

Namibia

Update on the context and situation of children

Namibia recorded its first COVID-19 case on 14 March 2020, with cumulative cases reaching 15,773 and 118 deaths by 10 December 2020. Namibia has done relatively well to contain the outbreak. However, positivity rates have shown a consistent increase above 5 percent in quarter 4 of 2020, necessitating renewed attention to surveillance and outbreak control in 2021.

Due to COVID-19, the Namibian economy is projected to experience the worst recession in history of 7.9 percent. The prolonged effects of COVID 19 will continue to exert pressure on the medium-term economic growth outlook, which is estimated to remain subdued at below 4 percent, insufficient to meet National Development Plan (NDP) targets and progress towards SDGs. The UN socio-economic impacts analysis undertaken in 2020 with UNICEF support estimates that the income shock will result in a 4.4 percentage-point increase in poverty from 17.4 percent, i.e. 105,600 more people will be in urgent need of social protection, including approximately 45,400 children. Income inequality is also expected to worsen from the already high Gini Index of 0.56, negatively impacting on human development index.

Furthermore, the pandemic adversely impacted Government of Namibia (GRN) revenues, with 2020 revenue outturn projected 5.6 percent lower than 2019. This will constrain GRN's capacity to sustain social investments as it embarks on fiscal consolidation. UNICEF's advocacy efforts thus focused on the need to protect and ring-fence investments in children, enhancing spending efficiencies, budget transparency and the need to explore innovative financing for child wellbeing. UNICEF's education budget briefs produced in 2020 set the pace for other sectors and informed advocacy by the Ministry of Education, Arts and Culture (MoEAC) for more resources to address the infrastructure and water, sanitation and hygiene (WASH) challenges in schools to mitigate the impact of COVID-19 on education.

Partly on account of UNICEF's continued advocacy, the GRN has remained committed to social spending benefiting children, with large outlays towards mitigating the impacts of COVID-19 in health, WASH, education and maintaining social grants, including child benefits. Total spending in social sectors is estimated at 51 percent of the total 2020 budget.

The political environment has remained safe, stable, and overall supportive of child survival and development. However, the need for increased youth participation in political space on matters pertaining to children and youth remains a priority. GRN's commitment to child wellbeing saw the African Child Policy Forum 2020 ranking Namibia as seventh girl-friendly country out of the 52 in Africa. In March 2020, GRN submitted their combined fourth, fifth and sixth State Party reports to the Committee of the Rights of the Child for the 2007 to 2019 period. Moreover, the United Nations Country Team submitted the Universal Periodic Review to which UNICEF lent a child-centred lens.

The onset of the pandemic found many children already vulnerable to poor outcomes in health, nutrition, sanitation, learning and access to social services. Between 2002 and 2018, under-five mortality rate decreased from 72 per 1,000 live births to 39.6. The proportion of newborn deaths, accounting for approximately half of under-five deaths, continues to increase as the under-five deaths decreases. Prematurity, birth asphyxia and sepsis are leading preventable causes of deaths among neonates. Immunization coverage remains sub-optimal; measles-rubella first dose (MR1) has stagnated around 80 percent over the past years, which is below the 95 percent required to achieve and sustain measles elimination. The MR2 coverage stands at 50 percent, 3 years post-introduction.

Malnutrition is high in Namibia, with 1 in 4 children stunted nationally, and 2 in 3 among the San linguistic group. Additionally, the inadequate hygiene practices and poor access to sanitation conditions that gave rise to a persistent Hepatitis E outbreak, remain; 49 percent of the population continues to practice open defecation. The rates of open defecation and stunting recorded in Namibia are outliers when compared to other Upper-Middle Income Countries, and thus call for priority action. In addition, most children under-five in Namibia have no access to Early Childhood Development (ECD) services and Pre-Primary Education (PPE), with 13 percent of children 0-4 attending ECD centers, and 31 percent enrolled in PPE. Furthermore, 87 percent of children with disabilities 0-4 years old have no access to ECD services.

The COVID-19-induced lockdowns and an increase in unemployment meant vulnerable families, especially in overcrowded urban informal settlements, urgently required support for preventive hygiene practices. The risk of food insecurity increased for many already vulnerable households. COVID-19 response measures and potential impact on ECD and PPE resource allocation further decreased vulnerable children's access to crucial early learning opportunities. Between March and September 2020, 804,079 learners suffered disruptions in learning due to school closures. This concomitantly affected more than 370,000 children who are dependent on school meals for their nutritional needs, whilst a staggering 4,000 girl-learners are estimated to have fallen pregnant during the COVID-19 lockdown period – exposing them to risk of HIV and STIs. An estimated 30,000 children have not returned to school, with additional ca. 15,000 learning from home. The COVID-19 response also saw a rise in gender-based violence with 2083 cases reported from March till September 2020 compared to 1693 cases over the same period in 2019 (23 percent increase).

Considering the additional threats to children posed by the pandemic, Namibia Country Office (CO) re-prioritized programming, focusing on interventions that:

1. Sustained access to essential health, HIV and nutrition services to at least 2019 levels, while increasing the capacity of the health sector to provide timely and quality maternal and newborn care;
2. Increased access to hand washing facilities in urban informal settlements, and infection prevention and control in health facilities, schools and ECD centers;
3. Ensured continuity of learning and child protection services, especially for children in underserved communities, and including sustained access to ECD services in informal settlements;
4. Supported implementation of the Government's COVID-19 National Response Plan with significant UNICEF investment towards COVID-19 supplies.

Major contributions and drivers of results

Through collaboration with WHO and UNFPA, UNICEF supported the Ministry of Health and Social Services (MoHSS) to scale-up quality of care (QoC) interventions in maternal and newborn care, with 21 of the 35 public hospitals implementing at least three QoC interventions, an increase from two hospitals in 2019 and exceeding the 2020 target of 11 hospitals. As a result, front-line workers in maternity wards are equipped to timely screen, identify risk of death in newborns, correctly manage complications, and review conditions giving rise to a preventable death where such a death occurs, putting in place local solutions to prevent similar future deaths. An estimated 59,894 babies were born in the 21 QoC-implementing hospitals between January and October 2020, accounting for 84 percent of all babies born in public hospitals. UNICEF-supported integration of interventions has ensured that all the hospitals implementing QoC are also implementing and monitoring e-birth notification to increase timely birth registration. E-birth notification system is operational at 46 health facilities. 60,666 children under the age of 5 years received birth certificates.

UNICEF's technical support to adaptation of HIV services and capacity building of frontline health workers contributed to sustained access to quality prevention of mother-to-child transmission of HIV (PMTCT) services: 99.5 percent of pregnant women attending antenatal clinic (ANC) tested for HIV

compared to 99 percent in 2019, while ANC attendance stabilized at 92,254 (compared to 90,191 in 2019).

By October 2020, a total of 791,534 consultations had been registered at Primary Health Care centers, on-course to match the 2020 target of 811,800, despite COVID-19 hindrances. However, between May and July 2020, under-five outpatient consultations for diarrhea had reduced compared to 2019. With UNICEF support, 50,262 under-fives were reached with integrated immunization catch-up services, while 1,126 Community Health Workers in 8 regions received supervision and mentoring support to strengthen delivery of services to the most underserved. While UNICEF facilitated vaccine procurement, supply chain management challenges led to vaccine stock-out in some districts, with bOPV, PCV, BCG on stock-out in one region during the outreach days.

UNICEF, in collaboration with WFP, supported MoHSS-led outreach services in eight regions reaching 76,653 under-fives with integrated services including active screening for acute malnutrition, screening and catch-up for missed immunizations, Vitamin A supplementation, as well as screening and referrals for birth registration and social services. UNICEF procured ready-to-use therapeutic food after intermittent stock-outs in 2019 and early 2020, and additional nutrition assessment equipment. As a result of improvements in both supply and demand for treatment of acute malnutrition (AM), a total of 148,320 were screened for AM in the 8 UNICEF-supported regions, exceeding the 2020 target of 95,000. This contributed to a national average monthly screening of 47,932 under-fives for AM, more than double the 2019 baseline of 19,648 per month, resulting in treatment of 2,082 under-fives in the eight UNICEF-supported regions, accounting for 60 percent of children treated nationally.

In the WASH sector, the Community Led Total Sanitation (CLTS) taskforce became a vehicle to drive improved hand-washing practices in high-risk communities and informal settlements. 29,786 people were reached with CLTS interventions to end open defecation and build household toilets; UNICEF partnered with UNDP and local municipalities in two regions to use this platform for communities' construction of 48,230 tippy taps, reaching over 217,000 people in informal settlements.

To prevent COVID-19 transmission in health facilities, UNICEF procured personal protective equipment (PPE) for an estimated 2,000 frontline health workers and provided support to GRN through UNICEF's Procurement Services to ensure continuity of supply for vaccines. Infection Prevention and Control (IPC) standard operating procedures developed with UNICEF and WHO support to the IPC pillar informed capacity building of 1,655 health care workers against a target of 1,000.

UNICEF continued to partner with InterTeam and the European Union (EU) to support the GRN-led "RightStart", a national ECD awareness raising campaign. The campaign, which communicates key messages about age-appropriate play, child feeding, hygiene, early learning and early identification and access to services for children with disabilities (CWD), reached an estimated 1.6 million viewers (over 70 percent of Namibia's population). Additionally, 632 parents of CWD were reached through targeted information and support services.

UNICEF partnered with Side-by-Side Early Intervention Centre and further strengthened the capacities of 707 disability service providers and parents for the early identification of disabilities, assessment, and referral to services. The trainings equipped parents with skills to handle stigma and discrimination, prevent and identify abuse and violence towards children with disabilities and COVID-19 prevention.

UNICEF further contributed to the containment of COVID-19 in Namibia through direct support to 8 of the 10 response pillars, including critical interventions in Risk Communication and Community Engagement, Operational and Logistics Support (procurement), Continuity of Essential Health Services, Surveillance and Data Management, Ports of Entry, and Case Management. While these achievements responded to COVID-19, they remained anchored in UNICEF's Strategic Plan and

UNICEF Namibia Country Programme, and advanced progress towards achievement of the UN Partnership Framework (UNPAF), and progress towards SDGs 2, 3, 5, 6, and 10. The results also moved the national agenda forward towards achievement of the Harambee Prosperity Plan, with a strong maternal and newborn health area of focus, and the National Development Plan 5, which embraced ECD as a development gamechanger.

UNICEF supported MoEAC to reduce the effect of the sudden school closures in March 2020 due to COVID-19 and prepare for schools' safe reopening in the second half of the year. Targeting 600,000 learners from pre-primary to Grade 7, MoEAC distributed, thanks to UNICEF, over 5 million paper workbooks in several subjects and online. Another 6,763 learners with visual impairments continued learning in Braille. Using Education Management Information System data – a key result of UNICEF's regular programming since 2014 – MoEAC allocated emergency resources to supply 93 schools with water tanks and 659 schools with ablution facilities. Considering lessons learnt from previous research on strengthening learning outcomes, UNICEF supported MoEAC develop a recovery plan and trained teachers to ensure that learners catch up from the lost time during school closure. The recovery plan places emphasis on psychosocial support for learners and teachers in addressing key skills and competencies to prevent learners from falling further behind.

UNICEF supported GRN to respond to potential child protection concerns. A partnership between the Namibian Police, National Defense Force and Correctional Services trained 345 personnel that were tasked to enforce lockdown and movement restrictions in a child-sensitive manner. A rapid assessment of mental health and psychosocial support services, including a national directory, and guidelines on the prevention of family separation during COVID-19 enabled social welfare services – an essential service from the outset of the pandemic – and the Child Helpline to ensure that children and families affected by COVID-19 received services with their best interests as primary consideration. Furthermore, schools in 12 regions prepared for an expected increase in cases of sexual violence by training 409 school principals, educators and life skills teachers in how to respond and refer their learners. Expecting increased online activity by children, UNICEF developed a training and a video on parenting in the digital age. The training reached 331 parents in three regions, and the video broadcasted nationally and through social media, reached an estimated 200,000 people.

Due to COVID-19 induced movement restrictions and increased financial constraints, 1505 adolescents living with HIV (ALHIV) had difficulties reaching health care facilities for treatment and follow-up. To ensure continuity of care, UNICEF supported MoHSS to reach out to people with HIV through community-based Antiretroviral Therapy sites and other outreach posts along the border with Angola. Namibia has over 100 teen clubs and UNICEF supports 34 of those teen clubs in Ohangwena region. Despite COVID-19, teen clubs in Ohangwena continued to operate and transferred 87 percent of ALHIV in the region to a treatment regimen with lower drug resistance and fewer side effects. 1,505 ALHIV have continued their treatment by attending teen club meetings supported by UNICEF. Today Ohangwena boasts a viral load suppression of 87 percent among ALHIV compared to the 69 percent national average for ALHIV. UNICEF successfully advocated for adolescent-specific priorities in the Global Fund Country Proposal.

UNICEF rolled out PSEA trainings to 35 UNICEF staff, 4 consultants and 10 CSO partners, and established an internal PSEA Task Force. The CSO partners are currently conducting their PSEA risk self-assessments and PSEA action plans for the Task Force review.

Through the Joint United Nations Team on AIDS (JUTA), UNICEF has supported the development of the Global Fund Country Concept note, Mid-Term Review of the National Strategic Plan and supported capacity for the National Validation Committee on the Elimination of Mother to Child Transmission (EMTCT) of HIV and Syphilis.

UNICEF supported the Ministry of Gender Equality, Poverty Eradication and Social Welfare

(MGEPEWS) and the Office of the Prime Minister (OPM) in the design and building of a digital and integrated management information system for social protection as part of reforms to strengthen efficiency and impact of the social grants. With UNICEF's support, the MGEPEWS and the OPM finalized the payment and accounting modules of Namibia Information Management System. The system is expected to benefit 336,000 children who are receiving child grants. UNICEF successfully mobilized 300,000 euros from the EU for the building of the Integrated Beneficiary Registry, which will be implemented through an international contractor in 2021. UNICEF continued to offer technical support towards the finalisation of the Social Protection Policy which was endorsed by the President in February 2020 and awaits Cabinet approval.

As part of the UN system, UNICEF supported evidence generation on the socio-economic impact analysis of COVID-19, which provided key recommendations for both the GRN's Economic Recovery Plan and the UN's Socio-economic Recovery Plan to build back better and mitigate the impacts of COVID-19 on vulnerable families and their children. UNICEF's budget analysis informed the on-going process to develop the Harambee Prosperity Plan II, whilst the attendant budget advocacy, partly helped sustain the GRN's overall spending in social sectors at a high of 50.8 percent of the total budget. Such spending commitments would need to be promoted and protected to sustain outcomes for children.

UNICEF Namibia programme monitoring function was improved through regular programme monitoring activities. A comprehensive 2020/21 Rolling Work Plan (RWP), 2020 Compact, 2020 Annual Management Plan (AMP), Humanitarian Action for Children (HAC) and Emergency Preparedness Plan (EPP) were developed, finalized and adjusted for COVID-19 emergency during the first quarter of the year in collaboration with partners. The information generated from various monitoring approaches is consistently used to improve programme management, to strengthen national systems, and to increase positive impact on populations being served. A coherent framework for comprehensive immediate and long-term monitoring of COVID-19 response and recovery across both emergency and developmental programming was developed and deployed.

In partnership with the United Nations Resident Coordinator's Office, United Nations Department of Economic and Social Affairs, United Nations Economic Commission for Africa and CLEAR-AA training for National evaluation capacity was provided to Government. This support, mainly focusing on enhancing the use of evidence for improved decision making will benefit the Government in its submission for the voluntary national reporting in 2021 and to develop a roadmap towards country-led evaluations. Similar support was provided for laying the foundation for developing a National Monitoring and Evaluations policy during 2021. This support is geared toward setting systems and processes in place for Public Policy Development, Review, Evaluation and Coordination for the Acceleration of the SDGs in Namibia. A national steering committee is now set up that will ensure and guide Namibia 2021 SDG Voluntary National Review.

UNICEF continued to play a pivotal role in generating high quality and timely data and evidence in support of Namibia's child rights monitoring and analyses. The CO successfully implemented the Data Must Speak for Children Action Plan. UNICEF provided technical leadership in COVID-19 data management, which resulted in the creation of a coherent dataflow for the National COVID-19 response. Lastly, UNICEF supported the capacity building of 105 Health Information System Officers from all 27 districts on COVID-19 Tracker which resulted in improved COVID-19 data flow.

Good governance was sustained throughout the reporting period as evident in risk mitigation and adherence to internal controls and work processes. The CO prioritized the Statement on Internal Control and the new revised HR competency framework to adhere to the new and more rigorous monitoring of internal controls, quality assurance and the close tracking of the CO's Compact and Performance Scorecard Indicators. The Risk Control Self-Assessment was reviewed and updated to ensure mitigations are in place for identified risks, ensuring that UNICEF's core business processes

and related guidance are risk informed and amended accordingly.

The CO developed an action plan based on PEER review recommendations, which have been implemented and sustained. Of the implemented items the review of office statutory committees TORs, improvement of the recruitment and contracting process and various methods to improve KPIs warrants special mention. In adherence to UNICEF's governance requirements, statutory committees continued to meet (mostly virtually) as required despite the pandemic.

One notable step in further developing the CO's capacity for performance management and accountability was the investment in 360 assessment for CMT members. Other capacity development for the office included the supply and contract management and the HACT trainings.

16 Micro-Assessments of key Implementing Partners were undertaken in 2020 to strengthen quality assurance and fund management. DCT indicators were monitored closely and the HACT team met regularly to identify areas of improvement, including timely spot checks and programmatic visits as stipulated in the HACT guidance and office HACT management plan. E-tools was also fully rolled out, including the Partners' Reporting Portal. The Quality Assurance plan was reviewed quarterly to improve compliance.

At the onset of COVID-19 emergency, UNICEF Namibia CO management and staff association promptly activated its Business Continuity Plan in line with required security measures resulting in reduction of office footprint to ensure staff safety and wellbeing. Staff were further supported thanks to teleworking modalities and several HR procedures were implemented in support of staff wellbeing.

Despite a challenging resource mobilization landscape, UNICEF Namibia secured resources for humanitarian response through strategic partnerships with WFP, SDG fund, EU-ECHO while leveraging opportunities to position children in national planning processes. The CERF funded drought response was partly reprioritized towards COVID-19, and the CO secured a 1M USD EPF loan to deliver much needed supply in support of the national COVID-19 response.

UNICEF Namibia continued to play a key role in driving the repositioned UN development system in Namibia. Through the OMT, the CO contributed to finalization of the Business Operating System (BOS) framework for implementation which started in 2020 with an estimated saving of USD 2 million over the next CP for the UN. BOS will ensure economies of scale which will result in greater bargaining powers and an increase of efficiency and effectiveness of resources. New LTAs will also streamline work processes and free up time to focus on strategic activities to promote Delivering as One in Namibia.

UN Collaboration and Other Partnerships

In 2020, UNICEF Namibia sustained effective inter-agency partnerships to accelerate UNPAF priorities and positioned UNICEF's priorities through the United Nation's Communication Group.

UNICEF worked with WFP to promote awareness on malnutrition in the San community, where a UNICEF-supported analysis has revealed stunting prevalence of 2 in 3 children. UNICEF partnered with UNDP in community-led provision of handwashing facilities. UNICEF continues to collaborate with WHO and UNFPA in implementation of the QoC for MNH interventions, with UNESCO, UNFPA and WHO on the national rollout of integrated school health and safety programme, and through JUTA to support acceleration to elimination of mother-to-child transmission of HIV. UNICEF led collaboration with UNDP, ILO, UNFPA, under the leadership of the RCO, developed the successful UNSDG Joint Programme worth USD 1 million. Of these resources, 39 percent will be implemented through UNICEF, laying a durable foundation for collaboration with International Monetary Fund, World Bank and the African Development Bank, to strengthen the country's public finance management system in pursuit of building back better from the effects of COVID-19. UNICEF is collaborating with the World Bank in supporting the government to undertake a social protection expenditure review, which is one of the key activities under the UNSDG programme. The most strategic partnership initiated with the World Bank, WHO, GAVI and Global Fund to strengthen the country's COVID-19 response capacity, including preparations for large scale vaccination under the COVAX Facility. Collaboration between UNICEF, FAO, WFP, and UNFPA led to joint funding for emergency response from CERF. The CERF allowed UNICEF to engage and support a newly-established NGO – Namibia Partnership Solutions – to implement the Prevention of Sexual Exploitation and Abuse interventions in eight regions using a targeted equity approach in hot spot areas with highest risk populations. Partnership between UNICEF and WFP led to joint funding for COVID-19 emergency response from EU-ECHO.

UNICEF provided technical assistance to the RCCE pillar in the national response plan for the development of a social listening dashboard to facilitate COVID-19 rumor and misinformation management. To date 750,000 of the targeted 1,000,000 people were reached with prevention and access to service, disability-inclusive messages. Also, 75,700 of the targeted 100,000 people shared their concerns and asked questions about COVID-19 support services.

The Namibia Business Council launched by UNICEF with key private sector entities, plays a catalytic role in promoting Children's Rights and Business Principles, contributing towards sustainable development and help leave no one behind. Four virtual meetings were held with the Business Council which has resulted to shared value partnership discussions with two of the members. Both collaborations aim to be formalized and implemented in 2021. In 2020, USD 5.5 million were spent by UNICEF Namibia on programmatic priorities to improve the lives of the most vulnerable children; i.e. significantly more than the USD 4 million planned at the beginning of the year, due to the COVID-19 pandemic and the additional resource mobilization efforts undertaken.

Lessons Learned and Innovations

Maximizing on the partnership with Friends of Namibia's Children (FNC), a group consisting of Executive Directors from line Ministries working on children's issues, UNICEF shapes informed decision making within key nodal government structures. The value-add of FNC is exemplified in positioning children's issue in the national agenda as the recent case of support to the development of HPP II. UNICEF convened bi-annual meetings with the group to prioritize key issues as the CO reprogrammed during COVID-19.

Another key lesson learnt is that policy and strategy development need to be accompanied by a realistic and well costed implementation plan. This ensures that the activities and strategies contained in the national plan are budgeted for and implemented. For instance, the Social Protection Policy was partly delayed due to ambitious strategies that were not fiscally sustainable, particularly given the constrained fiscal situation worsened by COVID-19. To ensure fiscal affordability and sustainability, UNICEF's proposal for the GRN to adopt a gradual universalism approach to the implementation of the universal child grants, was adopted in the draft Policy.

An important lesson of the value add in costing was learned. To address a fiscal challenge in ECD, a systematic, multi-year approach has been adopted. Following an ECD cost of inaction study led by Interteam in 2019, UNICEF co-led the systematic review and costing of the integrated ECD framework. UNICEF supported capacity building of the implementing Ministries in the use of the costing tool and facilitated translation of the costing tool to inform annual budget preparation for the key Ministries. This ensured that for the first time, the 2021/22 and 2022/23 ECD national budget bids will be directly informed by the costed framework, with the tool enabling informed revisions aligned to budget ceilings. UNICEF's pioneering partnership model with the EU and Interteam, contributed to stronger national systems, innovative financing mechanisms, and enabling environment for integrated ECD. Further support was provided to ECD in the design of a Government-led pilot of a localized results-based financing (RBF) framework. Funded by the Botnar Foundation through Interteam's implementation, the RBF pilot will test the use of public and private sector entities as outcome payers to 'buy' results when they have been achieved, while capacitating Government to take over the RBF model of funding through a phased approach. An important gap in the delivery of quality ECD services relates to the capacity of the ECD workforce at sub-national and grassroots level, where the current training model of cascading skills using ToT has yielded little results due to sub-national capacity and follow-up inadequacies.

UNICEF Namibia optimized the use of virtual tools during the COVID-19 pandemic to reduce the CO's carbon footprint thanks to less travel by having meetings via Zoom and Skype for Business, risk of infections and expenses. In 2020, the CO laid the foundation to mainstream virtual modus operandi both internally and in its engagements with Government and partners: the Violence Against Children Study (VACS) the validation of which spanned two months at the height of lockdown and included all key line Ministries; capacity building for Namibia Statistics Agency and NPC in multidimensional poverty analysis and measurement; ESARO Education and ECD network meetings, etc. Additional technical support was offered remotely by Oxford University, culminating in the development of a National multidimensional poverty report for Namibia.

COVID-19 laid bare the service delivery vulnerabilities related to inadequate ICT infrastructure and capacity. Some planned interventions, especially in capacity building and community engagement, were adversely affected by restrictions on gatherings and travel, and many had to be conducted online with varying degrees of success across sectors. Adaptation of trainings to online accelerated implementation of skills building for MNH QoC and eMTCT, while bringing to a halt skill-building of Community Liaison Officers for ECD and adversely affecting support supervision and monitoring for most primary health care interventions due to ICT capacity challenges. To mitigate this challenge, UNICEF supported the Primary Health Care Directorate with computers and remote internet connectivity. Similarly, continued education through digital learning had severe limitations, as only 13,000 out of the 804,079 learners were connected to the internet. Thus, UNICEF supported the Ministry of Education with the development of paper-based workbooks to reduce the impact of school closures on most learners. Furthermore, the importance of investing in preparedness and collective action for emergencies, was also highlighted as key lessons learnt when moving forward our partnership with the Private Sector. For accelerated action on sanitation, where Government political commitment has not yet been matched with adequate resources and the current focus on a toilet-building approach has delivered little results, UNICEF has actively advocated for inclusion of community-participatory approaches to sanitation as an alternative strategic approach in the new

national Harambee Prosperity Plan. UNICEF used its convening power to facilitate exchange of ideas and collaborative support from civil society and the private sector in improving access to sanitation, especially in urban informal settlements, which will continue to be an area of strong focus in 2021.

Despite previous investment in orientation of MoHSS and central medical store on procurement and cold chain management, health sector procurement continues to face efficiency and timeliness challenges, including bottlenecks related to processes and the enabling environment required for the unique and high value nature of procurement. To complement on-going support directly provided to the Health Sector by other development partners, UNICEF assisted the Ministry of Finance for convening health sector partners to agree solutions through complementary efficiency analysis.

Overall, this exceptionally challenging year demonstrated what approach to development policy and practice is most effective in Namibia's UMIC context. UNICEF has been sharply focused on the combination of realizing child-rights, providing timely technical support to Government and civil society partners alike, building value adding partnerships with private sector, and tying these elements into a coherent, well-planned and evidence-informed support to Namibia to realize its own development priorities.