Country Office Annual Report
NAMIBIA 2011
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<td>AMP</td>
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<td>ANCEFA</td>
<td>Africa Network Campaign on Education For All</td>
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<td>ART</td>
<td>Anti Retro-Viral Treatment</td>
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<td>Australian Volunteer International</td>
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<td>Children and AIDS Regional Initiative</td>
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<td>CCL</td>
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<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CCPB</td>
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<td>CDC</td>
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<td>CFU</td>
<td>Caring for Us</td>
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<td>DAPP</td>
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<td>Education Management Information System</td>
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<td>Emergency Obstetric Care</td>
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<tr>
<td>E-MTCT</td>
<td>Elimination of Mother to Child Transmission of HIV</td>
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<td>Harmonised Approach to Cash Transfers</td>
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<td>HIV</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IOM</td>
<td>International Office for Migration</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>Joint Consultative Committee</td>
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<td>JUTA</td>
<td>UN Joint Team on AIDS</td>
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<td>KAP</td>
<td>Knowledge, Attitudes Practice</td>
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<td>Legal Assistance Centre</td>
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<td>Long Term Agreements</td>
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<td>MCC</td>
<td>Millennium Challenge Corporation</td>
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<td>My Future is My Choice</td>
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<td>Maternal and Neonatal Health Care</td>
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<td>Acronym</td>
<td>Full Form</td>
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<td>MoHSS</td>
<td>Ministry of Health and Social Services</td>
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<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<td>MUAC</td>
<td>Mid Upper Arm Circumference</td>
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<td>Ministry of Youth, National Service, Sports and Culture</td>
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<td>NACCATUM</td>
<td>Namibian Coordinating Committee for HIV/AIDS, TB and Malaria</td>
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<td>Namibia Education Coalition for Civil Society Organizations</td>
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<td>Namibia Household Income and Expenditure Survey</td>
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<td>Positive Vibes</td>
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<td>Results Based Management</td>
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<td>RC</td>
<td>Resident Coordinator</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>RCC</td>
<td>Rolling Continuation Channel</td>
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<td>Regional Disaster Management Committee</td>
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<td>SACMEQ</td>
<td>Southern and Eastern Africa Consortium for Monitoring Educational Quality</td>
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<td>United Nations Development Assistance Framework</td>
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<td>VISION</td>
<td>Virtual Integrated System of Information</td>
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<td>VOIP</td>
<td>Voice over Internet Protocol</td>
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<td>WACPU</td>
<td>Woman and Child Protection Unit</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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2. Executive Summary

Major achievements were made in 2011 to strengthen the understanding of the widespread inequities in Namibia, and catalysing accelerated national action towards reducing disparity. Amongst the many significant achievements facilitated or supported by UNICEF in this regard were:

- Finalisation of a multi-sectoral National Agenda for Children 2012-2016 which promotes priority actions and targets towards reducing inequities in child outcomes;
- National commitment to virtual elimination of mother-to-child transmission of HIV, including launch of First Lady’s Campaign to promote male involvement in PMTCT and draft of national E-MTCT plan;
- Agreement that the upcoming Government report on the Namibia Household Income and Expenditure Survey 2009/10 will include a specific analytical chapter on child poverty; and
- HIV-prevention focused life skills programme ‘My Future is My Choice’ made mandatory for all Grade 8 learners, and to be taught by government officials.

Significant progress was also made in drafting a national strategy for care and support for adolescents living with HIV; the commencement of an inter-ministry assessment on the effectiveness of the social protection system to ensure equitable access to the child welfare grant for vulnerable children; and the movement towards abolishment of the School Development Fund (a de facto school fee), including direct compensatory support to schools for the 2012-13 fiscal year. At the same time, in-house operational efficiencies implemented during the year led to at least US $40,000 in savings by UNICEF.

Some planned results were unable to be achieved during 2011. They are:

- The comprehensive Child Care and Protection Act remains in the final review process within the Cabinet committee for legislation. However, recognising the potential lengthy discussion process, UNICEF has supported the Government to initiate drafting of Regulations for the Act, in order to reduce the timeframe for implementation once promulgated.
- Limited progress was made towards operationalization of education contingency plans within the coordinated multi-sectoral response during emergencies. UNICEF will continue to invest in capacity development while also strengthening the dialogue between MoE and the national and regional coordination mechanisms.
- The delay within the government process in cleaning and processing NHIES 2009/2010 data resulted in inaccessibility of critical information at a strategic time e.g. the preparation of NDP 4 and the UNDAF. With the data to be released by March 2012 and the expected extension of the UNDAF the necessary analysis can be undertaken.

Many notable successes were achieved in 2011 in mobilising resources for children through support to key partnerships. UNICEF’s strategic support to the Namibian Alliance for Improved Nutrition (NAFIN); a multi-sectoral private-public partnership forum led by the Prime Minister contributed to the issuing of a Cabinet Decision to strengthen the nutrition response. UNICEF’s significant time investment in participation in the Country Coordination Mechanisms for Global Fund grants (known as NaCCATuM) and the PEPFAR Steering Committee was critical in leveraging resources towards a greater equity-focused approach for children.
3. Country Situation as affecting Children and Women

3.1 Background

Since gaining independence in 1990, Namibia has made great achievements in economic development, legislative reform and rolling out access to social services and social protection measures. Progress has been significant in the HIV response. Coverage of child welfare grants has been expanded more than tenfold over the past decade with now more than 80% of orphans receiving grants. The government continues to show commitment to investing in social sectors, including child-related services, and to improving child outcomes.

However, while GDP has more than doubled over the past 20 years and Namibia being classified as upper middle income in 2008, social development challenges remain enormous. In 2003/04, Namibia had the highest GINI coefficient in the world (0.74). 43.5% of girls and boys lived below the poverty line compared to 37% of the general population with poverty particularly widespread in rural areas. Although the new 2009/10 NHIES data is not yet available, the very high levels of unemployment suggest that poverty has not been reduced over the past seven years. 51.2% of the workforce is unemployed, and with an unemployment rate of 66.7% young people (20-24 years) find it especially difficult to find work. With 58.4% compared to 43.5% women are substantially more likely to be out of work than men.

In 2011 severe flooding hit the northern parts of Namibia, displacing thousands of people to relocation camps while cutting off other communities from access to services, severely disrupting livelihoods, education, access to health care, water and sanitation. Children, older persons, pregnant women and people with disabilities or chronic illnesses were particularly affected. A number of protection issues were identified including violence and exploitation of children and women. The loss of crops and livestock increase poverty and food insecurity. It is predicted that with changing climate flooding may happen more frequently, highlighting the importance of both emergency preparedness and response capacities of central as well as sub-national institutions.

In response to the high levels of unemployment, the government has launched a three year national employment creation effort, the Targeted Investment Programme for Employment and Economic Growth (TIPEEG). The poor employability of young people has been identified as one of the key constraints for addressing the unemployment crisis and raised attention to the poor quality of the education system. Even though SACMEQ III shows slight improvements in ranking with Namibia coming 9th in reading and 13th in mathematics, outcomes remain well below what the level of funding (23% of total government budget) would suggest. There are no significant gender differences in students’ performance. A public expenditure review of the education system likewise highlighted inefficiencies and inequities in the distribution of resources. Weak strategic planning and random budget allocation contribute to a disconnect between school funding and performance. From a different perspective, the School Development Fund, a defacto school fee, has come under scrutiny as contravening the right to free primary education set out in the Constitution. Following the high profile 2011 National Education Conference, Cabinet endorsed a range of recommendations to address critical issues in the education system.
No new data has become available on children’s health and nutrition status. However, the 2009 Health Facility Census (2011) revealed some of the underlying factors of high child and maternal mortality rates and poor child health outcomes: a poor standard of infrastructure of health facilities, lack of hygiene, gaps in quality of health care for children as well as gaps in human resources. In a drive to address persistently high levels of food insecurity and malnutrition, the Prime Minister is leading a multi-sectoral public-private partnership forum, the Namibia Alliance for Improved Nutrition (NAFIN). This initiative has been functioning well with a clear advocacy agenda and strong buy-in from regional governors and councils.

Coverage of women in need of PMTCT with a complete course of ARV reached 77% and the provision of ARTs to HIV infected persons 90% in March 2010. Similarly HIV counselling and testing has been scaled up. The National Strategic Framework for HIV and AIDS 2010/11-2015/16 provides strategic policy, planning and implementation guidance and a coordination framework for a multi-sectoral response to HIV and AIDS. The sustainability of funding for the HIV response is a concern with declining donor funding, however Namibia is relatively well-positioned with the government contributing nearly half of the overall HIV funding.

In 2011, the discourse about the definition of vulnerability shifted from an almost exclusive focus on orphans towards child poverty and broader vulnerabilities children are facing. The Central Bureau of Statistics is committed to include a chapter on child poverty in the up-coming NHIES 2009/10 report that will provide the evidence base for the development of an integrated and comprehensive social protection system as part of a broader strategy to address child poverty and vulnerability. The new National Agenda for Children outlines such a cross-sectoral framework to which all social sector ministries are contributing.

The Child Care and Protection Bill remained not enacted, while the Child Justice Bill has remained in draft for over ten years, leaving major legal gaps in provisions for children. The Policy for the Prevention and Management of Learner Pregnancy, though approved, is not fully implemented, while the Policy on Inclusive Education remains in draft.

Finally, the lack of up-to-date, reliable and sufficiently disaggregated data remains a serious concern. The analysis and publication of surveys is often long delayed, making evidence-based policy planning and programming more difficult.

**Studies and publications in 2011:**


NAFIN (2010) Malnutrition in Namibia - the time to act is now. Windhoek.

3.2 Who are the deprived in the country?

Namibia stands out as the country with the highest level of income inequality in the world. This is reflected in widespread child poverty and deprivation. A re-assessment of the NHIES 2003/04 shows that 73.4% of children were poor on two out of three of the following indicators: consumption poverty, durable goods and utilities.

HIV and AIDS continue to create vulnerabilities for children who are infected, living with an infected family member or are orphaned. Anecdotal reports suggest an increase in the abandonment of babies and exploitative child labour. Access to basic social services along with special needs is very limited for children with disabilities, including those with only minor physical or mental disabilities. Due primarily to the huge geographic size of the country and low population, along with the challenges to overcome the legacy of decades of apartheid rule, children living in remote areas and children belonging to ethnic minorities remain underserved with quality social services.

Additional drivers of vulnerability and inequity include the neglect of pro-poor and employment-creating economic growth, a lack of basic infrastructure in rural areas (especially concerning sanitation), disparities in quality of services, and widespread dependency on subsistence farming in regions prone to either droughts or floods. Also, the high fluidity of family structures in Namibia can act both as protective and risk factor for children. With only some 25% of children growing up with both biological parents, the lack of consistent and trusting relationships to an adult caregiver can impact on children’s well-being and development.

3.3 Data and evidence

Knowledge and strategic information generation and analysis is a core strategy of UNICEF’s programme of cooperation in Namibia. Details of the work undertaken in 2011 are highlighted under each programme component with many notable achievements.

The “Children and Adolescents in Namibia 2010” situation analysis provided a baseline of existing information on children’s vulnerability and their underlying factors. Building on this analysis UNICEF has undertaken and supported a number of in-depth thematic analyses further unpacking and disaggregating existing data, including:
• An analysis of trends and gaps in the education system focused on persistent inequities in the quality of education as well as in teachers’ qualifications, infrastructure and the availability of teaching materials. The results informed the recommendations reached at the 2011 National Education Conference.

• A re-assessment of the NHIES 2003/04 data which showed the high poverty risk children in Namibia are facing and provided a poverty profile showing both the risk factors (living in rural areas, low level of education, no working adult in the household, having orphans in the household) and the mainstream nature of child poverty in Namibia (most poor children live with a working adult, 40% of poor children live with a female with at least secondary education). The analysis was used to advocate for the recognition of child poverty by policy makers and to begin a discourse about an expansion of child welfare grants to all children in poverty. It also provided a model for the Central Bureau of Statistics for the inclusion of a child poverty chapter in the up-coming NHIES 2009/10 report.

• A stocktaking report on children and HIV in Namibia finalised in late 2011 drew together the existing scattered knowledge into one resource publication, and identified research gaps, including that relating to adolescents living with HIV.

UNICEF is working with other UN agencies to support the improvement of government data collection systems, both in regard to administrative and survey data. This includes building capacities of CBS staff for child-centred data analysis (NHIES and census), planning for the next DHS and strengthening the quality, timeliness and accessibility of key government data systems (eg, HIS, EMIS).

A Country Analysis was undertaken by the UN Country Team in 2011 as part of the UNDAF development process and to contribute to the National Development Plan 4 formulation process. The Analysis relied heavily on Children and Adolescents Situation Analysis along with other pieces of equity-focussed analyses undertaken by UNICEF.

3.4 Monitoring and evaluation

UNICEF Namibia works at three intertwined levels to track, assess and evaluate the achievement of results for the most deprived children, families and communities: (i) advocacy and technical assistance to ensure a greater base of knowledge and information around a broader set of child poverty and vulnerability indicators; (ii) technical support for the strengthening of national and sub-national monitoring, data collection and analysis mechanisms, including results-based management capacity development, and; (iii) internal tracking of results in cooperation with government and other UN agencies

With Namibia having been built out of inequity and discrimination, UNICEF’s country programmes have historically had a strong focus on equity. Since the 2008 Mid Term Review, the country programme has strengthened this focus and UNICEF together with other partners have been undertaking strategic evidence-based advocacy to broaden policy makers understanding of the multiple layers and complexities of ‘vulnerability’ and deprivation. In this regard UNICEF’s collaboration with the Central Bureau of Statistics (CBS) is particularly noteworthy. Government surveys on poverty and inequality have only analysed and reported at the household level, not allowing for an accurate assessment of the situation of children or other vulnerable groups of the population. Through advocacy, modelling what is possible based on the previous dataset and technical
assistance, CBS is committed to include a comprehensive child poverty profile as well as an assessment of the effectiveness of social grants in addressing child poverty in the upcoming NHIES 2009/10 report.

Over recent years UNICEF has played a pivotal role in influencing the national monitoring and evaluation agenda through identifying areas of data gaps, providing hands-on technical support, and participating in various national M+E committees at sectoral and multi-sectoral levels.

UNICEF and UNAIDS have taken a leading role on tracking the national indicators on HIV and AIDS in line with the National Strategic Framework on HIV/AIDS 2010/11-2015/16. As a member of the national M+E committee, UNICEF is actively engaged in the drafting of the new Demographic and Health Survey ensuring inclusion of the new HIV indicators, the preparations of the 2012 National HIV Sentinel Survey, and the report on the Estimates and Projections of the Impact of HIV/AIDS in Namibia. 2011 also saw continued support for the use of NamInfo which is maintained by the CBS, a key resource for monitoring child rights.

The implementation of the Annual Work Plans is monitored in collaboration with the government partners, through the monitoring framework which has biannual indicators for PCRs, IRs and milestones and is framed under UNDAF workplans. UNICEF Programme Components’ report during mid- and end- year reviews to assess the implementation progress and agree on adjustments to strategies if necessary. UNICEF and partners (government and non-government) undertake regular planned field visits for monitoring the implementation of the approved workplans with a field trip monitoring tool used to ensure consistency. UNICEF also played a crucial role during the flood emergency by providing on-the-ground technical support and monitoring the distribution and the use of emergency supplies.

3.5 Support to national partners

The capacity across government to track, assess and evaluate programme process and outcomes remains relatively constrained in Namibia for a number of reasons. Perhaps the primary reason is the lack of a consistent approach to results-based management, which is often exacerbated by development partners’ failure to harmonise their own programme management and monitoring systems and requirements with that of government. At a programme implementation level, monitoring is often focused on inputs and financial expenditures, rather than outputs and longer-term development outcomes. A systematic approach to strengthen the use of RBM and enhance monitoring capacities – along with separate but interlinked evaluative capacities needs to be established.

As is the case in many countries, the government partners in Namibia track, assess and evaluate programme progress and outcomes through a number of databases and surveys, some of which are released on an annual or biannual basis, such as the EMIS reports National HIV Sentinel Surveys, and the MOHSS Estimates and Projections of the Impact of HIV/AIDS. As outlined above, UNICEF has been active in supporting many of the national monitoring systems, including the development of NamInfo and expanded recent work as part of the HIV and AIDS National M&E Sub-Committee. The last DHS was in 2006/07 and preparations have begun for the next DHS, due in 2012. The 2008 Labour Force Survey was published in 2010, while the Namibia Household and Expenditure Survey 2009/10 is only expected to be published in 2012. UNICEF is supporting the Central Bureau
of Statistics in their NHIES 2009/10 analysis with training on the assessment of child poverty to build capacities for child-centred data analysis and the use of statistics to advance and articulate the rights of children.

The 2011 National Census was conducted with preliminary results expected in mid 2012/13. The irregularity of surveys, delays in publication on results and difficulties to access data for further analysis hamper the monitoring of progress.

Various sectoral monitoring and evaluation committees are functioning which are mainly chaired by the responsible line Ministries and comprise partners that are involved in that sector. These committees are tasked with the development of monitoring and evaluation materials and UNICEF participates and provides technical support to some of these committees, including secretariat support.

The National Planning Commission has recently established a division which will be responsible for overall coordination of Monitoring and Evaluation in the country as part of the ongoing restructuring of NPC and the division is expected to be fully staffed next year. NPC has indicated to UNICEF the need for support to that division with discussions on the modalities of support to be discussed in 2012.

The office was part of the consultations with NPC on the revival of the Official Development Assistance Database for Monitoring and Evaluation purposes and is working with UN agencies to develop a tool that will be able to capture relevant data on ODA.
4. Country Programme Analysis and Results

4.1 Country Programme Analytical Overview

In the 21 years since Namibia’s Independence in 1990, UNICEF has continued to be regarded as an essential and credible partner, providing financial, technical and material support and serving as a voice of and for children. UNICEF’s relevance has been maintained through an evolving programme strategy emphasis towards greater technical cooperation for capacity and policy development, knowledge generation and advocacy, and less support to direct service delivery.

The two-year UNICEF Country Programme extension (2011-12) along with the coinciding introduction of the new Results Structure allowed UNICEF and the Government of Namibia to accelerate the Mid-Term review recommendations that the programme sharpen its strategic focus on child-centred, evidence-based advocacy and policy development within the broader UNDAF framework. The intent and vision of the Country Programme was tweaked to ensure all programme cooperation focussed on contributing to government and civil society action to reduce the significant inequities across Namibia with an emphasis on reducing the spread of the HIV pandemic, and mitigate its impact on children, women and their families. This has resulted in an adjusted approach of the programme of cooperation which is HIV-sensitive rather than being HIV specific and which aims to improve the evidence-base around equity and childhood deprivations and supporting integrated and innovative approaches and advocacy to reduce inequity.

The most significant strategy shift has been to include public policy as a major area of UNICEF work. In 2011, UNICEF has promoted specific agendas for policy research or advocacy, identifying and bringing together national counterparts and stakeholders around these agenda, and open up neglected issues of sectoral or cross-cutting nature. For example, research and analysis on primary education outcomes, equity, and cost have led to Cabinet actions towards eventual abolishment of the School Development Fund; the UNICEF-supported nutrition report for the Namibia Alliance for Improved Nutrition (NAFIN) contributed to a Cabinet decision on nutrition priorities; and UNICEF has led the discourse towards a shift from an orphan-centred approach to vulnerability towards addressing broader vulnerabilities of children, including child poverty, combining a universalistic approach with targeted support to especially vulnerable children.

UNICEF’s long engagement in adolescent HIV prevention is being redefined. In 2011 efforts to plan for better tailored responses to reach and meet the needs of the most vulnerable adolescents brought about the development of a research agenda on know your epidemic and know your response in partnership with UNFPA and UNAIDS, under the stewardship of the Government of Namibia. The findings, expected in early 2012, will influence UNICEF’s future role, which is already being adjusted from direct implementation of life skills and communication activities towards more upstream support to strengthen the national prevention agenda.

Health and nutrition strategies have undergone minor adjustments to ensure greater emphasis on integrated service delivery approaches which ensure reach to the most vulnerable and disbursed communities within regions and districts. Significant within this approach is UNICEF’s leadership role in modelling of remunerated health extension workers in the most deprived region.
4.2 Effective advocacy

In 2011 UNICEF strategically focused on a core set of advocacy priorities, whilst maintaining a flexible approach when new opportunities arose. Amongst the identified priorities where significant advocacy was undertaken to pursue policy formulation and accelerate programme action were:

**Nutrition:** Following the late 2010 launch of the Namibia Alliance for Improved Nutrition (NAFIN), coordinated by the Prime Minister and a UNICEF-prepared report on the nutrition situation and key recommendations, Cabinet issued a directive in March 2011 approving a set of key nutrition actions to be implemented by Government Ministries and Regional Councils. Immediate benefits have been seen with twice yearly de-worming for under-five children now taking place during National Immunization Days and Maternal and Child Health Days. This evidence-based advocacy approach was expanded with UNICEF supporting NAFIN and the Prime Minister to host a full-day workshop with Governors and senior officials from all 13 Regions culminating in a signed declaration of their personal leadership commitment.

**Male Involvement in PMTCT:** As part of the strategy to eliminate mother to child transmission in Namibia by 2015, UNICEF undertook formative research on the role of men in PMTCT and child/maternal health. The outcomes were integrated into UNICEF’s advocacy with the First Lady to ensure her personal leadership to promote accelerated action on PMTCT. The outcome was a high profile launch by the Namibian President of the First Lady’s Campaign on Male Involvement in PMTCT and Maternal & Child Health, with a focus on breastfeeding.

**Children’s Parliament:** UNICEF supported the National Assembly to host the Third Children’s Parliament. 42 learners representing all 13 regions (with equal gender balance) including children with disabilities participated. High level politicians, including Ministers, along with the UNICEF Representative were called before the Parliament to respond to issues raised by Members. 69 motions were tabled and 19 adopted, while the Members assisted to prioritise the five commitments and results for the 2012-2016 National Agenda for Children. UNICEF also supported journalism students to produce a daily paper and a report on the Parliament.

**Equitable access to sanitation:** UNICEF supported the mission to Namibia of the UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation to ensure that critical issues around equitable access to water and sanitation were placed firmly on the agenda of the Government, Parliament, media and the general public. Significant public discussion has resulted from the mission and it is anticipated that sanitation will be afforded higher priority in the new National Development Plan 4.

UNICEF used multiple advocacy strategies for promoting child rights during 2011. Engagement of high level stakeholders including the First Lady, Prime Minister, Parliamentarians, goodwill ambassadors, regular engagement with the media, and development of publications were effectively used for generating support and debate. Amongst key advocacy publications produced were MDG package for parliamentarians, Children and AIDS in Namibia report and a cartoon booklet for promoting role model lifestyles for young people. The MDG package and the Children and AIDS publications were a result of collaboration between the UN partners.
4.3  Changes in public policy

UNICEF’s continuous support to advocacy and evidence-based information influenced public policy dialogues and was successful in triggering a number of policy level changes in Namibia during the year.

- Following a number of years of concerted advocacy, a major policy change was initiated by the Ministry of Education in 2011 through making the ‘My Future is My Choice’ life skills programme mandatory for all grade 8 learners, rather than optional.

- Whilst the Namibian Constitution guarantees free primary education, indirect cost particularly school fees are paid under the provision of school development funds (SDF) sanctioned by policy provisions by the Ministry of Education. UNICEF Namibia supported the development of an advocacy paper on the abolishment of the SDF. The paper was presented in the Education National Conference 2011 and generated dialogue in the Cabinet. This has resulted in making budget provisions to contribute to SDF as a first step towards moving into abolishment of the school fees provision of the SDF.

- The Namibia Alliance for Improved Nutrition (NAFIN) launch and UNICEF-supported publication, resulted in a Cabinet Action Letter, issued in March 2011 approving a set of key nutrition actions including policy changes in relation to the implementation of under-five’s deworming, food fortification, and exclusive breastfeeding.

- With support from UNICEF, progress was made in policy development for the finalization of the Foster Care Minimum Standards. The primary aim of these Standards is to ensure that the best interests of the child are sought when a child is in need of foster care. These standards are operationalizing the MGECW’s approach to strengthening families and households. These policy recommendations were integrated into the draft Child Care and Protection Bill.

- UNICEF’s support to estimate the implementation costs of the Child Care and Protection Bill, and identification of areas with child participation provisions, contributed towards greater public policy compliance to the Convention on the Rights of the Child. As a result, the Ministry of Finance approved the financial estimates, and recommended the bill for submission to the Cabinet Committee on Legislation. UNICEF’s development of an accession road map to the Hague Conventions also simplified the process, and contributed towards the government stance to proceed with accession.

UNICEF, along with UNFPA and UNDP under the MDG-F Joint Programme on Gender, played a catalyst role in influencing the discussions on the revised National Gender Policy (2010-2020 led by the government. The policy is designed with the objective of effectively contributing to the attainment of the Vision 2030 to create a society in which women and men enjoy equal rights and equal access to basic services, as well as opportunities to participate in the development of Namibia. The implementation of the National Gender Policy will create the necessary synergies for the achievement of national development objectives through the framework of the National Development Plans (NDPs).
4.4 Leveraging resources

Primarily due to Namibia’s status as an Upper Middle Income country, overall development assistance has been steadily declining over the past years. Whilst HIV and AIDS external funding showed dramatic increases from mid 2000’s, mainly from the Global Fund and the US Government’s PEPFAR, these have started to scale down. Given this scenario, allied to the role of UNICEF is providing high quality and consistent technical assistance to government rather than direct service delivery investment. In the past three years the office has strategically focused on influencing and leveraging external (development partner) and internal (government, private sector) resources for children.

This approach has continued to be successful, with the ongoing relationship with the US Government and with the Global Fund ensuring more resources available for PMTCT through GF re-programming and adjustments to the Country Operating Plan (COP) of PEPFAR. UNICEF continues to maintain presence and participation on the PEPFAR Steering Committee which coordinates the PEPFAR-Government of Namibia Partnership Framework and technically participated in the development of its annual operational plans. UNICEF is also a member of the NaCCATuM, and chairs its M&E sub-committee, which position children firmly within the programme and budgetary discussions. UNICEF, along with other UN agencies, have collaborated to support and influence the development of the priority focus areas of the PEPFAR Gender Challenge Fund, which is planned to be released in 2012.

UNICEF provided significant technical support in partnership with WHO and UNFPA for the development of a Euro 10million proposal for the European Union MDG fund initiative for Namibia, ensuring its focus on core infant, child and maternal health high impact and low-cost interventions for most vulnerable and under-served communities.

Through its strong involvement in the ETSIP development partners forum, and evidence-based advocacy in relation to the abolishment of the school development fund (SDF) which is one of the major costs paid by parents/caregivers, as an interim measure the Ministry of Education has made budgetary provision in 2012-13 fiscal year for direct funding support to schools to compensate for SDF and gradually moving towards abolishment. Abolition of the SDF will make a great difference especially for children in poor households whose parents or guardians have been unable to afford the expected contribution. In addition, UNICEF was successful in mobilising E1.8 million directly to UNICEF for support to the government on social accountability in the education sector.

4.5 Capacity development

Capacity development is one of the three UNDAF 2006-12 Outcomes and a central strategy of UNICEF’s programme of cooperation. Amongst the many achievements in 2011 were:

- A multiyear investment by UNICEF in building capacity in management and coordination of the MoE was a critical factor in the Government’s decision to make the ‘My Future is My Choice’ life skills based education programme mandatory for all grade 8. UNICEF expects to continue with limited capacity strengthening whilst this large-scale rollout is operationalized in 2012.
• At the specific request of the National Planning Commission to strengthen the capacity and knowledge gaps in relation to results-based and child-sensitive budgeting, a budget planner was seconded to UNICEF Namibia, who acquired hands-on knowledge. This innovative practice resulted in a presentation to senior NPC management emphasising the need for inclusion of a specific chapter on children in the National Development Plan 4.

• Capacities to deliver community-based integrated service delivery for vulnerable children was improved through digital video conference training sessions reaching over 35 government and civil society staff across four regions. Additional trainings took place by MHAi to strengthen multi-sectoral capacities to improve birth registration; reaching over 80 staff from the MOHSS, MGECW and civil society partners from all 13 regions.

• Based on lessons from a 2010 assessment, foster care service providers were trained on the foster care minimum standards. Three separate trainings included the standards, the assessment of foster parents, and the training of prospective foster parents. The MGECW is taking the lead in further implementing these standards.

• With limitations in the education systems’ data analysis capacity, UNICEF made an initial investment in strengthening the expertise of the MoE on using data for effective planning based on the analysis of educational outcomes. The success of this has seen the MoE, UNICEF and UNESCO enter into discussions to systematically assist the EMIS unit in strengthening their capacity.

• UNICEF coordinated a capacity building workshop of the newly-created NGO Coordination Forum on Education, aiming to enhance the leadership role of civil society in improving educational outcomes in partnership with the Government, and identifying gaps for capacity development in 2012.

• UNICEF continued to support the strengthening of national and sub-national staff of the MoHSS to undertake data gathering, planning and implementation of innovative community-based health service strengthening approaches targeting the poorest and most isolated communities.

UNICEF built on the initiative commenced in the previous year in capacity development for emergency preparedness and disaster risk reduction management. Based on lessons learned, stakeholders in six regions were trained on updating emergency contingency plans, and government and civil society partners were trained on the management and running of flood relocation sites and child friendly spaces. UNICEF worked with UNFPA to facilitate a two-day national training on protection commitments, and the Directorate of Disaster Risk Reduction to finalise the National Disaster Risk Reduction Action Plan. The high level of government ownership has potential for sustaining future emergency responsiveness interventions.
4.6 Communication for development

In 2011 UNICEF Namibia commenced a more systematic approach for planning and implementing social and behaviour change initiatives. The first stage of the process which was completed during the year was a mapping exercise to find out about the types of services provided, by which organisation and where; and also their capacities.

UNICEF strengthened its links with the Ministry of Health and Social Services and provided technical support and guidance towards integrating C4D throughout their planning and implementation processes. One significant achievement was UNICEF’s support to facilitate links between the departments on Health Promotion and Expanded Programme on Immunization (EPI) for a common Social and Behavioural Change Communication EPI Communication Strategy for 2011-2015.

The national C4D campaign ‘Break the Chain’ which uses a multi-channel and multi-media approach to increase awareness on risks associated with multiple and concurrent partners and promoting consistent condom use continued to be supported by UNICEF. In addition to supporting the campaign for a year and a half, UNICEF coordinated a mid-term evaluation of the campaign (reported under EHPM programme component in this Annual Report) which will inform the second phase of the initiative.

Assistance was provided by UNICEF to a number of government and civil society partners to develop strategic documents on social and behaviour change programming and in the process, also contributed towards capacity building in this area. This process resulted in a shift in the understanding of the partners with some now having moved their focus from awareness creation to better assessing the underlying issues through appropriate dialogue and other forms of inter-personal communication. There has also been a shift in the approach amongst partners from ‘culture as harmful and contra-development’ to a position of ‘culture and development’.

A key lesson learned is the importance of documentation. Documenting and sharing the ‘Safeguarding Lives’ on school hygiene and sanitation initiative with Headquarters in New York, policy makers locally and presenting the results of the Male Involvement for PMTCT initiative with several policy structures has contributed immensely to outcome results. Very active promotion of the WASH in Schools concept and evidence from the mid-cycle assessment of the pilot projects has facilitated the leverage of resources from international partners in Namibia to expand the programme.

Gaps exist across Namibia in terms of leadership and capacity for research-focussed C4D in the public and private sectors, along with knowledge management constraints in relation to monitoring and reporting on programmes, performance, and lessons learned. This is a potential area for UNICEF programme support in the coming years.
4.8 Strategic partnerships

UNICEF invested in a number of new partnerships in 2011, as well as building on existing relationships to leverage resources and achieve results for children, which are highlighted across the specific Programme Components in this Annual Report. Amongst the new and on-going strategic partnerships where significant achievements were made in 2011 were the following:

- **UN Office of the High Commissioner for Human Rights (UNOHCHR):** Through a partnership forged by support to the preparation, implementation and follow-up of a mission to Namibia by the UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation, both UNOHCHR and UNICEF’s objectives for ensuring government prioritisation of accelerated action to ensure these rights are met have been achieved. UNICEF has committed to continue the partnership through monitoring follow-up and mobilisation of on-going public debate to ensure government accountability.

- **University of Namibia (UNAM):** Following a year-long process of two-way exploration and discussion, UNICEF and the University of Namibia have finalised a partnership involving senior UNICEF technical staff providing mentoring support to graduate and post-graduate students on specific areas of agreed research which are in line with UNICEF’s programming priorities for the country.

- **National Planning Commission (NPC):** Building on the 2010 first-ever operational workplan signed with the NPC, a capacity building partnership was developed whereby the development planners undertake internships within UNICEF sectors, to deepen their technical knowledge and expertise.

- **United Nations development programme (UNDP):** More systematic collaboration commenced with UNDP to jointly support the Namibia Household Income and Expenditure Survey and the future use of new data such as the 2011 Census (to be published in 2012/13) for child-centred analysis.

Through the UNICEF-supported process for development of the National Agenda for Children 2012-2016, a broad-based coalition of government ministries, NGOs, development partners and other key stakeholders was forged, and consensus reached on the priority actions and targets for reducing child vulnerability in the next years.

Namibia continued its strong record of NGO partnerships, mainly in programme implementation. UNICEF continued its convening and joint advocacy work with civil society and supported civil society/government dialogue, particularly in relation to social protection, adolescent HIV prevention, and HIV-sensitive child protection and support. For example, UNICEF used its convening role in organizing a round table discussion with key stakeholders on Sports for Development.

As part of its partnership strategy, UNICEF actively participates in a broad range of national and sub-national coordination mechanisms also highlighted in the relevant programme sections of this Annual Report. Amongst these are the National AIDS Executive Committee, Global Fund National Coordination Committee on AIDS, Tuberculosis and Malaria, National M&E Sub-Committee and National Gender Task Force. UNICEF is an active member of the US President’s Emergency Fund for AIDS Relief (PEPFAR) steering committee. UNICEF support has included development of PEPFAR Government of Namibia Partnership Framework and annual operational plans. UNICEF also has been the cluster lead in WASH and Nutrition and has been working with UNFPA and UNESCO on child protection and education areas on disaster risk preparedness and management.
4.9 How is the country programme mobilizing partners, including key community-based and/or informal networks of solidarity, to foster more equitable results for children and help scale-up progress for deprived children?

As highlighted above, through the process of developing the National Agenda for Children 2012-2016, a broad coalition of stakeholders were mobilised and consensus reached on the priority actions and targets for reducing child vulnerability and achieving the MDGs. The set of five prioritised national commitments and results envisaged for children are anticipated to be included in a specific chapter in the new National Development Plan 4.

In the last few years UNICEF Namibia has gradually moved from community based interventions to more policy level advocacy and dialogue in order to influence the national agenda. However, UNICEF Namibia has continued to recognize the important role played by locally present CBOs to provide community and household-focused social services and complement the work of government. In this regard, UNICEF has mobilized a critical community-based NGO, Development Aid-People to People (DAPP) to provide integrated child health and social protection services across three regions. Through its child protection volunteers (over 130 people), over 3100 vulnerable children at household levels were reached. DAPP provided capacity support and training to staff from three Ministries. Community referrals and linkages were improved in the Ministry of Home Affairs and Immigration on birth registration documentation, in the Ministry of Gender Equality and Child Welfare on Child Welfare Grants, in Ministry Safety and Security on protection issues, in the Ministry of Health and Social Services on access to Prevention of Mother to Child Transmission (PMTCT) and Anti-Retroviral Treatment (ART) services, and in the Ministry of Education on education exemptions. These Ministries and civil society partners were brought together to determine how they can collaborate more efficiently to support children in an integrated manner.

Many good practices to attend to the needs of Adolescents Living with HIV (ALHIV) have been developed in Namibia. Several Anti-Retroviral Treatment clinics and NGOs in Namibia have started already to identify the needs of ALHIV and address them through development of innovative services. Positive Vibes (PV) is a community based, intensive NGO that works with children and adolescents living with HIV. Through partnership with UNICEF between 2010 and 2011, PV is currently training 40 peer leaders to become peer educators at teen clubs; and development of curriculum for ALHIV. PV also developed a curriculum for peer support groups for ALHIV. Additional programmes run by PV include grants to children’s actions groups; positive health, dignity and prevention (PHDP) for adults. Through the informal PLHIV networks, they have also carried out series of capacity building workshops in the northern regions to support capacity of PLHIV groups on organizational development, leadership and management.

Working with community volunteers to strengthen health services has been an area where UNICEF Namibia has taken a lead in piloting the approach for the health sector. The modeling of health extension workers (HEW) is expected to demonstrate results in reducing inequalities in access to services in the most disadvantaged areas of Namibia.
4.10 Knowledge management

UNICEF Namibia commenced a process in 2011 to define a knowledge management strategy aimed at improving management of emerging knowledge, expand linkages to external knowledge centres, systematically share and scale-up good programme practices, and ensure operational research findings were informing and influencing programming. UNICEF Namibia’s documentation centre is already equipped with body of documents and knowledge products generated by UNICEF and partners, however, since the move to the UN House it is not easily accessible by partners. As part of the new strategy, UNICEF plans to work with the Ministry of Gender Equality and Child Welfare to develop a publicly accessible comprehensive child rights and development resource centre in their new office building, including moving many of the existing materials to this centre. Other highly technical resources will be made available to libraries or training centres in specialist ministries, particularly those of the Ministries of Education, Health and Social Services, and Water Affairs. The UNICEF resource centre would maintain a minimum set of core hard copy resources primarily for internal UN usage. At the same time, the development of the UNICEF Namibia website, along with support for the NamChild Wiki coordinated by MGECW will allow for widespread local and international access to knowledge, information and resources.

Having identified that the information and core data on children and AIDS in Namibia was dispersed and not able to be easily obtained in one location, UNICEF, with assistance of UNAIDS, developed a knowledge resource publication “Children and AIDS in Namibia”.

Two additional knowledge management endeavours undertaken by UNICEF Namibia in 2011, were the survey report on adolescent girls, which depicts the vulnerability and risks faced by adolescents to HIV infection, and the formative research on Male Partner Involvement in PMTCT, which was to gain greater insights into the barriers and strategies that motivate men to play a more active role in PMTCT. Other research activities for programmatic interventions included the mid-term evaluation of the Break the Chain Campaign, which aims to reduce multiple and concurrent partnerships; a Gap Analysis and Strategic Interventions for Improving Quality Education Report, which analysed advances in education and identifies gaps that hamper provision of equitable and quality education; the Vaccine and Cold Chain Management Assessment, which called for additional resources to increase coverage and improve quality of cold chain equipment; and an in-depth review and analysis of the PMTCT programme.

The office updated its CRING database for 2011, and is currently in the process of updating its internal indicator database. The year also saw continued support and use of NamInfo by the Government, which is maintained by the Central Bureau of Statistics (CBS). The NamInfo website is not yet operational. UNICEF Namibia also supported CBS with training and data analysis of the 2009-2010 National Housing Income and Expenditure Survey.

During the year 33 internal UNICEF knowledge management sessions were held on a broad range of topics, including presentations from UNICEF HQ, regional office, private sector, the media, and other UN agencies.
4.11 Human Rights-based approach to cooperation

As part of the UNDAF 2013-17 analysis phase, UNICEF facilitated multi-sectoral working sessions with government, NGO, development partner and UN agencies on human rights-based approach to programming, including practical application in analysing and developing potential priorities.

The UNICEF-supported mission to Namibia in mid-2011 by the UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation provided a unique opportunity to promote greater knowledge of core human rights principles amongst government and community duty bearers in relation to WASH.

UNICEF, along with other stakeholders, was actively involved during the year in the process initiated by the office of the Ombudsman to develop a Human Rights Action Plan for Namibia. This work will continue into 2012.

In 2011, a number of studies and analyses were carried out which provided an insight into progress made towards fulfilment of child rights in Namibia. These documents include: Children and HIV and AIDS in Namibia; Children in the Namibian Newspapers; Equity-focussed Gap Analysis of Education and Child Poverty Assessment of the National Household Income and Expenditure Survey (NHIES) 2003-2004. There was specific focus on understanding equity issues, including the equal access of all women and children to critical services. The results of these initiatives will be used to further strengthen rights-based programme design and advocacy during the present programme of cooperation and the development of the new UNDAF and UNICEF Country Programme.

The First Lady was supported with a special initiative to promote greater male involvement in breastfeeding and PMTCT. Following a situation assessment, a communication strategy was developed which addresses the various roles key duty bearers (women, men and families) play in ensuring that mother and babies benefit from PMTCT services and infants are adequately breastfed. The First Lady’s leadership provides a unique opportunity to mobilise community-level duty bearers and national leaders towards the fulfilment of children’s rights.

The innovative use of ICT ensured that children and young people’s voices were heard and used for advocacy and programme design. SMS-based consultations allowed young people to share their opinion on issues such as HIV-prevention, quality of education and violence against children. Support to the national Children’s Parliament also provided a platform for children’s views to influence national decision-makers. A workshop was conducted with media professionals to provide the necessary tools and means for effective advocacy in furthering the rights of children through media. This was based on an analysis of media reports on children.

UNICEF Namibia submitted a confidential report to the UN Committee on the CRC in preparation for the pre-sessional working group in February 2012. The contents were based on a desk review of key national documents and the February 2011 Human Rights Council Universal Periodic Review. The submission provided an opportunity for UNICEF to highlight some important positive developments in Namibia since the publication of the Namibian State Party Report two years ago, and to make constructive suggestions for the further improvement of children’s rights using an equity lens.
4.12 Gender equality

In compliance with UNICEF’s Strategic Priority Action plan for Gender Equality 2010-2012, the country office introduced some key changes in its gender policy in 2011. Knowledge management sessions were conducted in the office on gender equality and gender mainstreaming to ensure that all staff members have the appropriate knowledge and skills for adequate service delivery. Further sessions were conducted on assessing the Annual Workplan results, taking into consideration gender equality rating and advancement.

UNICEF is an active participant in the UN Gender Theme Group (UNGTG) which reports to the UNCT. In fulfilling its mandate of providing a forum for a joint UN strategic response on gender equality and equity to enhance the strategic positioning of UN system, the UNGTG oriented members on mainstreaming gender in the UNDAF revision and situation analysis process. This enabled members to provide inputs to ensure that gender equality and equity are considered as cross-cutting areas of concern in the next UNDAF.

The MDGF UN Joint Programme on Gender involving five UN agencies (UNDP, UNICEF, UNFPA, FAO, UNESCO) developed interventions for ‘increased awareness and understanding’ of gender equality at all levels of Namibian society. This resulted in increased collaboration amongst the participating UN agencies in the area of advocacy on issues affecting communities and approval of the new 10-year National Gender Policy (2010 - 2020) by the Cabinet and the Parliament.

The Joint Programme also supported several studies, including Knowledge Attitude and Practice (KAP) study on Gender-Based Violence and discrimination in seven regions, a ‘gender budget’ analysis of the agriculture, water and forestry, education, health and finance sectors, a budget analysis of the NPC, and a gender-sensitive assessment on woman and child protection services. The findings of all of these studies helped strengthen gender mainstreaming in the Government.

In 2011, under the leadership of UNICEF, the UN Communication Group developed an advocacy package for Parliamentarians on MDGs which has a specific focus on gender equity and equality.

UNICEF, UNDP and UNFPA also supported the capacity building of service providers on gender issues. WACPU, MGECW and CBS staffs were trained on capturing and analysis of GBV data as well as gender mainstreaming. The Regional Gender Liaison Officers of the MGECW received training on gender related laws, and the Convention on the Elimination of All forms of Discrimination against Women. Community Conversation Enhancement Facilitators helped promote community participation, dialogue and stimulation on gender equality and HIV and AIDS. Academic institutions were influenced to mainstream gender in their training curriculum. The University of Western Cape is currently contracted by UNICEF to support the Ministry of Safety and Security to review and update their basic and advanced police curriculum, with emphasis being placed on gender-based approaches.
4.13 Environmental sustainability

Namibia is one of most vulnerable countries to environment and climate change. Average temperatures are predicted to rise over the next 50 years, continuing a warming trend experienced over the past 40 years. Rainfall patterns are expected to become more variable with shorter, but more intense rainfall, resulting in periods of floods and droughts. The Government declaring flood emergencies for the past three consecutive years illustrates this.

It is evident that high levels of poverty, food insecurity and the impact of HIV/AIDS, combined with these unpredictable environment and climate conditions are eroding development outcomes. This fuels the vicious cycle of limited adaptive capacity, depleting assets and intergenerational poverty.

The Government of Namibia recognises the seriousness of climate change and has strengthened disaster preparedness and risk reduction efforts. In 2009 the Disaster Risk Management Policy was approved, putting in place specific national instruments for improved coordination of emergency contingency preparedness and responsiveness.

The policy facilitates the development and implementation of disaster risk management plans that focus on integrating disaster risk reduction into the routine multi-sectoral activities at all levels of government. The Directorate of Disaster Risk Reduction (DDRM) is within the Office of the Prime Minister, which has the authority to coordinate with different sectoral ministries and development partners.

UNICEF, jointly with the other UN agencies has supported the DDRM to develop a national Disaster Risk Reduction Management Plan (NDRRMP), identifying key commitments, benchmarks, and actions within the preparedness, response and early recovery phases. These commitments include WASH, Education, Health and Nutrition, HIV and AIDS, and Child Protection.

UNICEF has built partnerships at national and regional level to assist government, civil society partners and communities to adequately prepare, respond and recover from environmental and climate hazards experienced by vulnerable households and children. At regional and national level, UNICEF has supported the revision of contingency plans bringing together multi-sectoral emergency stakeholders. The UN through the Resident Coordinator’s office has an emergency task group who collectively assist the government to respond and mitigate the impact of environmental and climate change.

4.14 South-South and triangular cooperation

Promoting South-South cooperation has been a growing strategy employed by UNICEF Namibia over the past few years, with a number of notable achievements in 2011.

The two-way multi-country experience sharing through the DFID-supported Children and AIDS Regional Initiative (CARI), which ended in June 2011 was highly successful in allowing for all eight participating countries to formally and informally share knowledge, programme practices and lessons learned. This was seen as an important contributing factor to the successful expansion in Namibia of integrated family and community based
responses, increased OVC access to essential care and protection services, and strengthened capacities at all levels for coordination and monitoring.

The CARI programme was also instrumental in generating empirical evidence to show that countries have begun shifting the national response away from targeting orphaned children only, who in many cases were not the most vulnerable, to reaching a broader group of vulnerable and marginalised children.

UNICEF facilitated an official mission by the Government of Malawi to observe Namibia’s multi-pronged approach to birth registration system coordinated by the Ministry of Home Affairs and Immigration. This provided an opportunity for the Namibian Government to showcase its significant progress made in universalising the birth registration process, and tangible examples of how the Malawian Government can achieve similar outcomes. This cooperation motivated the Namibian Government to continue making further improvements in the area.

Experience and expertise from South Africa was utilised for a media assessment pilot project which lay the foundation for a longer-term approach to strengthening capacity for responsible and informed reporting of children’s issues. A two-day media monitoring workshop was organised, wherein key children’s rights issues that the media should protect were highlighted. This has already impacted on how children’s issues are being reported, and this experience is now being shared with other countries in eastern and southern Africa.

Namibia is participating in the Communicable Disease Project, which is being implemented by the Southern African Development Community (SADC) Secretariat in partnership with UNICEF ESARO. The project comprises of Paediatric TB, Malaria and HIV&AIDS components. The assessments will contribute towards strengthening the capacity of SADC member states to harmonise policies and service provision for integrated paediatric HIV, Tuberculosis and Malaria prevention, treatment, care and support as a continuum of care (specifically for children and adolescents). UNICEF Namibia is advocating for adaptation of the project to the Namibian national response on TB, malaria and HIV and AIDS; for example adequate links need to be made with ongoing work in the areas of strategizing towards elimination of Mother to Child Transmission, developing a national strategy on adolescents living with HIV, and strengthening the national HIV-prevention response for young people.
5.1 Programme component title: Maternal & Child Survival and Development

5.1.1 Results achieved

Of 23 results (Intermediate Results) planned for achievement in 2011 and 2012, 5 (22%) were fully achieved, 15 (65%) showed significant progress, two (9%) were constrained and one (4%) was fully postponed for 2012 implementation. The programme focussed on support for accelerating quality PMTCT services, national health system restructuring and operationalizing strengthened community-based maternal and child health service delivery. Important results achieved included:

- **Maternal and Child Health Days (MCHD) expanded**: MCHDs were expanded from three to 10 regions in the year, reaching over 250,000 children with vaccines, deworming, growth monitoring and Vitamin a supplementation. Deworming was undertaken for the first time in Namibia, and included in the late 2011 MCHs, covering approximately 200,000 children aged one to five. Priority attention was given to the health districts with lowest coverage levels, along with mobile populations and hard-to-reach indigenous communities.

- **Health Extension Worker modeling and high impact intervention**: The development of a costed Health Extension Worker operationalization plan for the Kunene region, the most disadvantaged health region for children took place with commencement of training materials and process for HEWs. Other specific UNICEF-supported achievements included the development of new community-based maternal and newborn care training materials for health staff and community volunteers, a revision to the child health passport to incorporate information on Mother to Child Transmission (MTCT) and birth registration, national cold chain system assessment and replenishment plan, and the endorsement of an EPI communication strategy.

- **Plans for virtual MTCT elimination**: With 86% PMTCT coverage, 46% Early Infant Diagnosis and high level political commitment from the President of Namibia, the country has a unique opportunity to achieve virtual elimination of MTCT by 2015. Specific achievements in 2011 with UNICEF support to expand the quality of services and ensure national outreach and follow-up including the development of a draft costed elimination plan, launch of the First Lady’s Campaign on Male Involvement, approval of revised PMTCT guidelines, and strengthened coordination structures.

- **Cabinet directive to accelerate multisectoral nutrition action**: The issuance of a Cabinet Action letter to direct Ministries to act to improve maternal and child nutrition, This followed the December 2010 launch of the unique public-private partnership, the Namibia Alliance for Improved Nutrition (NAFIN) convened by the Prime Minister. The Cabinet directive included action on fortification regulation; strengthening community awareness on nutrition; hygiene promotion, deworming and vitamin A supplementation; and community based growth monitoring. UNICEF supported the Prime Minister to convene a meeting of Governors and senior officials from all 13 Regions on nutrition, followed by planning workshops at sub-national level to commence development of nutrition improvement action plans. Namibia has recently been included in the Scaling Up Nutrition (SUN) global initiative.

- **Hygiene and sanitation placed on public agenda**: A mission undertaken by the UN Special Rapporteur on the human right to safe drinking water and sanitation highlighted the inequitable access to water and sanitation in the country, the impact on health, human development and the economy, and opened significant political and public debate.
5.1.2 The most critical factors or constraints

Two interlinked underlying factors continue to impact upon Namibia’s capacity to achieve its health targets: Physical challenges to ensure quality health services reach all communities in a such a huge country with small disbursed population; human resource issues including frequent rotation of trained staff, and shortages of registered nurses at peripheral level health care facilities and clinics. These are all being addressed by the national health system and management restructuring presently underway and commencement of a community-based integrated health delivery strengthening including the operationalisation of remunerated Health Extension Worker cadre. Basic factors include the generational and systemic challenges in overcoming decades of apartheid causing the vast inequities across society, the impact of HIV and AIDS, and double burden of diseases and issues related to both developed and developing countries.

At planning and operational levels, the lack of availability of quality data and the ability to analyse the existing data sets in timely manner remain. For example, some of the micronutrients data sets are from 1992, and there has not been HIV biological and behavioural surveys conducted.

5.1.3 The key strategic partnerships and interagency collaboration

The Namibian Alliance for Improved Nutrition (NAFIN), the Prime Minister led multi-sectoral private-public partnership forum for nutrition is one of the important areas of increased partnership and strong collaboration in UNICEF support to nutrition. The forum incorporates government ministries, regional governments, UN, bilaterals, private sector, academia institutions, and NGOs. With the recent acceptance of Namibia into the SUN (Scaled Up Nutrition), it is expected that the partnership will go beyond national borders and becoming part of the global partnership forum on nutrition.

UNICEF actively participated in the Country Coordinating Mechanism (CCM) for Global Funds grants (Namibian Coordinating Committee for HIV/AIDS, TB and Malaria – NaCCATuM) including chairing the Monitoring and Evaluation Sub-Committee.

In addition, UNICEF is an active player in different HIV fora including Technical AIDS Committees and the National AIDS Executive Committee (NAEC). UNICEF continuously provides support to MoHSS in securing Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grants for PMTCT interventions through Round 2 Rolling Continuation Channel (RCC) process.

UNICEF leads the PMTCT working group under UN Joint Team on AIDS (JUTA) and there have been many improvements in 2011 in terms of UN coordination. UNICEF also serves as the secretariat to national PMTCT technical working group under the MNCH committee of MoHSS where a strong partnership has been built between UNICEF, UNFPA, UNAIDS, CDC and USAID jointly supporting many initiatives including development of E-MTCT plan. Similar collaboration efforts have been seen in the area of ALHIV where UNICEF acts as the secretariat to national steering committee consisting of the MoHSS, UN agencies, international and national NGOs.
Strategic partnerships with the US Government agencies (CDC and USAID) were strengthened during the year through collaboration on community-based health service strengthening. This included the Health Extension Worker modeling, where UNICEF, and US Government and the MoHSS are working together to ensure the HEW rollout can effectively demonstrate a reduction in inequities in access to services in the most disadvantaged areas of Namibia. The National Steering Committee for HEWs, where UNICEF plays a coordination role, consist of MoHSS, UN agencies, bi-lateral donors, NGOs and CSOs with incorporation of traditional leaders and local clinic committee members at the regional level.

UNICEF as lead agency for nutrition and WASH responses during flood emergency in 2011, supported actions for establishment of WASH and nutrition coordination committees at regional and district levels. Those committees included regional and district level government officials, Namibian Red Cross, CSOs, NGOs, FBOs and community volunteers for capacity building, information sharing and decision making for flood relief activities.

UNICEF participates actively in Health Coordination Forum established in August 2011 among UN agencies and bi-lateral donors to discuss policy, health financing and result monitoring. MoHSS and UN agencies planned to meet quarterly for joint review of work plans, budget and results however only one meeting took place during 2011 and the same number in 2010. One major achievement in that joint forum was for all UN agencies (UNICEF, WHO, UNFPA and UNAIDS) to present a consolidated One UN workplan.

5.1.4 In humanitarian situations

On 29 March 2011, the Government of Namibia declared a national emergency following large-scale flooding in seven northern regions (Caprivi, Kavango, Kunene, Ohangwena, Omusati, Oshana, and Oshikoto) and requested support from partners. Nearly 135,000 people were affected by those floods including 25,000 children.

As the sub-sector lead for Nutrition, UNICEF support to the national response included nutrition assessment, provision of essential nutrition supplies; capacity building; and monitoring of nutrition status. The nutrition assessment was undertaken by a team of UNICEF Nutrition specialist and Government MoHSS personnel in April 2011. Nutrition supplies procured and distributed to all 7 affected regions included mother-child weighing and height measuring scales for health facilities; Mid Upper Arm Circumference (MUAC) tapes to assess nutrition status of under 5 children; plumpy nuts and complex of minerals and vitamins for treatment of acute malnutrition.

Training of trainers on basic nutrition surveillance was conducted for health staff in four regions. The same health personnel were trained as trainers for infant and young child feeding. During the second round of NIDs carried out during 19-22 July 2011, trained health staff carried out MUAC assessment for under 5 children in order to assess the post flood nutrition status. That was repeated again in MCH Days in December to determine the impact of the flood on child malnutrition. Development and distribution of communication material, including MUAC tape tally sheets and breastfeeding in emergencies, was also undertaken.

As the sector lead for WASH in emergency UNICEF coordinated with the Office of Prime Minister, Ministry of Agriculture, Water and Forestry, and other key stakeholders at national and regional levels. In-depth WASH assessments across flood-affected regions were carried out including relocation centres.
At regional and district level, UNICEF assisted strengthening of WASH coordination mechanisms and reached down to community level. UNICEF was able to provide safe drinking water for 15,000 people for almost three months, 60,000 had access to information on improved sanitation, and distributed more than 1,000 hygiene kits to families. In addition, WASH supplies and materials including 25 water tanks procured and installed; and 300,000 water purification sachets correctly distributed to flood victims. As part of the capacity building process, UNICEF supported training on emergency WASH for regional disaster management committee members in collaboration with IOM. Teachers and community volunteers were trained to act as health promoters on hand-washing and personal hygiene practices in affected regions.

UNICEF Namibia received support from UNICEF Regional Office, and UNICEF Botswana and Nigeria for nutrition surge capacity, and a child health specialist and WASH specialist from Australian RedR. UNICEF utilised US $376,108 from CERF funding for nutrition and WASH. In addition, UNICEF Namibia was able to collect and compile all training materials and IECs on emergency as part of preparedness plan for future emergencies.

### 5.1.5 Summary of monitoring, studies and evaluations

Knowledge generation and management and strategic information development and analysis are core strategies of UNICEF’s support in the health and nutrition sector in Namibia. Amongst the activities undertaken in 2011 were:

- **Male Involvement in PMTCT and ANC research:** The First Lady of Namibia, MoHSS and UNICEF, with support of a local NGO carried out rapid market research to determine how men can play a more active role in ANC and PMTCT services. Findings confirmed that in order to facilitate greater involvement of men, the communication is crucial to address social norms (gender and traditional) as well as individual level knowledge, attitudes and behaviour. The communication has to induce dialogue on PMTCT as well as gender, family values and traditions at societal level. Findings informed the development of communication strategy and key messages which were used during the First Lady’s Campaign for Male Involvement, incorporated into some IEC materials, media programmes, and speeches during national launches.

- **Vaccine and Cold Chain Management assessment:** UNICEF supported technical expertise to undertake the assessment in late 2011 for the MoHSS, in collaboration with CDC and WHO. Some of the significant findings were that more than 50% of cold chain equipment exceeded the recommended life span of 10 years, the need for cold chain technicians at operational level, and the need for extra storage space at regional depots when new vaccines introduced.

- **Rapid assessment on services for ALHIV:** this research was carried out by UNICEF and the MoHSS. Amongst the findings highlighted was the acknowledgement by service providers that providing services for ALHIV is a challenge both at health facility and community level. Despite their willingness to provide better services, they lack adequate knowledge and skills on treatment status disclosure, how to deal with rejections and stigma, psycho-social aspects, improve linkages to other services including sexual reproductive health and rights issues. The findings were incorporated into recently developed national strategy for ALHIV which will be rolled out in 2012.

- **PMTCT pilot districts review:** This review undertaken by representatives of all 13 regions and national MoHSS looked at the progress made in implementation of innovative PMTCT acceleration plans in 4 regions on the past year. The review found that very good progress was made in 2 out of the 4 districts including roll out of 2010 recommendations to all health facilities and cohort approach to reduce loss to follow-up.
The findings will be incorporated into on-going rapid assessment findings to inform the development of MTCT elimination plan.

5.1.6 Future work

Major focus areas for UNICEF support in 2012 include nutrition improvement acceleration under the NAFIN umbrella, community-based health service delivery improvement focussing on heath extension worker modelling, finalisation and implementation of e-MTCT plan, ALHIV strategy finalisation and implementation, EPI communication strategy roll out, IYCF training, and support to MCH Days to reduce inequities in access to services. MCSD’s programme component results (PCRs) will remain, however there will be some modifications and adjustments at intermediate results (IR) and activity levels.

- **Pregnant women and infants have access to integrated maternal and newborn services and care, including comprehensive PMTCT:** Under this PCR 1, priority activities for 2012 include
  - Finalise and support implementation of E-MTCT plan
  - Support finalisation of PMTCT guides, registers and child health passport
  - Male involvement and community support for PMTCT
  - Support study of HIV and Infant Feeding
  - Support for scale up of essential community based maternal and new-born care interventions in few selected health districts especially in the north

- **National District Health Systems planning, implementation and management capacity is strengthened to deliver critical high impact child survival interventions to 80% of U5 in low performing districts:** Under this PCR 2, priority activities for 2012 include
  - Implementation of HEW pilot in Opuwo
  - Improving routine EPI in 6 low performing districts
  - Support implementation of cold chain replenishment plan
  - Intensify MCHDs with high impact interventions
  - Support Micro-nutrient surveys
  - Support NAFIN advocacy and implementation
  - IYCF TOT and roll out
  - WASH in schools
  - Emergency preparedness and planning

- **Adolescents living with HIV/AIDS are counseled, tested and provided with treatment, care and support**
  - Strengthen national, regional and district level response to deliver and scale up low cost effective measures through integration of existing HIV-SRH services and programmes for improved quality of life among ALHIV
5.2 Programme component title: Education for HIV Prevention and Mitigation

5.2.1 Results achieved

Of the 13 Intermediate Results planned for 2011 and 2012, 4 (31%) were fully achieved, 4 (31%) showed significant progress, 4 (31%) were constrained and 1 (7%) was discontinued. The programme focussed on support for quality primary education policy reform, commencement of a new social accountability in education initiative, and evidence-informed adolescent HIV prevention. Significant progress and results achieved in 2011 include:

HIV-focused life skills based education made mandatory: After three years of concerted advocacy, a major country programme objective was achieved with the MoE declaring the “My Future is My Choice” (MFMC) life skills programme mandatory for all grade 8 learners and to be implemented by life skills teachers in the schools. The programme had been primarily funded and implemented through UNICEF for the last 12 years, and was optional extra-curricula and delivered by external facilitators.

Strengthened coordination mechanism for the education sector HIV response: Recommendations emanating from UNICEF’s support to the mid-term review of HIV/AIDS component within the ETSIP, resulted in the first-ever coordination meeting involving sectoral ministries, NGOs and development partners, contributing directly to the commitments made under the National Strategic Framework for HIV/AIDS.

Policy reform in basic education delivery: UNICEF provided technical support to the Ministry of Education to undertake a gap analysis to assess progress in achievement of equitable educational outcomes. The analysis showed major disparities in access and achievements based on poverty profiles and poorly-funded rural and well-funded urban schools. UNICEF strategically presenting the analysis at the National Conference on Education in June 2011 and the findings influenced the conference recommendation approved by Cabinet and systematically integrated in ETSIP for action.

Ensuring free primary education: At the request of the Minister of Education, UNICEF developed a policy brief on the status of free primary education in relation to the Constitution, the Education Act and other national, regional and international commitments. The brief triggered significant public debate leading to Cabinet Directives for thorough analysis of all the private costs borne by parents/caregivers hindering education access and quality. In response to the public debate and demand for abolishment of school development fund (SDF), one of the major cost paid by parents/caregivers, as an interim measure the Ministry of Education has already made budgetary provision in 2012-13 fiscal year for direct funding support to schools to compensate for SDF and gradually moving towards abolishment. Abolition of the SDF will make a great difference especially for children in poor households whose parents or guardians have been unable to afford the expected contribution.

Social accountability in education partnership commencement: An innovative three-year initiative between the Government, UNICEF and the European Union to promote community involvement and social accountability in the education sector commenced.

Adolescent HIV risk and vulnerability reduction: In addition to supporting the evidence-based focus for a national communication campaign to reduce multiple and concurrent partnerships, UNICEF’s sports for
development initiatives in cricket and girls football not only showed large-scale coverage expansion, but also received global and continental recognition.

5.2.2 The most critical factors or constraints

Despite the significant breakthrough in having My Future is My Choice being made mandatory for all grade 8 learners, the broader leadership commitment to a coordinated HIV response by the education sector remains constrained. While the capacity of the Ministry of Education’s HIV management unit continues to remain a major shortcoming, the Ministry is equally finding it difficult to define a niche within the mainstream education programme. The mid-term review of the HIV/AIDS sub-component of Education and Training Sector Improvement Programme (ETSIP) has emphasized a shift to mainstream programming which requires high-level discussion and dialogue for operationalization.

Inadequate and in-depth data analysis of existing data, particularly the Education Management Information System (EMIS) is a major constraint to undertake evidence-informed advocacy, planning and decision making. Whilst the EMIS collects information at regional level, its analysis report has not looked deeper into regional and sub-regional variations, which limits prioritization of actions to reduce inequities. The human resource capacity of EMIS division in the Ministry is also limited and UNICEF provided technical expertise to support data analysis which was well appreciated. This has triggered discussion with UNESCO to systematically assist the EMIS unit in strengthening their capacity in analysis and develop annual regional profiles to support planning.

While analytical work supported by UNICEF has positively influenced policy dialogue, the mechanisms and process for implementing key decisions are not optimal. For example, the abolition of the School Development Fund which has increasingly become a barrier to access to education, particularly for poor families, is experiencing long delays.

Insufficient analysis has also contributed to inefficiency in allocation and use of resources committed to education. The recent Education Sector Public Expenditure Review (PER) revealed that the number of teachers reported through EMIS is not synchronized with the payroll system which results in considerable variation in personnel expenditure among regions, despite average learner:teacher ratios being quite similar. The outcome of the PER have paved the way for open discussion and dialogue with the Ministry of Education to introduce measures that will improve efficiency in allocation and spending of educational resources. The proposed measures under discussion includes introduction of per capita funding allocation formula that takes into account performance and equity indicators. If efficiently utilized, the current level of budgetary commitment to education could achieve better results in terms of quality and learning outcome.

5.2.3 The key strategic partnerships and interagency collaboration

UNICEF’s strategic engagement in education particularly in influencing the ETSIP mid-term review recommendations, ETSIP annual reviews, National Education Conference and the UNDAF country analysis and preparation process, have refocused attention on improving efficiencies in the education sector for equitable access to quality basic education for all children. UNICEF’s role as a key development partner in the education sector has facilitated a tripartite agreement between European Union, Ministry of Education and UNICEF on social accountability and school governance. The social accountability initiative provided an opportunity to UNICEF to enhance collaborative efforts towards empowering communities, school boards and civil society to play greater role in promoting accountability and equity in delivery of educational services. As a result, in 2011, UNICEF formed partnership with Namibia Education Coalition for Civil Society Organizations (NECCSO), an apex
body of local NGOs and community based organizations within the framework of the Africa Network Campaign on Education For All (ANCEFA). UNICEF supported a national conference of the NECCSO, attended by grassroots representatives in order to develop plans and strategies for capacity building of civil society for better positioning themselves in school governance issues and for overall national debates in education.

UNICEF is active in various technical advisory and working groups that are part of the coordination framework of the National Strategic Framework on HIV and AIDS working in close collaboration with other UN agencies, and the US Government agencies, CDC and USAID. UNICEF is the co-chair of the recently formed national working groups on behavior change communication on HIV prevention. UNICEF has taken a leading role in HIV life skills education and the mass media campaign on multiple concurrent partnerships. Being a member of various other HIV working groups (eg HIV Counselling and Testing, M&E) have provided the opportunity to influence national responses and ensure adequate attention to issues around children and HIV in programme design, implementation and monitoring by other stakeholders.

The working group on young people of the UN Joint Team on AIDS (JUTA) is led by UNICEF. Through the working groups collaboration and coordination among UN agencies has improved, including coordinated support for a jointly-funded study on HIV Prevention among Young People in Namibia.

UNICEF continued to strengthen its partnerships with sporting associations to pursue healthy lifestyles and HIV risk reduction initiatives, including a convening role across the various organisations.

5.2.4 In humanitarian situations

In response to floods which have affected the country in recent years, with UNICEF support a National Education in Emergency Committee was established under the leadership of the Ministry of Education with committees in the flood prone regions in 2010. The committee developed contingency and response action plans that guided the Education sector response to the 2011 floods in the six affected regions. As per its commitments, UNICEF undertook the leadership role in the emergency response, supporting the government in partnership with UNESCO and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

Following on-site preparedness and response plan training provided to counterparts, the 2011 flood-affected regions responded with information and data in a timely manner which facilitated immediate response actions. UNICEF provided direct support in setting up of 24 safe temporary learning spaces in 23 relocation centres and provision of educational materials, enabling 2,545 affected learners (51% female) to continue their education with minimal disruption. US$ 75,000 in humanitarian funds were utilised to support this important initiative.

As part of the disaster risks mitigation efforts supported by UNICEF, the school emergency preparedness and response manual was finalized and is planned to be distributed to schools in 2012. The manual provides hands-on information for children and teachers on necessary measures and steps to take in events of floods and related disasters.

4.2.5 Summary of monitoring, studies and evaluations

Generation of strategic information to influence and inform policy and programing have been a centerpiece of UNICEF’s support to basic quality education and for adolescent HIV prevention throughout the Country Programme. In this regard a number of initiatives were undertaken or supported in 2011, including:
• Evaluation of the national Multiple and Concurrent Partnership (MCP) Reduction campaign: The evaluation profiled the complex issues of increased vulnerability to HIV risks due to urbanization, level of information flow in remote settings and the continuous challenges in engaging key gate keepers in HIV/AIDS issues. 900 respondents participated and revealed a key output of the programme, i.e. broadly reaching all Namibian communities, was achieved; with 82% exposed to 10 or more media components. The programme appeared to have contributed to self-reported multiple partner and to have contributed to the development of interpersonal-discourse. The evaluation also revealed rural/urban differences in receipt and response to the campaign, with lower responses (12%) among urban residents compared to 38% and 40% among rural residents. Conducted after 18 months of implementation, the evaluation is considered mid-term and its findings will influence the next phase of the campaign implementation.

• The development of a research agenda on “know your epidemic and know your response” on young people in partnership with UNFPA, UNAIDS and UNICEF under the stewardship of the government. The findings that will be available in 2012 will greatly influence the role and engagement of UNICEF in its approach to the response to HIV epidemic particularly among young people.

• Improving Quality and Equity in Education in Namibia: A Trend and Gap Analysis study was undertaken by UNICEF for the Ministry of Education, which analysed the current situation regarding quality and equity in schools in Namibia. The correlation analysis showed clear connections between equal opportunities in terms of the provision of facilities and qualified teachers, and equality of educational outcomes. Regions with better education outcomes had better school infrastructure and facilities, and more qualified and experienced teachers. It also highlighted a clear link between poverty and learning achievement, indicating that addressing poverty and disadvantage more broadly may also contribute to overcoming inequitable schooling outcomes. The key findings and recommendations were presented at the National Education Conference whose recommendations subsequently became Cabinet directives for implementation by the Ministry of Education.

• An Education Public Expenditure Review was undertaken by the government with support from the EU. One of the key findings was that inefficient expenditure management processes result in unpredictable and inequitable resource allocation and use across regions with no correlation between level of spending and learning outcome in standard achievement tests. The study recommendation is being taken as the basis for negotiating per capita funding allocation formula that would take into account performance and equity indicators. UNICEF is taking an active role along with other development partners in this negotiation.

5.2.6 Future work

The priority actions for year 2012, the last year of the 7 year country programme, will be a combination of ongoing activities towards the Country Programme Results, and laying firm foundations for the new UNDAF and country programme. Whilst the PCRs will not be adjusted, new IRs will be formulated as appropriate. Amongst the many priorities will be acceleration of the social accountability in education initiative, support for implementation of the Cabinet Directive emanating from 2011 Education Conference recommendations; strengthened strategic information generation on adolescent HIV risk and vulnerability, and strategy development for integrated approaches to expand young people’s use of HIV testing and counseling services and condoms.
Programme Component Result: 80% of adolescents have correct information and relevant skills and have access to services to reduce their risk and vulnerability to HIV.

- Technical support for organizational capacity development of the MoE to lead and coordinate the national HIV prevention response;
- Development of operational plan for training of life skills teachers and integration of elements of extra-curricular life skills into regular life skills subject;
- Development of profiles of young people based on “know your epidemic and know your response;”
- Finalisation of training manual for sporting organisations on ‘healthy lifestyles’.
- Sustainability strategy developed for “Galz and Goals” programme.

Programme Component Result: Efficiency of the education system strengthened to deliver quality primary education for all children.

- Technical assistance to EMIS unit to prepare tailor-made analysis of data (EMIS, DHS and SACMEQ III) for strategic advocacy and equity based policy dialogue in strategic planning (ETSIP, UNDAF and NDP 4) processes;
- Development of modalities to implement abolition of school development fund and introduction of per capita funding allocation formula;
- Development of social accountability tools and building capacity of civil society to operationalize the mechanisms in 2 pilot regions.
- Technical support to MoE with regard to Disaster Risk Reduction interventions and emergency mitigation.

5.3 Programme component title: Special Protection for Vulnerable Children

5.3.1 Results achieved

The three distinct Programme Component Results and 14 Intermediate Results (IR) together support the Government to strengthen national, regional and community capacity to ensure children access integrated care and protection services. Of these IR’s, 4 (29%) were fully achieved, 5 (35%) showed significant progress, 5 (35%) were constrained. The majority of IR’s were planned for period of two years and thus (if funding permits) all remaining IR’s will be fully implemented in 2012. Highlights included:

- **Priority agenda for vulnerable children developed:** A significant investment in advocacy and strategic information generation by UNICEF has contributed towards a major national shift in the focus from an orphan-only focussed approach, to a broader group of vulnerable and poor children. This has been captured in the finalised National Agenda for Children (2012-2016) which outlines a set of five prioritised national commitments and results envisaged for children and are a precursor to a national consensus for a dedicated chapter to include child specific concerns and commitments into the new National Development Plan 4.
- **Expansion of access to protection services:** Agreement has been reached on opening of five new protection shelters by the Ministry of Gender Equality and Child Welfare (MGECW) along with UNICEF’s support to generating evidence from an NGO shelter, and the drafting of a best-practice. Counselling and information generated by the 116 toll free helpline facilitated by Life line/Child line Namibia has raised awareness on the
need for integrated protection service delivery. During the year, 454 children received counselling support and information and were linked to critical protection services through the toll-free helpline.

- **Acceleration of access to quality birth registration services:** Support continued for the triple track approach of expanding the birth registration system into 21 major hospitals, registration in Home Affairs offices, and a mobile campaign for hard-to-reach children. A 25% increase in birth registration from 2010 to 2011 was achieved at the 21 functioning hospital facilities (26,788 children < 1 year old registered) with a total of 57,455 births registered nationally.

- **Service integration for vulnerable families:** UNICEF’s support to the implementing partner DAPP has demonstrated the effectiveness of integrating family-focussed NGO social service provision with existing government service providers for over 3110 vulnerable children (1553 female/ 1494 male).

- **Strengthened of alternative care system:** Minimum standards for Foster Care were adopted during the year, a key component of the broad-based alternative care system development process supported by UNICEF since 2008.

Whilst it was anticipated that the Child Care and Protection Bill (CCPB) would be enacted by Parliament in 2011, progress was made with its approval by the Cabinet Committee on Legislation, and the drafting of accompanying Regulations. A plan to accession to the Hague Convention on the inter country adoption was finalized. The Government is in the process of adding interim Regulations to the current Children’s Act to close a legislative inter-country adoption loophole.

### 5.3.2 The most critical factors or constraints

Delays in the commencement of the National Development Plan 4 (NDP4) resulted in the National Agenda for Children not being developed in parallel as envisaged.

There are continued delays in the promulgation of the CCPB, but steady progress has been made. The CCL recommended that the four Child Protection Hague Conventions are not linked to the CCPB however there is ongoing advocacy to reach consensus on acceding. Legislative environment need further strengthening with implementation of the Child Justice Bill but progress has been slow. After extensive consultations the Ministry of Justice agreed to lead the implementation plan.

Locally-generated evidence on the benefits of a broad-based social protection system, including expansion of child welfare grants to reach all vulnerable children, rather than just orphans remains limited. This has constrained understanding and progress in many policy sectors, with a plan in place to support a study tour to South Africa as part of the strategy to overcome the intransigence.

Absence of systematic collection and sharing of child protection data and no national level child protection index results in limited evidence of programming and monitoring of results. As an example, whilst birth registration rates are available, the Ministry of Health and Social Services does not have reliable data on the number of births at health facilities to accurately calculate coverage of birth registration services in all the regions.

Government-led integrated service delivery remains a challenge. An assessment of integrated protection services was completed in five regions but the recommendations were not endorsed by high level ministries.
Child Care and Protection Forums included multiple partners sometimes with overlapping responsibilities and some duplication with other committees.

UNICEF and other UN agencies has made significant investment in capacity development initiatives to build for management of integrated service delivery, however challenges remain to assess the impact of training.

Whilst the Government invests heavily in the more traditional social sectors of health and education, financial constraints remain in the budget allocations to the MGECW and MoHAI to accelerate legal reform, the strengthening of alternative care and child protection systems and towards achievement of universal birth registration.

5.3.3 The key strategic partnerships and interagency collaboration

The unique partnership between Ministry of Home Affairs and Immigration and Ministry of Health and Social Services, facilitated by UNICEF continued to show significant results during the year, including a 25% increase in birth registration at the 21 functioning hospital facilities.

An innovative Government-NGO partnership was facilitated during the year with DAPP providing capacity development and training to staff from three Ministries and community child protection volunteers (over 130 people). Community referrals and linkages were improved for Ministry of Home Affairs and Immigration for birth registration documents, to Ministry of Gender Equality and Child Welfare for Child Welfare Grants, to Ministry Safety and Security for protection issues, to the Ministry of Health and Social Services for access to PMTCT and ART services, and to the Ministry of Education for education exemptions. These Ministries and civil society partners were brought together in six regions to determine how they collaborate more efficiently to support children in an integrated manner.

Five UN agencies (UNDP, UNFPA, UNESCO, UNICEF and FAO) continue to collaborate to implement the Spanish Government funded MDGF Joint Programme on Gender and Development. The collaboration resulted in the draft of a national action plan to prevent and respond to gender based violence that include, anti-human (child) trafficking strategies and baby dumping. This programme also facilitated the development of male involvement manual in GBV, CP and HIV and with trainers of trainers to support rollout of the regions.

The MDG Joint Programme resulted in improved interagency collaboration in strengthening human and institutional capacity for child protection and gender mainstreaming programmes. The University of Western Cape was recently contracted to facilitate review and update the basic and advance police curriculum.

A new partnership was developed in 2011 with UNODC, the US Department of State and the Government of Namibia to address trafficking. A high level national workshop resulted in an agreement to utilize current legal framework to facilitate implementation of international protocol.

MGECW, Legal Assistance Centre and UNICEF continued to partner to support the finalization of the CCPB. Building on collaboration started in 2008 between USAID and UNICEF to strengthen the social welfare sector, a number of initiatives were undertaken to strengthen national capacity, including hosting series of webinars.
5.3.3 In humanitarian situations

In response to the 2011 flood emergency and through the coordination of the Disaster Risk Management Directorate (DRMD), UNICEF supported the emergency interagency response in the six flood affected regions.

The rapid preparedness and responsiveness plans were activated with prepositioned protection and education supplies released and procured for government counterparts. Through the existing partner DAPP, 45 volunteers (36 female/9 males) were trained on running child friendly spaces in flood relocation camps. Twenty-four child friendly spaces and safe learner environments were created in 23 flood relocation camps in 6 regions, with 2,545 children (1247 male/1298 female) benefiting. The child friendly spaces had guided programmes in the mornings for younger children and afternoons for younger and adolescent learners. These safe spaces created a safe environment where children could do their homework activities, play games, participate in life skills training and sport activities. US $65,768 in humanitarian funds were utilised to support this important initiative.

The contingency plans were updated taking stock of the lessons learned from the flood emergency. UNICEF with UNFPA participated in a joint fact finding mission to assess the effectiveness of the emergency response, and jointly assisted the DRMD review and update their emergency contingency plans in six regions. Opportunity was provided to take stock of the lessons learned from the flood emergency and integrate them into the plans.

UNICEF in an interagency effort with UNDP and UNFPA supported the DDRM to develop a Disaster Risk Reduction Management Action Plan, with inputs from various sectors. The plan is currently with the Directorate for final approval. Challenges exist to ensure key stakeholder participation for regional contingency plans, and the limited capacities of DDRM affect national leadership process.

5.3.4 Summary of monitoring, studies and evaluations

Two important pieces of research were undertaken with UNICEF support during the year under this Programme Component.

- An assessment of the many existing women and child protection and prevention services/systems was completed in five regions aiming to ascertain how they could most effectively adapted to provide a more integrated protection system. The final results and recommendation of the study are currently awaiting endorsement by key Government stakeholders. Once approved the study will result in the drafting of Standard Operation Procedures and service agreements to strengthen integration between service providers and key child protection NGO’s/CBO’s. The research was conducted by a local organisation, with leadership support from UNICEF, MCECW, Ministry of Safety and Security; and was assisted by a number of UN agencies under the MDG Fund Joint Programme on Gender.

- At the request of Government and Parliament, a public survey using media along the text messaging was conducted to respond to the high levels of baby dumping in the country. The Ministry of Gender Equality and Child Welfare and the Ministry of Youth, National Service, Sport and Culture with the support of UNICEF and the Legal Assistance Centre. The results indicate that the main reason that people dump babies are that fathers deny paternity, that the mother is still studying and that the mother does not know about alternative care options such as foster care, adoption and institutional care. Most respondents indicated that the Government should provide more information about legal rights such as
access to contraceptives, as well as information about options and alternatives such as foster care, adoption and institutional care. The results are currently being drafted (together with two information fact sheets) to provide feedback to the public and key service providers.

5.3.5 Future work

The major focus for UNICEF support in 2012 will be to continue to action towards achievement of the three Programme Component Results (PCRs) in the last year of the country programme. Specific priority actions under each PCR include:

PCR 1 Vulnerable children are reached by integrated care, protection and support
  • Operationalise the National Agenda for Children strengthening inter-sectoral collaboration, and reporting process to Cabinet.
  • Support to finalise social protection assessment (refer to cross sectoral component), and development of a national grants strategy to address child poverty.
  • Continued implementation of foster care guidelines, and develop and implement plan to strengthen kinship care systems and strengthening of shelters.
  • Advocate for and support legislative reform processes, and organisational development review for MHAi. Document birth registration process to support advocacy for universal birth registration.

PCR 2 Legislative environment strengthened to ensure justice for children
  • Continued advocacy to bring Child Care and Protection Bill into force, including finalisation of Regulations, and to accession of Hague Conventions.
  • Finalise action to revise Child Justice Bill.

PCR 3 Key duty bearers have capacity to prevent, protect and respond to violations of protection rights of children and woman
  • Advocate for the implementation of key recommendations from assessment of protection services; and pilot integrated service delivery in 3 regions
  • Support the institutionalisation of capacity development for Namibian Police force through gender-sensitive and child specific curriculum reform
  • Generate evidence on impact of social norms and practices on children, violence in schools and on experiences of children in contact and conflict with the law to inform NDP4 and new UNDAF
5.4 Programme component title: Cross Sectoral - Social Policy Analysis & Research

5.4.1 Results achieved

The cross sectoral programme has three PCRs. The PCR one focusing on external advocacy and is reported throughout this annual report particularly under country programme analysis and specific programme components. While PCR three is in support of staff cost for the overall functioning of the office. Hence the following sections under cross-sectoral reports on PCR two Social Policy Analysis and Research.

In Namibia, vulnerable children have generally been equated with orphans. Poverty and the broader vulnerabilities of children have been relatively invisible on the national policy agenda, despite the fact that being orphaned is not the main determinant for poor child outcomes in Namibia. With an overall objective of achieving recognition of child poverty and the importance of child-sensitive social protection by policy makers, four ambitious results (IRs) were formulated for the two year country programme extension (2011-2012) all of which showed excellent progress during the year.

Notable achievements towards the planned two-year results were:

- Inclusion of a specific chapter on child poverty in the Central Bureau of Statistics tabulation plan for the report on the 2009/10 NHIES report for the first time. This provides comprehensive information on child poverty and deprivation as well as the impacts of social grants on child poverty rates and child poverty gaps.
- Prioritisation and recognition of the overarching need to reduce child poverty and ensure strengthened and comprehensive social protection for children in the new National Agenda for Children 2012-2016.
- Strengthened partnership with the NPC, including the secondment of a national development planner to UNICEF for six weeks. This collaboration resulted in better understanding by the development planner of child poverty and disparities and on how NPC can strengthen a focus on child outcomes in the budgeting process. In addition, the development planner prepared a paper for NPC making the case for a children’s chapter in the upcoming National Development Plan 4.
- Initiation of a qualitative study is under way to assess the effectiveness of the current social protection system in reducing child poverty at community level. The study is analysing existing formal and informal social protection mechanisms, coping strategies of poor households with children and access to services for particularly vulnerable children. The study is led by MGECW in collaboration with NPC. It is part of a comprehensive study to inform the reform and better integration of the social protection system that includes a child poverty assessment, model family analysis and modeling and costing of different policy options for an expansion of child welfare grants.

5.4.2 The most critical factors or constraints

The delays in finalizing the NHIES 2009/10 dataset has resulted in a lack of up-to-date poverty data that has constrained evidence-based policy making at a time when the government is preparing the next National Development Plan 4. The finalization also delayed planned training of CBS staff on assessing child poverty at Stellenbosch University and impacted on UNICEF-supported analytical work and policy modeling and consequently advocacy. UNICEF has conducted a re-assessment of the old NHIES 2003/04 database to provide information on child poverty and deprivation, alerting to the high levels of child poverty and deprivation in the country. While the data is old, the analysis was crucial to raise awareness and interest of policy makers and to begin the debate regarding the expansion of child welfare grants to all children in poverty regardless of their orphan status.
One of the most critical factors in creating government ownership of the qualitative assessment of the social protection system and the wider child poverty agenda was to reach agreement between MGECW as ministry responsible for child welfare and NPC as agency responsible for poverty reduction that these issues are cross-sectoral and concern both.

5.4.3 The key strategic partnerships and interagency collaboration

The key strategic partnership for UNICEF has been with the National Planning Commission, including its Central Bureau of Statistics. The partnership which only commenced in 2010, has developed significantly with collaboration on child-centred policy planning, child poverty and child-sensitive social protection along with specific capacity development of NPC staff as highlighted earlier.

A three-way important partnership between UNICEF, the NPC and the MGECW initiated with the development of the Situation Analysis of Children and Adolescents 2010, was strengthened during the year through the collaboration on the qualitative assessment of the social protection system, and a common understanding being reached on the roles and responsibilities of the two government agencies in relation to child poverty reduction.

UNICEF has continued to forge a partnership with Prof Servaas van der Berg, University of Stellenbosch in South Africa and Prof Jonathan Bradshaw, University of York, UK as well as Dr Gemma Wright and Prof Michael Noble, University of Oxford, UK, to provide technical and mentoring support to NPC and its CBS.

An important inter-agency partnership with UNDP was more systematically developed during 2011 around the support to CBS for the NHIES and the future use of new data such as the 2011 Census for child-centred analysis. This includes collaboration on UNDPs technical assistance to CBS regarding the development of a local deprivation index based on Census data that specifically includes child-specific deprivation indicators.

5.4.4 In humanitarian Situations

In response to floods which have affected the country in recent years, with UNICEF support a National Education in Emergency Committee was established under the leadership of the Ministry of Education with committees in the flood prone regions in 2010. The committee developed contingency and response action plans that guided the Education sector response to the 2011 floods in the six affected regions. As per its commitments, UNICEF undertook the leadership role in the emergency response, supporting the government in partnership with UNESCO and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

Following on-site preparedness and response plan training provided to counterparts, the 2011 flood-affected regions responded with information and data in a timely manner which facilitated immediate response actions. UNICEF provided direct support in setting up of 24 safe temporary learning spaces in 23 relocation centres and provision of educational materials, enabling 2,545 affected learners (51% female) to continue their education with minimal disruption. US$ 75,000 in humanitarian funds were utilised to support this important initiative.

As part of the disaster risks mitigation efforts supported by UNICEF, the school emergency preparedness and response manual was finalized and is planned to be distributed to schools in 2012. The manual provides hands-on information for children and teachers on necessary measures and steps to take in events of floods and related disasters.
5.4.5 Summary of monitoring, studies and evaluations

Two major studies were initiated in 2011 and planned for completion in 2012. These are the qualitative assessment of the social protection system in Namibia, and a child poverty assessment based on the NHIES 2009/10 data. In preparation of the NHIES report technical support was provided to the preparation of the tabulation plan which includes a chapter on child poverty.

Due to the delay in making the NHIES 2009/10 available, a re-assessment of the NHIES 2003/04 has been undertaken to highlight the high levels of child poverty and deprivation in Namibia and show based on the child poverty profile that child poverty is a mainstream problem that is not just affecting particularly marginalized groups of the population. For instance, while growing up in a workless household is a major risk factor for poverty, the majority of poor children grow up in a household with an adult income earner. The assessment, though outdated, played a crucial role in advocacy for a strengthened focus on child poverty reduction and a re-definition of child vulnerability from orphans towards broader vulnerabilities.

5.4.6 Future work

Priority actions will include continued support to government partners (MGECW, CBS, NPC) regarding the analysis of child poverty and the effectiveness of the social protection system in reaching poor and vulnerable children as well as modeling and costing of different policy options. The evidence generated by these studies will be used to provide strategic advice for and inform the development of a better integrated and comprehensive social protection system that is effective in addressing child poverty and inequity. Specific actions for 2012 under the one PCR are:

IR 1: National statistical system generates evidence on child poverty and vulnerability
- In-depth training of CBS staff on child poverty analysis of NHIES 2009/10 data at Stellenbosch University. The outcome of the training will be a chapter on child poverty and the effectiveness of social grants in addressing child poverty to be included in the NHIES report. In addition an accompanying and more in-depth report on child poverty will be prepared that will also model different policy options for the strengthening of the social grant system, especially child welfare grants, to address poverty.

IR 2: Capacity of national authorities and civil society strengthened for child-centred policy planning and resource allocation
- Continued technical support to the NPC to strengthen capacities for child-centred policy planning. The initiative to mentor NPC development planners will be continued in 2012
- Technical support will be stepped up in the area of social budgeting to strengthen the capacity of NPC to guide line ministries towards a child-sensitive and results-based budgeting process.

IR 3: Transformative social protection framework for children designed
- Finalisation of the qualitative assessment of the social protection system. Together with the NHIES child poverty assessment results will feed into a summary report outlining a child-sensitive social protection framework and provide evidence for a reform of the child welfare grant system.
- Development of a tax-benefit micro-simulation system (based on EUROMOD and the South African SAMOD) that would allow micro-simulation of the impacts of changes in the social protection system on poverty, their fiscal implications and options for financing changes in social grant eligibility through the tax system
IR 4: Integrated strategy on improved conditions and outcomes for poor and vulnerable children incorporated in Social Development Policy
Continued technical support to MHSS in the development of a cross-sectoral Social Development Policy.

6 Operations and Programme Management

6.1 Governance and Systems

6.1.1 Effective governance structure
A set of office-wide Programme and Operations Management Priorities were developed for 2011 in a broad consultative process including the 2010 end-year review, finalisation of 2011 workplans and a Risk Management assessment. These priorities were articulated in the AMP and monitored on a quarterly basis by the CMT. In accordance with the UNICEF Risk Management Policy and Risk Reference Guide as framework, risks to the achievement of office objectives and priorities were identified and appropriate responses developed to mitigate these risks.

The AMP tool continued to be the primary resource used by the office to ensure efficient management and operations. The AMP defines the Terms of Reference and membership of governance structures such as Country Management Team (CMT), Programme Coordination Team, Operations Coordination Team, Central Review Body (CRB), Contract Review Committee (CRC), Property Survey Board (PSB), Staff Development and Training Committee (SDTC), Staff Association Executive Committee (SAEC), Joint Consultative Committee (JCC), Security Arrangements, along with key focal point responsibilities and membership of UN working groups and Thematic Groups.

The CMT continued to carry a standing agenda in monthly and quarterly meetings to review programmatic, operational and quality assurance indicators, which were outlined in the AMP along with targets, and to recommend actions for weaknesses identified. Recommendations from the CMT are consistently recorded in the minutes of the meetings and monitored in subsequent meetings to ensure timely compliance.

The CRC reviews all procurements for both goods and services exceeding US$10,000. The office again agreed to retain this CRC review level, following a review of the previous year’s contracts and procurement.

The last Country Office Audit was in 2009 and recommendations in terms of governance have been closed and sustained compliance measures have been instituted. These measures include revised terms of reference for committees such as the CRC, Programme Cooperation Review Committee (PCARC) and CRBs in accordance with new guidelines and instructions. Furthermore, the audit recommendations were also twice reviewed by all staff at knowledge management sessions. Audit recommendations are also shared during Operations and Programme meetings to ensure staff continue to focus on sustaining the closed status.

6.1.2 Strategic risk management
In 2011, the Country Management Team built on the 2010 efforts on risk management through a risk identification and mitigation exercise. Within this exercise, both threats and opportunities were identified. Using the UNICEF Risk Management Policy and Risk Reference Guide, the CMT identified and analyzed the key risks in terms of their likelihood and impact on the programme objectives. ‘Red’ ratings related to; the UN Reform
process /UNDAF Extension with the risk of key children’s issues not being prioritized or adequately positioned, funding predictability including the Support Budget reduction, and the ability programmatically and operationally to change to new UNICEF systems and tools were identified. Mitigation measures were agreed upon; priority actions for those risks identified as high are being put in place. High level risks identified were included in the AMP priorities for 2011 and discussed and reviewed on a quarterly basis by the CMT and biannually with all staff.

The CMT-led approach has created a platform for dialogue about risks and an effective response to risk at strategic as well as day-to-day operational levels. Similarly, at operational level, the office has systematically included in PCS/SSFA submissions the ‘capacity and integrity checklist’ and strengthened the role of the PCA Review Committee in ensuring that a review is carried out from a risk management perspective.

The MOSS aspect of the BCP was reviewed in February 2011 and testing of mechanisms and systems undertaken. A full simulation was planned but could not be conducted and has instead been prioritised for 2012. UNICEF participated in updating the Security Risk Assessment (SRA) during the year, and adjusted the MORSS and MOSS accordingly.

The office continued with the implementation of HACT with 23 micro-assessments of major implementing partners (IPs) undertaken. A training plan for the IPs is under development. Follow up activities in terms of assurance will take place in 2012 including capacity development. The Contract Review Committee looked into the assessments of contractual risks, including risks that goods and services may not be delivered and the planned response or mitigation measures proposed or already taken.

6.1.3 Evaluation

The office continued to update its Integrated Monitoring and Evaluation Plan (IMEP) after the signing of the 2011 Annual Work Plans by Government. Progress has been regularly tracked including at mid and end year reviews.

Seventeen activities were planned under the 2011 IMEP. Out of the total planned activities, 12 have been completed, one is on-going and one partially completed. Three activities have been postponed to 2012 due to delays by the Central Bureau of Statistics (CBS) in finalising the Namibia Household Income and Expenditure Survey (NHIES) 2009/10 dataset which is necessary to be used in the planned studies.

During 2011, two evaluations were completed. The evaluation of the first phase of the national communication campaign to reduce multiple and concurrent sexual partnerships (MCP) was conducted from April to May 2011. The evaluation aimed to determine the campaign’s reach, and the knowledge and behavioural change outcomes. The results showed positive trends. Conducted after 18 months of implementation of the campaign, the evaluation is considered as mid-term and will be used for designing the second phase of the campaign.

A quantitative and qualitative review of the 2 year period (between 2009/10 and 2010/11) of the Government’s Prevention of Mother to Child Transmission (PMTCT) programme was conducted. The evaluation focussed on 4 regions, looking at coverage, integration, coordination, uptake, best practices, and provided recommendations for improvement. The findings are being used for the national MTCT elimination plan, and regional-level quality improvement action plans.

While both the above mentioned evaluations were facilitated by UNICEF, multi-sectoral committees were established to oversee the exercises and to ensure that the results were objective, fair and impartial. Both the evaluations are being used for strengthening national programme response.
The country office has continued to support Government-led and partner monitoring and evaluation. UNICEF Namibia is the co-chair of the Social and Behavioural Change Communication (SBCC) technical working group, chair of the CCM M&E Committee (Global Fund grants), and is represented on various other technical advisory committees. The country office has also been providing secretariat services to the technical working group on adolescents living with HIV.

### 6.1.4 Effective use of information and communication technology

ICT standardisation and security continued to be the major priority for UNICEF Namibia in 2011. Significant financial resources were devoted to a major system upgrade based on UNICEF’s global standards, and readiness for VISION. The office is compliant in terms of phased upgrades to implement new global ICT systems and staff have undertaken various levels of training for the use of VISION.

A rolling ICT plan was developed and monitored to ensure all ICT equipment is up-to-date and forward planning for procurement. Cost-savings were made in 2011 with the change of backup Internet Service.

The office faced an unstable UPS during the course of the year. However, a replacement was obtained through the common service system of the UN.

The UNICEF Business Continuity Plan (BCP) has been updated and a simulation is planned for 2012; however little progress was made towards a UN system BCP.

Support was obtained from the Regional Office in terms of peer review and recommendations therein are being implemented and report shared with the Regional Office. An action plan to address these recommendations was developed and also shared with the Regional Office. Implementation will be part of the workplan of the IT unit in 2012.

### 6.2 Financial Resources and Stewardship

#### 6.2.1 Fund-raising and donor relations

UNICEF Namibia continued to implement a resource mobilisation strategy in 2011, with varied success. The significant time investment made in developing an HIV/AIDS ‘toolkit’ proposal for UNICEF PFP stewardship targeting National Committees did not reap any dividends. Relationships with the few locally represented donors continued to be nurtured and built, with a greater emphasis on leveraging of funds for children than on direct UNICEF grants. This is particularly true for the US Government’s HIV and health funding under Pepfar, where successful collaboration has seen adjusted resource allocations made in recent years to immunisation, community-based health coverage, PMTCT, and social welfare systems strengthening.

The new funds mobilised by the office during 2011 for the multi-year programming includes the finalization of a Euro 1.6 million three-year partnership with the European Union to improve efficiency and equity in the education sector and a successful Euro1 million proposal for HIV programming in 2012.

Funding from the Government of Australia was secured to ensure full support for a nutritionist under the Australian Volunteer International (AVI) programme; and the office strengthened its relationship with UK NatCom following their visits to UNICEF-supported programmes in late 2010 and September 2011.
UNICEF Namibia sent 100% of 2011 donor reports on time, with positive feedback from Regional Office regarding quality of submitted reports. Improvements were made to ensure quality control of donor reports, including more systematic field visits.

Funds available were closely monitored and optimally utilised. Over half of the nine PBAs which expired in 2011 were fully expended; and budget monitoring takes place on a monthly basis at Programme Group meetings and the CMT.

UNICEF participates in one formal Joint Programme – Gender Equality - under the Spanish MDG Achievement Fund, which is due for completion in February 2012.

6.2.2 Management of financial and other assets

All 2009 audit recommendations in the area of Operations have been closed, including those in the low risk category. To ensure sustained compliance, a small committee led by the Operations Manager was established and reports to the CMT. The office is expected to host Regional Office peer review in the first half of 2012.

The monthly Programme Group meeting and the Operations Group devote significant time to reviewing and ensuring the efficient and appropriate management and use of financial and other assets. Following the review and any proposals from these two meetings, the CMT has as standing agenda items review of funding arrangements, budget implementation status, bank reconciliations, liquidation of DCTs, financial implementation status and contribution management, including PBA expiry monitoring. The office has been able to ensure that less than 5% of DCTs are over 9 months and demonstrated good performance on all other key indicators. By the close of the year 99% of Regular Resources had been expended/obligated against CP RR ceiling of US$ 750,000 and 94% expended against the total allocation of US$ 788,389.50 in 2011.

Operational (non-staff) costs for 2011 was US$405,000 against Programme assistance utilization (expenditure and obligation, including external funding CRQs) of US$ 4,363,299.20

The continued significant maintenance costs, UN common services and RC-operational costs, along with one-off expenditures for the establishment of a fully functioning, and MOSS-compliant UN House continue to drain the reduced UNICEF Namibia support budget. However due to cost –saving measures that were put in place, the office was able to manage the additional costs, with the support of the Regional Office from its Contingency Fund.

As a follow up of the late 2010 micro assessment of 23 major implementing partners undertaken by an external company, UNICEF continues to work with these implementing partners in 2011 and addressing the issues highlighted in the micro assessment report. With the limited interest of other UN agencies, UNICEF is implementing HACT by collaborating with partners that cut across other agencies in terms of joint programming. The mapping exercise is currently underway of all the UN Agencies that had implemented HACT and the various stages attained. The exercise is being initiated and handled from the office of the RC.
6.2.3 Supply management

The supply function in UNICEF Namibia continued to be efficiently managed in 2011. The office supply plan was finalized by the end of March. During the year, 64 supply requisitions were issued of which 11 were offshore requisitions. Total value of procurement was US$522,574.00 of which US$238,561.00 was emergency-related. Logistical and freight expenses were US$72,911.00. Printing and ICT equipment were the largest non-emergency supplies procured during the year.

New Long Term Agreements were established for Country Transportation, Design and Layout Services, Printing, and Custom Clearance Services and these proved to be useful with no major delays in delivery and production of good quality materials.

The support received from Regional Office, Pretoria Procurement Centre and Supply Division was swift and professional and supplies/equipment were received on time especially during the flood emergency response.

During the flood response and recovery, supply staff visited government warehouses for on-the-spot assessment of storage facilities and record-keeping by government staff. Guidance was provided, and recommendations were made on the need for more conducive storage facilities and storekeeping skills.

The office continues to face challenges regarding the recruitment of a regular warehouse personnel. For two years in a row, the warehouse assistants have resigned because of the remuneration and temporary nature of the employment. In this regard, the office is looking at having a temporary appointment for the position of warehouse assistant or having one of the drivers to double as warehouse assistant.

Offshore supplies procured through Supply Division arrived in a timely fashion for the implementation of programme activities. In terms of professional development, the supply assistant completed IPSAS courses related to supply and also participated in the supply stream training on SAP. The Supply Assistant in turn, being a super-user, conducted in house training of staff in the supply module in readiness for VISION go-live in January 2012.

6.3 Human Resources

UNICEF Namibia continued to afford high priority attention to ensure an enabling working environment and that human resource decisions were made which allowed effective delivery of results for children. In this regard, an important initiative was taken during the year to host the Regional Union of Staff Associations meeting, to allow greater opportunity for staff to learn from across the region, and for other countries to benefit from the positive achievements of Namibia.

The 2011 Staff Training and Development Plan was developed in a participatory manner and built upon the ‘good practice’ plans of previous years. During the year, UNICEF staff participated in 11 locally and 8 regionally/globally organised learning programmes. Specific local learning opportunities along with 28 Knowledge Management sessions were held for all staff covering a range of activities. Namibia was fortunate to be allocated funds from the Regional Training Budget to allow participation in global and regional training priorities.

Building on previous years’ 100% PAS compliance, Namibia continued its mandatory system of two documented performance discussions and worked to ensure key achievement linkages to the office priorities.
Based on the JCC recommendation on equitable periods for local staff contract renewals wherever possible, all local staff have contracts through to the end of 2012.

UNICEF continues to rely on high quality consultancies for specific technical work; and benefited again from a UN Association of Canada partnership with another Junior Professional Consultant placement, this time in the area of external communication.

Serious senior management and leadership constraints were felt in late 2011 after the resignation of the Representative for family reasons after nearly 20 years in UNICEF service, and the posting of the Deputy Representative to a new duty station. A new Representative was appointed in late 2011 and it is hoped to be in situ in the first quarter 2012. In the meantime a head of office temporary appointment has been made.

Five fixed term professional posts were filled during the year: Chief Health & Nutrition (L4); Social Policy Specialist (L4), Education Specialist (L4); Health Officer (NOB) and Monitoring and Evaluation Officer (NOB). Due to funding constraints, the contract of the C4D Specialist (L4) was not extended from mid-October. One Programme Assistant resigned from UNICEF in late 2011 and options for recruitment are being investigated bearing in mind the end of the country programme extension in 2012.

One IP staff member was successfully nominated for the 2012 Regional Development Programme.

A staff retreat coordinated by the Staff Association Executive and management which focussed upon continued team-building was held. The action plan developed is under implementation and reviewed at CMT and Staff Association meetings. As in many UNICEF offices, the balance between work and learning obligations remains a challenge for staff.

Two all-staff UN Cares activities were held and task force meetings regularly held. The UNCT remains committed to the implementation of 10 Minimum Standards on HIV in the Workplace.

6.4 Efficiency Gains and Cost Savings

During 2011, UNICEF Namibia undertook a concerted and systematic approach to reduce costs, remove unessential expenditures and improve efficiencies. Whilst many were not easily quantifiable; $40,000 in savings have been made in the following areas:

**Insurance:**
- Move from local insurance company to the Global UN Property Insurer for 2011 has reduced insurance costs by approximately US$10,000 per annum.

**ICT:**
- A new internet service provider for common UN system was identified which will lead to at least $5,600 per annum savings.
- Videoconferencing and teleconferencing using VOIP standardised and used approximately twice per month (including some quantifiable savings) see below.
- Skype SOPs developed for UNICEF Namibia (endorsed by Regional ICT Chief). Many calls are now made through skype to skype with other offices. VOIP is also being increasingly used.
**Travel:**
Better use of electronic and conferencing facilities has allowed UNICEF Namibia to virtually participate in a number of regional/sub-regional meetings: Regional HRDC, RLA on HIV/AIDS, Education Network Meeting, Child Protection Network Meeting. A. bidders’ conference for the development and evaluation of LTA for printing, design and layout was also done via teleconference with the help of Pretoria Procurement Centre. Requests were made to the regional office to make provision for web based sessions on critical areas. Whilst that mechanism did not function optimally, the report of the network meeting provided adequate information to the country to follow up on actions. Overall travel cost savings is estimated at US$15,600.

**Task Force on Cost Savings:** under the CMT, a task force has been constituted to look into and recommend basic operational and administrative cost saving/efficiency measures. The first meetings of the task force have identified a number of measures including: Printing – double-sided printing; more use of paperless meetings and presentations; joint stationery procurement with other UN agencies in bulk and from wholesalers, rather than retailers; installation of more VOIP lines (one at present only).

**6.5 Changes in AMP and CPMP**

With the advent of VISION and SAP, it is anticipated that the management indicators compilation outlined in the Annual Management Plan will change, ensuring that roles are aligned with the new systems. Work processes also have to be re-visited and may impact on previous quality assurance work processes especially relating to disbursement and receipt of funds.

The office will envisage major changes in work processes and changes in the TOA as per SAP requirements. Revision may be required in most of the work processes as VISION/SAP will be largely paper less. It is required that work processes be simplified in line with SAP provisions.

Due to staff turnover and Vision implementation, it is anticipated that the composition of the governance committees (CMT, CRC, PCARC, PSB, JCC) will slightly change to reflect existing staff and expertise in the pertinent areas. Further work processes and SOPs would slightly change to accommodate the new system of SAP. Guidance from headquarters in terms of new financial regulations will be pivotal in streamlining the work of these advisory bodies.

Discussions were undertaken on the programme and operations priority areas in the AMP during the 2011 annual review. While the priority areas reflect some of the programme and operations commitment for the year, the essence of including these areas in AMP is to reflect the collaborative obligation of the office in rallying for the completion of the priority actions. The reviewing of the status of the priorities however revealed that some activities were not carried out due to circumstances beyond the control of UNICEF, and the articulation of some of the formulations were overly ambitious and unrealistic to be achieved within a year.

The office will build on the lessons learned from 2012 in identifying, formulating and quantifying the AMP priority commitments for the year.
Category: Innovation

MSTP Focus Area or Cross Cutting Strategy: Focus Area 1, Young Child Survival and Development (YCSD)

Country: Namibia

Title: The Namibian Alliance for Improved Nutrition (NAFIN): Moving Political Commitment to Action in Addressing Maternal and Child Malnutrition

Contact Person:
Myo-Zin Nyunt, mnyunt@unicef.org
Arjan de Wagt, adewagt@unicef.org

Abstract:
Namibian Alliance for Improved Nutrition (NAFIN) is a multi-sectoral private-public partnership forum to advocate and support nutrition interventions for women and children in Namibia. This forum was initiated and led by the Prime Minister of Namibia, a lead advocate for nutrition issues in the country. UNICEF is the lead UN agency in NAFIN, and provided technical and financial assistance for development of a situation analysis report and regional specific nutrition profiles as advocacy tools. Together with this evidence-based information, coordination and planning in 2011, a series of results were achieved such as Cabinet Action Letter outlining key low cost high impact nutrition interventions, a Declaration of Commitment from the 13 Regional Governors to improve nutrition situation in their regions and follow up region specific multi-sectoral private-public stakeholders’ meeting. Most recently, Namibia has been accepted as an “early riser” country for the global SUN (Scale Up for Nutrition) movement.

Continuing the momentum is important for the next few years and UNICEF’s ongoing support will be critical. The Government has also invested N$200,000 per year for three years for the Prime Minister’s Office to coordinate NAFIN and expected that more resources will flow in as it becomes a top priority agenda for the entire Government. More analysis of the nutrition situation through various surveys and assessments will be available in 2012 to provide more evidence-based information for Government Ministries and regions to plan and prioritise their interventions to improve nutrition. UNICEF Namibia will be in a position to fill in the core technical capacity gap at NAFIN through additional technical assistance.

Innovation:
UNICEF along with other partners provided technical assistance and evidence-based information to ensure that elements of maternal and child nutrition were well represented within the NAFIN agenda. With the technical and financial support from UNICEF, the Prime Minister officially launched the NAFIN flagship publication called “Malnutrition in Namibia – The time to act is now!” The report assessed the current nutrition situation in Namibia with recommendations to improve. In addition, regional nutrition profiles by each region and fact sheets were developed and disseminated. UNICEF as the secretariat to NAFIN ensured that necessary information and situation analysis were available for the Prime Minister to lead high level advocacy events through the cabinet, regional governors and their regional councils, and relevant government ministries to increase their awareness on nutrition situation and nature of multi-sectoral approach needed to respond. In addition, UNICEF continues to support NAFIN in moving from nutrition as advocacy agenda to an action through series of consultation and planning processes.

Potential Application:
To ensure an effective response, a multi-sectoral approach is needed to address malnutrition and all its causes, including stakeholders from sectors as diverse as health, agriculture, education, local and regional planning, gender and equality, water and sanitation, finance, the private sector and development partners. By engaging
the regional governors, this advocacy work will achieve the ultimate goal of mobilising Heads of Regional Governments to promote and improve the regional nutrition situation in their specific regions. Bringing together regional governors, councillors, staff members from different line ministries, constituency representatives, NGOs, CBOs and FBOs to assess the current nutrition situation in their respective regions and come up with plans to improve maternal and child nutrition will put Namibia ultimately on tract of achieving its MDG goals on health and nutrition.

**Issue/Background:**
Sustained economic growth since Independence in 1990 has placed Namibia into the category of ‘upper middle income countries’. However this growth has not been translated into reduction of poverty. Namibia has the highest level of income inequality in the world. This inequity is manifested in many ways, including the limited progress made in child and maternal health and nutrition. In 2008 the Namibia National Planning Commission (NPC) reported that Namibia is not going to make adequate progress on the issues of maternal health and child mortality including malnutrition. It states that “...such a large proportion of undernourished children pose an important constraint on Namibia’s future ability to develop in accordance with Vision 2030”. The burden of stunting affected the children under the age of five in Namibia in all 13 regions of the country, it is a threat to Namibia’s goal of achieving the MDGs specifically MDG 1, 4 and 5 related to nutrition and health of children and women. Moreover, the level of under-nutrition has undermined the Vision 2030 and national development goals and progress as a whole.

As a response to the NPC Report, the Prime Minister, The Right Hon. Nahas Angula, with the support of UNICEF and Synergos conceptualised and established a multi-sectoral private public partnership forum, the Namibia Alliance for Improved Nutrition (NAFIN) with a vision to bring together different Government departments involved in nutrition and food security, the private sectors, NGOs and development partners to get the act together in addressing malnutrition in Namibia.

**Strategy and Implementation:**

**Situation Analysis, Advocacy and Mobilisation of Multi-Sectoral Stakeholders:** UNICEF supported a thorough analysis of nutrition situation leading to a flagship publication of “Malnutrition in Namibia – The time to act is now!” which triggered series of advocacy and planning processes at different levels. Using this available information on nutrition situation at national and regional levels, the Prime Minister spearheaded advocacy events with regional governors and other key stakeholders to put nutrition on their agenda, work plan and budget.

**Coordination:** Maternal Infant and Young Child Nutrition (MIYCN) Working Group led by the Food and Nutrition Department of Ministry of Health and Social Services (MoHSS), and Food Fortification Group led by the Namibian Agronomic Board are the key technical pillars supporting NAFIN’s advocacy and implementation agenda. The two working groups have been coordinated by NAFIN secretariat and technical advisory committee to plan, implement and monitor NAFIN’s activities.

**Technical Capacity Strengthening:** UNICEF has facilitated the placement of an internationally-experienced nutritionist within the NAFIN secretariat. GAIN, working through Synergos and in close collaboration with UNICEF, has committed to provide technical and financial support to some of the NAFIN’s planned activities. In May 2011 NAFIN meeting, proposals by MoHSS to ensure that bi-annual deworming and vitamin A supplementation will be strengthened through National Campaigns, e.g. NIDs and Maternal & Child Health Days (MCHD) were accepted. Immediate action was taken by UNICEF to ensure deworming takes place during MCHDs in December 2011.
Progress and Results:
The Prime Minister presented the “Malnutrition in Namibia” report to Cabinet and subsequently “a Cabinet Action Letter 3rd/01.03.11/004” was issued in March 2011 approving a set of key nutrition actions to be implemented by the different Government Departments and Regional Councils. The Cabinet Directives on malnutrition call among others for action on food fortification regulation; strengthening community awareness on nutrition; hygiene promotion, deworming and Vitamin A supplementation; and community based growth monitoring. The Cabinet Directives enable the line ministries involved in the food and nutrition response to make costed plans and incorporate them in proposals for the next medium term expenditure framework (MTEF) budget. An immediate result was that the Government budget 2011-2014 allocated N$200,000 per year for three years to the Prime Minister’s Office to support the coordination work by NAFIN.

One-day Regional Governors’ Nutrition Meeting took place on 15 August 2011 chaired by the Prime Minister and one of the major outcomes was “the declaration of commitments” by Regional Governors to improve nutrition situation in their respective regions. Follow up region specific nutrition meetings bringing together regional governors, councillors, staff members from different line ministries, constituency representatives, NGOs, CBOs and FBOs took place in 4 regions during November 2011 to assess the current nutrition situation in their respective regions and plan for immediate, medium and long term interventions.

During December 2011, Namibia has been accepted as early riser countries for Scale up for Nutrition (SUN) and 1000 days campaign because of its high level commitment and action.

Next Steps:
Further analysis of Nutrition Landscape Analysis supported by WHO and MoHSS will ensure more evidence-based information available for advocacy and planning of NAFIN’s interventions. And regional nutrition meetings are going to take place in 9 remaining regions. All the information available from situation analysis, landscape survey and recommendations from regional nutrition meetings will be analysed and synthesised by technical working groups to be fed into NAFIN’s agenda and action plan for the next 2-3 years.

It is expected that the increased political commitment will ultimately result into more financial support by the Government for implementation of nutrition response. Becoming an early riser country for SUN movement will also bring in international technical expertise and some funding to move the agenda forward. The continuing challenge will be to ensure that core human resource technical capacity within the NAFIN and Government to support the accelerated development and implementation of the nutrition response. UNICEF has the potential to fill this short term capacity gap by providing technical assistance in this area.