



UNITED NATIONS
NAMIBIA



JOINT FIELD VISIT REPORT SOCIAL TRANSFORMATION PILLAR

19 APRIL 2023



A photograph of several young children playing in a sandpit. In the foreground, a boy in a blue hoodie and a girl in a yellow hoodie are crouching and playing with the sand. Other children are visible in the background. The sandpit is bordered by a wooden frame and a chain-link fence is visible on the left.

TABLE OF CONTENTS

List of abbreviations	i
Introduction	5
Objectives of the field visit	3
Site one: Katutura GBV Protection Unit	4
Background	4
The UN interventions	5
The issue/problem identified	5
Observations from site visit	6
Moving forward/opportunities for further action	6
Site two: Samora Machel Constituency for WASH, ECD and Early Identification	7
Background	7
The UN Interventions	10
Observations from field	11
Moving forward/opportunities for further action	13
Site three: visit to Oshitenda and Havana	15
Background	15
The UN Interventions	15
The issue/problem identified	17
Observations from site visit	17
Moving forward/opportunities for further action	18
Summary	19
Conclusion and next steps	20

List of abbreviations

CBRI -	Community-Based Response Initiative
CLT S-	Community Led Total Sanitation
CoW -	City of Windhoek
DHIS2 -	District Health Information System 2
DNF -	Debmarine and Namdeb Foundation
DWN -	Development Workshop Namibia
DT -	Diphtheria and Tetanus
ECD -	Early Childhood Development
EU -	European Union
GBV -	Gender-Based Violence
GIZ -	Deutsche Gesellschaft für Internationale Zusammenarbeit
GRN -	Government of the Republic of Namibia
IEC -	Information, Education, and Communication
ICT -	Information and Communication Technology
JMP -	Joint Monitoring Programme
MAWF -	Ministry of Agriculture, Water and Forestry
MoEAC -	Ministry of Education, Arts, and Culture
MoHSS -	Ministry of Health and Social Services
MURD -	Ministry of Urban and Rural Development
MUAC -	Mid-Upper Arm Circumference
NAMPOL	Namibian Police
NCE -	Namibia Chamber Environment
NRCS -	Namibia Red Cross Society
NPC -	National Planning Commission
OCSEA -	Online Child Sexual Exploitation and Abuse
OD -	Open Defecation
ODF -	Open Defecation Free
ODSEA -	Online Child Sexual Exploitation and Abuse
OPV -	Oral Polio Vaccine
PPE -	Pre-Primary Education
RMB -	Rand Merchant Bank
RUTF -	Ready-to-Use Therapeutic Food
SFH -	Society for Family Health
SRHR -	Sexual and Reproductive Health and Rights
UN -	United Nations
UNESCO -	United Nations Educational, Scientific and Cultural Organization
UNICEF -	United Nations International Children's Emergency Fund
UNPRPD -	UN Partnership to Promote the Rights of Persons with Disabilities
UNSDCF -	United Nations Sustainable Development Cooperation Framework
WASH -	Water, Sanitation, and Hygiene

UN Joint Field Visit

To Katutura GBV Protection Unit, ECD and WASH site in Goreangab and Samora Machel Constituencies, and Health and Nutrition interventions at Oshitenda and Havana

DATE AND TIME

19 April 2023, 0900 hrs. to 1300 hrs

PARTICIPATING DELEGATES

Government:

Governor of Khomas: (Hon. Laura McLeod)
Constituency Councilor of Samora Machel: (Hon. Nestor Kalola)
Commissioner of Police: (Commissioner David Indongo)
Detective Chief Inspector: (Ms. Christina Simaho)
MOHSS–Regional Director of Health: (Mr. Tomas Ukola)
Director MGEPEWS (Ms. Helena Andjamba)
Deputy Director– Community Development MGEPEWS: (Ms. Loide Velishavo)

United Nations:

UN Namibia Resident Coordinator: (Ms. Hopolang Phororo)
UNICEF Namibia Representative: (Ms. Rachel Odede)
UNESCO Resident Representative: (Mr. Moussa–Elkadhum, B. Djaffar)
WHO Resident Representative: (Dr. Charles Sagoe Moses)
UNFPA Acting Resident Representative: (Ms. Gift Malunga)
UN Technical Staff Members

Implementing Partners:

(Government and Civil Society Organizations)

Introduction

The UN Joint Field Visit Report provides a comprehensive overview of the UN's engagement at ground zero with project beneficiaries in Namibia. The field visit's primary goal was to document the lessons learned, opportunities, challenges, and new priorities for the new UNSDCF results formulation. The UN joint field visit also aimed to observe the joint response to Gender-Based Violence, Early Childhood Development, WASH, Health, and Nutrition.

The field visit was a routine monitoring exercise of the UN's support to the Government of the Republic of Namibia under the social transformation pillar. The UN took the opportunity to engage with program beneficiaries and get their feedback on the UN's efforts in delivering as one in Namibia. This feedback was critical in documenting the best practices, challenges, and lessons learned from the programs, which the UN can use to improve the new UNSDCF results formulation.

The UN Joint Field Visit was attended by various senior officials and representatives from implementing partners, government, and civil society organizations. The attendees included the Governor of Khomas, Hon. Laura McLeod; Constituency Councilor of Samora Machel, Hon. Nestor Kalola; NPC Director General, Hon. Obeth Kandjoze; Commissioner of Police, Commissioner David Indongo, Detective Chief Inspector, Ms Christina Simaho, MOHSS-Regional Director of Health, Mr Tomas Ukola, Director MGEPEWS, Ms Helena Andjamba, and Deputy Director- Community Development MGEPEWS, Ms Loide Velishavo.

In addition to these officials, the UN Joint Field Visit was attended by the UN Resident Coordinator in Namibia, Ms Hopolang Phororo, Representative from UNICEF Namibia, Ms Rachel Odede, and UNESCO Resident Representative, Mr Moussa-Elkadhum, B. Djaffar. Their presence at the field visit was crucial in sharing their expertise and experiences working with the UN in Namibia.

Their attendance and participation of the delegates demonstrated the strong commitment of the UN and its partners in delivering sustainable development programs in Namibia. The officials played a critical role in ensuring the success of the field visit and sharing their insights and experiences in working with the UN. Their contribution and feedback are invaluable in shaping the UN's future engagement with Namibia and improving its approach to delivering sustainable development programs.

The report provides a detailed account of the field visit, including the sites visited, the activities conducted, and the beneficiaries engaged. It also documents the challenges encountered and the opportunities identified during the trip.

In summary, the UN Joint Field Visit Report is a comprehensive account of the UN's direct engagement with project beneficiaries in Namibia. The report highlights the lessons learned, challenges, and opportunities for future engagement to improve the UN's efforts in delivering sustainable development programs in Namibia.

Objectives of the field visit

Routine monitoring of the UN's support to the Government of the Republic of Namibia under the social transformation pillar in the areas of Gender Based Violence, Early Childhood Development, WASH, Health, and Nutrition at the following sites:

- Katutura GBV Protection Unit
- ECD, Disability Centre and WASH site in Goreangab and Samora Machel Constituencies
- Health & Nutrition interventions at Oshitenda and Havana

This provided an opportunity to get feedback from program beneficiaries and reflections on lessons learned, opportunities, and challenges and document some of the best practices, especially human-interest stories.

SITE 1: Katutura GBV Protection Unit

Background

Namibia is facing high rates of violence against women and children. Even though Namibia has comprehensive legislations and national frameworks to protect the rights of vulnerable children, such as but not limited to the Child Care and Protection Act, Domestic Violence Act, Rape Act, Case management manual, National Safe Schools Framework, Policy on the Prevention and Management of Teenage Pregnancies; but does not have a comprehensive legislation on Online Child Sexual Exploitation and Abuse (OCSEA). The first GBVPU was established in 1993 with the aim to provide specialized response for survivors of GBV/VAC. As of 2017, NAMPOL established 17 operational GBVPU in 14 regions of the country. The GBVPU is responsible for attending to all cases of GBV.



Delegation team at the Katutura Gender-Based Violence protection unit.

The GBVPU provides integrated service delivery by the police (investigate cases and take statements), a medical doctor (examination, treatment, forensic evidence collection, Ministries of Health and Social Services, and Gender Equality (crisis intervention, counseling, and statutory reports to the court). The GBVPU is under the leadership of the Ministry of Home Affairs, Immigration, Safety and Security, particularly the Namibian Police (NAMPOL) in partnership with the Ministry of Health and Social Services and Gender Equality and Poverty Eradication and Social Welfare. Also doing prevention work in the community. About 30 GBV cases are reported daily. (Mention Data Source in Footnote)

The UN interventions

The UN system through UNFPA, UNICEF, UNODC, and WHO has, directly and indirectly, supported the GBVPU since 2017 to deliver comprehensive and integrated services. During 2022, the UN system has supported the following interventions:

- Capacity development of multi-disciplinary teams (medical personnel, social workers, police, prosecutors, and magistrates) to efficiently identify, respond, and refer for both online and offline abuse (Standard Operating Procedure)
- Procurement of medical rape treatment kits
- Evidence generation including procurement of computers for the GBV database and training of service providers; on knowledge, attitudes and practices of ICT use and online safety risks by children in Namibia Field report(Kavango East, Khomas, Karas, Erongo, and Omusati regions);
- Launch of Disrupting harm study (Online Child Sexual Exploitation and Abuse)
- Supported communication IEC materials and tools in seven languages on Online Child Sexual Exploitation and Abuse (OCSEA)

The issue/problem identified

- No database to capture GBV data in real-time.
- Lack of specialized training of service providers to deliver comprehensive and survivor-centered services; No training for 4-5 years to new recruits on proper investigation of cases due to financial constraints.
- Limited accessibility to the GBV services (after working hours and during weekends)
- No dedicated budget for the GBV Protection Unit services.



Challenges

- Unit is closed after 17:00 hrs. and over the weekends, although staff are on standby for emergencies
- No dedicated budget for the GBVPU
- Insufficient human resources (doctors, police, social workers) with the need for ongoing capacity development
- Limited availability of transport to executive duties in all constituencies
- Limited operational space
- Limited time dedicated to prevention interventions
- No internet connectivity and non-functional phone lines
- Required technical support to operationalize the database
- Have limited places of safety

Observations from site visit

- Integrated services provision (under one room)
- Challenges of space
- Passion and commitment of the service providers (police and social workers)

Moving forward/opportunities for further action

Strengthen collaboration between the UN agencies and do more including support prevention interventions, including social behavior change interventions.

Support for the capacity building of the Unit to effectively deliver survivor-centered services to offline and online abuse including technical support for the functioning of the database.

Connect NAMPOL to the International Child Sexual Exploitation (ICSE) database.

Conduct an impact assessment of the support provided by the UN (including the sustainability of programmes by the Government).



SITE 2: Samora Machel Constituency for WASH, ECD and Early identification

Background

Namibia is facing high rates of violence against women and children. Even though Namibia has comprehensive legislations and national frameworks to protect the rights of vulnerable children, such as but not limited to the Child Care and Protection Act, Domestic Violence Act, Rape Act, Case management manual, National Safe SchoEarly childhood development (ECD) is defined as the period of human development from conception (when pregnancy starts) through the transition to the early years of primary school (typically ending at age 8). ECD is an outcome of the continuous process of acquiring skills and abilities during this age period – across the domains of cognition, language, motor, social and emotional development – which are considered the foundation of health, learning, productivity, well-being and the building blocks for future human capital formation. ECD is an outcome of the continuous process of acquiring skills and abilities during this age period – across the domains of cognition, language, motor, social and emotional development – which are considered the foundation of health, learning, productivity, well-being, and the building blocks for future human capital formation.

The UNICEF and WHO 2020 State of the World's Sanitation report revealed that there are an estimated 673 million people worldwide, who have no toilets at all and practice open defecation – and nearly 698 million school-age children do not have the basic sanitation services at their school. Here at home in Namibia, Government reports show a worrisome picture with 43% of the population practicing open defecation. The picture becomes further gloomy in rural areas with 65% of people using the bush as a toilet. In Khomas region, a region that is largely urban, reports established that 21% of the population practice OD. Studies show that when there is poor sanitation coverage and open defecation, the health of populations is affected. Data from the Ministry of Health and Social Services shows that hygiene related illnesses such as diarrhoea diseases, pneumonia and malnutrition are leading causes of childhood illness and deaths in the country. Diarrheal diseases also contribute immensely to high stunting rates in the country, with 24% prevalence of stunting among children under-five.

Hence the introduction and implementation of Community Led Total Sanitation (CLTS) since September 2019 which is guided by the National Sanitation and Hygiene Strategy and HPPII, to improve sanitation and hygiene. CLTS is an approach that aims to create open defecation free (ODF) communities by empowering communities to assess, analyze and take collective action i.e., building their toilets and handwashing facilities with minimal external assistance. At the centre of this CLTS programme, is to change the behaviours of communities and make them appreciate how their current open defecation habits and patterns can affect their health. With this new understanding, they have the self-drive to construct a toilet.

WASH & ECD including children with a disability in urban informal settlements for early identification of disability



Early Identification of Disability: Side-by-Side Early Intervention Centre (SbS)

- Side by Side Early Intervention Centre is a non-governmental organization providing services for children with disabilities and their parents from marginalized and poor communities in Namibia.
- Side by Side is situated in an informal community outside Windhoek, the Capital City of Namibia in a community which faces many challenges: high unemployment, poverty, and alcohol abuse.
- Side by Side provides services to children with disabilities between the ages of 0-10 years old. The Centre is managed by a dedicated and committed mother/caretaker, Ms. Huipie Van Wyk. It has a team of extremely dedicated staff who work tirelessly to support the children and parents to cope.
- The centre has a total of 25 children registered, 15 of which are at a Preschool level while 10 are of school going age. There are 4 volunteers working daily, with 14 permanent staff members.
- In 2021 with the support of UNICEF, 1293 parents and health care workers in 11 regions were trained on early identification and have an improved understanding of the different services available and significance of linkages to services.
- Side by Side has successfully prepared children with disabilities from marginalized communities to enter formal education including supporting securing assistive devices for 17 children.
- Since 2019, 72 students from the University of Namibia have gone through an internship programme at Side by Side. These include occupational therapists, physiotherapists, counselors, ECD teachers and dieticians who also support with preparations of parcels for children particularly those with specific dietary requirements, 80 children benefited.
- Side by Side will collaborate with the University of Namibia, School of Medicine to train service providers on the early identification, assessment, and referral to services of children with disabilities from 0-8 years old, following the completion of the UNPRPD-funded project supported through UNICEF.



An Occupational Therapy student from the University of Namibia (UNAM) provides services to a child at the Side-by-Side Early Intervention Centre. Through the UN's support, a partnership between UNAM and SbS is building the skills of future professionals to fulfill the right to health of children with disabilities



WASH & ECD in urban informal settlements

- To address WASH challenges, both the National Sanitation and Hygiene Strategy and HPPII call for the implementation of Community Led Total Sanitation (CLTS) as a strategy to improve sanitation and hygiene.
- CLTS is an approach that aims to create open defecation free (ODF) communities by empowering communities to assess, analyze and take collective action i.e., building their toilets and handwashing facilities with minimal external assistance.
- In partnership with UNICEF, the City of Windhoek, Development Workshop Namibia (DWN) and the Namibian Chamber of Environment (NCE) started rolling out a CLTS programme in Windhoek in 2019 in response to the Hepatitis E outbreak.
- Development Workshop Namibia (DWN) is UNICEF's implementing partner for WASH in urban informal settlements in Windhoek and 9 other local authorities. The interventions take a whole-of-community approach that includes integration within ECD centres where UNICEF has further supported quality of teaching and learning, and supplementary feeding.
- In Windhoek, the programme is being implemented in selected 7 "blocks" in Samora Machel and Moses //Garoeb constituencies targeting 1,686 households with a population of 6,744 people.
- To date 6 blocks namely, Hadino Nghishongwa, Nalitungwe, Saara Kuugongelwe, Nathanal Maxwili, Peter Mweshihange and Hendrick Witbooi. have been declared as ODF in line with the national protocol. This means households have constructed and use toilets (built in line with local authority standards), no human feces in the environment, proper handwashing is practiced and effective waste management. These are the first areas in urban settings to become ODF through the CLTS programme.
- As a result of the CLTS programme interventions more than 1052 households have constructed latrines in line with the standards provided by CoW. As a result, 5604 people now live in ODF communities.
- Based on the lessons and evidence generated in the pilot programme 6 Local Authorities (i.e., Otjiwarongo, Oshakati, Katima Mulilo, Karibib, Omaruru, Oniipa, and Swakopmund) have embraced and adopted CLTS to address sanitation and hygiene challenges.
- Additionally, for ECD, the project has reached 182 children with feeding, learning, and teaching materials, while 6 educators at the ECD centre through this project have been upskilled on home-based learning, early learning, supporting parents involvement in children's learning as well as on child protection focusing on linking children to services



A member of the team at Happy-Kids ECD centre

The UN interventions

As part of the CLTS approach, sanitation demonstration centres are set up which exhibit toilet options designs, bill of quantities and cost estimates to the public. The programme trains local artisans to set-up sanitation enterprises that provide sanitation goods and services to households. In addition, the programme incorporates solid waste management and recycling which provides income generation to the youth, and other social enterprises including the sale of WASH supplies and solar charged lights to enable the safe use of toilets at night. Further, the programme integrates WASH interventions in ECD centres, ensuring access to sanitation, hygiene and clean water to children receiving ECD services. Demonstration sanitation facilities are constructed within ECD centres and aid communities in learning about using affordable materials for construction of toilets. Handino Hishongwa was triggered in July 2020 has a total of 298 households with a population of 1043 people. A total of 476 toilets were constructed after the CLTS interventions. During the visit, the Social Transformation Pillar team observed all these interventions.

The UN system through UNICEF, UNFPA and UNDP worked on a joint programme under the UN Partnership to Promote the Rights of Persons with Disabilities (UNPRPD) wherein UNFPA provided information systems strengthening support, UNDP supported coordination of work on disability and UNICEF (in partnership with Side-by-Side Early Intervention Centre) supported early identification of disability and linkages to support and care. Through this support, SbS has entered a partnership with the University of Namibia to provide training opportunities for pre-service health sector students, with the GRN line Ministries for capacity building of in-service staff and supports parents of children with disability to access support services while giving the children access to their right to learn and right to health.

Additionally, UNICEF with support from EU implemented Home-based learning programme for ECD-aged children in informal settlements with feeding and child protection services implemented by Development Workshop Namibia (DWN). The project overall benefited 171 ECD centres across 4 regions with teaching and learning resources, trained 1452 parents on parenting and early stimulation, empowered and provided on the job coaching to educarers on reporting at-risk children and linkages to relevant child protection services.



Observations from the field

Water, Sanitation, and Hygiene

- Namibia's socio-economic situation is characterized by huge inequalities around access to basic infrastructure and services such as access to water, sanitation, and hygiene. The situation is exacerbated by rapid urbanization which outstrips the capacity of local authorities to provide basic services leading to the mushrooming of informal settlements.
- The country faces a sanitation challenge with 43% (urban: 23% and 65% rural) of the population practicing open defecation (OD) (Namibia Census Mapping Basic Report 2019 - 2021). The Namibia Census Mapping Basic Report 2019 - 2021 established that 21% of the population in the Khomas region practice OD.
- Poor access to WASH services is a major public health risk that puts the lives of children at risk and undermines dignity and protection, especially of girls and women.
- Between October 2017 and March 2022, Namibia experienced a protracted Hepatitis E outbreak with most cases reported in Erongo and Khomas regions. The cases emanated from informal settlements which are characterized by lack of WASH services.
- The Joint Monitoring Programme (JMP) report on the progress to eliminate OD by 2030, shows that Namibia is off track and only recorded the progress of a mere 0.4% reduction in OD between the year 2000 - 2017.
- The consequences of open defecation and poor hygiene practices are expected to worsen by the impacts of climate change (drought and floods) and continued rapid rural-urban migration.

Early childhood development

- Good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning are core components of nurturing care critical for Early Childhood Development (ECD) and its long-term impact. Namibia has prioritized ECD in the National Development Plan 5 as critical for poverty reduction, however, access to integrated ECD and ECE services remains low, and children from vulnerable households in marginalized communities, informal settlements and children with disability have even lower access to integrated ECD and opportunities for ECE. Further, the quality of ECD and Pre-Primary Education (PPE) services remains inadequate as demonstrated by a low proportion of Educarers qualified for their job (24% in 2021), inadequate number of Educarers equipped with basic skills in play-based learning and low enrolment of age-appropriate children entering PPE. Progress on ECD and PPE is further compromised by inadequate funding to the sub-sector, which further perpetuates the equity limitations in access to ECD and PPE.



- According to the ECD-MIS survey of 2021, there are 80,560 children enrolled in ECD centres through the country, translating to 24% gross enrolment ratio while for PPE enrolment is recorded at 48,000 according to EMIS 2021 larger proportion of children of PPE age are still in ECD centres where they do not benefit from appropriate learning and preparation for grade 1.
- Of the children enrolled in ECD centres, 685 are children with disabilities.
- While ECD net enrolment is low across the country, some regions have much lower net enrolment rates. For instance, only 16% of 4-year-old in Hardap and Kunene are enrolled in ECD centres, followed by Khomas and Erongo at 21% each and ECD enrolment differs significantly by region Kavango East at 22, compared to the highest 4-year-old enrolment rate of 38% each in Omusati and Oshana, and 33% in Oshikoto regions.
- ECD enrolment declined in all regions except Omaheke between 2019 (pre-COVID19 pandemic) and 2021 (COVID-19 pandemic phase), setting back an already underperforming indicator.

Partners

Water, Sanitation, and Hygiene

- The Ministry of Agriculture, Water and Forestry (MAWF)
- Ministry of Health and Social Services (MoHSS)
- Ministry of Urban and Rural Development (MURD)
- Ministry of Education, Arts, and culture (MoEAC)
- City of Windhoek (CoW)
- Namibia Red Cross Society (NRCS)
- Society for Family Health (SFH)
- Development Workshop Namibia (DWN)
- European Union (EU)
- Namibia Chamber Environment (NCE)
- Debmarine and Namdeb Foundation (DNF)
- Japanese Embassy
- Rand Merchant Bank (RMB)
- GIZ

Early childhood development

- Ministry of Gender Equality, Poverty Eradication and Social Welfare
- Development Workshop Namibia
- Side-by-Side Early Intervention Centre
- Ministry of Education Arts and Culture
- European Union



Best Practices

- The CLTS site has a social enterprise for recycling, toilet construction and sale of solar charged lights, which helps them earn some income to support their basic needs while improving environmental outcomes.
- Community leadership - strong community engagement and involvement with the WASH and ECD thus making the interventions more sustainable, particularly when partnerships with the UN and other partners can be mobilized.
- Integrated service delivery - WASH intervention are implemented in households and in ECD centres, further utilizing centres as demonstration sites for the community.
- Implementing partners have demonstrated ability to mobilize funding from the private sector when the UN provides catalytic support to build capacity and design effective interventions that are scalable

Moving forward/opportunities for further action

The delegates shared key messages for improved UN support to advance the rights of vulnerable children as follows:

Children with disability

- a)The UN can help advocate for children to access prescribed assistive devices timely. Children in need of wheelchairs require appropriately specified devices as prescribed, not as generic donations. It is common for children to wait 1-2 years before they receive prescribed wheelchairs from MoHSS, by the time of which their needs have changed and the devices no longer serve their purpose optimally. Having wrong devices causes harm. b) To facilitate further advocacy with the MoHSS, the centre accepted the invitation of the Constituency Councilor to meet for further discussions.
- The centre imports prescribed assistive devices for their clients but has suffered long waits for customs clearance due to requirements for custom tax payments. The UN can advocate for waiver of customs tax for non-profit organizations importing devices for children in need.
- Children with severe disabilities require continuous care, which eliminates the possibility of their primary caregivers to find work to sustain their families. A centre specializing in care for children with disability would allow parents the opportunity to work while knowing their children were safely receiving care, including from specialized Doctors and other health practitioners.

Water, Sanitation, and Hygiene

- The Honorable Governor of Khomas urged the UN to support scale-up acceleration of the community-led total sanitation intervention to all informal settlements in urban areas.
- The UN has a unique position to advocate for, and influence Government policy on informal settlements. The UN can build and advance a narrative about the experiences of informal settlement dwellers that highlights:
 - a) People in informal settlements are often driven there by climate change events
 - b) Communities in informal settlements are particularly vulnerable to additional climate-change events, including floods, as many settle in floodplains in search of land
 - c) The use of firewood and candles in the settlements, because of lack of access to electricity increases the risk of fire accidents which have claimed lives in the past. The UN can support improved access to green energy for people in informal settlements, including through solarization
 - d) Other towns outside Windhoek are making progress in addressing informal settlement challenges, including through land reform interventions to formalize and provide services in the settlements. However, the City of Windhoek remains behind on these efforts, and support to facilitate peer learning and targeted advocacy could advance attainment of rights for vulnerable people in these areas.

Early Childhood Development (ECD)

- Children continue to learn in ECD centres with poor and non-conducive learning environments often overcrowded and lack access to basic sanitation water, and hygiene.
- Training and upskilling efforts towards educarers and support staff have limited lifecycles and often without continuity and ongoing professional development and coaching.
- Parental involvement and participation in children's learning remains a challenge at household level which impacts learning outcomes for children. There is a need for continued advocacy and investments in efforts to support parents on parenting skills and active participation and contribution in their children's learning, and linking parents in need of support to critical services (e.g. social protection, protection from gender-based violence). Fostering the understanding that Early learning starts in the home and continues at the ECD centre.

General observations

It is critical that the UN supports implementing partners to develop effective exit strategies when their projects are concluded to ensure sustainability of gains made.

SITE 3: Oshitenda and Havana

Background

COVID-19 Community – Based Response Initiative (CBRI)

As the Africa continent experiences a surge in new cases amidst the detection and circulation of the new omicron variant, the need to strengthen surveillance and response interventions at the community level cannot be overemphasized. In Namibia, the Community – Based Response Initiative (CBRI) project came at a crucial time when the country was experiencing its third wave of the COVID-19 pandemic, in which the highest peaks of cases and fatalities were recorded driven largely by highly transmissible variants of concern, particularly the Delta variant. World Health Organization (WHO) Regional Office for Africa (AFRO) developed this initiative to support the efforts of Namibia to improve detection and response to the COVID-19 pandemic and contribute to the reduction of COVID-19 cases and deaths through early detection and interruption of COVID-19 transmission events in 14 selected hotspot districts in Namibia including Khomas district.

Nutrition

Almost 1 in 4 children (23.7%) in Namibia are stunted, with stunting higher in rural areas (27%) than in urban areas (16%), and among boys (26%) than girls (21%). During 2022, according to the DHIS2, Khomas Region had about 400 children admitted to hospitals for management of severe acute malnutrition, the 4th highest number of admissions compared to the rest of the regions.

The UN interventions

COVID-19 Community – Based Response Initiative (CBRI)

- The CBRI project was introduced in July 2022 in Namibia and will end in July 2023. Fourteen (14) COVID-19 hotspot districts are selected in Namibia as the focus areas of this initiative. Khomas district deployed 10 Community Health Workers (CHWs) who are trained and oriented to implement the field activities across all the COVID-19 areas such as surveillance, laboratory, case management, vaccination, infection prevention and control, community health, risk communication and community engagement.

Nutrition

- During October 2022, a total of 82 out of 86 Community Health Workers in Khomas Region received training, equipment for nutrition assessment, tools, and registers. The 82 CHWs were equipped with skills for (i) giving vitamin A supplementation; (ii) treatment of simple diarrhea with ORS and Zn; (iii) follow up of children on treatment for severe acute malnutrition; (iv) teaching mothers to screen their own children for malnutrition; and (v) defaulter tracing and

follow up on adherence to treatment. CHW trainings also integrated with key components of child grants, child protection, and Early Childhood Development.

- Nutrition RCCE implemented by the Red Cross in Khomasdal, Katutura East & Central, Moses //Garoeb. started 1 Dec 2022 and will end on 30 June 2023. Key Interventions include household visits, nutrition health education, identification of malnourished children and referral to health facilities.

The issue/problem identified

1. COVID-19 Community – Based Response Initiative (CBRI)

To improve the case detection and response rates to the COVID-19 pandemic in Namibia, World Health Organization (WHO) provided technical and financial support to MoHSS to recruit, train and deploy 60 Community Health Workers (CHWs) to implement the CBRI Project in selected 14 health districts. Challenges are: CHWs in Namibia are not allowed to perform Ag-RDT due to patient safety regulation of the Health Professional Council, poor testing of COVID-19 suspected cases and contacts at community level due to lack of transport and limited certified staff to perform testing.

2. Nutrition

In response to high numbers of admissions and high defaulter rates, more than 40% of children prematurely exit from treatment for severe acute malnutrition, UN supported MoHSS in training CHWs to detect and refer children with acute malnutrition early. Challenges include resignations of some of the trained CHWs, and no replacement as they are not officially on the organogram for MoHSS.

Observations from site visit

The health team visited the Ebandulo community in the Moses Garoeb constituency where supplementary vaccination activities were conducted.

Service provision (access/accessibility/Quality/ Availability)

- The team observed the use of a catch-up campaign for Polio vaccination (gap created because of stock out experienced in the past few months) to catch-up all other due vaccines, screen for nutrition (refer/treat), vitamin A supplementation and deworming.
- CHWs from MoHSS and Red Cross demonstrated their work to the team which included, nutrition counseling using flip charts with key messages, followed up with distribution of I.E.C. materials developed through the multi-sectoral “Right Start Campaign”, pamphlets on nutrition promoting optimal feeding practices for young children, pregnant and breastfeeding women.
- An occupational therapist was available to review any cases identified with disabilities and attend to them.
- Children from an ECD center were brought in by their “Educarer”, who had communicated in advance to parents to bring their child health passports to the center that morning. All children from the ECD center benefitted from the integrated services with health and nutrition services provided to them.

- Number of patients (children) reached during the community outreach- MUAC:111, Albendazole: 105. Vitamin A: 99, OPV: 10, DT booster: 18, Measles and Rubella: 4
- The outreach activity allows the community to get integrated medical assistance and save time and money in transport or commuting.



Opportunities for collaboration

- The Governor brought up an important point where the MoHSS, could work more with the Counsellor with regards to mobilization of the community (Counsellor's mandate)
- MoHSS might ask the Counsellor to assist with mobilizing toilets for the campaign to cater for health staff and caregivers who may have traveled from faraway places.
- Increased collaboration between ECD centres and vaccination and check-up outreach activity. Potential to also train Educarers to screen children for malnutrition and provide them with MUAC tapes.
- Opportunity for including a VIH programme for monitoring adherence to treatment.
- Climate change and environmental health: opportunity for integrating wash programmes. Access to water and sanitation is a structural problem in informal settlement.

Gaps and challenges

- A relevant rate of mothers are teenagers/adolescent mothers who are school dropouts and/or unemployed. Opportunity to integrate a gender component on prevention of unwanted pregnancies and SRHR.
- As informal settlement, it shows features common to other similar sites: high unemployment for youth and women. A livelihood/employment component would be a positive synergy for the nutritional education programme for the community because many households' heads do not have purchase power for changing the diet even if it is based on local foods.
- High attrition rates of CHWs.
- Temporary stock out of Polio Vaccine.
- Perennial supply chain issues identified with Ready-to-Use Therapeutic (RUTF) Foods running out especially at PHC level (due to reliance on RUTF for both MAM and SAM, HIV and TB patients, while forecasting and purchase is done based on children with SAM only from the ages of 6-59 months. Children come for follow up on the program only to find stock outs – contributing to high defaulter rate.
- Community members are not readily able to access COVID-19 testing services due to the distance of facilities from the community.

Best practices

- Integration of disability (disability inclusion).
- Complementarity between Red Cross and MoHSS CHWs on promotion of optimal nutrition.
- Integration of ECD by bringing children with their child health passports to the immunization outreach service. ECD centers are also being used as designated fixed sites for outreach services, as they are many and nearer, more accessible to the community.
- Use of public space which can accommodate large numbers and allowing community member to conveniently access health care services
- The use of community mobilizers during the outreach to increase participation and awareness
- Human Interest Story was recorded by WHO after observation of one child picked up during screening with acute malnutrition.
- Partnership of Community Health Workers with USG/USAID funded programme - ABT that provides health workers at community level for provision of services closer to clients.

Conclusion

The visit to the informal settlement (and other ones) provided the UN with the insight and opportunity to develop an integrated approach (health, nutrition, gender, livelihoods, housing, environmental health.) with partners in government, civil society, and the community.



A nurse explaining the immunization process to the delegation team.

Moving forward/opportunities for further action

COVID-19 Community-Based Response Initiative (CBRI)

- The actual field work started in September 2022 and will continue into 2023 to implement a package of community-based response activities consisting of active case finding, support testing using antigen rapid diagnostic tests, home-based isolation and care, provision of community infection prevention and control (IPC) kits, assessing hotspot communities for compliance to public health and safety measures, and implementing risk communication and community engagement (RCCE) activities to improve compliance.

Nutrition

- Strengthen the key Interventions which include household visits, nutrition and health education, identification of malnourished children and referral to health facilities.



Summary

- 1** Access to and adequacy of social protection. For the Disability Center, it was confirmed that almost all the children were receiving the child disability grant. The remaining few had their applications lodged with the Ministry of Gender for enrolment. However, whilst welcoming the increased value to N\$1300 per beneficiary, (effective April 2023) it was noted that this is still not enough given that palliative care cost between 15-20,000.00 per child per month.
- 2** Information sharing and coordination – between the UN and the two levels of government is important for the success and sustaining interventions at scale. The Regional Government was not fully informed/ aware of the interventions being implemented, yet they play a very strategic advocacy, budget and planning role which needs to be fully leveraged for sustaining and scaling up the interventions, beyond UN support. The Regional Governor expressed commitment to support some logistical requirements (transport) at the GBV Unit and advocacy to adequately resource the Disability Center caring for children.
- 3** Absence of databases to link survivors or the needy to social protection. There is no database to capture GBV data in real time, making it difficult to link survivors to social protection. The same trend was observed for disability and nutrition interventions. Most victims of GBV and malnourished children are potential beneficiaries of social protection, but access remains challenged given the lack of a database to capture and refer to social protection systems.
- 4** Case Management and linkages to services –linked to the above, lack of databases makes it particularly challenging to monitor progress of victims (e.g., of GBV) and link children with malnutrition with social protection and other social services such as education, ECD or birth registration.
- 5** Labour market participation – As a best practice, the CLTS site in Samora Machel, has a social enterprise for recycling, which helps them earn some income to support their basic needs. This need was highlighted at the Side-by-Side site, where mothers requested support to start small social enterprises, then can operate whilst taking care of their children.
- 6** Access to birth registration also affects access to social protection, due to absent fathers, particularly for children with disabilities.

Conclusion and next steps

The visit to the informal settlement provides the UN with the insight and opportunity to develop an integrated approach (health, nutrition, gender, livelihoods, housing, environmental health.) with partners in government, civil society, and the community. Going forward, there is need:

- To ensure joint planning, design and implementation at the UN level and engaging with both tiers of government.
- To engage and strengthen the capacity of the local governments to fully understand the socio-economic situation and challenges within their respective jurisdictions to inform sustainable interventions in their Regional Plans and Budgets.
- Continued evidence generation and advocacy for adequate disability inclusive and child sensitive social protection systems, including eliminating barriers to access.
- For greater advocacy towards a more integrated social protection system, with clear linkages to social services, critical for human capital development – education, health, nutrition, WASH and ECD.
- The visit to the informal settlement provided the UN with valuable insights and opportunities to develop an integrated approach across various sectors. The lessons will be integrated into the new United Nations Sustainable Development Cooperation Framework (UNSDCF) results formulation, as mentioned in the introduction. Moving forward, key areas of focus include joint planning and implementation at the UN level, engagement with both tiers of government, strengthening the capacity of local governments to address socio-economic challenges, advocating for inclusive social protection systems, and promoting integration with social services for human capital development.



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