customary practices, and protection from sexual and physical violence. As a consequence, there is a need to strengthen such provisions within both the National Gender Policy and the NAC. As discussed elsewhere in this report, the primary policy challenges – and the persistent shortfalls in meeting human rights obligations – for women and girls are overwhelmingly concentrated in a few entrenched areas, especially high rates of maternal mortality, exceptionally high rates of income inequality and poverty, and persistently very high levels of gender-based and domestic violence against women and children. A 2010 gender review of UNICEF’s work with vulnerable children in Namibia found that adopting the Child Care and Protection Bill will advance gender equity, notably in areas such as the accepted age for sexual consent, marriage and the age of majority (International Center for Research on Women, 2010, p. 6).

More generally, there is value for the Government – in co-operation with its key partners on children’s rights – to undertake an explicit alignment of national policy and legislative frameworks and co-ordinating machinery for children. This would include the incorporation of the obligations under the African Children’s Charter and the Pan-African Forum and Africa Fit for Children (AFfC) process into the national co-ordination framework for the NAC. It should also pursue alignment of the children’s rights periodic reporting processes for the CRC and ACRWC and, it has been argued, work towards a single state report to each that is in accordance with the provisions of the latter (the African Charter). This would be more in the interests of the Namibian child than pursuing the ‘harmonized’ treaty reporting of international instruments as advocated by the CRC Committee (Committee on the Rights of the Child, 2012, para 83). One associated procedural issue is the respective roles of the Ministry of Foreign Affairs as the gateway on UN liaison and line ministries that are the technical specialists on areas of treaty compliance. In view of current reforms in co-ordination and review mechanisms, it would seem most advantageous for children’s rights reporting by GRN to occur through the Children’s Council, with drafting and other technical functions being under the leadership of MGECW, and the Council duly reporting through Cabinet.

Collectively, this would constitute continentally significant national leadership in advancing a national children’s rights framework towards a Namibia Fit for Children.

Child poverty and deprivation

Poverty and inequality have gained considerable policy traction in Namibia, largely as a consequence of political sensitivity to Namibia’s dubious distinction of being one of the global leaders in income inequality and the persistence of poverty, even in the wake of efforts to address it. Accordingly, this chapter represents a significant focus of the scope of the entire report at what may be a critical time in national policy reform towards achieving substantive and sustainable improvements in the situation of the Namibian child.

4.1 Children and poverty in Namibia

The measurement of poverty is fraught with methodological challenges. Using a range of different measures can provide a more comprehensive picture for policy purposes than single methods, even though care is needed in their individual interpretation and usage. There is, for instance, a big difference between poverty measures based on composite deprivation-based indicators (such as the HDR’s use of the Multidimensional Poverty Index (MPI)) and a consumption-based measure with assumptions about scaling for children’s rates (such as the NSA uses in its important 2012 report on child poverty). Both – and other – approaches have their distinct benefits. MPI and other non-NSA estimates are usefully indicative of rates and trends, especially in regionally or globally comparative terms, and the NSA data and analysis are of primary utility for national policy and monitoring purposes.

Namibia’s MPI is estimated to be 0.187, with 40 per cent of the population in multidimensional poverty (UNDP, 2013, Table 5; 2007 estimate derived from the DHS). The MPI poverty rate is high for an upper-middle-income country within the ‘medium human development’ group of countries. Not only is multidimensional poverty high in Namibia, so is the severity of deprivation (Figure 4.1).

Source: UNDP, 2013, Table 5.
having 43 per cent of the Namibian population being under 18 years translates to 307,000 Namibian children living in poverty, of whom more than 165,000 are in extreme poverty.

According to the UNDP poverty data, the proportion of the Namibian population in multidimensional poverty (39.6 per cent) is greater than the proportion of the population below the national poverty line (28.7 per cent). This may reflect a relatively low poverty line. It also suggests that non-income deprivations, such as access to essential services, may be affecting many Namibians on incomes above the poverty line, meaning that Namibia’s MPI ranking is worse than most other countries with similar levels of human development. It is likely that this, in turn, reflects a small and dispersed population with a high proportion living outside of better-serviced and more-accessible urban centres, as well as the trend in population movements from rural areas to poorly-serviced urban-fringe settlements in search of employment.

As noted in Chapter 2, national income inequality is remarkably high by global standards, with Namibia’s HDI income component falling more than any other country for any of the HDI component indices when adjusted for inequality (a 68 per cent deterioration in the income measure) (Ibid., Table 3; based on purchasing-power parity (PPP) GNI per capita estimates by UNDP). In Chapter 3 it was observed that gender-based income inequality is also high, with averages in 2007 of US$6,339 for males and US$4,006 for females per year in US$ PPP. The NHIES 2009/10 shows that, despite indications of declining poverty rates, poverty continues to be disproportionately higher in female-headed households, at 22.4 per cent, and with the poor being disproportionately located in rural areas, at 27 per cent, compared to 10 per cent in urban areas (NSA, 2012b, pp. 154, 156). It further reports that poor households have an average of four to five children compared to the average two children in non-poor households, with the regions of Ohangwena and Kavango being especially adversely affected (Ibid., p. 163).

Children are at a higher risk of being poor than adults. The NSA report ‘Child Poverty in Namibia’ analysed NHES data for 2009/10, using the official consumption-based threshold of poverty that adjusts for children in terms of their age: under 5 years, 5 to under 16 years, and 16 years and over at, respectively, 50 per cent, 75 per cent and 100 per cent of the ‘adult equivalent’ poverty line. This is supplemented by estimates of the poverty gap and of poverty severity (extent and distribution of the population of children below the poverty line). Figure 4.2 shows higher rates of poverty for children, especially when taking into account that the comparator is the total population (inclusive of children) rather than the adult rate (the 2009/10 adult poverty rate was 25.3 per cent compared to 34.0 per cent for children). It also assumes that children need lower consumption rates than adults and uses a lower poverty threshold than is generally used for upper-middle-income countries such as Namibia. NSA notes that adjusting the poverty line according to the child’s age means that a family of two parents, with two school-age children and two infants – not an unusual Namibian family profile – would only be deemed to be poor if its annual income was below N$20,410 (NSA, 2012b, p. 8) or N$9.32 per day; below N$6.48 would see a family deemed as extremely poor. At a regional level, child poverty ranges from ten per cent in Erongo to an extremely high 60 per cent in Kavango, with severe poverty ranging from four per cent in Erongo to a staggering 38 per cent of all children in Caprivi (Ibid., p. 7).

Even taking into account the definitional constraints, having 43 per cent of the Namibian population being under 18 years translates to 307,000 Namibian children living in poverty, of whom more than 165,000 are in extreme poverty.

Child poverty rates are particularly high for children in households speaking Khoisan (72.7%), Rukavango (58.5%) or Caprivi languages (47.6%), in households in which females’ highest education level is only primary schooling (52.3%) or who have no formal education at all (57.7%). Child poverty rates are also high in families whose caregivers are separated (48.2%) or widowed (42.7%), in households with four (40.6) or more children (49.9%), and in households with orphans (59.3%). The majority of poor children, however, live in households with caregivers who are married or in consensual union (60.8%), in households with children below the age of five (73.4%) and four or more children (67.5%), and without orphans (58.3%). Most have at least one working adult in the household (73.6%) and a female caregiver with secondary education (56.6%). The majority of poor children live in households speaking Oshiwambo (39.4%) or Rukavango (29.1%).

Child poverty is somewhat more concentrated in female-headed households. 52.8% of poor children, but only 48.1% of all children live in female-headed households, and the child poverty rate in female-headed households is 36.3% compared to 32.3% in male-headed households. The situation of female-headed households may also be deteriorating despite national improvements in poverty. NSA notes a growth in salaries as the main source of income relative to subsistence farming, especially for females (Ibid., p. 61). However, the NHIES source data show that the increase between 2003/04 and 2009/10 in the share of salaries is 3.6 percentage points for males and 2.2 percentage points for females. The key point is, rather, that while the source of household income between 2003/04 and 2009/10 from pensions, remittances, grants and drought payments grew by 1.4 percentage points for male-headed households, it leapt by 5.6 percentage points for female-headed households. The decline in income from subsistence

Source: NSA, 2012c, p. 5.
On the other hand, this enables policy dialogue and strategic actions focused on strengthening social inclusion of children and adolescents. This is the current global emphasis of UNICEF in its strategic planning that will extend to country-level responses. It better ensures interventions to address inequities that are of a systemic character, including the elimination of different persistent and structural forms of children’s deprivations.

The notion of deprivation has been touched upon above, in the context of the gaps between income/consumption-based and multidimensional measures of poverty. This seems to be a particular issue in Namibia, with the latter exceeding the former and pointing to quantitative evidence of inequities in what NSA has termed ‘material deprivation and deprivation of utilities’ (NSA, 2012c, p. 12).

Table 4.1: Indicators of an enabling environment and access to services in Namibia

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>Medium human development countries (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Namibia</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupil:teacher ratio</td>
<td>2005-08</td>
<td>28.4</td>
</tr>
<tr>
<td>Primary school teachers trained to teach (%)</td>
<td>2005-08</td>
<td>95.0</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per capita spent on health ($)</td>
<td>2007</td>
<td>46.7</td>
</tr>
<tr>
<td>Physicians per 10,000 people</td>
<td>2000-09</td>
<td>3</td>
</tr>
<tr>
<td>Hospital beds per 10,000 people</td>
<td>2000-09</td>
<td>27</td>
</tr>
<tr>
<td><strong>Access to information and communication technology</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phones per 100 people</td>
<td>2008</td>
<td>3 6</td>
</tr>
<tr>
<td>Population coverage by mobile network (%)</td>
<td>2008</td>
<td>66</td>
</tr>
<tr>
<td>Internet users per 100 people</td>
<td>2008</td>
<td>5.3</td>
</tr>
<tr>
<td>Broadband subscriptions per 100 people</td>
<td>2008</td>
<td>0</td>
</tr>
<tr>
<td>Personal computers per 100 people</td>
<td>2006-08</td>
<td>7.3</td>
</tr>
<tr>
<td>Mobile phone connection charge ($)</td>
<td>2006-08</td>
<td>5.9</td>
</tr>
<tr>
<td>Fixed line connection charge ($)</td>
<td>2006-08</td>
<td>16.5</td>
</tr>
<tr>
<td>Cost for 3 min local fixed line phone call ($)</td>
<td>2006-08</td>
<td>18</td>
</tr>
<tr>
<td>Population without electricity (%)</td>
<td>2008</td>
<td>65.7</td>
</tr>
</tbody>
</table>

Notes:
1. Multiple years means the latest year data are available within that range.
2. Ordered from 1st rank being the ‘best’ performing country.
Source: UNDP (2010), Tables 13, 14, 16 and 17.

In 2010, UNDP reported on a range of national indicators of access to services (Table 4.1). Such comparative data across countries needs to be interpreted with care, given differing economies of scale and population densities and dispersion. Of the ‘medium human development’ countries, Namibia has a comparatively high per capita health spending that is indicative of the weak economies of scale for a small population with associated higher administrative overheads. Still, it is evident that Namibia has, by global standards, for example, very few doctors per person, especially for a large country with a small and dispersed population. This probably also explains the relatively low level of Internet usage, likely linked to broadband status and despite an evidently high population ratio of personal computers. Namibia ranks weakly against similarly developed countries in having a low rate of electricity coverage.

The NHIES provides a more detailed and more recent picture. In summary, NHIES data for 2009/10 shows that around 17 per cent of Namibian households do not have access to or own their own radio – with no major differences across the regions – and around a half of households have no access to TV (75 per cent in rural areas). This reveals some continuing constraints in getting information to households countrywide via conventional media. Although 12 per cent of households have no access to a cell phone, the rate rises to 59 per cent for Khoisan-speaking households. In urban areas only three per cent lack access to mobile phones compared to 18 per
cent in rural areas, with negligible gender differences, although more females than males have access to mobile phones in rural areas) (NSA, 2012a, Tables B.1.1 and B.1.2).

The NSA’s analysis of material deprivation examined national access to seven household items: television, radio, refrigerator, telephone/cell phone, gas or electric stove, automobile, and bicycle. The main findings were i) a dramatic increase between 2003/04 and 2009/10 in household telephone possession, increasing coverage for children from 27 per cent to 83 per cent, something clearly associated with expanded cell phone usage (and affordability and coverage) and ii) the continuing discrepancies between children in poor and non-poor households concerning gas/electric stoves, TVs, refrigerators and vehicle presence (respectively, 35, 32, 32 and 25 percentage point gaps). A full 14 per cent of children in poor households lack all seven of those items compared to four per cent of non-poor children (NSA, 2012b, Table 6).

Such material and income-based deprivations are exacerbated by the disproportionate prevalence of these households in areas or under conditions of weakened access to critical public services. The Special Rapporteur noted:

serious gaps in basic public service provision for poor children, children living in rural areas, non-registered children, children with disabilities, children living with HIV/AIDS, orphans and children born to non-Namibian parents. (Special Rapporteur, 2012, p. 1)

Figure 4.2: Deprivation of utilities - Namibian children in households lacking access to utilities (%)

Source: NSA, 2012c, Table 8.

Figure 4.2 illustrates the large deprivation of so many Namibian children in access to core services, the marginal reduction in deprivation of primary utilities over the period (the heating source rate weakened marginally) and the sizable gap between poor and non-poor children. A total of 65 per cent of poor and 38 per cent of non-poor children lacked all four utilities.

NDP4 also acknowledges the links between poverty and service access:

The poor are denied access to basic public services. In general, access to such services in rural areas - again, where most of the poor reside - lags behind urban areas. This factor is often aggravated by inadequate road infrastructure and, in the case of health services, a lack of ambulances. Urban areas perform better in all health indicators compared to rural areas. The discrepancies are even more pronounced for water and sanitation. (NPC, 2012, p. 66)

Drawing upon DHS data from 2006, a 2011 report for UNICEF showed an additional dimension to child poverty. Only one in five children (21 per cent) in the poorest quintile owned a blanket, a pair of shoes and a second set of clothes, and as much as 44 per cent of that population possessed none of those items. This is a stark contrast to 93 per cent and 19 per cent respectively for the wealthiest quintile. Furthermore:

in more than one out of six cases where children possess none of these three personal items, the household owns a television, and one out of ten children who lack one of these items lives in a household that owns a car. This is evidence that children’s needs are often not prioritised. (van der Berg and da Maia, 2011, p. 16)

These are amongst the diverse faces of poverty and deprivation that indicate the multidimensional nature of poverty that exists for children in Namibia. This adds up to a substantial policy challenge for GRN and its partners – not only is Namibia inordinately suffering from a high rate of poverty and a very high rate of income inequality, but there is also a comparatively high rate of non-income-based inequity as well.

4.3 Social grants as a social protection measure

It is apparent that an adequate social protection strategy in Namibia requires more than an improvement in the financial wellbeing of poor households. Poverty in Namibia affects more than income- or consumption-poor families and children, and issues of the quality and accessibility of services are also a crucial dimension in addressing both poverty and inequality in a sustainable manner. Such aspects are addressed in subsequent chapters; this section considers the policy challenge of raising households above the poverty line through social grants.

As has been acknowledged, ‘Namibia is one of the few countries in Africa that has a well-established and long-functioning social grant system, though the quantity of such grants is still relatively low’ (NSA, 2012b, p. 16). GRN provided the following overview to the UN’s UPR process:

In order to meet the object of reducing inequalities in social welfare, parliament has passed the National Pensions Act No 10 of 1992, which provides for old age and disability grants to old and disabled persons. More than 136,000 old age and 23,000 disabled persons are being...
More than 136 000 old age and 23 000 disabled persons are being paid N$500-00 per month and Funeral Benefit of N$2000-00 respectively. Namibia is one of the few African countries that pays social grant to this nature to take care of its senior citizens. A maternity benefit of maximum N$600-00 is paid for employed mothers going on maternity leave for a minimum period of three months. This benefit is paid by Namibia’s Social Security Commission. Benefits are also paid by the Social Security Commission during period of sickness and in the case of death of persons who are employed. (HRC, 2010, para 307)

For children, the CRC provides that all children have the right to ‘a standard of living adequate for the child’s physical, mental, spiritual, moral and social development’ and places a duty on the state to take such measures to ensure the associated capacity of the child’s parents or guardians, including ‘material assistance and support programmes’ (Article 27). The ACRWC has a similar provision (Article 20.2). The CRC further requires governments to ‘recognize for every child the right to benefit from social security’ (Article 26).

The broad commitment to social protection in Africa commenced in 2004 with the AU’s Ouagadougou Declaration and Plan of Action, extending to the 2006 Livingstone and Yaoundé Calls for Action and the 2010 Khartoum Declaration on Social Policy Action Towards Social Inclusion by African Ministers for Social Development.18 The Livingstone Call for Action advocated for ‘social transfer programmes, including the social pension and social transfers to vulnerable children, older persons and people with disabilities and households to be a more utilized policy option in African countries’, accompanied by AU member governments preparing costed national social transfer plans and the integration of such plans within National Development Plans (AU, 2006b).

According to UNICEF, cash transfers are one key component of a range of integrated measures that are required to ensure the social protection of children. Others include comprehensive legal and social protection frameworks, and measures that focus on especially vulnerable children and early childhood care. Such transfers are aimed at combating poverty, and demonstrate immediate benefits in such areas as improved food security, dietary diversity, and nutritional status, as well as increased investments in the child’s education, greater empowerment of poor households through greater freedom of choice and reduced stigma, and as an effective safety net instrument in emergencies (UNICEF, 2008a, pp. 23-9).

As noted in Chapter 2, one of NDP4’s three key goals is to improve income equality and one of its five ‘basic enablers’ is the reduction of extreme poverty to less than ten per cent of the population. One of the three associated ‘high-level strategies’ is to ‘strengthen and expand social protection systems’ under the lead of the MGECW. NDP4 identifies ten ‘challenges’ for this basic enabler, and establishes the following strategies as amongst the associated ten responses to those challenges:

- To expand the social protection system to cover children in all poor households
- To consolidate the existing social grant schemes
- To index social grants to annual salary increments. (NPC, 2012, pp. 66-9)

Such policy reforms were foreshadowed by MGECW in its 2010 assessment of the effectiveness of child welfare grants (MGECW, 2010b) and in the 2012 qualitative study “How effective is the social protection system in reducing child poverty?” (MGECW and NPC, 2013). Taken together, child welfare grants have increased in their coverage, rising from 9,000 recipients in 2002 to 106,000 recipients in 2009 and to more than 145,000 by 2013. This occurred despite barriers to access such as transport difficulties, low awareness of the grants and administrative problems that include long processing delays and lack of social workers to undertake reviews of eligibility. The assessments reported that grant eligibility was often failing to translate to exemption from school fees in accordance with GRN policy, and that many school administrations opted to deny that policy to top up their own budgets. This led to some children being turned away from schools, some schools withholding student reports and textbooks, and some children suffering stigma from schools and teachers. Similarly with health services, some children were turned away due to an inability to pay, were made to wait for assistance, or were denied medication. The MGECW report also shows that ‘food and broad education expenditure alone represent the main forms of spending of grant income for nearly 89% of participants’ (MGECW, 2010b, p. 25).

The MGECW 2010 assessment paved the way for changes to improve the standardization of grant payments in 2011, mainly by removing the discounted rates for subsequent children within a family (with substantial budgetary implications for GRN). Since then, there has been an increase in policy analysis and modelling of options towards a substantial escalation of income support payments for children as a core component of poverty and ‘people of eliminating poverty and ensuring the fullest development of children’. This has meant more technical attention to issues of delivery that best balance impact and affordability.

4.3.1 Targeting assistance according to need

A key emerging concern is the targeting of social grants to orphaned children, primarily as a response to the impact of AIDS, when ‘orphaned children only represent 18% of all poor children in the country’ (MGECW, 2010c, p. 6). The Ministry concluded that follow-up research was required, with the policy options identified in the 2010 study usefully informing that subsequent analysis. In addition – and echoing the Livingstone Call for Action – it urged attention to ‘the budgetary implications of various policy options suggested in relation to the child welfare grants and assessing the cost of caring for a child in Namibia’ (MGECW, 2010b, p. 159).

Such issues were subsequently taken up in a 2012 study for MGECW and the NPC. This study of social grants acknowledges the policy limitations of the focus on orphaned children as well as the broad range of causes of poverty (MGECW and NPC, 2013, pp. 7-8). It notes that old age pensions, with 95 cent coverage and higher value, positively impact upon child poverty, with 22 per cent of children in poverty living in a household with a pensioner. It also calculated that “if all grants were discontinued, the child poverty rate among those currently receiving grants would jump from over 38 per cent to 61.0 per cent” (ibid., pp. 18-19).

The study states that two broad groups of children are missing out on child welfare grants. First are those who qualify but don’t receive grants, including children without birth certificates or...
If all grants were discontinued, the child poverty rate among those currently receiving grants would jump from over 38% to 61%

This and similar modelling by MGEWC has been instrumental in demonstrating to GRN and its key partners the effectiveness of social protection reforms as a means of reducing child poverty. It has also sharpened the policy dialogue on key cost-benefit considerations.

A more recent paper provides a useful overview of the main policy issues and options in this regard, including an expanded range of grant scenarios in terms of different means-testing assumptions (MGEWC, 2013). It emphasizes the links between an effective payments system and a comprehensive birth registration system, and between payments and education, health, and other developmental benefits.23 The paper also discusses administrative aspects, including assessing eligibility and the monitoring of outcomes that attest to the cumulative momentum for imminent government action on that key undertaking of NDP4. It appears to move towards an evidence-based advocacy of the phasing in of a universal grants system for Namibian children (Ibid., p. 26).

Several core observations need to be made at this point. The political commitment to tackle child poverty has been established in Vision 2030 and given focus within NDP4. Crucial policy analysis has been carried out by MGEWC and NPC, supplemented by statistical modelling by NSA (with technical support by Stellenbosch University, South Africa). The directions of the proposed reforms are consistent with primary continental and global declarations to which GRN has been a party, especially via the AU’s social protection dialogue across member states.

In terms of costs, all scenarios appear to be affordable, making the preferred policy reform pathway primarily a political decision for Government. Most recently (April 2013), MGECW had moved to focus on two options, consistent with NDP4, and which the Minister is expected to take to Cabinet during 2013:

1. A universal grant, increased to N$250 per child per month (which would reduce child poverty to 9 per cent and Gini to 0.52).
2. A Child Welfare Grant of N$250 per child means-tested at N$500,000 per year (the new threshold for War Veteran Grants) that would reach 80 per cent of all children, reduce child poverty to 10 per cent and Gini to 0.52.

The achievement of a reduction in child poverty rates at or below ten per cent would be continental – if not globally – significant. This suggests that Namibia is currently poised to make a likely globally unprecedented impact towards the eradication of severe child poverty and to reduce child poverty to levels previously unknown across sub-Saharan Africa. As regards the issue of affordability, the longer-term investment benefits that will flow from the known positive impact on nutritional levels, educational attainment and improved health standards, as well as the likely income redistribution to the already vulnerable, are likely to result in reduced long-term costs that will be more than offset by the potential benefits gained.

It recommends a range of actions by Government, many of which were also canvassed in the 2010 study:

- To expand the coverage and increase the rate of the Child Welfare Grant, and index it every 1-2 years (that is, assist more children and do so at a higher rate, protected against inflationary effects)
- To improve awareness of grants and their administration and decentralise the issuance of identity documents and outreach to remote households, especially the San and Himba
- To strengthen the school feeding programme and expand it to secondary schools
- To redress the shortage of social workers and improve associated service providers
- To adopt Children’s Budgets in monitoring budget allocations and spending effectiveness
- To improve collaboration between social protection stakeholders
- To install a central (regional) database with disaggregated grant recipient data
- To develop indicators to enable regular evaluation, including to determine what is working best
- To remove barriers to education services in order to improve compliance with regulations, and address school-based resource issues
- To remove barriers to health services for children, including an assessment of current user fees for poor families and means of improvement. (Ibid., pp. 30-2).

NSA modelling of NHIES data for 2009/10 concludes that, despite modest rates and criteria that bypass many of the most needy, the system of social grants has had:

> a substantial effect on reducing child poverty. The effect on poverty gaps, the depth of poverty, would have been even greater [without them]. The grants have reduced the poverty gaps from the 17.5% it would otherwise have been to its actual level of 10.5%. (NSA, 2012b, p. 18)

NSA has simulated three primary policy options:

1. To extend grant eligibility to all children aged under 18 years, means-tested just above the poverty line, thus reducing child poverty to an estimated 13.1 per cent (cost of N$975M, 2009/10)
2. To replace Maintenance and Foster Care Grants with a single grant of N$200 per month for all children under five, thereby reducing child poverty to an estimated 28.4 per cent (cost of N$524M, 2009/10)
3. Option 2., but applied to all children under 18 years, thereby reducing child poverty to an estimated 13.2 per cent (cost of N$2.055M, 2009/10). (See NSA, 2012b, pp. 20-5)

similar documentation, as well as San and Himba children living in remote areas. Second are those who do not qualify due to the eligibility criteria, including poor and vulnerable children whose biological parents are alive but cannot support them adequately, grandparent carers whilst parents are alive but not contributing, and young people reaching 18 years who still need assistance (Ibid., p. 20).

In terms of costs, all scenarios appear to be affordable, making the preferred policy reform pathway primarily a political decision for Government. Most recently (April 2013), MGECW had moved to focus on two options, consistent with NDP4, and which the Minister is expected to take to Cabinet during 2013:

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as on household living standards, diminished stigmatization aspects of poverty, and enhanced family decision-making about livelihoods must also be taken into consideration. Crucially, a stronger social grant system will enable reductions in gender-based economic inequities and see a substantial closing of the gap between urban/rural disparities, especially if complemented by measures to improve access to key services.

4.4 Key observations and concluding comments

‘Child poverty in Namibia needs to be addressed immediately if the country is to achieve its Vision 2030.’ (NSA, 2012b, p. 4; emphasis added)

Namibian households – and especially those with children – have suffered from exceptionally high income inequalities as well as high poverty levels comparative to other medium human development countries. The nature of child poverty in Namibia is multidimensional and in turn emphasizes the need for a multidimensional response. Sector-specific and non-income-based measures are discussed in the following chapters. The social protection system defined by social grant payments is quite clearly a central component of the national response.

The MGECW assumed responsibility for child-related social grants in 2004. Between 2002 and 2009, the number of grant recipients increased from 9,000 to 106,000, exceeding 145,000 in 2013. Between 2003/04 and 2009/10, the rate of child poverty reduced from 43.5 per cent to 34.0 per cent (severe poverty declined from 23.6 per cent to 18.3 per cent). It is estimated that in the absence of such payments, child poverty would have increased from 34 per cent to 41 per cent (from 39 per cent to 62 per cent across recipient households, as well as a leap in the child poverty gap from 12 per cent to 35 per cent) (NSA, 2012b, p. 18 and Table 14). This is the situation, even under a grants regime not explicitly focused on child poverty. Old-age pensions have had a bigger impact than child grants, as they have better reached the carers of children in poverty. It is therefore apparent that the expansion of the child welfare grant system, advocated by MGECW and NPC, embraced within NDP4 and given quantitative substance in the recent modelling by NSA, are well placed to significantly accelerate national efforts towards the elimination of severe child poverty at the very least.

The expected imminent reform to social grants in Namibia is also closely linked to measures to address serious inequities in material and service deprivation. The nature of such inequities and deprivations in Namibia requires a primary focus on structural barriers facing many rural communities and households.

NDP4 is obviously instrumental in these parallel priorities towards tackling both poverty and inequality. It acknowledges key challenges, especially those associated with administration, citing the backlog in civil registration, statutory requirements, and the shortage of social workers who are best assigned to child protection issues than to document processing for grant eligibility. It recognizes that the proposed introduction of a Kinship Grant will be of assistance, especially in easing the administrative burden on social workers in the preparation of Foster Care Grant applications for court proceedings, but this still awaits GRN promulgation of the Child Care and Protection Act (as, it seems, do so many overdue reforms for child welfare and protection). NDP4 acknowledges that the current means-testing of Child Welfare Grants is difficult to implement and argues that a Child Welfare Grant for all poor and vulnerable children should be universal or means-tested at a suitably high level. In addition, indexing the rates and periodical reviews of the real value of social grants is seen as necessary. NSA and MGECW modelling would appear to demonstrate that a universal child grant or a means-tested grant that would reach 80 per cent of children would achieve NDP4’s ‘desired outcome 4’, i.e. a severe poverty rate by 2017 below ten per cent. For UNICEF, progressive realization of universal coverage is one of three ‘core principles’ of social protection; the other two are national systems and leadership, and inclusive social protection, both of which are embraced within GRN’s approach (UNICEF, 2012d, pp. 23-9).

The demands upon MGECW social workers in the administration of grants applications and processing will be eased by raising or abolishing means-testing income thresholds, complemented by the improving rates of birth registration. This would free up social workers to deal with urgent unmet demands in areas of child protection: an added efficiency.

It does not need a trained social worker to administer a grants system – in most countries eligibility for benefits is assessed often by clerical administrative staff. A scheme based on age with proof of birth provided by birth certificates will pose no problems for staff at that level. (MGECW, 2013, pp. 25-6)

More importantly, from a policy stance, it would appear that with such high current levels of child poverty, there is a weak case for means-testing in terms of actual outcomes. Rather, it would seem initially more important to ensure that the payments are sufficient, effectively delivered, and suitably structured in such terms as timely indexation.

Recent national modelling on child grants does not include provision for fiscal claw-backs from improved household incomes (such as utilities, rent, and services). This requires attention to the administration of cash transfer reforms and the monitoring of administrative practice at regional and district levels. Beneficiary households being enabled to lift their family living standards through supplemented household budgets must not be vulnerable to claw-back by public utilities, as had occurred within various school-based administrations until the beginning of 2013. Nor does such modelling incorporate attention to beneficial ‘multiplier’ effects such as the impact of improved household consumption on local jobs growth or household savings due to improved living standards and health status. These are amongst the returns on investment that will substantially benefit so many low-income Namibian families and children – and their wider communities.
Health and survival

Namibia has built a strong national health system, with one national and three regional referral hospitals complemented by 30 district hospitals. In addition, there are 38 health centres and 269 clinics providing primary healthcare services countrywide, as well as over 800 private health facilities. This ensures fairly sound access to facilities for a dispersed population, although there remain serious disparities in terms of service quality and medical personnel per population at regional and sub-regional levels. Seven per cent of all Namibians have to travel more than 40 kilometres to reach a hospital or health clinic; for people in Karas and Kunene regions, this rises to 33 per cent of (NSA, 2012a, Table 7.2). Transport can be challenging, with fully one in five Namibians living over five kilometres from public transport (Ibid., Table 7.3).

In view of the previous situation analysis being comparatively recent as well largely drawing upon health data derived from the 2006 DHS, the background on the current situation and health framework is well covered in that 2010 report. As is evident from the structure of this chapter, particular challenges – and priorities – exist in the areas of child and maternal survival, nutrition, HIV prevention and response, and sanitation and hygiene. It is also evident that strategic opportunities exist in addressing such challenges with the strong national leadership that GRN has taken in core aspects of primary healthcare, including child immunization and the integrated management of childhood illnesses. This has been accompanied by the building of a stronger national enabling environment in policy formulation and service implementation, and in coordinating partnerships with other health service stakeholders, notably in the private and non-governmental sectors, and with key external partners and donors.

5.1 Infant and maternal survival

Namibia has shown mixed progress in achieving satisfactory reductions of child and maternal mortality rates. Under-five mortality actually deteriorated from the mid-1990s through until 2002, but subsequently showed an accelerated rate of reduction (Figure 5.1). It remains unlikely that the MDG target of a two-thirds reduction between 1990 and 2015 will be achieved, given the slow rate of reduction of the neonatal mortality rate (NMR).

5.1.1 Emphasizing neonatal mortality

The NMR refers to deaths within the first 28 days following birth. As is typical of most countries, the larger share of improvements in child mortality has been due to the benefits of interventions thereafter, particularly in responses to measles, pneumonia, diarrhoea and malaria, including through improved immunization coverage and improved ANC and the integrated management of childhood illnesses. In these areas, affordable and high impact interventions have been able to achieve the greatest gains. However, this also means that as the under-five mortality rate (USMR) and infant mortality rate (IMR) reduce faster NMR, the share of neonatal mortality in overall child mortality increases, even as the actual NMR steadily declines (as it has done since NMR data have been recorded).
Maternal and perinatal deaths are most concentrated during birth and in the succeeding week, many of which could be avoided by means of low-cost effective technology interventions. The delivery of effective postnatal care would further prevent maternal and neonatal deaths, deaths could be prevented if women were adequately nourished and received good-quality care.

More than one-third of all under-five deaths in Namibia.

Birth asphyxia. Stillbirths are also very common. A significant number of stillbirths and neonatal deaths occur in the first week after delivery, half of which occur during the first 24 hours (UNICEF, 2008b, p. 54). It is therefore important to note that, in considering Figure 5.1, the top bar (USMR net of IMR/NMR) covers a period of four years and the mid-bar of IMR (net of NMR) refers to a 12-month period (11 months since 1990), while the NMR reflects just 28 days (overwhelmingly, the first few days) from birth. Since 2007, deaths within the child’s first month have represented more than one-third of all under-five deaths in Namibia.

Figure 5.1: Child mortality estimates for Namibia (1968-2011)

Source: UN Inter-agency Group for Child Mortality Estimation online database, available at http://www.childmortality.org/ (as updated 13 September 2012)

Strategies to improve responses have to extend beyond attendance at antenatal clinics, given that more than 90 per cent of mothers receive antenatal care. Similarly, more than 80 per cent of births are assisted by a trained birth attendant. Undoubtedly, these good rates need further improvement to become closer to universal, including in ensuring multiple ANC visits: 2007 data show while that 95 per cent of mothers attend an antenatal clinic at least once, this drops to 70 per cent for four visits. It is not clear whether access is a key factor here, given that just five per cent of mothers make no visit. Rather, key factors appear to be the quality of health staff, the availability of services at the time of visit, and weak post-natal care and follow-up.

ANC is one of the services provided to pregnant women to promote the health and survival of mothers and babies. Focused (i.e. four-visit) ANC places emphasis on refocusing antenatal care, birth planning and emergency preparedness, and the identification, prevention and management of life-threatening complications during pregnancy and childbirth. Namibia has not yet scaled up its focused ANC approach.

5.1.2 The failure to address maternal mortality

MDG 5 commits ‘to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio’ (MMR). Measured as the number of maternal deaths per 100,000 women in a population, the MMR for Namibia is estimated at 200 in 2010, the same estimate as applied in 1990, which translates to an entirely unachievable MDG target of an MMR of 50 by 2015. The MMR is estimated to have even increased during the intervening period of the MDG commitment and only recently returned to the same level it was at 20 years ago (Figure 5.2).

Figure 5.2: Trends in maternal mortality rates, Namibia (1990–2010)


Relevant factors may include qualitative weaknesses in skilled birth attendance and/or in emergency obstetric care (EmOC) and neonatal care, gaps in family planning practices, inadequate birth spacing, poor nutrition, weak family-based hygiene and care practices, and the fall-off in antenatal care visits beyond the first contact. Furthermore, it is estimated that 59 per cent of maternal deaths in Namibia are directly or indirectly AIDS-related (WHO et al., 2012, p. 34).

The proportion of public health facilities with adequately skilled birth attendants was 42 per cent in 2006, and was expected to deteriorate due to an exodus of staff to private services and out of Namibia (MoHSS, 2006, p. 83). Lack of basic EmOC means lack of access to EmOC services for the rural population and long-distance referrals resulting in delayed care (MoHSS, 2010b, p. 3).

Namibia’s unchanged MMR, comparing 1990 with 2010, contrasts with the 41 per cent reduction (improvement) for SSA and 47 per cent global improvement over the same period (Ibid., Annex 2 and Appendix 6). For Namibia, these data may even be conservative, as DHS data for MMR in 2005 are substantially higher (at 449) than the global MMR trend analysis estimate (310), although the 2013 DHS is expected to yield a lower (but still unacceptably high) rate due to high antiretroviral
Namibia is amongst the weakest performing countries in Africa in efforts to reduce maternal deaths.

Comparisons with other countries in the region need to take into account different absolute mortality rates. Namibia has lowered its USMR due to, for example, high immunization coverage and malaria-based interventions, thus the distribution of causes of mortality will be different to other countries that have not done the same. Lowering some causes of child deaths will appear to increase others (in Namibia’s case: neonatal and AIDS- and pneumonia-based mortality), but this does not necessarily mean that such causes are increasing in incidence. In other words, as neonatal mortality is reduced, other causes will find their share of mortality increase despite overall lower child death rates.

Figure 5.3: Causes of deaths among Namibian children under five years of age (2010)


Figure 5.3 shows the main causes of child mortality in Namibia (2010 data), with comparatively low rates for diarrhoea, measles and malaria reflecting the success of national efforts. Although the high HIV-related causes are comparable to neighbouring countries, they do point to opportunities for improved performance (as for pneumonia and neonatal causes of mortality). While statistically small, the incidence of injury-related deaths needs attention, as this will likely prove to be persistent, indicating the need for responses that generally fall outside of the more comprehensive and integrated health service interventions for other categories.

The high level of child mortality due to ‘injury’ and ‘other’ causes (44 per cent of child deaths beyond the neonatal period) requires close attention as this could mask instances of home-based violence and additional injury-based deaths and may reach into areas of family or community sensitivity and potential criminal negligence by primary duty-bearers. One particularly alarming threat to infant survival was reported in the previous situation analysis: so-called ‘baby-dumping’, which seems to be statistically small but is nonetheless alarming, with the magnitude being difficult to determine.20 Causes of baby abandonment are primarily linked to poverty, fear of school dropout, threat of rejection for childbirth outside marriage, and lack of knowledge of fostering and adoption options (UNICEF, 2010a, pp. ST-8).

DHS data indicate no change over time in the age of a woman at first birth (median age of 21 years, with little urban/rural difference), although the age increases for women with higher education. The same data also indicate that the shortest birth intervals occur within the young (15-19-year) age group, although trend data may be useful in this regard. There has, however, been a ‘substantial’ increase in the use of family planning in terms of contraceptive use, rising from 23 per cent in 1992 to 47 per cent in 2006, mainly focused on female injectables and male condom usage. This contrasts with an apparent decline over time in the use of oral contraceptives. Condom usage is at its lowest for the sexually-active 15-19-year age group of males, (MoHSS and Macro International, 2008, pp. 47-59).

5.1.3 Causes of child mortality

The causes of and responses to both neonatal and maternal mortality are interlinked. For the postnatal period, analysis of the various causes of child mortality needs particular care. There may be multiple conditions that complicate the attribution of primary causal factors. For Namibia, it is particularly important to remember that nutritional problems underlie many instances of child mortality (and morbidity) but are not a primary category for recording such data.
pneumonia, – apart from AIDS – is currently the major cause of death for children in Namibia.

The largest contribution to child survival in Namibia has been the success of interventions in vaccination coverage and preventive responses to childhood illnesses, although there is scope for continued improvement. The situation is well summarized by the 2006 DHS, which includes, inter alia, that:

- 69 per cent of one-year-olds had received all recommended BCG, DPT and polio vaccines (more than 90 per cent received single doses of each), with just 74 per cent receiving the measles vaccine and only two per cent receiving none of the vaccines.
- There is little urban/rural difference in vaccination coverage, but there are regional variations in full coverage (ranging from 35 per cent in Kunene to 81 per cent in Omusati) and increased coverage as the mother’s education and household wealth increases.
- In the survey period, four per cent of children under five had symptoms of acute respiratory infection (ARI) and 17 per cent had a fever, of whom 56 per cent had been to a health provider, 15 per cent had taken antibiotics and 10 per cent antimalarial drugs.
- In the survey period, 12 per cent of children under five had diarrhoea (20 per cent of one-year-olds), of whom 60 per cent were taken to a health provider.
- 91 per cent of mothers of children under the age of knew about oral rehydration salts (ORS), 63 per cent of children with diarrhoea received ORS treatment but 17 per cent received no treatment (including increased fluids) (MoHSS and Macro International, 2008, p. 8).

During 2013, two new vaccines will be introduced in Namibia. Rotaviruses infect nearly every child between the age of 3-5 years and are, globally, the leading cause of severe, dehydrating diarrhoea in children under five years of age. By introducing this vaccine, Namibia can reduce under-five mortality by lowering incidences of severe diarrhoea to a rate much lower than the current 5-10 per cent. The adoption of the Pneumococcal Conjugate Vaccine (PCV) can further reduce the USMR from pneumonia, which – apart from AIDS – is currently the major cause of death for children in Namibia. Due to limited capacity, Namibia can only start introducing those two new vaccines around September 2013, and may only do so in a phased approach. Also in 2013, Namibia is introducing a new schedule for Hepatitis B in order that the national expanded programme on immunization (EPI) programme can provide a birth dose of Hepatitis B to all children. These new measures should have a noticeable impact on reducing USMR.

There has been a fall in child ARI rates, a decrease that coincides with reduced household use of wood-fired domestic cooking – one of the proxy indicators of poverty that highlights the links between poverty and health. The NHIES states that the use of electricity or gas for cooking is a good indicator of wellbeing and that such use has been increasing. However, ‘wood or wood charcoal’ is still the fuel for 87 per cent of rural households, so that there remains considerable scope for improving factors that are linked to a key aspect of child illness (NSA, 2012a, Table 6.4.1). The 2006 DHS revealed that one in eight children aged under five years had suffered from diarrhoea within the preceding two weeks (one in five in Kavango and Omaheke regions). As the DHS showed high rates of knowledge of diarrhoea response, this suggests shortfalls in access to support. It probably also indicates causal factors linked to continuing poor domestic sanitation standards within rural – and, increasingly, urban fringe – households.

A comprehensive review in 2010 of Namibia’s EPI concluded that there had been fairly weak rates of implementation of the actions recommended in the previous 2002 review (MoHSS, 2010a, Tables 6a-c). The report observed declining immunization coverage in primary healthcare in various areas, weak linkages between health clinics and outreach/community-based services, weak health information systems and public health fund management, and high vacancy rates for doctors (30 per cent) and registered nurses (20 per cent) (Ibid., pp. 20-2). It noted that EPI coverage stagnated between 2005 and 2008 and declined in 2009.21 The review also observed a correlation between such failings and the deterioration in infant and maternal mortality during that period, with primary healthcare shortfalls coinciding with disease outbreaks, including measles, which were attributed to low routine immunization coverage (Ibid., pp. 23-4). Setbacks to earlier national progress in areas such as the move towards the elimination of maternal and neonatal tetanus and polio and the prevention of outbreaks of measles were at increased risk, and ‘there are huge negative DPT3 drop-out rates in many health facilities’ (Ibid., pp. 38, 59).

These factors add up to substantial health system challenges. The quality of analysis that provides focus and direction to the necessary strategic planning and reform is promising nonetheless. As previously noted, the imperative is for maintenance of GRN systems-based mainstreamed programming at the same time as stronger interventions towards accelerated progress in reducing neonatal and maternal mortality. The 2013 DHS will add considerable value to these efforts, as well as updating the national status of childhood mortality and morbidity causes and health responses.

5.2 Nutrition

The high levels of infant, child and maternal malnutrition impose a staggering cost to Namibia’s human and economic development. Malnutrition is directly implicated in 6,000 Namibian child deaths annually. Tens of thousands more Namibian children start school with diminished capacities to learn due to iron, iodine and other deficiencies and inability to concentrate in school due to hunger and parasitic infestations. The inability to concentrate and learn in school is further compounded by diets deficient in kilojoules and vitamins. (NAFIN, 2010, p. 5)

5.2.1 Underweight and stunting

A key national goal for the nutritional status of Namibian children is the MDG commitment to halve, between 1990 and 2015, the proportion of people suffering from hunger. The relevant global indicator is the prevalence of under-fives who are underweight, implying that the prevalence be halved over that period. As Table 2.1 showed, there are two national targets used...
The evidence is not just of high levels of malnutrition and stunting in Namibian children, but also a marked failure to tackle the associated health needs of those children in this regard: the proportion of under-fives who are, firstly, malnourished and, secondly, stunted. The core indicators for underweight and stunting are derived from the national DHS reports and are shown in Figure 5.4.

Figure 5.4: Underweight and stunting amongst Namibian children aged under five years of age (%)

These data indicate a worsening situation for stunting but a steadily declining rate of underweight under-fives in Namibia. For those SADC countries for which current data are available (for 2006–2010), Namibia nonetheless remains at the higher end of underweight rates (range of 6–24 per cent for 12 countries) and at the lower end for stunting (range of 24–50 per cent for 13 countries) (UNICEF, 2012a, Table 2). Similarly, global data indicate that Namibia has the lowest regional rate of Vitamin A supplementation, at 13 per cent (2010 data, ibid.), although national data put this at 52 per cent (DHS data, 2006).

In-country, GRN notes important disparities and inequalities within the 2006 DHS data:

Regional rates of malnutrition are shown in Figure 5.5 and represent DHS data for 2006. These are ordered by 2009 regional poverty data (note the different years for the data), and suggest that household poverty is one – but not the only – associated factor. The 2013 DHS will yield important revised estimates although, in the interim, the analysis undertaken by the Namibia Alliance for Improved Nutrition (NAFIN) remains important for understanding national policy and programme responses. For now, the evidence is not just of high levels of malnutrition and stunting in Namibian children but also a marked failure to tackle the associated health needs of those children towards agreed global commitments. The UN notes that Namibia’s average annual rate of reduction for malnutrition most recently stands at 1.3 per cent and that this is insufficient progress towards the MDG target.

5.2.2 Nutrition-based responses

The State of the World’s Mothers 2012 report identifies six key nutrition-focused, low-cost interventions to better reduce infant mortality: iron and folic acid supplements, breastfeeding, complementary feeding, vitamin A supplements, zinc for diarrhoea, and WASH (Save the Children, 2012b, pp. 23-5). In a similar vein, GRN notes:

The most significant contributors to infant and child malnutrition appear to be inappropriate infant and young child feeding practices especially lack of exclusive breastfeeding, poor hygiene, sanitation and caring practices, along with the health and nutrition status of the mother. (NAFIN, 2010, p. 3)

These are amongst the range of integrated responses being scaled up in Namibia in a more concerted effort to accelerate national progress in reducing infant and maternal mortality levels. This is occurring within the context of GRN’s Road Map for Accelerating the Reduction of Maternal and Neonatal Morbidity and Mortality, including strengthening the implementation of the 2008 Core Indicators for Assessing Infant and Young Child Feeding (IYCF) Practices. To this end, MoHSS has identified four primary actions for the immediate future.
1. Issuing an instruction to all maternity facilities to implement the seven priority steps, this being a feasible and very effective action for making all facilities baby- and mother-friendly.
2. Developing and enforcing national legislation on the marketing of breast milk substitutes.
3. Implementing IYCF interventions aimed at strengthening skilled support to be rendered by the health system – one such intervention being updating/developing an integrated IYCF curriculum for healthcare providers (i.e. pre- and in-service education).
4. Developing resources, including developing, implementing and monitoring a comprehensive IYCF Communications strategy. (MoHSS, 2012b, p. 10)

These are important and essential priorities. However, the Baby and Mother Friendly Hospital Initiative is not currently in practice in Namibia, and Namibian health facilities have not been re-accredited as baby- and mother-friendly since 2006. Moreover, there has been little progress towards national legislation on the marketing of breast milk substitutes, which depends on the Public Health Bill that is still pending promulgation. The IYCF communications strategy continues to need action towards fulfilling the Road Map’s commitments.

The Nutrition Assessment Counselling and Support (NACS) programme was introduced as a pilot scheme in May 2011 and is now operational in 124 health sites across the country. Prior to NACS implementation, MoHSS was implementing the integrated management of acute malnutrition (IMAM) programme, which involved providing ready-to-use therapeutic foods to malnourished children under the age of five. However, the introduction of the NACS programme has meant implementing a comprehensive nutrition package that targets a much wider population, including PMTCT clients, pregnant and lactating women, and HIV and TB patients who have been diagnosed with severe and moderate acute malnutrition. The protocols remain the same, so that severe and acute malnutrition is handled by the health facility, either as in-patient or outpatient treatment (see, for example, MoHSS, 2009 and 2010b; NAFIN, 2012).

With the recognized need for additional scaling up of efforts to address a dire national situation, NAFIN, a multi-sector, multi-stakeholder initiative, was established in 2009 under the leadership of Prime Minister Angula and is now chaired by Prime Minister Geingob. NAFIN has four key areas of activity:

1. Reducing malnutrition among women and children.
2. Capacity development across sectors, with priority given to ensuring food and nutrition security for the most disadvantaged households and communities.
3. Ensuring that the economic and social benefits of nutrition security are reflected in sectoral plans and policies as well as NDPs.

NAFIN employs five main strategies to reach its objectives:

1. Integrating the nutrition strategy and action plan in NDP and Vision 2030.
2. Building a common approach across sectors and levels of government.
3. Providing expert advice on nutrition issues from a multi- and cross-sectoral perspective to the cabinet, parliament and individual government ministries and agencies.
4. Promoting better communication across multiple stakeholders.
5. Fostering partnerships among public, non-government and private sectors. (Ibid.)

This has strengthened political commitment and multi-sectoral co-ordination and has enabled important scaling-up of integrated interventions. Important in this regard has been Namibia’s early commitment to the global Scaling Up Nutrition (SUN) Movement. SUN started in September 2010 and Namibia was formally accepted as a SUN country in November 2011. SUN aims to focus government interventions on nutrition-specific and -sensitive measures, including increased coverage of essential nutrition actions during the 1,000-day period from conception until the child’s second birthday. The core SUN indicators are:

1. Bringing people into a shared space for action (the multi-stakeholder platform).
2. Ensuring a coherent policy and legal framework.
3. Aligning programmes around a Common Results Framework.
4. Financial tracking and resource mobilization around a Common Results Framework.

The national political commitment to nutrition and food security has been strong since independence, with the establishment in 1991 of the Food Security and Nutrition Project. Its third and final phase formed part of the second food and nutrition decade and ran for six years (2000–2006). This appears to be the period during which stunting began to increase, even as rates of underweight in children continued to improve, and was likely instrumental in the high-level and multi-sectoral nature of the subsequent NAFIN. The latter appears to be better complementing political commitment with co-ordinated oversight and actions, as reflected in the resolutions and directives of the Cabinet Decisions No. 3/01.03.11/004 (Report on Malnutrition in Namibia, March 2011), No. 14/16.08.11/003 (Report on the National Vulnerability Assessment 2010/2011, August 2011), especially on inter-sectoral actions, and the Declaration of Commitment signed by all 13 Regional Governors (NAFIN and WHO, 2012, pp. 20-1).

The associated framework for interventions and actions is the National Strategic Plan for Nutrition (2011–2015). Here, the strategic priorities are nutrition surveillance and maternal and child nutrition, responses to micronutrient deficiency diseases and non-communicable diet-related diseases, and newer interventions such as nutrition management for persons living with HIV. In September 2012, NAFIN developed the Multi-Sectoral Nutrition Implementation Plan, Results Framework and Dashboard of Indicators (2013–2015). This is still awaiting adoption and,
The first hour of the infant's birth), sustained breastfeeding practices diminish quite rapidly. Only resource gaps by March 2013, which will better enable resource mobilization with development partners.

5.2.3 Improving breastfeeding practices

Breastfeeding is a critical component in ensuring young children's adequate nutrition. Figure 5.6 compares Namibia’s breastfeeding rate with those of all developing countries and across countries of the ESA region, both being statistical groupings that include Namibia.

Although Namibia has comparatively high rates of early initiation of breastfeeding (that is, within the first hour of the infant’s birth), sustained breastfeeding practices diminish quite rapidly. Only 24 per cent of infants are exclusively breastfed over their first six months – half the regional rate. The same is true for breastfeeding by two years of age. However:

- 14 per cent of newborns received other liquids than breast milk in the first 3 days of life. Bottle-feeding is common in Namibia (35 per cent in 0-5 months, 49 per cent in 6-9 months, 32 per cent in 12-23 months and 15 per cent in 24-25 months). These practices contribute to the low prevalence of exclusive breastfeeding in Namibia. (NAFIN and WHO, 2012, p. 31)

The low rate of exclusive breastfeeding up to six months of age is a serious concern, although this is not necessarily also true for the low rates of breastfeeding by two years of age. This is due to Namibia’s high rates of HIV-exposed infants, for whom exclusive breastfeeding in the early months is recommended, as is weaning from breastfeeding and the use of complementary feeding by one year of age. Three observations by MoHSS serve to underscore the importance of breastfeeding practice in tackling infant mortality and malnutrition:

1. Exclusive breastfeeding up to six months of age can contribute to the prevention of 13 per cent of child deaths.
2. The initiation of breastfeeding after three days of the infant’s birth rather than within the first hour increases the risk of neonatal mortality by up to about three-and-a-half times.
3. Pre-lacteal feeding (the feeding of liquids at birth prior to breastfeeding) has a prevalence of at least 20 per cent in five Namibian regions and increases the risk of infant death fourfold. (MoHSS, 2012b, pp. 7-8)

Namibia appears to be achieving high rates of awareness and practice of early breastfeeding, but weak rates of exclusive breastfeeding seem to be accompanied by comparatively high rates of mixed feeding before the infant reaches six months of age. Alarmingly, ‘immediately following birth, over 14 per cent of Namibian newborn babies receive prelacteal feeds [and] the number of bottle-fed babies exceeds the number of exclusively breastfed babies at three months’ (NAFIN, 2010, p. 3). This is a very unwelcome situation and demands strong action in the area of breast milk substitutes for infant children. Measures for implementing the International Code of Marketing of Breastmilk Substitutes are still awaiting final approval by GRN, and will ideally be advanced by the inclusion of enabling provisions within the Public Health Bill later in 2013. There may also be an opportunity to review maternity leave provisions insofar as they offer scope to better promote exclusive breastfeeding, including the impact of three-month-long maternity leave on early cessation of breastfeeding by working mothers.

5.3 Paediatric HIV and PMTCT

Namibia remains one of the highest and worst affected countries by HIV, with a national HIV prevalence rate of 13.1% among adults (15-49 years) and 18.8% (4%-35%) among pregnant women. The country has been identified as one of the global 22 priority countries for elimination of MTCT. (MoHSS, 2012c, p. 5)

Namibia’s 2010 MDG report notes that Namibia has put in place an improved HIV surveillance system, and a strong increase in the rate of access to ART, but that “[p]revention measures are failing to keep pace with the spread of HIV. It states that the main challenges are the shortfall in budgetary resources, low rates of people knowing their status, gaps in human rights and social protection, associated risks of key vulnerable groups, and poor rates of behaviour change (NPC, 2010, p. 28).
HIV prevalence among pregnant women in Namibia peaked at 22.5% in 2002. In 2012, the prevalence rate was estimated to be 18.2%.

The prevention of mother to child transmission (PMTCT) of HIV is critical to reversing HIV prevalence in children, complemented by measures to prevent transmission during adolescence and into young adulthood (see Chapter 8), and responses to children orphaned by the AIDS-related deaths of their parents and guardians (see Chapter 7). Effective PMTCT involves a focus on four parallel priorities: the primary prevention of HIV infection, the prevention of unintended pregnancy among HIV-infected women, the prevention of vertical transmission through ART and safe delivery, and the comprehensive care and treatment for mothers and babies.

With such globally high rates of HIV prevalence within its population of women of childbearing age, newborn children are at high risk of HIV infection. HIV prevalence among pregnant women in Namibia peaked at 22.5% in 2002, which was the year that GRN introduced its PMTCT programme at Katutura and Oshakati hospitals. In 2012, the prevalence rate was estimated to be 18.2% per cent, after dipping to 17.8% per cent in 2008 (MoHSS, 2012a, Table 3.) This, in turn, points to the need for stronger actions to build upon the achievements of recent years.

Accordingly, GRN has responded with the adoption of the National Strategic Framework for HIV and AIDS 2010/11 to 2015/16 (NSF). A ‘rapid review’ of PMTCT services in 2011 included close attention to the achievements and challenges of PMTCT services uptake at regional level (MoHSS, 2011a, pp. 27-41). Amongst the identified gaps in PMTCT services that informed subsequent reform were:

- Not all health facilities providing a comprehensive PMTCT services package
- Inadequate policy guidance – including decisions on sexual and reproductive health (SRH) rights – for HIV-positive women who wished to have children
- The limited integration of SRH with HIV and AIDS services
- Inadequate referral systems, including linkages to other HIV-related services at community level
- Shortfalls in human resource capacity and staff shortages at health facilities
- Relatively low quality of services, including inadequate postnatal and infant child nutrition and limited follow-up and referral of infected mothers and HIV exposed children. (Ibid., pp. 4-5)

The NSF seeks to achieve the following goals by 2015/16:

1. To halve the number of new infections since 2010/11.
2. To reduce the proportion of pregnant women aged 15-24 years attending ANC who are HIV-infected from 11% per cent in 2008 to 5% per cent.
3. To reduce the proportion of HIV-affected infants born to HIV-positive mothers from 12 per cent in 2007 to 4 per cent. (Ibid., pp. 2-3)

The National HIV Sentinel Survey of 2012 observes a ‘substantial variation in high HIV prevalence’, ranging from less than 10% per cent to almost 40% per cent for pregnant women aged 15-49 years across 35 surveillance sites, with higher rates amongst older age groups. The survey concluded that there are ‘no apparent differences’ in HIV prevalence for pregnant women in urban and rural areas (MoHSS, 2012a, p. 35). This indicates both prevention successes within younger age groups and gains in life expectancy for increasing numbers of affected persons receiving treatment and improved access to services by women outside of urban centres.

The 2012 HIV sentinel survey shows a marked reduction in HIV prevalence for age groups up to 29 years over the past decade (see Figure 5.7). This likely reflects improved HCT rates for that age group, progress in ART coverage, and the impact of life skills and behaviour change efforts (see...
Chapter 8. Increased HIV rates for older age groups must be understood in terms of their earlier initiation on ART in previous years and consequent reduction in AIDS-related deaths. However, the risk that ‘increasing HIV prevalence in the older age groups is most likely also a result of continuing occurrence of new infections in all age groups’ cannot be discounted under current surveillance limitations, and it is not clear to which extent the large number of women who know they are HIV-positive have a planned pregnancy (MoHSS, 2012a, pp. 33-4).

The eMTCT Plan details quantifiable outcomes by 2015/16, alongside defining the responsibilities of various ministries and setting down an M&E Plan. It specifies 45 measurable indicators, including baseline (2010/11), mid-term (2013/14) and end-term (2015/16) data, across 24 Outputs toward the achievement of 11 Outcomes. Table 5.1 presents the primary national targets.

Figure 5.7: HIV prevalence rate by age group, females (%) (1994–2012)

Total expenditure on HIV and AIDS measures was N$1,889 million in 2009/10 and N$2,009 million in 2010/11. GRN is committed to increase budget outlays from 2010/11 levels by 80 per cent in 2012/13 and 100 per cent in 2015/16. Furthermore, it aims to increase the share of those outlays from 50 per cent in 2007 to 60 per cent in 2012/13 and 70 per cent by 2015/16 (MoHSS, 2012f, pp. 7, 8, 23). This is quite clearly an ambitious commitment by the Government, with the increased level of ART coverage – including to HIV-affected pregnant women – being a significant component of the increased costs. A key challenge will be the corresponding decline in PEPFAR (US President’s Emergency Plan for AIDS Relief) funding, from its peak of US$100 million to an expected US$45 million within the next two years. Even so, with commitments via PEPFAR and the Global Fund, Namibia’s resource requirements for eMTCT implementation are likely to be fully funded according to the costing of the eMTCT strategy.

Table 5.1: National targets for the eMTCT Plan

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<tbody>
<tr>
<td>Functional ANC facilities with comprehensive, integrated PMTCT services</td>
<td>88% (2009)</td>
<td>90%</td>
<td>98%</td>
</tr>
<tr>
<td>Pregnant women counselled, tested and given HIV results</td>
<td>79%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>HIV-infected women aged 15-49 years accessing comprehensive family planning package</td>
<td>46%</td>
<td>55%</td>
<td>69%</td>
</tr>
<tr>
<td>Male partners of pregnant women who were tested and received result</td>
<td>4%</td>
<td>14%</td>
<td>25%</td>
</tr>
<tr>
<td>Women living with HIV provided with antiretroviral drug regimens for PMTCT according to national guidelines</td>
<td>76% (8,864)</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>HIV-exposed infants provided with ARVs for PMTCT according to recommended guidelines</td>
<td>76% (8,810)</td>
<td>82%</td>
<td>95%</td>
</tr>
<tr>
<td>Pregnant women living with HIV assessed for ART eligibility through immunological or WHO clinical criteria</td>
<td>5,692 (45%)</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>HIV-positive pregnant women identified under the PMTCT programme receiving HAART</td>
<td>35%</td>
<td>70%</td>
<td>95%</td>
</tr>
<tr>
<td>HIV-exposed infants exclusively breastfed for the first six months</td>
<td>23%</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>HIV-exposed infants provided with cotrimoxazole prophylaxis from 6-8 weeks of age</td>
<td>71%</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td>HIV-exposed infants provided with first DNA-PCT test from 6-8 weeks of age</td>
<td>60%</td>
<td>75%</td>
<td>95%</td>
</tr>
<tr>
<td>Health facilities that provide or collect samples for virological testing for diagnosis of HIV</td>
<td>224 (66%)</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>HIV-infected infants who are put on HAART within the first 24 months of age</td>
<td>85%</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

MTCT rate | 13% | 5% | 4%

Source: MoHSS, 2012b, Table 8. Note that data for 40+ years are not included.

The 14 indicators in Table 5.1 are drawn from the 45 indicators in the M&E Plan. Particularly noteworthy are the reduction in new HIV infections among children due to MTCT from 800 in 2011 to 80 in 2015/16 and universal coverage of health facilities in which PMTCT is available with registered nurses prescribing and managing highly active ART (HAART) and CD4 point of care testing equipment on site.

One crucial factor in Namibia’s PMTCT and broader HIV response is its adequate funding. GRN estimates that, by 2012, it was meeting 60 per cent of total national HIV resource outlays, and that budgetary requirements for the PMTCT component of NSF totalled N$182.6 million over the four-year period (MoHSS, 2012c, pp. 59-60). Per capita expenditure on its HIV response was estimated to be US$100 in 2008/09, with the NSF projecting an increase to US$150 per capita up to 2015/16. This represents outlays of 2.5-3.0 per cent of GDP, fully one percentage point higher than that reported by other high-prevalence countries (MoHSS, 2012e, p. 58).
The eMTCT M&E Plan includes two specific targets concerning budgetary provision: an increase in the proportion of budgeted eMTCT expenditure from 75 per cent (2010/11) to 95 per cent (2015/16) and an increase of the domestically sourced proportion of annual PMTCT expenditure from less than 10 per cent to 70 per cent over the same period (MoHSS, 2012c, p. 71).

This indicates accelerated progress and stronger commitments in recent years by GRN, with realistic prospects for the elimination of MTCT that was not previously envisaged.

5.4 Sanitation and hygiene

Access to safe drinking water, improved sanitation and knowledge of sanitary hygiene practices are critical to both the survival and the early development of the child. They are closely linked to nutrition standards and responses, and to the prevention of infant and young child illnesses that are among the main causes of child mortality and morbidity. According to the Special Rapporteur on the human right to safe water and sanitation:

The health impact of lack of access to water and sanitation is already felt; indeed, some 23 per cent of [under-five deaths are] from diarrhoea in Namibia, while pneumonia accounts for 25 per cent of under-five deaths, and malnutrition for another 9 per cent. These conditions are related to the lack of access to sanitation and safe water, as well as poor hygiene practices; without considerable improvements in water, sanitation and hygiene, these health outcomes will not make progress.

The situation is compounded by the fact that 24 per cent of health facilities in Namibia do not have a regular water supply, placing sick people who go to these facilities at further risk of acquiring additional diseases. (HRC, 2012, para 18)

Whilst the Special Rapporteur’s statistics are inconsistent with national data (see Figure 5.3), the general observation remains valid and points to the combination of causal factors that lead to child mortality, such as instances of water-borne diseases and poor hygiene.

As noted in Chapter 2, MDG targets for water access have been achieved, while MDG targets for improved sanitation are very unlikely to be met for both urban and rural areas. Data indicate that poverty-linked movements from rural to urban areas are leading to a decline in standards in fringe informal settlements and pose growing risks of disease and illness outbreaks, especially amongst children. An example of this is the declining urban sanitation trends in Figure 5.9 that are linked to rural resettlement in peri-urban areas of Windhoek. There are additional risks linked to environmental and climate change, such as threats of disease outbreak associated with seasonal flooding in northern Namibia and managing water shortages against unpredictable rainfall and demands on underground aquifers and vulnerable river systems. In addition, poor sanitation poses a threat to drinking water supplies and compounds health risks for the general population.

Figures 5.8 and 5.9 show profiles of access to improved drinking water and access to sanitation facilities over 20 years respectively.
there has been only a small increase in improved sanitation across rural populations such that, by 2010, 72% of that population still practised open defecation.

Any expansion of urban water piping to homes has been unable to keep up with the demands of population movement from rural areas and urban household growth. Indeed, since 1990, the proportion of the urban population with water piped to the premises has declined from 82 per cent to 72 per cent. At the same time, access to improved water piped to the premises has doubled, rising from 14 per cent to 28 per cent. This means that the achievement of this MDG target has been on the basis of rural household access to improved water from sources other than those direct to the house. This include public taps, boreholes, and protected dug wells.

This, in turn, raises issues of domestic roles in water gathering and the gender dimensions of women’s and girl’s roles in water collection and carrying.

The sanitation situation remains of concern and represents a considerable challenge to the Ministry of Agriculture, Water and Forestry (MAWF), which has been mandated to co-ordinate sanitation issues across the country. The same urban weakening of suitable standards is occurring regarding access to sanitation from a much lower benchmark, with just 57 per cent of the urban population having an improved facility by 2010, and one in five people in urban areas practising open defecation. This is a substantial threat to child and community health standards, especially as the figure represents a growing proportion of a growing population. Over the same period, there has been only a small increase in improved sanitation across rural populations such that, by 2010, 72 per cent of that population still practised open defecation. The national rate of open defecation was 52 per cent in 2010, exceeded across ESA countries only by Somalia (53 per cent) (see Figure 5.10). The situation is further exacerbated by health risks during seasonal flooding, due to the contamination of water supplies, and poor hand-washing practices following toilet usage estimated to be around 75-80 per cent (HRC, 2012, para 32). Namibia’s performance in this regard is alarming by any standard.

GRN revised its Water Supply and Sanitation Sector Policy in 2008 and, in 2009, Cabinet approved the National Sanitation Strategy Plan (2010/11–2014/15). However, applicable current legislation dates from 1956 and ‘does not adequately address sanitation issues, and has not been effective to facilitate and guide effective water conservation efforts’ (NPC, 2010, p. 39). The weak water and sanitation infrastructure within expanding informal settlements on urban fringes, as well as the continued sanitation shortfalls in rural areas, need a dedicated response.

These were among the recommendations made by the UN Special Rapporteur on the human rights to safe water and sanitation following her country visit in July 2011. Those recommendations were based on a recognition of the sound national policy framework and called for improved implementation of such provisions, along with attention to strengthening rural access, household affordability of water and sanitation services, and improved budgetary provisions for sanitation (HRC, 2012, para 68). Such efforts would be further supported if the MAWF developed and implement a water and sanitation communications strategy that could very usefully be linked with co-ordination efforts around child nutrition.

The WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP) reports that Namibia has performed well in terms of the proportion of its population (41 per cent) gaining access to improved drinking water sources between 1995 and 2010 (WHO/UNICEF, 2012a, Table 3). The average rate for SSA countries was 26 per cent.

The corresponding rates for access to improved sanitation was 13 per cent for Namibia and 12 per cent for SSA (Namibia’s neighbours, Angola and Botswana achieved rates of, respectively, 36 per cent and 26 per cent).

Finally, it is noted that NDP4 includes a ‘desired outcome’ that, by 2017, there be universal access to water safe for human consumption, although the associated discussion primarily focuses on the water needs of industry (NPC, 2012, pp. 76, Table 28). Whilst NDP4 acknowledges that sanitation standards are a challenge to improving health outcomes, it makes no additional reference in this respect (ibid., p. 55).

5.5 Budgetary investments in health

Namibia has committed itself to the budgetary targets of the AU’s Africa Health Strategy, which specifies the allocation of at least 15 per cent of public expenditure to health (in accordance with the 2001 Abuja Declaration) and annual per capita health expenditure of US$34-40 (AU, 2007b, paras 14 and 45). The national situation for the Abuja target is shown in Figure 5.11, and demonstrates that Namibia has, since 2004, been reducing its health budget to a recently stable rate of 6.54 per cent, although, public funding for Basic State Grants was transferred from MoHSS to the Ministry of Labour and Social Welfare (MLSW) around the same time. MoHSS data on government health expenditure, however, indicate a stronger performance, rising to 14.7 per cent of total government expenditure in 2007/08 and then declining marginally to 14.3 per cent in 2008/09 (MoHSS, 2011c, slide 14).
Namibia is well in excess of its per capita expenditure target, with a government health expenditure rate of US$108 per person in 2006, rising to US$161 in 2011. On the basis of the average exchange rate, the corresponding per capita figures are US$218 (2006) and US$208 (2011) in purchasing power parity terms (data from WHO global online database). These figures may be somewhat conservative as MoHSS estimates per capita spending by 2008/09 of US$268/NS2,410 (Ibid., slide 12).

Of concern, however, is the trend in external financing of public health outlays, as shown in Figure 5.12. Such financing as a proportion of total health expenditure has risen from a relatively stable 2-4 per cent until 2003 to around 20 per cent by 2011. External donor support has been essential in enabling domestic health – notably in such areas as HIV response in the most affected countries – and Namibia has been no exception. At the same time, WHO data show that the government/private expenditure balance of total health expenditure has trended from 71 per cent government and 29 per cent private share in 1995 to a 50/50 share in 2004 and to 57 per cent government and 43 per cent private by 2011 (WHO Global Health Observatory database).

One manifestation of such financial constraints is actual capacity within health centres. The 2009 Health Facility Census noted, for example, that 71 per cent of 396 health facilities offered a package of “basic services of outpatient curative care for sick children and for adult sexually transmitted infections, temporary methods of family planning, antenatal care, child immunization, and child growth monitoring”, and that “only 18 per cent of hospitals offer ANC services, compared with 85 per cent of clinics and 91 per cent of health centres” (MoHSS and ICF Macro, 2011, p. 25). Across those facilities, only 57 per cent had a regular water supply and just 30 per cent had all three surveyed service and facility infrastructure items – all client comfort amenities (essentially, facility cleanliness), a regular water supply and electricity supply, and a generator – ranging from four per cent in Caprivi to 56 per cent in Erongo (Ibid., Table 3.2). This also reflects gaps in qualified staff within health facilities as well as access to services, requiring many families to travel to more distant health facilities to receive adequate child and maternal services. However, only a small minority of respondents were not visiting their closest facility, and the main reason for doing so was convenience due to employment circumstances. However, 37 per cent of health centre-users (27 per cent across all health facility-users) reported that the time taken to see the health provider was a major problem, as did approximately one in ten respondents concerning lack of availability of medicines and the opening hours of the facility (Ibid., pp. 81, 103). This indicates that while the national system of health services is strong,
rural-to-urban population movements are resulting in informal settlements on the urban fringes that seem to be outpacing the important improvements in access in areas such as Katutura and Khomasdal.

5.6 Key observations and concluding comments

Namibia has a well-developed countrywide national health system that remains vulnerable to resource limitations. A strong set of health-related policies and strategy plans are in place, which within the framework of the overarching National Health Sector Strategic Plan 2009–2013.

Problems of human resources and professional technical capacities were described in the 2010 situational analysis. Understaffing problems and sizable numbers of vacancies across the health system are having a particularly adverse impact on rural health centres and resulting in gaps in critical services in primary healthcare and frontline responses to child and maternal health needs. High rates of initial service contact are followed by comparatively weak subsequent visits. This means a continuing challenge to Namibia’s sound approach to the integrated management of early childhood illnesses and to increasing efforts to tackle malnutrition. In addition, rural-to-urban population movements are resulting in informal settlements on the urban fringes that seem to be outpacing the important improvements in access in areas such as Katutura and Khomasdal.

As a large country with a relatively small and sparsely distributed population, Namibia formally acknowledged the importance of developing a community-based healthcare system through its adoption of the National Policy on Community-Based Care in 2008. This aimed to improve equity of access to primary healthcare services and has led to measures to better link health services with communities via the implementation of a health extension worker (HEW) system, including through collaboration with NGOs (MoHSS, 2011b). HEWs are described as:

- a new cadre that bridges the gap between health facilities and communities. This is a paid and trained cadre [as] opposed to the current volunteer community health care providers. Although linked to health facilities, the HEWs largely work in communities and is responsible both to the community-based structures such as village development committees and to the local government and health structures. HEWs will be organised differently in the regions depending on the set up in the regions, some will operate either from the Health post or from the outreach points. (Ibid., p. 10)

The HEW strategy plans to move its current pilot basis to being fully funded as of April 2013, with a commitment of N$58m for 2013/14 and N$120m for 2014/15. It envisages one worker per 100 households for a total workforce of 4,113 workers. It sets village targets, a remuneration framework, a training regimen, an M&E process, and an implementation plan based on a phased rollout. Some initial funding from the MoF will enable MoHSS to begin its takeover of the HEW programme as of, most likely, 2014.

This strategy obviously adds significant demand to the national health budget, necessitating an estimated N$22.4 million per annum for salaries alone (Ibid., p. 30). The domestic health budget has been insufﬁciently geared towards stronger national self-reliance at a time of external donor retreat. Namibia continues to fall below its Abuja Declaration target of a minimum of 15 per cent of public budgetary outlays going to health, but it is above per capita targets for public health spending. Domestic budgetary commitment will continue to present a challenge to GRN in maximising the efficiency of resource allocations at a time of financial constraints and dwindling donor support.

GRN will need to carefully monitor domestic budget patterns as well as trends in health sector staffing over the next few years, including HEW, doctors, and other skilled medical specialists countrywide. It needs to ensure the acceleration of interventions in key areas of young child and maternal survival and wellbeing, even as commitments to the broader range of primary healthcare services are maintained.

As was noted in Chapter 2, Namibia appears to be on track to meet some MDG targets in the areas of health and survival. Child survival data show a loss of momentum from the mid-1990s but good progress in more recent years, although this nevertheless remains inadequate to meet 2015 targets. The country still has high rates of maternal mortality as well as nutrition-related problems, especially high stunting rates. These are failings that have been to the detriment of many Namibian children and women, with the avoidable loss of many lives. Neonatal and maternal health interventions need to be improved, including follow-up to initial contact or visits to health services toward improved focused ANC, and stronger coverage and capacities of skilled birth attendants as well as basic EmOC within health facilities. Similarly important are more effective postnatal care, including the use of low-cost technologies, stronger efforts to improve breastfeeding practices, and better understanding of the nature of child mortality presently attributed to ‘injury’ and ‘other’ causes. The role of health extension workers will bring better opportunities to reduce neonatal deaths, as may mobile-based tools and the promotion of teleconferencing. Meanwhile, MoHSS is introducing new vaccines for infants from 2013 that are expected to show strong improvements in child survival (although not impacting NMR) by 2018.

Two particular challenges are the very high rates of stunting and associated levels of malnutrition, and the continuing poor rates of access to improved sanitation facilities. These are particular threats to infant survival and child wellbeing. Namibia’s sanitation situation is very poor, even by regional standards, with extremely high rates of open defecation now spreading into urban fringe settlements, which poses a serious threat to child health standards. Government leadership on nutrition action since 2009 – notably at Prime Ministerial level – is a very welcome development.

The Government also shows strong leadership in the provision of services for reducing MTCT. GRN has now accelerated national efforts towards eliminating MTCT under the Strategic Framework for HIV and AIDS Response 2010/11–2015/16 and the eMTCT Strategy and Action Plan for the same period. The monitoring and review of progress towards the specified outcomes will be critical for eliminating HIV in young children, a significant reduction in and management of HIV in the adult population (especially for women of child-bearing age) and associated strong progress in pronounced reductions in infant (especially neonatal) and maternal mortality rates within Namibia. There has been improved access and coverage across HIV services, including expanded ART provision and a stronger focus on both treatment and prevention linked to
improved knowledge across most ‘at risk’ populations. GRN resistance to the needs of males in same-sex relationships is an increasing anomaly within an otherwise enlightened approach. For infants, the prospect of the national elimination of HIV transmission is now an achievable goal within a country that has been one of those most adversely affected by HIV. At the same time, such progress also serves to emphasize the need for improved attention to paediatric HIV responses that strengthen the continuum of care from infancy to adolescence. There are, however, serious resource challenges looming in maintaining the sustainability of the national HIV response.

Within these diverse challenges and priorities, the 2013 DHS is keenly awaited and will provide a sound basis for review within the next situational analysis.

Basic education

Namibia’s Constitution guarantees that ‘All persons shall have the right to education’ (Article 20(1)). Namibia has developed a strong education infrastructure and teaching system, with 1,703 schools countrywide, of which 93 per cent are government schools catering for 92 per cent of the registered school population (MoE, 2012). This has been enabled by a comprehensive legal and policy framework that includes the:

- Education Act No. 16 (2001)
- National Standards and Performance Indicators for Schools in Namibia (2005)
- National Curriculum for Basic Education (2010).

Within that framework, there are current sector- or issue-specific national education policies in areas such as HIV/AIDS, orphans and vulnerable children, learner pregnancy, inclusive education, the code of conduct for schools, early childhood development, and school health. Since 2005, the core education policy and operational foundation has been the Strategic Plan for ETSIP (2005–2020), which is being implemented in three five-year phases, with the first phase extended to cover the period until 2012/13. ETSIP was developed within the context of Vision 2030, which provides for:

A fully integrated, unified and flexible education and training system that prepares Namibian learners to take advantage of a rapidly changing environment and contributes to the economic, moral, cultural and social development of the citizens throughout their lives.

The education sector comprises:

- ECD and pre-primary education
- General education (Grades 1-12)
- Vocational education and training
- Tertiary education and training
- Adult education and lifelong learning.

The Constitutional requirements concerning education appear to be somewhat loose, and not necessarily in conformity with international children’s rights provisions, for they provide no minimum age and a flexible maximum age. Children have to stay in school until they complete their primary education or until they turn 16 years, ‘whichever is the sooner’ (Article 20 (3)). In principle, this means that a child commencing Grade 1 at six years of age (the minimum legal age of enrolment, although seven years is the official entry age), with no repetition, may leave the education system at the age of 13 years, at least under the current policy which defines primary education as covering Grades 1-7. In practice, the child’s completion of Grade 10 or of junior secondary is the commitment for minimum schooling until age 16. The Constitution also guarantees non-governmental schools full rights to discriminate, with ‘no restrictions of
Early childhood development covers children up to six years of age, and associated governmental responsibility was transferred in 2000 from MoE to MGECW. The latter’s mandate includes the monitoring and review of home-based care programmes and ECD centres. ECD centres provide services for groups of 20-25 children aged 2-4 years and are primarily managed by NGOs, communities, churches, and individual service-providers.

MGECW views ECD as crucial to the cognitive development of the child and essential for primary school performance. National data on children in ECD need to be treated carefully (see later in this sub-section), but it has been estimated that approximately 50,000 children (half of all children in that age group) attend such centres countrywide (UNICEF, 2010a, p. 65). Efforts by the MGECW to upgrade ECD coverage and quality led to the adoption of the National Integrated Early Childhood Development Policy (UNICEF, 2010a, p. 65) in 2007. This policy acknowledged the challenge of meeting national development priorities by strengthening basic educational skills, healthcare and nutrition standards, and social skills.

MGECW also promotes a community mobilization approach to ECD provision, especially in non-metropolitan areas that have weaker resource capacities. In Windhoek, the City Council has developed its own ECD policy – harmonized with MGECW standards – and has registered approximately 200 centres with an additional 350 centres in operation. The City Council is also directly engaged in supporting ECD services in other municipalities, as well as in in-service training for caregivers (Ibid.).

ECD nevertheless continues to face serious challenges:

As at 2012, there are no Government-owned ECD centres in the country. There are no legal regulations for ECD centres; there are few qualified teachers/educarers (sic) trained in ECD, and there is a severe undervaluation of ECD-trained individuals – leading to underpayment and limited incentive to work in this field. ECD is generally undervalued and often misunderstood. Moreover, investment in ECD is low – although the potential returns of quality ECD have been shown to be very high (NPC, 2012, p. 47).

Namibia has been developing pre-primary education, which is managed through the MoE. This has been a welcome reform that caters to children aged 5-6 years and, although currently reaching only a small proportion of children, is deemed to be the first phase of the period of basic education. Accordingly, it comprises an important and distinct element of ECD and also serves as an increasingly important bridge to primary schooling.

The rollout of pre-primary classes aims to include an extra ten schools per year. In 2009, 6,141 children were enrolled in pre-primary education, or just 9.4 per cent of the Grade 1 population. (ECORYS, 2011, p. 43) By 2011 the figure had more than doubled, with 13,459 enrollees across 493 schools (MoE, 2012). This indicates a strong expansion rate, although trends are difficult to establish due to the pre-primary population having been included in the generic ‘other grades’ category of MoE’s Education Management Information System (EMIS) statistics between 1992 and 2010.

The following sections review quantitative and qualitative standards within the formal education system, as well as broader dimensions of educational performance in areas such as life skills, equity, and vulnerability. This is assisted by some key analytical reviews of the education sector in Namibia in recent years, and since the previous situation analysis. The focus of this chapter is on ECD/pre-primary and general education as the core stages of the child’s education. Some reference is made to other components; for example, lifelong learning includes measures for out-of-school young people and those with special education needs.

6.1 Early childhood development

Early childhood development covers children up to six years of age, and associated governmental responsibility was transferred in 2000 from MoE to MGECW. The latter’s mandate includes the monitoring and review of home-based care programmes and ECD centres. ECD centres provide services for groups of 20-25 children aged 2-4 years and are primarily managed by NGOs, communities, churches, and individual service-providers.

Namibia’s schooling system is structured in four phases: lower primary (Grades 1-4), upper primary (Grades 5-7), junior secondary (Grades 8-10), and senior secondary (Grades 11-12). Some schools combine adjacent phases, typically for reasons of improved efficiency or access, and some schools offer special classes for children with learning difficulties. MoE policy defines a ten-year period of basic schooling followed by two years of senior secondary schooling as a ‘10+2’ schooling system, even though the previous ‘7+5’ system continues in some regions, especially in the north (MoE, 2012).

Generally, class assessment is the basis for ‘promoting’ students at primary and junior secondary levels. Standardized diagnostic achievement testing has been introduced and is administered bi-annually for Grades 5 and 7 in order to assess progress against expected national standards. Junior Secondary Certificate (JSC) examinations are administered by the national assessment body at the end of Grade 10, as are senior secondary examinations (International and Higher International General Certificate of Secondary Education) at the end of Grade 12. Vocational training and skills development are provided through vocational training centres – of which there are five, countrywide – and Community Skills Development Centres, as well as some general education pre-vocational training and multi-purpose youth resource centres (Ibid.).

The following sections review quantitative and qualitative standards within the formal education system, as well as broader dimensions of educational performance in areas such as life skills, health, nutrition, governance, and social skills development. As in-service training for caregivers (Ibid.).

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6.2 Education performance

6.2.1 Patterns of participation

Most of the data in this section are derived from EMIS and result from the Annual Education Census held early in the third term (early September) (MoE, 2012). Primary school learners represent two-thirds (67.5 per cent) of all student enrolments, with 30 per cent in the secondary phases and 0.3 per cent in pre-primary. Females constitute 49.2 per cent of primary school learners and 53.2 per cent of secondary school learners, with a growing ratio in higher grades, although there are differences across regions. Using UNESCO data, Figure 6.1 shows several important characteristics about gender parity: primary school enrolment has been at or above parity since before independence, secondary rates of gender parity are considerably higher than for primary, and there has been a rapid increase in above parity rates for upper secondary GER.

As it is envisaged that the coverage of pre-primary education will expand, as will its importance as a means of entry to primary schooling, it is noted that current pre-primary enrolments tend to be ‘less-poor children’ who also receive school feeding where this is available, whereas typically the poorer children cannot so benefit, thus the effect is to widen the gap between the poorer and less-poor children’ (ECORYS, 2011, p. 44). Attention needs to be paid to GRN’s efforts in recent years to expand access to ECD and, in particular, to establish effective linkages to basic education through pre-schooling. Apart from concerns about ECD services being skewed away from the poorest households, there are also more efforts required in professional training to address gaps in national capacity, the improved promotion of ECD across communities and families, more consistent and reliable data collection and monitoring, and stronger training and research roles by national tertiary-level educational institutions.

ECD services should not only focus on early learning to improve basic education outcomes, but also incorporate activities such as play and socialising skills as well as attention to health needs, as these are just as important to the early development of the child. This calls for a balance between formal pre-schooling and more family- and community-based elements that, taken together, are more likely to best serve the developmental needs of the child. This may also be a distinction that helps to explain the above-mentioned potential confusion in interpreting ECD data for Namibia and the need to ensure a meaningful national ECD database that acknowledges the mutual value of ECD and pre-school education.

Figure 6.1: GER Gender parity index (females per male). Namibia (1989–2011)

The primary/secondary differences in the gender ratio not only reflect the fact that girls graduate from primary education faster than boys. There is clearly an associated concern about shortfalls in boys’ enrolment and retention that needs attention. The male shortfall may be even greater given that, by upper secondary, many girls have withdrawn from schooling due to gender-based cultural factors or female student migration to other regions to be closer to facilities. However, the marked increase in upper secondary GPI seems to suggest that there have been improvements in access by girls – but not necessarily boys – in recent years. Boys’ poorer academic performance in primary years translates to their higher rates of repetition and dropout.

MoE acknowledges the need for a ‘thorough examination’ of such differences (MoE, 2012, p. 28). However, paying attention to age distributions in the first grade of each school phase, the ministry observes that higher male repetition, dropout and return rates have ‘resulted in wider age distributions for males. This is a scenario that will change in the coming years because the difference between female and male learners at the start of the school is reducing’ (ibid., p. 53). This allows better responses to the current situation of increasing educational disparities for boys as years of schooling progress, including the importance of suitable interventions within expanded pre-primary coverage. That is important not only in strengthening the trend towards age-appropriate enrolment but also learning and retention rates. GRN could substantially offset resource outlays in expanded ECD by ensuring a reduction in rates of repetition in later years.

The average annual growth of enrolments between 2005 and 2011 has varied across the regions, from 4.1 per cent in Erongo and 3.5 per cent in Khomas to negative rates of 0.3 per cent and 0.2 per cent in Omusati and Oshana respectively (ibid., Table 21). The latter could reflect increasing numbers of children out of school, or urbanization trends (ibid., p. 47). Some shifts in enrolment rates likely include declining rates of over-age enrolment as well as the impact of changes in population growth rates. Such demographic changes emphasize the need for care in interpreting regional annual enrolment growth rates.
Uncertainties in age-related child population projections make it difficult to determine the ratio of enrolment of children by age. EMIS data yield rates above 100 per cent for children aged 10-13, primarily attributable to either an under-estimation of the population size for these ages or to the numbers of foreign (cross-border) enrollees (Ibid., p. 54). Presumably, this may similarly apply to those aged 14 and 15, for whom enrolment rates are 95.1 per cent and 94.7 per cent respectively. It could also indicate shortfalls for those ages in comprehensive enrolment, and even greater shortfalls to the extent that gross enrolment data include repeating students (ECORYS, 2011, p. 48). Primary school enrolment increased by only 12 per cent between 1998 and 2007, compared to a 45 per cent increase in secondary enrolments. Of course, Grade 8 and above are where the greatest enrolment shortfalls have been, and even that growth over the past decade is inadequate given GRN targets: it is estimated that Grade 11 enrolments need to increase by 10 per cent each year for three years in order to achieve the associated NDP target (Ibid.).

Even so, enrolment does not equal attendance, and attendance rates at primary school are 91 per cent, with a markedly lower rate in Kunene (56 per cent), despite a system of mobile schools in that region. There is also inequity in attendance by wealth quintile (88 per cent for the lowest and 94 per cent for the highest) and for San children, who do not have mobile schools. Compared to 2000 and 2007 data, a 2011 ‘trend and gap analysis’ noted that absentee levels were falling in all regions and that school leaving rates had been improving, remaining highest in the first and last years of a school phase, especially Grade 10 (Ninnes, 2011, pp. 11-15).

6.2.2 Trends in survival rates and retention

Student survival rates to Grades 5 and 8 are improving and although boys’ net enrolment still lags behind that for girls, there is a trend towards both rates improving and converging. However, gross enrolment data trends indicate ‘that the primary school system is becoming less efficient in terms of enrolling maximum numbers of children in age-appropriate grades, suggesting higher levels of repetition and hence lower quality of teaching and learning’ (Ibid., p. 10). Figure 6.2 shows survival rate data to Grades 5, 8 and 12. There may be some emerging disparity between boys and girls survival to Grade 5 that merits attention, even though such rates continue to increase, and do so for both boys and girls right through to Grade 12.

Retention rates to Grades 8 and 12 are increasing, at least since 2007, and since 2009 in particular. The main fall-off in survival occurs with the administration of the JSC. As has been discussed, effective responses necessarily focus on the earlier years. A critical policy issue continues to be the optimal rate of progress that may be reasonably and sustainably achieved in closing the gaps between the survival rates throughout the period of primary and secondary schooling, without any negative impact upon learning standards.

Figure 6.2: Survival rates to Grades 5, 8 and 12 (% 2004-2010)
Source: MoE, 2012, Table 32.

Countries ‘moving away from gender parity’. This is not due to too many girls but rather to there being too few boys, not only in enrolment but also in academic promotion. This raises a different set of policy challenges in addition to the continued need to tackle persistent barriers to girls’ education.

Rates and trends in academic performance remain difficult to assess. With Namibia having just introduced nationwide standardized testing for Grades 5 and 7, with only one such test being done so far, trend data will only emerge in the next few years (Ninnes, 2011, p. 21). However, for Grade 10 students taking the JSC it can be stated that, in 2010, just 51.6 per cent received the requisite 23 points (out of a possible 42) and an F or higher grading in English. Caprivi, Hardap,

Figure 6.3: Toward gender parity in secondary GER for selected countries
Source: UNESCO (2011b), p. 5. The figure includes only those countries that did not achieve gender parity by 2008.

Retention rates to Grades 8 and 12 are increasing, at least since 2007, and since 2009 in particular. The main fall-off in survival occurs with the administration of the JSC. As has been discussed, effective responses necessarily focus on the earlier years. A critical policy issue continues to be the optimal rate of progress that may be reasonably and sustainably achieved in closing the gaps between the survival rates throughout the period of primary and secondary schooling, without any negative impact upon learning standards.

Figure 6.3 illustrates the effect of there being fewer boys than girls in Namibian secondary education. According to secondary GER data, Namibia is currently deemed to be one of those
Kavango and Omusati were the only regions to make ‘notable improvement’ in their threshold.
JSC performance, and Erongo, Khomas, Kunene and Oshikoto regions declined the most (MoE, 2012, p. 64).

Southern Africa Consortium for Measuring Educational Quality (SACMEQ) test results for Namibia for 1995, 2000 and 2007 provide information for Grade 6 learners in mathematics (only for the latter two years) and reading (for all three years). They reveal that national reading and mathematics scores in 2000 were below the regional average for Southern Africa, with those for reading being below the sub-regional 1995 rates. Although these had improved by 2007, more than 50% of grade 6 learners tested only achieved a basic level of competency in reading and mathematics (Ninnes, 2011, p. 22). Kavango, Ohangwena, Omusati and Oshikoto were performing poorer than other regions and children in families with low socioeconomic status, as well as in rural compared to urban areas, had weaker outcomes.

Despite such persistent and continuing weaknesses across the education system, available trend data for key indicators of student participation and retention are all moving in a positive direction. This same is true of the levels of teachers’ qualifications (Figure 6.4), which is almost certainly a relevant factor in improved student outcomes.

Nevertheless, a number of areas of policy and practice still require continued reform and improvement and are critical to ensuring that the evident gains made in school performance and outcomes are maintained and further improved. Some of the key challenges and priorities are considered within the following two sections.

6.3 Building equity in educational opportunities

The challenge of achieving equitable outcomes is multidimensional, spanning a spectrum that includes central policy on budgetary allocations through to school-based practices in the

Figure 6.4: Primary and secondary teachers qualified to teach (% 2005–2011)

Source: MoE, 2012a, Table 48.

Kavango and Omusati were the only regions to make ‘notable improvement’ in their threshold.
JSC performance, and Erongo, Khomas, Kunene and Omaheke regions declined the most (MoE, 2012, p. 64).

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levying of fees, school feeding and toilets. A number of these issues, such as access to boarding schools, policy and practice on pregnant students, and sanitation and girls’ access, are taken up in Chapter 8 insofar as they more typically concern adolescent children.

Some comment is required, however, on the situation of boys within basic education. Barriers for girls have generally been systemic and structural, for example, traditional gender roles within families and schools and access issues, whereas for boys they appear largely to be performance-related and perhaps about peer and social expectations. This needs attention within education policy and practice, to strengthen both participation/retention and academic outcomes of boys.

As discussed above, Namibia shows large disparities in the performance of its education system. This is partly driven by an inequitable allocation of resources in the education system. ECORYS observes that the education reform process was intended to rectify this, but because the budget and reporting systems in place do not provide sufficient in-depth information, rural schools continue to receive fewer resources and achieve worse outcomes (ECORYS, 2011, p. 15). Through his correlation analysis of SACMEQ and JSC trend data, Ninnes (2011) highlights the links between poverty and educational performance that require improved attention to budgetary allocations. Whilst he concludes that the poverty/performance nexus has been overcome with respect to Grade 10 (JSC) results:

the impact of poverty is now being felt most at the primary school level … [and] suggests two courses of action. First, poverty needs to be tackled more aggressively and second, the quality of primary education needs to be improved, particularly for learners in rural and remote areas. (op. cit., p. 27)

Standards of schools’ physical infrastructure are lower in areas with higher concentrations of poorer and more vulnerable children. ‘There is a clear relationship between the quantity and quality of school infrastructure and the quality of learning. … The situation is not good. More than 20% of schools have no toilets for learners or teachers and no water supply.’ (Ibid., p. 19) At the 2001–09 rate, it would take until 2040 before all schools have at least one toilet for students, until around 2030 before all have water supply, electricity and a telephone, and much longer before even 40 per cent of teachers have teacher accommodation. ‘These time frames are all unacceptable both from a human rights perspective and from a quality of learning perspective’ (Ibid., p. 20). More immediately:

Although providing permanent classrooms is important in most schooling contexts, the lack of water supply and toilets in more than 20% of schools is a more pressing issue. Lack of sanitation facilities impacts on learner health and well-being. In many jurisdictions around the world, schools and teachers are considered to have a ‘duty of care’ towards the learners. Not providing a healthy learning environment is a breach of this duty of care, and needs to be remedied more urgently than the classroom situation. (Ibid.)

That duty of care equally applies within the Namibian jurisdiction.
6.3.1 Socially- and economically-vulnerable learners

GRN, through NDP4, recognizes that strengthening the coverage and quality of ECD is a key means of eliminating the linkage between poverty and performance at primary school level. ECD has, by design or by default, mainly benefited non-poor children. This may simply be due to its early focus in more populated areas, with urban households earning an average income three times that of rural households, alongside ECD centres being non-governmental. However, the recognition of the key role of ECD and pre-primary schooling in accelerating learning outcomes, as well as redressing income-based inequities, has led GRN to strengthen ECD through:

- Ensuring the provision of 100 free, Government-run, strategically-located ECD centres by 2017, focusing on the poorest children
- Increased provision of and support for ECD teacher training
- Increased ministerial capacity to implement and support ECD centres.

Whilst GRN’s proposed transfer of responsibility for ECD from MGECW to MoE raises risks of diminished focus on the poorest and most vulnerable children, it may enable the improved resourcing necessary for ECD given historically comparatively strong budgets for MoE and weak budgets for MGECW. In practice, the role of the MGECW will remain important, as MoE will be unlikely to have the capacity to manage community-based ECD facilities, so that the transfer will need to be accompanied by the respective ministries’ clearly defined mandates and roles.

Another area of concern is the practice in various schools of clawing back child welfare grants from families through education payments. As was noted in Chapter 4, the Government’s policy of exempting households that are eligible to receive income-tested grants from paying school fees has continued to suffer implementation problems at the level of school administration. Quite simply, the practice of some schools, especially in rural areas, of turning away children of non-fee-paying families, and the reportedly more common practices of withholding student reports and textbooks as well as the stigmatization of children, has presented a direct threat to GRN’s efforts to improve equity in the Namibian education system. This is doubly egregious when the children are from households deemed to be sufficiently poor that grants are paid.

It is important to note here that GRN has moved from a focus on ‘orphans and vulnerable children’ to children in poverty, as poverty is seen to be a more critical factor in access to services than the notion of being an ‘orphan’. This is particularly helpful, as the majority of such children continue to live with a surviving parent or in a foster family. Moreover, poverty might be a better indicator of children’s access to and use of services than a perhaps poorly-defined notion of vulnerability. DHS data in 2006 for 10-14-year-olds, revealed minimal differences in school attendance rates between orphans, children with both parents alive, and children living with at least one parent (ECORYS, 2011, p. 70).

However, 2009/10 NHIES data show a slightly different picture, with orphans (5.9 per cent) being less likely to have never attended school than non-orphans (9.4 per cent), and school attendance being more likely for orphans without both parents than with one parent (NSA, 2012a, Tables 3.2.4 and 3.2.6). The key point is that, even though orphan status may be a good indicator of vulnerability or need, it is most likely that it acts as proxy indicator of household poverty. Similarly, reported administrative problems in properly providing financial support to orphans and vulnerable children in accordance with MoE’s Education Sector Policy for Orphans and Vulnerable Children, as per a 2009 report by the Auditor General, is less likely concerned with the status of the child than with individual school-based practices in defying such policy provisions for fee exemption for poor households. Of course, it may be the case that the more recent data showing higher school attendance rates for vulnerable children do indicate successful policy measures, but this does not diminish the merit of Government’s shift in emphasis to poverty as main focus for social grants, as discussed in Chapter 4.

The value of that approach is demonstrated by SACMEQ data showing that children from low-income families score lower than their peers from higher-income families. This is borne out by a recent analysis of ‘bottlenecks’ to basic education enrolment and performance which suggests that by the end of the junior secondary period most income-based inequities have dissipated due to repetition followed by dropout (Wils, 2013, pp. 3-4). The report shows ‘enormous’ disparities between schools in learning outcomes, with four regions – Hardap, Kunene, Omaheke and Otjozondjupa – being especially adversely affected. It concludes that the greatest bottleneck in primary schools lies with notebooks, textbooks and pens (Ibid., p. 9). SACMEQ 2007 data shows that only 32 per cent of primary school children had their own mathematics and reading textbooks and EMIS data suggests that though there are, on average, sufficient textbooks, problems with procurement and distribution by schools act to disadvantage children in poorer areas.

Not surprisingly, the main bottleneck identified in junior secondary education is academic preparedness, especially bearing in mind that despite the level of dropout by academically struggling learners from primarily poorer households, just a half of students pass the JSC assessment. Only 13 per cent of students from the poorest quintile reach the end of junior secondary – that is, complete a basic education – compared to 78 per cent of those from the wealthiest quintile (Ibid.) Ninnes concludes that ‘the education system, particularly at the primary school level, is not overcoming social inequalities but mainly reproducing them’ (2011, p. 21). It is very likely the case that MoE’s adoption of the key recommendations of the three 2011 studies – expenditure review, the mid-term ETSSIP review and the trend and gap analysis – will go a long way to addressing such inequities, although the question of the apparent weak distribution of primary textbooks and materials needs additional attention.
A WFP/MoE study conducted in 2011 reported that the programme was providing 270,000 children with fortified maize meals at an annual cost of N$282 per child.

6.3.2 The school feeding programme

Government’s introduction of the Namibia School Feeding Programme has also been instrumental in strengthening school attendance and the learning abilities of children from poor households. The programme was initially designed to target orphans and vulnerable children, but it is now, in practice, accessible to most students (WFP and MoE, 2012a, p. 26). Besides helping to tackle child malnutrition and to facilitate learning by otherwise hungry children, it also increases attendance, given the observation that – in Kunene region at least, and likely elsewhere as well – child hunger is a factor in school attendance if a daily nutritious meal is provided (UNICEF, 2010a, p. 71).

The programme has significantly improved coverage over the past five years, with three times as many learners in primary and combined schools benefiting from the programme (WFP and MoE, 2012a, p. 28). However, there are wide regional variations. There is no formal or strategic targeting of poorer or more vulnerable children and some of the most needy or remote schools may not be included (ECORYS, 2011, p. 16). A WFP/MoE study conducted in 2011 reported that the programme was providing 270,000 children with fortified maize meals at an annual cost of N$282 per child. It recommended further expansion with possibilities to reduce overheads through expanded domestic maize production, more fuel-efficient stoves, and ‘diversifying the food basket’ to include a dairy drink and mahangu biscuit (WFP and MoE, 2012b). The current meals fall a little below WFP energy and protein recommendations and well below desired fat, iron and calcium content levels, thereby necessitating a review of nutritional standards and options for improvement (WFP and MoE, 2012a, p. 33).

In addition to expanding coverage, formalizing operational guidelines, improving nutritional content, expanding the food basket and upgrading cooking equipment as well as introducing micronutrient and iron supplementation, there is also a valuable opportunity to link the programme with a school hand-washing initiative. This would reflect the complementary nature of improving nutrition and sanitary hygiene, especially given the low levels of hand-washing in Namibia. Finally, it is important that GRN acknowledges the central importance of community commitment and volunteerism in ensuring the programme’s viability as well as its strong family acceptance.

6.3.3 Children with disabilities in education

A specific aspect of inequity in education concerns children with disability. MoE makes some provision of ‘special classes’ within mainstream schools for children with learning difficulties, alongside some ‘special grades’ that adapt the curriculum for Special Schools, as well as offering classes for ‘mentally challenged’ children within two Special Schools (MoE, 2012, p. 10). In accordance with ETSP, MoE began publishing improved EMIS data on learners with special needs and vulnerable students as of 2011. According to those data, there are 14,016 students with a ‘visible disability’, defined as including visual, hearing and physical disabilities (55 per cent of whom are girls, and 54 per cent in primary school). There are 20,995 students with a ‘behavioural condition or illness’, defined as including epilepsy, intellectual impairment, behavioural or learning difficulties, autism or other disabilities (60 per cent of whom are boys, and 65 per cent in primary school) (MoE, 2012, Table 62). EMIS puts the total number of learners with a disability at 35,011, which implies that there is no overlap between the two groupings and that 5.8 per cent of all Namibian students have a recognized disability.

Namibia has nine Special Schools, with five located in Windhoek and two each in the far north and the south. Access is obviously very limited for children in most regions, but is even more limited in terms of each school being specialized for particular forms of impairment: two each for visual, hearing and mental impairment and three for slow learners. Namibia also has three Hospital Schools: these are for terminally ill children or those children with a short lifespan. There are 3,020 children enrolled in Special Schools, meaning that the vast majority of children with disabilities need to be accommodated within mainstream schools although, in practice, many such children do not enrol and thus receive no education (ECORYS, 2011, p. 72).

There is very limited information on the number of children with disabilities as there is no standardized way of defining disabilities in household surveys. In addition, there is prevailing stigmatization of people with disability as well as lack of information on the development potential of children with disabilities and the services and grants available to them. As a result, the number of children with disabilities in Namibia is likely to be substantially underreported. The 2011 public expenditure review stated that perhaps only a half of children with special needs have access to special needs schools or classes. Across mainstream schools, poor physical facilities for access by children with a disability is an impediment to many children with special needs who could otherwise enrol in them. The 2011 review therefore called upon MoE to ‘investigate and report on how Special Needs children can be more adequately and appropriately provided for in all schools’ and to ‘adopt and implement the new Sector Policy on Inclusive Education and in particular provide funding to construct specially adapted facilities’ (ibid., p. 25).

This new policy is important as it ‘recognises that educationally marginalised children either do not get access to school at all or are very likely to drop out of school, and therefore require special attention, and emphasises that the right to education of every child must be made aware to all parents, guardians, and communities’. Implementing the policy and creating a learning environment that is responsive to every child would also help address the widespread social exclusion of children with disabilities in communities (ibid., p. 75).

Implementation and budgetary measures are in the process of being determined, with a budget of N$146 million envisaged for 2011/12, 92 per cent of which is intended for physical
improvements to school premises and the expansion of pre-primary classes (Ibid., p. 73). This is an area requiring monitoring for future such reporting purposes.

6.3.4 Progress towards Education for All

In regard to the MDGs as a global measure of improved equity, Namibia shows mixed performance on MDG 2 on universal primary education but is likely to meet the MDG 3 target of gender parity in primary and secondary schooling. The key global commitment to Education for All (EFA) similarly comprises a series of goals to be met by 2015:

Goal 1: Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

Goal 2: Ensuring that by 2015 all children, particularly girls, in difficult circumstances and those belonging to ethnic minorities, have access to, and complete, free and compulsory primary education of good quality.

Goal 3: Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes.

Goal 4: Achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

Goal 5: Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls’ full and equal access to and achievement in basic education of good quality.

Goal 6: Improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

The most recent global EFA indicators for Namibia are shown in Table 6.1, with average regional data for SSA and for ‘developing countries’ (both of which include Namibia) for comparison.

Table 6.1: Progress towards the goals of Education For All

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Indicator1</th>
<th>Year</th>
<th>1991</th>
<th>1999</th>
<th>2010</th>
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<tr>
<td>Early childhood care and education</td>
<td>GER, pre-primary</td>
<td>Namibia</td>
<td>13</td>
<td>33</td>
<td>41 (2006)</td>
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<tr>
<td></td>
<td></td>
<td>Developing</td>
<td>...</td>
<td>27</td>
<td>43</td>
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<td></td>
<td></td>
<td>SSA</td>
<td>...</td>
<td>10</td>
<td>17</td>
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<tr>
<td>Universal primary education</td>
<td>NER, primary</td>
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<td>86</td>
<td>87</td>
<td>85</td>
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<td></td>
<td></td>
<td>Developing</td>
<td>78</td>
<td>80</td>
<td>88</td>
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<tr>
<td></td>
<td></td>
<td>SSA</td>
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<td>76</td>
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<td>Learning needs</td>
<td>Youth literacy rate (15-24 years)2</td>
<td>Namibia</td>
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<td>93</td>
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<td></td>
<td>Developing</td>
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<td>88</td>
<td></td>
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<td>SSA</td>
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<td>72</td>
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<td>Improving adult literacy</td>
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<td>0.75</td>
<td>0.89</td>
<td>0.96</td>
</tr>
<tr>
<td></td>
<td>GPI</td>
<td>SSA</td>
<td>0.75</td>
<td>0.89</td>
<td>0.96</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Namibia</td>
<td>22</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>GPI</td>
<td>Namibia</td>
<td>22</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>Educational quality</td>
<td>Survival rate to Grade 5</td>
<td>Namibia</td>
<td>62</td>
<td>93</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing</td>
<td>...</td>
<td>82</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SSA</td>
<td>63</td>
<td>69</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Pupil/teacher ratio, primary</td>
<td>Namibia</td>
<td>...</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing</td>
<td>29</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SSA</td>
<td>37</td>
<td>42</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: UNESCO (2010), Tables 12 and 13 (1991 data; UNESCO (2011), Table 10 (2006 and 2008 data); UNESCO (2012), Table 10 (1999 and 2010 data). Data in italics are for 2009; ‘...’ indicates no data. GPI (gender parity index) data are the proportion of girls to boys.

Notes:
1. Indicators using rates (NER/GER, literacy and survival rates) are percentages.
2. UNESCO data on ‘pre-primary’ should be treated with caution, in view of Namibia’s distinction between ECD and pre-primary. The data in this table appear to be for broader ECD at levels much higher than national records.

6.4 Education system challenges

6.4.1 Budgetary investments in education

It is important to consider Namibia’s public expenditure on education against continental and global benchmarks.

These UNESCO data show that Namibia is performing as well as, and in many cases better than, its peer countries. There is a small shortfall for Namibia in the pupil/teacher ratio compared to the developing countries’ average – albeit impressive by regional standards – but this is not necessarily an indicator of academic outcomes. It also reflects Namibia’s dispersed population, with small schools in less populated areas.
Namibia allocates a high level of public resources to general education, but educational outcomes are low. The root cause of these low outcomes is the deficiency of schools in delivering good quality education.

Compared to health, the education area is not as explicit about budgetary targets, either within the global EFA framework or within the continental AU 2nd Decade of Education for Africa, within their respective 2015 targets. UNESCO appears to advocate that education spending should endeavour to comprise at least 20 per cent of public revenue, but is understandably more concerned about capacity to improve ‘fiscal space’ for social sector spending and the proportion of education budgets directed to basic education. (AU, 2010, p. 142)

Namibia has historically provided comparatively high education budgets. The 2011 public expenditure review noted that GRN allocates 22.4 per cent of its budget to education, representing 6.5 per cent of GDP (ECORYS, 2011, Annex 5.1B, 2008 data). Table 6.2 compares Namibia with SSA and middle-income countries and shows a comparatively strong Namibian fiscal commitment to education.

Table 6.2: Comparative public budgetary commitments to education

<table>
<thead>
<tr>
<th>Indicator</th>
<th>1999</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public expenditure on education as % of gross national product</td>
<td>Namibia</td>
<td>7.9</td>
</tr>
<tr>
<td>SSA region</td>
<td>3.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Middle-income countries</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Total expenditure on education as % of total government expenditure</td>
<td>Namibia</td>
<td>22.3</td>
</tr>
<tr>
<td>SSA region</td>
<td>15.7</td>
<td>17.6</td>
</tr>
<tr>
<td>Middle-income countries</td>
<td>14.4</td>
<td>14.8</td>
</tr>
</tbody>
</table>

Source: UNESCO, 2012b, Table 9.

However, a common concern regarding education expenditure is the value for that investment. “In a nutshell, Namibia allocates a high level of public resources to general education, but educational outcomes are low. The root cause of these low outcomes is the deficiency of schools in delivering good quality education” (ECORYS, 2011, p. 18). The ETSIP mid-term review carries a similar conclusion. This is at the core of the education component of NDP4.

Education has … received the lion’s share of the National Budget almost every year. Despite this, there is broad consensus in Namibia that the education system remains weak by international standards, and requires significant intervention as a primary priority for the future of the country. (NPC, 2012, p. 46)

This being at the core of the education component of NDP4, it is therefore necessary to examine recent reviews of the education sector in terms of improving academic outcomes for public budgetary inputs.

6.4.2 Education system reviews

MoE has taken strong steps to sustain and accelerate improved education system performance and academic outcomes. Whilst noting the achievements during Phase 1 in the development and implementation of new policies and structures, the 2011 mid-term review of ETSIP concluded that key challenges remained. These included a poor M&E system, policy weaknesses, staffing and financial resource limitations, and co-ordination flaws. Importantly, it cited inequalities in the distribution of education inputs (Tencalla, 2011, p. 10).

The review also noted that although Namibia is moving towards universal primary education, internal inefficiencies in the education system remain, and there are high repetition rates and poor survival rates to Grade 10. These observations are echoed by Ninnes in his 2011 trend and gap analysis and by ECORYS/Macro Group in its 2011 public expenditure review of the education sector. The latter summarized the current situation as follows:

There are particular problems relating to (i) the Net Enrolment Ratio (officially 98.2%, but probably significantly miscalculated by MoE), (ii) the language of instruction (where many primary schools do not follow the MoE home language policy and teach children in English from Grade 1), (iii) Pre-primary classes (where only a minority of children can be accepted and typically the poorer children are not admitted), (iv) Upper Secondary schooling, (where too few classes are available to accommodate the numbers of potential learners), and (v) OVCs (for whom the MoE has introduced nominally pro-active policies but which have had rather little effect until now at school level). Attendance is especially low in Kunene region, with fewer than 60% of enrolled primary school age children recorded as actually attending school. (ECORYS, 2011, pp. 14-15)

The mid-term review recommends ensuring that ETSIP is properly functioning during its Phase 2, especially with regard to equity and efficiency goals. Ninnes proposed a focus on improving educational performance within a holistic and contextually relevant conception of ‘quality’ education – as captured in the ‘child-friendly schools’ approach (2011, p. 8). The public expenditure review builds on many of Ninnes’ key recommendations, focusing on education performance and outcomes, equity in resource allocation, EMIS quality and data integrity, effective budgeting and management, and professional capacities (ECORYS, 2011, pp. 23-39).

Collectively, these reviews and their outcomes are at the centre of current opportunities for advancing national education performance and outcomes. This has been established as being primarily a challenge of institutional reform and development of internal systems’ capacities.

6.4.3 School Development Fund

At the beginning of 2013 the School Development Fund (SDF) for primary education was abolished. Previously, there had been some contradictions between national policy and school-based practice in the administration of the SDF regarding children from poor families receiving child welfare grants (see Chapter 4). The Constitutional guarantee of primary schooling being free had been qualified by the 2001 Education Act that set fees at a maximum annual rate of N$250 per student in primary and N$500 in secondary schools, even though, in principle at least, OVC and children whose parents are unable to pay are exempt (ECORYS, 2011, p. 107). The main problem – apart from the issue of primary school fees per se – appeared to stem from the fact that the SDF has been the only source of discretionary funds available to schools (managed
punishing students for non-payment of fees is a counter-productive application of the fee-based system

by school boards), with reports of school-based practice effectively penalizing low-income and vulnerable children, contrary to MoE policy.

Although the SDF had represented just two per cent of total education expenditure, it nevertheless comprised 20 per cent of off-budget funds (N$114.5 million in 2009/10).

While there are no records about the way school development fund money is spent, some agreement exists that it should be used only for relief teachers, transport, sport and cultural activities, school maintenance and books and materials. (But our field visits indicated that in practice the SDF funds are also used for other purposes, such as boundary walls and fencing, or roofing over space between buildings to provide a covered assembly area.) The only two limitations that it cannot be used to finance salaries and that the money stays with the school that collected it. (ECORYS, 2011, p. 146)

Abolition of the SDF was advocated in 2012 by both the UN Committee on the Rights of the Child (2012, para 64(c)) and the UN Special Rapporteur on extreme poverty and human rights (UN Special Rapporteur, 2012). However, the public expenditure review noted that students in ‘SDF schools’ were achieving better academic outcomes than those in ‘non-SDF schools’ and recommended analysis of the reasons behind this, and that school principals be granted a greater role in the allocation of such funds, presumably compared to that of the school boards (Ibid., p. 24). However, with 87 per cent of schools operating an SDF in 2009 – with lowest coverage in Kunene region – it is just as likely that the reason for such academic performance is more to do with comparative economic wellbeing.

This would suggest that punishing students for non-payment of fees is a counter-productive application of the fee-based system. The fact that the SDF appears to have been largely used to compensate for inadequate school budgets in areas such as physical maintenance and relief-teaching requirements suggests that the appropriate response rests with central school funding practice. It is therefore a welcome development that, late in 2012, the Minister of Education announced the abolition of the SDF for primary schools, with an order that any such fees paid to schools as part of 2013 enrolment be reimbursed (Smith, 2012). Despite inevitable transition problems for schools in accommodating the immediate implications of that decision, it has been merited and welcomed, especially to the extent that it has been accompanied by a revision of school funding criteria, subsequent to the 2011 expenditure review proposal for a more equitable reform to the expensive and inefficient nature of the current per capita formula (ECORYS, 2011, p. 160). MoE’s associated budgetary provision for cash grants to schools will need effective management, with careful monitoring and support over the next few years.

6.5 Key observations and concluding comments

The education sector has developed a strong policy and planning framework for a countrywide school service and teacher training system. GRN commits a high level of public funding to education and has achieved welcome improvements in access, enrolments and attendance, and with respect to gender equity. The Government’s current expansion of ECD, which pays attention to children from poorer households, can potentially pave the way for its achievement of universal primary schooling and improved learning and retention rates, as well as the broader developmental and educational benefits for children of ECD-based play and social skills. This is an area that needs adequate reflection within national data systems for ECD and pre-schooling efforts.

The overwhelming challenge lies with maintaining existing commitments, especially in terms of budgetary allocations, education policy goals, MoE monitoring and EMIS standards. At the same time it must accelerate improvements across areas of academic performance. Weak academic outcomes remain the main threat to Namibia’s education system (the threats of abuse and neglect in schools are discussed in Chapters 7 and 8). There are good indicators in this regard, with improvements in teaching standards and a number of recent reviews yielding a valuable and consistent basis for reform and strengthening of the national education system, among them being the ETSIP mid-term review, the external public expenditure review and the UNICEF-funded ‘trend and gap analysis’ towards improving quality and equity in education in Namibia, all three of which were published in 2011. The structural reforms resulting from the implementation of the collective body of their recommendations requires close monitoring. A particular challenge for GRN will be to effectively redistribute or reallocate existing budgets to more effective interventions, including for more equitable outcomes.

Given its large size and small population, Namibia has comparatively small school populations that make economies of scale difficult to achieve. Secondary schools have huge regional variations, ranging from 573 students in Khomas to 170 in Caprivi, and yet the Government has achieved student/teacher ratios ranging from 26.5 in Ohangwena to 21.6 in Caprivi, with the corresponding figures for primary schools of 27.1 in Kunene to 30.7 in Otjozondjupa (ECORYS, 2011, p 51). These are good rates, and falling birth rates and rural–urban migration indicate that these ratios will fall even further so that costs per student will rise (Ibid., p. 58). This, in turn, underlines the importance of GRN’s current system review towards improved reform.

Namibia’s adoption of standardized testing for Grades 5 and 7, the recent introduction of Early Grade Reading Assessment for reading fluency at Grades 2 and 3, and improving periodic SACMEQ data for Grade 6 will be useful benchmarks of progress in coming years. This will help to better understand the link between learning and grade advancement given the high levels of grade repetition and withdrawal as well as potential weak learning behind improving survival rates.

One shortcoming within the education system is the very poor standards regarding water and sanitation for students and teachers as well as teacher accommodation in remote areas. This is not only a barrier to educational equity for rural populations not to mention a health risk for students, but it may also act as a factor in the withdrawal of some adolescent girls. It also affects transition to secondary education that often requires residential accommodation and student
hostels (see Chapter 8). However, the expansion of the school feeding programme not only helps in improving children’s nutrition but also increases school attendance of vulnerable children, and a recent review has identified important means by which its effectiveness may be further improved. These are important areas for MoE to better target assistance to meet equity goals in education, and to improve secondary enrolment rates.

The MoE has also made some progress in improving educational access for children with disabilities and other special needs. The main challenges are in the balance between specific schools for various disabilities and strengthening inclusive education in mainstream facilities. The Sector Policy on Inclusive Education is a welcome initiative, although it is not yet evident to what extent the special needs of San children in particular will be better met. As the EMIS-based annual data on children with special needs is dependent upon individual teacher’s judgements, it may be necessary to conduct an independent review of the student population to establish a valuable benchmark on the accuracy of annual teacher input in this regard.

Finally, it is important to acknowledge Government’s decision in late 2012 to abolish the School Development Fund. So doing has improved MoE’s compliance with the Constitution and with global human rights obligations. Moreover, in view of some school-based administrative practice contrary to GRN policy, it should also serve to improve equity and access for many children from poor households. It also emphasizes the importance of adopting parallel reforms in education funding in accordance with the recommendations of recent reviews. This calls for the development and implementation of a performance-based, per capita funding formula. The European Union has been assisting in this regard through the introduction of zero-based budgeting to improve efficiency in resource management, concurrent with its funding of ECDRITS to conduct the public expenditure review.

The protection of children, especially the most vulnerable, covers a breadth of issues that underpin the equity of national development and tests the depth of national commitment to human rights. It is also a key measure of the extent of fulfilment of child rights obligations by duty-bearers – government agencies, public and private institutions, parents and families, and the wider community – towards those most in need of care and protection.

The following sections deal with a range of issues and priorities that are often difficult to detect and typically concern threats and risks that happen sporadically, are complex in their root causes and appropriate responses, and often remain hidden. With children all too often experiencing multiple risks, complex interventions may be required due to delayed response. This also means methodological problems in defining and measuring vulnerable populations, making their description and analysis more difficult.

### 7.1 Legislative and policy framework

The primary legislative and policy frameworks are the Constitution (see Chapter 2) and the international and continental law on children’s rights (notably, but not only, the CRC and the ACRWC). Chapter 3 of the Constitution concerns ‘fundamental human rights and freedoms’ and includes provisions for the protection of children from exploitation, especially labour exploitation, and in areas of the administration of justice, including a prohibition on detention of children under 16 years of age (Articles 11, 12 and 15). It further provides for an Ombudsman to investigate apparent rights violations by public officials (Article 91).

The associated legislation to give effect to these guarantees remains inadequate. The main laws are the Children’s Act No. 33 of 1960 and the Children’s Status Act No. 6 of 2006. Since independence, Namibia has adopted various laws addressing specific aspects of protection from exploitation, for example, on child labour, domestic violence and sexual offences. It has also enacted legislation to provide for the juvenile justice system through a 2003 amendment to the Criminal Procedure Act No. 51 of 1977.

However, it has long been acknowledged that this apartheid-era legislation needs to be extensively reformed and updated. Following its participation in the UN World Summit for Children in 2000, the Government announced its commitment to legislative reform for children:

> Many of Namibia’s laws inherited from the apartheid regime of South Africa, are outdated and unconstitutional. The laws pertaining to children in conflict with the law are contained in various statutes, inconsistent and do not provide adequate protection to children. This lack of adequate legislation hampered efforts to create a juvenile system that conforms to international standards. … To promote and support community and NGO involvement in juvenile delinquency prevention, control and rehabilitation of young offenders … [a] legal framework for the protection of children’s rights is being developed. A Draft Child Care and Protection Act and Draft Children Status Bill incorporating the UN Convention on the Rights of the Child are at advanced stages of completion. (GRN, 2000, pp. 25-6)
The Children’s Status Bill was duly enacted. However, despite concerted Government work on drafting and public consultations, the Child Care and Protection Bill is still awaiting adoption and enactment 13 years after that GRN announcement. Together with the companion Child Justice Bill, this is now the key impediment to Namibia achieving a strongly child rights-based and unified legal framework for children’s protection and justice. The Child Care and Protection Bill is expected to pass through the Namibian Parliament during the 2013/2014 financial year. In its 2012 draft version, its objectives are to:

(a) protect and promote the wellbeing of all children;
(b) give effect to children’s rights as contained in the Constitution of the Republic of Namibia;
(c) give effect to Namibia’s obligations concerning child welfare, development and protection in terms of the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and other international agreements binding upon Namibia;
(d) promote the protection of families, and actively involve families in resolving problems which may be detrimental to the well-being of the children in the family;
(e) develop and strengthen community structures which can assist in providing care and protection for children;
(f) establish, promote and co-ordinate services and facilities designed to advance the well-being of children, and prevent, remedy or assist in solving problems which may place children in need of protective services;
(g) provide protective services to children who are in need of such services;
(h) protect children from discrimination, exploitation and other physical, emotional or moral harm or hazards;
(i) ensure that no child suffers any discrimination or disadvantage because of the marital status of his or her parents; and
(j) recognise the special needs that children with disabilities or chronic illnesses may have. (GRN, 2012b, Section 2(1))

Of particular concern is the minimum age of criminal responsibility. In 2010, the AU noted that Namibia is one of several African countries to still apply the lowest age of 7 years. This is especially incongruent for former colonial states, given that such low ages are commonly inherited from colonial laws. It is additionally incongruent within African states, as the ACRWC places a higher standard on measures toward ‘his or her reformation, re-integration into his or her family and social rehabilitation’ (Article 17.3).

A further impediment is the continuing negative implications – even consequences – of the parallel system of customary law, which contains provisions and practices that are inconsistent with children’s rights guarantees, including the minimum age of marriage and inheritance.

Nevertheless, GRN has proceeded to strengthen the associated policy framework, primarily through the adoption of the National Agenda for Children 2012–2016 and a range of strategic plans of action, for example, concerning orphans and vulnerable children and children in institutional or alternative care (see Chapter 2).

In October 2012, the CRC Committee called upon GRN to ensure adequate resources for the National Agenda and the establishment of an effective M&E mechanism, especially through improved resourcing and the mandate of MGECD (Committee for the Rights of the Child, 2012, paras 12-15). This is critical to the capacity of the National Agenda process and the associated Children’s Council, which will report directly to Cabinet to ensure effective linkages across areas of children’s rights, particularly for the most vulnerable children. Although the promulgation of the Child Care and Protection Bill does not seem to be a necessary pre-requisite for such actions, it is evidently viewed as such, which makes the passage of these Bills even more urgent.

7.2 Birth registration

The child’s legal identity under domestic law is the fundamental prerequisite for his or her protection and demands universal registration of the child at birth. The registration of births is administered by the Ministry of Home Affairs and Immigration (MHAI), and such documentation is necessary for school registration, receipt of social assistance, electoral registration, and applying for a passport, among other essential services and entitlements. In the justice system, it can reduce the risk of a child being tried as an adult. According to the DHS, only 67 per cent of births were being registered by 2006, with marked regional variations (as low as around 40 per cent in Caprivi and Kavango regions) and an urban/rural disparity of 30 percentage points (respectively, 82 per cent and 52 per cent). This represented a deterioration from the 71 per cent coverage in 2000, even as the population of vulnerable children swelled. Also of concern was the fact that only 60 per cent of children under five years of age had birth certificates and only 49 per cent for children under two (MHAI and UNICEF, 2012, p. 10; MoHSS and Macro International, 2008, p. 24).

In response, MHAI, MoHSS and UNICEF have initiated a range of measures to make universal birth registration a realistic goal. These actions include:

- The MHAI posting birth registration officers within 21 major hospitals countrywide (and also the phasing-in of death registration services), supported by a memorandum of understanding with MoHSS that ensures mutually supportive provisions
- Servicing the remaining 13 hospitals through MHAI regional and sub-regional offices
- Expanding MHAI sub-regional offices from four (2007) to 26 by 2012, thus improving rural and remote access
- Linking health and social welfare outreach with birth registration services (in 2011 civil
Refugees face serious challenges in registering the birth of their children, as officials are reluctant to issue birth certificates to foreign children born in Namibia.

registration staff joined the Maternal Health Days for the first time, although no results data are yet available

- The MHAI having conducted major mobile registration campaigns in 2009 and 2010, thereby achieving the additional registration of approximately 38,000 children
- Prioritizing within NPDH civil registration as a necessary step in ensuring effective responses to extreme poverty, including improved access to services, and including universal birth registration as a commitment of the NAC
- The decision to revise the Births, Marriages and Deaths Registration Act of 1963 to facilitate a more effective scaling up of registration
- The MHAI establishing a web-based integrated National Population Registration System (for which all 2.1 million birth registration records have already been scanned), with a fully functional (online) System in 31 of 61 offices by early 2013
- Making that database available to other ministries for rapid identity verification for services, which has already been reducing associated transaction time and costs
- The associated bringing online of countrywide civil registration offices (with 60 per cent coverage by 2012), thereby enabling routine remote access to registration data

Between 2009 and 2011, the birth registration rate increased by 56 per cent, and in the same time the volume of registrations increased by 56 per cent, from 41,368 to 65,828. The 2011 Census also suggests that birth registration rates have improved in recent years, with 78% of 0-4 year-olds having had their birth registered (Census 2011, UNICEF analysis). Between 2008 and 2011, the number of children benefiting from child welfare grants increased by 40 per cent, birth certificates being a prerequisite to qualifying for a grant (Ibid., pp. 20-1). Continuing opportunities for action exist in areas such as adopting mobile technology to streamline the registration process, extending outreach registration processes within the school network for remote areas, identifying ‘best practices’ within rural areas (such as the experience at Mariental State Hospital) to better inform practice elsewhere, and testing of birth registration in hospitals, especially to address some cultural factors that delay the registration process (Ibid., pp. 22-3).

At the same time, however, action is required on the plight of many undocumented minors who risk being stateless, including asylum-seeking and refugee children. The UN has recently observed that:

(c) Refugees face serious challenges in registering the birth of their children, as officials are reluctant to issue birth certificates to foreign children born in Namibia. Furthermore, the legal directive which requires refugees and asylum seekers to reside in the isolated Oshre refugee settlement restricts their freedom of movement to register the births of their children.

(d) The State party’s legislation on nationality is silent on the issue of granting nationality to children who are found in Namibia but whose parents are unknown. (Committee on the Rights of the Child, 2012, para 36)

The Committee has strongly urged GRN to ‘establish effective procedures to identify unaccompanied and separated asylum-seeking and refugee children and immediately take special measures to register their births’ (Ibid., para 37(c)). But the problem also impacts on highly vulnerable Namibian families. First, the mobility of people across border regions, such as members of extended families moving between Namibia, Angola and Zambia, means that documentation is incomplete and their legal status is vulnerable to changing legislation. Second, are Namibians who move to urban areas and discover the difficulties of having no documentation, as demonstrated by a December 2012 media report about three rural families who were relocating to an informal urban-fringe settlement that included 11 children aged 4-16 years, none of whom had ever been to school (the article was aptly headed ‘No future without national documents’ (Bause, 2012).

The 2013 DHS will be an important means of reviewing the extent of the expected strong improvement in child birth registration. Even so, additional measures are required to ensure that the most vulnerable children are protected and afforded their legal entitlements.

7.3 Children vulnerable to abuse and neglect

In general, the terms ‘abuse’ and ‘neglect’ respectively refer to acts of commission or omission against the child and constitute the main failings of duty-bearers to meet their obligations to the child in terms of the his or her international and domestic human rights. Child abuse covers forms of physical, sexual, psychological and emotional harm perpetrated on a child by another person, including parents and other guardians within the community, schools and other settings, and other children. Child neglect refers to the failure of those duty-bearers to provide the basic necessities of life for the child’s development or to ensure the necessary standards of care and protection of the child. Abuse of the child is sometimes defined as violence and exploitation, and may also extend to include forms of discrimination against the child. Within this section, the focus is on especially pervasive forms of abuse against the child in Namibia and on some of the groups of Namibian children who are especially vulnerable to neglect and exploitation.

Attention should also be given to UNICEF’s 2010 situational analysis, as it presents detailed overviews of the situation concerning various aspects of abuse, neglect and vulnerability. The following serves as a brief update and a means of identifying key opportunities for further progress.

7.3.1 Violence in the home and school

It is difficult to know whether rapidly escalating rates of reports of rape and domestic GBV are evidence of increasing incidence or increasing reporting, or both. For example, Figure 7.1 shows
The fact that ‘41% of Namibian men and a third of Namibian women believe that wife-beating (battering) is justified for one or other reason’ – most commonly if the woman burns food, argues with the man or goes out without telling him, if she neglects the children or refuses sexual intercourse – points to a highly disturbing and endemic crisis in Namibian social and cultural conditions.

Annual rates of applications for protection orders since the Combating of Domestic Violence Act No. 4 of 2003 was introduced.

Figure 7.1: Total protection order applications at all magistrates’ courts (2004–2008)

Either way, the fact that ‘41% of Namibian men and a third of Namibian women believe that wife-beating (battering) is justified for one or other reason’ – most commonly if the woman burns food, argues with the man or goes out without telling him, if she neglects the children or refuses sexual intercourse – points to a highly disturbing and endemic crisis in Namibian social and cultural conditions (MGECW, 2010a, pp. 15, 29; data from 2006 DHS). The adoption of the Combating of Domestic Violence Act put in place improved recourse to, and remedies for, victims of domestic violence, defined as including physical, sexual and economic abuse, intimidation, harassment, trespass, and emotional, verbal or psychological abuse. The latter covers the situations in which the child is exposed to or affected by domestic violence against another person (typically his or her mother). A Legal Assistance Centre (LAC) study of the implementation of that Act reported that children under 18 years comprise 67 per cent of persons affected by domestic violence (LAC, 2012a, p. 57).

The Act complemented and reinforced the provisions within the Combating of Rape Act No. 8 of 2000. Despite this, problems with ineffective implementation and inconsistent criminal enforcement remain significant barriers to protecting Namibian women from all forms of GBV. Whilst Women and Child Protection Units (WCPU) represent progress in terms of the protection of vulnerable members of society, they need strengthening in order to effectively carry out their mandated roles (MGECW, 2010a, p. 14).

Domestic violence is known to be heavily under-reported, for a range of reasons that include the lack of awareness of rights, fear of further violence, shame or fear of social rejection, the belief that it will not happen again, or a reluctance to approach the police. Nevertheless, there are indications that increasing numbers of Namibians are confident that they may approach police, traditional authorities or community leaders for assistance. There does, however, remain a significant gender disparity in the confidence in the police on domestic violence matters, who were viewed as effective by 81 per cent of men but just 57 per cent of women (LAC, 2012a, pp. 27, 29).

Violence against children is less likely to be reported, whether due to persistent beliefs that such acts of violence, when committed against a child, are acceptable forms of parental authority or ‘discipline,’ the notion that children are ‘property,’ gender inequalities in child-rearing practices, and high rates of acceptance of corporal punishment. In LAC’s study of 1,131 protection order applications involving domestic relationships, a mere six cases concerned children being abused by their parents (compared to 41 applications by parents claiming abuse by their children), with all such applications made by another adult on the child’s behalf (ibid., p. 54 and Table 17). For adolescent girls, risks increase with the phenomena of so-called ‘sugar-daddy’ relationships and ‘intimate partner violence.’ An estimated 36-41 per cent of all Namibian women experience physical and/or sexual violence, with alarmingly high rates (18 per cent) during pregnancy (ibid., pp. 16-18, 24; 2001 and 2007/08 studies). Research in 2004 on children in Grades 7–9 revealed very high rates of attempted suicide that were primarily attributed to ‘family problems’ (ibid., pp. 21-2). These data are indicative of an even more serious endemic dysfunction in both parenting practice and interpersonal gendered relations.

Corporal punishment continues to be widely accepted in Namibia. A 2008 study by MGECW estimated that 36 per cent of children are subjected to ‘excessive physical discipline’ (LAC, 2012b, p. 24). An eight-region study in 2007/08 seemed to suggest that while three-quarters of parents find it acceptable to hit a child for reasons such as ‘disobedience’ or ‘talking back,’ the majority believe that it is not necessary to do so, with many parents understanding domestic violence to include violence against children (ibid., p. 43). It is also potentially anomalous that most children consider corporal punishment unacceptable, but that there appears to be stronger support for wife-beating and weaker support for female sexual autonomy amongst younger than older men (LAC, 2012a, pp. 32, 36, 43).

Corporal punishment in schools continues to be a serious threat to children’s safety, wellbeing, and development. According to MoE, there were 210 cases of misconduct by teachers in 2011 (a continuing increase on previous years) that included 45 instances of sexual misconduct which resulted in 34 dismissals (of which only 12 resulted from sex-based offences) (see LAC, 2012b, p. 40). Since 2010, MoE has been endeavouring to tackle corporal punishment in schools, including the enforcement of alternative disciplinary measures. This requires further judicial clarification, as a 1991 ‘court ruling which found corporal punishment by government and quasi-government institutions to be unconstitutional did not address parental discipline or the transfer or delegation of the power of parental discipline’ (ibid., p. 50). It is, however, prohibited in MGECW’s residential...
It would also be beneficial to strengthen provisions against corporal punishment to effectively tackle the worst forms of bullying of children, girls in particular, including in schools as well serious forms of sexual harassment (see, for example, Sasman, 2012). (Some specific forms of violence, abuse or vulnerability – including harmful traditional practices and teenage pregnancy – are covered in the next chapter). Finally, it is important to the legal profession’s concerns that there is a purported misuse of the Combating of Domestic Violence Act when seeking custody of children (IAC, 2012a, pp. 129-30). This matter is addressed in the Child Care and Protection Bill, emphasizing the need to ensure that those provisions are retained within that legislation in its passage through the Parliament.

### 7.3.2 Vulnerable children

Namibia has a strong national policy and action framework for its large number of orphaned children, which in Namibia refers to the loss of either one or both parents. A review of the National Plan of Action for Orphans and Vulnerable Children (2006–2010) highlighted the need for a more comprehensively child-focused and multi-sectoral approach to national planning and development and gave rise to the National Agenda for Children 2010–2016, which ‘moves away from targeting orphans, who in many cases were not the most vulnerable, to reaching a broader group of vulnerable and marginalized children’ with an equity-based approach (GRN, 2012a, p. 3). In addition, the Education Sector Policy for Orphans and Other Vulnerable Children in Namibia (2008) provides protection to children within the education sector.

This shift in focus was discussed in Chapter 4 and has been less about reducing attention on children vulnerable due to AIDS and more about strengthening interventions for children affected by poverty. This policy recognized that many of the poor children had been bypassed by grant payments and that some non-poor but AIDS-affected children were receiving such assistance. According to the NHIES, 23 per cent of Namibian households in 2009 had at least one orphaned child (14 per cent of urban households and 29 per cent of rural households), with the highest levels in Ohangwena (45 per cent) and Omuatasi (35 per cent) (NSA, 2012a, Table 2.3.4). Households with orphans are also larger in size, with an average 7.1 people, than those without (4.0 persons) (Ibid., Table 9.1.4).

The previous situational analysis reported that 45 per cent of child-orphans had lost both of their parents by AIDS (i.e., the majority are not) and that there is little difference between the poverty rates for orphans (45.3 per cent) and non-orphans (42.9 per cent) (UNICEF, 2010a, pp. 15, 29). However, the 2009/10 NHIES shows a different picture, with poverty rates for households with orphaned and with non-orphanned children being 51.4 per cent and 32.7 per cent respectively, with the proportion in severe poverty comprising one-third of each cohort (NSA, 2012a, Figure 10.2.4.17). Regardless, the focus on poor children – including those who are orphaned – needs to ensure that child welfare grants do cover children in the 5,300 child-headed households (UNICEF calculation of Census 2011 data) and that orphans in non-poor households are no longer overlooked. It also needs to take full account of children who have been orphaned due to the

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chilcare and facility standards, and a comprehensive prohibition is included in the draft Child Care and Protection Bill.

Together, these observations highlight the need to strengthen the understanding and practicing of improved and more rights-compliant means of parenting, and the importance of doing so by breaking the cycle of inter-generationally socialized parenting behaviour and attitudes towards women. At the same time, it is important to note the likely prevalent view that any support for improved parenting is less to do with the child’s right not to be abused or assaulted and more to do with some more general notion of parenting effectiveness. In fact, it has been suggested that many parents may believe that the promotion of children’s rights undermine their authority and is detrimental to social control (ibid., p. 44).

Child rights and protection laws must therefore be popularized and carefully applied, and include suitable advisory and referral services and measures to promote alternative forms of parenting that do not involve abuse or violence. Such measures need to build on the success of initiatives such as the Child Helpline in providing a free, accessible and confidential counselling and referral service for children and young people, complemented by MGECW’s leadership in the development of standards and guidelines for such services. MGECW also needs to strengthen the effectiveness of linkages with the 15 WCPUs of the Namibia Police, especially in progress towards the National Gender Policy’s commitment to ensuring that those units ‘are welcoming places for women and children’ (MGECW, 2010a, p. 30). Alongside the police and key civil society groups, schools are primary partners in this regard, so that MoE’s effort to eliminate corporal punishment in schools is a critical step.

As both MoE and MGECW have shown, the continuing failure to adopt the Child Care and Protection Bill – which would significantly strengthen child protection measures – is not an impediment to all necessary actions. Within the framework of the Combating of Domestic Violence Act, there is an evident need for the formulation of measures to increase children’s access to the protection order process, and for magistrates to make better use of MGECW social workers for monitoring children affected by domestic violence. It is also important to improve police training on aspects of child protection from domestic violence for two reasons; the police response tends to be seen as ‘unsympathetic’ and their potential resistance to respond in the right manner (IAC, 2012a, pp. 110-11).

Recent initiatives by the Namibian Police to review the in-service training curriculum to include gender- and child-sensitive content and approaches are welcome and merit close review. Expanding access to, and the capacity of, shelters for women and children is another key measure, as is bettering the judicial use of provisions for the residency rights of the complainant and any children, to minimize child displacement. This should include the proposed extension of shelters to more of the currently unserviced regions.
The term ‘vulnerable’ is left vague in appreciation that it is likely to evolve as social conditions change or new issues emerge... That is, however, an unsatisfactory basis for legal provision or policy responses to such a priority child population.

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and its key partners (including UNICEF) continue to have an obligation to more clearly articulate legal failure of a duty-bearer towards a child – a breach of a legal duty of care – the Government critical measures for children, regardless of household income and economic wellbeing. One characteristic that sets vulnerable children apart from other disaggregations of children, whether in this report or more generally, is that the causes of vulnerability are often difficult to define and detect until the child’s rights have been violated, including due to community, institutional or household denial or concealment. However, to the extent that such breaches typically reveal a legal failure of a duty-bearer towards a child – a breach of a legal duty of care – the Government and its key partners (including UNICEF) continue to have an obligation to more clearly articulate the character of ‘vulnerability’ and how to operationalize responses toward minimizing such threats to the rights of the child.

Passing the two Bills through Parliament is a necessary step in ensuring the implementation of critical measures for children, regardless of household income and economic wellbeing. One characteristic that sets vulnerable children apart from other disaggregations of children, whether in this report or more generally, is that the causes of vulnerability are often difficult to define and detect until the child’s rights have been violated, including due to community, institutional or household denial or concealment. However, to the extent that such breaches typically reveal a legal failure of a duty-bearer towards a child – a breach of a legal duty of care – the Government and its key partners (including UNICEF) continue to have an obligation to more clearly articulate the character of ‘vulnerability’ and how to operationalize responses toward minimizing such threats to the rights of the child.

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One difficulty is the frequent overlaps between different forms of child risks and vulnerabilities. For example, violence or poverty in the family may lead to the risk of exploitative forms of child labour or of living on the street, and then to other potential risks. The response will depend on the point at which a child comes into contact with a duty-bearer and the professional orientation of that person. This will also influence the extent to which that response is appropriate to the root causes of the child’s vulnerability, given the likelihood of multiple concurrent risks.

Whilst the causes of such violations are overwhelmingly avoidable, appropriate responses are often complex, emphasizing the importance of prevention. This is often complicated by resistance from different duty-bearers, especially when ‘culture,’ ‘tradition’ or ‘religion’ are cited as justifications for abuse or exploitation.

7.3.3 Child labour

The MLSW oversees child labour regulation and investigations, the conduct of the occasional Namibia Child Activities Survey, and the provision of the Towards the Elimination of the Worst Forms of Child Labour (TECL) programme. It adopted the Action Programme to Eliminate Child Labour in Namibia (APEC) in 2008 as a five-year programme. While the 2009/10 NHIES collected information on children’s economic activity from the age of eight, it only published data on those aged 15 years and above. MLSW estimates that about eight per cent of all children are engaged in work but that the majority are engaged in ‘reasonable household chores that are considered as part of… family responsibilities’ (UNICEF, 2010a, p. 45).

This indicates the difficulty of defining child labour, insofar as it is often conflated with children assisting with domestic chores such as food preparation and cleaning that do not necessarily impede the child’s education or development. Of course, there is child labour that does do this, including work of an exploitative, hazardous or involuntary nature. It is for this reason that GRN ratified all core ILO conventions concerning child labour (see Table 3.1). In fact, the 2005 Child Activities Survey revealed that approximately 6.5 per cent of all children in Namibia between 16 and 17 years of age were engaged in hazardous work (ILO, 2002c).

As poverty and income inequality are considered to be primary drivers of child labour in Namibia, the necessary responses involve monitoring and regulation alongside poverty and inequality reduction measures. Chapter 3.1 noted that, in this context, Namibia ought to also ratify several additional ILO conventions (Nos. 155, 183 and 189), to enhance efforts concerning low income households and women in vulnerable employment situations.

Further to its recent description of the national situation (ibid.), the ILO has submitted comments to Namibia on aspects of child labour arising from reviews of the country’s child labour situation by the Committee of Experts on the Application of Conventions and Recommendations (CEACR) in 2011 and 2012. The Committee has identified problems with national laws and practice with respect to discrimination against people on the basis of sexual orientation, and the equality of employment opportunity for indigenous (San and Himba) people, within the framework of ILO Convention 111. For the Minimum Age Convention (No. 138), the Committee has welcomed national initiatives that include:  

As poverty and income inequality are...primary drivers of child labour in Namibia, the necessary responses involve monitoring and regulation alongside poverty and inequality reduction measures.
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- Inter-Ministerial co-operation (involving MGECW and MoE) to ‘streamline’ child labour actions and monitoring
- The training of some teachers in identifying and responding to children engaged in child labour
- The engagement of LAC in the implementation of the TECL programme, especially in the worst-affected rural regions, via the training of volunteer child watch monitors
- MoE’s undertaking of consultations toward the development of an education sector policy on child labour
- The National Union of Namibian Workers’ development of a draft policy on child labour (ILO, 2012a).

For the Worst Forms of Child Labour Convention (No. 182), the ILO Committee welcomed domestic law reform in 2009 that prohibited trafficking in persons and sought information on its implementation. It also welcomed Government’s actions to prohibit child involvement in hazardous work and requested follow-up actions to operationalize those measures. It further observed that its previous concerns about inadequacies with respect to children within prostitution and pornography laws, as well as to the involvement of children in illicit activities, had since been addressed in the Child Care and Protection Bill, including provisions for the protection of these children (ILO, 2012b). The Committee also welcomed GRN actions in the inspection of agricultural sector worksites and the prosecution of employers who persisted in employing children in contravention of the Labour Act. One example of the most exploitative forms of child labour is that of forcing children to act as couriers in illegal cross-border trade on the Angolan border in order to avoid import duty fees (ILO, 2011, p. 273).

7.3.4 Children with a disability

Namibia adopted its National Disability Policy in 1997, the implementation of which is monitored by the National Disability Council. The UN reported in 2012 that the national CRC periodic report lacked information on the Council’s work (Committee on the Rights of the Child, 2012, para 51(b)). Namibia has also ratified the UN Convention on the Rights of Persons with Disabilities, including its Optional Protocol on a communications procedure, but has yet to submit its initial report that was due in 2009. The CRC Committee has also called for the Child Care and Protection Bill to ensure adequate protections and measures of support for children with disability (ibid., para 52(a)).

The situation of school-aged children with disability was discussed in Chapter 6. To date, there has been reasonably good progress in Namibia in adopting a framework for social inclusion in mainstream schools alongside a system of Special Schools. Even so, that discussion noted the continuing difficulties in adequately meeting the various needs of children with specific learning needs, especially in terms of access to specialized support. It also commented on the possibly inadequate basis of annual education data on child disability frequency and type in terms of teacher assessments, so that – in a context of weak national data – there is a need to improve the available information.

A recent study has highlighted the need to build linkages between public policy and programme responses to persons with disability and community perceptions of disability that are largely shaped by traditional and cultural beliefs. It reports that cultural attitudes to disability are so strong “that people with disabilities are limited not so much by impairments or activity limitations, but more from the cultural interpretations of disability” (Haïhambo and Lightfoot, 2010, p. 77). It reviews studies of various ‘myths’ from across SSA and then reports on its own research in Namibia that points to a similar mix of culturally-rooted attitudes, in terms of both the causes and appropriate responses as well as the beliefs combining both negative and positive attitudes. The study concludes that although the ‘progressive’ National Disability Policy embraces a ‘social discourse’ about disability, community attitudes are largely shaped by religious and medical attitudes that are more focused on acquiescence or the demonizing of disability. As a result, it urges further policy development that establishes and incorporates the positive cultural attitudes to disability as a means of better engaging communities and households in overcoming the traditional stigmatization of people with disability in advancing their best interests.

For children with disability, there appear to be several directions to be pursued. Government needs to meet its reporting obligations to the UN Convention and ensure that domestic legislation – including the Child Care and Protection Bill – are in conformity with that Convention. MoE needs to ensure that there are sufficient places for children with disability in mainstream schooling and improved access to special education services in accordance with their individual circumstances; that sufficient teachers in the formal school system are trained to support students with disability; and that school maintenance programmes remove physical barriers. MoHSS needs to ensure the mainstreaming of early screening of newborns for disabilities within integrated neonatal services, so that early interventions and parental knowledge of appropriate assistance for such infants may maximise developmental opportunities and minimize stigmatization. The opportunities to improve linkages between national disability policy and the requisite behaviour change at community and household level – including through the harnessing of positive cultural beliefs or practices – also need to be examined.

Finally, the CRC Committee characterized Namibia’s disability strategy as ‘a social welfare approach’, evidently because it provides grants for children with disabilities (Committee on the Rights of the Child, 2012, para 51). Whilst this may be viewed as a simplistic observation in the context of the wider range of interventions regardless of their inadequacy in terms of coverage, it points to the need to review the special maintenance grant within the broader framework of current reforms to social grants.52

Considerations such as the additional costs to a family with a child with a disability also need to be factored in. Furthermore, the incidence of disability is disproportionately higher in rural areas, where poverty levels are higher and access weaker. As the special maintenance grant that applies to children with a disability is not means-tested, there may also be merit – with the introduction of expanded child welfare grants – in providing for the payment of an additional disability component, as is discussed with the Foster Care Grant.
7.3.5 Institutional and alternative care

With a high level of poverty, the large numbers of orphaned children, many children having to move to be closer to schooling, and the growing pace of rural to urban movement of employment-seeking adults, it is not surprising that a high number of children in Namibia cannot live with their birth families. The primary alternative living arrangement is with extended families or neighbours. Accordingly, Namibia prefers ‘kinship carers’ and then ‘foster carers’ over other forms of care such as institutional or other residential care. Over 13,000 children were in foster care in 2008, and just over 2,000 children were reported as being in 73 residential childcare facilities in 2009 (more than half of those facilities were located in Erongo and Khomas regions) (UNICEF, 2010a, p. 44).

MGECW has developed standards for childcare homes and foster carers and is responsible for monitoring their operations. The policy framework for alternative care is closely linked to family-based interventions and the national system of social grants. It appears that associated guidelines and responsibilities are informed by that more comprehensive policy context. In its 2008 assessment of the management of alternative care, MGECW put forward a case for an improved system of social protection for poor families and their children, notably elaborating the Livingstone Accord’s conceptual framework. It advocated a multi-faceted approach that would reduce the resort to institutional care for children in need of a place of safety or care, including through a system of formalized non-relative foster care, with upgraded care management, and improved family reunification. It called for the development of a ‘new order’ akin to guardianship, with relative care referred to as kinship care rather than foster care, and associated changes in the way social grants were paid, with a focus on children within the poorest families, including female-headed households (MGECW, 2008, pp. xi-xii).

In 2009, 43 of the country’s 58 residential facilities had a child protection policy in place that was informed by MGECW standards, with demonstrable improvements for children (LAC, 2012b, p. 49). Adoption is seen as a last resort, especially inter-country adoption, which is not presently permitted under domestic law. To legally resolve this restriction, MGECW has been developing local guidelines to enable inter-country adoption in accordance with the corresponding Hague Convention, including confining such adoptions to Hague Convention signatories (Ibid.). Further progress is being delayed until the promulgation of the Child Care and Protection Bill.

With a sound body of procedures and standards in place, the two primary impediments to effectively managing systems of domestic care of children outside their kinship care system are the weakness in domestic laws as a result of the new Bill still pending adoption, and the shortfalls in available social work staff to adequately administer and monitor such arrangements. The latter is exacerbated by the inordinate demands placed upon social workers in managing procedural arrangements for Foster Care Grants, but this will hopefully be addressed by GRN in the adoption of a stronger system of child welfare grants to poor and vulnerable households, as discussed in Chapter 4. The upcoming DHS will also provide important benchmark data on children in different forms of alternative care that will be important for monitoring such trends in the improved national response to extreme poverty and children within them.

7.4 Children and the justice system

The two primary ministries with responsibilities for the operation of the Namibian justice system are the Ministry of Safety and Security, which administers the Police – including the WCPUs – and the Prisons services, and the Ministry of Justice, which administers the Court system (see UNICEF, 2010a, pp. 20-1). Two others have statutory responsibilities in regard to children who are in contact with the law, including juveniles up to the age of 18 years. The role of the MGECW includes casework and support services in areas such as GBV and temporary changes of guardianship, as well as assessing (‘screening’) arrested children in order to assist with decision-making on the withdrawal or processing of charges. The Ministry of Youth, National Service, Sport and Culture (MYNSSC), through its Youth Directorate, operates juvenile justice diversion programmes, supplemented by life skills training. In practice, it provides the lifeskills programmes and MGECW undertakes placements for pre-trial community service.

These are roles that range across circumstances where the child or adolescent is suspected of, or sentenced for, committing an offence as well as children who are victims of offences by other persons, especially family members or other primary duty-bearers to the child. But there is also a realization that all these children may be considered as ‘victims’, given that children who are brought into the justice system for allegedly committing an offence will commonly display characteristics of abuse or neglect that are factors in their actions, or be linked to situations of poverty or domestic violence that have increased their vulnerability to exploitation or lack of care. A 2008 study by the ILD and MLSW reported that the main causes of children committing offences are poverty, hunger and peer pressure (Ibid., p. 86). Such factors in turn indicate vulnerability to exploitation, including through adults coercing children into committing offences, which is among the worst forms of child labour.

This awareness is reflected in Namibia’s emphasis on diversionary measures for young offenders to provide more constructive alternatives to incarceration or detention. The 2003 amendment to the Criminal Procedure Act No. 51 of 1977 made provision for child-friendly courts. This followed on a 1994 study of young offenders in Namibia that yielded alarming results and prompted more meaningful reforms. The Child Justice Programme was implemented in 1998, with the Prosecutor General approving the use of diversionary options for petty crimes. This programme is based on a restorative justice approach which is contained within customary laws and practices of the Traditional Authorities Act No. 17 of 1995 and was designed to bring the young perpetrator, his or her parents, victims and community representatives together in a guided mediation setting to achieve consensus towards the restoration of relations (MGECW, 2010e, pp. 3-6).

‘There is very little data available as to the prevalence and situation of children in conflict with the law’ (GRN, 2013, p. 81). Limited data indicate a decline in numbers of children being...
arrested and in the numbers of children being imprisoned. For example, the number of children serving a sentence of imprisonment was 293 in August 1999 but only 38 in October 2012 (Schulz, 2012b). Children who are imprisoned are kept in special facilities at regional prisons, to make family visiting easier… Diversion programmes for young people consist of basic skills training, educational assistance and counselling… at a local youth centre or youth office (UNICEF, 2010a, p. 88). Budgetary limitations, however, mean that diversionary options and other alternative or rehabilitative responses are still minimal. Accompanying data are limited or non-existent: Figure 7.2 shows the data provided by GRN in its CRC periodic report for and prior to 2007, which illustrates the decline that appears to be continuing, and at an increasingly stronger pace.

Figure 7.2: Number of children detained in special facilities in Namibian Prisons (2000 - 2007)

Such international standards primarily comprise the UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules), the UN Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines) and the UN Rules for the Protection of Juveniles Deprived of their Liberty. In addition, there are the UN Standard Minimum Rules for Non-custodial Measures, the UN Guidelines for Action on Children in the Criminal Justice System, the UN Basic Principles on the Use of Restorative Justice Programmes in Criminal Matters, and the UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime.

A ‘rapid analysis’ of children in conflict with the law was carried out in 2012, with the goal of determining the nature and extent of compliance of Namibia’s child justice system with international legal obligations, notably the CRC but also primary international standards. The review examined policies and laws in terms of regular independent inspections, a complaints mechanism, a specialized juvenile system (distinct from that for adults) and prevention measures. It generally found such ‘juvenile justice policy indicators’ to be weak in terms of policy and laws, even though it observed substantial improvements in procedures and outcomes over the past decade. This period was marked by a distinct strengthened focus on diversion of young people from both the court system in terms of reductions in juvenile arrests, and in matters where proceedings were not taken forward, and in the prison system with the development and implementation of community-based diversionary measures that also assist in ameliorating social or individual mitigating circumstances, in facilitating rehabilitation, and reducing prospects of recidivism.

Although the ‘rapid analysis’ also suffered from the absence of data in many key areas, it undertook a review of court records for children at the Katutura Magistrates Court (Court C) in 2011. These showed that approximately half of all cases resulted in the child’s release into the custody of a parent or guardian, with just six per cent of the total of 355 cases concerning children under the age of 14, of whom 81 per cent were male (Schulz, 2012a, p. 50). Cases against children under 14 years of age were typically withdrawn, the circumstances being primarily associated with the recognition of the child’s domestic circumstances and concerned with best interests within the scope for the younger child as having diminished capacity (doli incapax) and thus diminished responsibility. Court C sentenced no children under 14 in 2011 (ibid., p. 58).

However, these are small compensations for such a low minimum age of criminal responsibility. In practice, children aged under 14 (or whatever age is deemed more appropriate: the Child Justice Bill’s proposed use of ten years would keep Namibia below acceptable international norms) are nevertheless brought into the justice system at such a young age, even if they are spared a court hearing or sentence or incarceration. And children just a few years above the age at which a minimum age would more appropriately be set are currently being denied the fuller benefits of that rebuttable presumption of doli incapax to their – and the community’s – longer-term detriment.

In its consideration of Namibia’s CRC periodic report, the Committee on the Rights of the Child expressed its concern about:

(a) The minimum age of criminal responsibility, which is 7 years of age in the State party, being unacceptably low;
(b) The children’s courts not being operational in all regions;
(c) The absence of information in the State party report and public domain on the situation of children in conflict with the law;
(d) The lack of special detention facilities for children, both boys and girls, children being incarcerated with adults, and the poor conditions of detention, including in prisons;
(e) The reports that judges do not consistently enforce the amendments to the Criminal Procedure Code(Act No. 24 of 2003) (Committee on the Rights of the Child, 2012, para 73)

The Committee’s recommendations for improving CRC compliance largely called upon GRN to ensure that its domestic juvenile justice system is in conformity with relevant international standards. In particularly urged the Government:

(a) To urgently update and adopt the pending Child Care and Protection Bill and Child Justice Bill;
(b) To amend the age of criminal responsibility to an internationally acceptable level, ensuring that such provision does not allow, by way of exception, the use of a lower age;
(c) To ensure that all the provisions relating to juvenile justice in the Criminal Procedure Amendment Act are effectively enforced, including those relating to children’s courts;
(d) To establish children’s courts in all regions of the State party;
(e) To provide all professionals working in the juvenile justice system with training on the Convention, other relevant international standards and the Committee’s general comment No. 19;
(f) To protect the rights of children deprived of their liberty and improve their conditions of detention and imprisonment, in particular by establishing special prisons for children.
Even in cases of rape, customary justice may be preferred, not because it delivers justice to the victim but often because it spares her or him an often-traumatic experience within the police reporting and court hearing processes.

The Rapid Analysis concluded with several specific recommendations:

A. The law reform process on Child Care and Protection, and Child Justice, should be resumed and finalised as a matter of priority.
B. The text of the Draft Child Justice Bill should be updated and aligned to (a) the requirements of the CRC, (b) the pending Child Care and Protection Bill, and (c) any other legislation referred to in the draft; in order to ensure that these laws, once they have been enacted, are commensurate in structure and content.
C. In a process parallel with the alignment of the existing draft (Recommendation B), stakeholder consultations, including government ministries, (child justice) agencies, and civil society, should resume where the consultation process came to a halt.
D. A national child justice data base, gathering data and information pertaining to the Juvenile Justice Indicators (Nos 1-15) should be created, with the proviso that all and any custodians of such data and information be required to provide, in to be determined regular intervals, to the data base.
E. Interim measures (immediate):
- Provision of alternative places for pre-trial detention of children
- A formal reporting system for Social Workers to bring incidents of non-separation of adults and children in police cells to the attention of concerned stakeholders
- Resumption of meetings of the Interministerial Committee on Juvenile Justice (IMC)
- The reactivation/establishment of district Juvenile Justice Forums (JJF) where they are defunct
- Provision of training on the significance of the CRC in child justice to (child justice) professionals who work with child/juvenile offenders.

For such purposes, particular reference should be made to the UN Secretary-General’s Guidance Note on the UN approach to rehabilitation and development for children, especially its guiding principles (UN, 2008). Across this entire priority area of reform to policy and practice in Namibia is a primary need for a stronger commitment and expression of political will and leadership towards such ends.

7.5 Key observations and concluding comments

Not surprisingly, given frequent references in earlier chapters, the main barrier to sufficiently rights-based protection and justice frameworks for children and adolescents in Namibia is the continued delay in the adoption and implementation of the two relevant Bills: Child Care and Protection and Child Justice. Various references have been made to aspects of these instruments.

The Consolidation and Regulatory Development of Child-Friendly Procedures would aid in the Systematization of Child-Friendly Court Processes

Note on the UN approach to rehabilitation and development for children, especially its guiding principles (UN, 2008).


There is also an unintended consequence of declining and comparatively small numbers of children in detention, in that a preference to detain them closer to their families leads to fewer such children in any locality and reduces Government’s capacity to ensure the child’s access to more comprehensive rehabilitation and development services. In addition, it is reported that one weakness in the practice of diversion is that the associated formal programing for such children is commonly limited to the Life Skills Programme. Co-ordination between MYNSSC and MGECW social workers – which has been described as ‘rare’ – should be also improved, and stronger case flow mapping should be ensured so as to improve the quality of, and linkages between, screening, diversion, and court appearances (UNICEF, 2010a, p. 88, MGECW, 2010a, p. 4). Such improvements will likely also assist in addressing concerns about the continuing incidence of pre-trial detention of young suspects.
that need fuller alignment with children’s rights obligations, notably the need to raise the minimum age of criminal responsibility from its colonial-era inheritance of seven years of age. It is unlikely that the proposed raising to ten years will meet those obligations.

Birth registration has recently undergone strong improvements since the deterioration in coverage that saw the 2006 rate of 61 per cent. The recent progress mainly results from MoHSS/ MHAI complementary reforms. Nevertheless, some groups of children lack any form of documentation, including unaccompanied and refugee children and undocumented rural poor children in families moving to urban areas.

Many children – especially girls – remain at great risk from pervasive, persistent, and seemingly endemic levels of violence, especially from guardians and carers within families and schools. Many more children are the victims of violence perpetrated by an adult against a carer adult, typically their mothers at home. Improved legal provisions are seen increasing levels of court applications, despite persisting resistance to bringing many cases to the attention of the police and courts, often because of concerns about formal processes. Accordingly, many cases of domestic violence – including sexual assault and rape – still find their way into customary legal process, with poor levels of justice for victims but often more accepted (less invasive and more restitution-based) processes and outcomes. This requires the formal justice system to be more responsive to victims of gender-based and domestic violence, especially children, to enable serious offences to be properly addressed.

All this notwithstanding, the endemic rates of violence against women and children demand far more concerted efforts towards prevention as distinct from prosecution, including assisting behaviour change amongst young people in order to break the ‘culture’ of violence against women and children being seen as acceptable. It has also been noted, especially in section 7.3.1, that there is a substantial unmet need across regions for appropriate support services, including shelters, to ensure safe havens and education of rights in combatting violence. Serious concerns about standards in many – if not most – school hostels and boarding houses need similar attention, especially as a considerable number may not even satisfy GRN’s own minimum standards for children’s residential facilities, which are administered by MGECW.

Responses to vulnerable children are undergoing a shift from ‘HIV-affected and otherwise vulnerable’ to ‘poor and vulnerable’. However, the challenge for support services in responding to a multiple and often belated manifestation of risks remains, and needs more rigorous policy analysis to inform suitable response and mitigation strategies that go beyond the issue of poverty. For children vulnerable to labour exploitation, GRN has improved regulations governing the worst forms of child labour, increased workplace inspections, and initiated the prosecution of employees in breach of those regulations. Whilst enforcement remains at a low level, it is a very welcome improvement in terms of compliance with the associated ILO obligations.

Particular opportunities in responding to ILO standards include putting in place suitable ongoing interventions within the APEC and TECL frameworks; maintaining and strengthening Child Activity Surveys and ensuring timely publication of data and finding; continuing actions by labour inspectors in the investigation and prosecution of child labour violations; paying attention to the most serious forms of child labour, such as forced involvement of children in illegal cross-border activities; and – once again – promulgating the Child Care and Protection Bill. Namibia’s increased focus on reducing poverty and inequity also merits GRN’s attention to the ratification of, and compliance with, ILO Convention No. 156 (maternity protection), No. 183 (home protection), and No. 189 (domestic workers).

Several opportunities for advancing the rights of children with a disability include Namibia’s now-overdue report on the UN Convention on the Rights of Persons with Disabilities, aligning the Child Care and Protection Bill with that Convention, mainstreaming early infant screening for disability within integrated neonatal services to enable early interventions, and reviewing community attitudes to disabilities in terms of positive cultural beliefs or practices. There is also a need to ensure that an improved system of social grants factors in the higher demands on poor households with children with disability. This may especially require improvements to the national measurement of the nature and extent of child disability, given current methodological weaknesses (notably the annual MoHSS EMIS surveys). Reforms by MGECW to standards of institutional and alternative care of children have importantly emphasized kinship care, with institutional care standards having been improved through strengthened child protection standards and procedures for their care. The increasing demands on ministry social workers for administrative obligations, including the processing of Foster Care Grants, need to be addressed as this is often at the expense of ensuring timely professional interventions and casework services for children.

This extends to the need for expanded social worker roles in the juvenile justice system against the background of stronger judicial emphasis on means of diverting children and younger adolescents from court processes (notably including the withdrawing of charges, where feasible) and from detention (primarily where there are suitable community-based alternatives). The increasing resort to restorative justice responses – including those existing within the customary system – requires adequate professional commitment and access to resource persons, including social workers. So doing constitutes an effective investment of public resources that yield strong community benefits by reducing the level of repeat offending, providing opportunities to address the root causes of offending, reducing families’ fragmentation, and improving options to reintroduce such adolescents to education. The improvements in the juvenile justice system to date require strengthened supplementary measures to deliver their larger potential, including consolidating efforts to build a system more compliant with international justice standards. The CRC Committee’s recent recommendations are especially pertinent and therefore merit review towards being resourced and operationalized, alongside the key outcomes of the 2012 ‘rapid analysis’ and the lessons learnt from the LAC’s pilot project on child witness support and court preparation for victims of violence (presently transferred to MGECW).

Collectively, the opportunities highlighted by the review and analysis in this chapter represent critical and cost-effective investments to the strong mutual benefit of the broader Namibian
community, and especially to the very many families and their children who are directly at risk. This review has illustrated the advances in recent years in building a stronger protective framework and a more rights-based justice system, albeit one that needs further strengthening in order to ensure the social returns on these efforts.

All this needs to start by instigating the long-overdue reform of the legislative framework and improving the collection and publication of data within both protection and justice. An August 2012 child justice training workshop conducted by MGECW sought to progress the Child Justice Bill towards its introduction into the Parliament. The Child Care and Protection Bill is presently (mid-2013) being revised by MGECW and is scheduled for tabling at the National Assembly during the 2013/2014 financial year (this schedule does not include the Child Justice Bill). At least as important as the imminent legislative reforms is the parallel need for more committed and sustained political leadership in order to tackle the country’s persistent and criminal levels of domestic and gender-based violence and to ensure a child- and adolescent-friendly justice system.

Adolescent participation and development

The previous chapters have discussed the wellbeing of children across a range of children’s rights within the framework of sectoral policies that best enable the reforms required to strengthen domestic responses. It has also been pointed out that many of today’s adolescents are the beneficiaries of MDG-era improvements in infant health and survival rates, and that improved investment in them is the best means of ensuring the wellbeing of the next generation (UNICEF, 2012c, p. 5).

This chapter is complementary to, and an extension of various areas of, the analysis in that earlier discussion, and takes up a range of issues that are especially – but not necessarily only – linked to adolescent children. It is therefore important to view this chapter in the context of this overall report. Priorities for young people should not be treated as separate to or isolated from the larger domestic policy context, which is a potential risk with the so-called ‘life-cycle approach’. As a guide, a global review of the situation of adolescents has identified the following as amongst the most marginalized and at risk: married adolescent girls, adolescent victims of violence, young adolescents out of school, adolescents with HIV, and adolescents without access to information or to services (Ibid., p. 37).

The following discusses most of those priorities with regard to Namibian adolescents. For comparison with the regional and global situation of adolescents, the UNICEF 2012 ‘progress for children report card’ (Ibid., Statistical table) provides the most recent data. This shows that Namibia’s adolescent birth rate is lower than the average for Africa, including SSA, but still higher than that of developing countries. However, the proportion of young women (20-24 years) who gave birth before reaching the age of 18 is lower for Namibia (17 per cent) than the averages for developing countries, Africa and SSA. The rate of skilled birth attendance for mothers aged under 20 is also much higher (82 per cent) than for those other groupings (developing countries’ average is 55 per cent). A more detailed analysis is included in the discussion on life skills herein.

8.1 The rights of Namibian adolescents

The transition from ‘childhood’ to ‘adolescence’ is not age-specific. The CRC acknowledges the variable evolving capacities of the child in Article 12, which sets down the child’s right to freely express views on matters affecting him or her, in terms of their capacity to form such views and with due regard to their age and maturity in expressing those views. This right of the child to express views and have them taken into account on matters that affect them is somewhat stronger for African – including Namibian – children than those of other continents or states. This is due to the provisions of ACRWC’s Article 7:

Every child who is capable of communicating his or her own views shall be assured the rights to express his opinions freely in all matters and to disseminate his opinions subject to such restrictions as are prescribed by law.
This implies a broader right for the African child; both the CRC (Article 41) and the Charter (Article 12) provide that ‘more conducive’ provisions shall apply, so that the Charter’s expanded rights shall be afforded to the Namibian child. The CRC provision concerns a child’s right to be heard on matters ‘affecting the child’ – and especially on judicial and administrative proceedings – to the extent that the child is considered to have sufficient maturity to form such a view. The Charter focuses on the child’s capacity to communicate views under less constrained conditions, i.e. ‘all matters’. It is therefore additionally important to note Article 31 of the Charter which states that the child has particular responsibilities, generally described as duties focused on the achievement of family cohesion, the strengthening of national solidarity and cultural values, and the promotion of African unity.

Some comment is merited on this important and – within international human rights law – unique provision, particularly as Namibia is not alone in having a population resistant to the rights of the child that demand reference to their ‘responsibilities’. A recent article on the comparative provisions of the CRC and the ACRWC comments as follows:

Within the Charter’s earlier subordination of traditional and cultural practices to the best interests of the child and potentially contentious guarantees to abandon harmful traditional practices, this is a carefully considered and drafted provision, especially within the spectrum of cultural relativism and the universality of human rights that the Charter defies. Treaded as an example, the duty on the child ‘to respect his parents, superiors and elders at all times’ is to be understood within the broader and overarching obligations to ensure the child’s ‘best interests’, protection from harmful practices, and assurance of the Charter’s guarantees in such areas as the particular freedoms of articles 7-9.

Nothing in article 31 is to be interpreted as modifying or limiting the African child’s full enjoyment of the other articles: article 31 is an individually and collectively empowering provision. It needs to be interpreted and applied in a way that understands the additional obligations on parents, communities and the state to enable the child to fulfill her or his responsibilities in this regard. Article 31 thus envisages ‘positive developmental content that aims to nurture child participation, cherish community traditions, further peace-building and harmonious social development as well as foster African unity’. (Johnson, 2013, p. 12; quoting J. Sloth-Neilsen and B. Mezmur, 2008, p.188)

Further reflections on the particular rights of the (African) child regard to ‘participation’ are included in section 8.3. For now, it is important to acknowledge that child rights law – including Namibia being a state party to the CRC and the Charter as well as the provisions of Article 144 of the Constitution – introduces a progressive expansion to broader community engagement and ‘being heard’ and to reciprocal duties to the family and wider society (including African Unity) as the child matures and his or her capacities evolve.

This also recognizes that by the stage of adolescence the child will encounter new or different challenges and vulnerabilities. Some of these have been discussed in earlier chapters, mainly in regard to shifts in age-specific legal provisions, such as the minimum age of criminal responsibility, the school-leaving age, and the age of entry into employment. This chapter takes up a range of challenges or vulnerabilities associated with this period of transition between ‘childhood’ and ‘young adulthood’. Although there is no agreed age of entry into adolescence, given that it depends on factors of individual maturation and development, there is good reason to generally look at an age range of 15 to 18 years, with the flexibility to extend before and after the ends of that range according to the young person’s circumstances and needs.

This ‘good reason’ is the African Youth Charter (AU, 2006a), which is an important complement to the African Children’s Charter in that it is consistent with it in terms of general principles and the nature of applicable rights for those aged between 15 and 35, again with special provisions for a ‘minor’ – defined as a young person aged 15-17 years. The African Youth Charter was adopted by the AU in 2006 and came into force in 2009, with the requisite number of state parties. It was ratified by Namibia in 2008 (see Table 3.2). Unlike the ACRWC, however, it does not include a reporting obligation on state parties.

Among the notable provisions of the African Youth Charter are:

• An explicit statement of the rights to ‘social, economic, political and cultural development’ (Article 10) and to ‘gainful employment’ (Article 15).
• A comprehensive provision for the young person’s ‘right to participate in all spheres of society’ (Article 11 – discussed further in Chapter 8.3).
• An obligation on the state to develop ‘a comprehensive and coherent national youth policy’ with an ‘adequate and sustained budgetary allocation’ (Article 12).
• A requirement that the young person’s right to education includes that secondary education be made ‘progressively free’ and that education include the ‘development of life skills’ (Article 13.3(f) and 13.4(b)).
• Specific guarantees of the protection of girls and young women from harmful cultural practices and other forms of discrimination (generally, Articles 23, 25 and 20.1(a)).
• The elaboration of the young person’s ‘responsibilities towards his family and society, the State, and the international community’ (Article 26).

The following discussion and analysis refers to the rights of Namibian adolescents, including the provisions of the Youth Charter for those aged 15 years and over.

8.2 Risks to and vulnerabilities of Namibian adolescents

This section pays particular attention to girls, as so many of the most serious vulnerabilities of adolescence concern post-pubescent females (this too is not an age-specific stage). There is, of course, a wider range of threats to adolescents that similarly apply to young males, and most of these have been afforded general discussion in earlier chapters, including education access and quality, child labour standards and protection, and the justice system. Even so, several of the issues that follow apply to both girls and boys, including life skills education and HIV knowledge and response.
8.2.1 Girls and young women

It will be no surprise that the threats to girls in Namibia are both diverse in their forms and complex in their causes. The combined effects of poverty, gender-based discrimination and exploitation, and varying traditional or cultural practices across different ethnic groups, take many forms. According to Namibia’s National Gender Policy, many girls ‘tend to gradually drop out in upper primary and high school as a result of pregnancy, poverty, HIV and AIDS, sexual harassment, early marriages and other cultural practices’ (MGECW, 2010a, p. 16). The domestic sexual abuse of children in Namibia is a serious problem; a 2006 UNICEF study reported that one in four 10-14 year olds, admittedly of a comparatively small sample group across three rural regions, had experienced such abuse by a parent or caregiver (LAC, 2012a, p. 22). The CRC Committee voiced its alarm at the ‘high incidence of child rape by family members, caretakers, teachers and local leaders’, the ‘low prosecution for crimes of sexual violence against children and the pervasiveness of extrajudicial settlements, leading to impunity for perpetrators’, and the ‘limited access to justice, shelter, medical services, counselling and compensation awarded to victims under the national legislation’ (Committee on the Rights of the Child, 2012, para 40). This attests to the very high levels of vulnerability of many children – adolescent girls in particular – and the very weak national protection and law enforcement framework. This is the obverse side of Namibia having strong laws, with the Combating of Rape Act No. 8 of 2000 raising the age of consent for boys and girls, removing consent as a defence for instances involving a child under 14 where the perpetrator is at least three years older, and providing a minimum sentence for the rape of a child of 15 years imprisonment.

Further analysis of the 2011 Census data shows that 17,000 girls between 12 and 19 had given birth to at least one child. There is great regional variation, with 15.7% of girls in Kunene having had children compared to 5.4% in Omusati and 5.7% in Oshana. Some girls had already had multiple births – almost 300 girls aged 12-19 have three or four children. While the majority of teenage pregnancies happen among 18- and 19-year-olds, there are 3,700 mothers in the 12-16 age group (Census 2011, UNICEF analysis). The data suggests that responses necessarily include local and regional targeting of information and poverty reduction strategies that strengthen both school retention and associated SRH-awareness (see 8.2.4).

EMIS data show ‘pregnancy and early marriage’ as the primary reason for early school drop-out, accounting for 17.5 per cent of cases (ECORYS, 2011, p. 54), with rates as high as 24 per cent in Kunene and 21 per cent in Ohangwena regions (MGECW, 2010a, p. 16). The National Gender Policy reports that:

A 2012 literature review by LAC shows incidences of parental encouragement for girls to co-operate in transactional sex – usually with older males – in order to supplement household economic wellbeing, despite the associated serious risk of HIV and/or other sexually transmitted infections. The report also attributes sex work to be a result of different factors, including parental neglect. ‘The involvement of children in sex work is not always a result of exploitation, but probably reflects in most cases, at the very least, neglect or lack of appropriate care or supervision’ (LAC, 2012b, pp. 58, 64). Whether ‘encouragement’ or ‘neglect’, a high number of adolescent girls are at serious risk of unsuitable parenting.

However, sexual exploitation remains an area where clear evidence about its nature or frequency is lacking, largely because of the difficulties in gathering information from the affected children. The 2010 situation analysis concluded that, of the three forms of sexual exploitation – transactional sex, cross-generational sex (sometimes labelled ‘sugar-daddies’) and commercial sex work – there is ‘no evidence’ as to which is the most prevalent (UNICEF, 2010a, p. 87). This is similarly apparent from the 2012 LAC report, which cites a small number of localized reports of different behaviour based on small populations (LAC, 2012b, pp. 38-9).

This includes sexual exploitation by teachers that is among the worst forms of such abuse, due to the professional duty of care obligations of the perpetrator: ‘It is impossible to know how many instances of sexual misconduct by teachers go unreported. It is hard for a learner to point fingers at a teacher’ (Ibid., p. 39).

8.2.2 Access to education

Sexual exploitation within the school environment is just one of the threats to children, girls especially. The African Youth Charter requires governments to ensure that ‘educational systems … do not impede girls and young women, including married and/or pregnant young women, from attending’ and that ‘girls and young women who become pregnant or married before completing their education shall have the opportunity to continue their education’ (Articles 23(g) and 13.4(h) respectively).

There are few or no programmes to support pregnant learners and learner-mothers. There is also little change in attitude towards girls who fall pregnant. However, the Ministry of Education’s current Learner Pregnancy Policy makes provision for teenage mothers to return to school after being with their infants for at least a year. The aforesaid Policy is...
cases of teacher’s sexual misconduct towards children appear to be on the increase, ... with 45 such cases in 2011 and 12 associated dismissals.

Despite such efforts and inevitably low reporting, cases of teacher’s sexual misconduct towards children appear to be on the increase (see Figure 8.1), with 45 such cases in 2011 and 12 associated dismissals. It is reported that some teachers evade due process in one of two ways: offering settlements to the victim’s parents in lieu of a formal complaint or resigning and gaining teaching work elsewhere (LAC, 2012b, p. 40). Most of these instances would constitute a criminal offence – and presumably a serious breach of MoE’s duty of care to the female student – given that: ‘if the school girl is under the age of 16 and the teacher more than three years older, the teacher has committed a crime in terms of the Combating of Immoral Practices Act and should be prosecuted; if the school girl is under the age of 14, the crime is rape’ (Ibid., pp. 40-1).

Figure 8.1: Sexual misconduct by teachers dealt with by the MoE (2005 - 2011)


If increasing instances of teacher sexual misconduct towards students are attributable to improved reporting or detection in line with MoE policy and procedures, then this is evidently not accompanied by parallel improvements in disciplinary procedures, at least insofar as serious breaches are concerned. Sexual abuse or rape of children (given the absence of ‘consent’ as a defence) cannot be confined to an internal investigatory and/or censure process by MoE and could be deemed to constitute a serious breach of this ministry’s duty of care to the victim.

The National Agenda for Children (NAC) includes reducing teenage pregnancies and providing access to related support services as one of its 15 ‘results areas’. It has been reported that, in 2010, 1,493 girls dropped out of school due to pregnancy and that 31 teachers were recorded as being responsible for a number of student pregnancies (Kisting, 2011). One recent study observed that the recently implemented policy on learner pregnancy is not well received in most schools, simply because schools were not well prepared for its implementation’ (UNAM and MoE, 2012, p. 12). This situation requires serious and prompt attention, as it likely often concerns criminal matters and poses serious threats to the rights and wellbeing of girls. Compounding this problem is the reported resistance to the Learner Pregnancy Policy by senior Ministry decision-makers, which would – if true – imperil its implementation (International Center for Research on Women, 2010, p. 12).

Another strategy to address adolescent female withdrawal from school is ensuring universal access within schools to clean water and adequate sanitation (GRN, 2012a, p. iv). For rural areas in particular, the absence of suitable sanitation facilities in schools is an important factor in adolescent girls’ absenteeism or withdrawal from school. Ninnes has estimated that, at the recent rate of provision of ‘toilets for learners’, it would be 2040 before all schools have at least one toilet for students, still leaving an inadequate situation for many girls, especially in secondary schools. He urges that:

MoE consider the lack of toilets and water supply in more than 20% of Namibian schools as an emergency and allocate and/or solicit funds accordingly, with the aim of providing 100% of schools with suitable toilets and a clean water supply within 2 years (Ninnes, 2011, p. 14).

One key aspect of improved adolescent access to education is the provision of boarding schools in rural areas. Namibia has 350 such hostels, of which 206 are Government facilities, 83 private but GRN-subsidized, 16 private without any GRN subsidy, and 45 community hostels (UNAM and MoE, 2012, p. 13). The growth in community hostels has largely been a response to poor safety standards and other shortcomings within government hostels that may also limit access for children from poor households. For many female students in particular, secure boarding facilities not only improve access to secondary schooling but also serve as a safer alternative to the risks to many girls of commuting between home and school, as well as providing extra study time, access to night lighting, and the absence of demands for undertaking household chores. A 2011 study of 11 boarding schools serving Grades 8-12 across five regions reported on generally ‘deteriorating physical conditions’ and overcrowding, with an actual resident population of 6,778, well over the optimum capacity was for 5,464 children.

The study also reported potentially hazardous power sockets; missing light bulbs, leaving learners unable to study at night; weak hostel supervision; none of the surveyed schools having a copy of the National Policy for School Health; and long-broken windows creating cold-weather health risks. Girls were reported to be at risk due to hostel blocks seldom being locked at night and supervisors frequently absent (Ibid.) Students reported receiving just one piece of fruit per week and that girls receive smaller meal servings than boys (Ibid., p. 63). On the other hand, it noted that hostal-based learners had lower repetition rates than their day-learner peers, better class attendance, and better academic results (Ibid., pp. 12, 71).
It appears that although access to schooling has been improved quantitatively, thereby contributing to improved academic outcomes, there are still many threats to the adolescent female student that need urgent attention from MoE and its partners. Actions needed range from improving school sanitation standards to a more diligent MoE enforcement of regulations and laws on child sexual exploitation and rape (especially by teachers), and the supervision and maintenance of boarding schools.

8.2.3 Harmful traditional practices

Actions to tackle harmful traditional or cultural practices commonly encounter resistance due to what is seen as ‘outside’—normally ‘western’—interference. For African countries, the commitment to prohibit such practices against children has been a uniquely African decision.

The ACRWC includes a general state obligation:

> Any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the present Charter shall to the extent of such inconsistency be discouraged (Article 1.3).

This is elaborated with a specific state obligation:

> Article 21: Protection against Harmful Social and Cultural Practices
>
> 1. States Parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular:
> (a) those customs and practices prejudicial to the health or life of the child; and
> (b) those customs and practices discriminatory to the child on the grounds of sex or other status.

The provisions of Article 21.1 are replicated within the African Youth Charter (Article 25: for which the title is – notably – changed from ‘protection against.’...to ‘elimination of.’...). This means that African children have, by their own leaders, been guaranteed stronger rights and protections from traditionally or culturally harmful practices than many other children elsewhere. In Namibia, such customs and practices include child marriage and lobola, GBV, and sexual exploitation and abuse, including sexual initiation practices:

> Traditionally, the head of the Namibian household was male. Some studies report that being beaten by one’s husband was traditionally understood to be a sign of love in some Namibian cultures. Another complicating factor is the payment of lobola (bride price), which persists in some communities and is sometimes perceived as giving the husband rights of control over the wife. (LAC, 2012a, p. 30)

The National Gender Policy concedes quantitative and analytical weaknesses in this area, yet confirms an adequate general public awareness of the situation and its consequences:

> There is limited research on the magnitude and types of harmful practices in Namibia, but several media reports and public outcry indicate that dry sex, widow inheritance, initiation ceremonies for girls and women, treatments for infertility involving sex and unconventional treatments often administered by traditional healers, are practiced in Namibia. Because of traditional gender roles, women and girls are expected to provide care for those infected with and affected by HIV and AIDS. This creates a time burden on women, leaving them with less time to learn new skills. It also leads girls having less time to attend school. (MGECW, 2010a, p. 28)

Although the CRC is silent on the age of marriage, CEDAW is not, and neither is the ACRWC, which mandates a minimum age of 18 for marriage and requires that it be officially registered. It also prohibits the betrothal of any under-18 male or female (Article 21.2). The CRC Committee has expressed concerns about the separate application of customary law and of the regular preference for it over the formal justice system. This indicates that the adoption of enabling legislation is insufficient protection for children, especially girls, from various harmful practices, including domestic violence and many forms of sexual abuse and exploitation:

> Despite a general view that the new national laws are inconsistent with traditional cultural responses to gender-based violence, there was a general acceptance that social change is needed to address gender roles leading to violence once thought acceptable but no longer tolerated (LAC, 2012a, p. 28).

The CRC Committee also expressed its concern that GRN had failed to sufficiently respond to such violations and urged it to take both legal enforcement and popular education approaches:

> The Committee calls upon the State party to ensure that adequate criminal and civil sanctions are imposed on individuals, including on traditional leaders, who encourage or are involved in sexual initiation practices. In addition, the State party should implement sensitization programmes involving families, community leaders and society at large, including children themselves, to curb the practices of sexual initiation rites and early marriages, particularly in rural areas. (Committee on the Rights of the Child, 2012b, para.43)

8.2.4 HIV, life skills education and sexual and reproductive health rights

Namibia has the highest percentage of 15-19-year-old males engaging in sex before the age of 15 (19 per cent), compared to the African and SSA averages of 10 per cent, and developing countries’ average of 5 per cent. By contrast, for females it has the lowest (7 per cent) compared to the African and SSA averages of 14 per cent and the developing country average of 11 per cent. Adolescent knowledge of HIV is around twice the rate of the African, regional and developing
country averages for both males and females, but Namibian adolescents’ engagement in both high-risk sex and condom use at last high-risk sex are higher than those other groupings. The number of Namibian adolescents (15-19 years) who are currently married or in a union are much lower than African, SSA and developing country averages (UNICEF, 2012c, Statistical table).

These appear to be generally good indicators of Namibia’s comparatively strong outcomes in adolescents living with HIV and AIDS that are claimed numerous Namibian studies of the areas of data and research. 35This could possibly include 132 133 number of Namibian adolescents (15-19 years) who are currently married or in a union are much lower than African, SSA and developing country averages (UNICEF, 2012c, Statistical table).

It is therefore of concern that in 2011/12, of the 8,000 newly HIV-infected Namibians, over 40 per cent were in the 15-24 year age group, of whom two-thirds were female (even though the rate of new infections is decreasing) (MoHSS, 2012d, p. 19). The data also indicated low rates of testing amongst young Namibians and, for the under 16s, unclear guidelines on consent, with only a gradual increase in HIV counselling and testing rates amongst adolescents and young adults since 2000, especially outside special periodic interventions (GRN and UNAIDS, 2012, pp. 3, 7).

A 2011 review of national policies provided a mixed summary of the current situation:

The National Policy on School Health acknowledges that students’ SRH needs are not well met. The My Future is My Choice curriculum which has been successful in providing life skills to students regarding sexuality and health decisions has become a required subject for standard 8 students to work to address this need. Out of school adolescents are also in need of these life skills and are currently not actively served, though Ministry of Youth National Service, Sport and Culture is planning to open youth friendly SRH clinics are also in need of these life skills and are currently not actively served, though Ministry of Youth National Service, Sport and Culture is planning to open youth friendly SRH clinics. Out of school adolescents are also in need of these life skills and are currently not actively served, though Ministry of Youth National Service, Sport and Culture is planning to open youth friendly SRH clinics.

A recent report on the National Guidelines on Adolescents Living with HIV – with a focus on regions containing the majority of such young people (Osahua, Oshikota and Caprivii collectively comprising 60 per cent of ALHIV (in care) and services via Katutura Hospital, especially through its Teen Club (established in 2010) and its Paediatric Clinic.

Two rapid field reviews provide information for improvements in current practice for ALHIV – especially in informing the National Guidelines on Adolescents Living with HIV – with a focus on regions containing the majority of such young people (Osahua, Oshikota and Caprivii collectively comprising 60 per cent of ALHIV in care) and services via Katutura Hospital, especially through its Teen Club (established in 2010) and its Paediatric Clinic.

This should go along with expanded and improved counselling services linked to higher testing coverage, with fuller disclosure, and a more competent consent process for this age group (Neo, Natarael, Sis elo and Cox, 2011; Cox and Sin elo, 2011). One recent report claims that the main reason for low adolescent HIV testing rates are ‘fear’ and the lack of institutional capacity (ETC Crystal, 2012, p. 55).

However, the primary difficulty with respect to disclosure and informed consent is that of how to address the increasing incidence of adolescents who are on ART who are unaware that they were HIV-infected when they were infants. This is a particular challenge flowing from the success of the expanded ART coverage, with full disclosure, and a more competent consent process for this age group. Entry to adolescence without knowing one’s long-term HIV status in turn increases the risks of discontinuation of ART when becoming sexually active, especially for those adolescents whose caregiver may not even be a birth parent.

These changing needs and the improving engagement of affected adolescents are, in large part, a result of the improvements in responding to paediatric HIV, and in tailoring health services to client needs, over the past decade. The 2012 National Guidelines explicitly aim to build on and improve the existing systems by mainstreaming an adolescent focus (MoHSS, 2012g, p. viii).
complementary services in the area of life skills education are urgently needed, especially in schools, given their strategically important roles in reaching vulnerable children and adolescents within their day-to-day settings.

However, it is also evident from these reports that complementary services in the area of life skills education are urgently needed, especially in schools, given their strategically important roles in reaching vulnerable children and adolescents within their day-to-day settings.

The African Youth Charter provides for the ‘development of life skills to function effectively in society and include issues such as HIV/AIDS, reproductive health, substance abuse prevention and cultural practices that are harmful to the health of young girls and women as part of the education curriculum’ (Article 13.3(f)). Life skills education is central to providing children and adolescents with the skills and knowledge to make informed decisions about their SRH that will affect them throughout their life. It enables a supportive peer environment that is often absent in families and mitigates damaging experiences such as bullying and stigmatization. Life skills education is also crucial for out-of-school adolescents and may help in their return to education.

According to the 2010 situational analysis, ‘life skills teaching is not sufficiently available. Until the situation with life skills classes improves, staff at local healthcare facilities are the main source of reproductive health counselling for adolescent children’ (UNICEF, 2010a, p. 80). It has been reported that life skills teachers have no training in maintaining learners’ knowledge levels about sex and teenage pregnancy and rather use the time for subject tutoring (UNAM and MoE, 2012, p. 12). However, as discussed above, teachers appear to have good knowledge but this does not translate to increased student knowledge. Despite scope for improvement, MoE is presently in the process of moving some elements of My Future My Choice – a national peer education HIV prevention life skills programme – into the Grade 8 school curriculum and has built the Window of Hope after-school programme into the primary life skills education curriculum.

Cox concludes that ALHIV services in Namibia include many examples of good practice, with primary opportunities in the integration of such services within the broader framework of HCT services, with attention given to healthcare workers in areas of disclosure, follow-up, SRH and family planning, and psychosocial support (Cox, 2011, p. 18). For the health/education interface, which is critical to many Namibian adolescents, there are key policy and practice challenges, especially in accelerating further progress in responding to HIV prevalence in the child and adolescent population while building sounder life skills for their current and future wellbeing.

Common policy and legal concerns regarding the care of children and adolescents have been voiced by implementers in both health and education sectors that include issues surrounding consent for testing and care, and challenges in providing services to children due to disclosure and confidentiality concerns within school and the community. Updated HIV Testing and Counselling Guidelines 2011 allow adolescents over 16 to consent for HIV testing without parental consent; and also makes provision for testing with parental consent for ‘mature minors’ those who are less than 16 years old but either pregnant, parents or engaging in activities that put them at risk or have STI. The age of consent is proposed to be legally addressed by the Child Care and Protection Bill which addresses age of consent for medical treatment and age of consent for HCT, but is still awaiting parliamentary review.

Children and adolescents have the right to keep their HIV status confidential. Challenges in caring for those exist regarding disclosure most often in perinatally infected adolescents whose parent or care giver refuses to disclose the status to the patient; or young adolescents who do not know their status and are moving among different caregivers who are also unaware of their status. Additionally schools and community groups are unable to identify children in need of services related to living with HIV if the family or teen has not disclosed the status. Additionally the fear of forced disclosure to family or community may deter adolescents from accessing services including PMTCT and routine HIV testing. (Ibid., pp. 8-9)

It is likely that such priorities and concerns will be addressed within the framework of the National Guidelines for Adolescents Living with HIV, including such difficult practice issues as disclosure. The Guidelines recognize the central importance of schools and MoE (see objective 3 of its ‘Implementation methodology’) and specifically urge a broadening of the mandate of school health programmes to address the SRH needs of adolescents (MoHSS, 2012g, p. 35). The implementation of the Guideline’s provisions for age-disaggregated monitoring is very important in the context of the unsatisfactorily broad age ranges used in hospital records across a period of rapidly changing needs (Ibid., Annex B). There is also a need for a stronger continuum of care that bridges the period between the risks of HIV transmission in infancy and in adolescence. Within a broader policy framework, further attention is needed to prevention informed by knowledge on adolescent vulnerabilities (ETC Crystal, 2012, p. 95; see pp. 96-8 for various associated operational implications and proposed research priorities).

8.3 Participation in all spheres of society

‘The absence of the means of participation is a form of social exclusion, and children are probably the most excluded in terms of not having their voices either sought or heard’ (AU, 2010, p. 121).

In its guidelines for initial state reporting on the African Children’s Charter, the African Committee of Experts on the Rights and Welfare of the Child has augmented the four international children’s rights’ guiding principles – non-discrimination, best interests, the right to life, survival and development, and respect for the views of the child – with a fifth: ‘provision of information to children and promotion of their participation’ (AU, 2003, para 11).
The Children’s Charter’s Article 31 on the child’s responsibilities may be interpreted as requiring his or her participation as a duty as well as assigning to key duty-bearers the obligation to enable their participation. The same is true of the African Youth Charter, which states that young people (from 15 years of age) ‘shall have the duty to… partake fully in citizenship duties including voting, decision-making and governance’ (Article 26(d)). The Youth Charter also includes an explicit right to participation that is absent in the CRC and therefore somewhat uncertain in relation to the international children’s rights framework. African children – especially those aged 15 years and over – therefore enjoy the clearest guarantee of that right, including the right to vote from age 15.37

The Namibian Government has incorporated such guarantees within its NAC, which includes in its ‘guiding principles’ “the right of children to express their views and actively participate in decisions affecting them” and prioritizes the strengthening of their participation within child protection measures and in the implementation of the framework for the National Agenda (GRN, 2012a, pp. 5, 37, 43). To such ends, the AU has described the following areas as amongst those needing attention:

- Formal domestic measures and systems to be established by governments, to ensure the voices of children are heard and taken into consideration in all judicial and administrative matters that affect them
- The appointment of youth focal points across government agencies with well-understood functions and procedures, and particular mandates for and capabilities in child rights’ practice
- Appropriate structures for youth participation (such as national youth councils and youth parliaments) to be established on a suitably recurrent basis
- Examples of governments’ ‘good practice’ in engaging children in programme development and review processes, including with attention to post-conflict and peace-building situations, be collated, documented and circulated as a means of supporting adaptation in other countries
- Procedures for judicial decision-making involving children’s participation and consultation be developed, together with associated measures to strengthen courts’ child-friendliness, including legal and professional training
- A model domestic policy on children’s participation in legislative reform activities – especially in ensuring compliance with child rights obligations – be prepared for consultation, review and distribution to states.

[...] There remains a need to ensure that associated mechanisms are conducive to the equitable participation of girls, as this is often not the case. These issues need particular attention in such areas as governmental youth focal points, national youth councils and youth parliaments. The overlap between ‘child’ and ‘youth’ is helpful in facilitating the transition to adulthood with due regard to the young person’s evolving capacities in forming and expressing views and the evolving nature of the associated rights. (AU, 2010, p. 126)

GRN has also been urged to engage children in dialogue and participation on public budgetary planning and resource allocation (Committee on the Rights of the Child, 2012, para 17(c)).

A primary means of promoting child participation and the means by which children and adolescents may express their views and input regarding national policy priorities has been the establishment of a Children’s Parliament. This has been informed by the African Children’s Parliament Union Initiative. Its primary goal is to:

- lobby or advise government and its agencies responsible for law-making and their implementing machinery to fast track policies that would improve the rights and welfare of children and young persons in accordance with national legal instruments and the international convention’s provisions; (Parliament of Namibia website) 37

At its first gathering in 2007, ‘junior parliamentarians’ agreed on the following objectives:

- Deepening the understanding of parliamentary democracy
- Engaging young people in governance issues
- Creating linkages with others on the continent
- Creating a platform for values
- Championing the spread of rights of the underprivileged.

Participants raised their concerns about orphans and vulnerable children and their views were a key input to the framing of the National Plan of Action on Orphans and Vulnerable Children. That contribution and impact was conveyed to the second Children’s Parliament in 2008 that, in turn, brought forward priorities in the development of Junior Regional Councils across all regions and to sensitizing adults on the rights of children. MoE promotes Learners’ Representative Associations, which exist at all levels, including primary schools, and all except nine of Namibia’s 1,661 schools (as at 2010) have such bodies, with a head boy and head girl representing student interests (Committee on the Rights of the Child, 2011, paras B2-3).

The NAC provides for the establishment of a High-Level Technical Committee as an interim arrangement, pending its replacement by the Children’s Council, as provided for in the Child Care and Protection Bill. Both the Committee and the subsequent Council will report to Cabinet as well as to the relevant parliamentary committees. It is not clear why the Children’s Council must await the passing of the Bill before it can replace the Committee (especially as the Council is meant to be more ‘child friendly’ in its representation and participation), but this – once again – emphasizes the need for the Bill to be enacted.

Taken together, the national bodies – Committee/Council and the Children’s Parliament – through to the school-level Associations and Junior Regional Councils constitute a strong formal system of child participation and representation of views and priorities. Nevertheless, attention should be paid early on to the national Council, especially in terms of the provisions of the Child Care and
The primary reference for the child’s right to information is CRC Article 17. The African Youth Protection Bill, Section 5(‘child participation’) of the Bill treats child participation in its narrowest (CRC) sense rather than the much broader AU concept. Part I (National Advisory Council) of the Bill makes no provision for child participation and no explicit reference to overseeing children’s rights obligations. This is despite the objectives of the proposed Act (Section 2(1)(b) and (c) of the Bill) and despite the mandate of the proposed Children’s Advocate (Section 26(1)(b)). In terms of the strong obligations on African states for enabling such participation, this is a lost opportunity that may merit review early in the life of the new national co-ordinating framework for children. Such a review ought to examine the adequacy of the Council’s structure and mandate to ensure sufficient attention to mechanisms for monitoring progress, and compliance with national children’s rights obligations, and the benefit of formal child and adolescent participation in terms of the AU’s obligations.

Additional attention must be paid to complementary measures such as the process for public budget planning and review and resource allocation, as well as that of improved reporting on budgeting for children (including through the Council). Chapter 7 suggested that the justice system – enforcement and detention, especially the court system – needs to improve its ‘child friendliness,’ not to mention its compliance with international standards, which include participatory practices toward more responsive diversionary and rehabilitative outcomes and ensuring children’s rights to express their views on matters that very much affect them. Vulnerable children are those most likely to be bypassed or alienated by formal participatory processes, to the detriment of not only many marginalized young people and their families but also wider Namibian society.

8.3.1 Access to information and technology

The right to participation assumes that young people have access to information and the means of sharing and developing views and opinions. Chapter 4 discussed aspects of social exclusion and deprivation that resulted from the lack of access to information and communication technology. According to Table 4.1, across ‘medium human development’ countries, Namibia has one of the higher rates of personal computers per 100 people (23.9) but one of the lower rates of Internet users per 100 people (5.3) (these are indicators that can change quickly). For example, NSA analysis of material deprivation has reported a rapid increase in mobile phone usage by Namibian children over the past decade, with increasing numbers of children in poor households also benefiting.

The primary reference for the child’s right to information is CRC Article 17. The African Youth Charter further extends this right to include the obligation of the state to ensure that the young persons’ effective participation is informed through the provision of ‘access to information and services that will empower youth to become aware of their rights and responsibilities’ (Article 11(i)). Young people’s responsibilities in the areas of civic engagement and participation are matched by duties by the government and others to fulfil their rights, and to:

1. Provide access to information and education and training for young people to learn their rights and responsibilities, to be schooled in democratic processes, citizenship, decision-making, governance and leadership such that they develop the technical skills and confidence to participate in these processes. (Article 10(3)(d))

The Charter importantly extends this duty within its ‘youth and culture’ provision:

- States Parties recognize that the shift towards a knowledge-based economy is dependent on information and communication technology, which in turn has contributed towards a dynamic youth culture and global consciousness. In this regard, they shall:
  - a) Promote widespread access to information and communication technology as a means for education, employment creation, interacting effectively with the world and building understanding, tolerance and appreciation of other youth cultures;
  - b) Encourage the local production of and access to information and communication technology content;
  - c) Engage young people and youth organisations to understand the nexus between contemporary youth culture and traditional African culture, and enable them to express this fusion through drama, art, writing, music and other cultural and artistic forms;
  - d) Help young people to use positive elements of globalisation such as science and technology and information and communication technology to promote new cultural forms that link the past to the future (Article 20(2)).

This collectively amounts to a strong obligation to further accelerate adolescent access to a range of information technologies as well as associated efforts to improve access across rural communities and households. Schools, outreach health services for young people, and youth organizations are therefore important avenues through which such access needs to be more systematically developed, with linkages to Internet-based services sites that include life skills and adolescent health and SRH information. It is also important to strengthen local and regional adolescent participatory opportunities through existing school-based and municipal council-based networks, as well as via national initiatives such as the Children’s Parliament. The development of participatory mechanisms under the NAC and its Children’s Council should also examine possibilities to improve both access for young people’s engagement and ‘real-time’ networking to harness their inputs vis-a-vis national priority-setting and when reviewing key public issues that young people across Namibia considering a priority. Accelerating access to information and participation are important means by which young people can also better meet their duties as more engaged and informed citizens – not only of Namibia, but also within the framework of building African unity.

8.4 Key observations and concluding comments

Today’s adolescents are intended as the primary beneficiaries of the core commitments made for the new millennium, especially the Millennium Declaration and its MDGs that were embraced at a time when they were infants. The Declaration commenced with a recognition of global
Regrettably, there continues to be weak quantitative evidence in this regard, largely as a result of including rape and GBV as well as persistent harmful traditional and cultural practices.

In Namibia, adolescent girls remain at very high risk of predatory and exploitative practices. This chapter has considered various aspects of adolescent vulnerability, especially that of girls. In Namibia, adolescent girls remain at very high risk of predatory and exploitative practices, including rape and GBV as well as persistent harmful traditional and cultural practices. Regrettably, there continues to be weak quantitative evidence in this regard, largely as a result of poor reporting, investigation and prosecution of such offences against girls and young women.

All African adolescents are guaranteed a stronger range of rights than adolescents elsewhere in the world. This is due to the higher children’s rights standards of the ACWR (compared to the CRC) and the provisions of the African Youth Charter, which specifically applies to children aged 15 years and up. Combined with the African child’s right to participation and African children’s ‘responsibilities’ alongside such rights, this adds up to a situation whereby GRN and its partners hold a range of duties toward Namibian adolescents, including the building of national cultural and African unity.

These remain among those areas that merit closer attention within the NAC, and in terms of improving child-sensitive and participatory public budgetary planning, resources allocation, and reporting. Complementary to the NAC is the Government’s commitment to the Children’s Parliament, in terms of children’s expression of their views and their input into public policy processes. A current priority is stronger progress in the establishment of the National Advisory Council on Children, regardless of the status of the Child Care and Protection Bill. Particular weaknesses in the Child Care and Protection Bill’s provisions for the Children’s Council merit an early review of its mandate and structure, to include formal child and adolescent participation (in accordance with AU standards), budgetary processes and child-sensitive budgeting, and the monitoring of children’s rights compliance and progress. The sustained commitment to, and further development of, school-level Learners Representative Associations and Junior Regional Councils are strong local opportunities for further building a vibrant, effective and rights-compliant (and continentally good practice) national child and adolescent participation framework for Namibia.

This would also be an opportunity to engage even more vulnerable and marginalized adolescents who would otherwise be left out of the more mainstream and formal participatory frameworks. However, achieving this requires actions to improve their access to information, which in turn also needs improved access to appropriate technology. Given the higher rate of cell phone coverage compared to that of radio and TV suggests that mobile technology and messaging linked to wireless Internet access are stronger means of reaching poor and remote households across Namibia, and not only in terms of improving information dissemination but also in advancing systems of civic participation for marginalized and vulnerable young people.

One specific example concerns the high rate of sexual exploitation of female students which rarely seems to result in formal legal proceedings for criminal offences and for which an internal MoE enquiry is manifestly inadequate, even if it leads to a teacher’s dismissal. It may be unsurprising, then, that the primary weakness in MoE’s Learner Pregnancy Policy appears to be institutional resistance to its diligent implementation. Other barriers to girls’ staying in education that need to be addressed include the troubling lack of suitable sanitation facilities in many schools and the poor quality of many boarding schools and hostels for students, typically for girls who are already vulnerable to dropping out of school. Whilst safe and suitably maintained boarding schools and hostels have demonstrated their value in improving both school access and performance for Namibia’s greatly dispersed and varied population, many continue to fall well short of adequate standards.

The persistence of harmful traditional practices, which include child marriage, lobola and sexual initiation practices, must be understood within the African continent’s globally stronger prohibitions on such cultural or religious breaches of the child’s rights. The concerns of the CRC Committee have been noted, and the GRN needs to make stronger efforts to ensure that existing laws are enforced, including adequate sanctions on traditional leaders, and popular education and sensitization measures are undertaken.

A key strategy for doing so for adolescents is through life skills education. Unfortunately, this continues to suffer inadequate coverage, insufficient levels of training for providers, and weaknesses in outreach to out-of-school young people, despite various good and sustained programming efforts and experience. Boys should be specifically targeted in terms of strengthening their knowledge, awareness and need for behaviour change, not least because they are more frequently the initiators of sexual encounters. It is also critical to focus on young girls, not only strengthen their knowledge about their rights in general but also because there are groups of adolescent girls who remain at much higher risk of exploitation and abuse.

What must be acknowledged is that Namibia has achieved good levels of adolescent awareness about and safer practice in their sexual behaviour, not least as a result of more recent interventions, including those provided local health services. However, high-risk sexual behaviour persists and adolescent HCT coverage needs to be further improved. Together, these indicate the severe risks for Namibia if there were any relaxation in its current efforts in this area, as it would almost certainly lead to a rapid reversal in recent progress, to the detriment of large numbers of Namibian families and children for whom current resource levels would be incapable of adequately servicing or protecting.

Particular challenges in the delivery of professional health services to adolescents, including informed consent and fuller disclosure, moving more strongly towards universal knowledge of adolescent SRH rights, psychosocial support for vulnerable and affected adolescents, and stronger follow-up systems remain. The growing numbers of ALHIV who were infected as infants but are unaware of their status emphasizes the importance of improvements to the continuum of care, with particular attention to paediatric responses as well as to better age-disaggregated
AL HIV data. While MoHSS has put good policies and procedures into effect, including the National Guidelines for Adolescents Living with HIV, challenges remain. Improvements to the National Strategic Framework would usefully include:

- Taking steps to increase adolescent access to HCT, including addressing barriers to access and the issue of consent
- Positioning HCT as a primary gateway to deliver comprehensive prevention services to young people, including reaching vulnerable sub-groups and identifying adolescents that would benefit from new treatment approaches
- Training clinic nurses and counsellors on youth-specific counselling and increasing resource capacity, including human resource standards and the need for youth counselling guidelines. (GRN and UNAIDS, 2012, p. 12)

Considering such achievements and challenges side by side, Namibia nevertheless seems to be currently strongly positioned to build upon sound progress in areas that are among the most serious threats to the wellbeing and future of its adolescents. National policies and strategy plans are appropriate and in place, resourcing is focusing on priority areas (but remains inadequate), and Government has been strengthening its monitoring and data systems toward further improvements in performance.

Adolescence marks a critical transitional period, with children depending on strong protection frameworks and more durable opportunities for participation and civic engagement. This chapter has given an overview of the situation across that broad spectrum. Namibia’s move towards more focused attention on this age group reflects the situation of a country with an upper-middle-income status. As such, this requires a more strategic movement of public policy into the broader civil and political rights of children in order to ensure the constructive foundations of a participatory, peaceful and sustainable nation.

Principal observations and comments: Towards Namibia Fit for Children

This report describes strong achievements alongside lost opportunities in advancing the rights and welfare of children and adolescents in Namibia.

The previous situation analysis concluded that two factors will shape Namibia’s ability to meet its obligations to children. First is the extent to which Namibia uses its comparative national wealth to address its very high levels of poverty and inequality. Second is the extent to which stronger technical capacities are built across public agencies and programmes and whether or not those agencies and programmes collectively address the ‘critical minority’ of most vulnerable Namibians who are not being adequately served (UNICEF, 2010a, p. 91).

Arguably, these have been addressed in part by GRN and its core development partners over the current reporting period. There is a prevailing sense in which, across many areas directly impacting children, Namibia has established a strong framework for accelerating progress in many priority areas for children, including vulnerable children. This is so in aspects of health and survival, basic education, protection, justice and contact with the law, and of the particular situations affecting adolescents.

Amongst the notable recent indicators of a strong national framework by Government for progressing the situation of Namibian children are:

- Comprehensive reporting to both the UN Committee on the Rights of the Child (2010) and the African Committee of Experts on the Rights and Welfare of the Child (2013)
- The launch of the National Agenda for Children 2012–2016, the long-awaited but imminent promulgation of the Child Care and Protection Act (expected 2013), and the anticipated rapid follow-up with the passage of the Child Justice Act
- Government’s strengthened focus on child poverty and actions to address it, as shown in NDP4, NSA’s 2012 analysis of ‘Child Poverty in Namibia’ and MGECW-led policy development to overhaul and transform child-related social grants

Progress on achieving the MDGs shows mixed results with respect to the targets affecting children, even so close to the 2015 deadline. Despite its direct relevance to children, NDP4 is effectively silent on one of the most critical challenges confronting Namibian children, namely violence, whether within communities, within homes and, most persistently and with frequent impunity, of serious (criminal) physical and sexual assaults of children. Quite simply, national development can be neither equitable nor sustainable with such pervasive and seemingly widely-tolerated levels of violence against children and women.

Many other threats and vulnerabilities have been described in this report. These include continuing challenges such as neonatal and maternal mortality, serious shortfalls in nutrition,
alarming aspects of weak sanitation standards, emerging shortcomings in the continuum of care in HIV-affected children between infancy and adolescence (in part, arising from the past success of HIV responses), poor academic standards throughout all stages of basic education, continuing barriers to girls’ schooling and increasing problems in boys’ schooling, weaknesses in secondary school retention, the need for more systematic approaches to a child-friendly justice system, too many children with a disability remaining without adequate access to developmental and support services, too many children still vulnerable to labour exploitation, despite recent improvements in labour inspections and prosecutions, threats to HIV responses that demand improved efforts with 15-24-year-olds and especially young females, associated weaknesses in meeting adequate standards of adolescent sexual and reproductive health rights and access to life, skills education, and continuing shortfalls in access to information and technology for rural and lower-income adolescents. Opportunities to strengthen more meaningful child and adolescent participation, in line with the broader African standards, especially of adolescent participation, have been referred to, including within the context of the NAC.

These gaps and shortcomings collectively emphasize the central place of national development efforts, both in parallel and complementary to NDP4. These include the strategic planning of many ministries to address vulnerability and ensure the protection of children, and overarching national reforms that include the NAC and establishment of the National Advisory Council on Children. This will also require that implementation of the two upcoming core children’s laws be adequately resourced and assured of the strongest levels of political commitment.

9.1 Accountability for investment in children

Two further issues have been fundamental throughout the previous chapters in the collective measures towards improving the rights and welfare of the Namibian child. The commitment of the necessary levels of resources is a logical – effective and affordable – investment in children and in desirable and sustainable futures for Namibian households and communities. The strength of the rights-based framework for children is in its accountability, not only to children and the oversight mechanisms of government, but also to the international and African children’s rights systems.

There are many examples in this report of improved national acknowledgement of the extent to which increased public resourcing of children’s rights compliance is an investment and that it is being linked to systems of improved accountability. Meeting those rights is independent from any additional justification, since rights compliance is an obligation regardless of whatever benefits may flow. However, such benefits do flow to more others besides than children as rights-holders – their families, their future households, their communities and the nation as a whole also benefit.

In its ‘renewed call for action’ in November 2012, the member states of the African Union, including the Namibian Government, embraced the theme of ‘Accountability for Investment in Children’. These commitments are presented in Annex C. They should be read together with Annex B which summarises national progress towards the recommendations submitted to GRN in 2012 by the UN Committee on the Rights of the Child and to the upcoming outcomes of the African Committee of Experts’ consideration of Namibia’s initial state report on the ACRWC.

Taken together, these comprise the primary accountability benchmarks against which GRN and all its partners may be assessed with regard to improving the situation of children and adolescents and more comprehensively moving Towards a Namibia Fit for Children. They also, hopefully, provide a critical benchmark against which the next situational analysis may assess progress and, hopefully, establish the realization of the elimination of extreme child poverty and marked reductions in child poverty and child inequality.