

CONSOLIDATED RESULTS REPORT

Country: NAMIBIA Programme Cycle: 2006 to 2013

Background: The Key Results Expected were initially developed in 2005 when the Country Programme for 2006-10 was submitted. Revisions were subsequently made (a) following the Mid-Term Review in 2008, (b) for the programme extension for 2010-11, and (c) for the subsequent extension, which coincided with the adoption of Programme Component Results in 2011.

Note on data availability: Many progress indicators rely on the planned Demographic and Health Survey (DHS) as a source of new data. This was expected to take place around 2011 (five years after the 2006/7 survey). However, this was postponed and will only take place in 2013. As a result, quantitative progress cannot be reported for many of the original planned indicators.

1. Key Results Expected <i>(restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)</i>	2. Key Progress Indicators <i>(state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)</i>	3. Description of Results Achieved <i>(a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)</i>	4. Constraints and facilitating factors <i>(a brief and precise description for each Result description in column 3)</i>
<p>1.3 Increased coverage of long-lasting insecticide-treated bed nets, from 7 per cent (2000) to 40 per cent.</p>	<p>Women and children Under-5 in malarious regions sleeping under insecticide-treated bednets in the previous night.</p> <p><i>Baseline Latest Target</i> <i>7%¹ 34/26%² 60%</i> <i>(2000) (2010) (2010)</i></p>	<p>Between 2006 and 2010, more than 1 million long lasting insecticide treated nets were distributed especially through Maternal and Child Health Days platform supported by UNICEF.</p> <p>Trends in Malaria cases reduced tremendously among out-patients (by 78%), in-patients (by 87%) and Malaria deaths (by 88%) between 2000 and 2010 due to increased coverage of LLITNs, residual spraying, early case detection and treatment.</p>	<p>Due to limited human resource capacity, universal coverage of LLITNs in high and moderate Malaria prevalence regions was not achieved. However using Maternal and Child Health Days (MCHDs) as the platform to deliver LLITNs for U5 and pregnant women has been going on well.</p> <p>The country is now working towards elimination of malaria with external funding from GFATM.</p>

¹ National figure.

² 34% under-fives, 26% pregnant women (2010 national Malaria review report)

1. Key Results Expected	2. Key Progress Indicators	3. Description of Results Achieved	4. Constraints and facilitating factors
<p>1.7³ 80% of adolescents in school (national) and 50% out of school (in 5 regions) have skills for HIV prevention.</p>	<p>% of adolescents (15- 19) reporting consistent use of condom during sexual intercourse with last non-regular partner by sex. <u>Baseline Latest Target</u> 62/48% 67/81% 80% m/f m/f (2000) (2006/7) (2010)</p> <p>% of adolescents (15-24) who know their HIV status <u>Baseline Latest Target</u> 17/37% - 16/38% m/f m/f (2006/7) (2010)</p> <p>% of adolescents (15-24) who have comprehensive knowledge about AIDS <u>Baseline Latest Target</u> 62/65% - 90% m/f (2006/7) (2010)</p>	<p>The delayed DHS means very few indicators can be reported on.</p> <p>The two HIV prevention extra-curricular life skills programmes <i>My Future is My Choice</i> (MFMC) for grades 8-12 and <i>Window of Hope</i> for grades 4-7 were rolled out to 70% of schools nationwide. The programme was handed over to the Ministry of Education in 2009. The MFMC programme has been declared mandatory for all grade 8 learners in 2011 and 3 full school days are dedicated for MFMC reaching over 13,000 learners at the beginning of each school year. Dedicated life skills teachers are appointed by MoE since 2011.</p> <p>Out of school children on HIV prevention were reached through multiple channels. The Nationwide Communication Initiative on HIV and AIDS- “Take Control” focused campaigns on Alcohol and HIV, caring for one self and others, addressing multiple and concurrent partnerships. In addition mass media initiatives on newsletters, magazines and radio programme “Uitani” were designed with civil society partners and young people (YP) to address issues affecting youth.</p> <p>In reaching young people in settings outside schools with healthy life style messages sports programmes including football for girls - now scaled up with partners to nine of thirteen regions - and cricket for disadvantaged children were implemented which received international recognition. Girls from this programme are now dominating the National Girls Football League.</p>	<p>Absence of age disaggregated incidence data made it difficult to track progress in reduction of infection among young people.</p> <p>Volunteer based peer education life skills programmes are difficult to sustain due to high turnover and management of volunteers, but this has been mitigated through institutional partnerships with the Ministry of Education, the National Football Association and an NGO (SCORE).</p> <p>A significant part of the prevention response remains a vertical response with relatively vertical programmes and approaches, (e.g. HCT, PMTCT, School based life skills) although during the last years some improvements in developing and strengthening linkages and referrals, these are not yet adequate to provide an evidence based, adequately linked packages of HIV-prevention services for young people.</p> <p>There has been limited focus under current National Strategic Framework on several high impact HIV-prevention areas:</p>

³ Language from CPAP. Original CPD text was “Increased access to correct information about HIV and the acquisition of skills need for HIV prevention by adolescents, contributing to a reduction national HIV prevalence to 7 per cent for the age group 13-19.”

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		<p>Partnership with the Namibia College of Open Learning, which enrolls nearly 30,000 young people each year, was also fostered to reach young people through ‘short message services’ (SMS) and communication materials. Innovation was applied in using Interactive Voice Response system in soliciting views of young people for national elections in 2009 and the opinions formed the basis for the children’s parliament in 2010.</p> <p>Major mapping, assessments evaluations and studies were conducted during this period, including an evaluation of MFMC and Utani radio programme and MCP communication campaign and mapping of Church networks and civil societies working with young people. These were effectively used in the development of the national prevention agenda and were integrated into the Education and Training Sector Improvement Programme. Programme experiences also influenced the Global Fund (GF) Round 8, Rolling Continuation Channel 2014-16 and US Government Country Operation Plan 2009-2011.</p>	<p>medical male circumcision, condom promotion, HIV counseling and testing. Many of these are being addressed through inclusion in the GFATM programme for 2013-16.</p> <p>The national Technical Advisory Group on Prevention is now defining a minimum package of combination prevention - especially those related to behavior change communication – to guide implementation at scale. No national strategic plan on HIV Prevention in place.</p>
<p>1.8⁴ National Education Policy for OVC implemented to mitigate the impact of HIV/AIDS on teaching/ learning.</p>	<p>% of Primary Schools accessing National Education Development Fund for reimbursement mechanisms. <i>Baseline /Target: Tbd</i> <i>Latest: Funding provision made to exempt all children from SDF(2013)</i></p> <p>Education Sector Policy for OVC approved <i>Baseline Latest Target</i> <i>No Yes Yes</i></p>	<p>Since 2006, a series of studies, evidence informed initiatives were undertaken primarily for systems strengthening and response within the education framework. On this basis, the Education Sector policy on OVC was approved and launched. This allowed more structured response towards OVC and data disaggregation. Communication strategy for galvanizing support for OVC was also developed.</p>	<p>Initially, OVC was a non- controversial issue and government was open to address the issues affecting OVC.</p> <p>During the CP the approach to OVC has dramatically changes based on improved evidence on vulnerabilities of OVCs versus other children and</p>

⁴ From CPAP. Original CPD text was: “Sustained primary school enrolment (93 per cent) and completion (85 per cent) rates, especially among girls, focusing on five regions with high HIV and OVC prevalence.”

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	(2006) (2008) (2007)	<p>The Education Development Fund (EDF) was launched to subsidize OVC from paying school development fund. The fund was created by UNICEF and the process of disbursement and outcome benefits for OVC was documented for scale up or to design new modalities for exemption from School Development Fund by OVCs.</p> <p>To manage teacher attrition due to prolonged illness, relief teacher strategy was developed and counseling support was strengthened through manual development and nationwide teacher training and a thorough evaluation of the counseling system. School feeding guidelines were also reviewed.</p>	<p>impact of interventions. The response has moved from an orphan focused response towards a response focusing more on especially vulnerable children in general. As a consequence also the OVC component in the MoE has become less relevant during the duration of the CP.</p>
<p>1.9⁵ Increased knowledge and utilisation of critical services by OVC and their caregivers.</p>	<p># of households receiving social grants. <u>Baseline Latest Target</u> 18,000 144,000 85% (2004) (2012) (2010)</p>	<p>Considerable progress has been made in institutionalizing social cash transfer programmes through Child Welfare Grants including maintenance, disability, foster care and place of safety grants</p> <p>A qualitative study was completed to identify key strengths and weaknesses of the grants in improving OVC access to critical services. This resulted in equalization of grants to all children in one household (now N\$200 for each child) with an 82% budget increase of the grants from N\$ 202 million (USD 29 million) to N\$ 367 million (USD million) in one fiscal year.</p> <p>Alternative care systems now include a standardized assessment, minimum standards for residential child care facilities and a draft</p>	<p>There are an estimated 155,000 orphans (i.e. 15% of child population in Namibia), and 250,000 (i.e. 26% of child population) orphans and vulnerable children in Namibia. Only 17 percent of these orphaned and vulnerable children receive any free external support. While nearly 125,000 orphans benefit from child welfare grants provided by the government, there is real cause for concern regarding <i>all children</i> in Namibia.</p>

⁵ From CPAP. Original CPD text was “Increased access to critical services and care practices for children orphaned or made vulnerable by HIV/AIDS in five high prevalence regions.”

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		alternative care policy. In 2009 a qualitative foster care study was completed. The policy recommendations were integrated into the draft Child Care and Protection Bill. Foster Care Minimum Standards and Guidelines with a training manual developed and Foster Care Services Providers trained.	
2. Key Results modified or added (<i>modified or added to the original Matrix by the Mid Term Review</i>)⁶			
2.1. At least 80% of under 5 year old children reached with high impact child survival interventions in low performing districts	<p>% of one year olds immunized (against DPT3 and Measles) by sex⁷</p> <p>DPT3</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> 79% 83% 80% (2004) (2012) (2010)</p> <p>Measles</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> 84% 74% 90% (2004) (2012) (2010)</p> <p>% of one year olds receiving at least one dose of Vit A in the previous 6 months by sex</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> 83% 74% 90% (2004) (2012) (2010)</p> <p># of polio cases reported</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> 0 0 0 (2008) (2013) (2010)</p>	<p>Comprehensive EPI Review in 2010 highlighted the importance of UNICEF contribution towards achieving national results as well as its support to low performing districts. With its technical support to the development of the five year strategic plans (including the Reach Every District strategy), training on mid-level management and cold chain management, introduction of Maternal and Child Health Days (MCHD), etc., UNICEF boosted MoHSS efforts to improve access to immunization in hard-to-reach communities focusing on five (of thirteen) regions. UNICEF is one of the founding members of Inter-agency Coordination Committee (ICC).</p> <p>Polio and Maternal & Neonatal Tetanus Elimination (MNTE) reported no cases for last 6 years since 2006.</p>	<p>MoHSS spent a lot of funds, staff time and implementation on NIDs, as a result routine immunization coverage was not paid much attention. Weak community mobilization for routine immunization was one of the reasons behind low coverage.</p> <p>On the basis of NID reviews, the strategy has shifted to more inclusive MCHDs, complemented by sub-National Immunization Days in low-performing districts.</p>
2.2. Improved nutritional status of U5 children achieved through institutional strengthening	<p>% of children U5 underweight, stunted and wasted</p> <p>Underweight</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> 24% 17% 15% (2000) (2006/7) (2010)</p> <p>Stunting</p>	<p>Since the NDHS 2011-2012 was postponed to 2013; there are no updated data available on malnutrition as well as low birth weight indicators.</p> <p>Nutrition advocacy through Namibian Alliance for Improved Nutrition (NAFIN), chaired by the former Prime Minister of the</p>	<p>Due to limited funding and staff capacity at MoHSS, many nutrition interventions either delayed or not implemented.</p> <p>Multi-sectoral nutrition implementation plan will</p>

⁶ Results numbered 2.xxx added at MTR in 2008 for achievement by end 2010. Results numbered 3.xxx added when Programme Component Results developed in 2011 for achievement by end 2013.

⁷ Oshakati, Oshikuku, Outapi, Engela, Gobabis, Khomas, Onadjokwe only,

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	<p><u>Baseline Latest Target</u> 29% 29% 25% (2006/7) (2006/7) (2010)</p> <p><u>Wasting</u> <u>Baseline Latest Target</u> 8% 8% 5% (2006/7) (2006/7) (2010)</p> <p>% Low Birth Weight children <u>Baseline Latest Target</u> 16% 16% 5% (2006/7) (2006/7) (2010)</p>	<p>Government of the Republic of Namibia has raised high level awareness. NAFIN was established in 2009 with a vision to bring together different Government departments involved in nutrition and food security, the private sectors, NGOs and development partners to address the malnutrition problem in Namibia. The goal of NAFIN, multi-sectoral private public partnership forum, is to coordinate the activities of stakeholders to address high level of stunting in Namibia.. The Office of the Prime Minister (OPM) is the convener of NAFIN, officially approved by the Cabinet in November 2010.</p> <p>UNICEF played a strong technical back-up as well as secretariat role to NAFIN and ensuring Namibia's SUN movement membership. UNICEF is serving as lead donor agency for Namibia's SUN movement.</p>	<p>be costed, in partnership with the World Bank and resource gaps will be identified for further mobilization internally as well as externally.</p>
<p>3.2 National District Health Systems planning, implementation and management capacity is strengthened to deliver critical high impact child survival interventions to 80% of U5 in low performing districts.</p>	<p>Restructured health systems integrates Health Extension Workers category. <u>Baseline Latest Target</u> No Yes Yes (2008) (2011) (2010)</p> <p>Training curriculum and materials on HEWs finalized to include impact interventions. <u>Baseline Latest Target</u> No Yes Yes (2008) (2013) (2010)</p> <p>HEW training curriculum and materials available (2012) and 34 HEW trained. <u>Baseline Latest Target</u> No/0 Yes/34 Yes/34 (2006) (2012) (2010)</p> <p>% of children under five receiving a defined package of health and nutrition services.</p>	<p>MoHSS in 2009 developed a strategy to strengthen community-based health system through recruitment of Health Extension Workers (HEWs) as public service employees to extend health care and social welfare services from the health facilities into the community.</p> <p>UNICEF supported the district health systems strengthening through modeling of a HEW system that has trained and deployed 34 HEWs in October 2012 in Opuwo district which is one of the most disadvantaged districts with limited access to health services. Preliminary results have influenced Government's investment of US\$ 8 million in 2013 to expand the initiative to additional 5 regions.</p> <p>The capacity of National Health Training Center (NHTC) was built to provide training of Volunteer Health Workers including 34 HEWs in Kunene region.</p>	<p>Scaling up HEW to national level still poses many challenges due to weak human resource capacity to train, monitor and supervise community-based healthcare activities.</p> <p>UNICEF, in partnership with USAID, will continue supporting technically in the coming years to set up a proper community-based health system.</p> <p>The other challenge is the quality, reliability and timely availability of data. Health Information System (HIS) is fragmented and project driven.</p>

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	<u>Baseline Latest Target</u> 70% 83% 85% (2008) (2012) (2010)		
2.4 National sanitation and hygiene policy developed and implemented	Sanitation and hygiene policy in place and disseminated <u>Baseline Latest Target</u> No Yes Yes (2008) (2009) (2010)	UNICEF was instrumental in development of National Sanitation Policy in 2008 and a member of National WATSAN forum. UNICEF also supported in WASH in School behavior change communication interventions in 2008 – 2011 which has now taken up by Ministry of Education and MCA to implement in northern regions of Namibia.	Though Namibia may achieve MDG on Water by 2015, Sanitation has been left behind. Budget allocation for Sanitation is very low and currently three Ministries are expected to support national sanitation policy however the coordination structures are still very weak.
2.5 At least 90% of expectant women have access to and use quality basic maternal and EmOC services in low performing districts.	% of pregnant women attending at least 4 ANC visits <u>Baseline Latest Target</u> 70% 70% tbd (2006) (2010) (2010) % of deliveries attended by skilled health workers <u>Baseline Latest Target</u> 76% 81% 90% (2000) (2006/7)(2010) % of families and women who recognize importance of ANC, danger signs and the need to access EmOC <u>Baseline Latest Target</u> n/a 48% 60% (2008) (2009) (2010) % of hospitals providing EmNOC services <u>Baseline Latest Target</u> 4/34 13/34 12/34 (12%) (38%) (35%) (2008) (2009) (2010)	UNICEF ensured that referral linkages of newborn care were institutionalized as part of integrated management of newborn and childhood illnesses (IMNCI) approach.	According to the division of labour in Namibia, UNFPA and WHO provide support for maternal health whereas UNICEF focuses on newborn care and child health. Challenges include inadequate human resource for health; limited access to services due to long distances between community and health facilities; weak referral systems; and poor inter-sectoral coordination and collaboration between health and other social sectors such as Education, Agriculture and Water, and Gender and Child Welfare.
2.3 At least 90% of mothers and their children have access to and use quality PMTCT services.	% of ANC attendants receiving PMTCT services <u>Baseline Latest Target</u> 94% 90% >90% (2008) (2013) (2010) % of exposed infants who	As a result of increased service coverage, there is rapid decline in the mother to child transmission of HIV (MTCT) rate from 33% in 2002 to 5% in 2012. UNICEF provided a critical	Strong partnerships including with the UN agencies, PEPFAR and civil societies, were critical to achieving results in this area. Staff shortages and

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<p>3.1 Pregnant women and infants have access to integrated maternal and newborn services and care, including comprehensive PMTCT.</p>	<p>are HIV infected <i>Baseline Latest</i> 12% 5% (2008) (2012) <i>Target: >50% infections averted in 2010.</i></p> <p>% of HIV +ve pregnant women receiving a complete course of ARV prophylaxis to prevent vertical transmission <i>Baseline Latest Target</i> 85% 83% >90% (2008) (2012) (2010)</p> <p>% of children (under 15) who are eligible and receiving paediatric ARV treatment <i>Baseline Latest Target</i> n/a 88% >90% (2008) (2012) (2010)</p> <p>% of pregnant women who are eligible and receiving ARV treatment for their own health <i>Baseline Latest Target</i> n/a 61% >80% (2008) (2012) (2010)</p> <p># of health facilities that provide PMTCT services. <i>Baseline Latest Target</i> 286 333 310 (2009) (2013) (2013)</p>	<p>technical support to MoHSS in development of multi-sectoral national MTCT elimination plan 2012-2016 which was launched by the Minister of Health and Social Services in December 2012 to guide the national process towards the elimination goal.</p> <p>UNICEF's catalytic role in resource mobilization for Namibia resulted in approval of Global Funds Round -2 RCC Phase-2 proposal which includes PMTCT component which will cover the resource gaps for full funding of the elimination plan in the next 3 years.</p> <p>UNICEF in partnership with other development partners supported capacity building and service delivery component of HIV and Nutrition with special emphasis on HIV and Infant Feeding as key component of elimination strategy. Community mobilization and male partner involvement through the First Lady Campaign raised awareness on the importance of maternal and child health, and PMTCT interventions.</p>	<p>inadequate numbers of trained health care workers are major issues in implementing EMTCT plan. The proportion of HIV positive women falling pregnant is increasing. There is need to assess if this is a result of unmet family planning needs or due to planned pregnancy. Poor linkages between ANC clinics and ARV clinics resulting in delayed initiation of treatment in some pregnant women who need ART for their own health. Some facilities submit inaccurate and incomplete data, some facilities do not submit regular reports and this affect the quality of data for the programme.</p>
<p>3.3 Adolescents living with HIV/AIDS are counseled, tested and provided with treatment, care and support.</p>	<p># of ALHIV that receive care and support specifically targeted to them. <i>Baseline Latest Target</i> 0 150 1000(*) (2011) (2012) (2013) (*) through teen clubs</p> <p># of health workers trained on supporting ALHIV (I). <i>Baseline Latest Target</i> 0 27 5 (2011) (2012) (2013)</p>	<p>In 2010 a local NGO working with and for people living with HIV, called Positive Vibes and Katutura Pediatric Antiretroviral Therapy (ART) Clinic in partnership with UNICEF developed psychosocial support programming for ALHIV. By the end of 2012 there were about 150 adolescents registered for teen club.</p> <p>As a result of the ongoing advocacy by UNICEF and other partners and the initial experiences from the ALHIV pilot in Windhoek, in early</p>	<p>While positive feedback from health workers and ALHIV on the teen clubs has resulted in positive policy development, more emphasis needs to be placed on developing, testing and rolling out models for scale up teen clubs, in a manner that integrates with other Adolescent-Friendly Health Services.</p>

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		<p>2011 the Ministry of Health and Social Services decided to form a Technical Working Group (TWG) on ALHIV with UNICEF as secretariat. The TWG has worked on the development National Strategic Guidelines for ALHIV which was launched by the First Lady on 21 November 2012. Healthcare workers being trained accordingly to reach the estimated 5-6,000 ALHIV.</p>	
<p>2.10 Quality learning outcomes for learners in Primary Education strengthened</p>	<p>Completion rates at end of primary phase increased from 74.8 % (2006) towards the NDP3 target (80.2% in 2011)</p> <p><u>Baseline Latest Target</u> 75% 81% 80% (2006) (2010) (2011)</p> <p>% of Grade 5 learners performing below basic level in Math and English (SAT).</p> <p><u>Maths</u> <u>Baseline Latest Target</u> 46% 43% <30% (20xx) (2011) (2013)</p> <p><u>English</u> <u>Baseline Latest Target</u> 55% 39% <30% (20xx) (2011) (2013)</p>	<p>The process of analyzing data beyond HIV and orphans response was initiated by addressing issues on vulnerability and equity. A research document on equity based access and quality education was completed for influencing the education sector policies and systems.</p> <p>In response to dropouts due to teen pregnancy, a progressive and human rights based policy on the Prevention and Management of Learner Pregnancy' was approved by Cabinet in 2009, and is currently being implemented.</p>	<p>Putting long-term strategies in place to address the issues of equity remains a challenge, as the issues are much complex and also requires inter-departmental response and human resource development.</p> <p>Teen pregnancy remains controversial as the prevalent attitudes in many schools are still resistant to allow pregnant learners in schools.</p>
<p>3.5 Efficiency of the education system strengthened to deliver quality primary education for all children.</p>	<p>Net primary enrolment rate by sex. <u>Baseline Latest Target</u> 94/91% 98/101% 94/91% m/f m/f m/f (2006) (2011) (2010)</p> <p>Primary completion rate by sex. <u>Baseline Latest Target</u> 75% 81% 75% (200x) (2010) (2010)</p> <p>Transition rate to secondary school. <u>Baseline Latest Target</u> 77% 81% 77%</p>	<p>Equity in education was presented as a major theme in the plenary session of the Education Conference, 2011 and the findings influenced the conference recommendation approved by Cabinet and systematically integrated in the ETSIP implementation.</p> <p>Policy brief on Free Primary Education triggered significant public debate resulted in the declaration of Free Primary Education by the Minister of Education in 2012.</p>	<p>The Late Minister of Education was fully committed to sectoral reform.</p> <p>Due to the strategic and high level engagement of UNICEF within the development partners and within the Ministry of Education, new partnership with EU was possible: An innovative three-year initiative to promote community involvement and social</p>

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	<p>(2006) (2012) (2010)</p> <p>Survival rate to grade 5.</p> <p><u>Baseline Latest Target</u> 92/91% 94/92% 95/95% m/f m/f m/f (2008) (2010) (2013)</p>	<p>N\$ 50 million (US\$ 6 million) made available by Government in 2013/2014 budget as contribution to School Development Fund to exempt all children from SDF contribution.</p> <p>As a follow up to the Education Sector Public Expenditure Review the 15th Day School Census data is being used to generate user friendly profiles of schools, regions and national for informed planning and budgeting at circuit, region and national level.</p>	<p>accountability in the education sector was initiated.</p>
<p>2.11 Disruption to schooling minimised during emergencies through improved preparedness and response in Education Sector</p>	<p>Education Sector Emergency Preparedness and Response Plan (EPRP) integrated into National Emergency Plan</p> <p><u>Baseline Latest Target</u> No Yes Yes (2008) (2010)</p> <p>Budget provision introduced in Medium Term Expenditure Framework (MTEF)</p> <p><u>Baseline Latest Target</u> No No Yes (2008) (2013) (2010)</p>	<p>Education sector's emergency response capacity was enhanced through national level advocacy and regional trainings. Education sector contingency plans were integrated in national plans, basic non-food support including hygiene promotion and sanitation and manual for schools were provided.</p>	<p>As this is not a recurring situation and government usually plans for extra classes during the school holidays, getting a strategy in place for preparedness and response has been difficult.</p>
<p>2.14 Improved prevention and response service to address abuse and violence against women and children</p>	<p>% of rape and attempted rape cases involving children under 18 years</p> <p><u>Baseline Latest Target</u> 41% 35% 25% (20xx) (2006-11) (2013)</p> <p># of cases of rape and attempted rape against women over 18 years reported</p> <p><u>Baseline Latest Target</u> 523 787p.a. 576 (20xx) (2006-11) (2013)</p> <p>Child protection module included in the police</p>	<p>Five UN agencies (UNDP, UNFPA, UNESCO, UNICEF and FAO) collaborated to the Spanish Government funded MDGF Joint Programme on Gender and Development. The collaboration resulted in the finalisation of National Plan of Action on Gender Based Violence (which includes strategies and multi-media campaign against child trafficking and baby dumping).</p> <p>UNICEF increased awareness and action on GBV among Parliamentarians through advocacy and regional visits. This</p>	<p>The ability of government to deliver effective social welfare services and child protection services are significantly impacted by the limited number and capacity of regional MGECW & Ministry of Safety and Security (MSS) staff the fragmented nature of systems. Currently responsibility for social welfare and child protection interventions reside in the ministries of</p>

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	<p>training programme</p> <p><i>Baseline Latest Target</i> <i>draft Yes Yes</i> <i>(2008) (2012) (2010)</i></p> <p># of cases of child abuse or spousal abuse being reported at the Women and Child Protection Units annually.</p> <p><i>Baseline Latest Target</i> <i>1,100 (*) 5,000</i> <i>(2006) (2010) (2010)</i></p> <p><i>(*) 11,854 cases of gender-based violence reported to the Police in 2010</i></p>	<p>programme also facilitated the male involvement in GBV, child protection and HIV interventions, supported by training of trainers to support rollout to all 13 regions.</p> <p>An assessment of women and child protection and prevention services was completed in five regions to strengthen the referral system. All 15 Woman and Child Protection Units (WACPU) implemented outreach and prevention action plans, reaching almost 5,000 people and 8,000 learners through community meetings.</p> <p>116 Tollfree helpline for children launched (with support from USAID and UNICEF). In 2011 they received 27,706 phone calls through the helpline and provided information and counselling, and made referrals for 9567 of the calls.</p> <p>Review of Police curriculum completed and training undertaken, with a human rights handbook for new recruits as well as modules for specialized investigation including WACPU.</p>	<p>MGECW, MOHSS, MSS, MOJ and Ministry of Labour (MOL).</p> <p>The public outcry and extensive media coverage on sexual violence against children and women has not yet resulted in significant government owned programs, but increasing civil society movement to address the abuse.</p> <p>Violence against women is rife with increasing numbers of reported incidences of gender based violence (12500 in 2008⁸). There are concerns about societal attitudes towards wife beating: 41% of men and more than one third of women believe that wife beating is justified⁹.</p>
<p>2.15 Increased awareness and commitment of duty bearers to address emerging child protection issues</p>	<p>Harmonisation of Namibian legislation on women and children with CRC and the African Charter on the Rights and Welfare of Children</p> <p><i>Target by 2010: Domestic violence act, rape act, child maintenance, vulnerable witness section (Domestic violence act, rape act, child maintenance, vulnerable witness section)</i></p> <p><i>Latest: Child Care and Protection Bill (on parliamentary schedule for</i></p>	<p>The combined First, Second and Third State Party reports on the Convention on the Rights of the Child was submitted after an extensive consultative process coordinated by MGECW.</p> <p>Extensive participatory review of Child Care and Protection Bill (CCPB) finalized and draft regulations completed. Cabinet Committee on Legislation Expectation approved Bill that will be tabled in Parliament in 2013. A plan to accession to the Hague Convention on the inter country</p>	<p>The process of revision of the pre-independence Child Act has been long drawn out. This reflects the need for broad consultation, and technical cooperation between the legal drafters and the responsible line ministries. The partnership with the Legal Assistance Centre has proved critical to the process.</p>

⁸ Reported by the media as spoken by President Hifikepunye Pohamba at the launch of 16 Days of Activism against GBV

⁹ DHS 2006/7

1. Key Results Expected	2. Key Progress Indicators	3. Description of Results Achieved	4. Constraints and facilitating factors
	2013), <i>Child Justice Bill (draft, not yet scheduled)</i> ,	adoption was finalized. An enabling legislative and police environment was strengthened distribution of simplified version of the Maintenance Act of 2003 and 2008 enactment of Children Status Act of 2006. This legislation removes discrimination between the treatment children born inside marriage and outside marriage in relation to inheritance, custody and guardianship. It further provides new rules for parental custody, guardianship and access, and provides a cost free procedure for appointing guardians for orphans.	The President has made a public commitment to see the new Bill tabled before parliament in 2013.
3.7 Legislative environment strengthened to ensure justice for children.	Key legislation pertaining to children implemented. <i>Baseline Latest Target</i> <i>No No Yes</i> <i>(2011) (2012) (2013)</i>	Evidence generated on children in conflict with the law suggest non-compliance with Articles 37 and 40 of the CRC, including the Beijing Rules, the Riyadh guidelines and the United Nations Rules for the protection of Juveniles deprived of their liberty.	Legislative environment need further strengthening with implementation of the Child Justice Bill but progress has been slow
3.8 Key duty bearers have capacity to prevent, protect and respond to violations of protection rights of children and woman.	Child protection priorities reflected in NDP4. <i>Baseline Latest Target</i> <i>No No Yes</i> <i>(2011) (2013) (2013)</i> Standard Operating Procedures and service agreements with monitoring framework developed and endorsed. <i>Baseline Latest Target</i> <i>No No Yes</i> <i>(2011) (2013) (2013)</i> New UNDAF reflect child protection priorities. <i>Baseline Latest Target</i> <i>No Yes Yes</i> <i>(2011) (2013) (2013)</i>	National Agenda for Children (2012-2016) which outlines a set of five prioritized national commitments and results envisaged for children with some key aspects included into the new National Development Plan 4. UNICEF supported the National Assembly to host the Third Children's Parliament. Members assisted to prioritize the five commitments and results for the 2012-2016 National Agenda for Children.	The National Agenda for Children provides a useful complement to the 4 th National Development Plan, which is less strong on child protection matters.
3.6 Vulnerable children are reached by	% of children aged 0-4 whose births are registered <i>Baseline Latest Target</i>	The unique partnership between Ministry of Home Affairs and Immigration and Ministry of Health	Improved Birth Registration provides a platform for improved

1. Key Results Expected	2. Key Progress Indicators	3. Description of Results Achieved	4. Constraints and facilitating factors
integrated care, protection and support.	70% (2006) 92% (2011) 80% (2010)	and Social Services resulted in decentralization of birth and death registration services has accelerated during this period; an increase in registration rates from 42,303 in 2008 to 65,828 in 2011, a 56% increase in three years.	access to Child Welfare Grants for the most vulnerable.
2.12 National & regional institutional capacities strengthened for implementation of NPA for OVC	Orphans and vulnerable children policy and planning effort index P5 <u>Baseline</u> <u>Latest</u> <u>Target</u> 76 (2008) - 80 (2010)	The National Plan of Action for Orphans and Vulnerable Children (NPA-OVC) culminated three years of efforts to institutionalise a multi-sectoral response and accountabilities for OVC care and support. The completion of the Capacity Gap Analysis of the Child Welfare Division of the Ministry of Gender Equality and Child Welfare (supported jointly with USAID) was a critical starting point. As a result in 2008 90 posts were created at constituency level (40 are filled), and two senior level persons were placed in MGECW by USAID/Pact. Social workers increased from 16 in 2006, to 38 in 2008, and to 61 in 2009. In 2010 there were 60 social workers in MGECW and in 2013 an additional 12 social workers were employed.	During the CP the approach to OVC has dramatically changes based on improved evidence on vulnerabilities of OVCs versus other children and impact of interventions. The response has moved from an orphan focused response towards a response focusing more on especially vulnerable children in general. This is expressed in the focus in NDP4 on addressing child poverty.
2.13 NPA implemented at community level ensuring 70% of OVC in six focus regions receive care and support	% of OVC to non OVC possessing three minimum basic material needs <u>Baseline</u> <u>Latest</u> <u>Target</u> 41:54% (2006/7) xx 60:60% (2010) % of OVC to non OVC girls aged 15-17 who had sexual intercourse before 15 <u>Baseline</u> <u>Latest</u> <u>Target</u> 10:7% (2006/7) xx 7:7% (2010) % of orphans not living with all siblings <u>Baseline</u> <u>Latest</u> <u>Target</u> 55% (m/f) xx (m/f) 45% (m/f)	In 2010 UNICEF supported the Ministry of Gender Equality and Child Welfare to develop implementation guidelines and tools for the systematic scale up of Child Care and Protection Forums. Child Care and Protection Forums were trained in six regions using the guideline. Ten OVC Constituency Forums were established in the focus regions to strengthen coordination and prepare local response plans. Through redefining constituency level Child Care and Protection Forums, systems for ensuring alternative care, birth registration and access to child welfare grants have been strengthened.	Although more OVCs benefit from grants it is clear that the challenge of targeting leaves many of the vulnerable unreached. Only 17 percent of these orphaned and vulnerable children receive any free external support. While nearly 125,000 orphans benefit from child welfare grants provided by the government, there is real cause for concern regarding <i>all vulnerable children</i> in Namibia.

1. Key Results Expected	2. Key Progress Indicators	3. Description of Results Achieved	4. Constraints and facilitating factors
	<p>(2006/7) (2010)</p> <p>% of OVC to non OVC who are underweight</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> 27:20% xx 24:19% (2006/7) (2010)</p>	<p>A parenting manual called “Give Every Child the Best Start in Life: manual for mothers, fathers and caregivers” was revised and translated to provide better resources for care-giving practices. The manual is used by a network of ‘family visitors’, including the DAPP volunteers.</p>	
<p>3.10 National development agenda prioritizes reduction of child poverty, vulnerability and disparities, and achieving child-related MDG targets</p>	<p>NDP 4 includes strategy on reducing child poverty and vulnerability in line with NSF and NAC.</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> No Yes Yes (2011) (2012) (2013)</p> <p>NDP 4 reflects mainstreaming of children across core sectors, particularly in regard to the impacts of child poverty and vulnerabilities.</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> No Partly Yes (2011) (2012) (2013)</p> <p>Up-to-date PERs and PETS available for health and education sectors.</p> <p><u>Baseline</u> <u>Latest</u> <u>Target</u> No Ed only Yes (2011) (2011) (2013)</p>	<p>NDP 4 was launched in July 2012, showing a significant shift in focus from a broad social development agenda to a very economy-focused plan. NDP 4 devotes a chapter to poverty reduction, including the reduction of child poverty. It makes the case for the expansion of child welfare grants to the broader group of poor and vulnerable children as well as regular increases of grants in line with inflation. This reflects an overall strengthened focus on child poverty and vulnerability by government, also evidenced by NSA publication of NHIES child poverty report and the leadership of MOF in the development of a NAMOD tax-benefit micro-simulation system. Public Expenditure Review on education was published in 2011 (supported by EU), and is scheduled for health sector in 2013/14.</p>	<p>The commitment to child poverty reduction through an expansion of the child welfare grant system is an excellent development reflecting strengthened focus on evidence-based policy making. GRN is very responsive to critical issues affecting children and ready to make necessary investments if positive impact can be shown.</p>