

Namibia

Executive summary

Namibia achieved upper-middle-income status in 2009 but inequalities persist with access to basic services, especially for the poor, and in rural or remote areas. The Namibia Inter-censal Demographic Survey (2016) noted progress between 2011 and 2016: for example, access to early childhood development (ECD) centres for children under four years old rose from 13 to 17 per cent; access to safe water rose from 80 to 93 per cent overall (and from 63 to 85 per cent in rural areas); open defecation fell from 49 to 46 per cent; and Internet access increased from 9 to 20.5 per cent. However, the proportion of the population who live in urban areas rose from 43 to 48 per cent, with an increase in households living in shacks from 16 to 27 per cent, and increased open defecation in urban areas from 22 to 26 per cent.

Key achievements

- 1) Improvements in sanitation, a noted shortfall in 2016, was accelerated and 61 villages were triggered on community-led total sanitation (CLTS). From a baseline of 196 latrines, a total of 450 additional latrines were constructed in less than two months. As a result, six villages were declared open defecation free (ODF). Furthermore, 52 schools with a total of 16,812 learners (8,466 boys and 8,346 girls) were supported, of which 10 schools became ODF.
- 2) The programme of cooperation re-focused support on integrated early childhood development (IECD) and adolescence, in line with the Mid-term Review recommendations. Namibia's 5th National Development Plan (2017/18-2021/22) includes priorities for children and adolescents in the areas of health, education, ECD, HIV response and protection from violence. A major milestone was the adoption of the inter-ministerial framework for cooperation on IECD, supported by the documentation of good practices and their impact. The All In adolescent assessments of 2016 resulted in district action plans to improve access to and use of HIV-related services and were integrated into the National Strategic Framework on HIV and AIDS (2018-2021).
- 3) On child protection, the police and the court system started to deal with child protection cases faster, with more sensitivity to children's rights and with improved conviction rates of abusers. The partnership on child online protection also set up mechanisms to identify, report and investigate online abuse.
- 4) Within the sub-region, the newly established operations hub supported Botswana-Namibia-Lesotho-Swaziland Country Offices (COs) in relation to the Global Shared Service Centre (GSSC) for processing transactions.

Challenges

Progress in 2017 was challenged by floods that led to a resurgence of malaria that reversed gains made over the previous decade. Outbreaks, including hemorrhagic fever and Hepatitis E, also occurred.

In 2017, fiscal austerity measures had a widespread impact, including with Ministry of Health (MoH) procurement (where pre-financing had become challenging), a recruitment freeze, a lack of supplies (e.g. fuel for supervision visits) and travel restrictions (affecting workshops and training activities). UNICEF Namibia responded by increasing support to fiscal analysis and studies to increase the effectiveness and efficiency of Government service provision.

The Education Public Expenditure Review triggered action to tighten-up the payroll, which is the largest budget item. The 2016 budget briefs were used to advocate in other sectors such as linking the index of child welfare grants as part of the social protection system. UNICEF Namibia advocated for increased use of procurement services to achieve cost savings for vaccines and other supplies. The MoH used Global Fund resources to procure nutrition supplies and the Prime Minister was keen to use this more widely.

The 2014-2018 programme of cooperation was only 55 per cent funded by the end of 2017. Specific areas such as social policy and nutrition remained critically underfunded; others such as education and protection fared better. There were secure pledges for IECD from the European Union and for community resilience building (Japan). The new country programme of cooperation will need to ensure that affordability and resource mobilization strategies are fully reflected in its design.

Partnerhsips

Partnerships with high level advocates ensured that children rights issues were addressed in the media and in legislation. The #EarlyMomentsMatters campaign was launched in November, reinforcing the partnership with multiple line ministries and the First Lady.

The United Nations Country Team (UNCT) was developing the UN Partnership Framework (2019-2023) that articulates collective support to Namibia's progress towards the Sustainable Development Goals (SDGs), and seizes opportunities of the demographic dividend in the next 15 years.

Humanitarian assistance

Between January and April 2017, Namibia experienced widespread flooding in the six northern regions bordering Angola and Zambia. This followed the El Niño-related drought emergency declared in June 2016 that ended in March 2017. The floods affected an estimated 155,924 people and at their peak (April 2017) displaced 3,331 people who received shelter and essential services from the Regional Authorities of Kavango East, Kavango West, Ohangwena, Omusati, Oshana and Zambezi. This caused temporary school closures (affecting 27,000 students and 102 schools). For the affected schools, the lost school days were compensated by additional school days added on weekends and with extended school terms.

With the floods, malaria surged in the northern regions with approximately 53,000 new cases and 72 deaths reported in the first six months of 2017, reversing gains of the past decade and undermining Namibia's goal to control and eliminate malaria by 2020. UNICEF Namibia supported the malaria response through specific supplementary training for 62 health workers and 318 community health workers, raised awareness for affected communities and supported procurement of 15,000 bed-nets for the next rainy season.

UNICEF Namibia supported the Government with emergency response with water-trucking to affected off-pipe communities. In 2017, UNICEF procured eight trucks with water treatment supplies with funds provided by USAID. In the first two months of operation, the trucks served

12 communities comprised of 1,974 people (845 males and 1,129 females), three schools with 3780 learners (1348 males and 2432 females) and two health centres.

The joint team of Ministry of Agriculture, Water and Forestry, MoH and Social Services, Ministry of Education, Arts and Culture, and UNICEF Namibia conducted training and triggering 5,149 households (30,000 people) from 61 villages in three northern regions using the community-led total sanitation (CLTS) approach. A total of 450 new latrines were constructed by community members during this period, compared to 190 that existed before CLTS triggering. In total, five villages have universal latrine coverage, use tippy taps, and were declared ODF. In addition, 52 schools with a total of 16,812 learners (8,466 boys and 8,346 girls) are implementing school-led total sanitation of which 10 schools attained ODF criteria.

In August, the MoH received reports of 11 deaths of children under two years old due to malnutrition in one informal settlement in Erongo region, and over 67 other children were admitted for severe acute malnutrition (SAM) in the same area. The ministry reported that approximately 80 per cent of all children admitted to the hospital's paediatric wards were acutely malnourished, especially in the northern regions of Namibia. This is a significant deterioration from the rates of 40 to 50 per cent in previous years.

In response, UNICEF Namibia joined the Ministry to undertake an emergency assessment to investigate the deaths. On this basis, UNICEF Namibia supported the development of a costed, countrywide, multisectoral malnutrition response plan to leverage resources from the Directorate of Disaster Response and Management (Office of the Prime Minister). Community health workers continued to screen for malnutrition; nationwide, 1,138 under-fives were treated for malnutrition in the flood-affected regions.

With funding from USAID, UNICEF supported the MoH to conduct a drought assessment in nine regions to determine the impact of drought on the nutrition status of people living with HIV/AIDS, women who were pregnant or breastfeeding, children under-five, vulnerable children and adolescents. Field work was completed in December and the findings will inform response planning to support vulnerable groups.

In 2017, four cases of Crimean-Congo haemorrhagic fever were confirmed. In December, eight cases of Hepatitis E were reported. UNICEF supported the MoH with additional training for health workers and community health workers who were deployed in response, and awareness-raising in affected communities.

No formal cross-border collaboration was required in 2017. UNICEF Namibia remained compliant with corporate preparedness benchmarks with an update of the Early Warning/Early Action site completed during the year. Increasingly, preparedness and capacity building actions were being planned and implemented jointly with the UN team.

To strengthen the capacity of the disaster response mechanisms in Namibia, the UNCT developed a joint programme of work for 2018 and for the second UN Partnership Framework (UNPAF 2019-2023). Building on the work in 2016 to refine the national Disaster Risk Management Framework in accordance with the Sendai principles, the UN will support disaster risk management initiatives and emergency information systems. The coordinated/joint programme on disaster risk management will support the implementation of the 5th National Development Plan from a resilience and risk-reduction angle.

Equity in practice

Namibia has made commendable economic progress since its independence in 1990 and attained an upper-middle-income status in 2009. Despite its steady economic growth and the gross national income per capita more than doubling over the previous two decades, a large proportion of the population remains poor, with vast income inequality. Indeed, the Gini coefficient which measures income inequality is the second highest in the world (after South Africa), using World Bank data (2017). The Gini coefficient stood at 0.57 in 2015/16 and the 5th National Development Plan targets a reduction to 0.50 by 2021/22.

Income disparities affect outcomes in child survival, health, nutrition, education, birth registration and access to water, sanitation and hygiene services for the poorest (typically, rural female headed households with children). For example concerning malnutrition, stunting levels in the poorest quintile are over three times higher than those of the wealthiest quintile (31 per cent versus nine per cent). In education, the completion rate for 12 years of education (primary and lower secondary) falls to less than one per cent in the most marginalized schools, compared to 58 per cent in the urban areas.

But Namibia is one of the few countries where income inequality is lessening. A World Bank analysis in 2017 highlighted the progressive impact of fiscal policy – i.e. disproportionately benefitting the poorest - with in-kind transfers (free government services in education and health) having the biggest impact in reducing inequality, followed by direct transfers (in particular the old-age pension and the child welfare grant).

In an upper-middle-income country such as Namibia, UNICEF plays a strategic role to engage on influencing public finance for children. UNICEF supported evidence generation and advocacy to strengthen the fiscal system, i.e. leveraging government resources to more effectively and efficiently realize the rights of children. In Namibia, this includes the effort to reduce fragmentation in the social protection system, where various ministries provide different grants without coordination nor a registry system for synergy between their services. The analysis highlighted that linking cash support with access to social services is transformative. The support from UNICEF to link birth registration with access to health services, enrolment in schools and access to social grants was an example of this.

Over the past two years, UNICEF Namibia built on the Namibian tax-benefit model (known as NAMOD) to generate evidence to advocate for changes in grant coverage or value by showing the impact on poverty. The budget briefs (2016 and ongoing in 2017) and the UNICEF-supported Public Expenditure Review advocated for changes in the allocation of Government resources, e.g. shifting education investments to the early years for a foundation for education in a child's life. Already, the Public Expenditure Review for Education triggered action to address payroll leakages, the single largest budget item.

Strategic Plan 2018-2021

The Strategic Plan provides a framework for action applicable in middle-income countries such as Namibia. The UNICEF Namibia programme of cooperation (2019-2023) will be structured around activities for early years and adolescence, articulated in the Strategic Plan through the sectoral goal areas and results. The Strategic Plan's cross-sectoral strategies –ECD, adolescence, gender and humanitarian – will require sector-specific interventions (through the result areas) as well as interventions to strengthen mainstreaming in Government ministries and agencies. The launch of #EarlyMomentsMatter campaign reinforced the partnership with multiple line ministries as well as the First Lady. Equity will be a criteria for assessing interventions, as well as the basis for specific advocacy to leverage resource allocations by both Government and development partners.

The overarching goal of the UNICEF Strategic Plan 2018-2021 is to drive results for the most disadvantaged children. To realise this goal, UNICEF Namibia and partners will capitalize on the Government's 5th National Development Plan (NDP5) and Harambee Prosperity Plan, both prioritise the most vulnerable groups in the commitment to leave no child behind as articulated in the SDGs.

Findings of a study on the effects of climate change on children, using the recommended "Climate Landscape Analysis for Children" tool, are expected to identify knowledge and data gaps, issues for research and entry points for UNICEF to mainstream children's issues into that national climate change response and identify strategic partnerships. The analysis will build CO capacity on climate, energy and environmental issues and integrate these issues in the Country Programme of cooperation with the Government of the Republic of Namibia for 2019-2023.

A secondary analysis of the 2013 Demographic and Health Survey, conducted in 2017, and the Government's Agenda 2030 Self-Assessment and Voluntary National Review (due in 2018) will serve as baselines to assess progress during the 2019-2023 Strategic Plan.

The common framework for the Strategic Plans of UNDP, UNPFA and UNICEF is a basis for collaboration in developing Country Programmes for 2019-2023 and to apply the UN Reform Agenda launched in 2017. For Namibia, the development of the 2019-2023 Country Programme will be aligned with the regional priorities to implement the Strategic Plan – and to which UNICEF Namibia will be held accountable.

Emerging areas of importance

Climate change and children. UNICEF Namibia undertook its first study on the effects of climate change on children using the "Climate Landscape Analysis for Children" tool. The study will identify knowledge and data gaps, issues for research, strategic entry points for UNICEF Namibia to mainstream children's issues into the national climate change response and identify strategic partnerships. As Namibia frequently faces climate-induced disasters, the analysis will build the CO capacity on climate, energy and environmental issues and move towards integrating these issues in the 2018 workplans and the new country programme.

Children 'on the move'. UNICEF Namibia partnered with the International Organization for Migration (IOM) to undertake joint advocacy for legal reform (Trafficking in Persons Bill was before parliament at end of 2017), support to coordination mechanisms on child protection and human trafficking and joint work to strengthen the criminal justice system to respond to exploitation and trafficking of women, men and children. IOM and UNICEF agreed to step up advocacy, evidence building, system strengthening and joint fundraising for children on the move in border areas with Angola and Zambia, the worst forms of child labour, and for alternatives to detention for child migrants.

Accelerate integrated early childhood development (IECD). Integrated Early Childhood Development (IECD) built on 2016 advocacy, resulting in its inclusion as a sub-chapter in the NDP5 (2017/18-2021/22). A framework for coordination among the key line ministries (health, education and gender) was adopted at cabinet level. The #EarlyMomentsMatter campaign was launched in November, reinforcing the partnership with the three line ministries as well as the Office of the First Lady. This campaign will convene a national conference to showcase the new framework, interventions and research on IECD in 2018. A multi-year grant from the European Union was negotiated with Government and UNICEF for ECD for 2018 onwards.

Greater focus on the second decade. Adolescents were integrated the National Strategic Framework on HIV and AIDS (2018-2021) as a result of advocacy by UNICEF and the Joint UN Team on AIDS - with a government-led technical working group that met regularly. Service delivery continued through teen clubs for adolescents living with HIV, 'Galz and Goals' (using Sports for Development), communication for development (C4D) and exploring new uses of social media and technology to engage and inform adolescents. The All In assessment (2016) resulted in the development of district-specific action plans to improve access to and use of HIV related services for adolescents (results will be reported end fiscal year 2017/18). The advocacy to prioritize adolescent girls in the national HIV response was reflected in the resident's Emergency Plan for AIDS Relief (PEPFAR)-supported DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) programme for adolescent girls and young women, to be rolled out in 2018.

The Situation Analysis of Children and Adolescents in Namibia, whose findings are expected at the end of 2017 addresses these emerging issues.

Summary Notes and Acronyms

ART	anti-retroviral therapy
BNLS	Botswana, Namibia, Lesotho and Swaziland
CCPA	Child Care and Protection Act (2015)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHW	community health worker (formerly health extension worker)
CLTS	community-led total sanitation
CMT	country management team
DCT	direct cash transfer
DHIS2	Decentralised Health Information System
ECD	early childhood development
EID	Early Infant Diagnosis
ENAP	Every Newborn Action Plan
EPI	expanded programme of immunization
ESAR	Eastern and Southern Africa Region
EU-SPS	European Union – Social Protection Strengthening
GiZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Corporation for International Cooperation)
GSSC	Global Shared Service Centre
HACT	harmonized approach to cash transfers
iCCM	integrated community case management
ICT	information and communication technology
IECD	integrated early childhood development
IMEP	integrated monitoring and evaluation plan
IOM	International Organization for Migration
ISHP	integrated school health programme
MGECW	Ministry of Gender Equality and Child Welfare
MHAI	Ministry of Home Affairs and Immigration
MNCH	maternal, newborn and child health
MoEAC	Ministry of Education, Arts and Culture
MoHSS	MoH and Social Services
NAEC	National AIDS Executive Committee
NDP5	5th National Development Plan
NSF	National Strategic Framework (for HIV and AIDS response)

NSSF	Namibia Safe Schools Framework
NUST	Namibia University of Science and Technology
ODF	Open Defecation Free
OECD	Organization for Economic Cooperation and Development
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PER	Public Expenditure Review
PMTCT	prevention of mother-to-child transmission (of HIV)
SLTS	school-led total sanitation
UNAIDS	Joint UN Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Capacity development

Capacity development is a core strategy for UNICEF in a middle-income country such as Namibia. UNICEF support leveraged government resources to develop government staff to deliver services in a more effective and efficient manner. Examples of this include:

To respond to the increased reports of stunting and children with severe acute malnutrition, 251 community health workers (CHWs) were trained to support caregivers on infant and young child feeding practices as well as growth monitoring and promotion in all 14 regions.

To ensure that schools in Namibia have access to quality school health services, that remove the health and psychosocial barriers to education, under the integrated school health programme, training was conducted in 14 regions reaching 281 school workers. The training led to the elimination of open defecation in 10 schools, improved menstrual hygiene management and adoption of hand-washing with soap at critical times in 52 schools.

In the areas of child protection, gender-based violence and child witness support, 60 police officials, social workers, doctors, prosecutors and magistrates received training and 32 were involved in training of trainers to strengthen integrated health and protection services to survivors. The training provided inputs to draft standard operating procedures for Gender-based Violence Protection Units. A multisectoral training on how to interview a child witness was rolled out for prosecutors, magistrates, social workers and police officers, capacitating 226 professionals to deal with child sexual abuse trauma, disclosure, grooming and court preparation. As a result, prosecutions were undertaken in less time and with improved conviction rates.

Responding to the emerging risk of online child sexual abuse and exploitation, the UK National Crime Agency conducted an assessment of the Namibian Police and gave detailed recommendations on capacity building programmes, to be conducted in 2018.

Evidence generation, policy dialogue and advocacy

UNICEF Namibia commissioned research relevant to partner needs and priorities in order to document best practices, improve decision-making and inform policies. Examples include:

The 2016 budget briefs were used to advocate for improvements in financing services, for example linking child welfare grants as part of the social protection system strengthening. The development of the Education Strategic Plan (2017-2021) was informed by a Public Expenditure Review that assessed resource allocation and evaluated effective use of funds at all levels.

Two booklets were developed with stories of the impact of two pilot programmes going to scale: the social accountability and school governance programme and the integrated early childhood development programme.

A secondary analysis of the 2013 Namibia Demographic and Health Survey analysed the equity of outcomes and the determinants of under-five mortality. Using UNICEF's Multiple Overlapping Deprivation Analysis (MODA), it described the extent of child deprivation in Namibia, and disaggregated the results for zero to four and five to 17 year olds. These informed the draft business case for investment in the health sector.

In order to strengthen administrative data systems for civil registration and vital statistics, a review of data sources was undertaken. The review contributed to the e-birth notification system under development, to be linked to the national population registration system. The aim is to eliminate late registration of births and collect accurate data about all children's births in the country. Other support to administrative data systems included reviews of data sources (e.g. violence against children, civil registration/vital statistics) and training (for example, 57 data planners at regional and head offices were trained on the Education MIS and 28 officers from 14 regions were trained on the Health MIS).

Partnerships

UNICEF Namibia was a catalyst in equitable and rights-based approaches that put the rights of the most disadvantaged children at the heart of partnerships, and ensured more resources for children in Namibia.

To address the lack of expertise on nutrition, UNICEF signed a memorandum of understanding with the MoHSS and Namibia University of Science and Technology to build a cadre of nutritionists in the country by launching a curriculum. The first students will enrol in 2018.

To address the issue of violence against women and children with a focus on child online protection, UNICEF fostered a partnership between the Government, ChildLine/LifeLine and the Internet Watch Foundation, launching a national portal for reporting online child sexual abuse.

To mobilise resources for children living with disabilities, UNICEF supported a gala event held in partnership with the Ministry of Gender Equality and Child Welfare, the Municipality of Walvis Bay and the private sector (Fishing). The event raised awareness on issues affecting children living with disability and generated US\$30,000 for the Sunshine Centre for children living with disability in Walvis Bay. UNICEF Namibia engaged the UNICEF Regional Goodwill Ambassador Yvonne Chaka Chaka, who recorded a song and a video with children from the Sunshine Centre.

UNICEF Namibia hosted a visit by the UNICEF Canada National Committee to Namibia. The team was in Namibia with funding partners from Canada. Sharing information with the Canada National Committee after the visit influenced support for programming in Namibia. They supported programmes in health and child protection, including the e-birth notification programme.

External communication and public advocacy

Building on UNICEF@70, UNICEF Namibia embarked on social media engagement to commemorate World Children's Day. In November, under the theme of #Kidstakeover, children were involved in the presentation of news through radio, TV, print and social media. Children drafted and presented a special communiqué to the Mayor of Swakopmund for follow up in 2018.

UNICEF Namibia used social media as a platform to engage, communicate and inform young people and highlight children's issues. Facebook followers rose from 2,880 in December 2016 to 3,370 in December 2017 and Twitter followers rose from 2,939 to 4,144.

As part of the global #EarlyMomentsMatter campaign to raise awareness on the importance of the first 1,000 days of a child's life, a national campaign was launched in October with the Ministry of Gender Equality and Child Welfare, the Ministry of Education and the Office of the First Lady. As part of advocacy and fundraising, a booklet featuring stories on UNICEF IECD model centres was developed with stories about how people from disadvantaged communities benefited from the centres.

In order to help position UNICEF Namibia as a knowledge leader, two editorial opinion pieces were placed in the local media through the Representative's office on ECD and child online protection. Two media visits were organized to Kavango East and West and to Ohangwena to capture stories on sanitation, generating six newspaper articles.

UNICEF supported the joint UN communication group's activities for 'Communicating as One', including the input to the monthly newsletter that was a key visibility and advocacy tool for the UN in Namibia. UNICEF supported capacity-development training of the communication group members in communications planning, social media and C4D.

South-South cooperation and triangular cooperation

UNICEF supported government counterparts to engage in South-South cooperation on technical topics and through sub-regional exchanges or meetings. Examples included:

Through the community-led total sanitation (CLTS) foundation, technical support from Zambia was provided to accelerate the roll out of the CLTS programme. A regional workshop hosted in Zambia provided examples and enabled Namibia's Water and Sanitation Forum to secure staff and resources from multiple line ministries to scale up the support to 61 villages in 2017, reaching over 30,000 people. The intervention demonstrated how latrines are quickly constructed at scale with little cost to Government and with maximum community engagement and commitment to use and maintain the latrines.

The Scaling Up Nutrition Global Gathering (Abidjan, November 2017) was a valuable forum to share the Namibian experience and learning with other countries. This included how to align the Namibia Alliance for Improved Nutrition (that engages civil society, private sector, academia and development partners) with the revitalized Namibia Food Security and Nutrition Council. The former Prime Minister of Namibia served on the lead group to motivate other countries to join the Scaling Up Nutrition movement and to advocate for global attention about the harmful consequences on development of malnutrition.

Namibia hosted a study tour from South African on the health extension programme. The countries shared experiences and explored solutions to common challenges on financing, management and oversight of community health workers. It provided timely input to the

evaluation of the programme initiated shortly thereafter, with UNICEF support.

Other opportunities to showcase Namibia's experience and to identify good practices included the global ECD meeting (New York), the Vaccine Procurement Practitioners workshop (Copenhagen) and the UPSHIFT: Skills for the 21st Century meeting (Kosovo).

Identification and promotion of innovation

In 2017, UNICEF Namibia developed a system to address the stagnation of birth registration at 60 per cent for children under one year old. In coordination with the Ministries of Home Affairs and Health, as well as the Office of the Prime Minister, a digital birth notification system was developed that links the manual birth notification system with the national population registry system.

A technology for development app was developed for health professionals, midwives and nurses to notify a birth of a child. The notification reaches a database from which civil registration officials can facilitate and complete, with parents, the birth registration process and issue a birth certificate. The system allows for tracking and immediate follow-up of uncompleted birth registrations, and provides real-time, accurate data on the number of births occurring at any health facility, critical for planning social services. The project was in a scale-up phase. Namibia is the first in the Eastern and Southern Africa Region to develop a system that automates the links between notification of births and the national civil registry.

In the education sector, a majority of students performed poorly in English, Math and Science subjects, a challenge for grade 11 and 12 students who seek to join the mainstream labour sector or move on to tertiary education. To address this, initially as a proof of concept, a technology for development app was developed for students to practice mock tests/exams based on their curriculum. The app gives immediate feedback to the learner on progress; if learner fares poorly, an explanation on the subject is presented. This app was developed through UNICEF support under the leadership of the Ministry of Education, Arts and Culture.

Support to integration and cross-sectoral linkages

UNICEF Namibia continued to strengthen multisectoral linkages and integration make the programme more effective and efficient.

UNICEF support to the development of the integrated reproductive maternal neonatal child and adolescent health and nutrition strategic plan ensured cross-sectoral collaboration by putting together teams from the health, gender, HIV, social protection, education, nutrition, water and sanitation sectors. This integrates planning, implementation and monitoring for efficient use of resources and acceleration of impact. At national level, an integrated coordination mechanism on reproductive, maternal, neonatal, child, and adolescent health, prevention of mother-to-child transmission of HIV/AIDS (PMTCT), IECD and nutrition was a platform for all primary and community-based health care programmes including WASH.

Through a 2016 memorandum of understanding between the Ministry of Education and MoH, the School Health Task Force in 2017 provided a platform that brings together stakeholders to discuss issues and coordinate implementation of health, nutrition, HIV and WASH services at schools.

The 5th National Development Plan launched in 2017, explicitly stated IECD as a priority. UNICEF had a key role to strengthen partnership and coordination with various ministries, civil society organizations and donors for integrated and cross-sectoral interventions to scale up

quality ECD services nationwide.

Under the leadership of the Prime Minister, a new e-birth notification and registration system was officially launched by Ministers of Home Affairs and Health. It brought together health, civil registration, ICT and law enforcement sectors to increase the birth registration rate, facilitate delivery of health-related high-impact interventions and guide equitable distribution of social grants for vulnerable mothers and children. UNICEF Namibia was secretariat of the technical working group of the initiative composed of various government ministries and agencies, academia and civil society.

Service delivery

In line with the strategy for middle-income countries, service delivery was the primary responsibility of Government. UNICEF provided support to improve the effectiveness and efficiency of such services. For example, the Early Newborn Action Plan was implemented through existing regional and national maternal, newborn and child health steering committees. UNICEF supported quarterly review meetings through the MoH to monitor and identify demand and supply-side bottlenecks to service delivery.

UNICEF supported the implementation of integrated ECD programmes to ensure that no child is left behind with a needs analysis on ECD service delivery in poor and vulnerable ECD centres across the country. A separate study focused on ECD service delivery amongst San (indigenous) communities. These studies highlighted the poor access of indigenous people to quality ECD services and the social norms around what ECD centres are and the services they should be delivering.

The school accountability and school governance programme was institutionalized by Government in 2016. In 2017, the programme ensured that school board members received training on school governance and promoted the participation of children in accountability and governance in schools. The programme was aligned within the national standards and performance indicators for schools.

After noting inefficiencies in the implementation of school health, HIV and AIDS, special programmes for learners with disabilities and psychosocial support programmes, UNICEF Namibia assisted the Ministry of Education to restructure and avoid duplication and improve support to regions and to schools. A new organizational structure was considered by the ministry to merge three units of the Programmes and Quality Assurance Directorate; the Diagnostic and Advisory Training Services Unit, the HIV/AIDS Management Unit and Special Education Needs Unit.

Human rights-based approach to cooperation

UNICEF Namibia continued to invest in the implementation of and reporting against human rights frameworks that protect the rights of children, in particular the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of Persons with Disabilities.

In 2017, UNICEF provided technical support to Government to advance legislation such as the Education Bill, Child Justice Bill, Trafficking in Persons Bill, Electronic Transactions and Cybercrime Bill and the Regulations of the Child Care and Protection Act (2015), and to ensure alignment with international law and standards. The concluding observations for Namibia's Convention on the Rights of the Child Report and the Convention on the Rights of the Child General Comments were the basis for the expert submissions and continued advocacy.

Namibia's reporting to the Committee on the Rights of the Child was due in 2017, but an extension was granted to mid-2018. UNICEF assisted the Government in cross-sectoral data collection, implementation of new reporting guidelines and technical analysis of concluding observations.

UNICEF supported the development of a National Agenda for Children (2019 – 2023), which takes a rights-based and child-centred approach to ensure that all Namibian children can enjoy the rights enshrined in the Namibian constitution and the Convention on the Rights of the Child.

UNICEF supported the Police Training College to develop police training manuals on human rights and respond to gender-based violence and violence against children, with special references to Convention on the Elimination of All Forms of Discrimination against Women and Convention on the Rights of the Child. The dedicated human rights manual, that addresses issues around cultural practices and gender norms in an exploratory learning approach, motivated police officers to critically reflect on cultural practices and gender norms, to ensure fair and quality service delivery without discrimination.

In 2017, UNICEF conducted a review of the Sector Policy for Inclusive Education, to ensure the implementation is in line with the standards and practices set in the Convention on the Rights of Persons with Disabilities. The UN Theme Groups provided mechanisms to coordinate UN agency support and messaging in each of the areas, including an ad hoc group on disability established in 2017, led by UNICEF, to share information on current work on disability and for resource mobilization.

Gender equality

Recommendations from the 2016 Gender Programmatic Review provided the foundation for the work plan for 2017 with two gender priorities in line with the gender action plan: the adolescent girls' sports for development programme and the WASH menstrual hygiene management programme.

Through continued support to the football leagues and the life-skills activities, the 'Galz and Goals' programme empowered 4,000 adolescent girls from 12 regions, an increase from 3,200 reached in 2016 from 10 regions, addressing adolescent pregnancies and HIV/AIDS. Education and WASH collaborated on implementation of the menstrual hygiene management programme where an assessment was carried out to understand menstrual hygiene management bottlenecks for girls in school. The study informed the development of a research tool for Ministry of Education for analysis to address menstrual hygiene management. As part of the school-led total sanitation training by WASH, menstrual hygiene clubs were established in 30 schools educating 16,812 learners (8,466 boys and 8,346 girls) on menstruation.

Gender was mainstreamed in HIV prevention with technical support to the adolescent girls and young women technical working group. The group developed a core package of support for adolescent girls and young women as part of the HIV combination prevention strategy implementation to curb new infections. National guidelines for integrated services to address gender-based violence and violence against children were developed and disseminated.

UNICEF Namibia's internal gender sectoral working group consisted of sectors' gender focal points who integrated gender issues in annual performance objectives.

UNICEF provided interim leadership to the UN Theme Group on Gender for eight months. A

training on gender mainstreaming into UN Partnership Framework was conducted for 45 UN and government staff. Participants became gender advocates by acquiring skills to mainstream gender in the UN Partnership Framework (2019-2023). The UN Gender Theme Group members convened national clusters on gender & HIV; gender, education and girls; and gender-based violence, advancing girls' rights and enhancing better sectoral coordination.

Environmental sustainability

Namibia is vulnerable to the impacts of climate change, compounded by the fact that the majority of the population depends on climate-sensitive sectors such as agriculture, livestock management and fishing for their livelihood.

To enhance understanding on the impact of climate change, UNICEF Namibia supported the Government to produce a climate landscape analysis for children in line with the Executive Directive on addressing climate change for children. UNICEF supported an assessment to determine the impact of drought on the nutritional status of people living HIV/AIDS, pregnant and breastfeeding women, children under-five, orphans, vulnerable children and adolescents. Fieldwork was completed in December 2017 and the findings and analysis will inform interventions that support the most vulnerable during climate shocks (droughts or floods).

UNICEF Namibia used global guidance on 'Greening UNICEF' as a reference to reduce its carbon footprint. UNICEF supported other UN agencies to conduct regular assessments and report on the carbon footprint. In order to reduce carbon emissions, measures were taken to increase efficiency and solar panels were installed to power the UN building. UNICEF monitored the carbon footprint of its activities and provided regular reports on fuel consumed by vehicles, travel by air, and paper consumption in line with the Secretary General's initiative to reduce climate footprint and report greenhouse gas emissions annually.

UNICEF Namibia sensitized staff of the office's operations effect on the environment. The office maintained standard environment-friendly practices by printing double-sided, black and white auto printing, use of pin codes for printing monitoring and control, migration to LIGHT which reduced hardware footprint in the office, switching off lights and air conditioning units before leaving office, as well as reducing the carbon footprint through reduced travel and efficient travel planning.

Effective leadership

2017 was a year of transition for UNICEF Namibia. An operations manager was appointed in June and a new Representative in August. The Botswana-Namibia-Lesotho-Swaziland (BNLS) Operations Hub came into effect in July providing pooled resources for operations management and human resource services. In collaboration with the Hub and GSSC, the CO ensured control mechanisms and segregation of duties were adhered to.

The country management team, joint consultative committee and other statutory committees met regularly to review progress in relation to the annual management plan priorities, and to advise the Representative accordingly. Management indicators for both programme and operations were reviewed on a monthly basis, using the regional dashboard, focusing on indicators requiring corrective measures. A table of action points detailing the actions, responsible staff and agreed timelines was maintained on a monthly basis by the country management team for follow up. The eight opportunities to streamline office management were implemented during 2017.

To improve office business continuity, the office implemented the migration to LIGHT and the

Enterprise Content Management project to ensure a smooth transition and safe movement of the office data to online repositories and digital workplaces.

Travel/leave plans were reviewed and updated quarterly to ensure alternates were available and that staff members took leave or were on duty travel to minimize role conflicts. Staff attended the administrative and finance training as well as the eZHACT training of trainers in Johannesburg for the transition.

Micro and macro assessments were completed using the HACT long-term agreement and the same agreement will be recommended for other UN Agencies to benefit. The HACT quality assurance plan was reviewed quarterly to improve compliance with minimum requirements.

The risk control self-assessment profile was updated to mitigate residual risks identified.

Financial resources management

Budgets were reviewed monthly and deviations from work plans, shortfalls and anomalies in the cash forecasts were carefully investigated. The BNLS Operations Hub in Johannesburg was involved in planning, including regional contingency fund requests. Areas of concern were clarified with the Hub, UNICEF ESARO and GSSC. Communication between UNICEF Namibia, the Hub and GSSC facilitated a reduction in the frequency of resubmission of cases.

The BNLS Operations Hub played a role in bank reconciliations, including the approval after review by the operations manager in UNICEF Namibia. Manual clearing remained at GSSC but the office sent necessary documents, such as bank statements, to the Hub and GSSC for processing. Ongoing discussions between UNICEF Namibia, GSSC and the local bank ensured reconciling items were cleared promptly.

The HACT long-term agreement ensured that quality micro-assessments were in place and made it easier to do accurate risk assessments for improved DCT management. A macro-assessment of the local regulatory institutions was completed and confirmed that good national regulatory framework and systems were in place. This same long-term agreement will be used by other UN agencies through the Business Operations Strategy as soon as it is signed and implemented by UNCT.

Direct cash transfer (DCT) indicators were monitored closely and the HACT team met regularly to identify areas of improvement, including timely spot checks and programmatic visits as stipulated in the HACT guidance and office HACT management plan. The quality assurance plan was reviewed quarterly to improve compliance.

Cognisant of the need for dedicated resources for programme implementation, UNICEF Namibia commenced documentation of its success stories to inform the revision of its Resource Mobilisation Strategy. The findings of the situation analysis early in 2018 will be equally important in this regard.

Fundraising and donor relations

Resource mobilization and leveraging remained active and strategic given that Namibia's small population and status as a middle-income country status made it a non-priority country for many donors, most of which are non-resident. As of December 2017, the Country Programme 2014-18 was 55 per cent funded.

During 2017, US\$1.8 million new Other Resources-Regular (OR-R) grants were received,

including USAID (WASH) and Center for Disease Control and Prevention (HIV) and End Violence Fund, Thematic Funding (US\$0.5 million), Set Aside (US\$0.45million), UNICEF National Committees (Canada and Germany) and OECD. Additional funds were received from USAID and Set Aside funds for La Nina response. Social Inclusion remained acutely un-funded.

Available funds were used promptly and within agreed timeframes. A two-year grant for European Union for ECD was agreed for 2018. Other initiatives were not successful for example, the Food For Peace proposal and an inter-agency proposal on disability.

The CO with support from the BNLS Hub, explored new partnerships with private sector (local and sub-regional), sharing how an investment in children is for both child development and broader social development. UNICEF Namibia worked with Goodwill Ambassador Yvonne Chaka Chaka to raise awareness in the business community on children's rights and create fundraising opportunities through song production.

The CO hosted one national committee field visit (Canada) to advocate for needs in a country marred by extreme inequalities despite its middle-income country status.

The CO continued to leverage funds of other partners for children, such as European Union budget support (especially in education), Global Fund (using procurement services for nutrition items), USAID DREAMS programme for adolescents, the new EU/OECD Social Protection Systems Building fund and others. Success stories and proposals were updated with information from the new situation analysis, to mobilise resources for the new country programme in partnership with governments, donors and national committees.

Evaluation and research

The research and evaluation specialist oversaw implementation of the integrated monitoring and evaluation plan (IMEP) through quarterly review meetings with the programme group. (A separate committee was dissolved in line with the 'Eight opportunities to streamline office management' in 2017.)

During the internal mid-year and end-year reviews, changes to the IMEP were identified due to constraints or new opportunities with partners. The 2017 studies, research and evaluation will inform any programme re-design of the country programme in 2018, and update the resource mobilization strategy and other advocacy materials.

The Study of Positive Deviant Schools in Namibia was included in the Best of UNICEF Research 2017 and used to inform resource allocations in the education sector.

The community health worker programme evaluation was undertaken with to document programme achievements and constraints, review the conceptual framework and overall system, including financial support, management structure, supervision mechanism and governance. It gains an in-depth understanding of the progress and challenges, and identifies areas for improvement; assesses the alignment with and appropriateness of policies and guidelines for the community health programme; and determines the extent and depth of coordination and collaboration for partnerships. The findings of the evaluation will mainly be used by MoHSS and partners in their unique capacities and functions to inform policies and strategies and develop future plans and interventions to improve programme performance.

The National Planning Commission sought to establish its role in providing an overall evaluation function for Government programmes and projects, and they requested the UN support through

the UN M&E Group to provide support and released a framework for M&E within Government. Further support was provided to the Government on the SDG baseline report and indicators framework.

Efficiency gains and cost savings

The Namibia CO implemented the 'Eight opportunities to improve office management' in 2017 resulting in fewer office committees, fewer meetings and more time to focus on core responsibilities and improve service delivery standards. The BNLS Operations Hub was established for efficient office support; performance will be reviewed in 2018 to document the outcomes of this restructuring.

A significant number of video conferencing, teleconferencing, Skype lectures and webinars were conducted during 2017. The Polycom unit was procured to facilitate video-conferencing and used by partners upon request. Skype for Business was the preferred method of communicating with colleagues in other UNICEF offices.

UNICEF worked closely with other UN agencies during the recruitment process to share rosters and shortlist to reduce the need of duplicative advertising and extended recruitment processes.

By collaborating with other agencies on security costs, UNICEF Namibia saved costs compared to unilaterally procuring services. The LIGHT migration may impact the already limited BMA budget but discussions were underway to ensure the best options that are economically viable and meet the stringent requirements for offices migrating to LIGHT.

The CO participated in the environmental footprint assessment project to identify how to be more efficient. The data was used in the energy efficiency project that UNDP led. Solar panels were installed to make the UN building more energy efficient, not only saving on energy costs (savings up to US\$ 2,000 per month) but reducing emissions. Talks were underway to procure electric vehicles for the UN to use as city runners.

The office amended the procedures for transport to/from the airport to reduce the burden placed on office drivers and vehicles.

Supply management

The supply plan and Institutional Contract Plan was finalized by end March 2017. Both plans were updated and monitored on a quarterly basis and feedback on implementation was given during programme meetings, and technical support and guidance were provided to the programme team.

	Value of all supply input US\$
Programme supplies	US\$94,945.97
Requisitions for consumables and assets	US\$29,081.22
Procurement of services (Institutional Contracts for programme/operations)	US\$236,157.79
Total procurement of goods and services	US\$360,184.98

Procurement services for MoH and social services	US\$124,852.47
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Printing, screen printing, ICT equipment, consumables and WASH supplies were procured in 2017. The office procured mosquito nets in response to the malaria outbreak with assistance from Supply Division.

Long-term agreements were established for design and layout, customs clearance, HACT micro and micro-assessments and photography that improved timeliness and quality of delivery of services.

The assistance received from the BNLS Procurement Centre and Supply Division was swift and professional and supplies/equipment were received on time. As part of the eight opportunities to streamline office management, the ceiling for contract review committee review was increased to US\$ 50,000 of which the committee conducted seven meetings and eight cases were reviewed.

The CO supported the MoH with services to procure bOPV vaccines, growth monitoring equipment, therapeutic CMV and milk (F75). UNICEF Namibia participated in the technical group to strengthen the procurement system and reform central medical stores. Continued advocacy to operationalize the memorandum of understanding for the procurement of vaccines and other goods in the context of the new Procurement Act (2017) included high-level consultations with the Prime Minister, Minister of Health and the Chair of the Central Procurement Board, as well as learning visits to the UNICEF Supply Division in Copenhagen. The discussions to address the new provisions of the act that limit the exemptions to tender processes as well as the requirement to pre-finance will continue in 2018 with the Minister of Finance.

Security for staff and premises

To maintain compliance with the Minimum Operating Security Standards (MOSS), fire-fighting equipment was maintained, regularly inspected and serviced. Visitors were thoroughly scanned before entering the premises and areas for improvement will be discussed with the BNLS security advisor during his planned visit of March 2018. Codan radios were installed in the vehicles for communication and UNICEF drivers were trained in operation; staffing the base station was a concern as no position existed for this function.

In terms of Minimum Operating Residential Security Standards, UN Department of Security Services reviewed staff premises to ensure these standards were met. The office supported international and national staff to beef up security in their residence. Security briefings take place monthly for new staff or/and consultants.

Staff members were encouraged to ensure that private vehicles had first-aid kits, fire extinguishers, spare wheel, jack, reflector triangle, and a battery-powered lantern for staff safety. Defensive driving training was conducted for all the drivers and the first aid kits in the cars were re-equipped.

Drivers took required eye tests every two years and the 10 principles of driving were guidance to ensure compliance of vehicle maintenance, driver competence and adherence to the local laws.

Two fire drills were performed in 2017 to ensure that staff were aware of the procedures and emergency exits. The UNCT agreed that the 700 light fixtures in the building will be replaced in 2018 as four electrical fire alerts occurred in the last six months of 2017.

Human resources

Following the mid-term review, and in alignment with the newly-established BNLS Operations Hub, in 2017 the staffing structure was adjusted to focus on achieving results. The CO used temporary appointments and UN volunteers to address short-to-medium term staffing needs. Interns were continued to provide experience for young professionals (national and international).

Performance management standards were maintained with 100 per cent completion rate of 2017 reviews and 2018 planning in the first quarter. To ensure consistency of ratings of performance, a calibration exercise will be undertaken in February 2018.

Staff development was promoted with the completion of six group trainings. These included the office staff retreat in March where an action plan was prepared to address the 2016 Global Staff Survey results. This was monitored by senior management with human resources and the staff association. Staff were trained on building personal resilience and performance potentials of positive psychology. An emotional intelligence and change management training was also offered. Results-based management and emergency preparedness trainings were deferred to 2018 to align with the country programme development process and the roll-out of the new emergency preparedness platform respectively.

Newly-appointed senior staff including the Representative and the operations manager job-shadowed their peers in Mozambique and Zimbabwe respectively. One international professional (IP) staff (male) served as Deputy Representative to the Lesotho CO; one general staff (GS) staff (female) supported UNICEF ESARO on stretch assignments; and one general service staff (female) provided remote support to Botswana and Lesotho COs.

The UN Cares ensured 10 out of 10 minimum standards were implemented with room for improvement to increase learning activities on stigma and discrimination. Psychosocial support was available to all UN staff (and their direct dependents) through the UN Cares budget.

Effective use of information and communication technology

The roll-out of Office365 allowed users to connect and communicate via internet, regardless of their location.

UNICEF Namibia used open source software for the development of an education App and shared source codes published on GitHub. Edu App provided a portal for grade 11 bridging to grade 12 students to access syllabi material, tests and feedback online. It was in the pilot phase at four schools, in two regions, with a registration of 254 learners. It was well accepted and aimed to scale after final reviews.

UNICEF Namibia, in partnership with Ministry of Home Affairs and Immigration, MoHSS and Office of the Prime Minister, launched a civil registration and vital statistics innovation called e-birth notification/registration. The birth notification and registration process can be integrated at the hospital, removing barriers to parents receiving birth certificates before leaving the hospital after delivery.

In addition to social media platforms used by the CO, UNICEF Namibia launched its own Internet of Good Things site in May 2017.

UNICEF Namibia migrated to the LIGHT office implementation to remotely host its services in the South Africa CO. This was the solution for all countries in BNLS. The office decommissioned its servers which will reduce all network nodes and devices.

UNICEF Namibia initiated migration to Sharepoint for document collaboration and put documents on the cloud. Standard operating procedures were developed to govern the use and management of teamsite. Development and review will be completed early 2018.

Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By the end of 2018, appropriate maternal and child health legislation, policies, strategic plans and budgets set up and implemented.

Analytical statement of progress

UNICEF provided high-level technical support to the Government of Namibia and partners on policy development and dialogue. Various policies and strategies were developed including: 5th National Development Plan, reproductive, maternal, newborn, child and adolescent health and nutrition strategic plan, every newborn action plan, school feeding policy, food security and nutrition policy, code of marketing of breastmilk substitutes, extension of the national sanitation strategy plan, ODF protocol, and guidelines and tools for the implementation of Option B+; HIV national strategic framework, sexual reproductive health policy, and HIV combination prevention strategy.

UNICEF supported the Government to: launch the DHIS2; conduct the water and sanitation survey; conduct the secondary analysis of Namibia Demographic Health Survey (NDHS 2013); evaluate the health extension programme; finalize the EmONC assessment; and design and conduct the drought assessment of the impact of the drought on nutritional status of people affected by HIV

UNICEF supported the MoHSS to develop a business case to be submitted to the cabinet to increase the overall budget of the ministry from US\$ 57 million to US\$ 78 million and achieve the 15 per cent (Abuja target). This budget will increase the allocation for primary health care from two per cent to more than six per cent.

UNICEF supported eight districts in four regions to conduct a newborn bottleneck analysis. The results informed the development of costed district Every Newborn Action Plan (ENAP) for 2017. The plans were reviewed on a quarterly basis during programme review meetings and prioritized low-cost/high-impact interventions such as kangaroo mother care.

UNICEF supported the MoHSS to conduct an evaluation of the Health Extension Programme. This evaluation recommended to implement iCCM in Namibia to decrease under-five mortality.

UNICEF supported training of 1,500 health workers and 2,275 community health workers on emergency obstetric and newborn care (EmONC)/life-saving skills, essential newborn care

including Kangaroo Mother Care, focused antenatal care, and mentoring on maternal and neonatal health, infant and young child feeding, breastfeeding and community awareness.

With the floods, malaria surged in the six northern regions bordering Angola (Kavango East, Kavango West, Ohangwena, Omusati, Oshana and Zambezi); 53,000 new cases of malaria and 72 deaths were reported in the first six months of 2017, reversing the gains of the past decade, and undermining Namibia's goal to control and eliminate malaria by 2020. UNICEF Namibia supported the malaria response through supplementary training for 62 health workers and 318 community health workers, raised awareness in affected communities and supported procurement of 15,000 bednets.

In 2017, Namibia reported four confirmed cases of Crimean Congo Haemorrhagic Fever and one death. UNICEF supported the ministry with training for 14 health workers and 94 CHWs deployed to respond, and raised awareness in affected communities.

In December, the ministry declared an outbreak of Hepatitis E in Windhoek with eight confirmed cases and one death. The index case was reported in October 2017 and this outbreak was located in Katutura, the most populated and poorest city of Windhoek. The most affected age group was between ages of 24-39 years. UNICEF supported the ministry to strengthen coordination mechanisms, health education, social mobilization, and development and printing of flyers and leaflets, and by training of 112 community health workers. UNICEF supported the City of Windhoek to increase access to safe water by advocating for the redeployment of eight water tankers provided to NamWater, and to adequate sanitation facilities by supporting the to design and build pit latrines

In August 2017, the ministry received reports of 11 deaths of children under two years old due to malnutrition in one informal settlement of Swakopmund in Erongo Region, and over 67 other children admitted for severe acute malnutrition (SAM). The ministry reported that approximately 80 per cent of all children admitted to the hospital's paediatric wards were acutely malnourished, especially in the northern regions of Namibia. UNICEF provided support in strengthening the surveillance system and conducting in-depth analysis of data. The analysis revealed that 2,849 cases of malnutrition were reported (2,494 discharged, 61 referred and 294 deceased).

This was a deterioration of rates of 40 to 50 per cent in previous years. In response, UNICEF supported the ministry to undertake an emergency assessment to investigate all deaths and develop a costed countrywide multisectoral malnutrition response plan to leverage resources from the Office of the Prime Minister.

UNICEF supported the ministry to conduct a drought assessment in nine regions to determine the impact of drought on the nutrition status of people living HIV/AIDS, pregnant and breastfeeding women, children under-five, vulnerable children and adolescents. Field-work was completed in December and the findings will inform future response planning to support vulnerable groups.

OUTPUT 1 By 2018, MoHSS emergency preparedness and response capacity strengthened and sustained at national and regional levels.

Analytical statement of progress

High-level coordination, management and technical support was provided on nutrition, HIV, water, sanitation and hygiene and maternal and child health. The support strengthened the

coordination mechanisms for each sector, targeted development of various policies and strategies, advocacy and fundraising for piloting / implementation of these policies, strengthened the information system, improved the intersectoral collaboration within UNICEF and external partners, and reinforced monitoring and supervision.

All posts in the child health and nutrition team were filled or mitigated as follows: HIV specialist P3 covered by UN Volunteer international HIV/PMTCT specialist, and nutrition specialist P4 covered by UN Volunteer international nutrition specialist.

OUTPUT 2 By 2018, appropriate legislation, policies, strategic plans and budgets for maternal, adolescent, newborn and child health established and implemented.

Analytical statement of progress

UNICEF Namibia provided high-level technical support to the Government of Namibia and partners on policy development and dialogue. Various policies and strategies were developed including: 5th national development plan; the reproductive, maternal, neo-natal, child, adolescent health and nutrition strategic plan; every newborn action plan; school feeding policy; food security and nutrition policy; code of marketing of breast milk substitutes; extension of the national sanitation strategy plan; ODF protocol; and guidelines and tools for the implementation of Option B+; HIV national strategic framework, sexual reproductive health policy, and HIV combination prevention strategy.

In terms of Information management systems, knowledge management and generation of evidences, UNICEF supported the Government to launch DHIS2, to conduct a water and sanitation survey, to conduct the secondary analysis of NDHS 2013, to finalize the emergency obstetric and neonatal care assessment, to design and conduct the drought assessment of the impact of the drought on nutritional status of people affected by HIV, as well as to evaluate the health extension programme.

UNICEF supported the MoHSS to conduct the comprehensive review of the National Immunization Programme with recommendations how to strengthen the immunization system in Namibia.

To increase the budget for the health sector to 15 per cent (Abuja recommendation), UNICEF supported the MoHSS to develop a business case to be submitted to the cabinet and increase the overall budget of the ministry from US\$ 520 million (NAD 6,9 billion) to US\$ 710 million (NAD 9,4 billion). This budget will increase the allocation for primary health care from 2 per cent to more than 6 per cent.

OUTPUT 3 By 2018, MoHSS emergency preparedness and response capacity strengthened and sustained at national and regional levels.

Analytical statement of progress

National level, with support of UNICEF, introduced a district planning process informed by a bottleneck analysis of the maternal neonatal child health (MNCH) programme in four regions in the north (Kavango East and West; Ohangwena and Oshana) in 2017. The bottleneck analysis resulted in eight costed district action plans. Quarterly programme review meetings were conducted to review the plans, challenges in implementation, lessons learnt and best practices

and to plan for the following quarter. The district workplans focussed on the five ENAP strategies that are aligned to global ENAP indicators for easy country reporting.

In order to ensure ownership and sustainability of ENAP implementation and that the maternal neonatal child health (MNCH) programme innovation is scaled up by Government, UNICEF supported the establishment of a national steering committee on MNCH chaired by top management within the MoHSS that met bi-annually. The overall aim is to support, guide, and monitor MNCH programme implementation in the four regions of Kavango (east and west), Ohangwena and Oshana to scale and sustain the MNCH programme beyond the current funding.

OUTPUT 4 By 2018, advocacy for the implementation of iCCM and awareness building of communities on MNCAH package, HIV/AIDS, Nutrition and WASH.

Analytical statement of progress

UNICEF advocated at different forums for community HIV testing and counselling, implemented in select districts with financial support from USAID; and supported drafting submissions to Namibia Health Profession's Council for iCCM in Namibia. UNICEF supported the MoHSS to conduct an evaluation of the Health Extension Programme, that recommended implementing iCCM to decrease under-five mortality. UNICEF supported training of 2,275 community health workers on infant and young child feeding, 95 health workers (nurses and doctors) were trained on emergency obstetric and newborn care/life-saving skills, 64 nurses were trained on essential newborn care and kangaroo mother care, 23 on focused antenatal care and 10 doctors and nurses in Oshana were identified and oriented on clinical mentorship for maternal and neonatal health.

OUTPUT 5 By 2018, MoHSS emergency preparedness and response capacity strengthened and sustained at national and regional levels.

Analytical statement of progress

With the floods, malaria surged in the six northern regions bordering Angola (Kavango East, Kavango West, Ohangwena, Omusati, Oshana and Zambezi), 53,000 new cases and 72 deaths were reported in the first six months of 2017, reversing the gains of the past decade, and undermining Namibia's goal to control and eliminate malaria by 2020. UNICEF supported the malaria response through specific supplementary training for 62 health workers and 318 community health workers, raising awareness in affected communities and supported procurement of 15,000 bed-nets.

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to increase access to safe water by advocating for the redeployment of eight water tankers provided to NamWater, and to adequate sanitation facilities by supporting the to design and build pit latrines.

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This was a significant deterioration from rates of 40 to 50 per cent in previous years. In response, UNICEF supported the ministry to undertake an emergency assessment to investigate all deaths and develop a costed countrywide multisectoral malnutrition response plan to leverage resources from the Office of the Prime Minister.

In addition, 251 community health workers were trained on infant and young child feeding, hygiene and sanitation practices, and nutrition counselling. The workers conducted regular nutrition screening and support to over 12,000 under-five children and 240 children were identified and referred for severe or moderate acute malnutrition to health centres for appropriate treatment. Over 7,500 households received key messages on sanitation and hygiene.

UNICEF supported the ministry to conduct a drought assessment in nine regions to determine the impact of drought on the nutrition status of people living HIV/AIDS, pregnant and breastfeeding women, children under-five, vulnerable children and adolescents. Fieldwork was completed in December and the findings will inform future response planning to support vulnerable groups.

OUTCOME 2 By the end of 2018, 85 per cent of mothers, adolescents, new-borns and under-fives, especially the most vulnerable, benefit from access to health care services, including HIV prevention, care, treatment and support.

Analytical statement of progress

The PMTCT programme achieved remarkable success with a massive scale-up across all 14 regions and 36 districts, reaching over 338 health facilities, meeting the global plan of 95 per cent PMTCT coverage target. With training to 165 health workers, over 95 per cent of primary health care facilities offered Option B+, allowing 95 per cent of HIV-positive pregnant women and 93 per cent of infants born to HIV-infected mothers to receive ARVs for PMTCT.

UNICEF supported the training of 37 faith-based leaders on PMTCT and gender-based violence that increased community mobilization and renewed the commitment of religious leaders on PMTCT and male partner involvement to end the epidemic.

To improve the quality of newborn care, 1,500 health workers and 2,275 community health workers were exposed and trained on EmONC/life-saving skills, essential newborn, focused antenatal care, infant and young child feeding, and mentoring on maternal and neonatal health, breastfeeding and community awareness. The trainings resulted in improved service for

mothers and children in maternity wards, neonatal care units and communities with community health workers.

With the implementation of ENAP, progress was made with newborns receiving post-natal care within two days of birth. The coverage increased from 68 per cent in 2016 to 85 per cent in 2017. The percentage of mothers and caregivers with knowledge of at least five of the UNICEF essential family practices increased from five per cent in 2015 to 20 per cent in 2017.

In Oshana, the neonatal care unit reported success stories on reduced hospital lengths for pre-term babies, increased pre-term babies weight gain within a short span when compared to before the training and/ or introduction of kangaroo mother care in the unit. The project impact in Oshana was a decrease on number of neo-natal deaths from 222 in Dec 2016 to 158 in Dec 2017 while admissions of new-borns increased for the same period from 1,269 to 1,711.

UNICEF supported the MoHSS to develop the County Multi-year Plan for 2018 -2022, and to conduct the Immunization Equity Assessment and Micro-planning workshop to stakeholders.

MoHSS faced challenges on procurement of vaccines and medicines resulting in stock outs. UNICEF supported the MoHSS to restructure the central medical store, build capacities of staff and advocated for full use of the memorandum of understanding signed between MoHSS and UNICEF on procurement of vaccines. In 2017, this memorandum was not used for vaccines but only for procurement of nutrition-related supplies for Global Fund to Fight AIDS, Tuberculosis and Malaria.

The number of stock-outs of any vaccines lasting more than one month went from one in 2015 to three in 2017. As result of the stock out, the immunization coverage decreased from 92 per cent in 2015 to 88 per cent in 2017 when considering Pentavalent 3.

To improve on the area of immunization in the coming years, UNICEF supported central medical store and EPI unit to develop a costed vaccine and bed-nets forecast for 2018.

In 2017, health districts in Namibia developed an integrated annual workplan for the first time, and UNICEF supported the exercise in eight districts from four regions of Kavango (East and West), Ohangwena and Oshana. The results of the bottleneck analysis informed costed annual district plans, and these plans were used as a tool for resource mobilization and for requesting funds from central Government, UNICEF and other partners.

OUTPUT 1 By 2018, young people (10 to 24years) are equipped to access sexual and reproductive health including HIV information and services.

Analytical statement of progress

High-level managerial and technical support was provided to MoHSS and other partners on improving maternal, newborn, child and adolescent health. UNICEF Namibia has a maternal and child health specialist and UN volunteer international HIV/PMTCT specialist supporting various line ministries and partners in planning, implementation and monitoring of high impact interventions.

UNICEF provided support for the development of the Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition Strategic plan to allow integration on planning, implementation

and monitoring of activities.

Technical assistance was provided through an international consultant recruited for the evaluation of the health extension programme. Findings from this evaluation will redefine the programme and make it more efficient. The National Newborn Action Plan was endorsed and implementation started in four targeted regions.

UNICEF provided high-quality logistic and technical support for immunization activities by supporting the development of the Country Multi-year Plan 2018-2022 and conducting the equity assessment to allow proper planning at district level.

UNICEF supported the Government to develop the new National Strategic Framework on HIV and is supporting the implementation of the management response aimed at accelerating the eMTCT agenda.

OUTPUT 2 By 2018, young people (10-24 years) are equipped to access sexual and reproductive health including HIV information and services.

Analytical statement of progress

Over 20,000 adolescents acquired knowledge and skills in comprehensive sexuality education, prevention of HIV, teenage pregnancy, alcohol and drug abuse, and the importance of treatment adherence in school life skills education, sports for development programme and teen clubs.

UNICEF Namibia provided technical support to Ministry of Education, Arts and Culture to implement school-based life skills that integrate comprehensive sex education, reaching over 15,000 learners. This equipped adolescents with the knowledge and skills to make responsible choices about their sexual and reproductive health. This programme was delivered in partnership with UNESCO and UNFPA.

Financial and technical support was provided to Namibia Football Association to expand the Sports for Development 'Galz and Goals' programme reaching an additional 1,000 adolescent girls in Oshana and Zambezi Regions. A total of 4,000 adolescent girls were reached with healthy life style messages including prevention of HIV, teenage pregnancies, alcohol and abuse through U/13 to U/20 girls' football leagues.

UNICEF Namibia and GIZ supported the 2017 International Day of Sport for Development and Peace on 6 April with a basketball and football tournament in Windhoek. The event was conducted by NFA in conjunction with the Basketball Artists School and Special Olympics Namibia. Over 150 boys and girls played basketball and football games and received key healthy lifestyle messages.

The teen clubs were a platform for education and dissemination of healthy-lifestyle messages. These included sessions on growth and development, teasing and self-defence, relationships, sex and sexuality, HIV/sexually transmitted infection education and risk reduction, including issues that address adherence, stigma among peers, sexual abuse, defilement and rape. Notable transformation included the acquisition of coping skills, self-efficacy, and intent for secondary HIV prevention. Teen clubs offered a conducive environment for members to discuss the challenges adolescents face living with HIV and this contributed to members adopting positive healthy lifestyles.

Special attention on adolescents living with HIV who are living with disability (deaf and/or blind) offered an opportunity for the members to participate in various sporting activities. A total number of 22 adolescents living with HIV with disabilities participated in the Ohangwena regional tournament where they interacted with more than 30 schools in pursuing physical activities as a healthy lifestyle strategy including inculcating discipline, team spirit and organisation skills in the participating members.

OUTPUT 3 By 2018, HIV-NSF coordination structures function effectively and in a sustainable manner.

Analytical statement of progress

The National AIDS Executive Committee was responsible for the coordination of the National HIV/AIDS response. The committee, a multisectoral body, was represented from public and private sectors, civil society and development partners with a mandate to provide technical leadership, facilitate programme development and planning, oversee capacity development and technical assistance, strengthen partnership and manage information. The committee was responsible for the review of programme coordination, policies and legislation and makes recommendations to Cabinet for approval.

Notable achievements included the development and endorsement of the National Strategic Framework (for HIV and AIDS response) (NSF) 2017/18-2021/22, the revised National HIV/AIDS Policy and the mobilization of Global Fund resources. UNICEF participated in the committee meetings and provided technical support to develop and review strategic documents. One notable result on NSF development was that adolescents and young people, especially adolescent girls and young women, were target populations in the NSF. In addition, the NSF prioritized key populations including men having sex with men and female sex workers.

The NSF was a national coordination framework stipulating the national, regional, community and sectoral coordination structures for improved coordination. The coordination framework premised on the three-one principle: one national coordination authority, one national strategic framework and one national M&E plan. With the prominence of adolescents and HIV in the new NSF, there was momentum at sub-national level to programme for and with and improve the prevention and treatment outcomes for adolescents. Technical support was provided through convening of the national PMTCT technical working group and participation in both the HIV Testing and Counselling and Adolescent Girls/ Young Women technical working groups.

OUTPUT 4 By 2018, targeted health districts implementing and monitoring their eMTCT work plans towards eMTCT elimination.

Analytical statement of progress

Namibia achieved success in PMTCT programme with a massive scale-up across all 14 regions and 36 districts, reaching over 338 health facilities meeting the global plan of 95 per cent PMTCT coverage target. The MoHSS integrated PMTCT into ANC and over 95 per cent of primary health care facilities offered Option B+. The roll-out of Option B+ led to increases in the percentage of HIV-positive pregnant women accessing ART in antenatal care (95 per cent).

Moreover, 96 per cent of infants born to HIV-infected mothers received ARVs for PMTCT. In 2016, UNICEF Namibia in collaboration with UNAIDS, supported the MoHSS to evaluate the national PMTCT programme which led to the development of the impact management response

plan. In 2017, UNICEF provided technical support to MoHSS in implementing the PMTCT impact evaluation management response plan. MoHSS revised and disseminated the ARV and PMTCT guidelines to include repeat testing of pregnant women who initially test negative, drafted standard operating procedures on viral load testing for pregnant women and high risk HEIs, developed register for birth testing and high risk HEI tracking.

The MoH and Social Services (MoHSS), in collaboration with UNICEF Namibia, revised and disseminated the guidelines and standard operating procedures for PMTCT to support low-performing districts that were unable to reach 100 per cent rollout due to limited coordination and health worker capacity. The MoHSS identified limited health worker capacity to initiate Option B+ on site, which led to referrals for initiation of lifelong ARVs—increasing loss to follow-up. The MoHSS, with UNICEF Namibia's support, planned, organized and implemented a series of 14 training-of-trainer workshops aimed at increasing health worker capacities in Option B+, nurse-initiated and management of antiretroviral therapy and early infant diagnosis (EID). The workshops trained 160 health workers (36 male, 124 female), 28 as trainers, in 14 regions. The training increased the number of facilities initiating Option B+ on site from 80 per cent to 95 per cent.

UNICEF supported the training of 100 health extension workers on child health, community-based integrated child health and HIV, PMTCT, EID and WASH which increased capacity to identify general childhood danger signs, provide health promotion and provide community-facility linkages. In addition, UNICEF supported the training of 37 faith-based leaders (37 male, 0 female) on PMTCT and gender-based violence that increased community mobilization and renewed the commitment of religious leaders on PMTCT and male partner involvement to end the epidemic.

UNICEF's support to paediatric AIDS was through the PMTCT programme—following the infants along the PMTCT cascade. A UNICEF priority was to support bottleneck analysis at a regional and district levels and strengthen health systems and micro-planning towards elimination of mother-to-child transmission of HIV. In collaboration with PMTCT Technical Working Group, UNICEF provided technical support to MoHSS in piloting a cohort monitoring P-Tracker, funded by PEPFAR and piloted in Windhoek Central, Rundu and Katutura State Hospitals.

OUTPUT 5 By 2018, skills of health workers in the provision of MNCH, HIV/SRH, and nutrition services improved.

Analytical statement of progress

Neonatal death contributes to over 40 per cent of Under-5 Mortality Rate. As a consequence, the Government developed plans to prioritize improving the quality of newborn care. Out of the 2,275 community health workers (CHWs) trained and deployed to date, 649 were trained and deployed in 2017. To date, all 14 regions trained community health workers to ensure that under-five children were diagnosed, treated (simple diarrhoea) and referred to the nearest health facility. The health extension workers deployed in the 14 regions increased service uptake for antenatal care, deliveries, immunization, and family planning and reduced home births. Due to presence of health extension workers in the communities, awareness on health issues rose with promotion of early health seeking behaviours. They promoted awareness of danger signs during pregnancy, labour and delivery and post-delivery among women and their partners and erected 'Tippy Tap' facilities to promote hand washing to reduce diarrheal cases among children.

The nutritional status of children has improved since caregivers received nutritional counselling and health promotion advice. UNICEF Namibia supported eight districts in four regions to conduct newborn bottleneck analysis in February and March respectively in 2017; with attendance of regional directors, chief medical officers, Management Health Information System officers, programme officers, district primary health care supervisors, accountants, paediatricians, neonatologists, and nurse midwives. The results informed the development of costed district Every Newborn Action Plan (ENAP) for 2017, which informed the quarterly ENAL district plans. These plans were reviewed on a quarterly basis during programme review meetings and resulted in prioritization of low-cost/high-impact interventions such as kangaroo mother care. In addition, the bottleneck analysis and programme review meetings led to increased clearer understanding of why MNH focus is central in reducing maternal and child morbidity and mortality

In order to ensure improved skills, 1,500 health workers and 2,275 community health workers were exposed and trained on emergency obstetric and newborn care/ life saving skills (EmONC), essential newborn care including kangaroo mother care, infant and young child feeding, focused antenatal care, clinical mentorship, breastfeeding and community awareness workshop conducted for community leaders on MNCH agenda. These trainings resulted in improved knowledge and skills, and improved quality of care at different levels. About 2,275 health extension workers were trained on MNCH including nutrition and WASH by end of 2017.

OUTPUT 6 By 2018, Health facilities equipped to provide quality MNCH, HIV/SRH, and nutrition services.

Analytical statement of progress

To improve and address the ongoing quality issues of maternal, newborn and child health programme in Namibia, UNICEF supported training to improve knowledge and skills of 1,500 health care workers and 2,275 community health workers. They were trained on emergency obstetric and newborn care (EmONC)/life saving skills, essential newborn care including kangaroo mother care, focused antenatal care, infant and young child feeding and mentoring on maternal and neonatal health. The trainings resulted in improved service for mothers and children in maternity wards, neonatal care units and communities.

The number of health facilities providing comprehensive emergency obstetric and newborn care services increased from two in 2015 to 14 in 2017.

In particular, for Oshana, considered a pilot region for the implementation of the integrated approach for maternal, neonatal and child health, the neonatal care unit since reported success stories on reduced hospital lengths for preterm babies, increased preterm babies weight gain within a short span when compared to before the training, and introduction of kangaroo mother care in the unit.

Oshana region was a strategic choice because of the regional hospital there is the referral hospital for four other regions (Kunene, Ohangwena, Omusati, and Oshikoto), where maternal and neonatal mortality rates are high with \poor case management.

In 2017, UNICEF supported the training of 49 nurses and doctors (39 female; 10 male), 194 community health workers and 305 local community leaders (from community-based organization, village health committees and health advisory committees on maternal and newborn health).

All of these 548 actors (doctors, nurses, community health workers and local community leaders) were empowered with knowledge and skills on newborn bottleneck analysis. The bottleneck analysis resulted in the development of evidence informed regional and district workplans with available data from the health information system and the inclusion of other community issues that are driving neonatal deaths. In addition, various tools were developed to assist in addressing the top causes of neonatal deaths and to facilitate improved data collection, monitoring and reporting.

To ensure smooth implementation of the programme, 23 doctors and nurses with over five years of expertise and experience were trained on mentorship programme for MNH. The district adapted the national mentorship guidelines for ENAP, and the identified mentors were provided with the tools to perform in their new duty. It was reported as a lesson learnt that mentorship was providing an excellent platform to share knowledge and skills among health care providers.

With activities conducted, the number of neonatal deaths decreased from 222 in December 2016 to 158 in December 2017 while admissions of newborns increased for the same period from 1,269 to 1,711.

OUTPUT 7 By 2018, access to services for the prevention and control of priority communicable diseases improved.

Analytical statement of progress

UNICEF supported the MoHSS to develop the Country Multi-year Plan for 2018 -2022 that will guide for planning, procurement and implementation of immunization activities. It will serve as advocacy tool for mobilization of resources for immunization.

UNICEF Namibia supported the MoHSS to conduct the Immunization equity assessment and micro-planning workshop to stakeholders and partners in EPI plus MoH regional and district programme officers. This resulted into district development of micro-plans for under-served communities, and development of M&E plans to monitor implementation, including for outreach services.

MoHSS faced challenges on procurement of vaccines and medicines resulting in stock outs. UNICEF supported the MoHSS to restructure the central medical store, build capacities of staff and advocated for use of the memorandum of understanding signed between MoHSS and UNICEF on procurement of vaccines. In 2017, this memorandum was not used for vaccines but only for procurement of nutrition-related supplies for Global Fund to Fight AIDS, Tuberculosis and Malaria.

The number of stock-outs of any vaccines lasting more than one month went from one in 2015 to three in 2017.

As result of the stock out, immunization coverage decreased from 92 per cent in 2015 to 88 per cent in 2017 when considering Pentavalent 3.

To improve on the area of immunization in the coming years, UNICEF supported Central Medical Store and EPI unit to develop a costed vaccine and bednets forecast for 2018.

Regarding the introduction of human papilloma virus (HPV), MoHSS decided to conduct consultation with all partners and stakeholders. This will delay the introduction in 2018.

OUTPUT 8 By 2018, women and men, key populations and young people have access to comprehensive HIV counselling and testing and prevention services.

Analytical statement of progress

UNICEF provided financial and technical support to Project Hope Namibia to implement a project on accelerating HIV/AIDS results for adolescents as a proof of concept in Omusati and Khomas Regions with Oshikoto Region as a control. The project purpose was to support the scaling up of targeted HIV testing, prevention, treatment and behavioural change interventions for vulnerable adolescents. Despite delays in the commencement of the project, mobilization of communities and partners took place through an orientation of key regional staff (regional programmes manager, community nurses, data management officer, regional economic strengthening coordinators and community health workers) in Onandjokwe (Omusati), Khomas and Oshikoto (Oshikoto) districts. Following the orientation programme, community health workers and community nurses were trained on sexual and reproductive health and rights and on how to work with teen clubs and on data collection tools.

At national level, the national technical working group on HIV testing services revised the National HTC Guidelines with emerging issues, including guidance by WHO on HIV testing services and treatment. The review process was consultative and the new guidelines will be released in 2018. The guideline review provided a roadmap for focused and strategic approaches to HIV testing services to support the UNAIDS 90–90–90 global HIV targets (the first target is diagnosis of 90 per cent of people with HIV). Provider-initiated testing and counselling services identified more HIV positive children than routine testing programmes. Nevertheless, Namibia continued to offer mixed models of testing to expand reach.

OUTPUT 9 By 2018, increased capacity at both national and peripheral levels to provide access to essential high-impact maternal, newborn, child and adolescent health interventions.

Analytical statement of progress

The Every Newborn Action Plan (ENAP) included low-cost/high-impact interventions as per UNICEF and WHO guidance for Every Woman Every Newborn quality of care framework. The implementation of ENAP informed the development of the reproductive maternal neonatal child, adolescent health and nutrition strategic plan. It played a critical role on the integrated planning process at district level based on bottleneck analysis of maternal, neonatal and child mortality.

For the first time, health districts in Namibia developed an integrated annual workplan. UNICEF supported this exercise in eight districts from four regions of Kavango (East and West), Ohangwena and Oshana. The results of the bottleneck analysis informed costed annual district plans, and these plans were used as a tool for resource mobilisation and for requesting funds from central government, UNICEF and other partners.

With the implementation of ENAP, progress was made with newborns who received postnatal care within two days of birth. The coverage increased from 68 per cent in 2016 to 85 per cent in 2017

OUTCOME 3 By the end of 2018, stunting prevalence among children under 5 reduced nationally from current 29 per cent to less than 20 per cent.

Analytical statement of progress

UNICEF supported the development of various policies: code on marketing of breastmilk substitutes approved by the cabinet, open defecation free protocol. Food and Nutrition Security Policy, guidelines on micronutrient deficiencies, and IEC materials.

UNICEF provided support to hire the international consultant responsible for the development of the new national sanitation strategy.

UNICEF supported completion of an advocacy booklet for parliamentarians that formed a pivotal point of engagement with parliamentarians in South Africa Development Community by stipulating roles and responsibilities of parliamentarians in resource mobilization and community sensitization.

Food and Nutrition Security Policy awaits perusal and certification by the newly launched Food Security and Nutrition Council.

UNICEF continued to provide support to the development and implementation of the nutrition degree programme under the MoU signed with Namibia University of Science and Technology. The university senate approved the curriculum and the first student intake was planned for 2018/19.

The ODF protocol was used to certify Ondingwanyama village as the first ODF village in Namibia. The celebration provided a platform to advocate to policy makers and created for learning and sharing of experiences.

UNICEF supported the Government to implement CLTS and SLTS in four regions of Oshana, Kunene, Erongo (West & East) and Zambezi Regions. In total 123 facilitators, 49 community health workers and 67 teachers were trained on CLTS and SLTS.

The implementation of CLTS/SLTS was undermined by lack of financial and human resources to support to the triggered communities and schools.

UNICEF obtained funds from USAID to respond to the effects of the El Niño-induced drought. Eight water tankers were provided to Namwater to supply water to communities, schools and health centres. So far, 12 communities comprised of 1,974 people (845 males and 1,129 females), three schools comprised of 3,780 learners (1,348 males and 2,432 females) and two health centres serving a population of 850 people were reached. This brings to a total of 406,056 people receiving water in Namibia with UNICEF support from 2016.

The activities on elimination of open defecation and hygiene promotion took place in the same communities and schools benefiting from water trucking, improving the health status of the beneficiaries. The joint team (Ministry of Agriculture, Water and Forestry, MoH and Social Services, Ministry of Education, Arts and Culture, and UNICEF) conducted training and triggered 5,149 households (30,000 people) from 61 villages in three northern regions using the CLTS approach. A total of 450 new latrines were constructed by community members during this period compared to 190 that existed before CLTS triggering. In total, five villages have

universal latrine coverage, use tippy taps, and were declared ODF. In addition, 52 schools with a total of 16,812 learners (8,466 boys and 8,346 girls) implemented SLTS of which 10 schools attained ODF criteria.

UNICEF supported participation of government officials at the South-South Sanitation Learning Forum on sanitation programming, monitoring tools and available technologies in Zambia.

UNICEF supported the city of Windhoek's hygiene promotion month activities and the national Global Hand Washing Day commemoration, used to advocate for elimination of open defecation and the importance of hand-washing with soap.

To strengthen the health information management system, 28 HMIS officers from the 14 regions and national level staff were trained and the food security monitoring system was revised. Support was provided for training of 150 health workers, 251 community health workers, 29 lecturers from universities and institutions training nurses on comprehensive package including infant and young child feeding, nutrition counselling assessment and support, growth monitoring and promotion and hygiene and sanitation.

UNICEF supported the National Alliance for Improved Nutrition (NAFIN) to organize quarterly meetings and undertake the mandatory self-assessment for the development of the SUN nutrition report and country profile. To strengthen coordination and collaboration amongst United Nations agencies, UNICEF led the development of a joint work plan on Food and Nutrition Security that was endorsed by all representatives.

UNICEF supported six NAFIN members to participate in the SUN Global Gathering that was held in Ivory Coast.

OUTPUT 1 By 2018, Ministry of Agriculture, Water and Forestry able to coordinate, plan, implement and monitor the WASH programme.

Analytical statement of progress

UNICEF provided support to review and develop a new National Sanitation Strategy through the drafting of terms of reference and advertisement for the consultancy at national and international level. UNICEF supported the development and adoption of the Namibia ODF protocol. The protocol was used to verify and certify Ondingwanyama village as the first ODF village in Namibia. The celebration provided a platform to advocate for the elimination of open defecation to policy makers and created a community platform for learning and sharing experiences.

To implement ODF in communities and to improve school-based WASH, UNICEF partnered with the Ministry of Agriculture Water and Forestry, the MoH and Social Services, the Ministry of Education Arts and Culture, the Ministry of Urban and Rural Development and Namibia Red Cross Society to implement CLTS and SLTS in four regions of Ohangwena, Kavango (West & East) and Zambezi Regions. UNICEF hired a CLTS/SLTS consultant to train and provide field mentoring to facilitators and teachers. In total 123 facilitators (include 49 community health workers) and 67 teachers were trained on CLTS and SLTS. A coordination and monitoring mechanism was put in place at all levels of the programme.

A total of 61 villages were triggered comprising of 5,149 households and a population of 30,017.

From 196 latrines that existed before triggering, a total of 450 latrines were constructed in less than two months with CLTS. In total five villages had universal latrine coverage, used tippy taps, and were declared ODF. Fifty-two schools with a total of 16,812 learners (8,466 boys and 8,346 girls) implemented SLTS of which 10 schools attained ODF criteria. Their status will be conferred when the surrounding villages become ODF. The impact is the reduction of absenteeism due to improved menstrual hygiene management and tackling of stigma, a reduction in diarrheal diseases amongst learners and adoption of hand-washing with soap. In addition, the school environment was kept clean. The implementation of CLTS/SLTS was undermined by lack of financial and human resources to provide support to the triggered communities and schools due to economic hardship.

UNICEF introduced to the Government to Sanitation and Water for All to explore partnerships to enhance Government capacity to leverage domestic resources for WASH.

WASH survey was ongoing to provide sufficient and accurate information on number, status and profile of people having or not access to water and proper sanitation.

UNICEF supported participation of Government officials at the South-South Sanitation Learning Forum in ESAR hosted by Zambia. This forum provided exposure to experience from other countries in terms of sanitation programming, monitoring tools and available technologies.

UNICEF supported the City of Windhoek hygiene promotion month activities and the national Global Hand Washing Day commemoration, these events were used to advocate for elimination of open defecation and the importance of hand-washing with soap.

OUTCOME 4 By the end of 2018, appropriate legislation, policies, strategic plans and budgets set up and implemented for improved teaching and learning outcomes for boys and girls (pre-primary, primary, secondary).

Analytical statement of progress

The Government continued to prioritize legislation in education and created conducive environments for quality basic education in Namibia. Universal primary education (UPE) and universal secondary education (USE) were introduced in 2013 and 2016, respectively, and legislated in 2017 increasing enrolment rates. However, cost of uniforms, stationary, school hostels and transport were barriers to children from poor, vulnerable and remote communities.

Despite the introduction of universal primary education and universal secondary education, and steady budget allocation to the Ministry of Education, Arts and Culture, funds were not spent equitably. To address this, the ministry conducted a Public Expenditure Review in 2016-17 with UNICEF support that focused on equity and efficiencies in education. The MoEAC started to implement the review recommendations, notably the recommendations related to inefficiency in teacher salaries and improvements in payroll management and the per capita funding models to private and public schools.

With UNICEF support, the Government produced legislative and policy documents to ensure inclusive, quality education. These included education provisions in the new National Development Plan and the new Sector Plan on Basic Education. However, the challenge lies in the capacity at the school level to implement these conducive policy documents. The draft Education Bill development was supported by UNICEF and will be tabled in 2018 for promulgation into a new Education Act.

UNICEF played a critical role during 2017 to provide inputs to the Ministry of Justice and the legal drafters on key issues in the Education Bill, some of which were contentious. These included the clauses on gender discrimination, as well as on the establishment of a professional council for educators to regulate and professionalise the teaching profession. The Act will create an enabling policy environment to operate the NDP5 and the SDGs, especially inclusive education, health and nutrition, water and sanitation and poverty reduction.

To address the communities' socio-economic challenges that bear on schools, UNICEF has supported the MoEAC in the development of the National Safe Schools Framework (NSSF) since 2016. The NSSF document was finalised through a participatory process in 2017. The implementation of NSSF is expected to commence in 2018 through training at school level. The purpose of the NSSF is to incorporate existing laws and good practices and to provide an agreed national approach to help schools and their communities address issues of unsafe conditions and practices, including bullying, harassment and corporal punishment, and other forms of child abuse and neglect. The NSSF provides both a theoretical and practical guide to address issues of safety in schools through close collaboration with the school communities.

The NSSF supported mechanisms and initiatives such as (a) the sector policy on inclusive education, which was developed in 2013 with UNICEF support, and the implementation of which was reviewed by UNICEF in 2017, and (b) the integrated school health programme, a joint collaborative initiative between the MoEAC and the MoHSS.

In order to ensure high uptake of progressive policies and strategies and increased accountability in governance at school level, MoEAC with UNICEF support continued mainstreaming the Social Accountability and School Governance tools and processes into Namibia's Education Sector. Drawing on the lessons learned from the pilot (2011 to 2016), MoEAC with UNICEF support adopted the Social Accountability and School Governance methodology as a flagship programme and strategy of choice to operate the National Standards and Performance Indicators for schools.

A total of 20 senior level managers from MoEAC were trained on the comprehensive Social Accountability and School Governance package at a one-day workshop chaired by the Permanent Secretary, including all regional Directors of Education and key national level officials (Deputy PS for Formal Education and the Director of Programmes and Quality Assurance within the Ministry). As a result, senior managers mainstreamed the Social Accountability and School Governance tools and processes into 2018 annual planning. Additionally, Social Accountability and School Governance resulted in increased parental involvement in school governance processes through school board operations.

To ensure young learners are ready for schooling and in support of an integrated response to ECD, UNICEF supported the development of the strategic framework for integrated early childhood development, approved by the Cabinet in June 2017 and implemented. Cabinet recommended a national conference on ECD scheduled for February 2018 to officially launch the framework and to promote the ECD agenda in Namibia.

OUTPUT 1 By 2018, quality technical leadership provided and programme results achieved.

Analytical statement of progress

UNICEF built strong relationships with the two ministries critical for early and basic education (MoEAC and MGECW), and was recognized as a critical partner by both ministries. UNICEF supported both Ministry of Education, Arts and Culture and Ministry of Gender Equality and Child Welfare to enhance access and quality services for ECD through to secondary education, by means of the IECD, Social Accountability and School Governance, strengthening of Education Management Information System and the Public Expenditure Report. Additionally, the Integrated School Health Programme was strengthened, and Technology for Development introduced to enhance learning outcomes.

UNICEF's contribution to technical matters was recognized in providing support to the EMIS, the drafting of the Education Bill, the development of the National Safe Schools Framework, and strengthening multisectoral and inter-ministerial coordination to implement the IECD framework. With UNICEF support, the MoEAC validated and verified EMIS data in the same year as collection, the IECD framework was approved by the Cabinet in June 2017, the Education Bill was ready for tabling and the Safe Schools Framework will be deployed for use in schools in 2018.

In addition, the PER resulted in MoEAC measures to address post provisioning, inefficiencies in human resources, and informed re-examining of subsidies for private schools and hostels. The measures will result in cost efficiency and allow for funding to be reallocated to better benefit children in schools.

UNICEF provided technical assistance to ensure that NDP5 prioritised ECD and rights-based education in social transformation. UNICEF supported the development of the MoEAC's five-year strategic plan (2017-2022) that focuses on improving access, equity and quality. This was based on a situation analysis of the education sector, the development of regional education profiles and a review of NDP4.

As the convener of the Education and Skills Pillar of UNPAF, UNICEF hosted two scheduled meetings during the year and provided inputs into the development of UNPAF 2.0. UNICEF was commended by the UNCT for ensuring the functionality of this pillar and for bringing together key stakeholders to critically assess the state of ECD and education and develop coordinated strategies to enhance interventions.

OUTPUT 2 By 2018, MoEAC has enhanced capacity at all levels to better plan, monitor and evaluate education programme and policies.

Analytical statement of progress

The EMIS improvement programme supported the MoEAC in efficient data collection, validation and report-building to promote data-informed planning and management in education, under the motto, "This year's data, this year".

The strategic programmatic goal of improving the EMIS system was achieved by addressing two key operational dimensions, namely:

(1) Development of a customized, comprehensive, and decentralised web-based data capturing system for education-related data to be entered through an online portal. The captured data is automatically validated by built-in verification mechanisms as well as pre-defined but flexible approval hierarchy. The data is immediately forwarded to the MoEAC at regional and head office levels for informed decision-making to provide quality education for all children in Namibia. (2) Capacity development was organized for MoEAC staff to ensure the web-based

platform can be effectively and meaningfully used for upholding EMIS quality assurance processes such as data verification, validation and analysis. As a result, it is now possible to consistently produce timely, reliable and accurate EMIS reports.

A milestone achievement of the EMIS enhancement project was the successful deployment of the online EMIS system at regional and sub-regional levels, which aligns with the Government Decentralisation and Devolution Framework in Education, as well as the President's Harambee Prosperity Plan for digitalization of record keeping and monitoring systems in all Government sectors.

The web-based platform was designed to facilitate efficient and reliable online data capturing across four distinct instruments: Annual Education Census, Fifteenth School Day Report, School Register of Needs and Orphans and Vulnerable Children. To date, the web-based platform was deployed to capture data for the outstanding Annual Education Census reports from 2014, 2015, and 2016; which were then completed at the Head Office.

In 2017, the Annual Education Census web-based platform was deployed for the first time in a decentralised fashion allowing real-time data capturing at regional, circuit and cluster levels. To date, over 1,000 schools (53 per cent of the total school population in the country) submitted Annual Education Census data through the platform and the system proved operationally robust.

Following the development of the platform, a three-day training course was delivered to Head Office super-users and managers in the MoEAC EMIS division to ensure administration and operation. The course was a practical guide to help the administrators understand the technical dimensions of operating the platform while capacitating them to cascade skills to education planners and administrators at regional and school levels.

The Data Strategy Team at Headquarters approached UNICEF Namibia with a request for in-depth interview as the first step in drafting a Namibia case study on EMIS. The purpose of the study was to map the data landscape in Namibia, identify key bottlenecks and to share lessons from the country's work on data in education, especially strategies for building partnerships to address challenges and promote data driven decision-making.

OUTPUT 3 By 2018, key education legislation (Education Act) and policies (ECD, learner pregnancy and inclusive education) are reviewed and their implementation strategies approved by MoEAC.

Analytical statement of progress

The IECD Strategic Framework promoting inter-ministerial and multi-sectoral coordination was approved by Cabinet in June 2017. As part of the implementation, UNICEF advocated for the review of the National IECD Policy of 2007 that resulted in Government agreeing to the review process to start in 2018.

The Education Bill was to be tabled in Parliament in early 2018. UNICEF provided technical guidance to the MoEAC in all phases of this process. UNICEF supported the development of strategic objectives and indicators on education for NDP5. NDP5 has clear objectives and indicators on ECD and pre-primary education and UNICEF played a critical role to ensure that ECD is considered an important aspect of human capital development in NDP5.

Namibia developed legislation and policies to address the well-being of children. However, despite progressive legislation and policies, children with disabilities and special educational needs continued to face challenges. To address the needs of children with disabilities, especially the girl child, the MoEAC with UNICEF support conducted a rapid analysis and documented the implementation of Inclusive Education in 2017. The main purpose of this analysis was to identify the needs and barriers that hinder the full participation of children with disabilities and children with special educational needs in learning.

Key findings from the assessment:

- High levels of stigma and discrimination against children with disabilities; disability is at times viewed as a curse and children with disabilities are hidden from society.
- Disability is considered to be a medical issue only and socio-emotional implications for these children to learn are overlooked.
- Lack of knowledge about disability and insufficient practical skills amongst teachers, school principals, and hostel staff, lead to ineffective provision of services and teaching for children with disabilities. As a result, schools are not creating an inclusive environment resulting in learners feeling unsupported, stressed, overwhelmed, and discouraged from pursuing schooling.

The implementation of the recommendations to address the above findings will take place through varied mechanisms, one of which will be the integrated school health programme. In 2017, this programme grew in scope and scale. The National School Health Task Force met on a quarterly basis, with its sub-committees meeting monthly. Regional SHTF were established and were in operation in the second half of the year.

The coordination mechanism for supporting the implementation of the National Safe Schools Framework was absorbed under the umbrella of school health to allow for integration of services and more efficient streamlining of resources at regional level. The National Safe Schools Framework focussed on promoting inclusive education and addressing issues of gender, sexual orientation, and discrimination in schools and communities.

OUTPUT 4 By 2018, key studies completed and disseminated to address bottlenecks in quality service delivery with appropriate implementation plans in place with innovative learning strategies employed.

Analytical statement of progress

The Public Expenditure Review was completed in early 2017. In line with this, UNICEF developed a series of budget briefs to advocate for public financing for children. This resulted in steps to improve spending in teacher salaries and funding allocation models to schools.

In January 2017, the MoEAC requested UNICEF assistance in undergoing an organisational development analysis in order to improve efficiency and clarity of job roles within the Programme and Quality Assurance directorate of the MoEAC. UNICEF supported an extensive restructuring exercise of three of the divisions to avoid duplication and overlap of mandates, job roles and responsibilities and activities. The analysis resulted in a comprehensive report with revised job descriptions as well as long and short term recommendations. This will result in improved functioning of learner support systems at regional and school levels.

UNICEF supported a needs assessment and barriers to the Sector Policy on Inclusive Education, to identify interventions to ensure implementation of the rights-based policy. There were indications that capacity gaps remained in terms of implementing inclusive education, to be addressed in 2018 onwards.

In partnership with the Office of the First Lady of the Republic of Namibia and the University of Namibia, a needs assessment of under-resources and vulnerable ECD centres in Namibia was conducted in eight of the fourteen regions of the country. The Office of the First Lady together with UNICEF supported ministries (MoEAC, MoHSS, MGECW) in implementing the recommendations from the study, as per the IECD Framework.

As an advocacy tool, UNICEF developed a series of human interest stories in booklet form entitled 'Telling the Story', documenting the best practices of the IECD Pilot conducted in 2016, and the first phase of the School Accountability and School Governance Programme. The 'informal evaluations' through a personal narrative approach assists in disseminating the successes and finding of the pilots to a broader audience.

To help inform the development of the second phase of the School Accountability and School Governance, UNICEF undertook a rapid assessment of the learner governance facet of the programme, the Edu Circles. The report highlighted challenges in terms of sustainability of the model, and will inform the implementation of the programme going forward.

The rapid assessment of IECD service provision among San communities in Namibia was undertaken in eight regions of Namibia to inform policy reviews on service provision amongst the most marginalised and vulnerable communities in Namibia. The assessment brought to light barriers to service access, addressed with better coordination and outreach, as per the IECD Framework and will form the basis of a critical Government colloquium in 2018.

To inform CO development of technology in education, the 'Mapping and Scoping Exercise To Support The Integration Of ICT in the Education Sector in Namibia' was produced to inform investment in T4D.

OUTCOME 5 By the end of 2018, appropriate child protection legislation, policies, strategic plans and budgets set up and implemented.

Analytical statement of progress

Namibia's children are subject to protection rights violations throughout their life. Social workers at the Gender Based Violence Protection Unit in the capital treated on average two child rape survivors under the age of eight per week. Among school-age children, one in four school children have already experienced sexual violence in their lives. For adolescents, the 2013 NDHS reported that 33 per cent of girls aged 15-19 years old had experienced sexual or physical violence, and 19 per cent of pregnancies in Namibia were carried by adolescent girls.

Further, child online safety remains a concern in the country, with a study showing that 31 per cent of respondents had been sent sexually-explicit images of people they didn't know, and 29 per cent of respondents had seen sexual content including children, and 63 per cent had seen disturbing or violent images. Coupled with underlying vulnerabilities, such as 34 per cent of child poverty rate, and low state budget allocation to child protection services, child protection vulnerabilities in Namibia are not reducing despite the upper middle income country status achieved in 2009, and therefore remained a priority for the UNICEF – Government of Namibia programme of cooperation.

Barriers to progress were multiple, related to the enabling environment and service delivery gaps. Even though the legal framework was comparably strong, in particular after the adoption of the Child Care and Protection Act 2015, complementing the Domestic Violence Act and Combating of Rape Act in providing a comprehensive legal framework for prevention and response to violence against children and alternative care, operation was pending as the regulations were not finalised yet. This situation denied many Namibian children of critical child care and protection rights.

UNICEF Namibia participated in a UNICEF Headquarters-led review of administrative data systems on violence against children and on CRVS. This exercise provided guidance to strengthen administrative data systems within Government on violence against children and gender-based violence.

UNICEF built on the relationship with the Ministry of Justice and relevant line ministries in 2016, to finalise and adopt critical child protection laws in 2017. As the Electronic Transaction and Cybercrime Bill was tabled in February 2017, but withdrawn for consultation, UNICEF continued to advocate for criminal provisions on online child sexual abuse in line with international law and standards. The Child Justice Bill was developed and sent back to the legal drafters for review. Against the background of UNICEF's technical submissions in 2016, UNICEF continued to assist the ministry in the legal drafting process, ensuring the Beijing Standards were guiding principles of the proposed bill. After in-depth consultation with key stakeholders, the Ministry of Gender Equality and Child Welfare tabled the Combatting of Human Trafficking Bill in Parliament to be enacted in 2018.

To enable Government and development partners to better influence domestic resource allocation for child protection and social protection, UNICEF conducted a 2017/18 state budget expenditure analysis in social welfare and assistance. The budget brief that was produced indicated that state budget allocation on child welfare and statutory social work services to vulnerable children is reduced from 0.09 per cent in the 2016/17 financial year to 0.03 per cent for the 2017/17 financial year.

Coupled with ongoing vacancies and a government recruitment freeze, this resulted in a off-balance workload for social workers and strain on the delivery of critical child protection services for those most in need. The analysis will guide UNICEF advocacy on child protection budgeting and will be deepened into a comprehensive child protection budget analysis in 2018.

UNICEF Namibia in 2017 supported the Government to launch an e-birth notification system as part of the roll-out of e-governance. This innovation digitalizes the manual birth notification process by the health sector, and pushes critical ID and birth-related data into the digital civil registration system. This system will result in more accurate statistics on live- and still-births and enable follow-up on births unregistered. This work was by the Office of the Prime Minister through a technical working group supported by UNICEF child protection and health programmes. The system was piloted in three regions and will be rolled-out in four more regions in 2018 with UNICEF assistance.

Building on foundation of 2015 and 2016 in the field of child online safety, and leveraging the partnerships formed during this initial phase of the child online safety program, UNICEF continued to strengthen Government's prevention and response to online child sexual abuse and child online safety in general. Under the umbrella of the National Task Force on Child Online Protection, which met quarterly, UNICEF expanded focus to individual and societal level. Acknowledging that online child sexual abuse as a global problem requires a global solution,

Namibia joined the world in providing an opportunity for every citizen to report online child sexual abuse through a national reporting portal. Under the lead of the Ministry of Informational and Communication Technology, together with Lifeline Childline and UNICEF, the Government acknowledged the role every citizen plays in combating sexual offences against children on the internet.

OUTPUT 1 Through to 2018, quality technical support provided effectively for protection programme.

Analytical statement of progress

Programme implementation faced a brief delay with the gap between the departure of the legal protection consultant and the arrival of the P2 child protection officer, with a now complete child protection and social protection team of four staff. Workload intensified on social protection, while the P3 social protection specialist post was abolished due to continued funding constraints to fill the position. The chief of child protection and social protection and child protection specialist jointly assumed the function. UNICEF was the lead development partner to provide technical assistance on child protection and social protection to the Ministries of Gender Equality and Child Welfare, Poverty Eradication, Safety and Security, Justice, Home Affairs and Immigration and the Office of the Prosecutor General.

OUTPUT 2 By 2018, the Government has domesticated international and regional human rights commitments.

Analytical statement of progress

The Child Care and Protection Act was gazetted as Act No. 3 of 2015, a national milestone culminating from UNICEF-supported public consultation and review process during the current and previous Country Programme. The Act domesticates the provisions of the Convention on the Rights of the Child into Namibian legislation. UNICEF Namibia in 2017 continued to provide technical and financial assistance to the finalization of the accompanying regulations for adoption to pave the way for the enforcement of the new Act, including advocacy at senior level to advance inter-ministerial outstanding questions that delay the adoption of the regulations.

UNICEF supported the Ministry of Justice in 2016 to draft the Child Justice Bill. Building on the legal brief submitted in 2016 that achieved milestones for the Bill by inter alia raising the age of criminal responsibility to 12 years, UNICEF positioned itself as a partner in legislative drafting. The Ministry of Justice requested UNICEF to respond to comments raised on the draft bill by legal drafters and line ministries. UNICEF was thus in the position to advocate for an alignment of the Bill with the Beijing Rules and the Convention of the Rights of the Child.

The Electronic Transaction and Cybercrime Bill was tabled in Parliament in February 2017, but was withdrawn for consultation. As per request by the Ministry of Information and Communications Technology, UNICEF supported the ministry in the national consultations and served as resource on regulation of child online sexual abuse and exploitation. The provision as proposed by UNICEF in 2016 did not change due to continued advocacy, leveraging the partnership build with MICT and MoJ in 2016, and using the legal brief as advocacy tool. In order to fill the legal gap in the field of online child sexual abuse until the Cybercrime Bill is enacted, UNICEF submitted an expert submission to the Office of the Prosecutor General recommending the direct application of the Optional Protocol in conjunction with national

legislation to prosecute a current online child sexual abuse offender who would otherwise go unpunished.

The Human Trafficking Bill was tabled in Parliament in 2017, but was withdrawn for technical consultation. The line ministries opted to repeal the detailed provisions in the Child Care and Protection Act and transfer them to the Human Trafficking Bill, in order to have one comprehensive piece of legislation for both adult and child survivors of human trafficking. This improved the Bill as provisions from the Child Care and Protection Act are now applicable to adult victims.

UNICEF worked with the Office of the Prosecutor General and the Office of the Judiciary to draft a legal advisory to clarify the situation on the admissibility of biological evidence collected by forensic nurses, instead of doctors.

OUTPUT 3 Government is equipped with the evidence on expenditures and budget requirements of the Child Protection Sector.

Analytical statement of progress

Complex vulnerabilities of children often require multisectoral solutions. Limited coordination between sectors and inefficient linkages are barriers for child protection service delivery. UNICEF Namibia in 2017 continued to invest in strengthening coordination forums, or initiating new forums to address specific needs.

In 2017, UNICEF provided support to eight existing inter-ministerial working groups to tackle bottlenecks to integrated child protection systems and services. UNICEF technically and/or financially supported the Permanent Task Force on Children, the School Safety Committee, the School Health Committee, the Child Online Protection Task Force, the Strategic Information Technical Working Group, the Case Management Technical Working Group, the E-Birth and Death Notification Technical Working Group and the National Core Team on Social Protection. UNICEF was a secretariat role in some.

UNICEF supported the establishment of a steering committee on integrated health and protection services for survivors of violence, under leadership of the Namibia Police. This Committee guided the development, by UNICEF, of multisectoral guidance for provision of integrated services for survivors of gender-based violence/violence against children by Gender-based Violence Protection Units. UN Office on Drugs and Crime joined the body and joint action, and IOM joined the Permanent Task Force on Children.

OUTPUT 4 By 2016, CRVS system has increased coverage and strengthened inter-ministerial cooperation.

Analytical statement of progress

Inter-census data released in 2017 demonstrated that while birth registration rates in Namibia were relatively high (77.6 per cent of 0-5 year old children have a birth certificate), regional inequities in birth registration were growing. In two deprived and under-served regions, in particular Kavango East and West, under-five birth registration rates reduced from 60 per cent for the combined region in 2011 to 58.1 per cent and 44.9 per cent respectively in 2016.

Persistent social norms, service access challenges and cross-border migration were bottlenecks that contributed to this trend. The new e-birth notification system--- for this reason piloted in

Kavango---will improve completion of the registration process. The under-one birth registration rate was low but steadily increasing. In 2017 the rate stood at 57 per cent of all under-five birth registration.

In 2017, UNICEF supported the Ministries of Home Affairs and Immigration and MoHSS with the implementation of the E-birth Notification System in three regions, an innovation to improve the accuracy of vital statistics and facilitate timely birth registration. The system was developed by the Office of the Prime Minister as part of the country's roll out of e-governance. The births of children in Namibia are entered into the system by nurses who attended the birth. Through this system, a seamless connection was created between the notification and the registration of births. The system is linked to the National Population Registry System, so the parents' details are matched to the official database.

The aim is to make birth registration more accessible to all Namibians and to support the country to reach children who are not registered within the year of birth. The E-birth Notification system was launched in May 2017 and rolled out with UNICEF support to three pilot regions.

Thirty-four touch screens were purchased by UNICEF and screens were installed in nine hospitals, while seven hospitals are targeted for 2018. This system will be installed at private hospitals and Memoranda of Understanding between Government and several large private hospitals were drafted. The hospitals were previously not offering birth registration services. Since the pilot of the system, 1,630 children were entered into the system and a total of 4,223 (2,165 female and 2,058 male) births were notified.

Internet connectivity in especially remote areas, IT support and financial resources were challenges raised in the pilot phase. As a result, training methodologies were changed to a more hands-on training of nurses, and clear training manual and tools were developed for the health sector, while a video on the E-birth notification system be used during awareness raising and training as some cultural norms bring delays in birth registration. An inter-ministerial technical working group, to which UNICEF is the secretariat, guided and monitored implementation of the pilot and roll-out.

OUTPUT 5 Government is equipped with the evidence on expenditures and budget requirements of the Child Protection Sector.

Analytical statement of progress

UNICEF Namibia in 2017 developed a second round of budget briefs in the social sectors, including one that analysed child-focused state budget allocation and expenditures on social assistance, social welfare and civil registration. The analysis demonstrates that state budget allocation for critical child welfare and protection services remained low; while the budget for the lead, the Ministry of Gender and Child Welfare, increased from 1.6 per cent in 2016/17 (financial years passim) to 2.1 per cent of the national budget in 2017/18. The increase was due to an increase in the funds for child grants. While numbers of beneficiaries and subsequent expenditures for child grants rose from 0.9 per cent in 2016/17 to 1.6 per cent in 2017/18, child welfare and protection services, provided by social workers and alternative care facilities, decreased from 0.09 per cent in the 2016/17 to a minimal 0.03 per cent in the 2017/18. A government staff recruitment freeze resulted in a significant new grant from treasury to MGECW to operate safe shelters in the country, unspent thus far.

The social worker vacancy rate for child social workers was high at around 40 per cent, with the ratio state social workers to child population in 2017 at 1:12,300. In child welfare and protection, there was an increase in expenditures for child grants from 0.9 per cent in 2016/17 to 1.6 per cent in 2017/18. The budget for civil registration slightly increased to 0.4 per cent of the state budget in 2017/18.

The budget analysis was used in advocacy engagement with the line ministries around the development of the MGECW Strategic Plan and the NDP5. In 2018, UNICEF Namibia plans to undertake a more comprehensive child protection budget analysis, including analysis on Civil Registration and Vital Statistics expenditures.

OUTCOME 6 By 2018, Multi-Sectoral Coordination and Policy Framework strengthened.

Analytical statement of progress

Namibia was classified as an upper middle-income country with a 2016 per capita income equivalent to US\$ 4,710 (NAD 69,279).

Preliminary data released from 2016 Namibia's National Household and Income Expenditure survey (NHIES) indicated that general poverty levels dropped from 28.7 per cent in 2009/10 to 18 per cent in 2016, while extreme poverty reduced from 15.3 per cent to 11 per cent. Child poverty stood at 34 per cent in 2009/10, and while updated data on monetary child poverty will only become available at the release of the full 2016 NHIES in 2018, a secondary analysis of the 2013 Demographic and Health Survey conducted by UNICEF in 2017, demonstrated that over 58 per cent of children aged zero to four years, and over 60 per cent of those aged five to 17 years are multi-dimensionally poor (deprived of critical utilities and/or services). While the Gini-coefficient declined from 0.60 (2003/04) to 0.57 (2015/16), the country remained one of the most unequal countries in the world regarding wealth and income distribution.

Evidence supported by UNICEF and other development partners over the years demonstrated that Namibia's broad, tax-based social protection system does not significantly reduce child poverty. While the country has a relatively well developed social protection system, the sector is fragmented with multiple administration and delivery systems, little coordination and large groups of vulnerable populations excluded from assistance. UNICEF-supported budget briefs released in 2016 noted that the real value of the US\$ 20 per month (NAD250) grant in 2000-prices dropped to about US\$ 6 (NAD73) in 2014 and due to the increase by US\$ 4 (NAD50) in 2014 equals only US\$ 7 (NAD105) a month in 2017.

However, the number of child grant beneficiaries rose from 4,000 in 2001/02 to 317,127 in September 2017 with the introduction of a new Vulnerable Child Grant. UNICEF budget briefs demonstrated that the percentage of state budget allocated to child grants rose from 0.9 per cent in 2016/17 to 1.6 per cent in 2017/18. The administration costs as a share of total programme expenditure fluctuated between 2.0 per cent in 2003/04 to a high of 10.6 per cent (2011/12) before a decline to 6.5 per cent in 2017/18.

When the 2015 Child Care and Protection Act is enforced, the number of children who benefit will increase as new grants will come into effect and the means-test will change. The expected increase in coverage would result in an estimated 30 per cent of all children benefiting from one a child grant. New research conducted by OECD for 2018 release will provide evidence on inclusion and exclusion from social protection. Anecdotal evidence suggests that large numbers

of eligible children, including those with a disability, are excluded from their social grant entitlements.

In 2017 UNICEF Namibia was officially recognized as local partner of the European Union-Social Protection Systems Initiative, a consortium composed of EU, OECD, Finland and GiZ, and worked with Government to improve inter-ministerial coordination, generate and disseminate new evidence and emerging best practises, and develop a roadmap for social protection systems strengthening in 2017-18 and beyond, based on the implementation plan to the Government Blueprint on Poverty Eradication and Wealth Redistribution, developed in 2016 with the assistance of UN agencies and other partners.

In 2017, UNICEF supported a multisectoral expert seminar on social protection that culminated in the adoption of a two-year roadmap to action; provided secretariat to quarterly meetings of an inter-ministerial coordination body, the Core Team on Social Protection; facilitated the completion and validation of an institutional assessment of Namibia's social protection system and prepared the ground for the recruitment of an expert to coordinate the development of a national social protection strategy in 2018.

UNICEF in 2017 built engagement with the World Bank, facilitating meetings between the World Bank and line ministries in charge of civil registration and social assistance systems in anticipation of the development of a single registry for social protection in 2018/2019 and help ensure it will be well-grounded in the country's digital National Population Registry System.

OUTPUT 1 By 2018, coverage and accessibility of Social Protection for the disadvantaged households is expanded.

Analytical statement of progress

UNICEF Namibia in 2017 continued to play an active role both in the United Nations and with Government to influence the national poverty eradication and social-protection reform debate. Coordination, evidence generation and dissemination and partnership were built to improve social protection systems and governance, social protection financing and expansion of child grants. In 2017, UNICEF officially joined with OECD, Finland and GiZ and co-developed a 2017-18 U-Social Protection Systems workplan for Namibia and supported its implementation as local partner. The partnership was governed by a grant and letters of agreement between UNICEF, OECD and GiZ.

Child grants were expanded from 235,791 children in September 2016 to 317,127 children in September 2017. This was attributed to the introduction of a Vulnerable Child Grant, targeting children living in a household where both caregivers are unemployed, initiated in 2015 after research conducted by UNICEF in 2010-2014 noted that significant vulnerable child populations are excluded from the current system.

UNICEF's budget briefs and OECD-supported research on financing social protection, under finalization, demonstrated the inequities in grant value across social grants and the minimal poverty reduction impact in particular of the child grants, given the low real value. This evidence led to a shift in UNICEF's advocacy agenda with Government from universal access to child grants towards maximizing impact and efficiency of the existing system by calling for greater inclusion of eligible children into their grant entitlements and making the child grant value as meaningful as other social grants through incremental increases or indexing the amount for inflation.

The administration costs as a share of total programme expenditure were six per cent in 2017/18, while the workload for social workers to provide social welfare services, including administering child grants, declined from one social worker per 16,700 children (2013/14) to one per 12,277 children (2017/28). The vacancy rate of social workers and administrative officers was high with an average of 40 per cent.

UNICEF Namibia fostered dialogue between ministries, EU-SPS and the World Bank on implementation of the roadmap, including the development of a single registry system on social protection and service innovations including one-stop birth and child grant registration in selected hospitals, the latter of which is expected to reduce financial access barriers to child grants and improve under-two birth registration rates. The innovations awaited political decision.

UNICEF successfully negotiated a grant agreement with GiZ to contract a social protection consultant to coordinate, with Government, the development of a national social protection policy in 2018.

OUTPUT 2 By 2017, Government has increased capacity for evidence-informed planning, financing and implementation of social protection measures.

Analytical statement of progress

For the second year, the Namibia CO developed a set of four budget briefs, including one on social welfare and assistance. The state budget analysis summarized in the budget brief noted that expenditure on child grants increased from 0.9 per cent in 2016/17 to 1.6 per cent in 2017/18, while child grant beneficiaries increased with 34 per cent to 317,127 in September 2017, representing over 30 per cent of all children in Namibia. The allocation was higher than the budget allocated to social work and child protection services, which reduced from 0.09 per cent in 2016/17 to 0.03 per cent of the state budget in 2017/18.

Vacancy rates of social workers and administrative officers who play an important role in both social grant administration as in social welfare case management, remained consistently high and consequently ratio social workers to children remained low at 1:12,277.

The analysis demonstrated that while social grants for vulnerable children gradually reached more children, the real value of the monthly grant per child dropped substantially over time due to inflation. Currently the real value of the child grant US\$ 18.80 per month (NAD 250) in 2000 prices, dropped to about US\$ 5.50 per month (NAD73) in 2014 (i.e.) and due to the increase by US\$ 4 (NAD50) in 2014 equalled US\$ 7.90 (NAD105) per month in 2017, well below the food poverty line of US\$ 15.30 (NAD 204) per month.

The cost of accessing a social grant in Namibia, where distances are great, can outweigh the grant value itself, posing a financial access barrier. The data informed UNICEF's advocacy agenda to call for increasing the child grant value by indexing it for inflation, and improving its effectiveness and impact by ensuring staff are in place to reduce the time for registration and referral to other services that reduce vulnerability. The recommendations, captured in the budget brief, were taken forward by UNICEF during the development of the strategic plans of line ministries and meetings between the representatives and the ministers of Poverty Eradication and Gender Equality and Child Welfare. In June 2017, the message on inflation indexing of child grants was publicly repeated by a senior leader in the responsible line ministry.

OUTPUT 3 By 2018, evidence base on structure, coverage and impact of Social Protection for Children enhanced.

Analytical statement of progress

In 2017, UNICEF with partners built the evidence base on child poverty and social protection. A Multiple Overlapping Deprivation Analysis (MODA) conducted by UNICEF in 2017 as part of a broader secondary analysis of the 2013 Demographic and Health Survey, demonstrated that a majority of children in Namibia (58 per cent of children aged zero to four years and over 60 per cent of children aged five to 17) were multi-dimensionally poor.

A budget brief on social welfare and protection analysed state budget allocations and expenditures on child grants and social welfare services for children, while an institutional assessment on social protection, supported by OECD with UNICEF and validated in December, for the first time in Namibia defined the concept of social protection and analysed the fragmented functions, governance and administration of the system, in view of future policy development and systems strengthening.

In May/June 2017 UNICEF with EU-SPS supported the Government to host a three-day expert seminar on social protection. This seminar brought together experts from Namibia, Ghana, Malawi, Finland, the African Union, European Union, GiZ and UNICEF to discuss lessons learned and new approaches in improving reach, efficiency and impact of social protection. Discussions covered regional and international good practices in promoting a human rights-based approach to social protection systems and governance, civil society perspectives and new approaches to promote access and efficiency of social protection, including single registry systems. The seminar culminated in the adoption of a Roadmap towards Strengthening Social Protection Systems that will guide the country's social protection systems reform in the coming years.

UNICEF facilitated engagement between the Namibia Statistics Agency and OECD to conduct secondary analysis of the National Household and Income Expenditure Survey that analysed inclusion and exclusion from social protection in Namibia. The analysis will be available in 2018.

OUTPUT 4 By 2018, Multi-Sectoral Coordination and Policy Framework strengthened.

Analytical statement of progress

In 2017, UNICEF supported the Ministry of Poverty Eradication and Social Welfare to prepare and chair quarterly coordination meetings of the inter-Ministerial Core Team on Social Protection. The Core Team monitors implementation of the two-year workplan between Government and development partners on social protection systems strengthening, as outlined in the roadmap adopted in June 2017. Part of the roadmap was the development of a national social protection policy, for which Terms of Reference were developed and to be in place in January 2018 with the support of GiZ through UNICEF.

OUTCOME 7 By the end of 2018, evidence-based policies and legislative frameworks for the realization of the rights of all children and adolescents in place, implemented, effectively monitored and adequately resourced.

Analytical statement of progress

UNICEF Namibia in 2017 continued to reduce child poverty and discrimination against children with evidence-based advocacy and improved policy and systems for disadvantaged children, including children affected by natural disasters. UNICEF thus reduced vulnerability, built resilience to external shocks and enhanced humanitarian response. UNICEF promoted and technically supported new legislation that reflected equity principles and promoted children's rights.

A public expenditure review of the education sector was released, the findings drove UNICEF advocacy with the line ministry. A public summary was under development. The CO finalised a secondary analysis of the 2013 Demographic and Health Survey, including a chapter on multiple overlapping deprivations of children (multi-dimensional poverty) and developed budget briefs that analyse state social sector spending trends to inform public finance for children advocacy with Government in the country.

On the invitation of Government, the UN provided technical inputs to the development of the 5th National Development Plan (2017-2022), an opportunity to mainstream SDGs and AU Agenda 2063 into national planning process. UNICEF provided inputs for the realization of child rights. The NDP5 was launched in April 2017

The CO in 2017 supported the review of the country's guiding strategy for child rights, the National Agenda for Children, and the development of a new strategy covering the period 2018-2022 to facilitate coordination among Government and non-government to support Namibia's progress towards meeting its commitments under the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of Children.

Preparations were made for the development of the Convention on the Rights of the Child progress report, the deadline extended to March 2018. After Namibia's accession to The Hague Convention on Cooperation for Inter-Country Adoption in 2016, UNICEF facilitated discussions on future technical assistance to be provided by The Hague Permanent Bureau on ICA to implement Namibia's commitments under this Convention.

UNICEF supported Government to review and update the National Agenda for Children, the main policy framework governing the realization of children's rights in Namibia.

The CO in 2017 embarked on the development of a situation analysis on children to guide the development of the new Country Programme Document in 2018.

Results on social protection and legislative reform were reported under the child protection and social protection programme.

OUTPUT 1 By 2017, NDP 5 is developed inclusive of national SDG targets.

Analytical statement of progress

In 2017, a Public Expenditure Review (PER) of the education sector was released. The findings drove UNICEF's advocacy with the line ministry. The PER review generated evidence on financial flows in the education sector. It assessed the efficiency of public spending and resource allocation in the sector and evaluated current effectiveness in the use of money for service delivery in education at all levels. Finally, the PER informed and advised policy

decisions on how to avail financial resources in the national budget for investment in “Education For All.

The CO finalised a secondary analysis of the 2013 Demographic and Health Survey, including a chapter on multiple overlapping deprivations of children (multi-dimensional poverty) and developed budget briefs that analyse state social sector spending trends to inform public finance for children advocacy with Government in the country.

The UNICEF Namibia CO attended a training on Public Finance for Children (PF4C), and future work will be centred around mainstreaming public finance in all the sections and using PF4C tool to leverage domestic resources for children. With support from Regional Office (ESARO), the CO staff were capacitated on PF4C.

Staff from ministries of finance, poverty, gender and education were briefed on public finance work and the implications of budgeting on child sensitive sectors to support sector ministries to budget for social sectors. This was a basis for the 2017/18 budget briefs. Advocacy on budgeting will be undertaken with the members of parliament while tabling the budget. In 2017 the following budget briefs were developed: state budget brief, health and sanitation, education and social welfare and assistance.

By examining how political, social and economic interests and critical institutional factors affect investment in children, and assessing them for reform, a political economy analysis will identify support for design of programmes and the reforms for effective, progressive and complete interventions for children. This is supported by the fiscal-space analysis to identify options to increase fiscal space components. These PF4C initiatives will position the CO to better advocate to budget for child-sensitive sectors.

OUTPUT 2 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.

Analytical statement of progress

The Namibia Statistics Agency integrated administrative data systems from ministries into its social statistics system, but faced challenges gaining access to data routinely collected by ministries. To support strengthening national sectoral data systems, UNICEF technically supported the Ministry of Gender with the development of the child welfare database. With Ministry of Home Affairs, e-birth notification system was launched with UNICEF support to improve birth notifications and in the long-term link birth notifications to the National Population Registry.

UNICEF provided technical support to the NHIES with the development and inclusion of nutrition and social grant impact indicators. The latter will provide a baseline for a planned impact assessment of the expended child grant system. The NHIES was finalised and a preliminary report focusing on general (not child) poverty was launched late 2016. This report showed a decline in the poverty rate in the country. Micro data was available and an opportunity to conduct in-depth secondary analysis on adolescent index, child poverty/child welfare index and ECD.

UNICEF Namibia was part of discussions on strengthening the national statistics systems. Ongoing discussions included the government performance monitoring framework for the

implementation of National Development Plans, the strategic information management technical working groups of the MoH and recently the strategic information working groups of Ministry of Gender.

UNICEF provided technical support to the working groups by promoting data to inform decision-making. In Namibia, different data collection systems are not integrated and through the technical working groups, UNICEF strengthened different data collection systems platforms to be more integrative. The United Nations M&E team provided support to the Government to promote capacity to monitor and report on SDGs.

UNICEF provided substantive inputs into the draft NDP 5 and was part of sectoral working groups to provide technical inputs and advice to the prioritization process and alignment with the SDGs and the AU Agenda 2016. The NDP5 framework was organised around the four interconnected pillars founded on the principle of sustainable development: economic progression, social transformation, environmental sustainability and good governance. The pillars were aligned with Namibia’s commitment to eradicate poverty and inequality as outlined in Vision 2030 and the Harambee Prosperity Plan (2016).

UNICEF supported the National Planning Commission and the Government with its first reporting on the SDG’s. Technical support was provided and the first baseline report on SDGs now includes an indicator framework.

OUTPUT 3 By 2018, key Government institutions, private sectors, CSOs and academia are better able to generate, analyse and disseminate evidence on the root causes of poverty and vulnerability in Namibia.

Analytical statement of progress

In 2017, UNICEF and partners built the evidence base on child poverty and deprivation. A MODA conducted by UNICEF in 2017 was part of a broader secondary analysis of the 2013 Demographic and Health Survey. It demonstrated that a majority of children in Namibia (58 per cent of children aged 0 to four years and over 60 per cent of children aged five to 17) experience at least two dimensions of deprivation.

UNICEF facilitated engagement between the Namibia Statistics Agency and OECD to conduct secondary analysis of the National Household and Income Expenditure Survey that analyses inclusion and exclusion from social protection in Namibia. This analysis will be available in 2018.

Document center

Evaluation and research

Title	Sequence Number	Type of Report
Report on the mapping and scoping exercise to support the integration of ICT in the education sector in Namibia	2017/008	Research
Determinants of child mortality and morbidity – evidence from the Namibia DHS 2013	2017/007	Research
Telling the Story: Social Accountability and School Governance Programme	2017/006	Review

Telling the Story: Integrated Early Childhood Development	2017/005	Review
Telling the Story: Integrated Early Childhood Development	2017/004	Review
Rapid analysis of- and documenting the implementation of inclusive education in Namibia	2017/003	Research
Evaluation of Namibia's Community Health Extension Workers Programme	2017/002	Evaluation
A Public Expenditure Review of the Namibian Education Sector	2017/001	Research

Other publications

Title
Telling the Story: Social Accountability and School Governance
Telling the Story: Integrated Early Childhood Development
e-Birth Notification System - Video
Namibia 'What About Us' video
#EarlyMomentsMatter message from the First Lady of the Republic of Namibia, Madame Monica Geingos
#WorldChildrensDay message to Namibia from ESAR Regional Director

Lessons learned

Document Type/Category	Title
Innovation	Developing Data Solution in Education

Programme documents

Document Type	Title	Name
Annual Report	GSS Action Plan Progress Report - Namibia 2017	NCO GSS Action Plan Progress report 2017.pdf
Country Update	Towards a Namibia Fit for Children: Situation Analysis on the Status of Children's and Adolescents' Rights (2010-2013)	Namibia - Situation Analysis - 2013 (web).pdf
CPD	Government of the Republic of Namibia - UN Partnership Framework (UNPAF) (2014-2018)	Namibia UNPAF 2014-18 Final PDF version-09-13.pdf
CPD	DELETE this duplicate entry	UNPAF -Final PDF version-09-13.pdf