Namibia

Country programme document 2014-2018

The draft country programme document for Namibia (E/ICEF/2013/P/L.16) was presented to the Executive Board for discussion and comments at its 2013 second regular session (3-6 September 2013).

The document was subsequently revised, and this final version was approved at the 2014 first regular session of the Executive Board on 6 February 2014.

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Basic data[†] *(2011 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	0.5/0.5
U5MR (per 1,000 live births)	42
Underweight (%, moderate and severe, 2006-2007)	17
(%, male/female, urban/rural, poorest/richest)	18/16, 12/19, 22/7
Maternal mortality ratio (per 100,000 live births, adjusted 2010)	200[a]
Use of improved drinking water sources (%, 2010)	93
Use of improved sanitation facilities (%, 2010)	32
One-year-olds immunized with DPT3 (%)	82[b]
One-year-olds immunized against measles (%)	74[b]
Primary school enrolment (% net, male/female, 2009)	84/89
Survival rate to last primary grade (%, male/female, 2008)	80/85
Adult HIV prevalence rate (%, 15-49 years)	13.4
HIV prevalence among pregnant women (%, 2012)	18.2
Child labour (%, 5-14 years, male/female)	..
Birth registration (%, under 5 years of age, 2006-2007)	67
(%, male/female, urban/rural, poorest/richest)	66/69, 83/59, 46/92
GNI per capita (US$)	4,700

[†] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

[a] The figure reported in the above table is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at the country level is 449 deaths per 100,000 live births (2006-2007), as presented in the Demographic and Health Survey, 2006-2007.

[b] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. The data disaggregated by sex, from the Demographic and Health Survey 2006-2007, are as follows: DPT3: male 84 per cent and female 82 per cent; measles: male 83 per cent and female 85 per cent.

Summary of the situation of children and women

1. Namibia is home to nearly 1 million children under 18 years, who represent 43 per cent of the population. The country's children face both challenges and opportunities due to the concentration of revenues from the mineral sector and the small and ethnically diverse population of approximately 2.1 million people living in a large territory. Large income inequality, high rates of HIV and AIDS, and recurrent natural disasters in parts of the country add to the development challenges that Namibia has been facing since gaining independence from South Africa in 1990.

2. Under-five mortality is high for an upper-middle-income country, partly due to the HIV and AIDS epidemic. Between 2000 and 2011, the rate fell sharply, from 75 to 42 deaths per 1,000 live births, according to estimates from UNICEF and the World Health Organization (WHO). However, a further acceleration in the rate of reduction would be needed to achieve the Millennium Development Goal target of reducing young child mortality by two thirds between 1990 and 2015.

3. The Namibian government has made significant efforts to address HIV and AIDS, malaria and communicable diseases. Official estimates put per capita health expenditure at $108 in 2010, with significant private and donor spending topping up public health expenditures. These investments have started to pay off in the past decade. Malaria deaths were reduced by 88 per cent between 2000 and 2010. The country remains free of polio despite reported cases in neighbouring Angola. While HIV prevalence remains high by international standards, it was reduced by half among the 15-24 age group between 2002 and 2012, and mother-to-child transmission of HIV was reduced from 33 per cent to 5 per cent in the same period (Ministry of Health 2012).

4. However, neonatal mortality declined only marginally, from 23 to 19 per 1,000 live births, between 2001 and 2011, and maternal mortality is at the same level as it was in 1995, 200 per 100,000 births (UNICEF/WHO estimates). In this context, it should be noted that only 1 per cent of the health budget is spent directly on maternal and child health services (medium-term expenditure framework 2013/2014 to 2015/2016, Ministry of Finance).

5. With virtually no change in stunting rates during the last decade, Namibia is unlikely to achieve the Millennium Development Goal on nutrition. Nor is the Goal on sanitation likely to be reached. According to the 2011 census, 50 per cent of the population practises open defecation, 14 per cent in urban areas and 77 per cent in rural areas. Little progress has been made in recent years.

6. Namibia has almost achieved universal primary education, but 9 per cent of children aged 6-16 years have never been to school. These children are from the most disadvantaged communities, including language minority groups. Education quality and learning outcomes are unsatisfactory, as reflected in high repetition rates, and only 44 per cent of children starting grade 1 reach grade 12. The 2010 Public Expenditure Review highlighted inadequate investment in teaching and learning. High levels of violence, especially sexual violence — within families, schools and communities — put pre-adolescent and adolescent girls at particular risk of abuse, psychosocial stress and HIV infection. A very significant proportion of children in upper secondary school attend boarding schools, living away from their families.

7. Gaps in health, education and child protection outcomes also need to be understood in the context of a country posting the second lowest population density in the world (after Mongolia), which creates challenges for service delivery. Nonetheless, the urbanization rate is increasing, standing at 43 per cent in 2011. The majority of the population is concentrated in the less arid northern regions and the capital, Windhoek. In the northern regions where rural poverty is concentrated, communities are also vulnerable to floods (most recently in 2008 and 2011) and droughts (nationwide in 2013).

8. The Namibian gross domestic product per capita has nearly doubled in size since the early 1990s. The annual rate of economic growth in the first decade of the new millennium has actually been faster than in the previous decade (International Monetary Fund, 2012). In 2009, the World Bank classified Namibia as an upper-middle-income country. Development aid, which increased significantly after Namibia gained independence, has shown a declining trend over the last decade; official development assistance stood at 2.4 per cent of gross national income in 2011, according to statistics from the Development Assistance Committee of the Organisation for Economic Co-operation and Development. Public expenditures

amount to a third of gross domestic product, with public health expenditure at 3.4 per cent of gross domestic product in 2010, education expenditure at 7.3 per cent and expenditure on social assistance at 1.8 per cent (International Monetary Fund 2011, UNICEF 2012).

9. The Fourth National Development Plan (NDP4) for 2012/2013-2016/2017 puts great emphasis on poverty reduction and recognizes that income inequality is still extremely high: the Gini coefficient as reported by the Government was 0.60 in 2003/2004 and 0.58 in 2009/2010. This contributes to disparities in health outcomes, and the most recent Demographic and Health Survey (2006/2007) estimates the under-five mortality and stunting rates as three times higher for children in the lowest wealth quintiles compared to those in the highest quintile (92 and 29 deaths per 1,000 live births respectively). Stunting statistics are similar, at 37 per cent among the poorest quintiles and 13 per cent among the wealthiest.

10. Unemployment and underemployment are persistent problems in the country, indicating that inclusive economic growth remains an issue. Youth unemployment stands at 49 per cent (2012 Labour Force Survey), demonstrating the difficulties young people experience in transitioning from school to the labour market.

11. Official statistics show that child poverty rates fell from 43 per cent in 2003/2004 to 34 per cent in 2009/2010. Still, children remain at higher risk of income poverty than the general population, whose risk is 28 per cent, in both urban and rural areas and in all regions. This represents a social vulnerability that has been only partially addressed by cash grants for orphaned and vulnerable children, which currently reach only a small proportion of children living under the national poverty line.

12. While the overall institutional environment is favourable for children's rights to survival and development, the quality of services is limited by economic and social inequities as well as capacity gaps for policy implementation. In addition, the legal environment has many gaps. Many laws pre-date independence and are not yet compliant with the Convention on the Rights of the Child. Recent decentralization of services has started to address gaps in service delivery, leading to a 56 per cent increase in vital registration (from 42,303 in 2008 to 65,828 in 2011). Limited human resource capacity is a challenge; many public posts are vacant despite efforts to benefit from South-South cooperation, and limited numbers of university graduates enter social service-related fields. Improving the effectiveness of government expenditures will be instrumental in enhancing child outcomes.

Key results and lessons learned from previous cooperation, 2006-2013

Key results achieved

13. UNICEF has been instrumental in strengthening the district health system to deliver a set of high-impact child-survival interventions, including immunization services, in all 13 regions. As a result of support to Maternal and Child Health Days and integrated measles, vitamin A and deworming campaigns, 444,150 children under 1 year old were immunized between 2006 and 2013. Among children under 5, DPT3 coverage reached 82 per cent and polio coverage 97 per cent. UNICEF continues to play a vital role in mobilizing national response to reduce malnutrition through

government leadership in the Scaling Up Nutrition movement. A health extension worker initiative supported by UNICEF and the United States Government has been piloted in one of the districts with lowest access to health services. Its success led the Namibian Government to allocate $18 million to roll out the initiative to an additional five regions in 2013-2014.

14. In collaboration with other United Nations agencies, the U.S. President's Emergency Plan for AIDS Relief, civil society and the Namibian Government, UNICEF has provided critical technical support for development of a multi-sectoral national plan (2012-2016) for elimination of mother-to-child transmission, launched by the Minister of Health and Social Services in December 2012. As a result of initial experiences from a UNICEF-supported psychosocial support programme for adolescents living with HIV, the Government has developed a national strategy and endorsed the National Strategic Guidelines for Adolescents Living with HIV. This was followed by training of health care workers to build a critical mass of service providers who are able to deliver comprehensive services to over 5,000 adolescents.

15. UNICEF supported two extra-curricular life skills programmes for HIV prevention, My Future is My Choice, for grades 8-12, and Window of Hope, for grades 4-7. These were rolled out to 70 per cent of schools nationwide. In 2009, the My Future is My Choice programme was fully handed over to the Government, and in 2011, it was declared mandatory for all grade 8 learners. Three full school days are dedicated to it at the beginning of each school year. Out-of-school children have been reached through multiple media channels, including new media and text messaging, complemented by campaigns on HIV prevention using sports and art. Evidence of the efficacy of these initiatives has been used in developing the national prevention response, including the Education and Training Sector Improvement Plan.

16. In education, the most significant impact of UNICEF advocacy and research has been on universal and free primary education. Evidence provided on the barriers to enrolment, namely through mandatory family contributions to the School Development Fund, triggered significant public debate and resulted in the declaration of free primary education by the Minister of Education in 2012. It further led to allocation of $6 million in the 2013/2014 budget to exempt all children from contributions to the Fund. UNICEF also supported development of a policy on pregnancy among schoolgirls, implemented in 2013, to support their continued education.

17. In addition, UNICEF has supported the government-led humanitarian response to major floods in 2008 and 2011 and the drought in 2013. This has included participating in rapid assessments, providing surge capacity in the affected regions, building capacity through training and providing lifesaving supply items.

Lessons learned

18. The country programme has had notable successes in using evidence and technical advice to leverage resources for children, a strategy consistent with upper-middle-income status, and this will carry forward into the new country programme. Examples include (a) the successful advocacy for elimination of the parental contribution to the School Development Fund; (b) UNICEF engagement in development of the government's HIV proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which helped to secure $107 million for the period 2013-2016, including significant contributions for elimination of mother-to-child

transmission of HIV and treatment, care and prevention interventions among adolescents; and (c) community nutrition interventions and impact mitigation for children affected by HIV.

19. There have been successes over the past decade in addressing specific issues, such as malaria, polio and HIV, but it has become evident that further progress will be achieved only through addressing more systemic challenges in areas such as neonatal mortality, malnutrition and open defecation. Under the current country programme, initial support has been provided to the Namibia Alliance for Improved Nutrition and to the Water and Sanitation Forum to develop multi-sectoral action plans to increase their impact in the future. Staffing also constitutes a bottleneck in all sectors as stated by the National Human Resources Plan 2010-2015. The gap between policy and implementation requires strengthening of the linkages between central ministries and regional/district authorities as well as communities, not only in terms of staffing, but also in strengthening feedback and learning from practical experience. In this respect, both the NDP4 and the Government of Namibia-United Nations Partnership Framework (UNPAF) 2014-2018 emphasize the importance of strengthening the institutional environment and monitoring and evaluation.

20. Over the course of the programme of cooperation, UNICEF analysis and advocacy have assisted the Government to shift its focus away from orphaned children to strengthening systems supporting all vulnerable children. This has been marked by the progression from the National Plan of Action on Orphans and Vulnerable Children (2006-2010) to the National Agenda for Children (2012-2016). Combined with new evidence on child poverty and the potential of social grants to reduce extreme poverty and social and economic inequalities, the Government has made a commitment in the NDP4 to expand child welfare grants to all poor and vulnerable children.

The country programme, 2014-2018

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child health and nutrition	1 135	7 900	9 035
Education	1 135	4 400	5 535
Child protection and social protection	1 135	6 500	7 635
Social policy, research and communication	25	6 580	6 605
Support	340	1 620	1 960
Total	**3 770**	**27 000**	**30 770**

Preparation process

21. The previous programme of cooperation was extended from 2006-2010 to 2013[1] to ensure alignment with government priorities identified in the NDP4. The primary forum for preparation of the new country programme has been the UNPAF.

22. To inform its development, the country programme draws upon findings of annual reviews, a gender review (2012) and *Children and Adolescents in Namibia: A*

[1] See E/ICEF/2010/P/L.15 and E/ICEF/2012/P/L.2.

Situation Analysis (2010), which documented the most recent data available. It was updated by the *Situation of Children and Adolescents in Namibia: Towards a Namibia Fit for Children* (2013), which takes into account the status of the country's compliance with the Convention on the Rights of the Child; the African Charter on the Rights and Welfare of the Child; and recommendations arising from the dialogue with the Committee on the Rights of the Child in late 2012. The Listen Loud initiative in 2011, which captured young people's views on HIV, health, education and child protection, has been integral in designing the new country programme.

23. Two internal consultations were held with all staff to review progress made since the midterm review in 2008 and to identify new and emerging trends and opportunities in the context of an upper-middle-income country still facing deep disparities and inequalities. The visit of eight regional advisors provided technical support for preparation of the new country programme.

Programme components, results and strategies

24. The overall goal of the Government of Namibia-UNICEF cooperation is to accelerate realization 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.

25. The country programme ties together three mutually reinforcing strategies to ensure effective advocacy and a clear focus on addressing inequity and social exclusion: (a) upstream work to strengthen legislative frameworks and policies and leverage resources from government and other development partners; (b) technical support to develop capacity to deliver quality services and to influence demand for services; and (c) and support for monitoring, evaluation and reporting to ensure that knowledge is used to improve policies, programmes and accountability. Each programme will also include specific outputs related to strengthening capacity for disaster risk reduction and preparedness for emergency response. These national programmes will strengthen the capacity of government and other partners while paying particular attention to the most vulnerable groups, particularly those in remote rural areas and peri-urban settlements and specific excluded groups such as children with disabilities and language minority groups.

Child health and nutrition

26. To accelerate child survival and optimal growth, freedom from preventable diseases (especially HIV) and safe sanitation and hygiene, by 2018 this programme component will:

(a) Influence policy, legislation and budgets for child survival and development through advocacy, knowledge management and innovation. This will result in establishment and implementation of appropriate legislation, policies, strategic plans and budgets for maternal, adolescent, newborn and child health;

(b) Strengthen health system capacity to provide services and links between national and community levels. This will result in 85 per cent of mothers, adolescents and children under 5, especially the most vulnerable populations in remote and peri-urban areas, benefiting from access to health care services, including HIV prevention,

care, treatment and support, with special focus on reducing neonatal mortality and primary prevention of HIV among adolescents; and

(c) Establish and strengthen multi-sectoral coordination mechanisms to promote exclusive breastfeeding and reduce stunting prevalence among children under 5. Nationally stunting will be reduced from the current 29 per cent to 20 per cent (by 2016) and the proportion of the population practising open defecation will be reduced by half.

27. This component relates directly to the Health pillar of the UNPAF, which also addresses HIV and AIDS, primarily in collaboration with WHO, the Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, World Food Programme, Food and Agriculture Organization of the United Nations and the World Bank.

Education

28. To improve the quality of basic and inclusive education, by 2018 this programme component will:

(a) Use advocacy and knowledge management to influence policies and institutional frameworks. This will result in establishment and implementation of appropriate legislation, policies, strategic plans and budgets for equitable access and improved teaching and learning outcomes for boys and girls at pre-primary, primary and secondary levels; and

(b) Strengthen the capacity of the education system to ensure continuity in education. This will result in 66 per cent of school-aged boys and girls benefiting from continued access to improved learning from primary through secondary education within a safe schooling environment. Special attention will be given to improving HIV prevention, reducing violence in schools and promoting standards for access to water and sanitation in schools. The focus will be on socially excluded groups, such as language minority groups, children with disabilities and rural and peri-urban populations.

29. This component relates directly to the Education pillar of the UNPAF, primarily with the United Nations Educational, Scientific and Cultural Organization, and the Education and Training Sector Improvement Programme with the European Union.

Child protection and social protection

30. In order to reduce child poverty, protect children from violence and abuse, and enable every child to thrive in supportive family and community environments, by 2018 this programme component will strengthen:

(a) *Enabling policy and legislative environments*. This will result in establishment and implementation of appropriate child protection legislation, policies, strategic plans and budgets for child protection and social protection;

(b) *Integrated child protection and justice systems*. This will address harmful social and cultural practices and result in reduced violence, abuse and exploitation, as individuals and families demand and benefit from integrated services, especially among socially excluded people, such as children with disabilities and children in rural and peri-urban areas; and

(c) *Social protection systems*. This will result in increased birth registration rates and establishment, institutionalization and funding of a system to support all identified families and increase household resilience in the face of economic shocks or natural disasters, in line with NDP4 commitments. This programme will also strengthen systems to address cross-border protection issues, including trafficking, birth registration and eligibility for government services.

31. This component relates directly to the Poverty Reduction pillar of the UNPAF, which also addresses issues of vulnerability, primarily in collaboration with the United Nations Development Programme, International Labour Organization, United Nations High Commissioner for Refugees and International Organization for Migration.

Social policy, research and communication

32. This programme component will contribute to establishment, implementation and monitoring of evidence-based policies and legislative frameworks for realization of the rights of all children and adolescents, including ensuring that such policies and frameworks are adequately resourced. It includes three sub-components:

(a) *Social policy and knowledge management*. This will provide technical support to the three sectoral programmes. It will also provide direct support to the Government in social policy and budgeting for children and strengthening capacities in statistics, monitoring, bottleneck analysis, accountability and international reporting;

(b) *Programme coordination*. This will support the overall planning and review processes of UNICEF, other United Nations agencies and the Government. It will also support mainstreaming of HIV, gender, adolescent development and participation, and emergency preparedness into all programming areas;

(c) *Communication*. This will provide technical support to sectoral programme results. Its mix of strategies will include communication for development, to identify barriers to use of safe behaviours among key audiences; promotion of positive social norms; creation of demand for equitable and high-quality social services; 'technology for development' to promote children's participation; and advocacy to raise the profile of children's rights in national dialogue, using social media, private-sector partnerships and engagement with the media.

33. This component relates directly to the Institutional Environment, Monitoring, Evaluation and Reporting pillar of the UNPAF, primarily in collaboration with the United Nations Development Programme.

Support

34. This programme component will provide effective and efficient office governance and management systems; management and stewardship of financial resources entrusted to the Namibia country office; and management of human resources.

Relationship to national priorities and the UNDAF

35. Working towards the country's *Vision* 2030, the NDP4 articulates priorities for the Government and for support from development partners including the United Nations. The NDP4 has three goals: (a) high and sustained economic growth;

(b) employment creation; and (c) increased income equality. The plan highlights the need for improved execution, monitoring and evaluation, and progress reporting to strengthen accountability for performance against the plan. Together with the National Agenda for Children (2012-2016) and the National Strategic Framework on HIV and AIDS (2010/2011–2015/2016), these national priority-setting documents make clear commitments to equitable and sustained realization of the rights of every woman and child in Namibia to survival, development and protection and serve as the basis for the new country programme.

36. The proposed UNPAF (2014-2018) is explicitly designed to support the NDP4. It has the following pillars for collective action by the United Nations country team: Health, HIV and AIDS; Education; Poverty Reduction; and Institutional Environment, Monitoring, Evaluation and Reporting. The country programme priorities are fully aligned to the UNPAF; they contribute, directly or indirectly, to all 11 of its outcomes.

Relationship to international priorities

37. The country programme is guided by the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, African Charter on the Rights and Welfare of the Child, African Union Youth Charter and Hyogo Framework for Action 2005-2015 on building resilience to disasters. It also draws upon recommendations arising from the recent observations of the Committee on the Rights of the Child following its review of the State Party report. In addition, Namibia has signed on to A Promise Renewed, is a lead country in the Scaling Up Nutrition movement, is one of the 22 priority countries for elimination of mother-to-child transmission of HIV and is one of the 14 countries working to increase coverage of medical male circumcision. The programme also addresses the seven outcomes and results areas of the proposed UNICEF Strategic Plan 2014-2017. Both the UNPAF and the country programme aim to accelerate progress towards achievement of the Millennium Development Goals, recognizing the country's unfinished agenda, especially concerning nutrition and sanitation.

Major partnerships

38. The major UNICEF partner remains the Government of the Republic of Namibia, particularly the National Planning Commission, Ministry of Foreign Affairs, line ministries and parastatal institutions involved in realizing the rights of children and women in the context of the UNPAF for 2014-2018. Partnerships for sectoral programme interventions will include the ministries of Health and Social Services; Education; Gender Equality and Child Welfare; Justice; Safety and Security; Finance; Labour and Social Welfare; and Agriculture, Water and Forestry. In addition, UNICEF will continue to cooperate with major development partners in Namibia, including the United States Government, European Union and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In the region, UNICEF also collaborates with the South African Development Community and the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics.

39. Civil society partners exist in both the 'normative' advocacy sphere and the 'operational' service provision sphere, but in limited numbers and with limited human resource capacity. Mechanisms to foster greater government-civil society partnership are still under development; UNICEF and other United Nations agencies have significant opportunities to broker stronger partnerships for greater impact.

40. In addition, partnerships will continue to be forged for and with policy formulation mechanisms, including the Namibia Alliance for Improved Nutrition, parliamentary sub-committees, National Planning Commission, Office of the Ombudsman, state party reporting mechanisms, national statistics and research coordination mechanisms, data for development working groups, civil society, media networks, UNPAF coordination groups and monitoring and evaluation networks. New strategic alliances will be formed with the private sector in technology for development and innovation, water and sanitation, and social protection, and with the philanthropic sector in education and health. Efforts will be made to engage the newly advanced economies in technical South-South cooperation on research and promotion of norms and standards as a major strategy for upper-middle-income countries.

Monitoring, evaluation and programme management

41. Progress towards the planned results will be monitored through the indicators listed in the summary results matrix, which largely draws indicators from the UNICEF Strategic Plan, 2014-2017, and the UNPAF 2014-2018. A midterm review of the UNPAF is scheduled for 2016, which will inform the priorities and strategies for the remainder of the UNPAF period.

42. The UNPAF establishes a joint Government-United Nations steering committee and sectoral committees for joint planning and review of UNPAF implementation, including the development, implementation and review of an UNPAF action plan and annual work plans. UNICEF is held accountable for results to the Government through these joint mechanisms, which are explicitly aligned to the coordination mechanisms for the NDP4. Internal accountability will be provided through annual management plans, section work plans and internal reviews.

43. A five-year integrated monitoring and evaluation plan will be developed for the joint UNPAF action plan and specifically for UNICEF support. Data for monitoring will be gathered primarily through the government's own survey programme and routine management information systems. These will be supplemented by field visits and specific reviews, evaluations, assessments and financial-management quality assurance measures. Support for enhanced monitoring, evaluation and statistical capacity will be geared to monitoring progress in the NDP4, Millennium Development Goals and UNPAF planned results.