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Country note**

Namibia

Summary

The Executive Director presents the country note for Namibia for a programme of cooperation for the period 2002 to 2005.

The situation of children and women

1. Namibia is classified as a middle income country, with a dispersed population of 1.7 million. The ratio of income between the top 5 per cent and the bottom 50 per cent is approximately 50:1. Namibia's Human Development Index has dropped to .638, largely because of the impact of the growing HIV/AIDS epidemic. A major government concern continues to be the elimination of disparities between language groups, inherited at independence, and rural-urban and gender bias.

2. The infant and under-five mortality rates are 57 and 72 per 1,000 live births, respectively. Mother-to-child transmission (MTCT) of HIV is likely to increase the proportion of child deaths by 20 per cent. The main causes of under-five mortality are premature delivery, pneumonia, malaria and malnutrition. Some 16 per cent of babies are of low birth weight, indicating undernutrition of the mother. Parents of one third of all children are unable to provide nutritious food of adequate quality, quantity and frequency, contributing to stunting or wasting. Access to services is good, but the rights of 39 per cent of children to immunization were not met in

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted t the Executive Board for approval at its second regular session of 2001.

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1999. No cases of polio have been reported since 1995. Utilization of primary health care services is low. Maternal mortality is estimated to be 230 per 100,000 live births. Nearly 40 per cent of all deliveries take place at home. HIV infection among pregnant women ranges between 6 and 34 per cent. About 4,300 newborns could be infected every year until the MTCT prevention policy is finalized and implemented.

3. A remarkable achievement since independence is the 93 per cent primary school enrolment. However, nearly one quarter of learners leave school before completing grade 7. Low academic achievement is attributed in part to missed opportunities for stimulation during the child's early years. Changing social norms on parenting often lead to the absence of fathers from child care. The Joint United Nations Programme on HIV/AIDS estimates that 67,000 children under 15 years old are orphans.

4. The mean age for the first experience of sexual intercourse is 16 years for boys and 17 years for girls. Only 2.4 per cent of girls below 19 years of age reporting contraceptive use were using condoms. One third of 14- to 16-year-olds abuse alcohol. Physical and sexual abuse are major contributing factors for sexually transmitted diseases and HIV infection. High HIV prevalence contributes to older men seeking out presumably uninfected young girls. Mixed information from parents and peers, weak communication skills on sexual issues, and unfriendly or non-existent adolescent health services contribute to an environment that leads to a perception of low personal risk. The National AIDS Coordination Programme estimates that up to 180,000 people are living with HIV/AIDS in Namibia, putting the formal health system under increasing stress. The public health sector does not offer voluntary and confidential counselling and testing or anti-retroviral drugs. Family resources are reallocated for assisting AIDS sufferers, forsaking children's care, nutritional status and the ability to stay in school. Only a small number of civil society organizations assist households affected by AIDS.

5. Reported cases of child neglect and abuse have been increasing over the past years. Up to 40 per cent of victims of abuse are children under 18 years old. Close to 50 per cent of children in conflict with the law are not attending school, and 20 per cent of those arrested claim to have been assaulted by the police. The pre-trial detention of children accused of having committed minor offences still occurs.

Lessons learned from past cooperation

6. The 1999 mid-term review (MTR) recommended focusing programmes to contribute more to the national response to HIV/AIDS and to disparity reduction. The MTR also recommended the increased involvement of young people and called for a multisectoral effort for a mass media campaign against AIDS, combined with advocacy, social mobilization and interpersonal communication. Some 72 per cent of adolescents have been reached since the MTR, working with the private sector and involving young Namibians in designing, testing and conducting the campaign. Young people can become key partners in HIV prevention if they are given basic facilitation skills and if there are decentralized structures to which they can relate.

7. An evaluation of the role of health promoters established that sustained voluntarism for community-based services requires a support system and means to maintain motivation. The convergence of services around established structures such as day-care centres provides opportunities to address parents' and communities' capacity gaps. Communication was rarely understood as interpersonal two-way communication where attitudes and behaviours can be discussed. Extension workers should increasingly consider themselves as facilitators for collective learning, rather than to merely inform. An evaluation of capacity-building confirmed that training alone was not enough, but must be combined with resource allocation and the strengthening of management systems.

8. A major lesson learned is that the existence of too many programmes and projects makes management difficult. The proposed programme is narrower in scope and focuses on a few critical areas. Moreover, the process of the MTR involving working groups of government, non-governmental organization (NGO) and United Nations partners to successfully facilitate intersectoral understanding was replicated for the strategy development.

Proposed country programme strategy

9. The programme will be of a four-year duration to align it with the planning cycle of the Government and other United Nations Development Group agencies. It will contribute to priorities emerging from the national planning processes, the National Plan on HIV/AIDS and the draft second report to the Committee on the Rights of the Child, which highlights the need for the increased participation of children, parents and communities. Programme choices have also been guided by the New Global Agenda for Children and the priorities identified in the Common Country Assessment. They also benefited from the development of the United Nations Development Assistance Framework, emphasizing the promotion of children's and women's rights.

10. The overall objectives of the country programme are to: (a) strengthen the caring capacity of parents, families, communities and service providers to fulfil the rights of children to adequate health, and physical and psychosocial development, resulting in improved nutritional status, reduced morbidity and better learning achievements; (b) strengthen the capacity of adolescents, communities and service-providers to fulfil adolescents' rights to correct information, appropriate skills and quality services for HIV prevention, leading to a 25 per cent reduction in HIV incidence among 15- to 18-year-olds; and (c) expand protection services for vulnerable children and women, and contribute to the elimination of conditions that create or perpetuate disparities.

11. Training in a rights-based approach was provided to the Government, NGOs and staff. The method identifies duty-bearers, and their roles and capacities within the family, community and Government. Interventions will address capacity gaps of these duty-bearers, including their acceptance of responsibility; authority to act; and access to knowledge, skills and material or organizational resources. Communication is one of the major strategies, along with advocacy, to ensure that policies, resources and services are in place. The programme will help service-providers, political and community leaders, and adolescents to improve interpersonal communication. Mass media will facilitate public debate by providing

information on child care, maternal health, HIV/AIDS and the rights of vulnerable groups. A prerequisite to the increased utilization of services is their quality, which will be improved in the key areas of reproductive health, HIV/AIDS prevention and care, and the protection of vulnerable groups. The country programme will have three components as described below.

12. The objectives of the **young children's health, care and development** programme are to: (a) reach at least 50 per cent of all parents of children under five years old with information on basic child and maternal care practices; (b) ensure that 50 per cent of all children, including orphans, have access to quality day care; (c) strengthen the capacity of health managers for improved workplanning and management in 18 out of 34 districts, leading to increased coverage and quality of services using the Integrated Management of Childhood Illness approach; and (d) ensure in the same 18 districts a 25 per cent increase in the number of women attending antenatal care and with access to emergency obstetric care, a reduction of MTCT and reproductive health services that are adolescent-friendly.

13. The programme will strengthen the knowledge and skills of parents for good child care through encouraging collective learning with the help of community mobilizers. Attitudes towards fathers' absenteeism will also be addressed. Material or training support to child-care centres that provide free day care to an agreed number of orphans or other vulnerable children will contribute to strengthening community-based care arrangements. Quality assurance methods and realistic objective-setting will be introduced for health managers. The reduction of MTCT will be integrated in maternal health services. With the World Health Organization and the United Nations Population Fund, the programme will develop protocols for maternal and adolescent-friendly health services. The now decreasing support of major European donors is focused on the relatively well managed formal education sector. Donor support to the health sector is provided primarily at the national level. The young children's programme will provide much-needed attention to holistic early childhood care and strengthen decentralized management of services.

14. The objectives of the **adolescents' HIV prevention** programme are to contribute to: (a) involving a minimum of 90 per cent of adolescents in obtaining the information and skills needed to prevent HIV infection; and (b) the creation of a supportive and enabling environment within communities for young people's access to information, skills and services.

15. Because of their untapped energy and ability to make behavioural choices, and because of their positive response to becoming community mobilizers within the present programme, young people will continue to play a critical role in HIV prevention, peer education and the provision of adolescent-friendly health services. This will be the entry point for the wider participation of young people in adolescent health and development programmes. The programme will expand the current life skills project, which enjoys financial support from the Swedish International Development Authority. It will continue to integrate the efforts of government partners, NGOs, United Nations agencies and donors such as the European Union, the Government of France, the United States Agency for International Development (USAID) and the German Agency for Technical Cooperation into the only national HIV/AIDS multi-media campaign through strengthening the capacity of its secretariat.

16. The objectives of the **special protection and disparity reduction** programme are to: (a) bring all legislation related to children in conformity with the Convention on the Rights of the Child; (b) ensure that at least 80 per cent of all cases of children in conflict with the law in urban areas, and 60 per cent in rural areas, will be administered according to the Juvenile Justice Act; (c) reduce the number of unreported cases and actual incidence of abuse of women and children; (d) ensure that orphans and other vulnerable children are not excluded from medical care and are protected from property loss; and (e) ensure that at least one half of all children from educationally excluded groups will complete primary school.

17. The programme will assist action research on the extent and causes of persistent disparity, and the setting up of regular reporting and information systems. Complementing support from the Department for International Development (United Kingdom) and USAID, law enforcement agencies and service providers will be acquainted with international standards and assisted in moving towards protection through prevention. The programme will pursue law reform, strengthen the oversight role of social sector partners in monitoring implementation of policies for vulnerable children, and propose and solicit funding for affirmative action for marginalized groups.

18. **Cross-sectoral costs** cover the UNICEF documentation centre on children, the supply function and contribution management. An integrated monitoring and evaluation plan will be developed. New indicators for community capacity in the context of children's and women's rights will be identified and tested, and baseline surveys will be required at the onset of the programme. Possible indicators could be the existence of parents' boards at early childhood development centres and the number of children accepted without fees. Evaluations will be designed so that their outcomes will influence government strategic planning. Regular resources are allocated so that each programme will be able to operate with few essential technical staff on a minimum budget, expanding when other resources are secured.

19. While there is no permanent presence of Bretton Woods institutions nor sector investment programmes or sector-wide approaches, UNICEF participates in the strategic planning process of the Ministry of Basic Education. Bilateral donor presence in Namibia has been decreasing. The UNICEF office in Namibia will aim to intensify collaboration with those still in the country, while proposing results and rights-based approaches to those operating from their regional centres. The United Nations Theme Groups on HIV/AIDS and poverty will continue to harmonize operations and resource mobilization.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Young children's health, care and development	664	5 336	6 000
Adolescents' HIV prevention	640	4 960	5 600
Special protection and disparity reduction	600	3 000	3 600
Cross-sectoral costs	680	120	800
Total	**2 584**	**13 416**	**16 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.