis of bottlenecks around early infant diagnosis, and linkage of exposed and infected infants to treatment, care and support. Increased in male partners’ involvement in PMTCT and other maternal and child health services witnessed through UNICEF’s significant support to the First Lady’s campaign. UNICEF support in leveraging resources through the Global Fund resulted in signing of RCC phase-2 grant in June 2013 worth US$32 million for MoHSS to implement e-MTCT plan till 2015. Follow-up system for mothers and new-borns strengthened in 16 health districts of Kunene, Kavango, Zambezi, Omusati and Ohangwena regions in Namibia with UNICEF support. This was done through institutionalisation of Community Based New-born Care training into National Health Training Centre (NHTC), which later provided CBMNC and Health Extension Workers (HEW) training. Overachievement of this target is due to UNICEF’s successful advocacy to incorporate this training into HEW training package. Capacity to deliver essential new-born services improved through training of 100 Health Care Providers on Helping Babies Breathe (HBB); Focused Antenatal Care (FANC), and Emergency Obstetric and New-born Care (EmNOC) programmes supported by UNICEF. DHS 2013-14 is expected to reveal a reduction in new-born mortality due to UNICEF’s continuous support since the beginning of Country Programme.

- Met

**IR 6980/A0/04/002/001** Improved systems in place for follow-up of new-borns and HIV exposed infants

**Progress:**

During the reporting period, an effective referral and follow-up system in four high-burden districts was institutionalised through UNICEF’s strategic support. The UNICEF-supported pilot initiative provided a platform which guided the development of the E-MTCT plan and also leveraged significant technical and financial resources from CDC, PEPFAR, Global Fund and German Cooperation. These model regions (Oshana, Oshikoto, Khomas and Zambezi) have been learning areas, providing evidence of not only the success story of Namibia’s PMTCT achievements but strategies that have been applied in the implementation as a guide to other regions.

In 2009, a national review of the early infant diagnosis (EID) programme was carried out with UNICEF support, clearly highlighting the challenges at the different levels of implementation and providing clear recommendations to achieve the optimal turnaround time for dried blood spot collection/transportation through sample processing at National Institute of Pathology (NIP) to results transmission back to the facilities and clients.

Other areas supported significantly by UNICEF included facility-based monitoring tools that link EID to DPT1 vaccinations, use of mobile phone technology for reminding clients, reviewed child health passport that captures information on the child’s HIV status and facilitates referral for EID, all of which helped reduce missed opportunities and improved timeliness of services. MoHSS, with the support of CDC and PEPFAR, adopted these interventions and scaled them up to all regions using the tools piloted by UNICEF.

In addition, the revised Child Health Passport was finalised for adoption for use nationally. Improved Child Health Passport captures all essential information on the E-MTCT agenda. The improved PMTCT and paediatric HIV caring outcomes from the follow-up modelling have informed discussions and leveraging of resources from the Global Fund (GFATM), U.S. Presidents Emergency Fund (PEPFAR) and other partners.

- Met

**IR 6980/A0/04/002/002** Quality Technical and Programme Management support provided to achieve the Programme Component Result of PMTCT

**Progress:**

Available staff and programme funding sufficient to support PCR milestones and results for 2013
IR 6980/A0/04/002/005 50 per cent of new-born babies and their mothers followed up and linked to comprehensive Maternal & Newborn Care (MNCH) services

Progress: 565 HEWs and more than 90 community volunteers were equipped with new-born care skills through Community-Based Maternal and New-born Care (CBMNC) training with UNICEF support. The introduction and implementation of CBMNC training module has since contributed to improved health-seeking behaviour for maternal and new-born care in Opuwo district of Kunene region and the four districts of Kavango regions. The increased uptake is being reported for antenatal care, delivery and postnatal care services through routine programme statistics.

During the reporting period, UNICEF contributed to strengthening of follow-up system for mothers and their new-born babies in 16 health districts of Kunene, Kavango, Zambezi, Omusati and Ohangwena regions in Namibia. This was done through the institutionalisation of CBMNC training materials into the National Health Training Centre, which later provided training through CBMNC and MoHSS Health Extension Programme (HEP) trainings.

During the reporting period also UNICEF supported the training of more than 100 Health Care providers from MoHSS on Helping Babies Breath (HBB); Focused Antenatal Care, and Emergency Obstetric and New-born Care).

Training alone, without necessary equipment and supplies, may not produce the desired result. Hence, UNICEF through the support of the Government of Japan provided essential equipment and supplies for new-born care in seven northern regions reporting high new-born mortality rates. These are particularly for use at health facility and household levels to assess and manage maternal and new-born health by trained health facility and community health care cadres.

New-born care skills-building at the community level was achieved due to a strong collaboration between UNICEF and USAID to support the Ministry of Health and Social Services.

IR 6980/A0/04/002/006 Communities and households have knowledge and skills on PMTCT and Paediatric HIV/AIDS services

Progress:

During 2006 and 2013, significant technical and financial support was extended to the First Lady Campaign initiative on male partners’ involvement in PMTCT and other maternal and child health services. The formative research on male partner attitudes and practices in Namibia as well as the development of critical messages for mobilization of male partners as responsible “Fathers” in pregnancy and child care supported by UNICEF led to development of campaign materials that now represent one of the few sources of reliable and evidence-based information on community-based PMTCT intervention in terms of advocacy and programme communication. High-level advocacy efforts towards the First Lady and her office by UNICEF and other development partners resulted in four launch events of the campaign between 2011 and 2013. Four phases of the initiative were launched in: Windhoek in 2011, Katima Mulilo in 2012, Oshakati on August 2013 and Ohangwena region in November 2013, covering altogether 10 districts with advocacy, programme communication and interpersonal communication efforts.

Phase 3 of the First Lady campaign also emphasised the need to increase facility delivery by provision of Maternity Waiting Homes in remote areas. One Africa Media and TV team recruited to develop and disseminate messages on PMTCT and Male Involvement created momentum among media locally and regionally.

The First Lady PMTCT initiative, which championed the campaign to increase male involvement for PMTCT and other maternal and child health programmes, received significant investment of time and resources from UNICEF, other UN agencies and CDC.

In relation to national Guidance for infant feeding in the context of HIV, a draft minimum package was developed with support from PATH. The guidance was finalised and field-tested in Ohangwena Region in September 2013. The guidance transpired into a minimum package of nutrition intervention for facility-based interventions.

IR 6980/A0/04/002/008 National and regional coordination mechanisms for maternal, new-born care and PMTCT strengthened

Progress:

With UNICEF support, PMTCT coordination mechanism in Namibia functioned well between 2010 and 2013. The coordination mechanism included the Joint UN Team on AIDS (JUTA), PMTCT WG (UNICEF as lead); National PMTCT TWG (UNICEF as secretariat); MNCH and Nutrition Committee (UNICEF co-chair) and TAC prevention forum. UNICEF is also IATT focal point for PMTCT in Namibia ensuring that global agenda, policy and guidelines are reflected in Namibia’s national response.

The work plan for 2013, based on the MOHSS and TWG schedules, come to a standstill while discussions continued on an emergency plan of action for a temporary replacement, after the position of Director fell vacant. At the Health Development forum of September, proposals were made by UN and USG partners on possible options for an emergency and temporary HR support for the programme. With UNICEF’s continuous advocacy, the vacant position was advertised in November 2013 and the post will be filled by early 2014 to continue supporting the elimination agenda.

Operationalization of the E-MTCT plan kicked off with a decentralised Bottleneck Analysis in the four model regions during June/July 2013. With TA provided by UNICEF, a detailed analysis of bottlenecks was undertaken and capacity of the 4 districts built on using their data to analyse, review and manage their programmes using the tool based on the Tanahashi model. Detailed work plans were developed by each region to focus and target on prioritised bottlenecks, which will address the last cohorts of mothers and infants in the selected districts. The next step is scale-up of the exercise first to the seven high-burden regions and finally the remaining regions.
UNICEF is the co-chair of Nutrition and WASH sector emergency response plans under the directorate of disaster risk management in late 2013, with a two-year implementation plan for 2014–2015.

The national communication strategy for sanitation, as part of the overall plan to eliminate open defecation in Namibia, was in final stage support of UNICEF and World Bank. The plan was shared at the global SUN gathering in 2013.

A multi-sectoral SUN country implementation plan, result framework and dashboard of indicators was developed and costed with the officialy convened MCH Week annually as a nationwide activity, starting from 2013.

UNICEF continued its support for EPI through Reach Every District (RED) approach in low-performing districts. 2013 saw the first next two years to scale up the HEW programme. Some 565 HEWs are currently trained in five regions, covering Kunene, Omusati, Ohangwena, Zambezi and Kavango.

UNICEF continued its support for EPI through Reach Every District (RED) approach in low-performing districts. 2013 saw the first national MCH Week. Started in 2008 with UNICEF support, MCH Week activities targeting women and child health through low-cost, high-impact interventions carried out in 10 low-performing districts. Continuous advocacy for four years paid off when the MoHSS officially convened MCH Week annually as a nationwide activity, starting from 2013.

A multi-sectoral SUN country implementation plan, result framework and dashboard of indicators was developed and costed with the support of UNICEF and World Bank. The plan was shared at the global SUN gathering in 2013.

The national communication strategy for sanitation, as part of the overall plan to eliminate open defecation in Namibia, was in final stage in late 2013, with a two-year implementation plan for 2014–2015.

UNICEF is the co-chair of Nutrition and WASH sector emergency response plans under the directorate of disaster risk management (DDRM) and provided technical and financial support to Namibian Red Cross Society to implement WASH and Nutrition activities.

Progress:

Planning and design for the use of Health Extension Workers (HEW) started in 2009 and was piloted in 2012 in three constituencies of Opuwo District with 34 HEWs, with the support of UNICEF and USAID. Reports from monthly and quarterly reviews, and baseline assessment showed some improvements in health-seeking behaviours (such as ante-natal care (ANC) and immunisation). An advocacy visit to Ethiopia organised by UNICEF Ethiopia and Namibia offices for the Health Minister, followed by a study tour, convinced the MoHSS that HEWs are much needed in Namibia. MoHSS took over the HEW Programme as of April 2013 and allocated US$18 million for next two years to scale up the HEW programme. Some 565 HEWs are currently trained in five regions, covering Kunene, Omusati, Ohangwena, Zambezi and Kavango.

UNICEF provided human resource support through this ‘Intermediate Result’, and the funds utilised in this IR were mainly to help the organisation contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

Progress:

In 2009, MoHSS requested UNICEF to assist with the establishment of the HEW programme. A UNICEF Ethiopia Health Specialist provided technical assistance to Namibia in 2010 to help design the programme. HEW programme was launched officially by the Minister of Health and Social Services in April 2012, followed by a six-month long training of 40 HEWs. Thirty-four graduated in October 2012 and deployed in their respective constituencies subsequently. Reports from three catchment areas where they are working showed improved ANC coverage and immunisation services.

Started as a pilot programme in Opuwo District of Kunene Region, MoHSS has now fully taken over the Health Extension Workers Programme since 1 April 2013. An advocacy visit by the Minister followed by a study tour to Ethiopia convinced the MoHSS that HEP is much needed in Namibia. MoHSS allocated US$18 million for next two years to scale up the HEW programme. Some 565 HEWs are currently undergoing training in five regions covering, Kunene, Omusati, Ohangwena, Zambezi and Kavango.

South-South cooperation between UNICEF offices of Namibia and Ethiopia on exchange of information, knowledge and technology paid off, as both countries are now working closely at the Ministerial level in support of HEW programme as well as other health needs. UNICEF continued its technical and financial support to help prepare strategic documents, work plan and budget preparation for next 3 years, M & E, high-impact intensity coordination in the structure of HEW programme. With USAID, UNICEF will continue its support for institutionalisation of the HEW training programme, with integrated refresher training; introduction of integrated community case management (ICCM); and coordination with other volunteers in the field.
impact interventions were carried out in 10 low-performing districts. Technical and financial support from UNICEF has been instrumental in the institutionalisation of MCH Week, a platform to provide critical antigens like Vitamin A, deworming drugs, and boost immunisation coverage through the catch-up vaccination of missed children. The advocacy with Government to adopt this strategy paid off when the Ministerial management in 2013 approved this as a viable strategy to replace the yearly Polio NIDS. UNICEF supported the operational costs for 50 per cent of the districts in the country during the 2013 national MCH Week, along with TA for coordination of the activity. This was in addition to the supplies (Vitamin A, deworming medicines indelible markers and anthropometric equipment) provided through the Government of Japan supplementary budget.

Though the national coverage for most antigens is around 80 per cent, a number of districts have graduated from low performing levels to coverage of over 80 per cent during the period. UNICEF continued its support by introducing the Reaching Every District (RED) approach in the low-performing districts. Selected Government staff members from the national MOHSS level and regions were also trained on the mid-level Managers EPI course. The need for replacement of the ageing cold chain infrastructure assumed an urgent dimension as measles outbreaks became a common phenomenon, even after national immunisation campaigns. UNICEF technical assistance has helped to assess the situation, clearly define the gaps and helped to develop a costed replacement plan. Using funding opportunity from the supplementary emergency Japan grant in 2013, UNICEF was able to provide cold chain equipment to five regions affected by floods and drought.

UNICEF also supported the development and roll out of EPI communication strategy in 2013.

**IR 6980/A0/04/007/005 National frameworks and strategic plans for improving maternal, infant and child nutrition operationalised nationwide**

**Progress:** The Office of the Prime Minister (OPM) convenes the Namibian Alliance for Improved Nutrition (NAFIN), the multi-sector, multi-stakeholder platform chaired by the Honourable Minister Nahas Angula, who is also a member of the SUN Lead Group, and was active in global nutrition advocacy events in 2012-13.

With the support of UNICEF and the World Bank, the SUN Country Implementation Plan (2013-2016) was finalised, costed and endorsed in 2013, including a results matrix and a dashboard of indicators to monitor progress. The plan targets: reduction of the percentage of stunted children under five from 29 to 20 per cent; reaching all pregnant women and children under five with effective nutrition interventions; saving the lives of 26,000 children under five by reducing stunting; increasing exclusive breastfeeding to 50 per cent; and increasing treatment of severe acute malnutrition by 2015. The Chairperson of NAFIN will be presenting SUNCIP to Cabinet for mobilising resources internally. UNICEF, as convener of the SUN donor network in Namibia, advocated for aligning of current available resources for nutrition, resulting in GFATM and USAID re-allocating resources for addressing malnutrition through health services.

As part of scaling-up nutrition interventions, the capacities of healthcare workers and community volunteers were strengthened to support baby-friendly hospital initiatives, community-based infant and young child feeding, and the community-based nutrition education model. In addition, UNICEF worked closely with GAIN in piloting of micronutrient powder in selected districts. Policy briefs on micronutrient supplementation were developed. Most importantly UNICEF influenced the DHS team to include nutrition indicators in NDHS 2013/14.

The Programme for the Accelerated Reduction of Maternal and Child Mortality with WHO (EU-funded) was launched in 2013 and will be complemented by the launch of the Child Survival Strategy in 2014.

**IR 6980/A0/04/007/006 Capacity for nutrition, Wat/san and health response to emergencies at national and sub national levels strengthened**

**Progress:** UNICEF continues its technical and financial support for improving community and household access to safe water, sanitation, health and improved hygiene practices as well as prevention, early detection and referral of malnutrition problems among children and women.

For the national drought emergency in 2013, UNICEF partnered with Red Cross with US$570,000 for emergency WASH and nutrition Response. The ESARO WASH team participated in the DDRM-led national response plan development. UNICEF is co-lead for WASH and H&N sectors in national response plan. A rapid WASH assessment by NRCS was carried out with UNICEF support. Situation reports are prepared monthly. Thirty Red Cross staff and 340 Red Cross volunteers were trained for infant and young child nutrition counselling, community nutrition assessment and health and hygiene promotion. They represented six of the 13 regions in Namibia; Caprivi, Kavango, Kunene, Ohangwena, Omusati and Otjozondupa. Volunteers in the four target regions are visiting an average of seven households per week and screening on average 120 people per month. In regions where Red Cross is operating soup kitchens, volunteers are also able to screen children and adults who attend for food assistance.

A WASH response plan was developed by UNICEF in partnership with NRCS that includes activities to support better access to safe water at household and community levels via installation of water tanks, distribution of jerry cans and water purification tablets to households, and the promotion of health and hygiene messages. Thirty-four water tanks were given to NRCS and distributed in key locations, including schools, where there is high demand for improved water access. Some 8,000 Jerry cans were procured for distribution by Red Cross and 9,000 households received water purification tablets to improve safe water storage and access to households in Kunene, Kavango and Ohangwena.

**IR 6980/A0/04/007/007 Adolescents living with HIV and AIDS receive comprehensive services in two districts**

**Progress:**
UNICEF provided human resource support through this ‘Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

**PCR 6980/A0/04/008 Adolescents living with HIV and AIDS receive comprehensive services in two districts**

**Progress:** Key results achieved through this PCR included assessment of the interventions being provided to ALHIV; national adolescent-friendly health services (AFHS) training curriculum reviewed to address ALHIV component; and national strategic guidelines for ALHIV developed, endorsed, and launched. Capacity for health care providers to deliver was strengthened through trainings and site support visits. In 2012, at the request of MoHSS, UNICEF supported development of the National Strategic Guidelines for ALHIV which were launched by the First Lady in 2012. This triggered a series of advocacy events where more district hospitals showed interest in introducing and strengthening service provisions for ALHIV in 2013. UNICEF assisted planning and implementation of ALHIV programme in eight districts with clustered ALHIV-focused services within their facilities: Kavango (Andara and Nyangana), Oshana (Oshakati x4 facilities), //Karas (Luderitz), Ohangwena (Engela), Keetmanshoop (Keetmanshoop ART clinic), Hardap (St Marys hospital), Oshikoto (Onandjokwe/Shanamutongo ART clinic), plus Katutura State Hospital Paediatric ART clinic, reaching more than 500 ALHIV with targeted services. At least 100 health staff were oriented on the dissemination of national guidelines on ALHIV at district level and below. The partnership with the Namibian Planned Parenthood Association (NAPPA) linked adolescent-friendly health services with HIV testing and counselling, and follow up treatment care and support services for HIV-positive adolescents and prevention services for HIV negative in two regions with a high HIV prevalence among young people. NAPPA has managed to conduct stakeholders’ consultations and orientation meetings on the project with the Ministry of Health and Social Services, Ministry of Education, Ministry of Youth National Services Sports and Culture, Lifeline Child-line, plus two regional council representations from each target sites.

**IR 6980/A0/04/008/001 Quality Technical and Programme Management support provided to achieve the Programme Component Result for Adolescents living with HIV**

**Progress:**
UNICEF provided human resource support through this ‘Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation contribute to achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

**IR 6980/A0/04/008/002 Framework for provision of comprehensive services for Adolescents living with HIV and AIDS adopted**

**Progress:** Four hundred young people living with HIV are being reached through Teen Club for Adolescents Living with HIV in the paediatric clinic of one of Namibia’s major hospitals, Katutura General Hospital. The innovative programme initiated by the hospital’s paediatric unit in partnership with the Ministry of Health and Social Services, UNICEF Namibia and local NGO Positive Vibes, addresses the unique needs of adolescents living with HIV, primarily those who were infected by their mothers during birth. The paediatric clinic opened its doors in 2010 in recognition of the specific need for care, support and treatment of younger children transitioning to adolescence, with the purpose of delivering integrated services for adolescents living with HIV. The clinic later extended its services to create a safe space for these adolescents. A dedicated adolescence clinic operates on Wednesdays as part of the integrated package, which is a unique example of such care. Today, about 800 paediatric patients receive care at the clinic, with approximately 360 patients seen monthly, many of whom will soon transition to adolescence. In 2013, the number of health facilities providing comprehensive services for ALHIVs increased significantly, to five, exceeding the target of three. Four facilities in Oshana, including one school for children with special needs and one in Luderitz, Karas region, are currently providing services. In 2011 a baseline study was conducted at one site on service provisions for ALHIV, while a rapid assessment on ALHIV services in high HIV prevalence regions followed in 2011 and 2012, targeting six regions (March 2011: Caprivi, Oshana, Oshikoto, and March 2012: Kavango, Ohangwena and Omusati). Further data review to determine the number of ALHIV on ART was conducted in four districts of Kavango in mid-November 2013.

**IR 6980/A0/04/008/003 Adolescents living with HIV and AIDS receive comprehensive services in two districts**

**Progress:** The Project Cooperation Agreement (PCA) with the Namibian Planned Parenthood Association (NAPPA) focuses on linking adolescent-friendly health services with HIV testing and counselling, and follow-up care and support services for HIV-positive adolescents and prevention services for HIV negative in two regions with a high HIV prevalence among young people. NAPPA has managed to conduct stakeholders’ consultations and orientation meetings on the project with its key partners, including: the Ministry of Health and Social Services, Ministry of Education, Ministry of Youth National Services Sports and Culture, Lifeline Child-line, plus two regional council representations from each target sites. As a result of these meetings, a Caprivi Project Steering committee was established and functioning with clear Terms of Reference. UNICEF is supporting two districts to strengthen comprehensive service provision for ALHIV. The Adolescent- Friendly Health Service curriculum was revised in Feb 2012 to address ALHIV issues, and thus far at least 61 Health Care Providers, programme officers and
Health Training Centre tutors have been trained on the revised AFHS-HIV curriculum; 100 were trained and oriented on the national guidelines for ALHIV. The total number of HCWs reached through trainings on how to support and implement ALHIV services since 2011 is 178 (27 in 2011, 16 in 2012 and at least 135 in 2013).

PC 2 - Education for HIV prevention and mitigation

Constrained

PCR 6980/A0/04/004 Efficiency of Education System strengthened to deliver quality primary education for all children

Progress:

In 2012 Namibia implemented the decision to abolish user fees for primary education (the 'school development fund’- SDF) and provided approximately US$20 million as per capita cash grants to compensate schools for lost income. This was in response to UNICEF research and advocacy in collaboration with the EU, UNESCO and civil society. Previously the SDF was the only source of income for schools to meet operational costs, thus presenting a great barrier to access and equity and disproportionately affecting schools serving the most disadvantaged children.

Preliminary MoE reporting indicates that school enrolment in 2013 showed a 3.7 per cent increase from the previous year, more than double the average annual increase of 1.7 per cent between 2006 and 2012. The net enrolment ratio in 2013 exceeded 98 per cent for both girls and boys, with a 95 per cent survival rate to grade 5 and 88.5 per cent to the last (7th) grade. The abolition of SDF has therefore boosted Namibia’s confidence that it can achieve MDG 2 targets.

The key challenge facing the Namibia education system is poor learning outcomes, as measured by performance in both national exams and Standardised Achievement Tests (SAT). Overall, 43 per cent of grade 5 learners achieved below basic in mathematics in the latest (2011) SAT. Similarly, 39 per cent achieved below basic in English. Namibia’s average reading and mathematics score in the previous (2007) test was below the regional (SACMEQ) average. Another weakness of the system is the high repetition rates (20 per cent at grades 1, 5 and 33 per cent at grade 8) and low transition to secondary, estimated to cost Namibia wastage of approximately US$50 million annually. In order to improve efficiency and learning outcomes for children, increased early childhood development and capacity development in evidenced-based planning/budgeting, action-oriented school improvement planning and performance monitoring are the key priorities for the new UNICEF Country Programme starting 2014. The Ministry of Education, supported by UNICEF, has established a Namibia Education Transition Fund as a vehicle to attract additional funds despite the countries upper-MIC status. The sector has yet to undertake the transition required for Namibia to become a skills-based economy.

Met

IR 6980/A0/04/004/002 National consensus reached on School Development Funds

Progress:

Further to the abolition of school user fees in 2012, MoE disbursed over NAD200 million (about US$20 million) as cash grants to schools in 2013 (NAD180 per learner). The provision for allocation of at least N$250 cash grant per child enrolled at pre-primary and primary grades was made in the 2013/2014 to 2015/2016 Medium Term Expenditure Framework (MTEF) as part of MoE's long-term budgetary commitment to completely abolishing parental contributions to school development funds. The allocation of additional funds to education has increased its share of the national budget from 22.4 per cent to 24.5 per cent. The Education Sector accounts for 63 per cent of total budget allocated to the Social Services Sector, which has five sub-sectors (Votes) including health. These positive developments are the result of concerted UNICEF advocacy efforts in collaboration with EU, UNESCO, civil society and the general public through the media, leading to MoE commitment at a landmark National Education Conference held in 2011. The abolition of user fees is expected to enable Namibia finally achieve universal access to primary education.

Met

IR 6980/A0/04/004/003 Capacity for preparedness and response to emergencies at national and sub-national levels strengthened

Progress:

UNICEF provided human resource support through this ‘Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation contribute to achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

Met

IR 6980/A0/04/004/005 Systems in place in MoE contributing towards equitable resource allocation at school level

Progress:

The school profile report template was finalised and regional education planners oriented. The profile report presents status of schools
on key indicators required by planners and managers to identify schools most in need (register of need), effectively prioritise resources allocation to schools lagging behind and monitor progress. The profile tool has received overwhelming support and authorization from the highest level in MoE, as the key performance monitoring tool from schools through circuits to regional and national levels.

The profile report is currently populated by data from the annual 15th Day Statistics collected beginning of each school year and used by regional planners for budgeting decisions, instead of the official EMIS data based on the more comprehensive annual education census which usually takes a year to process. The long term-goal of MoE is to decentralise EMIS to allow data entry at regional level and to integrate the profile report builder as a module within the EMIS database. Once completed, decentralisation of EMIS will eliminate the need for the parallel data collection process currently being undertaken by regions. The school profile report will also become a key EMIS output accessible at regional and national levels and for the first time feeding EMIS data back to schools.

**IR 6980/A0/04/004/007** Ministry of Education's provision of quality education is informed by updated strategic information

**Progress:**

Namibia has an established Education Management Information System (EMIS) with reports on key education indicators prepared annually. In order to increase utilisation of EMIS data for decision making at the local level, regional profiles were recently developed with UNICEF support to provide timely access to information such as school infrastructure and teaching and learning resources. The profile helps regional planners and school principals identify improvement priorities through a participatory process involving learners, teachers, parents/guardians and communities.

The Trends and Gaps Report and Free Primary Education policy paper prepared with UNICEF support have played catalytic role in influencing MoE commitment to strengthen evidenced-informed planning and budgeting. The key budgeting decision influenced by the analysis was the allocation of over NAD200 million (c. US$20 million) disbursed to schools as cash grants to compensate schools for lost income due to abolition of the SDF.

UNICEF supported the regional education analysis based on results of new surveys and studies including the Namibia Household Income and Expenditure Survey (NHIES 2009/2010) and grade 5 standardised achievement tests conducted in 2011. The two-page report for each of the 13 regions presents the only comprehensive supply and demand indicators bottleneck analysis available.

The poor state of sanitation in schools was highlighted at the national conference in 2011 but did not feature in the final recommendations. UNICEF prepared an issues paper to step up advocacy for improved sanitation in schools. The analysis and recommendations for improvement were discussed at the national WATSAN Forum and the Education Sector Annual Review. MoE has, as a result, highlighted sanitation in schools as one of its priorities for 2014.

**IR 6980/A0/04/004/008** Social accountability and governance systems within MoE strengthened

**Progress:**

The social accountability tools were finalised and used by communities in pilot schools to conduct self-evaluation and identify priorities for school improvement plans. The communities were empowered and supported by civil society facilitators trained through technical assistance from UNICEF to lead rollout of the tools at the school level. The programme also strengthened collaboration between civil society and MoE in building capacity of school boards. As part of the collaboration, civil society will incorporate elements of the social accountability concept and tools in school board training in non-pilot schools to enable board members to effectively promote use of the tools in their respective schools.

The interactive voice resources (IVR) survey was carried out and the outcome reflected in the national education conference recommendations. A number of the conference recommendations (including abolition of school development fund) are gradually being implemented by MoE. In collaboration with NID, learners were empowered, through the study circle methodology, with skills and tools to engage school administration on issues raised in the survey and others relevant to their schools. NID has established study circles in all 48 pilot schools, led by on average six learner representatives in each school.

The key emerging lesson learned for future consideration is that reliance on civil society as sole driver/facilitator of community involvement using the social accountability tools will not be sustainable without fostering a greater role of the regional school inspectors, not just as supporters (which is currently the case) but as active players at the school level. This will require integration into school inspectors terms of reference the key aspects of the social accountability initiative. School inspection in such a case will ensure that school improvement plans, including self-evaluation, are not only developed by principals and selected teachers but through a participatory process.

**IR 6980/A0/04/004/009** Capacity for preparedness and response to emergencies at national and sub-national levels strengthened

**Progress:**
The School Manual on Emergency Preparedness and Response was launched by MoE as formal endorsement of the content, to be used in all schools and by educators. The manual complements an IT based monitoring system developed after the 2010 flood emergency with UNICEF support and installed at regional offices to ensure quick access to data and timely response to emergency. No floods occurred in 2013 but an assessment conducted in all regions led to the declaration of drought emergency by the President in June 2013. In collaboration with the Ministry of Education and Namibia Red Cross Society, UNICEF played an instrumental role in the drought assessment and monitoring its impact on school attendance and access to water and sanitation. Monitoring reports indicated increased risks of dropout, which let the MoE to expand the School Feeding Program to 15,000 additional learners in affected areas.

**Constrained**

**PCR 6980/A0/04/011 80 per cent of adolescents have correct information and relevant skills and have access to services to reduce their risk and vulnerability to HIV**

**Progress:**

HIV prevalence amongst 15-19 year old pregnant women declined from 12 per cent in 2000 to 5.4 per cent in 2012. According to the Sentinel surveillance report, the prevalence rate has stagnated around 5.5 per cent since 2008. Given the significant progress Namibia has made in expanding access to treatment and care for HIV-infected persons, the stagnation could be a proxy indicator for increased survival to adolescence of children infected earlier through MTCT. New DHS expected sometime in 2014 will provide better understanding of the main reason and latest status of the above indicators.

UNICEF has been the lead agency focusing attention of development partners and Government on HIV-related issues affecting adolescents. Through the UNICEF-led JUTA Working Group on Young People and HIV Prevention, Government, development partners and the UN came together towards a common understanding and strengthened national HIV-programming. This included the Mid-Term Review of the National Strategic Framework in 2013.

In collaboration with UNAIDS, the "Champion for Change" forum was created as a platform for ensuring voices of young people from across Namibia are heard and reflected in national Health and HIV & AIDS policies and programmes for young people.

As a member of the Namibian Co-ordination committee for HIV, TB and malaria UNICEF supported the development of a successful proposal for about US$100 million from the Global Fund Rolling Continuation Channel, Phase 2. The proposal has a strong focus on Combination Prevention, including specific prevention programming for young people. HIV programming priorities for young people were informed by the outcome of key analytical work (KYE & KYR) jointly supported by UNICEF and UNAIDS.

**Constrained**

**IR 6980/A0/04/011/001 Quality Technical and Programme Management support provided to achieve the Programme Component Result**

**Progress:**

UNICEF brought on board one additional human resource to assist with the implementation and monitoring of activities under the HIV Prevention for Adolescents and to begin to design a cross-cutting Adolescent Development and Participation Programme (ADAP) for the next five years. A discussion has since taken place on understanding ADAP through a presentation made to all staff in May 2012. The next step will be to consolidate the work on HIV/AIDS and Adolescents successfully implemented over the past years and prepare a proposal for fundraising resources for ADAP including HIV&AIDS for the next five years.

**Constrained**

**IR 6980/A0/04/011/002 MoE coordination system strengthened to respond to HIV/AIDS in line with National Strategic Framework commitments.**

**Progress:**

Two major HIV life skills programmes, My Future is My Choice (MFMC) for secondary school-age children and Window of Hope (WoH) for primary school age children were initiated by UNICEF as mainstreamed education sector HIV prevention response for learners. Key elements of MFMC and WoH have since been integrated into life skills curricula for secondary and primary school learners, while WoH continued to be implemented as a co-curriculum activity in schools without direct support from UNICEF. Through UNICEF advocacy in collaboration with UNESCO, HIV testing and counselling (HTC) and condoms were integrated in the life skills curriculum content for secondary school-age children, facilitated by full time life skills teachers added to the MoE payroll.

The integration of HIV prevention in school life skills curricula was largely successful, but HIV & AIDS programming continues to be seen as the responsibility of HIV and AIDS Management Unit (HAMU) without clear sector-wide vision. This area still requires continued support until MoE has a clear sector strategy for HIV prevention beyond life skills and sustaining results achieved over the years.
**Recommendations for including HIV/LS into secondary school level curriculum adopted by MoE (IR 6980/A0/04/011/003)**

**Progress:**

MFMC provided the foundation for the learning outcomes on HIV&AIDS in the LS syllabus with condom & HTC integrated in life skills subject content. The inclusion of condoms and HTC was a huge achievement, given resistance from MoE curriculum experts who were under enormous pressure to include other areas, including environmental issues, which are also critically important for children. The inclusion of HTC in the LS curriculum further paved the way for acceptance by both MoE and MoHSS of UNICEF’s proposal to pilot HTC services in schools using an innovative T4D pre-counselling and risk assessment tool designed to attract young people to HTC services in confidentiality.

**Extra-curricular HIV prevention life skills (MFMC and WOH) institutionalized and integrated within the education system (IR 6980/A0/04/011/004)**

**Progress:**

Extra-curricular HIV prevention life skills, My Future My Choice was institutionalised and integrated within the education system and the curriculum was reviewed and condensed to correspond to the teaching hours. Notably, the Ministry of Education incorporated learning outcomes related to HIV Testing & Counselling and Condoms in the revised curriculum, issues that had been contentious for a long time. Twelve RACE Coordinators and 13 Regional School Counsellors were oriented in the revised curriculum. Rolling-out of training for Life Skills Teachers in all 13 regions commenced, with 337 Life Skills teachers from six regions trained on the new curriculum against the annual target of 450. The training was jointly funded with Ministry of Education, demonstrating Government’s commitment to roll out the new mandatory curriculum to all grade 8 learners. The teacher booklet for lesson planning was finalised and a flip chart on MFMC was produced to aid and guide both teachers and learners during their MFMC lessons. The next key steps will include: rolling out training in the remaining regions with full funding from Government allocated by the Ministry of Education; printing of the condensed curriculum and teaching aids; supporting school preparedness for School Board for the implementation of MFMC in Grade 8 at the beginning of 2014.

**HIV prevention approaches and interventions for girls and most at risk adolescents are evidence informed (IR 6980/A0/04/011/006)**

**Progress:**

An innovative adolescent and youth friendly tablet app (called YeAH! – Young peoples’ e-Application on HIV) for pre-counselling and testing services in schools was developed. The app was designed to minimise fear and enable young people in confidentiality to: i) assess their risk level and make an informed decision on whether or not they need an HIV test; ii) access information through a short interactive video explaining in simple terms the key stages of HTC and about Sexual and Reproductive Health; and iii) access advice on the implications of being HIV-positive or HIV-negative. The app has the capacity to capture and analyse data, which will be used for monitoring and evaluation of its effectiveness in achieving intended objectives. The innovation was endorsed by both the Ministry of Education and Ministry of Health and enabled the inclusion of HTC in School as an activity in the National Operational Plan for Ministry of Health. The innovation was also presented and well-received at an e-Learning International Conference held in Windhoek, Namibia, in June 2013 and was featured on UNICEF’s Global Innovation website. The YeAH! apps have been loaded on tablets in preparation for introduction to schools on a pilot basis starting Jan 2014, in collaboration with DAPP as implementing partner and CDC, supporting the M&E component.

The Know Your Epidemic (KYE)/ Know Your Response (Kyr) Reports were finalised and provided the main source of data for NSF Mid-Term Review, Voluntary Medical Male Circumcision (VMCC), HIV Counselling and Testing (HCT) and Condom strategies and GFATM RCC2 application. Several briefs on KYE/KYR developed for advocacy facilitated the authorisation of the piloting of HTC in schools, using the innovative technology-for-development tool and the lowering of the age of consent for HTC from 18 to 16 years.

**Boys and girls aged 10-18 access information and develop skills on healthy lifestyles in sport settings (IR 6980/A0/04/011/007)**

**Progress:**

The Galz & Goals programme was expanded to nine of 13 regions in Namibia, directly reaching over 3,500 adolescent girls and 300 coaches with HIV prevention life skills and access to information on Healthy Lifestyle developed by UNICEF. Technical support was provided to the NFA Galz and Goals brokered corporate partnership with SPAR Namibia, a subsidiary of one of the leading South African supermarket chains. Through the partnership agreement, SPAR provides financial support for the Galz & Goals U13 and U15 leagues across the country; it also allowed for a joint UNICEF and SPAR advocacy campaign to promote public-private partnerships in support of adolescent girls. An electronic monitoring system was developed by NFA, with UNICEF support, to facilitate collection and analysis of both qualitative and quantitative data on the G&G programme, complemented by a user-friendly SMS platform that will be used by the
Galz & Goals programme to circulate healthy lifestyle messages and information to adolescents.

- **Met**

**IR 6980/A0/04/011/008** Social and behaviour change communication (SBCC) components of national HIV prevention response for young people is evidence-informed.

**Progress:** Evaluation completed, demonstrating that over 60 per cent of the sampled population had seen one or more campaign material and was able to recall the content of the material.

### PC 3 - Special protection for vulnerable children

- **Constrained**

**PCR 6980/A0/04/003** Vulnerable Children are reached by integrated care, protection and support.

**Progress:**

UNICEF supported the development, implementation, coordination and monitoring of the National Agenda for Children (2012-2016) (NAC), which led to the inclusion of explicit priorities for children in the fourth National Development Plan (2012/13-2015/16). An OVC (now ‘vulnerable children) Permanent Task Force was established and meets regularly to bring together national stakeholders to coordinate the implementation of the NAC. Child Care and Protection Forums supported in two regions through an NGO partner have demonstrated evidence for potential scale-up by Government. Birth registration services are operational in 21 hospital facilities, 26 sub-regional offices and 13 regional offices and there has been a 56 per cent increase in birth registrations per annum between 2008 and 2013. Census data shows the coverage rate for under-5s has increased from 60 per cent (2006) to 78 per cent (2011). The revision of the Birth, Marriages and Death Act is underway and steered by the MHAI-led TWG; the new Bills will be presented in 2014. A social protection assessment evaluated the formal and informal coping mechanisms for communities in poverty and guided the development of proposals to universalise Child Welfare Grants. In implementing the NAC, UNICEF supported the development of the Pilot Child Care and protection forum guidelines to ensure that vulnerable children are linked and referred to critical protection and prevention services and constituency and regional level, as well as supporting staff development for social workers.

- **On-track**

**IR 6980/A0/04/003/001** New NPA for vulnerable children developed, endorsed and coordinated

**Progress:** UNICEF supported the development, implementation, coordination and monitoring of the National Agenda for Children (2012-2016) launched by The Prime Minister in 2012 and used to include priorities for children in the fourth National Development Plan (2012/13-2015/16). The first annual progress report is due to be submitted to Cabinet in 2014. An OVC (now Vulnerable Children) Permanent Task Force was established and meets regularly to bring together national stakeholders to coordinate the implementation of the NAC. Consultations were held with the inter-ministerial committee on Human Rights for final comments on the African Charter on the Rights and Welfare of the Child country progress report for submission in 2014 to AU.

- **Met**

**IR 6980/A0/04/003/002** Quality Technical and Programme Management support provided to achieve the Programme Component Result

**Progress:** UNICEF provided human resource support through this 'Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation contribute to achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

- **Met**

**IR 6980/A0/04/003/004** Vulnerable Children in three regions receive integrated care and support

**Progress:** Through a partnership with an NGO (DAPP), UNICEF supported the Ministry of Gender in three regions (Zambezi, Kavango and Ohangwena) to ensure that constituency and regional child care and protection forums are functional as mechanisms to identify and resolve challenges and link and refer vulnerable woman and children to existing service providers. This resulted in the establishment of three new CCP forums in each of the three regions; 3,302 children were referred to Ministry of Home Affairs for Birth Certificates, Ministry of Gender for protection services and to Lifeline/Child line for psychosocial support. The civil society partnership demonstrated the complementarity of a civil society partnership with Government, and generated evidence for potential for Government scale-up. Guidelines for Child Care and Protection Forums are being updated.

- **Met**

**IR 6980/A0/04/003/005** Birth and death registration services expanded and functioning

**Progress:** A ministerial partnership between the ministries of Home Affairs and Immigration (MHAi), Health and Social Services
(MOHSS), and Gender Equality and Child Welfare (MGE CW) led to 21 high-volume hospital facilities having functioning birth registration facilities, along with 26 sub-regional offices and 13 regional offices. There has been a 56 per cent increase in the birth registration rate since 2008, with 61,024 births registered in 2012/13 compared to 41,000 in 2008. The integration of birth registration in national Maternal and Child Health Weeks has contributed towards significant increased demand and efficiency savings. The Ministry of Home Affairs received support to address low levels of birth registration through the expansion of birth registration facilities.

**Constrained**

**IR 6980/A0/04/003/006 Child Welfare Grants strategy developed within a child sensitive social protection framework.**

**Progress:**

Child welfare grants in Namibia are administered by the Ministry of Gender Equality and Child Welfare. They are primarily targeted towards single orphans (means-tested at N$ 1000 HH income), children with disability and double orphans/children in foster care. The grants have been expanded in coverage, but have thus far had only a minimal impact on child poverty rates – mostly because the majority of poor children are not eligible. Discussions are underway to address this by universal grants for every child in Namibia that in one go would make Namibia reach all its poverty reduction targets (child poverty would decrease from 34 per cent to 9 per cent and extreme child poverty would be virtually eliminated, GINI would decline from 0.60 to 0.52 (using expenditure rather than income). Ministry of Finance is, in principle, supportive of universal grants and UNICEF is supporting MGE CW and MOF to identify innovative funding sources and to put all the evidence together so that an application for funding of universal grants under MTEF can be submitted in 2014.

**Met**

**IR 6980/A0/04/003/007 Alternative Care systems strengthened.**

**Progress:** The Ministry of Gender Equality and Child Welfare (MGE CW) is updating its foster care system to provide more efficient foster placement of children in Namibia and to align with the Child Care and Protection Bill. One important aspect of the new system is a national register of new foster parents in all regions; the National Family Register. The Register will help share information regarding foster families and child placements amongst MGE CW Social Workers and Foster Care Service Providers. UNICEF plans to assist MGE CW with a national campaign to find new foster parents as well as finalisation of the family register. Unfortunately the delay in enactment of the Child Care and Protection Bill also delayed these initiatives. Twenty-eight social workers from 12 regions were trained on foster care standards and guidelines, including the assessment of prospective foster care parents, with potential impact on over 13,000 foster care parents. Standards and Guidelines were printed; plans for training are in place and social workers nominated to administer the foster/adoption register.

**Constrained**

**PCR 6980/A0/04/009 Legislative environment strengthened to ensure justice for children.**

**Progress:** Despite the support of UNICEF in both drafting and advocating for the Child Care and Protection Bill (CCPB) and accompanying Regulations, there have been numerous delays in finalising and enacting this Bill. Enactment will replace and extensively update the Children’s Act 33 of 1960. The Bill also includes mechanisms for Namibia to implement the Hague Convention on Protection of Children and cooperation in respect of inter-country adoption. This Bill will further strengthen legislative guarantees for the rights and welfare of children in line with international instruments such as the CRC and the African Charter on the Rights and Welfare of the Child. The current Births, Marriages and Deaths Registration Act 81 of 1963 is outdated and contributes to the low level of birth registration. UNICEF is committed to supporting the MHAI to revise the legislation and is optimistic that enactment will contribute to equitable registration practices, removing registration bottlenecks and aligning the laws to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

**Met**

**IR 6980/A0/04/009/001 Quality Technical and Programme Management support provided to achieve the Programme Component Result**

**Progress:**

UNICEF provided human resource support through this ‘Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation to contribute to achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

**Constrained**

**IR 6980/A0/04/009/002 Child Care Protection bill promulgated.**

**Progress:**

Despite the support of UNICEF in drafting the Child Care and Protection Bill and accompanying Regulations, there have been numerous delays in finalising and enacting this Bill. The enactment of the Bill will replace and extensively update the Children's Act 33 of 1960. This Bill will further strengthen legislative guarantees for the rights and welfare of children in line with international instruments such as the CRC, ACRWRC and the Hague Convention on Inter-country adoption.
**IR 6980/A0/04/009/003 Accession to Hague Inter-country Adoption Convention endorsed by Cabinet**

**Progress:**
Following the Cabinet Directive in 2012 instructing the MGECW to prepare to accede to the Hague Convention on inter-country adoption, the MGECW commenced with preparing documentation for accession to the Hague. The implementation, however, will be held up by the delays in bringing the Child Care Protection Bill into force, as the Hague Convention is annexed to the Bill.

**Constrained**

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**IR 6980/A0/04/009/004 Child Justice Plan of Action developed and endorsed (commitment and enabling environment for justice for children).**

**Progress:** In 2012/2013, UNICEF supported the Government to conduct a rapid analysis on the situation of children in conflict with the law. The analysis highlighted a number of gaps; e.g. the low age of criminal responsibility (7 years) and children being detained with adults in police custody. Findings of the analysis were used to develop an advocacy paper and create dialogue with Ministry of Justice about revising the task force on Juvenile justice and the revision of the Child Justice Bill 2004. In 2013, 37 new social workers (from all 14 regions) were trained on juvenile justice processes; e.g. diversion programs, screening of juveniles for refer to diversion. The Ministry of Youth was supported to revise the Life Skills manual for young offenders. The Life Skills programme is one of the only diversion programmes available for young offenders in the country, and does not meet their needs. Following a rapid analysis on the situation of children in conflict with the Law in 2012, an issue paper was finalised for advocacy purposes. UNICEF supported the Ministry of Justice to convene two task force meetings for a roadmap on juvenile justice and the revision of the Child Justice Bill. The MGECW was supported to scale up the child witness and court preparation support programme to all regions with TA from the Legal Assistance Centre, from an initial pilot in three regions. To date, three regional workshops were held in Otjiwarongo, Windhoek and Onandjiga, and 90 officials from Namibian Police Force, social workers and prosecutors were trained.

**Constrained**

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**IR 6980/A0/04/009/005 Birth, Marriages and Death Act Reviewed**

**Progress:** The Birth, Marriages and Death Act of 1963 is outdated and is a major barrier to birth registration. UNICEF supported the MHA to hold regional and national consultations on the revision of the current Act, which resulted in the drafting of a Birth and Death Registration Bill (now proposed to be called ‘National Population Registration Bill’, which will combine provisions in the current Identification Act and some provisions from the Marriage Bill); the regulations are ready to be presented to the Cabinet Committee on Legislation (CCL).

**Constrained**

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**PCR 6980/A0/04/010 Key duty bearers have capacity to prevent, protect and respond to violations of protection rights of children and woman.**

**Progress:** The National Agenda for Children, launched in 2012, included explicit commitments to improve child protection services by 2016. While much of the NAC was reflected in the new national development plan, the latter was more explicit about child poverty (social protection) than child protection (CP). UNICEF managed to mitigate this by ensuring that child protection interventions are embedded in the joint GRN-UN Partnership Framework (UNPAF 2014-18) under the pillar addressing poverty and vulnerability, as well as including it in legislation to be supported to domesticate international commitments. There are huge opportunities to improve integration of CP services through platforms such as the Permanent Task Force on Vulnerable Children, Child Protection Committees and the newly established Namibia Children’s Rights Network.

**Constrained**

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**IR 6980/A0/04/010/001 Quality Technical and Programme Management support provided to achieve the Programme Component Result**

**Progress:**
UNICEF provided human resource support through this ‘Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation contribute to achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

**Met**

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**IR 6980/A0/04/010/003 Integrated child protection systems strengthened (Framework for integrated child protection systems strengthened)**

**Progress:**
Progress was made to strengthen capacities of key duty bearers. UNICEF supported the development of a draft integrated child protection paper and a “definition for child protection” through the Permanent Task Force (PTF). A protection flowchart was completed to address referral and coordination bottlenecks. A draft child protection systems-strengthening document was developed with assistance from Maestral International in 2012, shared with MGECW and presented at PTF for consideration. A synthesis report on the mapping of
women and child protection services was printed. The report highlights numerous gaps in coordination, accountability and capacity gaps among stakeholders. Terms of reference to provide TA to MGECD to develop a strategy for operation and management of shelters/places of safety was developed, but no consensus between directorates within the Ministry has been reached. In 2013 UNICEF supported MGECD to roll out an “e-policing” system to three regions. It was intended to support the initiatives of the Namibian Police to strengthen data capturing and monitoring. UNICEF supported the WACPU with data entry, analysis and development of a data collection tool in 2012 in Khomas. This activity was replicated in Erongo and Omaheke regions in 2013; an analysis report was being prepared in late 2013. UNICEF supported the development of a national referral flowchart on child protection and accompanying brochure to strengthen coordination amongst stakeholders.

Constrained

**IR 6980/A0/04/010/004 Key duty bearers have capacity to implement SOPPs**

**Progress:** The Police in-service curriculum was finalised, after three years of review and revision. This incorporates child-specific and gender-sensitive modules within the curriculum for training of Police officers within the Namibian Police Training College. Lifeline/Childline was supported to develop a child participation framework and purchase a database and server to improve collection of child-specific data from children. The Ministry of Gender was supported to commemorate days of the Namibian and African Child.

Constrained

**IR 6980/A0/04/010/005 Strengthen capacity for preparedness and response to emergencies to National and Sub-National Levels**


### PC 4 - Cross-sectoral costs

**Met**

**PCR 6980/A0/04/001 Cross-Sectoral**

**Progress:** During 2012-13, the strategy mix continued to emphasise the use of staff and technical expertise to develop and utilise the evidence base for effective advocacy, TA and other up-stream support. As befits an upper-MIC, the emphasis on knowledge management and strategic advocacy are cost-effective ways of achieving results at scale. Similarly, Office engagement with planning and budgeting processes (e.g. National Development Programme development, or Global Fund discussions) provides a means to leverage results for children, beyond our direct support.

**Met**

**IR 6980/A0/04/001/001 Quality Technical and Programme Management support provided to achieve the Programme Component Result.**

**Progress:** During 2012-13, the strategy mix continued to emphasise the use of staff and technical expertise to develop and utilise the evidence base for effective advocacy, TA and other up-stream support. As befits an upper-MIC, the emphasis on knowledge management and strategic advocacy are cost-effective ways of achieving results at scale. Similarly, Office engagement with planning and budgeting processes (e.g. National Development Programme development, or Global Fund discussions) provides a means to leverage results for children, beyond our direct support.

**Met**

**IR 6980/A0/04/001/002 Programme Support**

**Progress:**

UNICEF provided human resource support through this ‘Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation contribute to achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

**Met**

**IR 6980/A0/04/001/003 UNICEF’s work on children and HIV is internally and externally well-coordinated, relevant and in support of the NSF**

**Progress:**

UNICEF continued its Joint UN Team on AIDS leadership role in the area of HIV prevention and young people (YP) e.g. through coordination of the JUTA Working Group on Young People and HIV prevention. As a consequence there was a strong JUTA approach to the planning of the national workshop on combination prevention and its follow-up towards strengthening the national prevention response (see report EHPM for more details).

UNICEF strengthened its role within the CCM for the GFATM funding through chairing of the CCM M&E Committee and membership on
the CCM Chairs Committee, but in particular through providing a lead role in initiating and supporting a process for the development of the GFATM RCC Phase 2 proposal. The significant time investment in supporting the CCM paid off in leveraging funding for children and HIV, and the proposed RCC-2 funding can go a long way toward ensuring that the eMTCT strategy is fully funded and that the MoE can accelerate the roll out of life skills, including HIV-prevention, and NGOs can strengthen HIV prevention targeting young people.

Through UNICEF advocacy and input the draft national condom and the medical male circumcision strategies have stronger components on KP. UNICEF provided input to the national ANC HIV prevalence survey and to the national study on sex workers and MSM, and Government and UNAIDS progress reports. UNICEF provided leadership to, and supported coordination mechanisms of the National AIDS Executive Committee and the PEPFAR Steering Committee, national technical committees on HIV prevention, BCC, HIV M&E and on HCT.

In 2013 the Mid-Term Review of the National Strategic Framework on HIV was conducted. UNICEF, as part of a broader JUTA approach, provided intensive technical support to the design and oversight of the consultancy team. Through UNICEF advocacy, children and HIV issues will have a more central position in the revised National HIV response, with more focus on high-impact interventions for children.

Constrained

**IR 6980/A0/04/001/004** Social and behaviour change strategic planning and monitoring interventions support achievement of Programme Component and UNDAF results.

**Progress:**

Building on the exercise undertaken in 2011 - to map social and behaviour change communication partners to know what they are doing, where and with what capacity they are operating – the Office continued to provide support in priority programmatic areas. However, while UNICEF is regarded as having a comparative advantage in this area, the C4D post was unfunded during 2012-13 – increasing the reliance on managing specific TA contracts, plus a staff exchange with Zimbabwe to perform C4D tasks. Major C4D work included the EOD communication strategy, First Lady's campaign on male involvement in PMTCT and training of Health Extension Workers.

Constrained

**IR 6980/A0/04/001/005** Monitoring and evaluation support to programme component and intermediate results

**Progress:**

The AMP includes an IMEP which identifies responsibilities and resources for supporting studies, surveys and data collection activities. It also takes note of major new studies, surveys and research expected to be undertaken by partners during the year. It is also linked to the publication plan for the Office. This is reviewed periodically both at programme level as well as by CMT as part of mid-year and end-year internal reviews. In 2012, a Research and Evaluation Committee (REC) was established by the CMT to provide closer oversight of IMEP implementation and to develop proposals to strengthen the KM function in the office, especially in preparation for the next Country Programme. During 2012-13 the M&E post was vacant - and roles were absorbed by the Deputy Representative, Social Policy and PA.

Constrained

**PCR 6980/A0/04/005** Children's rights are positioned at the centre of Namibia’s public discourse and debate.

**Progress:**

The Country Programme created opportunities for strategic alliances with Government ministries, UN agencies, private sector, civil society organisations and the media to report responsibly on children’s issues and for raising public awareness on issues affecting children in triggering debates and actions for programme results. The objectives of the advocacy/ communication strategy were realised through strengthened and continued public-private partnership through the Namibian Alliance for Nutrition. The partnership has resulted in Namibia being recognised globally as an early riser for Scaling Up Nutrition (SUN) and subsequent political commitment by the Cabinet. The Country Office hosted the internationally renowned Mrs Graca Machel’s visit to Namibia with the purpose of advocating for increased resource commitments for Nutrition at the highest level. The visit resulted in the pledge made by Parliament and the President of the country to make Nutrition a priority. Other visits included Goodwill Ambassador from Mozambique, Steward Sukuma, during the Children’s Parliament.

The Country Office used opportunities created though the commemoration of various National events/days to bring forth the various perspectives, concerns and voices of all children and women, especially the vulnerable groups. This has resulted in the reflection of key issues in upstream policy dialogue and decision-making; for example, the launch of the National Agenda for Children, which reflects and guarantees the rights of children as articulated in the Convention on the Rights of a Child. In line with the UNICEF global approach on information dissemination and access, the Country Office launched its social media package in 2012 and its website in 2013, to ensure quick and easy distribution and access of information to a wider audience, especially young people. Partnerships with media were used in support of all activities and the media were actively supported to provide coverage of the 2013 drought for both national and international audiences.
**Progress:**

UNICEF provided human resource support through this ‘Intermediate Result’ and the funds utilised in this IR were mainly to help the organisation contribute to achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

**Met**

**IR 6980/A0/04/005/001** Quality Technical and Programme Management support provided to achieve the Programme Component Result

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**Met**

**IR 6980/A0/04/005/002** Commitment and capacity of media to report responsibly on key child rights issues strengthened.

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**Constrained**

**IR 6980/A0/04/005/004** Strategic alliances and public/private partnerships to promote action on children’s rights developed

**Progress:** While there have been specific opportunities to engage the private sector (see 2013 assessment), there is need to develop a more strategic approach to secure sustained and high-impact engagement of the private sector.

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**Met**

**IR 6980/A0/04/005/005** Increased public and key stakeholder access to information on Namibia’s children

**Progress:** UNICEF continued to play a critical advocacy role in bringing forward the issues of children in public domain and debate, using major national events and publications.

In line with the global digital revolution a Social Media Package was launched in 2012 in support of Namibian children on Twitter and Facebook. A UNICEF Namibia SlideShare account was opened to ensure sharing of key major documents produced by the Country Office. In 2013 the UNICEF Namibia website was activated. As part of the UN reform, UNICEF contributed to activities of the UN Communication Group and was nominated as the Chair of the committee for 2013. The launch of major publications resulted in advocacy opportunities for child rights, including: Child Poverty and Social Protection Assessment, the National Agenda for Children and the National Guidelines on Adolescents living with HIV and AIDS.

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**Met**

**PCR 6980/A0/04/012** National development agenda prioritises reduction of child poverty, vulnerability and disparities, and achieving child-related MDG targets

**Progress:**

NDP 4 was launched in July 2012, showing a significant shift in focus from a broad social development agenda to a very economy-focused plan. This has led to gaps in a number of social sector issues which, however, are to be addressed by additional ministerial plans. Nevertheless, NDP 4 devotes a chapter to poverty reduction, including the reduction of child poverty. It makes the case for the expansion of child welfare grants to the broader group of poor and vulnerable children as well as regular increases of grants in line with inflation. This reflects an overall strengthened focus on child poverty and vulnerability by Government and has led to MGECW commitment to gradually expand the child welfare grant system to all children in Namibia.

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**Met**

**IR 6980/A0/04/012/001** Quality Technical and Programme Management support provided to achieve the Programme Component Result

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**Met**

**IR 6980/A0/04/012/002** National statistical system generates evidence on child poverty and vulnerability

**Progress:**

NSA is in the process of substantially strengthening the knowledge base on the well-being of children and young people in Namibia as
well as on multiple deprivations. Following the launch of the 2011 Census Basic Report NSA, with support from UNICEF, began to undertake an analysis of ‘The well-being of children and young people in Namibia’, based on the Census, including a geospatial mapping of multiple deprivation at constituency level. In addition, NSA is in the process of consolidating existing surveys into an on-going Namibia Multi-Topic Household Survey consisting of a core module and a set of annually rotating modules. In addition to including selected key indicators on child well-being into the core questionnaire, a dedicated child well-being module was being discussed in late 2013.

**Progress:**

Increasing awareness and understanding of child poverty and vulnerability by GRN over the past three years has led to a shift in focus from OVC to all poor or vulnerable children and a commitment to giving child welfare grants to every child in Namibia as a decisive step in reducing persistently high child poverty rates. In this process, MGECW has strengthened capacity for evidence-informed policy making, evidenced by their taking the lead on relevant research, making the respective changes to the Child Care and Protection Bill and engaging with Ministry of Finance on the budgetary implications of such an expansion. The tax-benefit micro-simulation system “NAMOD” was completed under leadership of the MOF, with user training scheduled for January 2014. NAMOD will act as tool for GRN to further assess the cost and poverty-reduction impacts of changes to the social grant system. The Situational Analysis on the Status of Children’s and Adolescents’ Rights was completed and will be launched in early 2014.

**Progress:**

The evidence base on current status on child poverty and social protection is in place, as well as basic simulation of cost and poverty reduction impact of Child Welfare Grant (CWG) expansion; NDP 4 has made CWG expansion political priority. The Ministry of Gender Equality and Child Welfare, following the results of the social protection report, now pursues the introduction of universal child welfare grants, which will reduce child poverty from the current 34 per cent to 9 per cent and virtually eliminate extreme child poverty. MGECW has made changes to the Child Care and Protection Bill to accommodate such an expansion and has started to engage with MOF on the necessary substantial budget increase. To this end a consultant was identified to carry out an assessment of innovative financing sources to sustainably fund the CWG expansion; the report is expected to be completed in early 2014. Pending the enactment of the CCPB, the introduction of the new child welfare grant is likely to begin in the 2015/16 financial year.

**Progress:**

The development of the Social Development Policy was led by MoHSS, with UNICEF only providing technical support by a staff member without financial contribution. The policy development process was long delayed due to repeatedly unsatisfactory work by the consultants recruited by the ministry.

**Progress:**

Successful implementation of VISION without any major delays was an important achievement for 2012. Office objectives and priorities were defined and understood by staff. Oversight structures are in place and functioning, including in relation to emergency risk management. CMT has taken major initiatives in the past 12 months to improve operations and programme management performance and addressed areas of weakness identified in earlier annual and audit reports. Adequate mechanisms exist for reporting and CMT uses management indicators, quality assurance mechanisms; CO has received ‘satisfactory’ audit rating for governance.

The new salary scales were uploaded and effective 1 July 2012 after the comprehensive salary survey, which was the first comprehensive survey in seven years.
Progress:

All oversight structures have reporting requirements to the CMT, which reviews the management indicators for both programme and operations on a monthly basis. The AMP sets out the responsibilities and membership of the Country Management Team (CMT), the Programme Co-ordination Team meetings, Operations Coordination Team Meetings, Staff Association, Security Structures, with UNDSS oversight, and the Joint Consultative Committee (JCC).

Additionally, the AMP contains details of the other office committees in terms of composition, terms of references and reporting responsibilities. The additional office committees are Contract Review and Programme Cooperation Agreement Review Committee (CRC/PCARC), Central Review Board (CRB), Property Survey Board (PSB), Learning and Training Committee (LTC), Staff Association Executive Committee (SAEC), Caring for us (CFU) committee, Audit Committee and BCP Team.

The CMT, as the most senior advisory body to the Representative and senior management, maintains a standing agenda to review programmatic, operational and quality assurance indicators. A matrix of action points and responsible staff are documented on a monthly basis by the CMT for follow-up on action points of previous meetings. Action points that have been acted upon are closed and those not acted upon are discussed and reason for non-action noted. CMT gives input to action points not taken by virtue of bottlenecks encountered. Each committee was also required to give updates on activities, bottlenecks and successes during internal mid-year and annual reviews.

The audit committee also reviews latest audit report and peer review recommendations. The last country audit was conducted in 2009 and all recommendations were considered closed. From the HR and IT peer reviews in 2013, all recommendations requiring one-off action have been addressed and those needing sustained action are being complied with. In addition, the Operations Manager continues to do compliance and substantive tests on transactions, on a random sampling basis; weaknesses identified are brought to the attention of the CMT, finance staff and section chiefs.

The audit committee recommends additional action to CMT and the other committees in order to reinforce a culture of sustained compliance to recommendations as they relate to programme delivery and operational support.

The programme and operations management teams are two platforms to take additional measures, in more detail, to mitigate risks identified in programme and operations activities. CMT recommendations are acted upon by these two groups and revisions, in terms of time frames and substance, are reviewed in plenary by the CMT for approval or adjustments. In order to ensure effective risk-mitigating measures and ensure compliance, ad-hoc and unannounced snap-checks are undertaken both in operations and programme by the Operations Manager and Deputy Representative, respectively.

IR 6980/A0/04/800/002 Effective and efficient management and stewardship of Financial Resources

Progress:

The last internal audit was carried out in 2009 and all 16 audit recommendations have been closed, including the low-risk ones. The audit committee (comprising the Representative, Deputy Representative and the Operations Manager) meets bi-annually to review audit recommendations in light of programme and operations activities over this period, including the compliance tests conducted by the Operations manager. Two peer reviews were carried out in HR and ICT and all the recommendations have been addressed.

The Programme and Operations Group meetings are used as platforms to look at, monitor and suggest the efficient and appropriate management and use of financial and other resources. The CMT reviews the status of funding, bank reconciliations, budget implementation, liquidation of DCTs, financial implementation status and contribution management, including a close examination of PBAs and their expiration. By the close of the year 94 per cent of Regular Resources had been expended or obligated.

Operational (non-staff) cost for 2013 were US$396,802, which represents 97 per cent of the total budget. Common services costs (water, electricity, maintenance of facilities and security) form the bulk of the expenses. Office of the Resident Coordinator operational costs, along with one-off expenditures for ensuring MOSS-compliance of the UN House also contributed to total costs.

After the micro-assessment in 2011, HACT trainings were conducted in 2012 and 2013, addressing the issues highlighted in the micro-assessment report. No buy-in from the other agencies for joint assurance activities has been forthcoming. Assurance plans have been developed by each section per implementing partner. These plans are being implemented and bottlenecks/risks identified are addressed using appropriate mitigating measures. Programme visits and spot checks were arranged for each key partner, during which time capacity development of partners on a hands-on basis was implemented. Joint visits were organised between Operations staff and programme staff to give joint input during these programme visits. The Office has therefore seen significant improvement in the liquidation of DCTs as well as more importantly, programme delivery. As of the end of the year, less than 5 per cent of DCTs were over nine months.

UNICEF also collaborated with other UN Agencies in Namibia for the preparation for a new macro and micro assessment in 2014. UNDP, as administrative agency, has taken steps to place expressions of interest and requests for proposals for a macro-assessment and UN-Wide micro-assessment of all partners that reach or are likely to reach the threshold agreed upon. The HACT task force, of which UNICEF is a member, is currently looking at the proposals received.

In order to avoid huge cash balances, cash farming methods were adopted, whereby sections make their projections and replenishments...
of accounts are carried out on this basis. Reports are generated to CMT that make a comparative analysis of projections and actuals. Huge variations are investigated and sections responsible are admonished to make more realistic estimates. Low balances are maintained but adequate cash is assured at all times, since turnaround time for replenishments is short.

UNICEF maintains only one bank account, which is reconciled on a monthly basis. DCTs are liquidated using quality assurance methods by both programme and operations staff. DCTs are thoroughly scrutinised at programme meetings as well as CMT. More than three and six months DCTs are disaggregated by section and the defaulting sections urged to ensure that these outstanding DCTs are cleared at the earliest opportunity.

Staff members are also taken through financial management refreshers by the Operations Manager on major topics like segregation of duties and the need to maintain internal controls for UNICEF and at partner level, since the call for accountability and transparency and maintaining ethical standards has to be heeded at all levels.

### IR 6980/A0/04/800/003 Effective and efficient management of human capacity

**Progress:**

The HR Unit was supported by a retired staff member to review all job descriptions/profiles for existing posts and develop new profiles/descriptions for new ones. Of the staff members affected: four IPs were reassigned to other UNICEF COs before post abolition; one NO2 staff was appointed as NO3 effective 01 January 2014, and two NO staff were separated. Four GS staff members successfully competed for higher-level posts, one GS staff was separated and another resigned after receiving an offer outside the organisation.

Seven local posts were advertised in the local newspapers and two IP posts were advertised by DHR-NYHQ. Other posts were not advertised due to funding shortfalls.

For the emergency response, existing staff were redeployed. Requests for additional support in the area of WASH, nutrition and coordination were in the drought appeal but, due to limited funding and competing emergencies, no additional staff were mobilised. ESARO did, however, provide short-term technical assistance.

On staff development, guided by the Office Training and Learning Plan:

- The Office planned ten group training activities, of which eight were completed, including: refresher trainings on CBI, Managing Performance for Results (MP4R) and Career Counselling.
- On individual training the completion rate increased in 2013, 42 training activities planned, 21 were completed.
- PPP training was identified as a priority for all programme staff in 2013; however, two staff members were selected from the Office to be trained on PPP.
- The Regional Chief of HR and the Regional HR Specialist facilitated three Refresher trainings on CBI, MP4R and Career Counselling and about 29 staff members attended the trainings.
- The Office has two trained Peer Staff Counsellors and one Respectful Workplace Adviser.
- Four exchange visits/ emergency roster deployments from Namibia were supported.

The Staff Retreat was supported by an external facilitator who led the team-building exercise and a motivational speaker. The staff retreat was also used to discuss the progress made on the Global Staff Survey and to review action plans outlined in 2012. The JCC will continue to review action plan implementation.

The Office obtained a 100 per cent completion rate for 2012 year-end PAS and 2013 individual and development work-plans and mid-year discussions on PAS.

An HR peer review was conducted in July and all recommendations have been/are being addressed.

Two all-staff UN-Cares activities were held and UN Cares task force meetings regularly held. Two counsellors were identified by UN Cares to provide counselling services to all UN staff. In addition a stress management workshop was facilitated by an external counsellor. Compliance with the minimum standards stands at 80 per cent.
Effective Governance Structure

A consultative process was used through the CMT, general staff body and senior management team, to complete the Annual Management Plan (AMP) incorporating the office priorities for 2013. The AMP was finalised end of February 2013. Based on the annual management plan and country programme action plan objectives and priorities, terms of reference were developed for each committee and members apprised of activities, reporting requirements and participation obligations. All oversight structures have reporting requirements to the CMT, which reviews the management indicators for both programme and operations on a monthly basis. The AMP sets out the responsibilities and membership of the CMT, Programme Co-ordination Team meetings, Operations Coordination Team Meetings, Staff Association, Security Structures, with UNDSS oversight, and the Joint Consultative Committee.

Additionally, the AMP contains details of the other Office committees in terms of composition, terms of reference and reporting responsibilities. The additional Office committees are Contract Review and Programme Cooperation Agreement Review Committee (CRC/PCARC), Central Review Board (CRB), Property Survey Board (PSB), Learning and Training Committee (LTC), Staff Association Executive Committee (SAEC), Caring for us (CFU) Committee, Audit Committee and BCP Team.

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The audit committee also reviews latest audit report and peer review recommendations. The last country audit was conducted in 2009 and all recommendations were considered closed. From the HR and IT peer reviews in 2013, all recommendations requiring one-off action have been addressed and those needing sustained action are being complied with. In addition, the Operations Manager continues to carry out random compliance and substantive tests on transactions; weaknesses identified are brought to the attention of the CMT, finance staff and section chiefs. The audit committee recommends additional action to CMT and the other committees in order to reinforce a culture of sustained compliance to recommendations as they relate to programme delivery and operational support.

The programme and operations management teams are two platforms for taking additional measures, in more detail, to mitigate risks identified in programme and operations activities. CMT recommendations are acted upon by these two groups and revisions, in terms of time frames and substance, are reviewed in plenary by the CMT for approval or adjustments. To ensure effective risk-mitigation measures and compliance, ad-hoc and unannounced snap-checks are undertaken both in operations and programme by the Operations Manager and Deputy Representative, respectively.

Strategic Risk Management

Building on the 2011 and 2012 risk management strategies, the Country Management Team worked on a risk identification and mitigation exercise. A SWOT (Strengths, Weakness, Opportunities and Threats) analysis was carried out, applying the UNICEF Risk Management Policy and the Risk Reference Guide. In this regard, the CMT identified and analysed the key risk factors using the likelihood and impact parameters in relation to programme objectives. High risk ratings included Aid Environment and predictability of funding, including the support budget funding constraints; partner relations, in terms of NGO/CSO limitations in capacities and expertise; and the ability to programmatically and operationally change to new systems whilst still achieving
planned results for children. The Office noted priority actions for risks identified as high and mitigating measures were put in place to mitigate these risks. These formed part of the AMP priorities for 2013, which are standing agenda items in the CMT quarterly meetings and bi-annually with staff association and all staff.

The CMT’s initial action to identify risks has facilitated an enabling environment for discussion about risks and development of effective mitigation measures to manage risks at strategic, tactical and daily operational levels. At operational level, the Office has methodically incorporated the PCA/SSFA submissions “capacity and integrity checklist” and reinforced the PCA Review to include a mandatory review of programmatic and operational capacity assessments, with a focus on risk identification and management.

MOSS and MORSS aspects of the BCP were reviewed and joint simulations were conducted with UNDSS. An updated security risk assessment (SRA) was conducted by UNDSS with full participation of UNICEF. Additional security measures were put in place following recommendations from the SRA: a 24-hour surveillance system was installed in UNICEF and back-up tapes kept off site; ICT backup systems were also upgraded and back-up systems kept off-site.

As recommended in the micro-assessment of the 23 major implementing partners in 2011, a comprehensive HACT training was undertaken for all the partners in the first quarter of 2013. Assurance plans and updated risk profiles were shared with implementing partners during the training as advance notice on planned mitigating and assurance measures. The Contract Review Committee also reviewed risks associated with contracting and mitigating measures put in place to ensure appropriate responses to risks were identified.

Recommendations made by the BCP for manual printing of vouchers was also carried out and staff members taken through the use of these manual vouchers in readiness for an eventuality such as electronic systems breakdown or application (SAP) unavailability. This is to ensure that UNICEF fulfils its mandate to the children and women of Namibia at all times, noting that non-injection of financial input or intervention can cause incalculable damage, especially in times of emergencies.

**Evaluation**

The AMP includes an IMEP which identifies responsibilities and resources for supporting studies, surveys and data collection activities. It also takes note of major new studies, surveys and research expected to be undertaken by partners during the year, and is linked to the Office publication plan. This is reviewed periodically both at programme level as well as by the CMT as part of mid-year and end-year internal reviews. In the absence of an M&E officer, the Social Policy Specialist has been the focal point. In 2014, subject to availability of funding, the newly established Research and Evaluation post will be filled.

The Research and Evaluation Committee (REC) established in 2012 is meeting quarterly. Its main responsibilities are the planning of research and evaluations to strengthen the evidence base on children in Namibia, especially capturing disparities in child outcomes, and effective policies and strategies to achieve equity as well as quality control of the research process. The REC is also responsible for oversight of the IMEP and the preparation of formal management – although in practice, the key management response rests with Government, where the office promotes the use of such findings and data to influence resource and policy decisions by Government.

No evaluations were undertaken in 2013.

There are limited technical resources available in-country for M&E and research – but as a practice, the Office has often paired up local and international researchers/analysts to get a mix of local knowledge and technical expertise (often from the region: SafAIDS and South African universities). The establishment of the Namibia M&E Association, heralded in 2012, has not materialised. This was intended to provide a platform for interaction and information-sharing to promote quality standards in the practice and network for information exchange and professional development pertaining to M&E.
Effective Use of Information and Communication Technology

ICT section staffing has been reduced since 2012 and the Office has developed focal points in each section to assist in providing first response support to users. On Regional Office advice, the ICT Officer position was downgraded from NO2 to a GS7 level in the PBR process during 2013.

An ICT peer review was conducted on the 5-7 November 2013 by Regional ICT Specialist. The areas of focus were governance, compliance with ICT standards and policies, ICT infrastructure, inter-agency collaboration and shared services, Knowledge Management and T4D.

Our networks, LAN and WiFi, are optimally functional, and user and server support rendered timely and effectively. Remote access to staff is also provided through the Cisco VPN platform and through 3G devices for use in remote rural settings.

In 2013, the Symantec Endpoint Environment was upgraded to the latest version of v.12 and the server management environment was centralised at NYHQ. All local updates are done via download through the Windows Server Update Services. UNICEF also migrated from using static assigned IP addresses to the Dynamic Host Control Protocol (DHCP) for effective connectivity and moving with global trends. A new subnet was then assigned.

No major security threats were experienced in the Office. However, we had a major system downtime due to hardware failure that lasted for eight hours. The systems were recovered and a soft overhaul of the hardware is planned. A spike in spam-mail has been reported to HQ and mechanisms are in place and filtering most malicious e-mails. The Office has an updated DRP plan, linked also to the BCP, that would be activated in the event of an ICT emergency. Off-site recovery space was already identified and equipped and critical staff identified and also equipped.

LTAs are used for the procurement of ICT equipment and services for BGAN and Satellite phones.

ICT has initiated a green venture in the form of a company picking and recycling old and cannibalised ICT equipment and supplies in an environmentally safe manner and in accordance with the Municipality’s rules and regulations. Through the PSB, surplus ICT equipment is disposed of as recommended by this advisory body.

The CO registered its dissatisfaction in the areas of interagency collaboration. Greater buy-in is required from the inter-agency ICT group currently chaired by the ICT Specialist based in UNDP. In terms of delivering as one, UNICEF collaborates with UNDP by using the same satellite dish, and with other agencies, using WIMAX (remote wireless system), PABX system. The same server room space is also used by several agencies including UNICEF, UNDP and WHO.

The CO embarked on three T4D projects in which ICT was fully involved, with technical expertise. All projects were initiated by Programme jointly with partnering organisations. The projects focus on the areas of HIV Counselling and Testing and Monitoring and Evaluation of UNICEF/Government of Namibia projects. The ICT Officer attended the regional workshop on Building T4D capacity with a Programme colleague.

Fund-raising and Donor Relations

The Resource Mobilisation Task Force, established in 2012, met quarterly to oversee the implementation of the Resource Mobilisation Strategy. The focus for 2013 was to develop generic proposals to mobilise funding for the new programme of cooperation (2014-18), especially the first two years. These have been developed and are being shared with both current and potential donors. The Office also organised a briefing on the new Country Programme for development partners and donors resident in the country. The Representative also used the opportunity of visiting New York Headquarters to brief colleagues on the new Country Programme and resource mobilisation priorities. The same trip was used to give a presentation to the US Fund, following up on their visit to Namibia in 2012, and to agree on a secondment of a US Fund staff member to Namibia for
one month early in 2014 to support additional resource mobilisation activities.

Other initiatives in 2013 were the development of joint proposals by Namibia, Botswana and Swaziland on Gender-Based Violence and EMTCT, as a key part of strengthened South-South Cooperation between these three offices. The declaration of emergency tied to the 2013 drought also led to a stand-alone appeal by UNICEF.

Donor reporting has been 100 per cent on time, supported by human interest stories as well as brief updates, especially to NatComs where appropriate. Four Situation Reports were shared with donors, including NatComs, to keep them abreast of the humanitarian situation arising from the drought.

During 2013 an additional US$2.8 million was received by the Office (plus a pledge of US$0.8 m for 2014) against a CMT-set target of US$5m. Of this, US$1.66m was ORR, US$0.77m was ORE (against an appeal of US$ 7.4m) and US$0.39m was Set-Aside.

Over the period 2006-13, approximately 63 per cent of the approved OR ceiling was mobilised.

While grants are over 95 per cent utilised (and usually 100 per cent) upon expiry, the Office has noticed that unutilised funds increase as time passes after expiry. This has been reported to the Regional Office to help us understand and therefore mitigate against this.

The toolkit for HIV and AIDS has been maintained (and will need substantial revision in line with the new CPD in 2014), but has generated little additional resources. Only one national committee has agreed to a grant negotiated outside of the toolkit to be included in the toolkit reporting mechanism, but has nevertheless insisted on full reporting outside of the toolkit as well. This has placed a considerable burden on toolkit planning and reporting on a small Office.

Management of Financial and Other Assets

The last internal audit was carried out in 2009 and all 16 audit recommendations have been closed, including the low risk ones. The audit committee comprising the Representative, Deputy Representative and the Operations Manager, meet bi-annually to review audit recommendations in light of programme and operations activities over this period, including the compliance tests conducted by the Operations manager. Two peer reviews were carried out (HR and ICT) and all the recommendations have been addressed.

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Staff members are also taken through financial management refreshers by the Operations Manager on major topics like segregation of duties and the need to maintain internal controls for UNICEF and at partner level, since the call for accountability and transparency and maintaining ethical standards has to be heeded at all levels.

Supply Management

The supply function in UNICEF Namibia continued to be efficiently managed in 2013. The Office supply plan was finalised by end March 2013. Total value of procurement was US$1,180,633.41 of which US$784,589.01 was for Emergency Procurement, and freight expenses were US$110,550. Printing, ICT equipment, WASH supplies and medical supplies were the largest contributors to supplies procured in 2013. The value of institutional contracts was US$228,429.43.

Total procurement: US$1,180,633.41
Programme: US$1,148,083.41
Operations: US$32,550.00

UNICEF was called upon by the Government of Namibia to make emergency procurement of vaccines on their behalf. UNICEF agreed in order to ensure programme continuity and to avoid reputational risk. This amounted to US$38,610 and freight charges of US$5,000. UNICEF was reimbursed for this amount by GRN at a later date.

UNICEF Namibia has been procuring print works against Long Term Agreements (LTAs) for the past three years with two major printers. These arrangements expired on 11 December 2013 and will not be renewed as the new Country Programme (2014-2018) does not include the relevant projects that require massive printing. The LTAs facilitated printing of high-volume reprints for the Country Programme within a reasonable timeframe, without long delays relating to the issuance of tenders for every printing job.

Only the relevant LTA items were covered on the LTA. All items outside the LTAs were treated as new and prices were obtained from pre-qualified printers.

As part of good business practices, properly recorded notes/reports are done on printers when there is a significant deviation from the agreed delivery dates, and all performance issues relating to service and quality. This will ensure valid and justifiable factors for future decision-making on the printing process in Namibia.

Long Term Agreements were also established for in-country transportation, design and layout services,
printing and custom clearance services and proved to be useful, with no major delays on delivery and production of good quality materials. No procurement services were required in 2013.

The Supply Assistant participated in the BNLSS Procurement Centre Orientation Workshop in March, 2013 and this exposure assisted the Office in providing clear guidelines/work processes for institutional contracting.

The response received from Regional Office and Supply Division was swift and professional and supplies/equipment was received on time.

The Office also benefited from support from the Pretoria Procurement Centre. The procurement officer assisted UNICEF Namibia in the pre-qualifying of printers and in the technical evaluation of tenders for design, layout and in-country transportation.

### Human Resources

The CPMP exercise to identify staffing needs for 2014-18 was a major undertaking. The Office undertook to reassign staff where possible and to support job searches and transition for others. A CPD task force (with HR representation) guided the overall CPD/CPMP development process. Issues of concern were brought to the JCC where necessary.

The HR Unit was supported by a retired staff member to support review all job descriptions/job profiles for existing posts and develop new job profiles and descriptions for new posts. Of the staff members affected: four IPs were reassigned to other UNICEF COs before post abolishment; one NO2 staff was appointed as NO3 effective 01 January 2014, but two NO staff were separated. Four GS staff members successfully competed for higher-level posts, one GS staff was separated and another resigned after receiving an offer outside the organisation.

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### Efficiency Gains and Cost Savings

Utilising global insurance rather than local insurance yielded an annual cost saving of US$10,000.

Several video-conferences were held in 2013, saving the Office an estimated US$50,000 in time and travel costs. Meetings that would have been attended include Regional PBR issues, HIV/AIDS network meetings, Education Network Meeting, Child Protection Network Meeting, HR Network meetings and Operations Network Meetings.

UNICEF continues to enjoy the services of a new internet service provider for the common UN system. Cost-savings were calculated at US$1,500 per month, for an annual total of US$18,000.

In terms of collaboration with other UN Agencies regarding HR, the Office saved on advertisement to an estimated value of US$15,000 by using other agencies’ recruitment lists and staff. Further, in terms of consolidation of other advertisement (instead of individual adverts), the Office was able to save about US$6,500.

Using common travel agents, the Office was able to save US$12,000 for internal and external travel due to discounts enjoyed by placing batch orders.

The Office saved on security costs due to collaborating with other agencies, compared to an estimated total of US$53,000 if UNICEF had implemented alone. Additional security measures included procurement of vehicle search mirrors, reinforcement of the boundary wall and enlargement of the guard house.

The Office was able to realise more with less money in terms of travel, security and ICT. More quality services at less cost were provided by the service providers, noting that maintaining good relationships with the UN will also boost their image in the corporate world and international networks.

### Changes in AMP & CPMP

The thrust of the new country programme is to collaborate with the Government of Namibia to accelerate realisation of the rights of children and women through national systems, to ensure that the most vulnerable people in Namibia have equitable access to high-quality services, including in health, education, protection and water, sanitation and hygiene.

UNICEF collaborated with other UN Agencies to develop a business operations strategy (BOS) that feeds into the United Nations Partnership Framework (UNPAF). The BOS will support programme activities such that national programmes will strengthen the capacity of Government and other partners, while paying special attention to the most vulnerable groups, particularly those in remote rural settings and quasi-urban settlements and specific excluded groups such as children with disabilities and language minority groups.

Owing to the staff attrition by virtue of posts abolished or staff movement, the composition of governance committees (CMT, CRC, PCARC, PSB, JCC,) will slightly change to reflect existing staff and expertise in the respective areas, but the Office will also explore the possibility of having more committees or modifying the terms of reference of existing ones. As staff become more familiar with the new system, modification of the VISION to be more user-friendly will facilitate expeditious processing of transactions so that programme delivery is not affected. In this regard, priority will be again be placed on hands-on training of staff in VISION. With the adoption of an IPSAS environment staff need be abreast of the accruals system of accounting. The AMP will therefore create avenues for staff to acquire additional training in skills required to work in an IPSAS compliant environment in order to fulfil not only transaction processing but also, respond
appropriately to monthly, mid-year and annual reporting obligations.

Counterparts were involved in the development of the UNPAF, but due to the emphasis on joint planning the recommendation for partners to be part of the UNICEF-specific review and planning could not be achieved in 2013. However, senior management is cognisant of this need and would like to implement this in some form early 2014.

As staff members become more conversant with VISION (SAP), financial and programmatic transactions are envisaged to be smoother. Routine clearing of general ledger hanging balances will be carried out in a more expeditious manner, thereby saving time for more programme-focused interventions.

The Office will review and build on the lessons learned from 2013 in identifying, formulating and quantifying the AMP priority commitments for the year 2014.

**Summary Notes and Acronyms**

**Acronyms**

- AIDS - Acquired Immune Deficiency Syndrome
- ALHIV - Adolescent Living with HIV
- AMP - Annual Management Plan
- BNLSS - Botswana, Namibia, Lesotho, Swaziland, South Africa
- C4D - Communication for Development
- CBMNC - Community-based Maternal And New-born Care
- CCPB - Child care and protection bill
- CMT - Country Management Team
- CPMP - Country Programme Management Plan
- CRC - Contract Review Committee
- CRC - Convention on the Rights of the Child
- CWG - Child Welfare Grant
- DHS - Demographic and Health Survey
- EMIS - Education Management Information System
- eMTCT - Elimination of Mother-to-Child Transmission (of HIV)
- GRN - Government of the Republic of Namibia
- HEW - Health Extension Worker
- HIV - Human Immunodeficiency Virus
- HTC - HIV testing and counselling
- ICT - Information and Communication Technology
- IMEP - Integrated Monitoring and Evaluation Plan
- JCC - Joint Consultative Committee
- JUTA - Joint UN Team on AIDS
- LS - Life Skills
- LTA - Long Term Agreement
- MCH - Maternal and Child Health
- MCHW - Maternal and Child Health Week
- MDG - Millennium Development Goal
- MGECW - Ministry of Gender Equality and Child Welfare
- MHAI - Ministry of Home Affairs and Immigration
- MoF - Ministry of Finance
- MoHSS - Ministry of Health and Social Services
- MoLSW - Ministry of Labour and Social Welfare
- MoRES - Monitoring Results for Equity System
- MTEF - Medium Term Expenditure Framework
- MTR - Mid-Term Review
- NAC - National Agenda for Children
- NAFIN - Namibia Alliance For Improved Nutrition
- NPC - National Planning Commission
NRCS - Namibia Red Cross Society
NSA - Namibia Statistics Agency
NSF - National Strategic Framework (on HIV and AIDS)
OMT - Operations Management Team
ORS - Oral Rehydration Salts
PAS - Performance Appraisal System
PBR - Programme Budget Review
PCA - Programme Cooperation Agreement
PMTCT - Prevention of Mother-to-Child Transmission (of HIV)
PSB - Property Survey Board
SDF – School Development Fund
SUN - Scaling Up Nutrition
T4D - Technology for Development
UMIC - Upper Middle Income Country
UN - United Nations
UNDP - United Nations Development Programme
UNICEF - United Nations Children’s’ Fund
UNPAF - (GRN-)UN Partnership Framework
US$ - United States dollar
VISION - Virtual Integrated System of Information
WHO - World Health Organization

**Document Centre**

**Evaluation**

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