1. ACHIEVEMENTS ON CHILD WELFARE PROGRAMME

Namibia is committed to the realization of the protection of children's rights as prescribed by the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of Child (ACRWC). Namibia ratified the UNCRC in 1990 and the ACRWC in 2004.

- Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) provides for the protection of children from violence, exploitation, abuse and neglect. The Government of the Republic of Namibia through its Ministries, the private sector and civil society organizations has designed and implemented a variety of actions aimed at protecting children and sustaining family stability which are as follows amongst others:

- Namibia has enacted the Child Care and Protection Act (CCPA) 2015 (Act No. 3 of 2015 which came into effect early 2019, when the Regulations was gazetted. The CCPA is being complemented by the other Acts that aimed at protecting children like the Combating of Rape Act 2000 (Act 8 of 2000, Combating of Domestic Violence Act, 2003 (Act 4 of 2003, and the recent Anti-Trafficking in Persons Act,2018 (Act No. 1 of 2018) amongst others.

- The legislative framework is supplemented by the National Agenda for Children (NAC) 2018-2022. It is the main strategy aligned to National Development Plan and the National Strategic Framework on HIV/AIDS. Priorities for different Ministries and stakeholders are highlighted in the NAC with its different pillars of Care and Protection, Health, Education, Disability and Child Participation.

- The Ministry takes the leading role in the implementation and coordination of the NAC through the National Permanent Task Force for children, and the Child Care and Protection Forums at Regional level.

- The MGECW provides grants to orphans and vulnerable children which is an amount of N$250.00 per child per month. As of 31 October 2019, a number of 326 199 Orphans and Vulnerable Children (OVC) benefited from the State Grants for children which come from the

budget allocation by Ministry of Finance. The grants support families to maintain children and help them accessing other services.

- On Protection Against Violence, Namibia has the National School Safety Framework, a policy document aiming at effective prevention and responses to all forms of violence, self harm and substance abuse in schools. It aims at the creation of the culture of caring between learners, parents and the community so that no child is denied education because of violence.

- The MGECW has signed the We Protect Children Online Statement of Action which is an agreement to establish and develop a coordinated response to online child sexual exploitation. Conferences on the Child Online Protection were held, stakeholders trained and communities are aware about the dangers that children can face online.

2. PLEDGE FOR NAMIBIA ON THE 30TH ANNIVERSARY OF THE CONVENTION ON THE RIGHTS OF THE CHILD

Namibia pledges that ***children 0-5 years are registered for a birth certificate*** in terms of Desired Outcome two (2) of the National Agenda for Children (2018-2022). We are committed to ensure that through collaborative efforts of the Ministry of Health and Social Services, Ministry of Gender Equality and Child Welfare, Ministry of Education, Arts and Culture and Civil Society Organization are scaling up birth registrations such as decentralising birth registrations to rural centres and mobile birth registration campaigns. (National Agenda for Children 2018-2022) hereto attached).

Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition		Base Line	Y1	Y2	Y3	Y4	Y5	Supporting Lead and partners	Source of Evidence/ Data
E-birth and death notification systems are operational Mobile birth registrations for remote areas is increased	Civil registration enhanced	% of births registered within prescribed period of 12 months.	Numerator: number of children under 12 months with birth certificates. Denominator: total number of children under 12 months.		60%	65%	70%	80%	85%	95%	MHAI	National Population Register System (NPRS) NSA

National Agenda for Children

2018 - 2022

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National Agenda for Children

2018 - 2022

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Acknowledgements

The Ministry of Gender Equality and Child Welfare, the commissioner of this National Agenda for Children (NAC), on behalf of the Government of the Republic of Namibia, would like to acknowledge UNICEF for its financial and technical support. The MGECW is also grateful to the Strategic Information Committee, the Permanent Taskforce for Children and other non-governmental organisations for their valued support and contributions towards the development of the NAC 2018-2022.

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Foreword

The Ministry of Gender Equality and Child Welfare (MGECW) aims to champion gender equality and the well-being for children through creation and promotion of sustainable socio-economic development. Improving care and protection for children's wellbeing is key to achieving national and global development goals as highlighted in the Harambee Prosperity Plan, NDP5, Vision 2030 and Sustainable Development Goals. This National Agenda for Children (NAC) is a strategic document that gives direction to the Ministry and relevant stakeholders with regards to addressing issues affecting children in Namibia for the next five years.

The NAC 2018-2022 focuses on five strategic pillars, namely, child protection, education, health, disability and participation. The last two pillars, Disability and Child Participation are new to the agenda providing new challenges to the Ministry. The successful implementation of this NAC will require a multi-sectoral engagement that involves stakeholders such as line Ministries, Development Partners, Civil Society Organisations (CSOs) as well as Faith Based Organisations (FBOs). The accompanying Monitoring and Evaluation Plan will assist implementers to monitor progress and to ascertain whether outcomes have been achieved. Manageable yearly targets have been set for all the outcomes.

The six values of the Ministry will remain integral to this Agenda. We don't discriminate, we are professional, accountable and we are driven by teamwork. Confidentiality will be maintained at all times and we are easily accessible to our clients. Incorporating lessons from the previous NAC 2012-2016, we are confident the MGECW, through its committed and dedicated leadership, will be able to successfully implement this NAC 2018-2022 thus contributing meaningfully to the social development of the nation.

Hon. Doreen Sioka
Minister of Gender Equality and Child Welfare

Preface

The *National Agenda for Children* (NAC) 2018-2022 is the main strategy for child welfare issues in Namibia for the next five years. It is well aligned with key national strategies such as the MGECW strategic plan, the *Fifth National Development Plan* and the *National Strategic Framework for HIV and AIDS* which run parallel in the more or less the same period. The main objective of this strategy, which is to ensure that the rights of the children are met, is within the framework of higher level strategies such as the *Harambee Prosperity Plan* and *Vision 2030*.

The development of this strategy was comprehensive and utilisation focused. Key stakeholders including Development Partners such as UNICEF, CSOs, FBOs and line Ministries were consulted. The process was facilitated by technical experts who also ensured that the strategy is evidence based and that lessons learned from the previous NAC 2012-2016 were considered. Separate workshops were conducted to develop the Monitoring and Evaluation Plan and to validate the strategy. The Ministry believes this strategy provides an accurate response to the current child welfare issues that needs to be addressed. For example, the strategy will strive to ensure all children, including those with disabilities, have equal access to health, education and support. Further, it will attempt to ensure all children have the opportunity to participate in national agenda programmes or in any matter concerning them.

MGECW will take a leading role in the implementation of the strategy and the NAC Strategic Information committee and the Permanent Taskforce for Children (PTF) remain important stakeholders overseeing the implementation, monitoring and reporting processes. The multi-faceted nature of child welfare issues makes implementation a significant challenge, however, a clearer coordination framework at both regional and national levels will be pivotal to the success of this strategy.

Ms. Wilhencia Uiras
Permanent Secretary

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ART	Antiretroviral Therapy
CAFO	Church Alliance for Orphans
CCCPF	Constituency Child Care and Protection Forums
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
CSO	Civil Society Organisations
CWD	Children with Disability
DHIS	District Health Information System
EID	Early Infant Diagnosis
EMIS	Education Management Information System
eMTCT	Elimination of Mother to Child Transmission
GBV	Gender-Based Violence
GBVPU	Gender-Based Violence Protection Unit
HEW	Health Extension Worker
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HPP	Harambee Prosperity Plan
HTC	HIV Counselling and Testing
IECD	Integrated Early Childhood Development
M&E	Monitoring and Evaluation
MAWF	Ministry of Agriculture Water and Forestry
MGECW	Ministry of Gender Equality and Child Welfare
MHAI	Ministry of Home Affairs and Immigration
MoEAC	Ministry of Education Arts and Culture
MoHE	Ministry of Higher Education
MoHSS	Ministry of Health and Social Services
MoJ	Ministry of Justice
MOSS	Ministry of Safety and Security
MTCT	Mother to Child Transmission
NAC	National NAC for Children
NDHS	National Demographic and Health Survey
NSF	National Strategic Framework
OMAs	Offices Ministries Agencies
OPM	Office of the Prime Minister
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnership
PTF	Permanent Task Force
RCCPF	Regional Child Care Protection Forums
SI	NAC Strategic Information TWG
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
TIP	Trafficking In Persons
TVET	Technical, Vocational Education and Training
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation

Glossary

Activity	Actions taken or work performed through which inputs, such as funds and other types of resources, are mobilised to produce specific outputs. Activities define 'what we do' in our everyday work within a program.
Appropriateness	A measure of whether an intervention is suitable in terms of achieving its desired effect and working in its given context. Suitability may apply, for example, to whether the intervention is of an appropriate type or style to meet the needs of major stakeholder groups.
Assumptions	Hypotheses about factors or risks which could affect the progress or success of an intervention.
Child	A person under the age of 18 years.
Child labour	Employment of a person under the age of 18 in any work that is mentally, physically, socially or morally dangerous and harmful.
Child protection	Actions aimed at preventing and responding to neglect, violence, exploitation and abuse against children.
Children's rights	Rights of children with particular attention to the rights of special protection and care afforded to minors.
Data Collection Tools	Methodologies used to collect information during monitoring and evaluation. Examples are informal and formal surveys, key stakeholder and community interviews, focus groups, expert opinion, and case studies.
Disability	An impairment that may be cognitive, developmental, intellectual, mental, physical or sensory that substantially affects a person's performance in activities of daily living.
Educarer	A person who takes care of young children from birth up to school going age, at home or in an institution.
Effectiveness	The extent to which the intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.
Efficiency	A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.
Evaluation	The systematic and objective assessment of an on-going or completed project, program or policy, its design, implementation and results. The aim is to determine the appropriateness and fulfilment of objectives, efficiency, effectiveness, impact and sustainability.
Formative Evaluation	Evaluation intended to improve performance, most often conducted during the implementation phase of projects or programs.
Goal	The higher-order objective to which an intervention is intended to contribute.
Impact	Positive and negative, long-term effects produced by an intervention, directly or indirectly, intended or unintended. Intermediate to longer term changes related to program activities and outputs, and in fulfilment of the program purpose.
Indicators	Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess performance. Ways of measuring (indicating) the changes expected from particular aspects of the program. Tools commonly identified at levels of purpose, outputs, outcomes and impact.
Inputs	The financial, human, and material resources used for the intervention.
Logical framework	Management tool used to improve the design of interventions, most often at the program level. It involves identifying strategic elements (inputs and outputs and maybe outcomes and impacts) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure. It thus facilitates planning, execution and evaluation of an intervention.
Mainstreaming	The practice of placing children with special needs in a general or regular service that is regarded as normal or conventional.
Marginalisation	The process of pushing a particular group of children to the edge of society by not allowing them an active voice, identity or place in it.
Mid-term evaluation	Evaluation performed towards the middle of the period of implementation of the intervention.

Monitoring	A continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders of an on-going intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.
Objective	Intended result contributing to physical, financial, institutional, social, environmental, or other benefits to a society, community, or group of people via one or more interventions.
Outcome	The likely or achieved short-term and medium-term effects of an intervention's outputs. Immediate to intermediate changes in behaviour or actions related to the effect or influence of the program activities and outputs, and in fulfilment of the program purpose. It includes the identification of unintended or unwanted outcomes.
Outputs	The products, goods and services which result from an intervention; may also include changes resulting from the intervention which are relevant to the achievement of outcomes.
Participation	Engagement in expression of opinions and/or influencing decision making regarding children's welfare.
Participatory monitoring and evaluation	Method in which representatives of agencies and stakeholders work together in designing, carrying out and interpreting a monitoring and evaluation system.
Positive parenting	A child rearing process that focuses on developing a strong deeply committed relationship between parent and child based on communication and mutual respect.
Program Evaluation	Evaluation of a set of interventions that are intended to attain specific national, state-wide or sector objectives. Note: A program is a time bound intervention involving multiple activities that may cut across sectors, themes and/or geographic areas.
Project Evaluation	Evaluation of an individual intervention designed to achieve specific objectives within specified resources and implementation schedules, often within the framework of a broader program.
Purpose	Intended higher level result contributing to physical, financial, institutional, social, environmental, or other benefits to a society, community, or group of people via one or more interventions.
Rehabilitation	The action of enhancing and restoring functional ability and quality of life for children with disabilities.
Results	The output, outcome or impact (intended or unintended, positive and/or negative) of an intervention.
Review	An assessment of the performance of an intervention, periodically or on an ad hoc basis. Note: Frequently "evaluation" is used for a more comprehensive and/or more in depth assessment than "review". Reviews tend to emphasise operational aspects. Sometimes the terms "review" and "evaluation" are used as synonyms.
Social Protection	Measures to enhance social security and fostering of income security including equitable access to services such as health, education and social welfare.
Stakeholder	A combination of public and private actors who directly or indirectly have an interest in addressing the wellbeing of children in Namibia including but not limited to government Offices, Ministries and Agencies, Civil Society Organisations and International Development Agencies.
Stakeholders	Agencies, organisations, groups or individuals who have a direct or indirect interest in the intervention or its evaluation.
Stigma	A mark of disgrace or disapproval of a child based on his/her particular circumstance(s) or characteristic(s) that distinguish the child from other children.
Stunting	A child with low height for age or failure to thrive due to a chronic deprivation of sufficient macronutrients.
Summative evaluation	A study conducted at the end of an intervention (or a phase of that intervention) to determine the extent to which anticipated outcomes were produced. Summative evaluation is intended to provide information about the worth of the program.
Sustainability	The continuation of benefits from an intervention after assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.
Terms of Reference	A written document that defines, among other elements, the issues that the evaluation should address and the products expected from the evaluation and serves as a useful tool for ensuring that the evaluation is effectively carried out.

Lessons from the NAC 2012 – 2016

The Ministry of Gender Equality and Child Welfare (MGECW) commissioned the first five-year *National Agenda for Children* (NAC) in 2012. Through the five years of implementation, several achievements were recorded and challenges experienced from which lessons have been drawn. The key lessons from the 2012-2016 NAC are discussed in this section.

1. Long term strategies such as the NAC can be exposed to emerging as well as evolving issues based on the nature and intensity of socio-economic challenges. For instance, violence and abuse among and against children emerged, the focus on child poverty evolved in terms of definition and intensity and teenage parenting and its negative impact continued to affect a variety of indicators particularly in the education and health sectors. Effects such as these require flexibility in planning and resource allocation to ensure emerging and evolving issues are adequately addressed.

2. Coordination of such a multi-sectoral strategy is a challenge and requires concerted planning to ensure all accounting lines that feed into the monitoring, evaluation and reporting mechanism are identified and described. A coordination mechanism which identifies and recognises the interdependency among stakeholders and their contribution to the overall NAC is important and needs to be part of the initial planning and ongoing performance review.

3. Having many indicators some without baselines and targets negatively impacts performance review. A true level of performance cannot be determined in the absence of targets and baselines. On the other hand, having too many indicators exposes a plan to a monitoring burden, something that can be addressed by indicator merging and consolidation.

4. Resource planning and allocation for key aspects of the strategy particularly monitoring, evaluation and reporting which includes regular data collection, report compilation and dissemination of performance is a vital part of the overall strategy. This is the most meaningful way within which to engage stakeholders.

Overview of the 2018 – 2022 NAC

The *National Agenda for Children* (NAC) is structured around five mutually reinforcing strategic pillars which outline the national aspirations for children for the period 2018 to 2022. Each of the pillars has a set of desired outcomes for which specific actions are designed to respond to identified needs. The basis for making all pillars mutually reinforcing stems from the belief that for children to grow holistically, their need for health, education and protection should be met alongside specific interventions addressing their psychosocial needs. The summary theory of this NAC states that: If children are protected, educated, and their health and meaningful participation ensured, then their wellbeing is safeguarded through their adult lives. The table below summarises the five strategic pillars and the desired outcomes for each.

STRATEGIC PILLAR	DESIRED OUTCOMES
1. Child Protection and Social Protection All children in Namibia are protected and cared for	i. All children are lifted out of extreme poverty through a comprehensive social protection system ii. Children 0-5 years are registered for a birth certificate iii. All children are protected through an enabling legislative and policy environment including the implementation of these interventions
2. Child Education All children have access to equitable inclusive quality education that qualifies them to pursue primary and higher education	i. All children aged 0-4 years have access to Integrated Early Childhood Development (IECD) services ii. All Children aged 5-8 have Inclusive and equitable access to Pre-Primary and Primary Education iii. Learner transition to institutions of higher learning including TVET is improved
3. Child & Adolescent Health Every child survives and has a healthy childhood and adolescence	i. Improved nutrition, growth monitoring and health services for children ii. Reduced HIV and STI infection among adolescents and children iii. Elimination of Mother to Child Transmission of HIV iv. Children have access to clean drinking water, hygiene and sanitation services
4. Disability All children with disabilities have equal access to health, education, protection and support	i. All children with disabilities are provided with timely and effective rehabilitation services ii. All children with disabilities have improved access to education iii. Legislation and policies pertaining to children with disabilities are implemented iv. Knowledge on issues affecting children with disabilities is improved
5. Child Participation All children are able to participate in national NAC programmes and any matter concerning them	i. Children participate in policy development and decision making

1 INTRODUCTION

The *National Agenda for Children* (NAC) 2018-2022 is a five-year strategy that implores all sector players in Namibia to ensure the rights of children are met. The NAC is structured along five unique strategic pillars each with a set of desired outcomes. Each pillar and associated desired outcomes are based on national and international development commitments which include the Sustainable Development Goals (SDGs), Namibia's premier development plan *Vision 2030*, the fifth *National Development Plan* (NDP5), the *Harambee Prosperity Plan,* the *National Strategic Framework for HIV* (NSF) 2017/18-2021/22, the *United Nations Partnership Framework* (UNPAF) 2014-2018 and strategic plans of relevant Ministries.

To guide implementation, the NAC identifies lead agencies for each desired outcome as well as partner agencies to support performance on identified indicators. It is a true multi-sectoral approach in which lines of accountability are identified, outlined and described in the implementation and performance coordination plan and the overall monitoring and evaluation strategy. Strategic plans of the Ministries and Organisations identified in this NAC were considered to ensure activities are in line with mandates and responsibilities. The purpose of engaging all sectors is to ensure collaborative delivery and accountability on key development indicators for children as indicated in the international and national development instruments referred to above. The overall coordination of the implementation of the NAC rests with the Ministry of Gender Equality and Child Welfare (MGECW) including the development of regular performance reports based on data collected using the various approaches available to stakeholders.

Given the complexity and multi-sectoral nature of the NAC, proposals are directed towards achieving adequate synergy from a variety of sectors including education, health, gender and justice. Sectors are identified to directly contribute to specific indicators while also making indirect contributions to other areas. Aligning the NAC with other national and international development instruments means implementation has to remain in sync with priority high impact investments in terms of efficiency and effectiveness.

Stakeholders use a variety of data sources that inform their performance on indicators. It is imperative for each stakeholder to consolidate their performance on a quarterly basis and feed into the overall report to allow efficient national performance tracking. All relevant data should be adequately sourced, consolidated and reported.

1.1 The Purpose of the National NAC for Children

The overall purpose of the NAC is to ensure national efforts aimed at achieving child wellbeing outcomes as outlined in national as well as international development instruments are identified, defined, coordinated and tracked. The NAC establishes and recognises the role played by government towards achieving development outcomes through its Ministries, Offices and Agencies (OMAs). Civil Society Organisations (CSOs), international development partners and the private sector also play important functions. The planned responses and strategies are derived from national and sectorial aspirations. This NAC provides a simplified outlook of how each stakeholder contributes in specific and general terms to national development plans as well as international obligations related to children. In this respect, the NAC is a tool for recognising contributions made by different stakeholders to child wellbeing outcomes.

The NAC seeks to promote, coordinate and strengthen structures and services designed to advance the wellbeing, care and protection of children. This instrument builds momentum for increased child participation in policy formulation and decision making on issues that affect them. While governments, those in authority and parents have a role to play in ensuring children's rights are met, the active involvement of children themselves has often been missing. With a specific pillar on child participation, the NAC implores all stakeholders not only to solicit child opinions on matters that affect them but to also consider and prioritize them.

1.2 The Process of Developing the NAC

The development of the NAC 2018-2022 and its associated monitoring and evaluation plan was preceded by a desk review of the NAC 2012-2016. Key informant interviews with selected stakeholders were conducted to gather information which was later used to design a two-day Monitoring and Evaluation (M&E) workshop with the Strategic Information Committee. The aim of this workshop was to conceptualise the theory of change for the NAC and the aligned logic model. A plenary consultation with members of the Permanent Task Force (PTF) was conducted to solicit inputs to the theory of change and the logic model.

Stakeholders consulted included leaders and designated representatives of Government Ministries, Civil Society Organisations (CSO) and representatives from United Nations (UN) agencies. The consultations revolved around the identified strategic pillars which were informed by a review of literature and consultations with the Ministry of Gender and Child Welfare.

1.3 The Strategic Focus of the NAC

This NAC is informed by achievements, challenges and lessons learnt from the previous strategy. It builds on the national effort to ensure no one, including children is left out of the NAC. There is a shift nationally and globally towards investments in sustained and comprehensive national models as opposed to direct service delivery. Emphasis is on systems strengthening, capacity building and sustainable partnerships. In order to achieve the development outcomes for children, there is a need to ensure effective mainstreaming, integration, coordination and collaboration by all stakeholders. This is the ultimate strategy for this NAC.

Resources are scarce and should be appropriately allocated so the NAC aims to refocus stakeholder resources to areas of greatest need. Child development is at the core of Namibia's national

development agenda. However, including children's needs and development aspirations in the overall development agenda overshadows the specific needs of children. Children are integral citizens of the land that demand a dedicated approach, such as this one, to ensure an up to date, deliberate focus on socio-economic factors that exacerbate their vulnerability.

Therefore, while government through its structures, international development partners, civil society, and the private sector are recognised and implored, this NAC goes on to identify and define the roles of primary caregivers, service providers and individual community members. Each player has a contribution to make towards achieving goals identified in key focus areas which include Health, Education, Protection, Disability and Participation. Implementation of the NAC is decentralised and shared for the purpose of improving efficiency.

A detailed Monitoring and Evaluation (M&E) plan is included in the NAC to demonstrate how progress on performance will be tracked for the duration of the strategy. The Ministry of Gender Equality and Child Welfare will coordinate the overall implementation of the M&E plan through its regional as well as national structures. It will also allocate adequate funds for the monitoring and evaluation of this NAC.

1.4 Guiding Principles

The principles that guided the development of this NAC are consistent with the provisions of national and international development instruments which Namibia has ratified. This NAC is inclusive of all children with two specific pillars on Child Participation and on Children with Disabilities (CWD). The NAC recognises that the geographic and socio-economic divide continues to negatively impact the efforts to meet children's development outcomes and rights. Rural areas, poor families and women are particularly under served and more challenged in supporting the realisation of children's rights. This NAC and the modalities for its implementation are framed on the need to achieve greater equality through unhindered equitable implementation of the activities herein and support of other government approaches to address rural-urban and socio-economic disparities as well as gender inequality. In this regard, there are central principles to the successful implementation of this NAC. These principles include but are not limited to these:

i. Child Centred

Interventions are proposed and designed placing the children and their wellbeing at the centre. This approach compels stakeholders both independently and collectively to take responsibilities in addressing the wellbeing of children through appropriate rights-based programming. All actions are proposed in the best interest of children with a specific view to promote, protect and meet children's rights. Stakeholders should demonstrate how each of their actions translates into real benefits for the children.

ii. Inclusion and Non-Discrimination

Non-discrimination is referenced in all forms however greater emphasis is placed on stigma, discrimination and prejudice on the basis of age, sex, gender and disability status as it relates to access to services and opportunities for children. This principle also addresses availability and appropriateness of services for children regardless. Interventions are proposed to address deprivation and vulnerabilities that result from differences in gender, age and physical ability.

iii. Participation

Children should be encouraged and seen to actively participate in shaping the national agenda on matters that affect them including the development of programmes, policies and strategies intended to address their wellbeing. Children should be motivated and seen to lead, inform and own interventions. Equal participation by children in activities is also seen as a fundamental measure to address underlying prejudices such as ageism and sexism. Interventions remain context relevant, and significantly driven and informed by children.

iv. Integration and holistic responses

Planned responses promote the delivery of comprehensive and complementary services that address the wellbeing of children. The approach seeks to adjoin public as well as private sector actors in a coordinated effort to collaboratively ensure that children's rights are met and wellbeing assured. All stakeholders act in an open and accountable manner including accountability to the children who are the targets of their activities. In a collaborative manner, stakeholders build partnerships within which to share best practices in a way that promotes synergy necessary for coordinating and fulfilling the basic needs of children and adequately address deprivation.

v. Evidence based

All responses proposed are context specific, informed by existing data and are designed to generate further evidence upon which ongoing planning and implementation of interventions can be based. Evidence generated as a result of implementing the NAC should be documented and adequately communicated as part of a regularised reporting process.

vi. Growth and development orientation

In general, and specifically, children are recognised as part of the overall human potential who should be empowered and supported in building their capacity towards achieving their full potential. In so doing, the interventions in this NAC aim to promote age-appropriate understanding of children's

rights, by children in particular, at an early age and communities in general. All responses should provide long-term benefits with the potential to impact children throughout their lifetime. This includes efforts to strengthen the family foundation.

1.5 Strategic Alignment with National and International Policy Commitments

This NAC is premised on considerations and key principles that reflect a commitment to national and international development instruments and the focus on children development outcomes and rights thereof. In addition, Namibia is a signatory to the UNCRC, Article 40 which obliges State Parties to establish child-centred justice systems. It is these principles that guided the framing of the strategic pillars, the desired outcomes, the strategies to achieve the results and the indicators. These considerations and key principles are summarised below:

i. The *African Charter on the Rights and Welfare of the Child*

The *African Charter on the Rights and Welfare of the Child* (ACRWC) places emphasis on a variety of children's rights. The charter establishes that children can voice their opinions and such opinions should be heard and taken into consideration. This is in direct support to the child participation pillar in this NAC. The charter demands that every child who is capable of communicating his or her own views should be allowed to express such views freely. Further, every child has the right to be named and registered at birth which is covered under the child protection and social protection pillar. The ACRWC states that every child has a right to education, to develop his or her personality, talents and mental and physical abilities to their fullest potential. These provisions are catered for under the education pillar. On disability, the charter provides that every child who is mentally or physically disabled has the right to special protection to ensure his or her dignity, promote self-reliance and active participation in the community. The disability pillar is used to establish responses that are aligned to these provisions. Finally, the ACRWC states that every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health which includes the provision of nutritious food and safe drinking water, as well as adequate health care. These are covered under the child and adolescent health pillar.

ii. The *United Nations Convention on the Rights of the Child*

In general, the *United Nations Convention on the Rights of the Child* (UNCRC) is about the well-being, development and protection of children. The convention provides that the best interests of the child must be a primary consideration in all actions concerning children, that children have the right to survival and development and are entitled to the same rights, without any discrimination. To further augment the provisions of child participation, the UNCRC states that when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. These attributes are covered and presented across the five pillars of the NAC.

iii. The *Convention on the Rights of Persons with Disabilities*

The *Convention on the Rights of Persons with Disabilities* (CRPD) requires state parties to take all necessary measures that ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. State parties are also to ensure

the best interests of the child are the primary consideration in all actions concerning children with disabilities and that children with disabilities have the right to express their views freely on all matters affecting them. Children with Disabilities (CWD) should be provided with disabilities age-appropriate assistance to realise their rights. On the basis of these provisions, this NAC is inclusive of all children with a specific pillar on Children with Disabilities (CWD). The aim is to ensure unhindered focus on the needs of CWD particularly that of equitable access to opportunities and services including health, education, protection and participation. The NAC recognises that there are barriers faced by CWD as a result of differences in abilities with other children in learning and education in general, participation and general access to services.

iv. The Sustainable Development Goals

The Sustainable Development Goals (SDGs) is a set of 17 goals which serve as universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. The SDGs set out to end poverty is all its forms, reduce income inequality within countries and make cities and human settlements inclusive, safe and sustainable. All these have a bearing on social protection interventions described in this NAC. The SDGs further aim to reduce all forms violence including Gender Based Violence (GBV) and violence against children on which the child protection pillar is aligned. In addition, the SDGs call for inclusive and equitable education and the promotion of lifelong learning opportunities for all. The child education pillar reflects these provisions. On health the SDGs aim to ensure healthy lives and promote wellbeing for all, at all ages including the availability and sustainable management of water and sanitation for all. The child and adolescent health pillar is aligned to these provisions.

v. *Vision 2030*

Vision 2030 presents Namibia's development programmes and strategies through which the country intends to achieve its national objectives. Two of the eight themes of *Vision 2030* are directly aligned to this NAC. These two themes are (i) Inequality and Social Welfare and (ii) Population, Health and Development. The overall goal of *Vision 2030* is to improve the quality of life of the people of Namibia to the level of their counterparts in the developed world. In so doing, *Vision 2030* provides that Early Childhood Education should be provided for all children and that qualified teachers should be available for all levels. The education pillar in this NAC articulates these provisions. *Vision 2030* projects Namibia as a nation that is food secure and healthy where all communicable diseases are contained. The child and adolescent health pillar addresses the health needs that should be addressed by the NAC. Under social protection, *Vision 2030* aims to ensure universal, complete and reliable registration of all vital events. The NAC particularly focuses on the registration of births for children aged 0-5 including the acquisition of a birth certificate.

vi. The *Fifth National Development Plan*

The *Fifth National Development Plan* (NDP5) is an implementation strategy that directly contributes to the achievement of the goals set out in Vision 2030. NDP5 sets out to drop the proportion of severely poor individuals in Namibia and households living in improvised houses. On this basis, this NAC proposes responses to address child poverty. On education, the NDP5 states that Namibian children should have a secure educational foundation, through access to ECD services and that all learners have access to equitable inclusive quality education that qualifies them to pursue higher education. In this NAC, the education pillar reflects these provisions. The NDP5 envisions Namibia to have sustainable production and consumption of water resources resulting in improved access to

safe drinking water for human consumption and for industry use. This NAC addresses the need for improved access to water and sanitation services under the child and adolescent health pillar. Finally, the NDP5 calls for the inclusion of marginalized communities and their integration into the mainstream economy. The disability pillar in this NAC reflects the intention to ensure the inclusion of all Children with Disabilities (CWD) through responses that improve access to services and opportunities.

vii. *Harambee Prosperity Plan*

The *Harambee Prosperity Plan* calls for the harmonisation of the social grant system. This call is amplified in this NAC under the social protection pillar. In terms of health, the *Harambee Prosperity Plan* places of emphasis on the reduction of infant and maternal mortality rate and specifically that death as a result of a lack of food should be eliminated. Under the child and adolescent health pillar actions that are aligned to these provisions are proposed. The *Harambee Prosperity Plan* also focuses on economic empowerment leading to greater inclusion of disadvantaged groups into the formal economy. For the NAC, these reflections align well with the aspirations of the disability pillar.

viii. *National Strategic Framework for HIV/AIDS*

The *National Strategic Framework* for HIV and AIDS (NSF) places specific emphasis on addressing HIV and AIDS among children in a holistic way which includes their mothers. The NSF calls for the elimination of Mother to Child Transmission (MTCT) of HIV and an overall reduction of HIV infections and AIDS related mortality. The NSF sets out to ensure adolescent girls and young women who are not infected with HIV remain negative, and those diagnosed with HIV are linked to care and treatment. Under the child and adolescent health pillar of this NAC, these provisions are reflected in the planned responses.

2 STRATEGIC PILLARS

2.1 Child Protection and Social Protection

Goal: All children in Namibia are protected and cared for

Article 19 of the *United Nations Convention on the Rights of the Child* (UNCRC) provides for the protection of children from violence, exploitation, abuse and neglect both in and out of a home setting. The government through its Ministries, the private sector and civil society organisations design and implement a variety of actions aimed at protecting children and sustaining family stability. In Namibia, there have been significant efforts to address child protection for instance through aligning local legislation to international standards. Examples include the Child Care and Protection Act 3 of 2015, the Combating of Domestic Violence Act 4 of 2003 and the Combating of Rape Act 8 of 2000. These provide the needed legal framework to protect children particularly from violence. Investments made in child protection have the potential to positively impact future national spending such as in reducing costs of Gender Based Violence (GBV) and its prevention, psycho-social support, judicial processes and welfare grants.

On the social protection front, Namibia has a generally well-established social protection system which ensures access to basic support for eligible children and adults. The social protection system positively impacts other pillars in the NAC including education, health participation and disability. Children with access to social grants are more likely to attend school, access health care and benefit from other national plans for the inclusion of previously disadvantaged Namibians.

The MGECW is the lead agency for this pillar. However, working with the MHAI ensures that children have access to birth certificates which is a key document required while registering for any child grant. The MHAI in turn works with the MoHSS and a variety of civil society organisations to decentralise birth registrations and information dissemination to hard-to-reach areas where parents face challenges particularly where children are born outside of a health facility and such birth not notified or registered.

Desired Outcome 1
All children are lifted out of extreme poverty

Lead Agency: Ministry of Gender Equality and Child Welfare
Partner Agencies: MHAI, MoHSS, MoPESW, MLIREC and CSOs

Situation Analysis

A variety of policies and laws that relate to social protection exist in Namibia. These include among others the Children Status Act (6 of 2006), the Social Security Act (34 of 1994), and the National Pensions Act (10 of 1992). The country has a comprehensive government funded social protection system which covers a variety of grants such as old age pensions, war veteran subventions, and disability and child welfare grants. However, the policies and laws for social protection are weak, fragmented and not adequately harmonised. A substantial segment of the population lives in extreme poverty and the effects are worst felt by the children. This challenge is exacerbated by high levels of inequality reflected in a high gini-coefficient (GNI) estimated at 0.57. The government recognizes that social safety nets play an important redistribution role for economic opportunities. By the end of the

first NAC (2012-2016) 204 161 children and their families were recipients of social grants of different types.

Social grants which are effectively managed contribute to poverty reduction . For this reason, there has been a deliberate acceleration of social grants overall to support efforts aimed at reducing poverty and improving the living standards of Namibians in general. By 2015, social grants accounted for 5.4% of Namibia's total expenditure and 2.2% of GDP. In the same year, under NDP4, extreme poverty was reported to have reduced to 11% from 15% in 2010 . However, the challenges persist. For instance while 72% of Namibia's employable workforce is indeed employed; only 14% earn above the minimum wage of a domestic worker which is N$1,353. Poverty and income inequality breed dependency all of which collude to threaten family life, community and national stability. In addition, despite a progressive welfare system established to ensure children and vulnerable adults have access to a basic support system, over 58% of eligible children are not receiving grants. Further, despite the reduction in overall poverty, 34% of children are still living in poverty .

Planned Response

The social protection programme needs to be integrated, harmonised and better coordinated to ensure the poorest and most vulnerable children are reached. This calls for the increase in investments for social safety nets, including their administrative and delivery systems. A single register for social assistance needs to be established, implemented and monitored.

Violence against children needs to be addressed in a systematic way that ensures community participation in identifying and reporting cases of violence. Social worker posts need to be filled to ensure a sustained response base to child protection needs. This is equally important for ensuring service provision for children in need of care who may be victims of other forms of abuse such as child trafficking and child labour.

In addition, shelters of GBV/VAC and trafficking in persons (TIP) and all other child care facilities need to remain operational and compliant with established standards.

The Ministry of Labour, Industrial Relations and Employment Creation (MLIREC) will be implored to improve compliance particularly with the child labour legislation as a means to eliminate child labour. The MLIREC will conduct workplace inspections as part of its mandate to ensure employers implement available legislation and policies.

Key Strategies for Results

i. Defragment, harmonise and consolidate the social protection programme
ii. Fully implement the social protection policy
iii. Increase investments for better administration and delivery of the social protection programme
iv. Strengthen Management Information Systems (MIS) to effectively track the social protection programme
v. Child Labour legislation enforced.

Potential Challenges and Limitations

The social protection system has inherent challenges particularly the absence of a social protection policy and implementation framework which breeds inefficiencies. These inefficiencies make it

difficult to measure and report on the results of social grants for example which should contribute to the transition of children and their families from poverty to sustainable livelihoods. There continues to be challenges of coverage for social grants and a lack of a central database for all forms of social grants from all sources poses threats such as duplication of recipients which further confounds the coverage challenge. The current grant allocation is inadequate and cannot be used to sufficiently meet the needs of the child. In addition, the implementation of the universal grant for every child and/or a means test grant proposed in NDP4 has not been implemented.

Desired Outcome 2
Children 0-5 years are registered for a birth certificate

Lead Agency: Ministry of Home Affairs and Immigration
Partner Agencies: MoHSS, MGECW, MoEAC and CSOs

Situation Analysis

Every child has a right to be registered at birth and to receive a birth certificate without discrimination . Birth registration establishes the identity of the child, civil status and family relations. Without a legal identity, the child cannot exercise his/her legal and political rights. A birth certificate facilitates access to a range of social services. While birth registration is not a guarantee to access education and social services, its absence can jeopardise the rights of the child and a determining factor in the cycle of poverty.

The Ministry of Home Affairs and Immigration (MHAI) in collaboration with the Ministries of Health and Social Services and that of Gender Equality and Child Welfare have implemented strategies aimed at scaling up birth registrations such as decentralising birth registration to rural centres through mobile birth registration campaigns. Through these activities the proportion of children under five whose birth was registered has steadily increased from 67% in 2006 for example to 77.6% in 2016. Many civil society organisations play an increasingly meaningful role of referring children to the MHAI for birth registration.

Planned Response

Together with the Ministry of Home Affairs and Immigration, stakeholders should improve the registration of children for national documents particularly the birth certificate during the first year of life. In collaboration with the Ministry of Health and Social Services, 23 birth registration centres based at health facilities have been operational since 2008. The e-birth notification system was launched in 2017 with support from UNICEF linking the mother and the child directly to the e-National Population Register System. Today, 89% of offices offering birth registration have access to the National Population Register System (NPRS). It should be recalled that Antenatal services are available in all public health facilities in the country and 87% of all births are reported to occur in health facilities. These initiatives have increased access to birth registration services and improved the ability to trace population data whenever needed. Adopting the Civil Registration and Identification Bill will further sustain these innovative interventions.

Key Strategies for Results

i. Fully implement the digitalised national population registration system to fast track the birth registration backlog

ii. Improve on education and communication on the availability of decentralised birth registration centres to assure their optimal use
iii. Increase investments for mobile birth registration campaigns across the country
iv. Increase general public education and awareness of the importance of birth registration through dedicated campaigns using appropriate media
v. Integrate as far as possible birth registration with the social grant application process and health interventions
vi. Adopt the Civil Registration and Identification Bill
vii. Adopt procedures to register children of undocumented parents
viii. Roll out the e-birth notification system to all maternity wards.

Potential Challenges and Limitations

Birth certificates could still be denied in cases where parents are undocumented. In addition, in rural areas where some births take place in homesteads, access to birth registration services is a challenge. There are some challenges linked to tradition such as when a father does not accept paternity or name the child which affect the process of birth registration. While the Ministry of Home Affairs and immigration may register the child presented by the mother alone, some mothers may refuse to offer their children for registration in cases where fathers have refused paternity.

Desired Outcome 3
All children are protected through an enabling legislative and policy environment

Lead Agency: MGECW, Ministry of Justice
Partner Agencies: Office of the Ombudsman, MYNSSC, MSS, and CSOs

Situation Analysis

The Namibian government is a signatory to the UNCRC, Article 40 which obliges State Parties to establish child-centred justice systems. For this reason, there is a relatively comprehensive legal framework for human rights in Namibia. Within this framework, there are various instruments that address the rights of children such as the Children's Status Act, the National Policy on Orphans and Vulnerable Children, the Education Act (16 of 2001), the National Disability Policy 1997, the Combating of Rape Act and Combating of Domestic Violence Act. The Child Care and Protection Act was enacted in 2015. The Act provides a thorough alignment with international practice, the definition of a child and the roles of other significant members of the family.

On the other hand, violence in general negatively impacts children including child labour and trafficking as forms of abuse beginning to emerge. Children continue to face physical assault, rape, neglect and emotional abuse. Violence not only scars children for a lifetime but also results in debilitating physical conditions all of which negatively impact the education and health of children. Violence against children occurs in families, homes, schools, communities and other virtual spaces such as the internet . Violence among and against children such as bullying in schools and cyber-bullying can be a manifestation of their experiences in the wider environment particularly where children are harshly punished for wrong doing. Communities are generally unaware or inadequately informed of the existence of and the means to access available child protection and justice services. In other cases, legislation is not fully implemented.

Planned Response

All children have the right to be free from violence. To achieve this, stakeholders need to leverage the existing child protection and justice services. Legislation, national policies and guidelines for the care and protection of children need to be implemented. This includes the gazetting of the regulations for the Child Care and Protection Act of 2015. In addition, service providers should be trained on the guidelines for the implementation of the Child Care and Protection Act. Standard Operating Procedures (SOPs) and guidelines for violence against children and gender based violence to be finalised and adopted.

Social systems for child protection and response services needs to be strengthened through increased access to counselling services, community engagement, outreach activities and addressing the human resource shortfall for social workers. Specific advocacy for the enactment of the Child Justice Bill and the Trafficking in Persons Bill needs to be prioritised.

Key Strategies for Results

i. Develop, gazette and implement the supporting regulations for the Child Care and Protection Act
ii. Develop a child protection policy
iii. Develop national practice guidelines for specialised services such as adoptions
iv. Enact the Child Justice Bill
v. Enact the Trafficking in Persons Bill
vi. Create awareness among service providers on the provisions and regulations of the Child Care and Protection Act
vii. Expand mechanisms and resources for psychosocial counselling and support to ensure increased access for all children. Traditional drop-in centres may effectively complement toll-free call-in centres
viii. Operationalise shelters for Gender Based Violence (GBV), Violence Against Children (VAC) and Trafficking in Persons (TIP)

2.2 Child Education

Goal: All children have access to equitable inclusive quality education that qualifies them to pursue higher education

The rates of return on investment made at early stages of life are higher than the rates of return on investment provided later . Integrated Early Childhood Development (IECD) is a vital investment in the early stages of the child's life which ensures that children have the required foundations of health and development. These foundations are critical in optimising the child's ability to learn, develop social skills and build their immunity. With access to IECD, children's health is positively impacted, is likely to be successful and retained in school, leading to more stable and healthier adult lives, less dependent on social welfare grants and less prone to criminal activities all of which secures family as well as national stability. A key component of access to education is the implementation of the provisions of the inclusive education policy from IECD level. It is important to ensure that schools in general are equipped to meet the needs of Children with Disabilities (CWD).

The MoEAC is the lead agency for this pillar with key roles played by the MGECW and the MoHSS. Ensuring all children have access to early stimulation and learning ultimately reduces the cost of

education that could otherwise occur as a result of school dropout, high repletion rates and other social ills such as unemployment, child labour, crime and the effects of the cycles of poverty and inequality. Indeed without dedicated investments in education in general and IECD in particular, the vicious cycles of inequality, poverty, malnutrition, illness and violence cannot be broken .

Desired Outcome 1
All children aged 0-4 years have access to Integrated Early Childhood (IECD) services

Lead Agency: Ministry of Gender Equality and Child Welfare
Partner Agencies: Ministry of Education Arts and Culture, Ministry of Health and Social Services.

Situation Analysis

The early years of a child's development are of particular importance as this is when the basic cognitive, social, emotional and physical abilities develop. If Integrated Early Childhood Development (IECD) services are well planned, implemented and managed, children with special learning needs and other disabilities can be identified early and supported, rehabilitated or treated to avoid irreparable future challenges. Unfortunately, IECD services are widely lacking and only a limited number of children in Namibia have access to them. By 2015 for example, only 13% of children aged 0-4 were enrolled in IECD programmes. This number has been stagnant since 2011 . Moreover, the divide between rural and urban areas is wide, where over 19% of the children in urban areas are likely to have access to IECD services compared to a mere 9.8% of children in rural areas. A considerable number of children with disabilities do not have access to IECD services and IECD providers are not adequately trained in early identification and referral.

Generally, IECD services holistically address the development, cognitive, social, emotional and physical needs of a child from conception to age 8. However, because of this age spread, the mandate for IECD in Namibia falls under three key ministries namely; the MGECW for children aged 0-4 years, the Ministry of Education, Art and Culture (MoEAC), for children aged 5 and above particularly for pre-primary and primary education and the MoHSS for children aged 5 and above as it relates to health and immunisation, pregnant and breast feeding women .

Planned Response

Access to IECD services needs to be improved and sustainably strengthened to ensure a secure educational foundation for Namibia's children. It is important to address the establishment and management needs of IECD centres including the provision of appropriate educational materials, resources that enhance learning and a targeted way of addressing nutrition for children attending IECD centres which should include micro-nutrient supplements, school based health services and feeding programmes.

IECD providers need to be capacitated to identify early enough any indicators of child abuse and report or provide appropriate referral for cases such as malnutrition, child neglect and exploitation.

It is important to address the resource shortfall for IECD and to implement targeted advocacy activities at all levels, assure high level as well as grassroots involvement. The actualisation of IECD will necessarily involve supportive legislation, policies and strategic partnerships with civil society

and the private sector.

Key Strategies for Results

i. Fully implement the National Integrated Early Childhood Development Policy (2007)
ii. Fully implement the IECD framework (2017)
ii. Implement a structured national approach for certifying unqualified IECD providers
iii. Implement the integrated IECD framework which addresses not only opportunities for learning but also health, nutrition, social protection and family support.

Potential Challenges and Limitations

The low access to IECD services is preceded by a general limited investment in IECD in the country. This has a negative impact on the overall outcome of education. Access to education and other social services heavily depend on children having their births registered and there is still a backlog of children without birth certificates which may hinder access to IECD for such children. Yet, there is still a challenge of unqualified IECD providers. The shared responsibilities in the management of IECD services between the MGECW, MoEAC and the nutrition component falling under the MoHSS further fragments the system and opens up risks such as duplication, wastage and disintegration.

Desired Outcome 2
All Children aged 5-8 have Inclusive and equitable access to Pre-Primary and Primary Education

Lead Agency: Ministry of Education, Arts and Culture
Partner Agencies: MGECW, MoHSS

Situation Analysis

Access to IECD services for children older than 4 is still limited. Only 38% of children aged 5-6 attend pre-primary education . This is despite the fairly supportive legal and policy landscape that provides guidance for the provision of IECD including the National Integrated Childhood Development Policy, the Namibia Child Survival Strategy, the National Policy for School Health and the Child Care and Protection Act as examples.

While access to education is reported to be over 95% of school going age children, this rate significantly drops in rural areas and among marginalised communities and the overall quality of instruction remains unsatisfactory. In general, IECD programmes remain under-resourced and under-developed . Approximately 32% of pre-primary teachers are unqualified and 20% of grade 1 learners have repeated that grade.

However, there have been efforts to formalise IECD including the development of the Namibian Standards for IECD facilities, the standards for IECD educarers and their allowance packages, the curriculum and an overall increase in the IECD budget. From the 2015/2016 budget for example, pre-primary education received 1.5% of the basic education allocation and annual increases are projected.

Adequately providing for IECD has the potential to address the negative impact caused by wide ranging inequalities, poverty, violence, malnutrition and disease among children and generally improve

both health and education outcomes should children start school with the necessary foundations. Children who are exposed to IECD in their early years of life, compared to those who are not, are more successful at school, have better chances to remain in school, find employment afterwards and generally lead healthier lives.

Therefore, IECD needs to be recognised for its potential to impact national development and for that reason be prioritised. For this purpose, there is a need for stronger support and coordination between the three Ministries that share the mandate for IECD particularly as it regards capacity development, technical support and resource allocation.

Planned Response

IECD cannot be limited to the provision of early learning and stimulation which IECD centres provide. On the contrary, it should address all aspects of a child's holistic development. For this reason, a variety of actions need to happen to improve IECD as part of pre-primary and primary education. Government has prioritized the development and maintenance of education infrastructure including the construction of hostels for remote schools as one of the means to address school dropout for marginalized and poor learners. In addition, the school feeding program is to be reformed and expanded including the introduction of a comprehensive integrated school health program for all learners.

The IECD curriculum needs to be upgraded and standardised to align it to the revised pre-primary curriculum. To enhance the quality of teaching at pre-primary level, the number of qualified IECD caregivers should be increased. Part of this strategy is to support unqualified pre-primary teachers to acquire the required qualifications.

The primary curriculum should be reformed so that it focuses on building a strong foundation for literacy and numeracy and promote critical thinking and information literacy. A standardized assessment system needs to be introduced for all learners. This should go hand in hand with efforts to increase the number of qualified teachers and the improvement of skills and competencies of educators overall. The actions should result in improved opportunities for learners to transition to higher education. The provision of curriculum compliant teaching and learning materials and facilities and the placing of teachers in subjects for which they are appropriately qualified to teach is a key driver towards improved quality of teaching and learning and improving the learning outcomes.

Key Strategies for Results

i. Develop and fully implement the universal primary education policy
ii. Implement a structured national approach for certifying unqualified primary teachers
iii. Develop and implement in-service training for IECD educators
iv. Implement the Integrated school health policy
v. Scale up, diversify and supplement National School Feeding Programme
vi. Strengthen support and coordination among the MGECW, MoEAC and MoHSS on IECD
vii. School feeding programs.

Potential Challenges and Limitations

Poverty and its disabling effects continue to negatively affect access to education in general. In addition, the education system still lacks qualified teachers with a strong knowledge base and

awareness that supports effective teaching, one of the causes of the persistent low outcomes of teaching and learning. Moreover, poor school environments make the teaching and learning process difficult and less enjoyable which further impedes effective learning. The governance of higher education is fragmented with conflicting regulatory frameworks and this frustrates cooperation and coordination efforts and transition from primary to higher education in Namibia.

Desired Outcome 3
Learner transition to institutions of higher learning including Technical, Vocational Education and Training (TVET) is improved

Lead Agency: Ministry of Education Arts and Culture
Partner Agencies: MGECW, MYNSSC, National Youth Council, Ministry of Higher Education, Training and Innovation

Situation Analysis

The current school system registers high failure and repetition rates partly as a consequence of poor quality instruction. For instance, the primary section results from Standardized Achievement Tests show that in 2015, only 45% of Grade 5 learners achieved proficiency in English while 63% achieved proficiency in Mathematics. In addition, 48% of Grade 7 learners achieved proficiency in English while only 41% achieved proficiency in Mathematics. This low performance suggests teaching is not resulting in the intended impact on the learners.

Grade repetition and school dropout rates remain unacceptably high. The repetition rate for Grade 8 is at 30% while more than one third of learners drops out of school by Grade 10. School dropout rates are even higher in rural areas where only 49% of children who enrol for Grade 1 will go on to attend Grade 5 . What exacerbates the low quality of teaching is the high numbers of unqualified teachers. The school system is still home to over 20% of teachers with no teaching qualifications.

Technical, Vocational Education and Training (TVET) is recognised as a source of skills required to propel productivity. This is because graduates can be equipped with job-ready technical skills that are helpful in addressing day-to-day socio-economic challenges such as unemployment. Productivity and employment creation are key for Namibia's economic growth and wealth creation which in turn contribute to the country's global competitiveness. The TVET is therefore not a set of inferior skills.

Planned Response

Adequate investments in early learning have to be made now to reduce spending and costs associated with high repetition rates, school dropout, unemployment, poor economic performance and the cycle of poverty. The current high school curriculum needs to be evaluated for its effectiveness particularly its alignment to the Namibian job market and employment requirements including its impact on the quality of life for the grade 12 graduates.

Advocacy activities need to be implemented focussing on the alignment of both the academic and the financial assistance services from which learners can access loans, bursaries or grants to pursue higher education. Since the finance assistance services are not aligned to the grade 12 examination release dates, children, especially those from poor backgrounds who qualify for further studies are unable to pursue such studies as they are unable to raise registration and/or tuition fees required at higher learning and vocational institutions without the help of the finance assistance services.

Strategies to reform Technical, Vocational Education and Training (TVET) to attract a wider range of leaners have to be developed including making TVET more accessible. Existing Vocational Training Centres (VTC), Community Skills Development Centres (COSDEC) should be expanded and new ones prioritized in areas where there are none. Another priority has to be the improvement of TVET courses on offer to reflect the needs of industry players in order to improve employment prospects for graduates.

Key Strategies

i. Finalize and implement the Educator Policy to professionalise teaching
ii. Upskill teachers to improve quality teaching
iii. Develop and implement a learner tracking system
iv. Fully Implement the Inclusive Education Policy
v. Develop and implement policy on Universal Secondary Education
vi. Fully implement the school policy on learner pregnancies to improve the prevention and management of learner pregnancies, decrease learner pregnancies overall, and increase the number of learner-parents who complete their education
vii. Improve the reach of Ondau mobile schools
viii. Evaluate the effectiveness of the high school curriculum.

Potential Challenges and Limitations

The governance of higher education is fragmented with conflicting regulatory frameworks and this frustrates cooperation and coordination efforts. The academic and financial assistance services for example are not aligned which inhibits children particularly those from poor backgrounds to pursue higher education due to a lack of tuition funding. Further, the provision of TVET is still inadequate with limited access and of needing quality. TVET still faces negative perceptions that it is only an entry point for those on the lower end of the ability spectrum . This breeds unwillingness from potential learners from enrolling as they are blurred from seeing how TVET can effectively result in employment. This is in addition to a limited range of attractive courses on offer.

2.3 Child and Adolescent Health

Goal: Every child survives and has a healthy childhood and adolescence

Every child deserves a good start. This requires that both the mother and the child are kept in good health. In doing so, key services such as antenatal care, increasing the number of births that take place in a health facility, reducing maternal and neonatal mortality, increasing the coverage of immunisation, reducing stunting and increasing breastfeeding and young child feeding practices need to be prioritised. Paying focused attention to child and maternal health has the potential to reduce on the current and possible future spending on HIV treatment, social protection, stunting, poor nutrition and fragmented health spending. For Children with Disability (CWD), it is critical to ensure early detection and treatment of disabilities including adequate provision rehabilitative services, assistive devices and specialised health care. All these are premised on the fact that children who have access to quality health care have improved immune systems, have a reduced risk of stunting and mental health and are less likely to develop non-communicable diseases in general .

The Ministry of Health and Social Services (MoHSS) is a lead partner under this goal. Specifically,

the ministry has a key role in ensuring the health and nutrition for all mothers and children including early identification of disabilities. Complimentary activities will include positive parenting offered by civil society organisations and the prevention of alcohol and drug use particularly among mothers and children.

Desired Outcome 1
Improved Nutrition, Growth Monitoring and Health Services for Children

Lead Agency: Ministry of Health and Social Services
Partner Agencies: MGECW, MoEAC, OPM, CSOs

Situation Analysis

Namibia has made significant gains in reducing both maternal and neonatal mortality. A major gain has been the reduction in HIV prevalence among pregnant women to 17.2% in 2016 from a peak of 22% in 2002. The reduction in HIV prevalence also informs the gains made in decreasing maternal and neonatal mortality. Antenatal services are available in all public health facilities in the country. About 87% of all births are reported to occur in health facilities and 88% of births are attended to by a skilled birth attendant .

Immunisation coverage has significantly increased and the implementation of the nutrition programme has contributed to a reduction in stunting, to 24% in 2014 from 29% in 2006. The number of mothers feeding their children through breastfeeding has improved to 48% in 2013 from a low 23% in 2006. On the other hand, however, the prevalence of iron deficiency is still high at 22% among women and 48% among children.

On the other hand, however, there are challenges with acquiring accurate mortality data which makes the design of prevention programmes and the accompanying monitoring problematic. Interventions such as the e-death notification system which includes the capturing of the cause of death have been implemented as a means to address this challenge over time.

Planned Response

To achieve optimal nutrition, growth monitoring and health services for children, therapeutic food needs to be made available and access to primary health services for children accelerated. Services need to focus on the promotion of optimal infant and young child feeding practices including exclusive breastfeeding. The capacity of healthcare workers needs to be strengthened in optimal new born care practices including general community linkages to health care services to enhance access.

In addition, the school feeding programme needs to be expanded to reach children with the most need and diversified to integrate salt iodisation, micronutrient and other food supplementation for minerals such as iron and zinc and additional vitamins. To improve efficiency, a control mechanism for the school feeding program needs to be enforced.

Key Strategies for Results

i. Ensure availability of nutritious food for children
ii. Strengthen community based nutrition approaches for children

iii. Improve access to primary healthcare services for children
iv. Expand the school feeding programme to include schools with the most need and ECD centres
v. Promote optimal infant and young child feeding practices such as exclusive breast feeding and timely introduction of complimentary feeding
vi. Integrate salt iodisation, micronutrient and other food supplementation in the school feeding programme for minerals such as iron and zinc and additional vitamins
vii. Strengthen the capacity of Health Care Workers in performing optimal new-born care practices
viii. Strengthen the coverage of routine immunisation.

Potential Challenges and Limitations

The current migration patterns pose a challenge in effectively addressing communicable diseases in the country. This is in addition to the fact that the health system still suffers a shortage of qualified personnel, a challenge worst felt by rural areas. The limited capacity in terms of qualified personnel also means there is limited health research which impedes access to current health related data. The challenge of under-nutrition and its disadvantages still persists.

Desired Outcome 2
Reduced HIV and STI Infections among Adolescents and Children

Lead Agency: Ministry of Health and Social Services
Partner Agencies: MGECW, CSOs

Situation Analysis

Namibia has a generalised and mature HIV epidemic and the country has embraced a plan for epidemic control by 2020, when it is anticipated that the total number of new infections will fall below the total number of deaths from all causes among people living with HIV (PLHIV) leading up to the elimination of HIV by 2030. Prevalence among pregnant women aged 15-19 is at 5% although young people including children, especially girls continue to be particularly vulnerable to HIV infection. Approximately 43% of Namibia's population is below the age of 18 and an estimated 16% of all new infections occur among the 15-19 year olds. The majority of new HIV infections occur through unprotected heterosexual sex . The National Strategic Framework (NSF) for HIV targets to reduce all new infections by 75% by 2022.

Infection progresses slowly in about 30% of infants who acquire HIV through mother to child transmission. These children may live for 14-16 years or longer with or without ART. These children in turn become part of a large youthful population which is characterised by early sexual debut. Over 19% of young women in Namibia start child bearing at the age of 15-19 . Further, with improved access to paediatric ART and the provision of additional HIV care, more HIV infected infants are surviving to adolescence and may pose a potential risk for their uninfected peers. There is therefore a reality of adolescent survivors of HIV who have not been tapped sufficiently for prevention of HIV transmission.

Planned Response

HIV combination prevention and other Sexual Reproductive Health (SRH) interventions for children need to be strengthened including treatment, care and support for children diagnosed with HIV. The implementation of the combination prevention strategy will be to ensure fewer children are

infected with HIV and those infected receive comprehensive treatment care and support services. The MGECW will strengthen its role in HIV prevention through advocacy activities and training, talks in schools and adherence counselling. As the number of teenagers who are impregnated by older men keep increasing, strategies for improved reporting and possible prosecution of such cases needs to be strengthened.

Key Strategies for Results

i. Sustain improved access to ART for children including appropriate monitoring practices
ii. Develop and implement child-sensitive HIV prevention messages for schools, IECD centres and general communities
iii. Promote biomedical prevention interventions among children
iv. Actively address stigma and discrimination among children and their families.

Potential Challenges and Limitations

Generally, disclosure of especially HIV status remains a challenge among children. Several children living with HIV remain unaware of their status. This has a variety of knock-on effects including poor adherence to treatment, poor prevention practices and unintended reinfection and/or infection of other children. There are data gaps on HIV services for children. In addition, programming is biased towards prevention of HIV infection with little to no programming for children who are already infected and their potential contribution to prevention in general.

Desired Outcome 3
Elimination of Mother to Child Transmission of HIV

Lead Agency: Ministry of Health and Social Services
Partner Agencies: CSOs

Situation Analysis

The national HIV prevalence among pregnant women was 17.2% in 2016. However, 17 out of the 38 health districts in the country reported higher than this national average. In the same year, the overall MTCT was estimated at 4.1% and 1.9% at six weeks . Namibia achieved its pre-elimination targets both at national and regional levels . On the other hand, however, the overall HIV epidemic disproportionately affects women. For instance, more women are living with HIV (16.9%) compared to 10.9% men. In addition, HIV prevalence is higher in rural areas (15%) compared to 13.3% in urban areas. More women are to be found in rural areas than men. Biological, social and economic vulnerabilities exacerbate the risk of infection among women and indeed to their unborn children.

Women are however keen and largely involved in HIV prevention, care and treatment activities. In 2016, 75% of all HIV positive pregnant women knew their HIV positive status before the first ANC visit, with 62.5% of all HIV positive women on ART already . In 2014, coverage of Early Infant Diagnosis (EID) of HIV-exposed children using DNA-PCR had reached 88% although testing at the recommended 6-8 weeks was lower than 80%.

By 2016, Namibia's Prevention of Mother to Child Transmission of HIV (PMTCT) programme had been aligned to the WHO recommendations of 2013 and 2015. The overall strategy and guidelines for the elimination of MTCT are designed to offer a package of services including maternal HIV testing, early

infant diagnosis, ART for PMTCT, counselling and support for safe infant feeding practices, family planning, treatment of opportunistic infections and referral for additional sexual and reproductive health services.

These efforts have significantly influenced the outcomes where, in 2015, new paediatric infections declined by 75.5% and AIDS related deaths among children 0-4 years also declined by 73.9%. Breastfeeding for infants is reported to be almost universal, where 96% of women reported to have ever breastfed. Exclusive breastfeeding in the first 6 months in the general population was at 49% . While 50% of all women in Namibia are using modern contraceptive methods, 12% of the women have an unmet need for contraception including spacing and limiting of births. In 2013, 10% of births were reported to have been unwanted.

Planned Response

PMTCT forms a key component in the entire HIV prevention continuum. In 2016, HTC and ART coverage for PMTCT was at 95% and the MTCT rate dropped to less than 2% the previous year. HTC and ART coverage for pregnant women is well over 95% . In 2013, 97% of pregnant women attending ANC reported to have received care from a skilled provider.

Interventions for the elimination of Mother to Child Transmission of HIV (eMTCT) have two key objectives namely to improve child survival and keeping mothers alive. The NSF 2017/18-2021/22 sets the target for eMTCT to less than 2%. This requires a combination of responses which include accelerating maternal HIV testing using the provider initiated testing and counselling model, increased access to ART for PMTCT, healthier mothers and early infant diagnosis (EID). It is important for mothers to receive ongoing psychosocial support services such as counselling for safe infant feeding practices, family planning and referral. Further, it is essential to engage and mobilise for male involvement, address stigma and discrimination and support actions to reduce gender based violence. Other cross cutting enablers include availability of skilled and experienced human resources, appropriate health systems and community mobilisation.

Key Strategies for Results

i. Implement the national eMTCT strategy and its provisions
ii. Ensure universal access to ART for PMTCT for pregnant HIV positive mothers
iii. Improve access to HIV testing for HIV at 6 weeks and 18 months for exposed children using the DNA-PCR test for EID
iv. Ensure universal access to information, education and counselling on infant and young children feeding practices.

Potential Challenges and Limitations

PMTCT is still scantly integrated in family planning and other HIV and STI services which may result in missed opportunities for young girls and adolescents. Moreover, there are still unmet needs for family planning. While re-testing for previously HIV negative women (pregnant or breastfeeding) could be of vital importance, it does not always happen at the recommended intervals. There is still limited access to counselling and support for appropriate infant feeding practices and EID. Follow up, retention and retesting of HIV exposed infants to determine final outcomes remains a key challenge and limited male participation in PMTCT, for instance in attending ANC and couple counselling further

compound efforts for eMTCT.

Desired Outcome 4
Children have access to clean drinking water, hygiene and sanitation services

Lead Agency: Ministry of Health and Social Services
Partner Agencies: MoEAC, MGECW, MAWF

Situation Analysis

The key issues that Namibia currently faces are access to improved sanitation facilities and open defecation. In urban areas, water borne sewerage is the main sanitation system while the rural areas use dry sanitation systems. In 2015, only 54% of households in Namibia had access to improved sanitation services. In rural areas however, the challenge is even greater where a mere 28% of households have access to improved sanitation services. This low rate of access to sanitation facilities has been responsible for a high rate of open defecation. It is estimated that 71.5% of rural households practice open defecation. Inadequate access to improved sanitation services further leads to major public health challenges which in turn negatively impact health outcomes. The children remain at the receiving end and are disproportionately affected by poor hygiene and sanitation.

Planned Response

Tackling the challenge of access to improved sanitation will necessarily require strategic partnerships and strengthened advocacy. A national dialogue that involves all citizens and the political and administrative leaders will need to be stimulated to ensure a shared responsibility is achieved. The government has prioritised the coordination of investments including budget execution to develop and expand new sanitation infrastructure and maintain the existing infrastructure. These are poised to increase access to clean drinking water and adequate sanitation for children in schools and the promotion and facilitation of Water, Sanitation and Hygiene (WASH) activities. Health Extension Workers (HEW) and Social Workers need to be engaged to accelerate WASH activities in schools and child care facilities.

Key Strategies for Results

i. Increase national investments in water and sanitation infrastructure through dedicated advocacy activities
ii. Expand the role of Social Workers and Health Extension Workers to include mobilisation of communities for hygiene
iii. Incorporate WASH activities in the ordinary school extra-curricular activities for all children in schools.

Potential Challenges and Limitations

The water and sanitation sector is poorly coordinated and the lines of accountability are fragmented which results in the poor allocation of resources. The impact of sanitation on public health, the environment and economic development is poorly understood which is ultimately reflected in poor response planning and execution of responses.

2.4 Disability

Goal: All children with disabilities have equal access to health, education and psychosocial support.

Children with Disabilities (CWD) face a variety of challenges from stigma to marginalisation and all other forms of inequality such as poverty and exclusion. Like child participation, the disability pillar is a first for the NAC. Including focused planning for CWD is aimed at stimulating advocacy towards the equalisation of opportunities for access to both the physical environment which includes the materialisation of reasonable accommodation of CWD and ICT environments.

The Office of the Vice President – Department of Disability Affairs is a lead agency for this pillar. Primarily, ensuring access to education for children with disabilities is a vital entry point. Schools in general and IECD centres in particular play an important role in the identification and referral of children with disabilities to the relevant services. This is where partnership with the MoHSS in the provision of rehabilitation services, the MGECW for social protection and other civil society organisations for counselling services is key. It is fundamentally important to effectively capacitate teachers and educarers in particular with the skills to work with children with disabilities. Matters of access have to do with health, education, social protection and participation. All planning and implementation of activities under each of the pillars in this NAC needs to reflect the inclusion of children with disabilities.

Lead Agency: Office of the Vice President – Department of disability affairs
Partner Agencies: MGECW, National Disability Council, MoHSS, MoE, MoPESW

Situation Analysis

In creating equalization of opportunities for persons with disabilities, Namibia adopted the National Disability Council Act 2004 (Act No. 26 of 2004), the National Disability Policy of 1997 in line with Article 3 of the Bill of rights as enshrined in chapter 3 of the Namibian Constitution and the Affirmative Action Act 1998 (Act No 29 of 1998). Through these instruments, the government demonstrates its willingness to cater for the needs of its citizens with disabilities, which is in line with international regulatory obligations. The country ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007. In terms of Article 4 of the UNCRPD, member states are required to adopt appropriate legislation by modifying or abolishing existing laws, regulations and practices, administrative and other measures to ensure and promote the full realization of all human rights and fundamental freedoms for all people with disabilities.

Nonetheless, there is a continuing gap between policy and practice. People with disabilities in Namibia continue to face a variety of obstacles and barriers that impede their inclusion and access to services. There is little integration and mainstreaming of disability in overall planning and service delivery. To date Namibia has not submitted a state report on the Convention on the Rights of People with Disabilities (CRPD) obligations.

Nearly 5% of Namibia's total population are persons with disabilities and approximately 270 000 of these are children. By 2017, only 5529 of these were reported to receive a social grant. Access to education for children with disabilities is greatly hindered where, 87% of children with disabilities

aged 0-4 have never attended an IECD programme and over 82% of children with disabilities aged 5 and older in rural areas have never attended school . In addition, there is a growing increase in cases of mental health problems.

Overall, people with disabilities are disproportionately underrepresented in all societal structures. Besides, teachers are not adequately trained and/or equipped to deal with children with disabilities. There is a general lack of equipment and services fit for children with disabilities which hinder their access to education, health and other social welfare services. Physical access is severely hindered where several public facilities lack ramps, have narrow doorways and lack customised toilet facilities for persons with disabilities. Children with disabilities face limited access to ICT including appropriate sign language interpreters for the hearing impaired and braille for the visually impaired. Overall, there is a lack of teachers with proficiency in mediums of communication, teaching and training CWD.

Desired Outcomes

Activities implemented under this pillar should be seen to respond to the challenges described above in general. However, specifically, the NAC will seek to achieve four outcomes namely:

i. All children with disabilities are provided with timely and effective rehabilitation services
ii. All children with disabilities have improved access to education
iii. Legislation and policies pertaining to children with disabilities are implemented
iv. Knowledge on issues affecting children with disabilities is improved.

Knowledge on issues affecting CWD will be improved specifically through targeted research on topical issues. For instance, many people with disabilities still face stigma and isolation at varied extents which need to be determined for planning and solution building. Further, there are nuanced cultural beliefs about the causes of disability which impact the implementation of legislation and policies and fuel negative community responses to people with disabilities. The worst affected are commonly children and by extension, their parents who struggle against these barriers.

However, there are opportunities for the successful implementation of interventions that address these barriers. Such opportunities should be researched and implemented. Disability inclusion policies can for instance be successfully be implemented if they build upon some positive aspects of cultural beliefs about disability. A key aspect of the actions to be taken will have to focus on improving the understanding and of the different disabilities among children, their impact to children in a holistic manner and knowledge of services available meant to benefit CWD. Many parents only have a vague understanding of non-physical disabilities and remain unaware of the programmes and services which they could access to support their children.

Planned Response

The government has a commitment to build Namibia as a society fit for all. This commitment speaks to the integration of people with disabilities fully into society and the equalisation of access to opportunities. Ordinarily activities should include the raising of awareness through education and communication activities which are aimed at addressing the negative public attitude towards people with disabilities. The prevention of disabilities in children through health education needs to be addressed. Early detection and interventions which include the provision of appropriate rehabilitation services, therapeutic aids and overall improved access to primary health care for children with disabilities (CWD) should be ensured. Specific attention needs to be paid to children who are in need

of mobility equipment and aid devices such as glasses, hearing aids, walking sticks, crutches, special shoes or wheel chairs but do not have the finances to access them.

Provisions of the Disability Council Act need to be implemented particularly the requirement to monitor the implementation of the national disability policy. This will include ensuring that performance reports are submitted by all implementing Ministries, Offices and Agencies (OMAs) to track their specific contributions to the realisation of the provisions of the national disability policy and specifically service delivery to people with disabilities.

With guidance from the national disability policy, mandatory standards and guidelines need to be disseminated and their implementation supported. This will enable the realisation of an environment fit for CWD particularly in ensuring the physical environment and facilities are accessible to children with disabilities. This includes the realisation of inclusive schools which have appropriate cultural and recreational activities, social welfare and other services. Ultimately, these activities help address stigma towards children with disabilities and enhance access to inclusive and equitable access to opportunities.

Access to information for CWD should be advocated for including the collection of routine relevant data and dissemination of researched information in this area. Further, the Namibian sign language should be promoted for deaf children and relevant information converted into braille and in large print to accommodate the needs of blind and partially sighted children.

The parents of CWD should be provided with information regarding available services for their children and supported to have their children access such services. Particularly, it should be ensured that these children have equal access to education, health care, social protection services, rehabilitation and integration into mainstream society. Sufficient disability grants for CWD especially children with special needs like diapers and prescribed feeding will be advocated for.

To ensure a strengthened policy framework, the national disability policy will be reviewed and the National Disability Act will be amended. In addition, a baseline registration of people with disabilities will be conducted all of which will contribute to the development of an overall disability mainstreaming plan whose strategies will be agreed at a national disability conference.

Ongoing advocacy will focus on lobbying for increased school placement for children with disabilities who fit to be fully integrated in mainstream education. This will be facilitated further by a strengthened collaboration with the Association of Parents of Children with Disabilities as well as the Ministry of Education to implement the provisions of the sector policy on inclusive education.

Key Strategies for Results

i. Strengthen national policy frameworks to address equal access to opportunities for CWD
ii. Advocate for the realisation of a sufficient disability grant for CWD
iii. Finalise and enact the mental health bill
iv. Promote general awareness and education on the rights of CWD
v. Establish resource schools
vi. Mainstream disability in existing structures of child care for CWD
vii. Invest in early detection and treatment services of disabilities
viii. Advocate for the provision of adequate rehabilitative services and infrastructure.
ix. Invest in ongoing research on disability.

Potential Challenges and Limitations

Generally, there are weaknesses in the capacity to collect and use data for planning and monitoring purposes in the field of disability. A general negative attitude towards people with disabilities may affect implementation negatively. In addition, there is a general lack of awareness on the rights and needs of children with disabilities let alone the fact that the national disability policy is outdated. There is an absence of an appropriate referral system among service providers which makes tracking of referrals a challenge and there is no mechanism for coordinating and collecting relevant data on CWD in a central hub.

2.5 Child Participation

Goal: All children are able to participate in national programmes and any matter concerning them

Several factors underpin a child's ability to effectively participate in the national agenda. Examples include the child's health, education and general access to such opportunities. A nurturing family environment and parenting support are vital components as is the general social protection system. All these impact the cognitive, social and health outcomes of a child through to their adult life. Unlike the rest of the children, those with disabilities are often challenged in participating meaningfully in matters that affect them. For this reason, the NAC aims to ensure that CWD are involved and seen to be involved and to meaningfully contribute in matters of their concern including fostering the need for self-representation of CWD. Positive parenting practices at family level, nurturing relationships between children caregivers and educarers and access to the social protection programme can all help reverse the effects of poverty, neglect and violence to which children are exposed.

This is a ground breaking pillar for the NAC. The MGECW is a lead agency and will work with the MoHSS, MoEAC and civil society organisations given the multiplicity of the goal. For instance, there is need to continue spreading the Parenting network to ensure parenting support interventions are offered from where multiple linkages to health and educational support can be provided. The MoHSS and particularly the Family Welfare Unit is a vital partner in this regard.

Desired Outcome 1
Children participate in policy development and decision making

Lead Agency: Ministry of Gender Equality and Child Welfare
Partner Agencies: MoJ, MoEAC, MoHSS, CSOs

Situation Analysis

The convention on the Rights of the Child (CRC) identifies child participation as one of its core principles. It asserts that children and young people have the right to freely express their views. There is an obligation to listen to children's views and to facilitate their participation in matters that affect them. In Namibia, children can play a significant role within their families, schools, local communities as well as meaningfully influence public service, government policy and judicial procedures through safe and appropriate participation strategies.

The most common activity in light of child participation in policy development and decision making has been the children's parliament which in part intends to sustain the democratic gains made since independence with informed and engaged citizens. However, there are no specific measures for child participation and no specific policy guidelines are in place either. Children have the capacity to engage in decision making processes aligned to their growth and development stages which gradually increases in capacity and autonomy as they grow older. By exposing children to forums of policy formulation and decision making, they learn to communicate opinions, take responsibility and indeed make decisions. These are essential elements for concretising a sense of belonging, the building of a just society and solidarity.

Children face varied forms of violence, are not registered at birth for various reasons, are exposed to the risk of child labour, and child marriages. In Namibia, these challenges have a geographical and socio-economic dimension to it. Children in rural areas and those from poor families and communities bear the hardest impact. Unfortunately for the children, there are laws and policies to address these challenges which are either poorly articulated or not implemented. Children often remain unaware of these policies and laws as they are drafted and enacted without their participation and input and ultimately poorly disseminated. This leaves most legislation mostly as an affair for the adults, and this needs to be addressed.

Planned Response

Child participation in policy and decision making processes needs to be strengthened and expanded. This is in accordance with the provisions of the United Nations Convention on the Rights of the Child (UNCRC) particularly as it relates to the rights of the child to be listened to; to freedom of expression, thought, association and access to information and to express their opinions on matters that affect them. This approach is equally intended to expand children's knowledge and respect of the roles played by and responsibilities of parents and other significant members of the family and those in authority.

For enhanced child participation, targeted advocacy activities will need to be developed and implemented. The focus needs to be put on ensuring adequate access to opportunities for active participation of children in framing the national NAC. This needs to be preceded by a specific intention to develop the physical, intellectual and emotional abilities of every child. A good practice has been exposure to career guidance and counselling and career expos.

An enabling environment for child participation will need to be harnessed. This will necessarily have to ensure children including those hitherto socially excluded are prioritised including Orphans and other Vulnerable Children (OVC) and children with disabilities. This calls for the strengthening of structures and mechanisms that promote child participation at all levels and processes. Parliamentary forums need to be sustained and complimented by other children's forums decentralised to constituency level in view of the exclusionary nature of parliamentary forums which are Windhoek based and only for a selected few. Innovative opportunities can include child care and protection forums at regional and constituency level as well as the Permanent Task Force (PTF) at national level. In addition, junior municipal and town council sessions need to be further decentralised to villages. Children need to be actively involved in school boards and in an appropriate matter curriculum reviews.

Other complimentary activities that need to be strengthened and monitored include teen clubs at schools, the Uitani radio program implemented by LifeLine/ChildLine and other media activities.

Key Strategies for Results

i. Strengthen the capacity of institutions that work directly with children through structured guidance on decentralising and conducting children's forums
ii. Ensure effective child participation on major policy formulation and decision making platforms
iii. Develop and implement progress monitoring tools to track emerging best practices in child participation
iv. Expand the school curriculum for extra mural activities to address children's capacity for participation in policy development and decision making
v. Further expand the activities of the Child rights Network
vi. Increase and strengthen school-based career guidance activities including psychosocial support for children.

Potential Challenges and Limitations

Effective implementation of this pillar requires a profound and radical change in the status of children in the Namibian society including the relationships between children and adults. Already, for some children having an opportunity to play a meaningful role on issues that affect them is not an option. The same goes for the right to be listened to and to be respected. Yet, there are no structured ways in which the right to participate is actively promoted.

In addition, the CRC obliges governments to meet other provisions such as the provision of services and protection which overshadows participation. Indeed, there are no legal or policy frameworks to enable the meaningful implementation of Article 12 of the CRC which relates to child participation in place. Mechanisms for active and meaningful child participation in matters of health, education, protection and access to information for example have not been fully realised and institutionalised.

Certain cultural attitudes among Namibian communities may mean children are hindered from having a voice on matters that affect them and having a legitimate contribution. Cultural factors are responsible for the reference to children as "leaders of tomorrow" as opposed to viewing them as people in their own right in the here and now. In other cultural practices, children are viewed as properties of the adults. These circumstances collude with where adults are unable to fully realise their rights, which is a reality for some Namibians, such as women and minority groups, to impede any efforts to child participation.

Lastly, poverty is still a reality for many children in Namibia. Therefore, children lack the socio-economic means to propel their right to participate. Further, many children remain unaware of their right to participate. Even those that attend school, they are not necessarily educated about their rights or simply do not access to good quality education that would provide the information needed to understand such rights. As a result, many children are unaware particularly of their right to participate and/or do not have the knowledge and skills to exercise it.

3 MONITORING, EVALUATION AND REPORTING

3.1 Introduction

This Monitoring, Evaluation and Reporting (MER) instrument, to guide the monitoring and evaluation of the NAC (2018-2022), was developed collaboratively. As the custodians of the NAC, MGECW will be responsible for setting up its MER plan which will provide a consolidated source of information showcasing the NAC progress through the five-year period. The MER plan allows the NAC to self-regulate and ensure efficiency. In addition, it will provide for the continuous assessment of linkages between decision makers, implementers and beneficiaries.

Monitoring, evaluation and reporting are three different exercises which complement each other. Monitoring tracks NAC activities and strategies, while evaluation tracks the changes that take place over the five-year period focussing on outcomes and impact. Reporting is the systematic and timely documentation of results of monitoring and evaluation of the NAC and the presentation of these results to appropriate audiences. The NAC MER plan is comprised of a monitoring plan (theory of change, logic model), a reporting framework as well as an evaluation plan.

Monitoring and Evaluation Defined

Monitoring

The continuous and systematic collection and analysis of information (data) in relation to a program or project that is able to provide management and key stakeholders with an indication as to the extent of progress against stated goals and objectives. Monitoring focuses on processes (activities and outputs) but also monitors outcomes and impacts as guided by an accompanying Evaluation Plan.

Evaluation

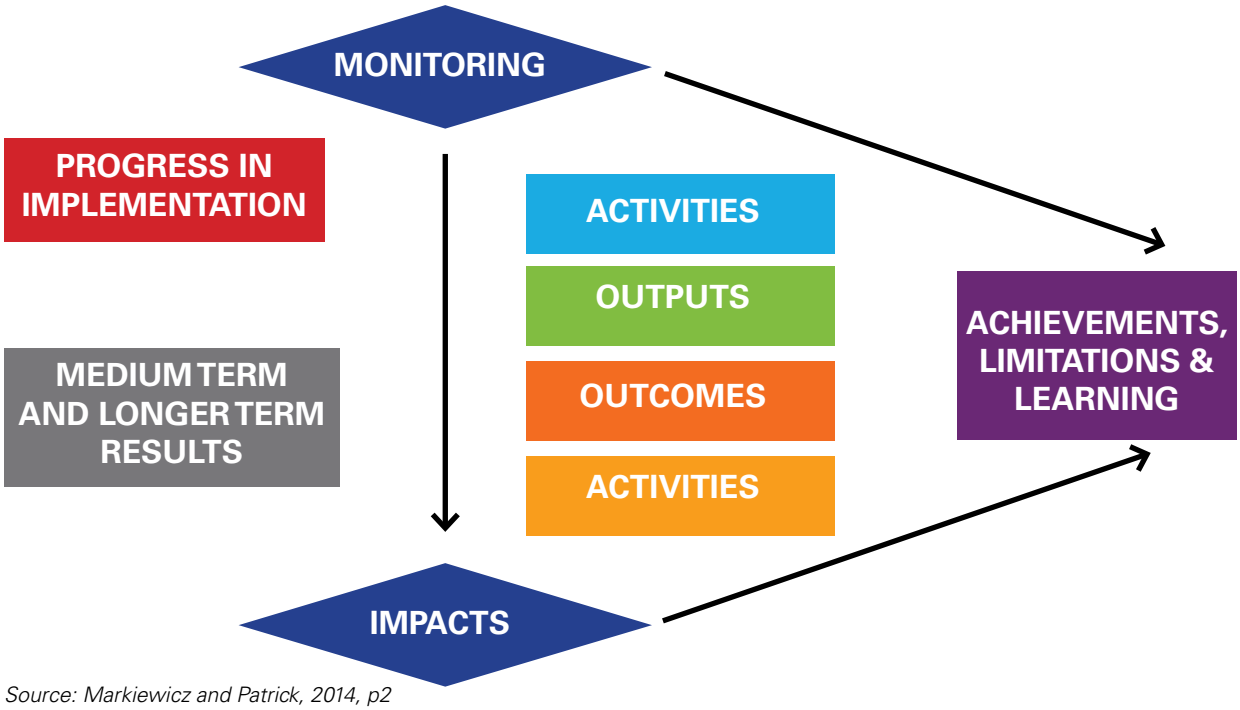
Planned and periodic assessment of program or project results in key areas (e.g. appropriateness, effectiveness, efficiency, impact and sustainability). Evaluation builds on the monitoring process by identifying the level of short to medium-term outcomes and longer-term impacts achieved; the

intended and unintended effects of these achievements; and approaches that worked well and those that did not work as well; identifying the reasons for success or failure and learning from both. The evaluation process will also provide a level of judgment as to the overall value of the program or project.

Relationship between Monitoring and Evaluation

Monitoring and evaluation are two different exercises, and though they complement each other, they are different in terms of approach/focus area, frequency, stakeholders involved and methodology. As highlighted earlier, monitoring tracks the activities and strategies of the NAC, while evaluation tracks the changes that take place over a longer period, and focuses on the outcomes and impact of the NAC. Figure 1 below presents this relationship.

Figure 1: Relationship between monitoring and evaluation



Source: Markiewicz and Patrick, 2014, p2

Governing principles

- **Positioning Monitoring and Evaluation** within the MGECW, partners and lead stakeholders such that it is routinely referred to for decision making including resource allocation for NAC activities.
- **Data, information and knowledge** regarding the NAC should be freely shared among stakeholders. Data should be supported by systems that allow new information to be efficiently incorporated.
- Use of **Multi-Method Data Collection and multiple data sources** when evaluating the NAC for progress toward outcomes.
- **Collective Stakeholder Involvement and Engagement** in both the design, implementation and monitoring and evaluation of the NAC is imperative as the strategic pillars are multi-disciplinary with different stakeholders.
- Use of **Systematic Reporting** of progress towards achievement of outcomes and impacts including identification of successes and failures.
- Adoption of a **Learning Strategy** to analyse and reflect on data generated by the MER Plan.

Purpose of the Monitoring, Evaluation and Reporting Plan

Results
Monitoring, evaluation and reporting is a means to identify and assess expected and unexpected results of the NAC, which is important for effective review of progress and impact of the NAC.
Management
Ensures reporting on clearly articulated indicators, and the progress of the NAC.
Accountability
Promotes responsibility as it provides the necessary information that allows for an assessment of whether results are commensurate with resources expended.
Learning
Monitoring, evaluation and reporting involves information capturing, consolidation and dissemination of knowledge about the progress of NAC including good practices.
Program Improvement
Monitoring, evaluation and reporting directs NAC improvement by illustrating both successes and failures.
Decision-Making
The monitoring, evaluation and reporting of the NAC informs best practices and provides data based evidence for improvement of future efforts in terms of allocation of resources, strategies, programmes and activities to implement.

Intended users

The plan guides MGECW with the overall monitoring and evaluation of the NAC. It can be used by policy makers, managers, MER experts, researchers, academics, and donors in priority setting, planning and NAC implementation at local, regional and national levels.

3.2 The Theory and Logic behind the National Agenda for Children

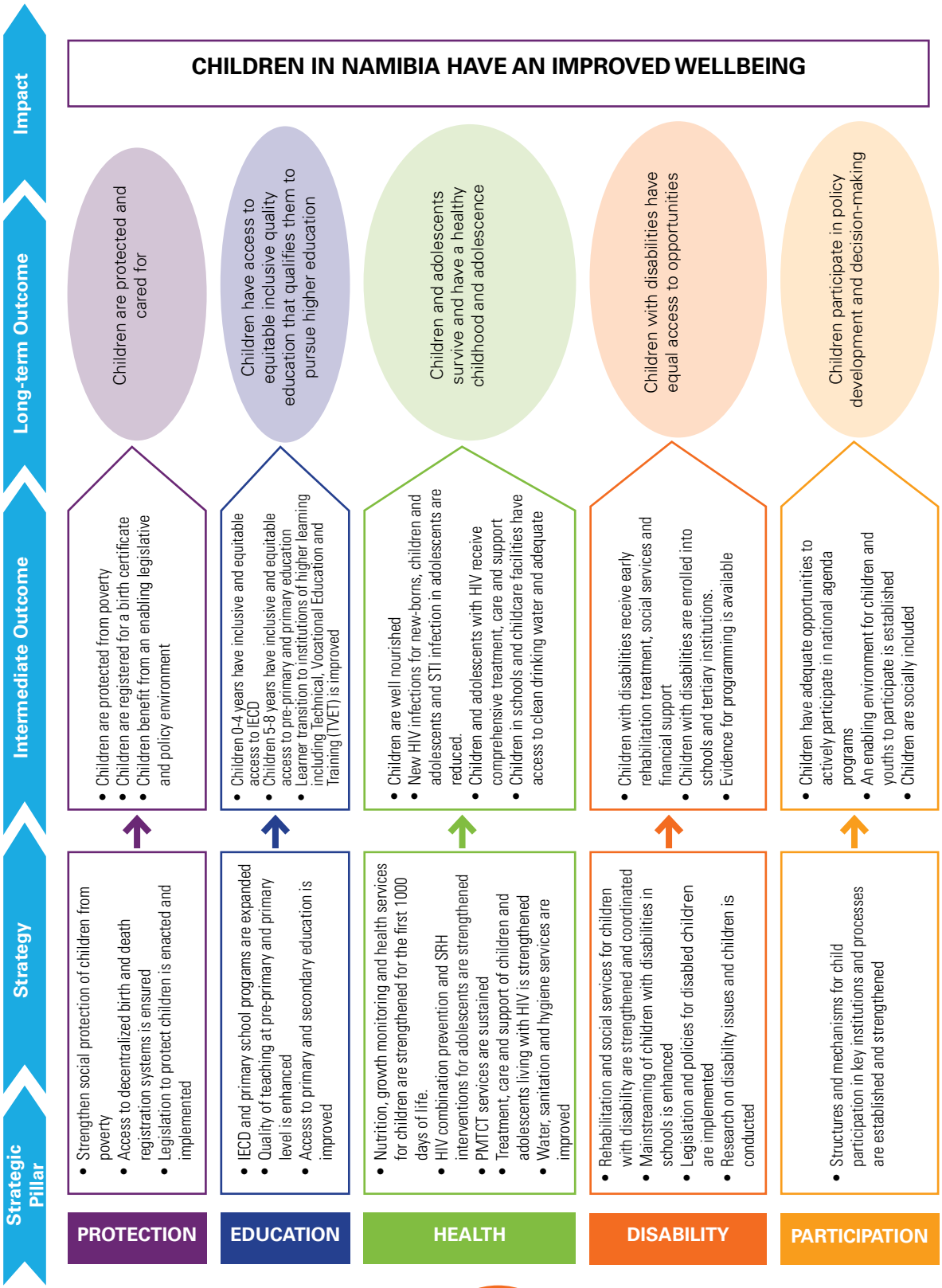
This MER plan adopts the program theory and program logic as defined by Markiewicz and Patrick (2016). Program theory (theory of change) is defined as 'the set of assumptions about the manner in which the program (in this case the NAC) relates to the benefits it is expected to produce. It is 'a plausible and sensible model of how the NAC is supposed to work. Program logic (logic model) is operational in nature and highlights the intentional and sequential progression of the NAC's actions to a hierarchy of outcomes. It plots a chain of expected changes arising from planned activities.

3.2.1 The National Agenda for Children Program Theory

The NAC theory of change (TOC) is a representation of the hypothesis or cause and effect linkages between strategic approaches, outcomes, objectives and the overall goal. It shows the general focus of the NAC, with a low level of detail and no time frames. It outlines influences that are external to the NAC, that may affect the achievement of the intended outcomes and have an impact on the NAC's success.

As highlighted below, according to the NAC (2018-2022), in summary: IF children in Namibia are protected, educated, and their health and meaningful participation are ensured, THEN they have an improved wellbeing.

The figure below presents **NAC 2018 - 2022 Theory of Change**, outlining the linkages between its strategic approaches, outcomes, objectives and the overall goal to bring about change.



ASSUMPTIONS

The NAC theory of change is based on the following assumptions:

- The ability of implementing partners and other stakeholders to deliver adequate services
- The existence of an enabling political, economic and legal environment for child-related service delivery.

3.2.2 National Agenda for Children 2018-22: Logic Model

The NAC logic model (page 42) has a high level of detail and is time bound. It outlines strategic approaches, specific outcomes, indicators, targets, sources of evidence and the stakeholders and partners responsible for each of the five pillars. Outcomes are presented in a hierarchy that shows the cause-effect relationship or links between short term and long term outcomes. Having SMART (specific, measurable, achievable and agreed upon, relevant/realistic and time-bound) indicators is crucial. Indicators enable stakeholders to track the progress and results of the NAC. The indicators are precise and each indicator concerns just one type of data. Definitions of the indicators are provided in the logic model to ensure a common understanding in data collection.

STRATEGIC PILLAR 1: CHILD PROTECTION AND SOCIAL PROTECTION

OVERALL OUTCOME: All children in Namibia are protected and cared for

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 1.1: To lift children out of extreme poverty and abuse												
1.1.1 Strengthen Social protection of children from poverty	Increased economic support to caregivers/ parents	Reduction of Child poverty Service provision for children in need of care and protection improved	Child poverty rate	Numerator: number of children (0-17 years) below the national poverty line. Denominator: total number of children (0-17)	34%	33%	32%	31%	30%	29%	MGECW MPESW WAD, MoHSS Project Hope ECSOS MFMR	NHIES/NSA REDCAP (Project Hope) Child welfare directorate
	Increase in child welfare grant coverage Single register for Social Assistance System established		% of eligible children receiving state grants	Numerator: number of OVC receiving grants Denominator: total number of children living in poverty (475845)	72%	83%	88%	92%	95%	98%	MGECW	Social Assistance System (SAS)
	A functional social assistance system in place		Social Assistance System	A set of social welfare services that provide protection to society's most vulnerable children.	0				1		MPESW MGECW	Program reports
	Social Work services are available for children		% of MGECW Social work posts filled	Numerator: number of Social Workers and Community Child Care Workers position filled within the MGECW Denominator: number of Social Workers and Community Child Care Workers positions on approved staff structure of the MGECW	75%	77%	79%	82%	85%	90%		HR Database
	Cases of violence against children reduced		Number of cases of violence against children reported to service providers	Violence against children include physical, sexual and psychological/ emotional abuse.	2058 (2017)	1908	1758	1608	1458	1308		**MoSS database CWD database**
	Services of children in trafficking cases provided		Number of child trafficking cases reported	Child trafficking is the recruitment, transfer, harbouring and receipt of a child for the purpose of slavery, forced labour and exploitation.	10	15	20	25	25	25		**MoSS database CWD database**
	Shelters of GBV/VAC & TIP and Care facilities operational		Number of operational GBV/VAC & TIP shelters operating	These are facilities of temporary shelter for victims gender based violence, violence against children and trafficking in persons.	0	5	2	2	2	3		MGECW Annual program report

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 1.2: To ensure access to the decentralized birth registration systems												
1.2.1 Ensure access to decentralized birth and death registration systems	E-birth and death notification systems are operational Mobile birth registrations for remote areas is increased	Civil registration enhanced	% of births registered within prescribed period of 12 months.	Numerator: number of children under 12 months with birth certificates. Denominator: total number of children under 12 months.	60%	65%	70%	80%	85%	95%	MHAI	National Population Register System (NPRS) NSA
			% of new birth registered timely	Numerator: number of children under 12 months with birth certificates. Denominator: total number of children under 12 months.x	70%	75%	80%	85%	90%	95%		
			% of new births recorded on digital registration system	Numerator: Total number of new births recorded on digital registration system Denominator: Total number of new births	0%	20%	50%	75%	90%	100%		
			% of deaths notified and registered	Numerator: Number of registered deaths Denominator: Total deaths	85%	88%	90%	92%	94%	95%		

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 1.3: To ensure implementation of legislation and policies for the care and protection of children												
1.1.1 Strengthen Social protection of children from poverty	Regulations of the Child Care and Protection Act of 2015 gazetted	Children are protected through an enabling legislative and policy environment	Child Care Protection Act adopted	Implementation of the Child Care Protection Act.	0		1				**MGECW** MOJ	Government Gazette
	Service providers trained on the Child Care and Protection Act guidelines		Number of service providers trained on the Child Care and Protection Act	Service providers include Social Workers, Clerks of the courts and Magistrates	0	30	30	30	30	30	**MGECW**	MGECW program report
	Child Justice Bill enacted		Child Justice Act	The law protecting children in conflict with the law	0					1	**MOJ** MGECW	Government Gazette
	Trafficking in Person Bill advocated for		Trafficking in Person Act	The Act provides for prevention, suppression and punishment of trafficking in persons; criminalise trafficking in persons and related offences, protect and assist victims of trafficking in persons.	0	1						
	Social Protection policy approved		Social Protection Policy	A policy for programs designed to reduce poverty, vulnerability and inequality.	0			1			MPESW	**MGECW program report**
	Standard Operating procedures for Gender based Violence and Violence Against Children adopted		Number of Gender Based Violence Protection Units enforcing the SOPs	GBV protection units enforcing the established national guidelines for integrated services for GBV and VAC that guide a multidisciplinary team of profession(Social Workers, Police Officers, Doctors, Prosecutors) to provide integrated services to victims; whether they have the same office in the same location or separate locations	0	3	4	5	5		**MOSS** MGECW MOHSS Office of Prosecutor General	Program report from the Criminal Investigation Directorate
	Child Labour legislation enforced		No. of inspections carried	Inspections for compliance with child labour regulations	0	1	1	1	1	1	**MLIREC**	Report/Data from number of inspections carried out by the Labour Inspectors
	Improve compliance level with legislation		% of compliance with the labour legislation on child labour in workplace inspected	Numerator: Number of workplaces inspected that are compliant to labour laws Denominator: Total number of workplaces inspected	0	100%	100%	100%	100%	100%		Annual Report

STRATEGIC PILLAR 2: EDUCATION

OVERALL OUTCOME: All children have access to equitable inclusive quality education that qualifies them to pursue higher education

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 2.1: To improve and expand IECD programs for all children age 0-4 years												
2.1.1 Develop and expand IECD programs	Access to IECD for children 0-4 improved	Children aged 0-4 years have inclusive and equitable access to ECD services	% of children 0-4 who access ECD programs and services	Numerator: Number of children 0-4 years attending ECD. Denominator: Total number of children aged 0-4.	13%	16%	20%	26%	35%	40%	**MGECW** MHSS NGOs	ECD Database ECD Database
			Number of ECD centres constructed and renovated		60	3	3	3	3	3	**MGECW**	
Objective 2.2: To improve and expand pre-primary and primary educational programs for all children age 5-8 years												
2.2.1 Develop and expand primary school programs	Access to ECD for children 5-8 improved	Children aged 5-8 years have inclusive and equitable access to pre-primary, and primary	% of children 5-8 who access (Pre-primary)	Numerator: Number of children age 5-8 in attending school. Denominator: Total number of children age 5-8	38%	45%	55%	66%	76%	80%	**MoEAC** MGECW MHSS NGOs	EMIS (MoEAC)
2.2.2 Enhance quality of teaching at pre-primary level	Increased qualified pre-primary teacher		% Increase in the number of qualified pre-primary teachers	Numerator: Number of qualified pre-primary school teachers. Denominator: Total number of pre-primary school teachers.	48%	48%	51%	54%	57%	60%	**MoHE** MGECW MHSS NGOs	HEMIS

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 2.3: To improve learners transition to higher education and vocational education and training												
2.3.1 Improve educational outcomes	Regulations of the Child Care and Protection Act of 2015 gazetted	Increased number of learners qualifying for institutions of higher learning	% increase in permanent classrooms	Numerator: Number of newly built permanent classrooms. Denominator: Number of permanent classrooms	92%	92.6%	93.2%	93.8%	94.4%	95%	**MoEAC** MHETI	EMIS
	Service providers trained on the Child Care and Protection Act guidelines		Primary education completion Rate	Numerator: Total number of learners in grade 7, less the number of repeaters in that grade. Denominator: Total number of learners of official grade 7 graduation age.	88.6%	87%	88%	89%	90%	92%		
	Child Justice Bill enacted		Secondary education completion rate	Numerator: Total number of learners in grade 12, less the number of repeaters in that grade Denominator: Total number of official learners in grade 12 graduation age.	61.1%	62%	63%	64%	65%	66%		
	Trafficking in Person Bill advocated for		% of learners qualifying for institutions of higher learning	Numerator: Number of learners enrolled in tertiary institutions. Denominator: Total number of learners who completed grade 12.	36%	37%	39%	41%	41%	43%		
	Social Protection policy approved		Number of learners enrolling for TVET	This indicator measures total number of learners enrolled in TVET	25137	30000	35000	40000	45000	50000		
	Standard Operating procedures for Gender based Violence and Violence Against Children adopted		Number of public institutions with access to ICT	This measures total public institutions with access to ICT	23	24	25	6	30	35		

STRATEGIC PILLAR 3: CHILD AND ADOLESCENT HEALTH

OVERALL OUTCOME: Every child survives and has a healthy childhood and adolescence

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 3.1: To strengthen nutrition, growth monitoring and health services for children												
3.1.1 Strengthen nutrition, growth monitoring and health services for children	Optimal infant and young child feeding practices promoted	Stunting for children under 5 reduced Underweight for children under 5 reduced Children are well nourished	% of breastfed infants	Numerator: number of children (0-17 years) below the national poverty line. Denominator: total number of children (0-17)	49%	54%	57%	60%	63%	65%	**MOHSS** MGECW, MoEAC, CSO, Project HOPE, OPM (NAFIN), FBO, NPC MOEAC	MOHSS – HIS (DHIS2) NDHS, REDCAP EMIS
	Health worker's capacity for optimal new born care strengthened		Percentage of children under 5 years who are stunted.	Numerator: number of OVC receiving grants Denominator: total number of children living in poverty (475845)	24%	22%	20%	18%	16%	12%		
			Percentage of children under 5 years who are under weight	A set of social welfare services that provide protection to society's most vulnerable children.	13%	12%	11%	10%	9%	8%		
	Children have access to primary health services	Under 5 mortality rate per 1000 live births Infant mortality is reduced	Under 5 mortality rate per 1000 live births	Number of children (per 1000) surviving to their 5th birthday	54	51	48	45	42	39		
			Infant mortality rate per 1000 live births	Number of infants (per 1000) surviving to their 1st birthday	39	35	32	30	25	20		
	Cases of violence against children reduced	School feeding programs increased	Grade 8 survival rate improved	Numerator: Number of first time learners enrolled in grade 8 who continue at that school the next year. Denominator: Total number of first time learners in grade 8 enrolled	88.2%	89%	90%	91%	92%	93%		
	Services of children in trafficking cases provided			Primary schools with an operational school feeding program for children from vulnerable communities	1452	1460	1465	1470	1475	1480		
	Shelters of GBV/VAC & TIP and Care facilities operational		Grade 12 survival rate improved	Numerator: Secondary schools with an operational school feeding program for children from vulnerable communities Denominator: All secondary schools in vulnerable communities	0%	10%	30%	50%	60%	70%	MoEAC	EMIS

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 3.2: To prevent new HIV and STI infections among children and adolescents												
3.2.1 HIV combination prevention and SRH interventions for adolescents are strengthened	Fewer young people are HIV positive	Adolescents survive and have a healthy life	% of young women and men aged 15-24 who are infected with HIV	Numerator: Persons aged 15-24 infected with HIV. Denominator: All persons aged 15-24.	3.8%	93%	3%	2%	2%	1%	MoHSS NDHS	HIS
			% of adolescents girls (10-19) tested for HIV and know their status	Numerator: Number of adolescent girls who know their HIV status. Denominator: Total number of adolescent girls	29%	78%	80%	84%	87%	90%	MoHSS	DHS/PHIA
3.2.2 Strengthen treatment, care and support of children and living with HIV	Children with HIV received comprehensive treatment, care and support	Children survive and have a healthy life	% of HIV infected children (0-14 years) receiving ART	Numerator: Number of children (0-14) on ART Denominator: Total number of children (0-14) infected with HIV	93%	95%	97%	98%	99%	99%	MOHSS	HIS, EPMS
			% of Adolescent girls (10-19) on ART who have achieved viral suppression	Numerator: Number of adolescent girls 10-19 who achieved viral suppression. Denominator: Total number of adolescent	74%	78%	80%	84%	87%	90%	MoHSS	NIP Lab
			% of adolescent girls (10-19) enrolled during reporting period and retained on ART 12 months after initiation	Numerator: Number of adolescent girls' enrolled on ART during reporting period, who are still alive and receiving ART 12 months after initiating treatment Denominator: Total number of adolescent girls initiating ART within the reporting period	74%	78%	80%	85%	90%	95%	MoHSS	EDT

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 3.3: To eliminate mother to child transmission of HIV												
3.3.1 PMTCT services are sustained	Fewer infants are infected with HIV as the rate of MTCT is reduced	Children survive and have a healthy childhood	% of HIV infected pregnant women who received ARV to reduce the risk of MTCT	Numerator: Number of pregnant HIV infected women on ARVs Denominator: All HIV infected pregnant women.	95%	95%	96%	96%	97%	97%	MoHSS	HIS NDHS
			% of HIV-infected infants born to HIV-positive women	Numerator: Number of HIV infected infants born to HIV infected women Denominator: All infants born to HIV infected women.	29%	78%	80%	84%	87%	90%		
Objective 3.4: To improve access to clean water, sanitation services and hygiene practices for children												
3.4.1 Increase access to clean drinking water and adequate sanitation for children in schools	Increase WASH services in schools WASH promotion activities facilitated. Increase in Health extension workers for WASH program	Children survive and have a healthy childhood	% of schools with sanitation facilities	Number of schools with sanitation facilities out of all schools.	86.7%	87%	88%	98%	91%	93%	**MOHSS** MOEAC MGECW MAWF Regional Councils	HIS NDHIS EMIS CWDIS
			% of schools with safe drinking water	Number of schools with safe drinking water out of all schools	88.6%	86%	87%	89%	91%	93%		

STRATEGIC PILLAR 4: DISABILTITY

OVERALL OUTCOME: All disabled children have equal access to health, education and psychosocial support

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 4. 1: To provide timely and effective rehabilitation services for children with disabilities												
4.1.1 Rehabilitation services for children with disabilities are strengthened and coordinated	Increased number of rehabilitation professional in MOHSS	Stunting for children under 5 reduced Underweight for children under 5 reduced Children are well nourished	% of breastfed infants	Numerator: number of children (0-17 years) below the national poverty line. Denominator: total number of children (0-17)	49%	54%	57%	60%	63%	65%	**MoHETI** MoHSS	HRD - MoHSS
Objective 4.2: To improve access to education for children with disability												
4.2.1 Mainstream children with disabilities in schools	Increased number of children with disabilities accessing university	Increased number of children with disabilities who enrolled in tertiary education.	Number of children with disabilities who are receiving education	Number of children with disabilities enrolled in educational institutions	64,986	65100	65300	65400	65600	65800	**MoEAC**	EMIS report
Objective 4.3: To ensure implementation of legislation and policies pertaining to children with disabilities												
4.3.1 Implement legislation for children with disabilities	Enactment of the mental health bill and New Mental Health Act adopted.	Improved services for Children living with disabilities.	New Mental Health Act	The new mental health bill is enacted.	Mental health Act 1973				1		MoHSS	Government Gazette
	The national disability policy reviewed.		Updated national disability policy in place.	This indicator looks at reviewing of the current national disability policy to address the challenges children with disabilities are facing.	National dis-ability policy (1997) (Outdated)	5949	6049	6149	6249	6349	Office of the vice president – department of disability affairs	Program report – Office of the vice president
4.3.2 Implement the disability grant policy to reach all children with disabilities	Increase in number of children living with disability on social grants		Number of children with disabilities on social grants	Number of children with disabilities who are receiving the social grant (Under 16years)	5849 (2018)	51	48	45	42	39	MGECW	MGECW Social Assistance System Database
Objective 4.4: To improve knowledge of issues affecting CWD through research												
4.4.1 Gather evidence on issues related to children with disabilities (Study)	Knowledge on issues affecting CWD	Evidence for programming is available.	Number of disability studies conducted.	Research conducted on matters relating to children with disabilities	Namibia 2011 disability report	1				1	**Office of the Vice President (Disability affairs)** MoHSS, National Council for People with Disabilities.	Disability Affairs Research Database. NSA
	Conduct a baseline registration of children with disabilities		A national register for children with disabilities	This indicator consists of accurate compilation of details of children with disabilities by region to inform programming.	0				1			

STRATEGIC PILLAR 5: CHILD PARTICIPATION

OVERALL OUTCOME: All children are able to participate in national agenda programmes and any matter concerning them.

Strategic Approach	Short term to intermediate outcomes	Long term Outcomes	Indicators	Indicator definition	Base Line	Y1	Y2	Y3	Y4	Y5	Lead and Supporting partners	Source of Evidence/ Data
Objective 5.1: To improve child participation in Policy Development & Decision making.												
5.1.1 Establish and strengthen structures & mechanisms for child participation in key institutions & processes	Children have adequate opportunities to actively participate in national agenda programs An enabling environment for children to participate Children are socially included	Children are able to participate in national agenda programs and any matter concerning them Physically, intellectually & emotionally capacitated children	Number of junior municipal council sessions conducted	Meetings conducted by junior municipal council per year	0	13	13	13	13	13	National Assembly	National Assembly Annual Reports
			Number of junior town council sessions conducted	Meetings conducted by junior town council per year	0	26	26	26	26	26		
			Number of junior national parliamentary sessions conducted	National junior parliament Sessions per year	1	1	1	1	1	1		
			Number of children undergoing career guidance	Number of children receiving career guidance under life skills education	722,248	77%	79%	82%	85%	90%	**MOEAC**	EMIS
			Number of school boards with active learner participation	Total number of School Boards that were trained and have learner representation		722,348	722,448	722,548	722,648	722,748	MoEAC	MOEAC National and Regional Annual Reports
				Total number of Edu Circles that are in schools	108	158	218	278	338	398	MoEAC	Programs and Quality Assurance Directorate Report
			Number of Edu Circles established in schools	Number of learners capacitated in radio production aimed at increasing their participation in national agenda programs	0	4	8	8	8	8	Life Line Child Line	LLCL Annual Donor Report
			Number of learners trained as Uitani (I will Live) Radio Presenters	Total number of schools receiving psycho social support per year	12	92	122	152	182	212		
			Number of schools receiving psycho social support from LLCL		0	10	10	10	10	10		

3.3 Implementing the Monitoring, Evaluation and Reporting Plan

As highlighted earlier, monitoring tracks the activities and strategies of the NAC, while evaluation tracks the changes that take place over a longer period, focussing on outcomes and impact. Separate plans are therefore required.

3.3.1 Monitoring Plan

The continuous and systematic collection and analysis of information on activities, strategies and short-term outcomes is essential for assessing implementation and progress. Monitoring is best carried out by the relevant stakeholders and partners from the activity/strategy level, and with full involvement of the MGECW personnel at outcome level. Frequency of data gathering is dependent on what is being monitored. The monitoring plan is crucial in strengthening routine monitoring data collection to ensure increased reporting and performance tracking by all NAC implementers including Offices, Ministries and Agencies.

3.3.2 Evaluation Plan

Planned and periodic assessment of NAC strategy aspects (e.g. appropriateness, effectiveness, efficiency, impact and sustainability) is needed to complement monitoring information by providing additional data to inform long term decision-making. Depending on the purpose, evaluations can either be formative or summative. Formative evaluations include implementation and process evaluations and these are done to improve a program. Summative evaluations, on the other hand, assess the effects or outcomes of the program and determine overall impact.

For the NAC, it is imperative to do a mid-term (in the 3rd year) and end term (at the end of the NAC 2018-2022) outcome evaluation and an impact evaluation after every NAC cycle, i.e. after every five years. Outcome evaluation is conducted to assess the extent to which objectives and anticipated results of the NAC are achieved. Impact evaluation assesses the extent to which overall goal of the NAC is realised. These evaluations build on the monitoring process by identifying the level of short to medium-term outcomes and longer-term impacts achieved; the intended and unintended effects of these achievements; and approaches that worked well and those that did not work as well; identifying the reasons for success or failure and learning from both. The evaluation process will judge the overall value of the NAC.

It is recommended that the evaluation especially end term outcome evaluation, be conducted by an external evaluator, in a well-coordinated and cost-efficient manner. External evaluations have the advantage of better objectivity. The involvement of MGECW and lead stakeholders for evaluation capacity building or strengthening in data collection, analysis and interpretation for improved decision-making is imperative. MGECW is responsible for ensuring evaluations are conducted as scheduled, formulating terms of reference (TOR) and facilitating stakeholder participation. Evaluation reports should include findings, recommendations and lessons learnt.
Evaluations of the NAC should use multi-methods of data collection to establish progress toward or achievement of outcomes using different data sources. Methods that can be used to collect data include;

- Questionnaires and surveys; to get information from a lot of people
- Interviews and focus group discussions; to fully understand people's experiences, or impressions

Table 1: Monitoring Plan

How	Frequency	Who	What	Source
All Implementers				
Data is captured by different implementers/ stakeholders	Daily, Weekly, Monthly, Annually (depending with data type)	All Implementers	Program activities that are underway	Identified data sources, e.g. MoEAC, EMIS
Data collection from all implementers	Monthly	All Implementers	Program activities that are underway, outputs and progress made	Identified data sources from all implementers e.g. EMIS, HIS
Collation and analysis of collected data	Quarterly	All Implementers	Program activities outputs and progress made, desired results that have been achieved	Identified data sources from all implementers e.g. EMIS, HIS Monthly reports
Results analysis	Annually	All Implementers	Progress made desired results that have been achieved Program changes Challenges faced	Identified data from all implementers, Quarterly reports
MGECW				
Data collection from all implementers	Monthly	MGECW	Program activities that are underway, outputs and progress made	Identified data sources from all implementers e.g. EMIS, HIS
Collation and analysis of collected data	Quarterly	MGECW	Program activities outputs and progress made, desired results that have been achieved	Identified data sources from all implementers e.g. EMIS, HIS Monthly reports
Results analysis	Annually	MGECW and the Strategic Information Committee	Progress made desired results that have been achieved Changes in program that have occurred Challenges faced	Identified data from all implementers, Quarterly reports
Data verification exercise	Annually	Strategic information committee	All raw data forms	Identified data sources from all implementers e.g. EMIS, HIS Monthly, quarterly and annual reports

- Document reviews; to get information from available NAC and other relevant documents and understand how NAC operates.
- Observations: to gather accurate data on how NAC actually operates, with a focus on processes.

Table 2 below is a summary of the NAC evaluation plan.

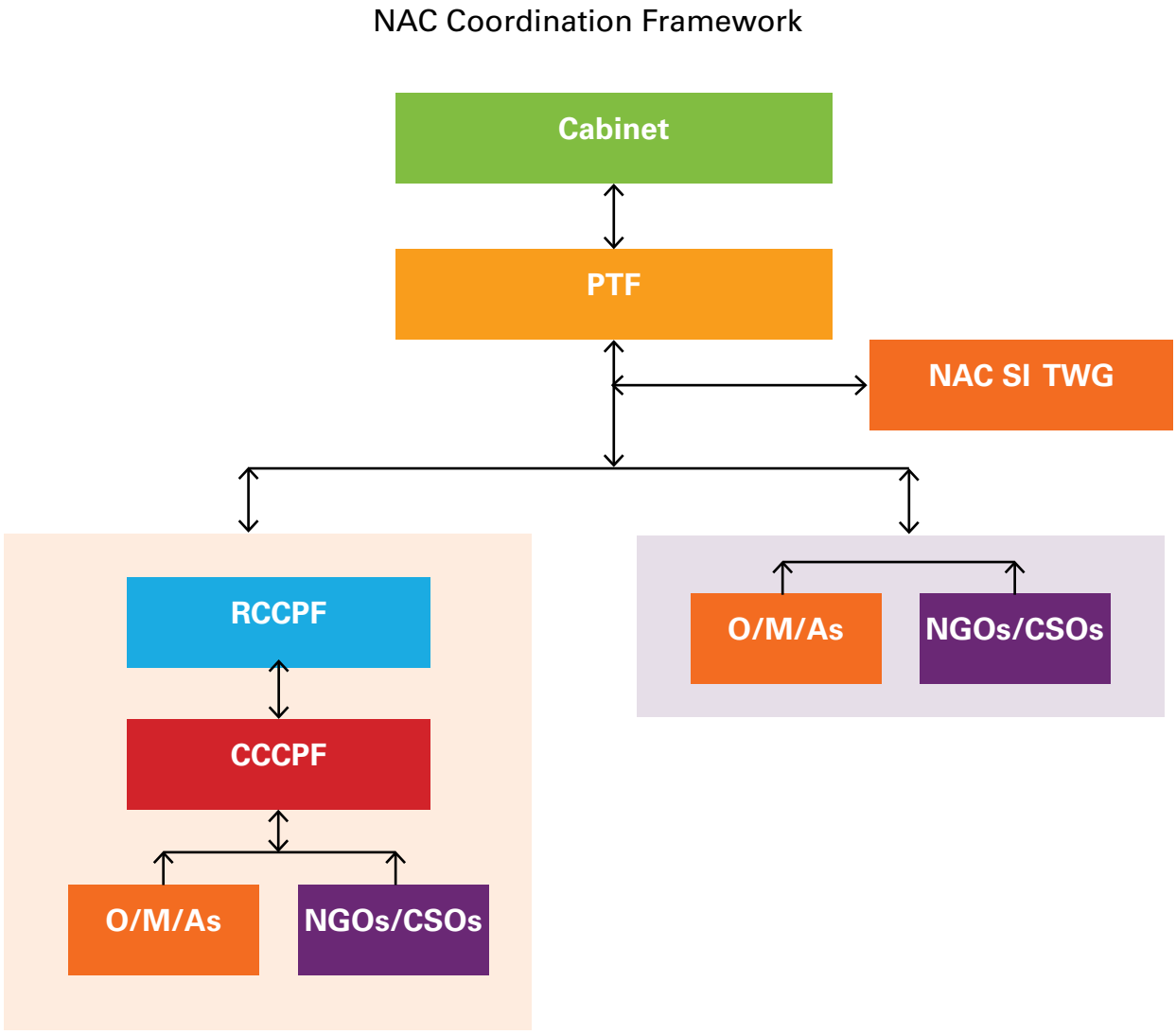
Table 2: Evaluation plan

Evaluation Domain and Questions	Target	Data derived from monitoring	Source of information from/for evaluation	Data collection methods	Respon-sible person	When
Appropriateness Is the design, program theory and logic clear and relevant? Is the NAC justified?	MGECW NAC strategy	M and E plan	Documents Implementers MGECW	Desk review Interviews	Internal or external evaluator	Every 5 years
Effectiveness Has the NAC achieved the expected outcomes? Are there any negative or unintended outcomes?	Children	Progress made desired results that have been achieved Unintended outcomes realised	Children Implementers Identified data sources from all implementers e.g. EMIS, HIS	Desk review Interviews FGD	External evaluator	Every 5 years
Efficiency Is the NAC activities being delivered as planned to the targeted population? What contextual factors may hinder or facilitate implementation? Are the resources adequate to support the NAC's functions	Children	Program activities that are underway, Program outputs Changes in program that have occurred Challenges that have been faced	Children Implementers Identified data sources from all implementers e.g. EMIS, HIS Funders	Desk review Interviews FGD	External evaluator	Every 2 years
Impact Has the intervention made a positive impact? Are there any unintended or negative long term outcomes?	Children	Long term desired results that have been achieved unintended outcomes realised	Children Implementers Identified data sources from all implementers e.g. EMIS, HIS	Desk review Interviews FGD	External evaluator	Every 5 years
Sustainability Have the achieved impacts been maintained over a long term period? Continuation of funding for NAC activities and plans of continuation	Children	Long term desired results that have been achieved and maintained over time Changes in program that have occurred Challenges that have been faced Availability of funding to continue with NAC functions	Children Implementers Identified data sources from all implement-ers e.g. EMIS, HIS	Desk review Interviews FGD	External evaluator MGECW	At end of fund-ing

3.4 Data Coordination and Reporting

Information management and reporting is important in monitoring and evaluation. This is a systematic and timely provision of essential information at periodic intervals. A key feature of an effective monitoring process is the documentation and storage of data in a manner that enables simple retrieval and exchange with other users. Figure 2 below highlights the methods of classifying and organizing data collected from different stakeholders. This is dependent on needs of stakeholders. Since most NAC data is structured, it can be easily integrated into a database. It is recommended that NAC data be organised in a chronological manner for each strategic pillar. Implementers of programmes and services in the public sector, private sector, CSOs and development partners should submit monthly, quarterly and annual reports to the regional level for consolidation. The data and reports are aggregated and submitted to the national levels of public sector, private sectors, CSOs and development partners. The MGECW M&E unit will then collect analysed data on respective indicators from national level OMAs and report these to the TWG, PTF and cabinet (Figure 2).

Figure 2: NAC Coordination and Reporting framework



3.5 Stakeholder responsibilities

The responsibilities of the involved stakeholders and partners are outlined in Table 3 below.

Table 3: Stakeholders responsibilities

O/M/As Regional level	At regional level O/M/As are responsible for strengthen child protection prevention and response services, development of child care facilities and implement child protection programs. They develop and submit regional annual reports for their result area for NAC to RCCPF and National level and they collaborate with CSOs and development partners in their regions.
MGECW	The MGECW is responsible for facilitating the coordination, implementation, monitoring and evaluation of the National Agenda for children. This will include liaising with relevant stakeholders to ensure that intended outcomes are archived and monitoring and evaluation data are collected according to the NAC MER plan. The ministry will also be responsible for strengthening social protection for children and establishing mechanisms for child participation in key institutions and processes. In addition, the ministry will implement and strengthen the ECD program especially in remote areas. MGECW will compile NAC annual progress report for submission to PTF and Cabinet.
MHAI	The Ministry of Home Affairs and Immigration will ensure access to decentralised birth and death registrations through operationalising E-birth and death notification systems and increasing mobile birth registrations for remote areas.
MoEAC	MoEAC is responsible for developing and expanding pre-primary and primary school programs and mainstreaming children with disabilities into schools. The ministry will complement the role of MoHSS in fighting malnutrition and diarrhoeal diseases through strengthening the school feeding program and implementing the WASH program respectively.
MoHE	The Ministry of Higher Education is responsible for training ECD and pre-primary educators, strengthening provision of funding/grants to learners in tertiary institutions and expanding curriculum for extra mural activities.
MLIREC	The Ministry of Labour, Industrial Relations and Employment Creation is responsible for enforcing child labour laws including ensuring compliance with legislation.
MoHSS	MoHSS is responsible for providing quality integrated, affordable and accessible health and social services which respond to the needs of the Namibia population. Specific responsibilities for the ministry related to NAC include strengthening nutritional growth monitoring and treatment, care and support for children living with HIV, sustaining PMTCT services; strengthening HIV combination therapy and SRH intervention for adolescents, increasing WASH services in schools as well as training rehabilitation professionals.

Office of the VP – Disability Affairs	The Office of the vice President is responsible for advocating for change in community perception towards children with disabilities so that they have equal access to community resources.
MoYNS	MoYNS is responsible for enhancing child and youth development entrepreneurship, leadership training and career guidance.
MPESW	MPESW is responsible for developing social protection policy, harmonizing social protection system and increasing economic support to caregivers/parents
MOSS	Ministry of Safety and Security is responsible for strengthening social protection for children through creation of a child friendly referral system for Violence Against Child (VAC) cases and adopting standard operating procedures for Gender Based Violence and VAC. The GBV Protection Unit will collaborate with other ministries such as MGECW, MoJ and MoHSS to ensure children are protected and there is prompt response to violence and abuse cases.
MoJ	Ministry of Justice is responsible for enactment of relevant child protection legislation including the enactment of the child justice bill and the trafficking in person's bill.
Civil Society Organisations	The Civil Society Organisations (CSO) which includes NGOs, FBOs and the private sector plays a role of supporting government interventions. These include strengthening social protection for children, strengthening child protection prevention response services and developing and expanding ECD and Primary school programs. Other areas that need CSO support are health services for children including nutritional growth monitoring and HIV support services; advocating for community perception change towards children with disabilities and expanding curriculum for extra mural activities.
International Development Partners	The International Development Partners are responsible for supporting national priorities that address key development outcomes as outlined in NDP5, Harambe prosperity Plan and vision 2030. They are expected to continue contributing technically and financially to policy development, programming and implementation of strategies targeting the wellbeing of children in Namibia.

3.6 Potential Limitations and challenges of the M & E plan

Monitoring and Evaluation of a multi-sectoral strategy such as the NAC is a challenge as all accounting lines are dependent on multiple stakeholders. The contribution of all stakeholders to the overall M&E and reporting of the agenda is important and needs to be part of initial planning and ongoing performance review. M&E activities require human resource capacity and coordination by stakeholders. As such, MGECW as the custodians of the strategy and other players need to avail and capacitate adequate human resources to undertake the responsibilities of monitoring and evaluating the NAC.

While a true level of performance cannot be determined in the absence of targets and baselines, having too many indicators results in a monitoring burden. Resource planning and allocation for monitoring, evaluation and reporting which includes regular data collection, report compilation and dissemination of performance is a vital part of the overall strategy. Central to the effective monitoring and evaluation of this agenda is therefore the mobilisation of adequate resources from all possible sources to leverage funding for all M&E activities. To do this effectively, the MGECW will assess resource gaps to direct resource mobilisation and efficient utilisation.

4 Costing and Resource Mobilisation

Central to the effective implementation of this Agenda is the mobilisation of adequate resources from all possible sources to leverage funding for activities including monitoring and evaluation. Specific costs need to be attached to each strategic pillar and the identified strategies that will produce the desired outcomes. Given the nature of this strategy, the financing plan will call for Public Private Partnership (PPP) putting to use both the PPP policy and the PPP Act. This is in recognition of the fact that the government alone may not have sufficient resources available to fund all its development plans.

It should be recalled that Namibia's classification as an upper middle income country relegates it to a non-priority state by donor agencies for its development programmes. Therefore, financing will have to be sourced internally with all financial and procurement needs aligned to the rest of the government procedures and decentralised to participating Ministries, Offices, Agencies, the private sector and civil society. Linking costs to each participating stakeholder is of particular importance to improve efficiencies, cost saving and ensure collective accountability for the gains to be made.

The MGECW as the custodian of the Agenda will however play a key role in ensuring all stakeholders are supported to ensure the capacity for applying strategic information for resource mobilisation activities is strengthened. In addition, specific advocacy strategies need to be strengthened to specifically intensify domestic fundraising with particular reference to the private sector. To do this effectively, the MGECW will have to assess and the financial gap for which resources need to be mobilised, and ultimately ensure efficient resource utilisation.

5 ANNEX 1: Stakeholder Monitoring & Reporting Template

Please submit this annual report to the M&E Focal Person in the Ministry of Gender Equality and Child Welfare; Child Welfare Directorate by 30th May of each year.

PART A

Background	
Line Ministry, Organisation or Partner Agency:	
Division/Department	
Specific NAC Indicators you respond to: [Please review the NAC document and list all that apply]	
Date of Submission:	

PART B

1. Key strategies related to the NAC

- List your key strategies/activities related to the NAC here

2. Progress towards achieving Key NAC Strategies

- Describe the achievements recorded during the reporting period
- Report on other important and relevant events that took place during the reporting period

NB: Where possible, illustrate using table summaries and graphs. Using the table below, quantify progress made per indicator comparing planned and actual results for the reporting period.

YEAR:				
Indicator	**Baseline**	**Target**	**Performance**	**Source of Evidence/ Data**

3. Lessons Learnt

- Please share any lessons learned or specific success stories
- Share any challenges or hindrances affecting your performance

4. Recommendations and Conclusion

- Please make recommendations based on the experiences during the period under review.
- Provide a short conclusion of this report

FOR MGECW USE ONLY

Assess if activities are on course
Determine if anything needs to be improved and how implementers can be supported
Provide feedback to all partners

End Notes

[1]Namibia's 5th National Development Plan
[2]Namibia's 5th National Development Plan
[3]Namibia's 5th National Development Plan
[4]Namibia's 5th National Development Plan
[5]Social Protection Budget Brief, UNICEF 2017
[6]UNDP, 2013
[7]The convention on the Rights of the Child
[8]Demographic and Health Survey 2006
[9]Namibia inter-censual Demographic Survey Report 2016
[10]Namibia's 5th National Development Plan
[11]A Namibia Fit for Children, UNICEF 2015
[12]Towards IECD service delivery in Namibia, UNICEF, 2017
[13]Towards IECD service delivery in Namibia, UNICEF 2017
[14]Namibia's 5th National Development Plan
[15]Towards IECD service delivery in Namibia, UNICEF 2017
[16]EMIS, 2015
[17]Namibia's 5th National Development Plan
[18]Towards IECD service delivery in Namibia 2017
[19]Namibia's 5th National Development Plan
[20]EMIS, 2015
[21]Towards IECD service delivery in Namibia 2017
[22]Namibia's 5th National Development Plan
[23]Namibia's 5th National Development Plan
[24]Namibia's 5th National Development Plan
[25]Namibia's 5th National Development Plan
[26]Toward IECD service delivery in Namibia, UNICEF 2017
[27]Surveillance report of the 2016 National HIV Sentinel Survey
[28]Namibia's 5th National Development Plan
[29]Namibia's 5th National Development Plan
[30]Namibia's 5th National Development Plan
[31]National Strategic Framework for HIV/AIDS 2017/18–2021/22
[32]UNICEF Country Programme Goals and Government of Namibia's National NAC for Children
[33]National Strategic Framework for HIV/AIDS 2017/18 – 2021/22
[34]Namibia Demographic and Health Survey, 2013
[35]National Strategic Framework for HIV/AIDS 2017/18 – 2021/22
[36]Pre-elimination service coverage – 1st ANC 90%, HTC at 1st ANC 90%, PMTCT-ART 90%
[37]Surveillance report of the 2016 national HIV sentinel survey
[38]National Strategic Framework for HIV/AIDS 2017/18 – 2021/22
[39]National Strategic Framework for HIV/AIDS 2017/18 – 2021/22
[40]Namibia Demographic and Health Survey, 2013
[41]Namibia Demographic and Health Survey, 2013
[42]National Strategic Framework for HIV/AIDS 2017/18 – 2021/22
[43]Namibia Demographic and Health Survey, 2013
[44]Namibia Household Income and Expenditure survey (2015)
[45]National Human Rights Action Plan 2015 -2019
[46]Namibia's 5th National Development Plan

[47]National population and housing census 2011
[48]Social protection budget brief, UNICEF 2017
[49]Namibia Statistics Agency, Disability Report 2011
[50]National Human Rights Action Plan 2015-2019
[51]National Human Rights Action Plan 2015-2019
[52]Haihambo, C. & Lightfoot, E. (2010) Cultural beliefs about disability in Namibia
[53]Taderera, C. & Hall, H. (2017) Challenges faced by parents of children with learning disabilities in Opuwo, Namibia
[54]National Human Rights Action Plan 2015-2019
[55]It takes children, World Vision 2017