

Towards Integrated Early Childhood Development Service Delivery in Namibia

A Summary of the Framework for Action



2017 - 2022



REPUBLIC OF NAMIBIA

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Introduction

Integrated Early Childhood Development (IECD) services cater for a child's holistic development; cognitive, social, emotional and physical, from conception to the 8th year of life.

IECD services fall under the mandate of three key ministries: the Ministry of Gender Equality and Child Welfare (MGECW), the Ministry of Education, Arts and Culture (MoEAC), and the Ministry of Health and Social Services (MoHSS). MGECW is responsible for ECD of children aged 0 to 4. MoEAC is responsible for pre-primary and primary education of children aged 5 and above. MoHSS is responsible for the health and immunization of all children, pregnant and breastfeeding women.

The successful implementation of IECD in Namibia requires the following:

- Multi-sectoral coordination and resource allocation for IECD
- Political will and high-level government involvement
- Continuous advocacy of the importance of IECD at all levels of society
- Supportive legislation and policies
- Strong partnerships with civil society and private sector
- Strengthened accountability, through a monitoring and evaluation framework.

The IECD services are guided by the National Integrated Early Childhood Development Policy of 2007 and are further supported by robust legislative and policy frameworks which include the Namibia Child Survival Strategy (2014 - 2018); the National Policy for School Health (2008); the Child Care and Protection Act (2015); the Harambee Prosperity Plan (2016 - 2020), the National Human Rights Action Plan (2015 - 2019), the Sustainable Development Goals, the Continental Education Strategy for Africa (CESA 16-25), NDP 5 and Vision 2030.

The IECD Framework was prepared as part of a collaboration of the three key ministries responsible for IECD, as a guiding document to strengthen inter-ministerial and inter-sectoral coordination and implementation of activities that comprise IECD services. The majority of these activities fall under the ministries existing mandates and work plans and only require a dedicated mechanism for increased investments in ECD and improved communication and inter-ministerial cooperation.



Situation Analysis

Children who have access to quality health care from conception, have better immune systems, are less likely to develop non-communicative diseases, have a lower risk of obesity or stunting and have few cases of poor mental health.

IECD is an emerging priority in the development trajectory of Namibia. IECD is not limited to the provision of early learning and stimulation through ECD centres, but it addresses all aspects of a child's holistic development including good parenting practices. The Framework focuses on building a national understanding and consensus around the importance of IECD. Listed below are summaries of selected child-focused indicators that reflect a range of IECD components. These indicators have been gathered from a collection of national published documents and reports. They identify priority focus areas which will contribute to the strengthening of IECD.

Maternal and Child Health

Neonatal mortality in Namibia is 20 out of every 1,000 live births. Under-5 mortality rate (U5MR) is 55/1000 live births. The Infant mortality rate (IMR) is 39/1000 live births and the maternal mortality ratio (MMR) is 358/100,000 live births.



The main causes of under-five mortality are due to a few preventable and treatable conditions that include neonatal conditions, diarrhea, pneumonia, malnutrition, and HIV/AIDS. The transmission of HIV from the mother to the child has reduced, however measles keeps cropping up despite national and sub-national immunization campaigns and seasonally malaria poses a threat to the communities and in the north-east of the country.

Primary Health Care in Namibia supports outreach activities that include immunization, antenatal care (ANC), growth monitoring, HIV/AIDS prevention/care and provision of some basic treatments for pain at designated outreach points many of which are health facilities.

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Social Protection

The number of OVC receiving a social welfare grants continues to expand. Grants are provided for foster care, maintenance (for poor, single parents) and special maintenance (for children with disabilities). There are also universal pensions for people over the age of 60, which now stand at N\$1200 per month. The 2011 Census shows that in rural areas 29.6% of households with children rely on social grants as a primary source of income, while in urban areas the figure is 7.6%. However there remains a high number of eligible children who are not accessing social grants.

These grants are vital as they bring income into families in the lowest income brackets and enable families to provide children with the basics of food, shelter and clothing. The pension is especially vital, as it is often grandmothers who are primary care givers to young children.

Nutrition

The 2013 Namibia Demographic and Health Survey (NDHS) reported that 26% of under-5 children are stunted, 8% are severely stunted, 13% are underweight and 6% are wasted. Stunting is highest in the age group 23 – 33 months (2-3 years old). Stunting levels are not improving. Namibia has not met the MDG target on malnutrition.

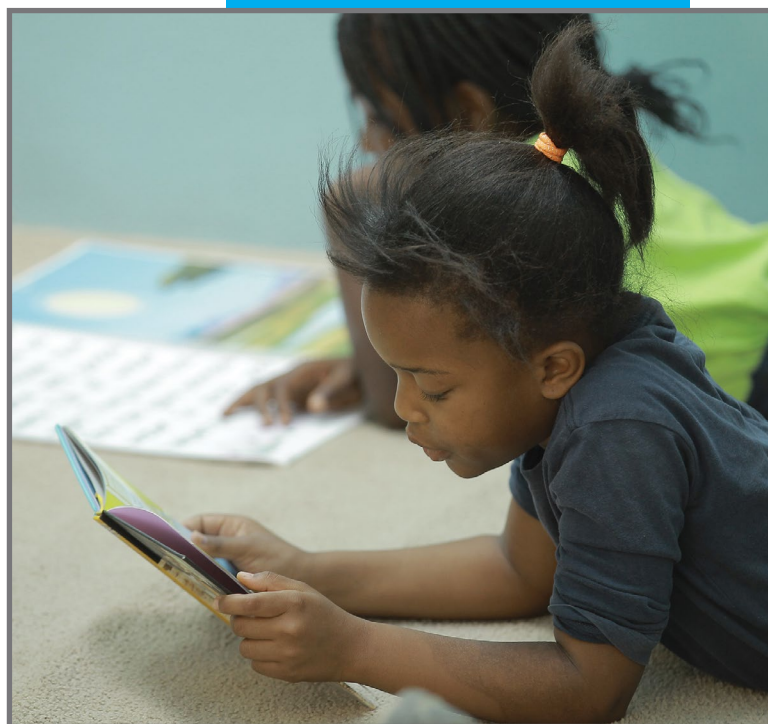
Children who are malnourished finish fewer grades in school, and have more health problems than their well-nourished peers and will earn less later in life. Frequent diseases episodes like diarrhea and pneumonia with inadequate food intake have contributed to the current levels of malnutrition.

Nurturing Family Environment and Parenting Support

Disciplinarian and neglectful parenting has been consistently associated with poor cognitive, social, and health outcomes during childhood and across the entire life course. Research shows that positive parenting practices and a nurturing relationship between caregiver and child can buffer the adverse effects of poverty and violence, and contribute to positive developmental outcomes. Parenting support interventions offer a platform for multiple linkages, including into health and HIV services and educational support.

In Namibia, parenting skills programming is led by a MoHSS's Family Welfare Unit. With the technical support of Lifeline/Childline the Ministry is spearheading a Parenting Network with MGECCW and MoEAC represented along with various civil society organisations. Representatives cite an "insatiable appetite for parenting support"; that goes beyond the ability of the current programs to meet. Social

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workers and Community Health Workers indicate that one of the most prevalent issues in their client base is parents grappling with children's behavioural problems.

Stimulation for Early Learning

According to the 2011 National Education Conference, there is still little access or equity in the provision of early childhood development and education. Based on the 2011 Census, less than 20% of children 0 - 4 years of age attend an ECD or pre-primary class. According to the 2011 Census, 37,789 children between the ages of 0 and 4 years were enrolled in ECD programmes. Most of Namibian ECD facilities are owned and run by private individuals, community structures, non-government organisations, and in the case of Windhoek, by the Municipality.

The MoEAC provided pre-primary education to 17,572 children in 2012 (EMIS 2012) which increased to an estimated 41,607 in 2017 (15th Day School Report, 2017). While the number of children in ECD centres increased from 61,218 in 2012 to 76,444 in 2017. Early childhood development programmes for younger children, however, are still under-resourced and under-developed.

The MGECW has made major strides in formalizing the provision of IECD. This includes:

- a) The development of Namibian Standards for ECD Facilities which include parent committees, nutrition and health issues
- b) The development of Standards for ECD educators training submitted to the Namibia Qualifications Authority with two National ECD qualifications, one at level 4 and one at level 5
- c) The development of a curriculum for 3 and 4 year olds to articulate with the MoEAC pre-primary year
- d) A baseline survey of all ECD facilities in 2012 and the development of a database that looks at coverage for orphans and children with disability
- e) The provision of allowances of between N\$ 1500 – N\$ 2500 per month to ECD educators who meet the necessary requirements as per the National Standards, standing at 804 caregivers in 2017
- f) The increase in ECD program budget to NAD28.2 million in 2017/18
- g) An analysis of the ECD data base with information from 2012 and some comparison with the information in the Census 2011.



However, the need for stronger support and coordination within and between the MGECW, MoEAC and MoHSS still remains, especially in terms of capacity development, technical support and resource allocation.

Governance

The mandate to oversee coordination of ECD activities from children's birth to four years old lies with the Ministry of Gender Equality and Child Welfare, for which there is a dedicated Division within the Directorate of Community Empowerment. Regional staff, Community Liaison Officers (CLOs) or community activators (approximately one per constituency) within the Directorate have dual responsibilities for income-generating, women's empowerment and early childhood development activities at community level, resulting in conflicting commitments, resources and time pressures, and lack of expertise as well as of adequate monitoring of services.

The Ministry of Health and Social Services has divisions for Family Health under Primary Health Care and a unit for parenting support under Social Services. The Ministry of Home Affairs and Immigration is responsible for the provision of national documents. One year of pre-primary education is provided by the Ministry of Education, Arts and Culture through its decentralised Regional Education Offices, with the National Institute for Educational Development (NIED) playing a leading role in curriculum development at Head Office level. The actual provision of IECD services for 0 - 6 year olds is the responsibility of the state and well as of individuals, community and private providers.

Costing and Financing

It has been difficult to make accurate estimates of budget allocations and expenditure on IECD since the services are delivered by several Ministries and they are not budgeted according to a common IECD framework (budget allocations seem to vary within each Ministry). The funding levels for IECD over the last 3 years have increased, but the impact of such increases in reducing service provision inequality has neither been monitored nor assessed to date. It is nevertheless clear that additional funding is needed although it is difficult to determine to what extent.

Pre-primary education received 1.5% of the Basic Education Budget in 2015/16, and the MoEAC foresee an estimated annual increase of 6.4% for Pre-primary education. At the MGECW, ECD received 2.6% of the total ministerial budget in 2014/2015. The contributions to ECD and in pre-primary education in relation to the overall MGECW and MoEAC budgets will decrease for 2016/2017 (Source: Medium Term Expenditure Framework 2014/15 to 2016/17). The percentage of the budget distribution personnel gradually decreases (Source: Estimate of Revenue, Income and Expenditure 2014/15 To 2016/17). As IECD has not been widely recognized as a game-changer for Namibian development, it is still at risk of not being prioritized at times of fiscal constraints. This impacts the pace of development in the sector and slows down the vital interventions.

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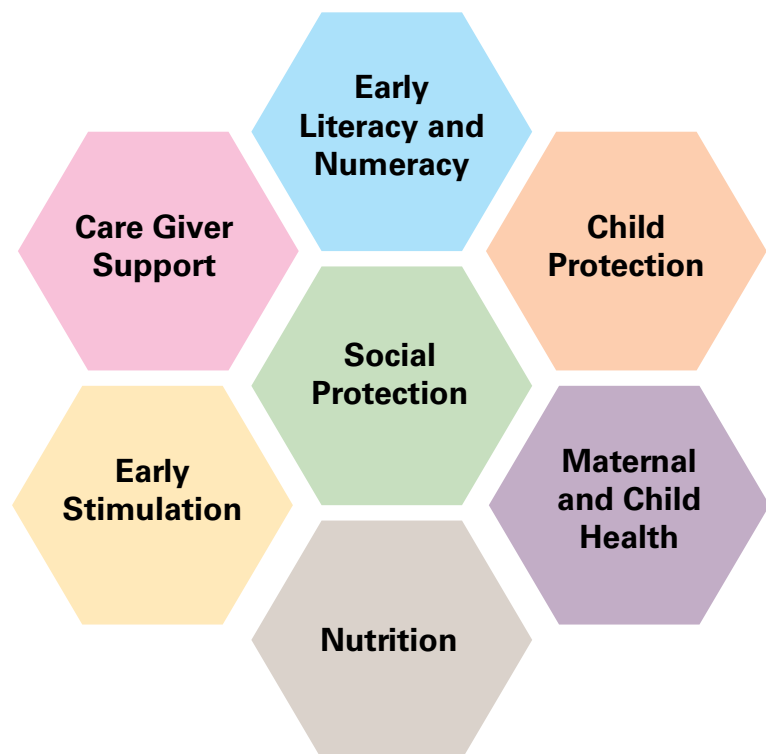
Why is IECD important?

Children who receive ECD services in their early years are more successful at school, are unlikely to drop out of school, have better chances to find employment, achieve higher earnings as adults and are generally healthier.

For children to develop, their basic physical needs for protection, nutrition, and health must be met along with their psychosocial needs including affection, interaction, stimulation and learning.

Evidence has demonstrated that the rates of return of investment at very early stages of life are higher than the rates of return of providing it later. IECD services and early interventions ensure that children have the necessary foundations of health and development which optimizes a child's ability to learn, develop social skills, build up immune defenses and become happy, healthy, able children. Early investments will also yield a tremendous return on Government investment in the long run; children who receive ECD services in their early years are more successful at school, are unlikely to drop out of school, have better chances to find employment, achieve higher earnings as adults, are healthier, are less dependent on welfare assistance and have lower crime rates than those who missed those early opportunities.

Without early investments in IECD, the vicious cycles of inequality, poverty, malnutrition, illness and violence will not break (currently 24% Namibian children are stunted, 34% live in poverty, 45, 000 are exposed to HIV according to DHS 2013). Currently, high level of spending in the Health and Education Sectors are not being fully reflected in academic and health outcomes, and this is largely due to the fact that children are starting school without the necessary foundations. Investments in the early years will see payoffs for both the individual and the country.



Essential IECD Package

Framework of IECD

An IECD Framework has been agreed between Ministries stakeholders. The development of this Framework was done through a participatory process involving key stakeholders. Consensus-building stakeholder meetings were held in November 2014, January and June 2015 with the involvement of participants from ministries, civil society partners, training institutions, media, private sector, and international resource people. A public forum on IECD was held with the University of Namibia and a discussion with members of the Parliamentary Standing Committee on Human Resources and Community Development were held on 23 July 2015. Subsequent meetings and consultations were also held with the High Level Technical Committee.



	First 1000 days			
	Pregnancy	Birth to 2 years of age	2-4 year-olds	5-8 year olds
Health MoHSS; MoEAC	ANC visits; PMTCT services Safe delivery State gift box Parenting classes	Post-natal visit/care New born care HIV testing Deworming Immunization Early disability detection	Deworming Hand washing	School health Immunization Hand Washing Sanitation/ Personal Hygiene
Nutrition MoHSS; MoEAC	Micro-nutrient supplements: iron, folic acid, calcium IYCF information to caregivers	Growth monitoring 6 month exclusive breast -feeding IYCF information to caregivers Vitamin A	Vitamin A Feeding at centres Nutrition information to caregivers	School feeding
Social Protection MGECW MoPA MHAI	Preparation for registration for child support grant	Birth registration Social grant application	Social grants	Social grants
Family and child protection and parent/care-giver support MoGECW, MoEAC, MoHSS	Home- Visits 1 month for vulnerable mothers Community and clinic mother groups Family and child protection addressing substance abuse, mental health, violence against children & exposure to violence	Home visits for first 9 months (4/month) (child care workers) Parent support and skills building Day care early detection of disability and referral	Day care Parent support, service referral and skills building on protective care and discipline	Community welfare workers, social auxiliary workers, social workers Family literacy promoters
Opportunities for Early Learning MoEAC MoHSS MGECW	Preparation for parenting	Early stimulation and play Mother-infant play groups Early detection of disability and referral	Early Stimulation and play Early literacy Community play groups ECD Centres	Pre-primary class School readiness Grade 1
Public campaigns and broad based communication strategy on support for pregnant women, infants and young children and their parents				

Goal, Components and Purpose of the Framework

The goal of the agreed IECD Framework is for all children 0-8 to have access to quality IECD services with a focus on the most vulnerable.

The framework is broken up into seven components, each with a purpose and corresponding objectives:

Component 1: Improved Management

Purpose: The Ministry of Education, Arts and Culture and the Ministry of Gender Equality and Child Welfare, together with the Regional Councils, lead and manage the IECD programme at national and regional levels

Component 2: Improved Advocacy and Public Outreach

Purpose: A fuller and more comprehensive understanding of the nature and importance of IECD is evidenced among Parliamentarians, educators, health workers, community and church leaders and family members

Component 3: Improved parenting for children aged 0 - 8

Purpose: Create awareness and understanding of the importance of the first 1000 days, and help edu-carers to develop parenting skills to support optimal development of children during this time (from conception to age 2)

Component 4: Improved Protection and Support for Young Children

Purpose: Young children 0-8 years of age are safeguarded from physical harm, inadequate nutrition and toxic stress, and receive remedial intervention as needed

Component 5: Improved Access

Purpose: The number of children 0-8 years of age accessing IECD-related services, with priority given to those in disadvantaged communities, is substantially increased

Component 6: Improved Quality of IECD

Purpose: IECD provision is of sufficient quality to be effective and efficient

Component 7: Improved Monitoring & Evaluation

Purpose: IECD programmes are adequately monitored and evaluated to ensure the continued quality of service delivery and to inform policy and planning.

Monitoring & Evaluation Plan

1. Standardized tools and indicators for IECD activities;
2. Generating information required for IECD planning (resource and capacity needs; track where IECD services are provided and where are required; monitor barriers of access);
3. Monitor number of children participating in IECD activities;
4. Monitor and assess quality of IECD based on child development;
5. Establish a clear flow of data between stakeholders; and
6. Conduct research to inform policy and planning.

Conclusion

The successful implementation of the IECD Framework depends on the strong coordination and collaboration between and amongst the most critical Ministries and requires meaningful partnerships with parents and communities.

Little investment has been made into ECD, it is therefore critical to ensure that ECD receives adequate financial and human resources. Furthermore, caregivers need to be adequately trained to be able to address the individual needs of all children and to better prepare them for formal education and lifelong learning.

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