

**GOVERNMENT OF NAMIBIA/UNICEF
COUNTRY PROGRAMME OF CO-OPERATION**

**PROGRAMME PLANS
OF OPERATIONS**

1992 - 1996

**UNITED NATIONS CHILDREN'S FUND
(UNICEF)**



**GOVERNMENT OF
THE REPUBLIC OF
NAMIBIA**



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1992 - 1996

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PROGRAMME 1 : PRIMARY HEALTH CARE

1. BASIC DATA

COUNTRY: Namibia

PROGRAMME: Primary Health Care

PROGRAMME NUMBER: YH710

TIME PERIOD: January 1992 - December 1996

PROJECTS:

- ✓ 01: Community Based Health Care
- ✓ 02: Expanded Programme on Immunization
- ✓ 03: Control of Diarrhoeal Diseases/
Acute Respiratory Infections
- ✓ 04: Nutrition Improvement Project
- ✓ 05: Safe Motherhood Project
- 06: Health Programme Planning Support

FUNDING SOUGHT:

General Resources	: US\$ 1,680,000
Supplementary Funds	: US\$ 7,230,000
Total	: US\$ 8,910,000

MAIN COOPERATING AGENCIES:

Main sector -
Ministry of Health and Social Services

Other sectors/agencies -
Ministry of Agriculture and Rural Dev.
Ministry of Local Government and Housing
Department of Women Affairs, Office of the President
World Health Organization (WHO)
UNFPA
Rotary International
OXFAM (UK)
CIDA
EEC
NGOs and church organizations eg. Lutheran and Roman Catholic churches

EXECUTIVE SUMMARY

This programme addresses some of the major health problems identified in the Situation Analysis of Children and Women in Namibia and aims to significantly reduce morbidity and mortality due to common health problems in women and children by 1996. The programme will be implemented within the overall framework of the policies and objectives of the Government of Namibia and will contribute significantly to efforts to achieve the Goals for Children in the 1990s, adopted at the World Summit for Children.

The major objectives of this programme are: the achievement of UCI by 1993 and increasing coverage for all antigens to 90 per cent by 1996; increasing access to promotive, preventive and curative measures against diarrhoeal diseases (DD) and acute respiratory infections (ARI) in children under five years of age; virtual elimination of neonatal tetanus by 1996 and significant reduction of polio and measles cases by 1996; reduction of moderate and severe malnutrition; increase of access to maternal health services and information on women's health; empowerment of communities for participation in health promotion activities.

The programme will be implemented on a national scale for EPI, Control of Diarrhoeal Diseases and of Acute Respiratory Infections. Safe Motherhood and Nutrition Improvement initiatives, the latter including clinic- and community-based growth monitoring and promotion, will be supported in all districts. Investigation will be made of the incidence of micro-nutrient deficiencies in Namibia, and support given to appropriate interventions. Pilot initiatives will be supported for the introduction with households of impregnated bednets, under the framework of the National Malaria Control Programme. Further, intensive community-based activities will be undertaken in at least 8 emphasis districts, achieving high participation in health-promoting activities. Community Health Workers and TBAs will be trained and deployed, with community support, in these districts, and Community Based Health Care (CBHC) activities will be initiated in at least half the remaining districts by 1996. The CBHC Programme will contribute to capacity-building through in-service skills training and re-orientation to PHC concepts of some 4,000 health workers, and will promote linkages with all other UNICEF-supported Programmes and relevant sectors at community level. Further the Baby and Mother Friendly Health Facilities Initiative will be introduced in all health facilities to promote breastfeeding, maternal care and immunization.

The PHC Programme will undertake co-operation in six project areas namely: Community Based Health Care (CBHC); Expanded Programme on Immunization (EPI); Control of Diarrhoeal Diseases/Acute Respiratory Infections (CDD/ARI); Nutrition Improvement Project (NIP); Safe Motherhood Project (SMP) and Health Programme Planning Support (HPPS). UNICEF will provide support to project activities including training, technical and advisory support, provision of supplies and equipment, in support of these projects.

2. INTRODUCTION AND JUSTIFICATION

The government of Namibia is committed to the overall improvement of the health status of its people and has outlined policies that will enable it to achieve increased access to basic services. This includes the expanded coverage of basic health services especially for children and women.

Namibia, with a population of roughly 1.7 million people, faces many of the problems similar to those in other developing countries in Africa including a high infant mortality rate, currently estimated to be about 103 per 1000 live births, and a high maternal mortality rate.

As indicated in the Situation Analysis of Children and Women (UNICEF/NISER, 1991), a variety of factors predispose children and women to this high mortality as well as morbidity. These include poverty, unhealthy living environments, lack of community oriented promotive and preventive health programmes and low educational levels within the family.

Major disparities exist among the regions of Namibia including unequal access to basic services such as health and education. This is largely due to the policies of the pre-independence era, during which there was extensive fragmentation of basic services along ethnic and racial lines.

The recent Household Health and Nutrition Survey conducted in North West region (formerly Ovamboland) and in Katutura township found a high moderate malnutrition rate of 23% and a severe malnutrition rate of 6%. The survey also found a high morbidity rate amongst children under five years of age. Out of a total of 1746 children in the survey, 68% were reported to have been sick in the previous fourteen days, with 43% complaining of cough, 38% and 33% complaining of fever and diarrhoea respectively and 2.1% having had measles during the previous two weeks.

The Situation Analysis also shows that, according to clinic based data, malaria and measles are among the leading causes of outpatient morbidity. As a result of the poor health information system, common conditions such as diarrhoea and acute respiratory infections (ARI) are under-reported. However, it is believed that these two conditions are among the major child killers in Namibia. In Onandjokwe hospital in northern Namibia ARI accounted for 22% of paediatric admissions in 1987 and 27% in 1988.

The incidence of measles is the highest of the six immunizable diseases. However, neonatal tetanus continue to be an important problem and polio is still being reported. Little information is available on diphtheria.

Other commonly-reported health problems include sexually transmitted diseases and

tuberculosis. Available data also show an increasing trend in the number of HIV/AIDS cases reported. AIDS is believed to be potentially a major problem given the high incidence of sexually transmitted diseases.

A high maternal mortality rate was indicated in the Household Health and Nutrition survey which found a rate in the surveyed area of 371 per 100,000 live births. A more representative national figure is not yet available and it is believed that this may be an overestimation of the problem. However, given that there has been little focus on maternal health care on the whole and the fact that antenatal services are not available in most clinics, as this is done mainly in the hospitals due to lack of adequately trained personnel, it is likely that overall maternal mortality rate is high.

A wide range of problems and constraints are faced by the health sector and these include the following:

- Inadequate capacity of the sector to implement PHC programmes due to lack of adequately trained personnel at all levels.
- Lack of adequate support and supervisory structures at the regional, district and community levels. This is worsened by the very sparse distribution of the population.
- Poor attitudes of health workers towards promotive and preventive health activities.
- Lack of community participation in PHC activities.
- A poor Health Information System which is being addressed currently but will take time to be streamlined.
- Inadequate supplies as well as transport to support PHC activities.
- Lack of data: for example, information on micronutrient deficiencies which are believed to present problems in at least some parts of the country.

These and other constraints have contributed to the prevailing poor access to basic health services. A national immunization coverage survey conducted at the end of 1990 showed coverage by one year of age of 85%, 53% and 41% for BCG, DPT3/Polio3 and measles respectively. Fully immunized rate by one year of age was only 26%. These coverage figures were however a major improvement as compared to the findings of the Household Health and Nutrition survey which found coverage under one year of age for measles of 14% in April 1990. The improvement in coverage has occurred mainly due to the accelerated activities aimed at attainment of UCI goal which Namibia is yet to achieve.

Coverage of other MCH activities such as growth monitoring and antenatal care are also low. In most parts of the country growth monitoring and promotion are not undertaken and health personnel are not adequately trained for this. Antenatal services are also poor partly due to inadequacy of trained staff. Most ante-natal care services and deliveries are undertaken in hospitals rather than health centres, which are not adequately equipped to handle deliveries. It is however estimated that 60% of all deliveries take place in health facilities.

The Ministry of Health and Social Services (MOHSS) has been restructured to enable the sector improve the implementation of PHC services countrywide. The sector is reorganized into levels and structure as follows:

- Local health services: curative, preventive and promotive services at local level.
- District Health services: district health management teams to be established to co-ordinate PHC activities.
- Regional health services: to provide PHC management support.
- National/Central level: PHC policy formulation, planning, monitoring and co-ordination.

There is a Directorate of PHC which co-ordinates all PHC activities. A National PHC Committee, which has representation from the regions, meets monthly to plan, approve and review all PHC policies and activities.

There is a strong justification to provide support in order to complement the efforts of the Government of Namibia to improve the health status of children and women. The majority of the problems faced are preventable and can be readily addressed through preventive and promotive activities which have been previously neglected. With some 331 health facilities, over 800 visiting points (outreach centres), a total of 4461 nurses (1153 registered nurses, 1172 staff nurses and 2136 assistant nurses) and a good number of other well-motivated health personnel, the health sector is capable of responding to the challenges of the Goals for the 1990s. Further, religious institutions and NGOs have played an important role in health care delivery especially in Northern Namibia where churches have provided up to 50% of health services, and their contribution will continue to be significant.

Primary Health Care is in the context of this programme viewed as a holistic strategy and an approach which embraces preventive, promotive, curative and rehabilitative services with an emphasis on the first level of care, active community participation, collaboration of all parties, equity of access to services and use of appropriate technologies to address the problems identified. The PHC programme which has a special focus on women and children under five years of age consists of six projects namely, Community Based Health Care

(CBHC), Expanded Programme on Immunization (EPI), Control of Diarrhoeal Diseases and Acute Respiratory Diseases (CDD/ARI), Nutrition Improvement Project (NIP), Safe Motherhood Project (SMP) and Health Programme Planning Support (HPPS). These projects will be co-ordinated and integrated at national, regional, district and community levels.

The PHC programme will support the establishment of systems and structures as well as the formulation of national policies to facilitate the implementation of PHC activities, many of which have been introduced on a national scale only after Namibia's independence in March 1990.

The primary purpose of the PHC programme will be to help re-orientate the health sector to enable it to put more focus on preventive and promotive health activities and to empower communities, families and individuals to play a greater role in the promotion of their own health status and welfare. The programme will enhance inter-sectoral collaboration in the various PHC activities planned. The programme will have selective focus on specific PHC projects eg. EPI, CDD and the development of Community Based Health Care (CBHC). The role of the community in general and of women in particular in the success of this programme will be strongly recognized. Further, the establishment of community support structures to facilitate implementation of PHC activities at the community level will be supported in CBHC emphasis districts. Non-governmental organizations and church organizations will play a significant role in the success of this programme.

Overall, this programme will contribute significantly towards achievement in Namibia of the Global Goals for children outlined in the World Summit Declaration and Plan of Action, and the 1992-96 GRN/UNICEF Country Programme Major Goals.

3. REVIEW OF PAST EXPERIENCE

The government of Namibia has already taken major steps to restructure the health sector and has focussed on the implementation of PHC activities, especially at the regional, district and community levels, in order to increase access to PHC/MCH services.

Shortly after Independence, a number of programmes such as Expanded Programme on immunization (EPI) and Control of Diarrhoeal Diseases (CDD) were successfully implemented by the newly created Division of Family and Community Health in line with the Ministry's declared policy of placing PHC services high on its agenda.

During the Transition period to Namibia's independence and subsequent to this, UNICEF provided considerable support to the health sector and contributed significantly to the restructuring process and to building sectoral capacity, through technical and material support to facilitate implementation of PHC programmes. Support has been provided to facilitate the formulation and implementation of policies which have guided the general re-orientation of the health services towards primary health care.

With support of various agencies and donors including UNICEF, WHO, UNFPA, CIDA, the EEC and religious institutions notably Lutheran, Catholic mission and the CCN, the health sector has registered significant achievements during the short period after independence. These include the following:

- Outlining the general policy statement which indicated the Ministry's commitment to promotion of PHC services.
 - Restructuring the MOHSS, thereby creating a new division of Family and Community Health which has contributed to the rapid implementation of PHC/MCH programmes.
 - Adoption of WHO guidelines for the implementation of the Expanded Programme on Immunization. Prior to independence there were three different immunization schedules none of which conformed to the WHO recommended schedule. The implementation of the EPI programme has had a significant input from UNICEF through provision of technical support, supplies of vaccines and cold chain equipment, provision of transport to improve outreach services especially in northern Namibia, support to training activities and support to social mobilization activities aimed at increasing demand for immunization towards attainment of UCI goal. A total of 56 mid-level managers and 387
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operational level managers have been trained since EPI was launched in 1990. The Programme has provided the focus around which other PHC programmes have been implemented. A national EPI policy document is in the process of being finalized.

- The process of implementation of Community Based Health Care (CBHC), aimed at promoting active community involvement and participation in preventive and promotive health activities and other activities that would promote their standard of living, has been successfully initiated. The President of Namibia launched a national PHC awareness workshop in February 1991 which was followed by regional awareness workshops in the four regions and district awareness workshops in 8 districts. Further, a total of 28 national and regional level facilitators as well as 217 district level trainers who will train CHWs and TBAs have been trained. In addition, a total of over 400 other workers from health and other sectors have had orientation on PHC concepts and it is believed that this has helped improve their attitudes towards their work as well as towards their communities. National guidelines for the implementation of PHC will be produced by the end of 1991. Implementation of CBHC including the training of CHWs and TBAs is expected to start in 8 emphasis districts initially and subsequently to be extended to other districts.

The 8 emphasis districts have been selected following the national and regional PHC awareness workshops. Each of the four health regions have selected two districts using the following criteria:

- a) A selected district needs to have adequate potential for success of CBHC activities, i.e.:
 - Readiness on the part of leaders to support CBHC activities.
 - Some ongoing community based activities.
 - Adequate resources and infrastructure to support activities.
- b) The presence in a district of a trained facilitator as well as highly motivated staff.
- c) An overall possibility of replicability of the experiences gained in further districts.

The implementation of CBHC in Namibia is unique in that the Government has taken the leading role and is ready to work with NGOs to implement the CBHC activities. The Government's commitment to the implementation of CBHC has been demonstrated by the financial support it has provided to the PHC awareness workshops, for which it met most of the costs (travel and accommodation) of workshop participants.

- The MOHSS has made progress in initiating the establishment of a National Malaria Control Programme with technical assistance from WHO and funds from EEC. Draft national guidelines for control of malaria including treatment guidelines have been developed with assistance of a team of malaria experts provided by WHO. Measures already instituted include vector control, promotion of protection against mosquito bites (including promotion of the use of mosquito nets and repellants and clearing of compounds) and improvement of case management in health facilities and communities. A total of over 120 general health assistants have been trained and employed by the MOHSS in northern areas to educate communities on prevention and treatment of malaria and to treat cases in communities. In 1990 UNICEF provided chloroquine tablets and support to laboratory services to improve malaria case management. It is the Ministry's intention to implement malaria control within the overall context of PHC and to promote community participation in control activities. The use of impregnated mosquito bed-nets will be promoted in this programme.
 - The MOHSS has established a national AIDS control programme. A separate *director*ate responsible for control of AIDS and other STDs has been established and has embarked on a major public awareness programme. Steps are also underway to establish a national TB control programme.
 - Establishment of a Health Education Unit in the MOHSS to promote social mobilization and health education is in progress. This unit, which is new, has been created as part of the Ministry's restructuring exercise and has received technical and material support from UNICEF.
 - The implementation has been initiated of other PHC/MCH services including CDD, ARI, Growth Monitoring and Promotion and maternal health programme. Policy guidelines for CDD are in the process of being finalized. The MOHSS is collaborating with other Ministries in the formulation of a National Food and Nutrition strategy for Namibia. Efforts are also underway to improve the Health Information System. UNICEF has made significant inputs in all these areas.
 - The MOHSS, charged with the task of co-ordinating the Government's Programme of Action for follow-up of the World Summit Declaration, has initiated activities in order to achieve the formulation of the National Programme of Action (NPA) Programme by the end of 1991.
 - The MOHSS has made significant progress in formulation of policy guidelines for implementation of PHC programmes eg. EPI, CDD and CBHC. UNICEF has played a key role in facilitating the formulation of these policies.
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4. GOVERNMENT POLICY FRAMEWORK

The Government of Namibia is committed to uplifting the standard of living of its people and has outlined policies to ensure that there is equal access to basic services for all Namibians, as guaranteed by the Constitution.

The Government's **Policy Statement on Children** of 1990 recognizes that " The innocent Namibian children have been most susceptible to the hardships of hunger and disease imposed by colonial neglect" and that "in order to bring about the necessary changes, which will ensure a better and acceptable future for our children, the Government of Namibia has had to start from the very bottom, with a view to addressing the situation in a comprehensive manner."

In the 1990 "**General Policy Statement on the Reconstruction and Development of Namibia**", the Government emphasizes its commitment to the promotion of the welfare of its people and indicates that it places highest priorities on four sectors namely: Agriculture and Rural Development, Education, Health and Housing.

The Ministry of Health and Social Services in its **policy statement of March 1990**, which has guided the restructuring of health and social services in independent Namibia, states that "Primary Health Care services shall be the focal point of health services to communities in Namibia and shall include at least:

- the promotion of proper nutrition and adequate supply of safe water;
- maternal and child care, including family spacing;
- immunization against the major infectious diseases;
- basic housing and basic sanitation;
- prevention and control of locally endemic diseases;
- education and training concerning prevailing health problems in communities and the methods of preventing and controlling them;
- appropriate treatment for common diseases and injuries; and
- community participation in health and social matters."

Namibia's policies and Constitution also guarantee equal opportunities to women to enable them to participate fully in all aspects of development and society.

The Government adopted the Goals for Children in the 1990's at the World Summit for Children and will formulate and implement a National Programme of Action according to the country's situation and needs.

One of the areas yet to be formally addressed is the implementation of the Bamako Initiative in Namibia. Despite this, it is evident that the Bamako Initiative principles are already in practice with the Government's declared policy of promoting active community participation in, as well as financing of, health activities, and restructuring

with an emphasis on strengthening PHC management at the regional, district and community levels. Focus will be put on strengthening the overall capacity of the health care system to deliver preventive, promotive and curative services with special focus on the peripheral clinics which are closest to the communities. On community involvement, the Ministry's policy statement of 1990 states: "The new Government places a high premium on involvement of communities in health and social services at their level The objective shall be to make communities master of sustainable primary health care programs in their own environments."

The policy of the Government is to provide PHC services free of charge for outreach services. There are fees charged for services in all clinics, health centres and hospitals. Such fees could contribute to sustainability of PHC activities especially at the level where they are collected. It is expected that a health financing study will be undertaken to provide recommendations to the Government in this area. Further, the rational use of essential drugs to which the MOHSS is committed, as indicated in the Ministry's policy statement of 1990, would help to save funds which could be used for PHC activities. The Ministry has initiated the process of formulating an essential drugs list and plans to adopt an essential drugs policy for Namibia.

5. PROGRAMME OBJECTIVES

The Primary Health Care programme will be implemented within the overall framework of the Government of Namibia's policies and goals for the improvement of the health status of children and women. The programme will contribute to the achievement of global Goals for children as outlined in the World Summit Declaration and Plan of Action, and to the Major Goals of the GRN/UNICEF Country Programme. The programme will benefit children under five years of age and women, especially those of child bearing age, and has the following broad objectives:

- to empower communities with knowledge, skills and values necessary for the improvement of their health status.
 - to achieve universal immunization objective of at least 80% coverage for each antigen by one year of age by 1993 and sustain it in order to reduce morbidity and mortality due to the EPI target diseases.
 - to significantly reduce the number of polio cases as a step towards achievement of the goal of polio eradication by the year 2000.
 - to virtually eliminate neonatal tetanus by 1996 through immunization of at least 95% of pregnant women with TT2 and promotion of clean delivery.
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- to reduce morbidity and mortality due to DD by 25% and 15% respectively and mortality due to ARI by 15%.
- to reduce moderate and severe malnutrition in children under five years of age by 25% of 1990 levels and to determine the magnitude of the problem of micronutrient deficiencies and take appropriate action.
- To increase the proportion of mothers who undertake exclusive breastfeeding for at least 4 months to 75% or more.
- to reduce low birth weight rate to less than 12.5% by 1996.
- to reduce maternal mortality by 25% of 1990 levels.

Overall, this programme will contribute significantly and directly to the Country Programme Major Goals for reduction by the end of 1996 of infant and maternal morbidity and mortality, and of child malnutrition, in line with the WSC Declaration and Plan of Action.

6. PROGRAMME STRATEGY

The programme will build on achievements already made especially as a result of the successful implementation of the EPI and efforts so far made to re-orientate the health sector towards PHC approaches. The programme will lay emphasis on empowerment of communities with special focus on women's participation in health and related programmes.

The success of this programme will depend to a large extent on community participation and on the support and collaboration of the relevant ministries, agencies and religious institutions and other NGOs at all levels of implementation of the various PHC projects. Policies that will facilitate inter-sectoral collaboration will be advocated for and mechanisms for collaboration will be clearly outlined and supported.

The role of mass mobilization activities to ensure popular support, ownership and involvement in health interventions will be recognized and efforts will be made to provide advocacy, information and health education at all levels in order to accelerate implementation of PHC projects. Messages contained in UNICEF's Facts For Life will be disseminated accordingly.

Among other strategies to be adopted are the following:

- promotion of decentralization of PHC services.
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- strengthening the capacity of the health care system to deliver preventive, promotive and curative services with special focus on regional and district levels and on peripheral clinics which are closest to communities.
 - promotion of the implementation of sustainable PHC programme at all levels. The programme will aim to promote Bamako Initiative principles to ensure active community participation in PHC and financing of activities with the objective of developing self-sustaining programmes. The programme will promote appropriate and rational use of drugs and the development of an essential drugs policy for Namibia as well as standardized treatment schedules.
 - utilization of the community based health care approach in order to address common community problems, such as malaria and plague in the north and tuberculosis in the south. Community health workers and traditional birth attendants will be trained in districts of CBHC implementation.
 - provision of support to clinics which are the smallest health care units closest to communities, in order to enable them meet the demand for PHC services and to improve the quality of care provided in these clinics within the overall referral system. Communication between these units and the district level will be improved.
 - advocacy for the health and welfare of women as part of the Safe Motherhood Initiative project and promotion of womens' participation in PHC activities at all levels.
 - the role of basic and non-formal education systems in PHC will be recognized. Specific health messages on common health problems, including AIDS and malaria, targeted to schools, will be developed and disseminated accordingly. Linkages will be maintained with education sector in order to enhance the role of schools in PHC.
 - implementation of the Baby and Mother Friendly Health Facilities Initiative in all health facilities.
 - promotion of the role of women in the improvement of their own health status as well as that of children. Overall, women's role in health and development will be recognized and promoted.
 - strengthening of the Health Management Information System and facilitation of analysis and utilization of data at all levels. Data collection from the community level will be developed in the CBHC emphasis districts.
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- co-ordination and integration of the six PHC projects at all levels (national, regional, district and community) and collaboration with other UNICEF supported programmes, including the Integrated Area Based Programme, Household Food Security and the Family Life Empowerment Programme.

7. PROGRAMME LINKAGES

The PHC Programme will form part of the Government of Namibia's efforts to achieve the Goals for Children in the 1990s and will contribute to the Government's World Summit for Children follow-up Programme of Action as reflected in the goals and objectives of this Programme.

This Programme will seek to promote inter-sectoral collaboration and establish links with relevant programmes in other sectors. Links will for example be established between the health sector and other sectors involved in community based activities such as Ministry of Agriculture and Rural Development, Ministry of Local Government and Housing, Ministry of Education and Culture and the Department of Women Affairs in the Office of the President, in order to promote synergy and avoid duplication of effort. Further, it is envisaged that, in the implementation of the multi-sectoral National Food and Nutrition Strategy now under development, this Programme will play an important role in facilitating collaboration with relevant sectors in the implementation of nutrition programmes.

The Programme will aim to achieve linkages with other UNICEF-supported Programmes, including the Integrated Area Based Programme, Family Life Empowerment, Household Food Security and Non-Formal and Basic Education Programmes. In the implementation of CBHC, there will be strong collaboration with other sectors including the Ministry of Local Government and Housing and Ministry of Agriculture and Rural Development, religious institutions and other NGOs especially at the community level. Extension workers from other sectors will be trained to complement the work of community health workers in communities.

Collaboration will be maintained with other agencies and donors involved in PHC activities in Namibia, particularly WHO for technical support to PHC, UNFPA for support to maternal health programmes especially family spacing, OXFAM (UK) for support to PHC training and implementation, FINNIDA in community based activities in Northern Namibia and the EEC which will support a number of health programmes including malaria control. Linkages will also be maintained with religious organizations such as the Lutheran and Catholic Churches and other NGOs.

8. SUSTAINABILITY ISSUES AND CONSTRAINTS

This project will be implemented by the Ministry of Health and Social Services in line with the Ministry's policies and objectives. Inputs by UNICEF and other agencies will be complementary to Government inputs which will provide the backbone and framework within which all programmes are to be implemented.

As already described, it is the Ministry's declared policy to put more emphasis on PHC and it is expected that the Ministry's budgetary allocation for PHC activities will be increased and maintained at a level which will ensure sustainability of the PHC/MCH services which are already being operated.

In 1990 the MOHSS was allocated 9.6% of the national budget. Although the projected spending was reduced to 8.8% in the 1991/92 budget, this still represents an increase in real terms. Furthermore, the Ministry has committed itself to increasing its inputs in PHC programmes and has already allocated more funds to PHC than was the case in the pre-independence era. This is evidenced by the establishment and staffing of the new Division of Family and Community Health and the rapid implementation of PHC/MCH programmes. During the recent national and regional PHC awareness workshops, the Ministry met most of the costs of the workshops, further demonstrating its commitment to supporting PHC activities.

One of the major constraints to the success of this Programme is the lack of adequately trained staff at various levels and the inadequate capacity of the various units of the new Division of Family and Community Health to plan and implement programmes. Support will have to be provided at various levels to build capacity for planning, implementation, supervision and evaluation of PHC activities especially at the regional, district and community levels.

Another constraint is the sparse distribution of the population in some regions and the vast distances that create extra transport needs. This will necessitate careful planning for service delivery and innovative, community-based approaches.

Currently, the government charges minimal fee for service in all hospitals, health-centres and clinics but not for outreach services. This will need to be reviewed with a view to ensuring net benefit to the sector especially at the level where such fees are collected.

The MOHSS will also need to build cost monitoring systems into all PHC programmes to ensure cost effectiveness of programmes and maximization of the limited resources available.

9. PROGRAMME DESCRIPTION

9.1 PROJECT 1: COMMUNITY BASED HEALTH CARE

9.1.1 INTRODUCTION

The Ministry of Health and Social Services places a high priority on promoting community participation in various health activities and has already initiated the process by which implementation of Community Based Health Care (CBHC) will be achieved in Namibia.

During 1991, a series of activities were undertaken including a national PHC workshop, regional PHC awareness workshops in all four health regions of Namibia and the training of facilitators (TOF) who would train trainers in various districts. These trainers would then train community health workers (CHWs) and Traditional Birth Attendants (TBAs).

The President of Namibia when officially opening the national PHC workshop reaffirmed his Government's commitment to the promotion of community participation and inter-sectoral collaboration in various health activities. He emphasized his support for PHC as the strategy for achieving health for all Namibians by the year 2000.

A total of 28 facilitators and 217 trainers have now been trained. Furthermore, additional over 400 workers including at least 100 workers from other sectors other than the health sector have been orientated on PHC concepts during the national, regional and district awareness workshops. It is expected that they will play an important role in helping re-orientate the health services from the health facility and curative based approach to preventive and promotive health activities and in making other sectors aware of their role in the improvement of health status of communities.

During 1991, training guidelines for facilitators, trainers, CHWs and TBAs were developed and draft national guidelines for implementation of CBHC were outlined.

The health sector is expanding further its services to communities and among other activities currently being undertaken is the construction of new clinics in the rural areas in order to help reduce distances communities have to travel to reach services.

This project will support the re-orientation of the health care system so as to bring into focus community oriented approaches and will help increase access to PHC/MCH services. It will aim to build capacity of the various departments and sectors involved in PHC programmes so as to strengthen planning, implementation, supervision and evaluation of PHC programmes with special focus on regional and district levels. Inter-sectoral collaboration will be promoted in order to enable sectors to be mutually supportive.

The project will benefit children under five years of age, as well as older children who need curative care in clinics, women of child bearing age and other members of the communities especially those in districts where CBHC will be implemented. It is expected that a total of at least 200,000 women and children in eight emphasis districts will benefit from this project. A further 300,000 women and children will benefit in other districts in which expansion of CBHC activities will be undertaken by 1996.

9.1.2 PROJECT GOALS

- To empower communities families and individuals with knowledge, skills and values necessary for the improvement of their health status and welfare, and to enable them to participate actively in health and health related activities and contribute to the reduction of morbidity and mortality.

9.1.3 OBJECTIVES

The Community Based Health Care (CBHC) project will have the following objectives:

- To empower all communities in 8 emphasis districts to enable them to identify common health and health related problems and determine ways to solve them by 1996.
- To increase access to maternal and child health services to at least 75% in 8 emphasis districts and at least 50% in other districts by 1996.
- To increase access to health education materials and information to 95% of families in emphasis districts and to 50% of families in other districts by 1996.
- To re-orient 95% of all health staff and 95% of all decision-makers and programme managers at district, regional and national levels in PHC/CBHC concepts by 1996.
- To establish a Community Based Management Information System in 8 emphasis districts by 1996.

9.1.4 STRATEGIES

The following strategies will be adopted in the implementation of this project:

- To develop and implement a sustainable CBHC programme in 8 emphasis districts and utilize lessons learnt to expand CBHC activities to 50% of other districts in a phased manner by 1996.
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- To utilize existing community structures and strengthen them for successful implementation of CBHC and to recognize and utilize regional and district administrative set up (regional commissioners and development committees at the district level) in the promotion of sectoral and inter-sectoral action.
 - To provide support to the clinics which are the closest health facilities to communities to ensure supervision of CHWs/TBAs as well as access to the most common medical treatments, e.g. for malaria, by providing basic supplies.
 - To place emphasis on women in community based activities (eg. appointment of women in committees, training of women as CHWs) in order to empower women to fully participate in PHC/CBHC activities.
 - To strengthen the capacity of the MOHSS as well as selected NGOs and church organizations for planning, implementation, monitoring and evaluation of CBHC activities.
 - To provide support to formulation of national policies which will facilitate implementation of PHC activities.
 - To promote decentralization of management and decision making for PHC/CBHC implementation.
 - To train CHWs and TBAs in order to help increase access to PHC/MCH services at the community level.
 - To promote inter-sectoral, inter-agency and inter-country collaboration and establish mechanisms of collaboration.
 - To provide support to, and facilitate the integration of all PHC programmes eg CDD, EPI, MCH/Safe Motherhood at the community level.
 - To adopt social mobilization strategies to mobilize communities, leaders, policy makers etc. Facts For Life will be disseminated at the community level to educate individuals, families and communities on specific health issues.
 - To encourage health facilities to be baby and mother friendly within the context of Baby and Mother Friendly Health Facilities Initiative.
 - To undertake linkages with other UNICEF-supported Programmes, especially IABP, HFS and FLEP and integrate all national programmes at the community level.
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- To promote the rational use of essential drugs as a way of saving funds which could be used for PHC activities.

9.1.5 ACTIVITIES

This project will promote the re-orientation of the health sector from curative oriented services to community oriented preventive and promotive programmes, while at the same time aiming to improve the quality of services provided at the clinics which are closest to communities and promoting community participation and inter-sectoral collaboration in PHC activities. The regional and district authorities will support and oversee co-ordination and implementation of activities.

The major activities to be undertaken during 1992-96 will include the following:

- In-service training and orientation of health personnel as well as workers from other sectors on PHC concepts and on appropriate approaches to communities will be conducted at regional and district levels by PHC regional and district coordinators and by the facilitators of PHC training who have already been trained. Health workers will be trained through one day or half day seminars and during supervisory visits by PHC coordinators. The health workers will be encouraged to practice the principles of Baby and Mother Friendly Health Facilities Initiatives (see Nutrition Improvement Project). Further, awareness workshops will be held in each region for decision makers and programme managers from the health sector as well as from other collaborating sectors and NGOs. Study tours will be organized by the PHC Training and Development Unit for 5 - 10 PHC coordinators every year. All decision makers in the health sector and in the collaborating sectors in all regions and districts will be targeted. The Regional Commissioners will play an important role in helping coordinate the sectors.
 - This project will promote participation of communities in planning, management, implementation and evaluation of self-sustaining community based health and development activities. Initially, eight districts (two from each region), ie. Mariental and Gobabis in the South Region, Opuwo and Tsumeb in Central Region, Ongadnjera and Onadnjokwe in North West Region and Rundu and Katima Mulilo in North East Region, were selected following regional awareness workshops and will form emphasis districts in which CBHC will be implemented and further community awareness meetings and seminars will be conducted. A phased approach will be adopted in initiating CBHC activities in these districts. In each of the eight districts there will be mobilization of traditional leaders, women leaders, opinion leaders etc., to sensitize them for participation with their communities in solving community problems identified. Inter-sectoral committees will be formed at district and village level to facilitate CBHC
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implementation. Communities will be sensitized by CHWs, PHC trainers, community leaders, etc. to undertake a community diagnosis in order to identify priority health problems and determine ways of solving them. It is expected that in the northern part of Namibia, common health problems such as malaria will be identified by communities following community diagnosis as major health problems, and will be addressed accordingly. In the south, tuberculosis which is a common problem could be an entry point. Community initiatives including pilot projects for introduction of impregnated bed-nets will be supported. Communities will be encouraged to utilize locally available resources and avoid dependency arising from external support to the communities. As far as possible all community based activities will be supported largely by the communities themselves.

- CHWs and TBAs will be trained in each of the eight emphasis districts by trainers who will be trained by facilitators already trained. These training activities will be coordinated by the PHC Training and Development Unit. In each district a total of at least 20 trainers will be trained. These trainers will then train CHWs and TBAs according to the specific needs of the district. It is expected that at least 150 CHWs and 50 TBAs will be trained each year in the emphasis districts during the first 3 years and will be increased to 200 CHWs each year in the remaining 2 years. The strategy will be to train as many CHWs and TBAs as the capacity of the districts will allow. Further, a total of at least 30 additional facilitators (TOFs) and 250 trainers (TOTs) will be trained. Refresher courses will be conducted for these already trained. After the initiation of CBHC in the eight emphasis districts expansion will be taken with an aim of eventually covering at least 50% of the remaining 26 districts (and hence communities) by 1996. The CHWs will among other activities treat common conditions such as malaria, know how to correctly administer ORS, be able to refer sick children with ARI and other conditions, and to refer women and other members of the community, who they cannot manage, to the nearest health facility. The TBAs will promote antenatal care including immunization against tetanus and will be trained to conduct clean delivery. Emphasis will be put on ensuring that in all deliveries clean hands, clean deliveries surfaces and clean cutting of the umbilical cord will be promoted. In this respect, this project will be closely coordinated with the Safe Motherhood Project. PHC will be developed in selected urban centres within the emphasis districts.

- In order to enable the clinics to cope with the demand that is likely to be put on them as a result of increased demand for preventive services, e.g. immunization and antenatal care, and the demand for basic curative services such as for malaria and ARI, this Project will support these clinics to ensure availability of basic facilities and limited number of essential drugs such as chloroquine. Such support will be provided mainly to clinics in the emphasis districts as well as in districts where expanded CBHC activities will be undertaken. The knowledge,

skills and attitudes of nurses on the investment of common conditions including ARI, malaria and diarrhoea disease will be upgraded. Health education materials will be produced and disseminated.

Where CHWs are supplied with basic supplies such as chloroquine, a suitable mechanism for sustaining such supplies will be worked out with participation of communities within the context of the Bamako Initiative.

The project will promote rational use of essential drugs and the development of essential drugs policy. The Deputy Director in charge of the Division of Family and Community Health will maintain linkages with the Pharmaceutical Division and will advocate for the rational use of essential drugs. In this regard, the National PHC Committee will play an important role.

- Strengthening of logistical capacity will be undertaken to facilitate training activities, outreach activities and supervision.

- A number of social mobilization activities will be conducted by the Health Education Unit and PHC Training and Development Unit in the emphasis districts, as well as in other districts in which there will be expansion of CBHC activities and will include:

- i) Information and education materials targeted at communities, families and individuals with special emphasis on prevention of common diseases (and other related problems including alcoholism, drug abuse, child feeding etc), which will be developed and disseminated. This will be done in collaboration with the Family Life Empowerment and Programme and the Integrated Area Based Programme. Health Education Unit and regional and district PHC coordinators will play an important role in this. Traditional media for dissemination of information will be utilized where they exist.
- ii) Advocacy materials, which will be produced by the Health Education Unit for mass media and for awareness workshops for health staff and decision makers.
- iii) A one day national level feedback workshop for leaders and policy makers will be organized in 1992.

- Further, training materials and health education materials will be developed for CHWs and TBAs by the PHC training and Development Unit which will also facilitate incorporation of PHC concepts in the curricula for the training of various health-workers.

- The role of the education system in PHC will be developed. Special focus will be placed on AIDS education for school children and teachers. Further support will be given to public education on AIDS which will include the role of condoms.

- Community based growth monitoring and promotion will be developed and implemented initially in the 8 emphasis districts and eventually extended to other districts. This will be done in collaboration with the Nutrition Improvement Project.

- A functional community based information management system will be developed with support from the Epidemiology Unit of MOHSS in the emphasis districts. Information will be collected by CHWs and TBAs and will be supervised, analysed and used by the staff at the clinics who will also provide feedback to the CHWs and TBAs. Specific forms will be designed for use by the CHWs and the TBAs. The district PHC co-ordinator will coordinate and monitor the information system. All the emphasis districts will have community based information systems in place by 1996.

- Applied research will be conducted in communities in the 8 emphasis districts to determine baseline data including factors which hinder access to basic services such as immunization.

- An evaluation of CBHC activities will be conducted in 1994 in order to identify lessons learnt and utilize experiences gained for planning for activities beyond 1996.

9.1.6 PROJECT INPUTS AND LINKAGES

Support to this project will be provided by UNICEF to facilitate the implementation of CBHC in Namibia. This support will take into account inputs by other agencies in order to avoid duplication of effort.

UNICEF support will include:

- Provision of technical support to the Project in order to facilitate training activities, development and production of IEC materials and promotion of sustainable PHC activities.
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- "seed" supplies, e.g. drugs (chloroquine) and ORS for use by the clinics, and the community health workers, and TBA Kits. It is expected that a mechanism will be developed by which the communities will generate funds to be able to fully sustain these activities after an initial period to be agreed upon with the community.
 - Support to improve communication between the clinics and the district hospitals and district level PHC managers. Radio communication equipment will be provided especially to the emphasis districts where CBHC is implemented.
 - Support for the training of CHWs and TBAs and for community awareness workshops for community leaders and other members of the community.
 - Support for malaria control activities in regions where malaria has been identified as a priority problem. Chloroquine will be provided to clinics and CHWs, and health education materials will be developed and disseminated to promote case management and personal protection against mosquito bites. Use of impregnated mosquito nets will be promoted and communities assisted to produce or acquire mosquito nets. Seed funds could for example be provided to women groups for buying materials for making nets as well as sewing machines. These women groups would make mosquito nets which they could then sell to their communities. Funds generated would be put to use to buy more materials and to remunerate the women involved in such a project which could be done initially on a pilot basis in emphasis districts. This input on malaria will be made in collaboration with WHO. Linkages with the IABP and Household Food Security Programmes will be maintained.
 - Technical support will be provided to promote appropriate and rational use of drugs as a way of saving funds for the health sector and to enable the sector use these funds for promotive and preventive health activities.
 - Support will be provided to enable PHC coordinators and selected members of the communities in various districts to undertake study tours in other regions of the country and in the neighbouring countries.
 - IEC materials will be developed, printed and disseminated through regional PHC coordinators with UNICEF support. In schools, specific health education materials will be developed to cover common health problems especially AIDS.
 - Support to development of community based information systems in the 8 emphasis districts. Further, support will be provided for studies which will provide relevant baseline data for the 8 emphasis districts.
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- Other supplies will be provided included weighing scales for community based growth monitoring, office supplies and audio visual equipment.
- In the 8 emphasis districts motorcycles/bicycles will be provided to facilitate supervision of CHWs and TBAs.

Integrated will be made of inputs from other agencies, especially OXFAM (UK), CIDA, FINNIDA, UNFPA, WHO and EEC. Further, linkages will be maintained with NGOs, religious institutions and private organizations e.g. Rossing Foundation. Collaboration with other sectors such as Agriculture and Rural Development and Local Government and Housing will be undertaken at all levels.

The Government of Namibia will meet the recurrent costs of staff involved in CBHC as well as other recurrent costs including drugs, transport and maintenance. The MOHSS will share the cost of PHC seminars and workshops. Support for these seminars will also be provided by other agencies.

9.1.7 PROJECT MANAGEMENT

This project will be coordinated by the PHC Training and Development Unit within the Division of Family and Community Health under the overall supervision of the Director of PHC Directorate. The national Primary Health Care Committee which meets monthly will oversee activities of the programme.

Further, inter-ministerial consultations will be undertaken to facilitate inter-sectoral collaboration especially at the district and community levels. Regional and district inter-sectoral committees will be formed to facilitate implementation of CBHC activities.

At the regional level the regional and district PHC coordinators under the supervision of regional medical directors will facilitate implementation of the project. At the community level village health committees will be formed where need is realized, with full participation of the communities. The role of women in these committees will be promoted.

The supervision of CHW's and TBA's will be undertaken by clinic staff on behalf of the village health committees and by the district PHC coordinators. Such supervision may be done using motorcycles or bicycles where appropriate.

9.1.8 CRITICAL FACTORS AND ASSUMPTIONS

The success of this project will depend largely on active community participation and involvement in various health and health related activities. Much will also depend on

the willingness of the various sectors, agencies, and NGO's to collaborate in order to expedite implementation of PHC and to avoid duplication of effort.

Further, it is expected that national policy issues of sustainability of PHC activities will be addressed by the Government at any early stage and that communities will play a greater role in supporting programmes initiated. It is also expected that the health sector will continue to provide support to PHC programmes and increase its spending on preventive and promotive health activities and at the same time improve and maintain good quality of care at the various health facilities. The political commitment to PHC which already exists will continue to be an important factor.

9.1.9 PROJECT MONITORING AND EVALUATION

Quarterly reports of CBHC activities will be compiled by regional and district PHC coordinators in order to monitor progress of CBHC activities in the eight districts and in other districts as well. These reports which will be compiled from monthly reports from clinics in the districts where CBHC is implemented will include: number of village health committees formed and the frequency of these meetings; number of CHWS, TBA's in training and who have completed training and are active; use of drugs from the various clinics and by CHWs; number of health personnel and community leaders who have been orientated in PHC concepts, etc. A standard reporting format will be developed by the DCFH.

Project evaluation will be made in 1994, to bring out lessons learnt and experiences which will be useful in further expansion and consolidation of the project.

9.1.10 PROJECT BUDGET

Subject to availability of funds, UNICEF will assist this project with up to US \$450,000 from general resources and US \$2,095,000 from supplementary funds which will be allocated as follows:

(US\$ '000)

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
<u>General Resources</u>						
1. Supplies and equipment for clinics, CHWs/TBSs	20	20	20	15	15	90
2. Training of health workers, CHWs, TBAs etc.	15	15	20	15	15	80
3. Social Mobilization/IEC material development & production	10	10	10	5	5	40
4. Seed support to community initiatives	20	25	20	15	15	95
5. Communication equipment	-	-	-	-	-	-
6. Transport	-	-	-	-	-	-
7. Programme support	5	5	5	5	5	25
8. Support to NGOs	10	10	10	10	15	55
9. Monitoring and evaluation/ Comm-based information	10	10	10	25	10	65
SUBTOTAL	90	95	95	90	80	450

(US\$'000)

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
Supplementary Funds:						
1. Supplies and equipment for clinics, CHWs/TBAs	80	120	100	120	130	550
2. Training of health workers, CHWs, TBAs etc..	50	65	70	50	50	285
3. Social Mobilization/IEC material development and production	15	15	20	20	20	90
4. Seed support to community initiatives	90	100	75	80	60	405
5. Communication equipment	90	-	-	-	20	110
6. Transport	30	10	10	10	20	80
7. Programme support	20	20	20	20	20	100
8. Support to NGOs	35	60	70	75	75	315
9. Monitoring and evaluation/Comm-based information	50	30	20	40	20	160
SUBTOTAL	460	420	385	415	415	2095
GRAND TOTAL	550	515	480	505	495	2545

The total government input for this project in 1992 will be approximately R10.8 m (salaries = R5.2m, supplies = R2.1m, support to churches/training/transport and other expenses = R3.5m) increasing by inflation rate currently estimated to be 13% p.a. over the five year period to a five year total of R70m.

9.2 PROJECT 2: EXPANDED PROGRAMME ON IMMUNIZATION

9.2.1 INTRODUCTION

The Government of the Republic of Namibia is committed to the attainment of a high level of immunization coverage (of at least 90% of children under one year by the year 2000) in line with the World Summit for Children Goals, in order to significantly reduce morbidity and mortality due to the EPI target diseases.

The Ministry of Health and Social Services (MOHSS) has streamlined the immunization services following adoption of a national immunization policy based on WHO guidelines and has implemented EPI countrywide.

Achievements of the EPI programme since Independence include, the setting up of an EPI unit, training of 56 mid level (regional and district level staff) and 387 operational level managers (clinic staff), training of 9 cold chain technicians, development of EPI policy guidelines, provision of cold chain equipment and provision of transport in order to improve outreach activities and supervision of immunization (as well as other MCH) activities.

The EPI programme has been the focus around which other MCH programmes, e.g. CDD, have been implemented as the programme was the first major activity of the MOHSS in the post-independence era. The programme has enjoyed support at highest possible level as demonstrated by the active participation of the President during the accelerated immunization activities aimed at achieving UCI goal.

Namibia has not, however, attained its goal of attaining UCI by 1990. The National Immunization Coverage Survey carried out in December 1990 found coverage for children under 1 year of age of BCG 85.2%, Polio/DPT3 of 53.1%, Measles 41.2% and fully immunized rate of 26%. TT coverage was however high at TT1 72% and TT2 52% for mothers with children aged under 1 year. This survey also found a high drop-out rate after first doses.

The EPI programme, despite considerable successes within a short time, still faces problems including lack of adequate staff to manage the programme, inadequate supervision at regional and district levels, poor vaccine distribution, lack of adequately trained staff for implementation, poor scheduling of immunization activities, lack of participation and involvement of communities and poor EPI reporting.

This project will aim to strengthen the EPI programme and facilitate management and supervision of immunization activities especially at the regional and district levels and will aim to achieve programme sustainability. The project will be integrated with other PHC activities at all levels. CHWs and TBAs will promote immunization activities at the

community level. This project will each year benefit children under one year of age who constitute 5% of the population and all women of child bearing age who constitute 20% of the population.

9.2.2 PROJECT GOALS

- To achieve the UCI goal for immunization (coverage level of 90% for all antigens by one year of age) in order to reduce morbidity and mortality due to the EPI target diseases by 1996.
- Virtual elimination of neonatal tetanus by 1996.
- To significantly reduce the number of polio cases by 1996 as a step towards eradication of polio by the year 2000.
- To reduce measles deaths by 95% and significantly reduce the number of measles cases by 90% by 1996 in order to contribute towards global eradication of measles in the longer run.

9.2.3 PROJECT OBJECTIVES

The objectives of this project will be as follows:

Universal Child Immunization

- To immunize at least 80% of all children under one year of age against all the six target diseases by the year 1993 and increase this to 90% by 1996.

Neonatal Tetanus

- To immunize at least 95% of pregnant women and 50% of women of child bearing age with TT2 by 1996.

Poliomyelitis

- To immunize at least 95% of children under 1 year of age with four primary doses of polio vaccine by 1996.
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9.2.4 PROJECT STRATEGIES

In the implementation of this project the following strategies will be adopted:

- To strengthen EPI services at all levels and integrate immunization activities into all PHC programmes.
 - To advocate for continued political commitment and support to the attainment of UCI goal by 1993 and for Government support to immunization activities in order to ensure sustainability of the programme.
 - To train health and health related workers in appropriate knowledge, attitudes and skills in order to promote and implement immunization activities at all levels.
 - To utilize the Baby and Mother Friendly Health Facilities Initiative to promote immunization activities in health facilities.
 - To immunize children, pregnant women and women of child bearing age at every possible opportunity. Further, the project will promote tracking and channelling of children by clinic staff, CHWs and TBAs.
 - To lay emphasis on immunization in fixed health facilities from which outreach services would be conducted according to need, and to conduct acceleration weeks every 3 to 4 months.
 - To co-ordinate and collaborate with other programmes, sectors and NGOs in order to achieve the goals of the project.
 - To promote social mobilization strategies in order to increase demand for immunization. Special emphasis will be put on increasing measles coverage which has been the lowest of all the antigens.
 - To provide advocacy at all levels in order to achieve substantial reduction of neonatal tetanus and contribute to the eradication of polio by facilitating the implementation of National Polio Eradication Plan of Action.
 - To strengthen the EPI reporting system at all levels and facilitate disease surveillance for all the target diseases with emphasis on measles, polio and neonatal tetanus.
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- To facilitate access to good laboratory services for the isolation of the wild polio virus and to investigate all cases of flaccid paralysis reported in health facilities in order to help identify cases of polio which may be missed. A reverse cold chain will be established for transportation of stool specimens.
- To promote operations research including those relating to new vaccines.
- To advocate for the development of disease surveillance of EPI target diseases.

9.2.5 PROJECT ACTIVITIES

This project will ensure further expansion of immunization services, consolidation and sustainability during this period. The following major activities will be undertaken:

- A total of 150 mid-level managers (district and regional level staff), 600 operational level managers (clinic level staff) will be trained during the 5 years through courses organized by the EPI Unit in the Division of Family and Community Health. A further 50 cold chain technicians especially women will be trained using WHO training guidelines and provided with the necessary tools. All health personnel involved in immunization activities will be trained during supervisory visits by PHC coordinators to enable them to minimize missed opportunities to immunization. Further, immunization performance of a clinic will be added to the criteria for the Baby and Mother Friendly Health Facilities Initiative to encourage hospitals to minimize missed opportunities and undertake tracking of children who are defaulting. EPI programme managers at national level and PHC coordinators at regional level will receive further training through study tours to neighbouring countries, e.g. Botswana and Zimbabwe, organized with assistance from UNICEF and WHO.

The project will also ensure that EPI basics are included in CHW and TBA training. The EPI manager will facilitate inco-operation of EPI basics into the various curricula.

- Social mobilization activities will be conducted with assistance from the Health Education Unit. Acceleration weeks will be held every 3-4 months in order to achieve an acceleration of immunization coverage. In each region a series of activities will be carried out as determined by the region. Leaders and communities will be made aware of the goals and objectives outlined in order to obtain their support and commitment to the attainment of these goals. The National PHC Committee will receive reports of these activities and will promote them.
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- IEC materials development and production will be undertaken by the Health Education Unit. Information will be targeted to mothers, women of child-bearing age, fathers, school children, political leaders and communities. Facts for Life messages will also be used. Focus will be put on minimizing drop-out rates.
- Procurement of vaccines, cold chain equipment and other necessary supplies will be done according to need. This will be facilitated by the EPI Unit. An estimated extra 50 health facilities will be equipped with cold chain equipment. Other supplies will include child health cards for recording vaccinations plus weights which will always be taken during immunization.
- Cold chain maintenance will be ensured. In each region there will be a repair workshop for cold chain equipment. These workshops will be supplied with spares for all cold chain equipment and will be looked after by the cold chain technicians.

The use of cold chain monitors will be promoted during supervisory visits and in training. These monitors will be procured and distributed accordingly. In each region a cold chain and logistics officer employed by the MOHSS will facilitate the maintenance of the cold chain.

- The project will facilitate the implementation of the National Polio Eradication Plan of Action. Support will be provided for specific social mobilization activities as well as establishment of reverse cold chain facilitate identification of line polio virus.
 - In order to strengthen the management of EPI, support will be provided to strengthen the EPI management unit and to improve the capacity for supervision of EPI activities at the district and regional levels. Where necessary, transport will be provided to facilitate supervisory activities. Maintenance and provision of fuel for such transport will be the responsibility of the MOHSS.
 - Outreach services will be promoted especially in sparsely populated areas. Transport will be provided to selected districts in order to ensure regular outreach services from clinics. As far as possible there will be integration of EPI activities with other MCH/PHC activities eg. growth monitoring, CDD, ARI, antenatal care and treatment of common conditions.
 - At the community level, EPI activities will be integrated with CBHC activities where they exist. CHWs and TBAs will promote EPI activities and will help in tracing and channelling children who are not immunized.
 - This project will facilitate surveillance of EPI target diseases at all levels as part of the routine reporting system. Staff will be trained to ensure that data collected is analyzed at the point of collection and feedback given at every level.
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- Evaluation of EPI programme will be conducted. Monthly reports will be collected at regional and national level and analyzed to enable programme managers determine the performance of the programme. Information gathered will include number of staff trained, number of doses of each vaccine administered, number of cases of EPI target diseases reported. The project will specifically monitor the number of cases of measles, tetanus and polio. Coverage estimates will be calculated based on the number of doses administered and the target population.

All staff in immunizing health facilities will be expected to calculate target population for their facilities.

EPI programme evaluation will be conducted in the third quarter of 1992 and in 1996. A national coverage survey will be conducted in 1994.

- Applied research will be undertaken in selected areas including the following:-
 - Immunization
 - KAP Surveys
 - Missed opportunity surveys
 - Vaccine efficacy and potency studies will be conducted as necessary
 - Survey of cold chain.
- Coordination will be maintained with other programmes through holding of coordination meetings. This project will advocate for the strengthening of other activities which will help reduce morbidity and mortality due to measles, e.g. use of Vitamin A for children with acute measles and the promotion of good nutrition and proper management of diarrhoea.

9.2.6 PROJECT INPUTS AND LINKAGES

UNICEF will provide support to EPI to facilitate consolidation of what has already been achieved and to promote the sustainability of the project.

UNICEF inputs will be in the following areas:

- Provision of vaccines and cold chain equipment. Government participation in the funding for these supplies and equipment will be gradual. 50% of all supplies including vaccines and equipment will be funded by the Government by 1996.
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- Support will be provided for training activities. Training materials will be purchased according to need. The MOHSS will continue to share the costs of travel and accommodation during training activities as has been the case.
- IEC materials will be developed, produced and disseminated with support from UNICEF.
- Support will be provided for specific polio eradication activities including social mobilization IEC material production and establishment of reverse cold chain.
- Study tours will be supported to enable managers of EPI activities to share experiences from other countries.
- Technical support will be provided for further programme development and evaluation.
- Transport will be provided to strengthen outreach services in selected districts according to the needs identified and availability of funds.
- Inputs to the EPI programme will also be from WHO (for technical support), Rotary International (for support to polio eradication activities), local Rotary Clubs (which will participate in publicity and other social mobilization activities), religious institutions, e.g. the immunization activities of the Lutheran and Catholic churches, and other NGOs.

9.2.7 PROJECT MANAGEMENT

Overall responsibility of this project will rest with the Director of PHC at the national level. This project will be managed by the EPI unit of the Division of Family and Community Health under the overall supervision of the deputy director in charge of the Division.

The National Primary Health Care committee will facilitate coordination of activities at all levels with the focus on districts and regions.

Procurement and distribution of vaccines and other supplies and equipment will be coordinated with the Pharmaceutical Director (central medical stores) and the EPI unit.

At the regional level supervision of EPI activities will be done in integrated manner with other MCH programmes and the responsibility will rest with the regional and district PHC coordinator who will be responsible to the regional medical director.

9.2.8 CRITICAL FACTORS AND ASSUMPTIONS

In the implementation of this project, the political commitment to the attainment of UCI will continue to be a critical factor if the goals set are to be achieved.

Acceleration of immunization activities will have to be promoted and strengthened in all parts of the country to achieve active community involvement and participation. This will be critical if such goals as elimination of neonatal tetanus or eradication of poliomyelitis are to be achieved.

The issue of sustainability of EPI activities beyond 1996 will be addressed. The government is committed to the attainment of UCI and will mobilize resources accordingly to ensure sustainability of EPI.

9.2.9 PROJECT MONITORING AND EVALUATION

Monthly reporting of EPI activities will be undertaken at all levels. At the health facility level, the health personnel will assess their performance by maintaining the EPI performance graph which indicates how much of the target population for the facility is covered each month.

The monthly reports will be sent to the districts and then to the regions for final forwarding to the national EPI unit. At each level the data reported will be analyzed and estimates of coverage for each antigen will be done given the target population for each level.

Each immunizing clinic should receive supervisory visit at least once a month.

EPI coverage survey, missed opportunity surveys and programme evaluation will be carried out as already indicated in project activities.

9.2.10 PROJECT BUDGET

Subject to availability of funds UNICEF will assist this project with up to US\$415,000 from general resources and US\$1,359,000 from supplementary funds as follows:

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
General Resources						
1. Supplies and equipment	26	26	26	26	31	135
2. Vaccines	20	20	20	20	20	100
3. MCH cards	-	-	-	-	-	-
4. Training	10	10	10	10	10	50
5. Social Mobilization/IEC material development & production	10	10	10	5	10	45
6. Transport	-	-	-	-	-	-
7. Programme support	10	10	10	10	10	50
8. Monitoring and Evaluation	5	5	5	15	5	35
SUB TOTAL	81	81	81	86	86	415

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
Supplementary Funds						
1. Supplies and equipment	65	60	60	70	70	325
2. Vaccines	71	72	75	77	78	373
3. MCH cards	40	30	25	20	20	115
4. Training	20	25	20	20	20	105
5. Social Mobilization/IEC material development & production	20	30	15	20	15	100
6. Transport	25	26	60	20	20	151
7. Programme support	15	20	15	20	15	85
8. Monitoring and evaluation	10	10	10	40	10	80
SUBTOTAL	266	278	280	287	248	1359
GRAND TOTAL	347	359	361	373	334	1774

The total government input for this project in 1992 will be approximately R10m (salaries = R4.8m, supplies = R2.1m, transport and other expenses = R3.1m) increasing by the inflation rate currently estimated to be 13% p.a. over the five year period to a five year total of R64.8m.

9.3 PROJECT 3: THE CONTROL OF DIARRHOEAL DISEASES AND ACUTE RESPIRATORY INFECTIONS

9.3.1 INTRODUCTION

Diarrhoeal Disease (DD) and Acute Respiratory Infections (ARI) are among the leading causes of morbidity and mortality in children under five years of age in Namibia.

The pattern of morbidity and mortality due to DD and ARI are however still unknown due to lack of data. Information from interviews and surveys confirm that they are among the top 5 causes of childhood deaths as is the case in other developing countries. The Household Health and Nutrition Survey conducted in areas of Northern Namibia and in Katutura in 1990 found that out of a total of 1746 children surveyed, 43% and 33% had cough and diarrhoea respectively in the previous 14 days.

The MOHSS has launched a CDD programme and is in the process of launching an ARI programme as major health priorities areas. These, as highlighted by the Policy Statement of the Ministry of March 1990, will be implemented through the PHC approach.

Since the launching of the CDD project in 1990 a total of 30 mid-level managers and 240 health staff at operational level have been trained. At present the CDD Programme is being consolidated with the development of a policy statement and a 5 year plan of operations by the MOHSS. Due to lack of personnel, the focus has been on implementation of the CDD Programme with plans for initiating the implementation of the ARI programme from the beginning of 1992.

This project will facilitate the implementation of both ARI and CDD programmes countrywide and will integrate planned activities with other PHC programmes. Focus will be placed on prevention of diarrhoeal diseases (DD) and on correct case management of watery, bloody and persistent diarrhoea as well as ARI. The project will benefit children under 5 years of age as well as older children who present with these conditions.

9.3.2 PROJECT GOALS

- To Contribute to the reduction of mortality and morbidity from diarrhoea in children under five years of age by 25% and 15% respectively by 1996.
 - To contribute to the reduction of mortality due to ARI in children under five years of age by 15% by 1996.
-

9.3.3 OBJECTIVES

The objectives of this project will be as follows:

- To empower 75% of mothers with children under five years of age with knowledge, skills and attitudes to make them capable of practicing preventive measures and undertake correct case management of diarrhoea and appropriately send cases of ARI for treatment.
- To train by 1996 95% of staff that treat ARI and DD in all health facilities to provide correct case management for children under five years of age presenting with diarrhoea and ARI.
- To achieve access to ORS or home based fluids to 80% of children under five years of age by 1996.
- 95% of children with diarrhoea will receive food during diarrhoea episode.
- To establish ORT corners in all health facilities in 8 emphasis districts.

9.3.4 STRATEGIES

The following strategies will be adopted in the implementation of this project:

- To promote personal and food hygiene and good sanitary practices.
- To intensify social mobilization activities in the promotion of prevention of diarrhoea and correct management of cases of diarrhoea as well as early recognition and correct management of ARI.

To educate mothers and health workers on the advantages of oral rehydration therapy and of feeding during diarrhoea episodes.

To train of health personnel in correct case management of DD and ARI in all health facilities. Further staff will be trained to identify and correctly manage bloody and persistent diarrhoea.

To ensure regular and adequate supply of ORS and promote rational and appropriate use of drugs in the management of DD (including bloody and persistent diarrhoea) and ARI.

To promote home therapy in the treatment of DD and promote early recognition and appropriate referral of cases of ARI to the nearest clinics for treatment.

- To promote exclusive breast feeding for at least 4 months.
- Increasing access to the community of preventive, promotive and curative measures against DD and ARI through training of CHWs. In this respect this project will collaborate with CBHC and with Integrated Area Based Programme.
- Establishing ORT corners in health facilities and ORT centres for training in the regional hospitals.
- Establishment of a mechanism to deal with DD outbreaks.
- Promotion and collaboration with relevant programme/sectors for prevention activities, including:
 - + breast feeding
 - + improved weaning practices
 - + hand washing
 - + food hygiene
 - + use of latrines
 - + proper disposal of the stools of young children
 - + measles immunization
 - + surveillance of DD and ARI.

9.3.5 ACTIVITIES

The activities will focus on training of relevant health personnel, education of communities and the necessary support and supervision to ensure that the overall objectives of the CDD and ARI programmes are achieved.

The following are among the major activities:

- Health education materials will be developed, printed and disseminated in order to improve personal and food hygiene as well as good sanitary practices in order to reduce incidence of diarrhoea. Further IEC materials will be produced to educate mothers and health workers on the advantages of oral rehydration therapy and of feeding during diarrhoea episodes.
 - Training of health personnel in programme management and supervision. Mid level management and operational level will be a major focus. This will be coordinated by the Division of Family and Community Health (DFCH). Intercountry WHO/UNICEF training courses and training conducted in ORT centres which will provide both technical and practical training to managers of CDD and ARI programmes. Refresher courses/in-services training will also be conducted as necessary. The need for reorientation courses for doctors and
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senior nursing officers to support the CDD/ARI programme is also essential. This will be coordinated by the DFCH.

- The integration of CDD and ARI into the CBHC and IABP programmes will be undertaken. The Deputy Director in charge of DFCH will ensure coordination of these activities.
 - The establishing of ORT corners in all health facilities in 8 emphasis districts including church and NGO facilities will provide an excellent opportunity for educating mothers in the mixing and giving of ORS and use of home based fluids for DD, providing information to mothers on what to do when their children have ARI as well as giving information on other health promotive activities, and allowing for evaluation of response to treatment of a child with diarrhoea. This will need to be supported by procurement of equipment for ORT corners and the training of personnel. Further, the programme will ensure adequate supply of ORS. The project will advocate for establishment of ORT corners in other districts.
 - ORT centres will be established in hospitals at the regional headquarters and will facilitate training of health workers on a decentralized basis initially for CDD but expanded for ARI as well. The ORT centre either in Oshakati or Windhoek may at a later stage be upgraded to a Diarrhoea Training Unit (DTU) as deemed necessary.
 - Social mobilization and information, education and communication will be crucial in promotion of home based care for CDD and ARI as well as for knowledge and skills for health personnel. This will be conducted on various fronts for example: messages and talks on the radio and TV, by programme managers with development of posters and pamphlets, field activities, advocacy by decision makers and will be coordinated by the Health Education Unit.
 - Development of training materials targeted at doctors, both in the public and private sector, supervisors, operational level and CHWs is a priority to support the training of health workers at all levels. Development and adaptation of CDD/ARI treatment charts will also be undertaken by DFCH.
 - Operations research will be conducted in households and health facilities to access KAPB of both communities and health workers. Other surveys for the analysis of technical information will also be undertaken to evaluate trends and to assist with policies.
 - Provision of technical support to the project in order to assist and advise with regard to programme development, training activities, supervision and operations research will be facilitated by UNICEF and WHO.
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- Diarrhoeal Disease outbreak especially cholera is an ongoing threat. Preparedness for and activities during the outbreak require logistical, technical and equipment support which will be assisted by UNICEF where possible. National guidelines for the control of cholera outbreaks will be formulated based on WHO guidelines.

9.3.6 PROJECT INPUT AND LINKAGES

Support to this project will be provided by UNICEF to facilitate the implementation of the CDD/ARI programmes in Namibia, through:

- Provision of technical support for the development of the programme, facilitation of training activities and with programme monitoring and evaluation.
- Purchasing of ORS sachets will be undertaken if requested by the MOHSS should the recommended formula comply with that of WHO.
- Support will be given for the purchasing of equipment for the establishing of ORT corners, centres and a DTU.
- Assistance for the various training programmes to be conducted will be provided with regard to facilitator assistance, training materials and stationery.
- Support will be given if necessary for control of diarrhoeal disease outbreaks, e.g. cholera outbreak.

The MOHSS will meet the recruitment costs of staff involved in the CDD/ARI programmes, a major component of the training courses, most of the drugs necessary for the programme and the running and repairs of transport and logistical equipment.

Inputs will be sought from other agencies especially WHO and EEC (technical support training). The project will strengthen collaboration with other sectors such as Local Government, Water Department, Education and Culture. NGOs and religious organizations will play an important role in the project.

9.3.7 PROJECT MANAGEMENT

The project will be coordinated by the CDD/ARI programme in the MCH unit within the Division of Family and Community Health. Input to the National PHC Committee which meets monthly will ensure convergence of activities and strategies on a national basis. The project will be coordinated by a programme manager and officer at central level and by the Family and Community Health team at regional level.

Supervision of CDD/ARI at district level will be done by the district PHC team and will be integrated into other PHC activities.

Inter-sectoral consultation will be undertaken especially at district level through established committees to ensure promotion of preventative strategies in the CDD.

9.3.8 CRITICAL FACTORS AND ASSUMPTIONS

The success of the project will depend on effective decentralization of management, supervision, training within the MOHSS with support from the central level.

Critical to the success of the project is community participation and involvement through the integration of CDD/ARI activities into CBHC activities. The role of religious organizations and other NGOs will also be important in ensuring success of this project.

9.3.9 PROJECT MONITORING AND EVALUATION

Monthly contacts with the district teams by Regional Directors and CDD/ARI programmes managers to assess training and correct case management will be the principal monitoring mechanism.

Quarterly visits of ORT corners and Regional centres by central staff will be supported to assess training and correct case management. There will be close coordination between the Regional CDD coordinators and the Regional health staff. District staff will be supported to continue with regular monitoring and supervision of community health workers where they exist.

The monitoring system will include data collection in health units in close collaboration with HIS and through the Regional Directors.

CDD Programme will undertake the following studies in preparing for the mid term evaluation to be undertaken by MOHSS and UNICEF.

- DD and ARI KAP studies on both health providers and mothers on ORS in 1993.
 - Household level DD and ARI prevalence study in 1993.
 - Health facility survey in 1993.
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9.3.10 PROJECT BUDGET

Subject to availability of funds, UNICEF will support this project with up to US\$190,000 from general resources and US\$651,000 from supplementary funds.

(US'000)						
ACTIVITY	1992	1993	1994	1995	1996	TOTAL
General Resources						
1. Supplies and equipment	10	10	10	10	10	50
2. Training	10	10	10	10	10	50
3. Social Mobilization/IEC material development & production	-	-	-	-	-	-
4. Transport	-	-	-	-	-	-
5. Programme Support	10	10	10	10	10	50
6. Monitoring and Evaluation	5	5	5	5	20	40
SUBTOTAL	35	35	35	35	50	190
(US'000)						
ACTIVITY	1992	1993	1994	1995	1996	TOTAL
Supplementary Funds						
1. Supplies and equipment	60	60	66	40	40	266
2. Training	10	20	20	20	10	80
3. Social Mobilization/IEC material development & production	10	20	20	20	20	90
4. Transport	-	-	-	25	-	25
5. Programme support	10	10	10	10	20	60
6. Monitoring and evaluation/ Surveys	30	10	20	20	50	130
SUBTOTAL	120	120	136	135	140	651
GRAND TOTAL	155	155	171	170	190	841

The total government input for this project in 1992 will be approximately R6.5 m (salaries = R3.2m, supplies = R1.3m, support to churches/training/transport and other costs = R2m) increasing by the inflation rate currently estimated to be 13% p.a. over the five year period to a five year total of R42 m.

9.4 PROJECT 4: NUTRITION IMPROVEMENT PROJECT (NIP)

9.4.1 INTRODUCTION

Namibia has a relatively high rate of malnutrition compared to other indicators like GNP per capita. The Household Health and Nutrition Survey in areas of Northern Namibia and in Katutura found a high moderate malnutrition rate of 23% and severe malnutrition rate of 6% in children under five years of age. The experience of health workers is that children are brought to hospitals when their nutrition status has deteriorated substantially and generally accompanied with an infection which is the primary reason for which medical attention is sought.

Currently growth monitoring and promotion is carried out to a very small extent in Namibia. In many health facilities, children are weighed but there is no assessment of growth and therefore no possibility to discuss growth of the child or its faltering before the situation of the child becomes serious. Since there have been no community based programmes the coverage of children with growth monitoring has been low. With the EPI, an increasing number of children will be reached up to the age when they have covered all immunization requirements ie. before the age of 1 year. It is important to monitor the growth of the child from birth and also continue during the age when the child is most susceptible to malnutrition ie. during the weaning period and probably beyond. With the attempts to operationalize community based health care, it would be possible to reach more children with Growth Monitoring and Promotion (GM/P).

This project will aim to promote good growth in children under five years of age and will also benefit women through promotion of their nutrition status. The project will be integrated with other programmes in the health sector and in other sectors in order to help reduce the problem of malnutrition.

9.4.2 PROJECT GOALS

- Contribute towards the reduction of severe and moderate malnutrition by 25% of 1990 levels in children < 5 years by 1996.
 - To contribute towards the elimination of micro-nutrient deficiencies in areas where this constitutes a public health problem.
 - To contribute towards the reduction of low birth weight rate to less than 12.5% through nutrition promotion especially for women of child bearing age in general and pregnant women adolescents and lactating in particular.
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9.4.3 OBJECTIVES

The objectives of this project will be as follows:

- To detect growth faltering through institutional and community based growth monitoring for 75% of children under three and promote early intervention to prevent malnutrition.
- To increase the knowledge of at least 75% of mothers of children under five years of age in emphasis districts and 50% of mothers of children under five years of age in other districts on the use of the growth chart in detection of growth faltering and promotion of good growth.
- To increase access to nutrition focused information and education to 95% of households in emphasis districts and 50% of households in other districts by 1996.
- To increase the proportion of mothers who breastfeed exclusively for at least 4 months to 75%.
- To determine the magnitude of the problem of micronutrient deficiencies (iron deficiency anaemia, iodine deficiency disorders and Vitamin A deficiency) by 1993 and facilitate appropriate action.

9.4.4 STRATEGIES

The strategies to be adopted in the implementation of this project will be as follows:

- To introduce the Baby and Mother Friendly Health Facilities Initiative in all health facilities in order to promote breast feeding and immunization.
 - To introduce community based GM/P in all emphasis districts that will implement CBHC for children under 3 years of age by 1996.
 - To facilitate an inter-sectoral approaches in the implementation of National Food and Nutrition Strategy with a focus on GM/P.
 - Build capacity for the promotion of improved nutritional status for children and for women at all levels.
 - To empower communities and parents to take appropriate action in their nutritional problems.
-

- Training health personnel in growth monitoring process and growth promotion to enable them to detect growth faltering and promote timely intervention.
- Promote rooming-in immediately after delivery, eliminate use of phose and breastmilk substitutes in all health facilities and promote exclusive breast feeding for at least 4 months.
- Develop nutrition materials for use at community and household levels.
- Gather information on weaning foods and practices.
- Promote breast feeding and good weaning practices. The need for increased frequency of feeding and density of food especially for children under five will be emphasized.
- Establish a criteria for the Baby and Mother Friendly Hospitals and Clinics Initiative in Namibia. These criteria will include support to MCH interventions, e.g. immunization and CDD.
- Empowering of communities to undertake GM/P and to initiate community based nutrition rehabilitation.
- Undertake studies on micro-nutrient deficiencies in order to support subsequent programming for intervention.

9.4.5 ACTIVITIES

In this project the following are among the major activities which will be undertaken:

- Training of health workers especially women to enable them undertake growth monitoring and promotion, which will be coordinated by the Nutrition Unit in the DFCH. This will be done through integration with other PHC/MCH training programmes for EPI, CDD/ARI, CBHC etc.
 - Additional training will be provided to staff of the Nutrition Unit in order to develop the core personnel responsible for training in Nutrition in the Country. This will include:
 - Head of Unit: study tour to countries in the region with community based programmes and with nutrition surveillance and a short course on programme management.
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- Programme Officer: study tour on GM/P. On-the-job training in processing and dissemination of information.
- Nutrition training package and materials will be prepared as a component of PHC training package with support from the Health Education Unit. These materials will initially focus on GM/P and are to be developed with the training facilitators and will be reviewed after initial use.
- A common methodological approach and a common conceptual framework for all training activities in Nutrition will be ensured. This is to avoid parallelism and conflict. For this purpose, a training package in Nutrition for Namibia will be prepared (for trainers and for trainees) by the Nutrition Unit.

This project will facilitate the inclusion of nutrition in the training curricula of:

- Health workers at all levels. Special priority will be given to training in nutrition for facilitators and trainers of Community Based Health Workers.
 - Workers in nutrition-focussed programmes from related sectors. For this purpose, nutrition considerations will be introduced into training activities of this personnel. Equally important, multi-sectoral workshops will be organized for training in nutrition. There will be close linkages with the Household Food Security Programme.
 - This project will facilitate the development of community GM/P in 8 emphasis districts in which CBHC is implemented. CHWs will be trained in growth monitoring and will be provided with IEC materials for dissemination to households. Information will include how to prevent growth faltering and detect its early onset in the most vulnerable age group. In developing this activity experiences from other countries will be taken into account. Study tours will be organized specifically to countries where community based GM/P has been successful.
 - In the 8 emphasis districts, nutrition rehabilitation and care for the malnourished will be undertaken in clinics as well as in the communities. Nutrition rehabilitation will also be promoted in the other districts in which CBHC activities will be expanded.
 - The currently used child growth card will be reviewed and appropriate changes made.
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- This project will collaborate with other PHC projects. It will play an important role in the formulation and implementation of a National Food and Nutrition Strategy. This project will also facilitate nutrition surveillance. Information from HIS will be obtained and disseminated accordingly and advocacy for early and appropriate action will be undertaken.
- The Baby and Mother Friendly Health Facilities Initiative will be developed and introduced to promote breast feeding as well as immunization and other MCH interventions. Criteria for selection of Baby and Mother Friendly Health Facility will be developed. This initiative will promote rooming-in for mothers and babies immediately after delivery, elimination of the use of breastmilk substitutes in all health facilities, and exclusive breastfeeding for at least 4 months. The initiative will be incorporated into other projects eg. EPI, CDD and Safe Motherhood. The Initiative will also promote the reduction of missed immunization activities for children and women in all health facilities.
- Information needs for different levels will be identified and social mobilization activities will be undertaken in order to create demand for GM/P. Further, advocacy materials will be prepared and disseminated in order to facilitate inter agency action in nutrition interventions.
- Surveys will be facilitated to determine the prevalence of micro-nutrient deficiencies, identify main causes of the micro-nutrient deficiencies and formulate a plan of action to address the problems identified. A survey will be conducted in 1992 to determine the magnitude of the problem of Iodine Deficiency Disorders (IDD) in Namibia. Further, a pilot study will be undertaken to determine the feasibility of providing supplementary foods through clinics to selected vulnerable groups in close cooperation with WFP using experience from neighbouring countries.
- The project will develop an information base for nutrition in Namibia which will facilitate monitoring and evaluation of this project.

9.4.6 PROJECT INPUTS AND LINKAGES

The inputs to be provided by UNICEF to this project will be as follows:

- Support will be provided for nutrition training activities for health personnel at the various health facilities where institutional growth monitoring will be undertaken. Further, study tours to neighbouring countries in the region will be supported. The head of the Nutrition Unit in the Division of Family and Community health will be supported to undertake a short course in programme management.
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- Support will be provided for the development, production and dissemination of nutrition education materials. Other sectors collaborating in nutrition activities will help in dissemination of nutrition education materials.
- Growth monitoring tools (cards, infant weighing scales etc..) will be provided to health facilities and to communities where CBHC is implemented. Technical support will be provided to facilitate the review of the child growth card. Should changes be made on the card support will be provided to print the first batch. Subsequent cards will be printed with gradual participation of the Government. By 1996, the Government will meet 75% of the printing of the cards.
- Support will be provided for monitoring and evaluation activities and for operations research eg. on micronutrients
- The capacity of the Nutrition Unit will be build with additional supply of information management equipment, Audiovisual equipment and other supplies necessary for training activities. Transport will be provided to the Unit to facilitate supervisory activities.
- Support will be provided for nutrition rehabilitation activities especially in the districts where CBHC is being implemented.
- Support will be provided to implement the Baby and Mother Friendly Hospitals and Clinics Initiative. IEC materials as well as certificates will be produced.
- In supporting this project collaboration will be maintained with other participating sectors, WFP, and FAO.

9.4.7 PROJECT MANAGEMENT

This project will be managed at the national level by the Nutrition Unit under the overall supervision of the Director of the Division of Family and Community Health. At the district and regional level, the project will be managed by the nursing officer responsible for PHC.

The Nutrition Unit will be supervised by the deputy director in charge of the Division of Community and Family Health. There will be coordination of nutrition activities at technical and policy level by the various sectors playing a role within the framework of national nutrition policies, objectives and strategies.

9.4.8 CRITICAL FACTORS AND ASSUMPTIONS

The success of this programme will depend on the role of mothers in the promotion of good growth and on adequate training of health personnel so that they can facilitate early detection of growth faltering as well as early intervention to prevent malnutrition

Further, community based activities will depend upon the successful implementation of CBHC initially in the emphasis districts and eventually throughout the country.

Much will also depend on the level of inter-sectoral collaboration in nutrition impact programmes. The sectors will have to be sensitive to the nutrition surveillance data and early warning system and take timely and appropriate action.

The lack of data on micro-nutrient deficiencies will be a constraint in addressing the problem of such deficiencies which is believed to exist in parts of Namibia. Operations research will be done to determine the magnitude of the problem of micro-nutrient deficiencies in order to guide intervention programmes where necessary.

9.4.9 PROJECT MONITORING AND EVALUATION

At the national level, the Nutrition Unit will compile monthly reports of GM/P activities. The Unit will receive monthly reports from the regions compiled from district reports. Community based activities will be compiled by the staff in charge of the nearest clinic to the community in which community based GM/P activities are conducted. Supervisory visits to clinics and communities will be conducted by PHC coordinators at regional and district level.

Information generated from the HIS will be further analyzed and feedback given accordingly.

9.4.10 PROJECT BUDGET

Subject to availability of fund, UNICEF will support this project with up to US\$205,000 from general resources and US\$605,000 from supplementary funds as follows:

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
General Resources						
1. Supplies and equipment	10	10	10	10	10	50
2. Training/study tours	10	10	10	10	10	50
3. Social Mobilization/IEC material development & production	10	10	10	10	10	50
4. Transport	-	-	-	-	-	-
5. Programme support	5	5	5	5	5	25
6. Monitoring and evaluation	5	5	5	10	5	30
SUBTOTAL	40	40	40	45	40	205
Supplementary Funds						
1. Supplies and equipment	40	60	50	50	45	245
2. Training/study tours	10	20	25	20	20	95
3. Social Mobilization/IEC material development & production	10	10	10	10	10	50
4. Transport	25	-	-	-	-	25
5. Programme support	10	20	20	15	15	80
6. Monitoring and evaluation/ Surveys	35	15	10	10	40	110
SUBTOTAL	130	125	115	105	130	605
GRAND TOTAL	170	165	155	150	170	810

The total government input for this project in 1992 will be approximately R8 m (salaries = R3.8m, supplies = R2m, support to churches/training/transport/other costs = R2.2m) increasing by the inflation rate currently estimated to be 13% p.a. over the five year period to a five year total of R51.7 m.

9.5 PROJECT 5: SAFE MOTHERHOOD PROJECT

9.5.1 INTRODUCTION

Women constitute a major vulnerable group especially in the developing world where they are responsible for most of the food production and processing as well as taking care of the welfare of children and other members of their families.

Recent trends including the Safe Motherhood Initiative and the experiences of the UN Decade for Women have highlighted the plight of women and have brought into focus the various problems they face. More recently, the World Summit for Children recognized the vulnerability of women and outlined in the WSC Declaration, goals that are aimed at improving the status and health of women.

The burden on women has resulted in higher morbidity and mortality. Maternal mortality which has attracted much attention in recent years has been found to be unacceptably high with about half a million maternal deaths occurring every year; 99% of these maternal deaths occurring in the developing world.

In most countries of the developing world, there is lack of reliable data on maternal morbidity and mortality. Major causes of maternal mortality and morbidity include various direct complications of pregnancy and delivery, e.g. hemorrhage, obstructed labour and abortions and indirect causes such as anaemia, malaria and poor nutrition.

In Namibia there is no reliable national data on maternal mortality. However, the 1990 Household Health and Nutrition Survey found a high maternal mortality rate among the survey population estimated at 371 per 100,000 live births. This high mortality rate is in spite of the fact that over 60% of deliveries were reported to be taking place in health facilities. This survey also showed among other things that 41% of households were female headed and also found other factors such as high fertility rate, poor education and low income which aggravate problems faced by women.

This project will aim to improve maternal health services and will advocate for the improvement of women's health and status. It will benefit women especially those of child bearing age and teenagers.

9.5.2. PROJECT GOALS

- To reduce maternal mortality rate by 25% of 1990 levels by 1996 (baseline MMR to be determined).
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- To contribute to the reduction of low birth weight from an estimated 15.1% to less than 12.5% by 1996 and contribute to the improvement of women's nutritional status.
- Empower women to promote and protect their health and well being and participate fully in development.

9.5.3. PROJECT OBJECTIVES

This project will be implemented with the following objectives:

- To increase access to effective services for women during pregnancy, delivery and the postpartum period to 95% in emphasis districts and to 75% in other districts.
- To decrease morbidity and mortality associated with teenage pregnancies.
- To increase access to information and services on family spacing in order to increase contraceptive prevalence to at least 25% by 1996 and to significantly reduce the number of too early, too late, too frequent and too many pregnancies.
- To increase access to information on women's health, needs and status in society, directed at both women and men.
- To increase access to services for prevention and management of the following conditions in women: Malaria, STD including AIDS, and Iron deficiency anaemia.

9.5.4. STRATEGIES

The strategies which will be adopted in the implementation of this project will be as follows:

- To promote the reduction of the number of pregnancies which are too early, too late, too frequent and too many.
 - To strengthen the referral system of MCH services in order to improve maternal care at all levels.
 - To build capacity of the health sector as well as other relevant sectors to facilitate planning, implementation and evaluation of safe motherhood activities.
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- To provide in-service training for staff especially those in the clinics to enable them undertake antenatal, natal and postnatal services and to pay special attention to women's health problems including malaria, STDs and AIDS and anaemia.
- To train traditional birth attendants within the context of community based health care as a way of increasing access to maternal services and to promote safe and clean deliveries.
- Advocate for the development of policies and legislation which will facilitate the safe motherhood initiatives in order to improve the health and rights of women.
- Give special attention to the health and nutrition of the female adolescent, and pregnant and lactating women.
- Promote multi-sectorial approach to safe motherhood and develop mechanisms for collaboration. Coordination with the CBHC project and the FLEP, HFS and IABP Programmes will be undertaken.
- To involve private practitioners and nursing homes in training activities in order to upgrade the skills of their personnel.
- Advocate for the improvement of curricula for various nurse cadres.
- Social mobilization and advocacy for the improvement of the health of women will be undertaken.
- This project will promote the Baby and Mother Friendly Hospitals and Clinics Initiative in order to improve the care given to women and children health facilities.
- To undertake studies to determine reasons for the high maternal mortality role in Namibia and the role to be played by TBAs.

9.5.5 PROJECT ACTIVITIES

The following are among the major activities to be conducted by the project:

- Re-orientation and training of health workers especially those in clinics will be undertaken through seminars organized by DFCH, on the job training especially during supervisory visits by PHC coordinators and study tours to enable them improve their knowledge attitudes and skills in antenatal, natal and postnatal care. A total of 1000 health workers will be trained.
-

- Continuing education of all health personnel especially those in clinics will be coordinated by DFCH to enable them detect early and manage appropriately, and to refer as necessary common maternal health problems such as malaria, anaemia and pregnancy related complications using the high risk approach.
 - Within the context of community based health care, this project will facilitate the training of traditional birth attendants to ensure increased access to safe and clean delivery. Focus will be on promoting clean delivery surface, clean cutting of the cord and clean hands during delivery. TBA kits will be provided to the TBAs according to specifications to be drawn by the Ministry of Health and Social Services. A mechanism for replacement of these kits will be worked out by MOHSS in consultation with the communities. Further, the project will collaborate with the Nutrition Improvement project to improve nutrition status of women.
 - Social mobilization activities will be carried out at all levels. This will include advocacy for the improvement of maternal health and enhancement of the status of women. Awareness workshops will be conducted for leaders. Radio, television and print media will be utilized to disseminate information especially targeted at the youth with a focus on female adolescents and young mothers.
 - IEC material development and production will be undertaken and training materials for health workers, TBAs and CHWs will be developed, produced and disseminated accordingly with support of the Health Education Unit.
 - The capacity of the clinics to cope with common maternal health problems will be strengthened through CBHC project which will facilitate provision of basic supplies and drugs for common problems as malaria and iron deficiency anemia and the project will aim to complement the Ministry's efforts in ensuring that clinics have adequate supplies of chloroquine and ferrous sulphate tablets for maternal care as well.
 - The referral system will be supported by strengthening 1st and 2nd level referral institutions through provision of basic supplies and equipment to clinics and maternities (including newborn care). This will be undertaken as part of the CBHC project.
 - In the improvement of access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many, support by UNFPA, women's organizations, religious institutions and other NGOs and other relevant sectors including the Department of Women Affairs in the office of the President will be crucial. This project will develop and disseminate such information and collaborate with these sectors and NGOs to ensure access to the information.
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- IEC materials will be developed with support from the Health Education Unit for teenagers and adolescents and these will include information on how to prevent early pregnancies. Further, health personnel will be trained to give special attention to the problems related to teenage pregnancies and adolescents.
- Specific IEC material targeted to men will be developed and distributed.
- Within the context of CBHC this project will provide appropriate back up services for teenage girls in and out of schools (eg. provision of family life education materials, workshops for teenage girls and boys, and access to clinic services).
- Also within the context of CBHC this project will promote appropriate support and care of pregnant teenagers. Health staff will be re-orientated so that they develop positive attitudes towards adolescents and pregnant teenagers.
- Specific messages targeted to men will be developed by the DFCH and disseminated accordingly.
- Technical and material support will be provided with assistance from UNFPA, UNICEF and WHO to build capacity of the Division of Family Health to implement and evaluate Safe Motherhood Initiatives. Study tours will be supported to enable sharing of experiences from other countries especially those in the region and programme managers will be sent to short courses on management.
- This project be integrated with other PHC projects and there will be linkages with other UNICEF supported programmes eg. IABP, FLEP and Household Food Security.
- Programme evaluation of this project will be undertaken in 1994. Further, applied research will be undertaken as necessary in priority areas including adolescent health/teenage pregnancies and specific women health problems and collaboration with UNFPA in the conducting of demographic and Health survey will be undertaken.

9.5.6 PROJECT INPUTS AND LINKAGES

The following are among the areas in which UNICEF support will be provided:

- Provision of technical support to facilitate development of the project.
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- Support to training activities for health personnel through training workshops and provision of continuing education materials. Further, support will be provided to upgrade curricula of various cadres of health personnel.
 - Training materials will be developed and disseminated to health workers and TBAs/CHWs.
 - Technical support will be provided to review curricula for nurses training.
 - Social mobilization activities will be supported. This will include production of **advocacy materials** for enhancing the status of women.
 - The capacity of MCH Unit in the Division of Family and Community Health will be strengthened to enable the staff plan and implement safe motherhood initiatives. Further technical support will be provided to strengthen capacity at the regional and district levels to implement the project.
- In this project, inputs from agencies especially UNFPA and other relevant sectors will be integrated. Linkages will be maintained specifically with the Department of Women Affairs.
- Supplies will be provided according to need. These will include supply of chloroquine tablets, iron tablets, examination tools, TBA kits and transport. Maintenance and provision of fuel for such transport will be met by the MOHSS.
 - Support will be provided for applied research.
 - This project will also be supported by other agencies especially UNFPA which will provide support to training activities and production of IEC materials with the focus on family spacing.

9.5.7 PROJECT MANAGEMENT

This project will be managed by the MCH unit in the DFCH. At the regional and district levels the nurse coordinating PHC activities will be responsible for supervision of project activities. The nursing schools will play a role in upgrading of various curricula.

Activities of other sectors will be coordinated through the national PHC committee.

9.5.8 CRITICAL FACTORS AND ASSUMPTIONS

The successful implementation of this project will depend on the training of health personnel to improve their knowledge, skills and attitudes. Further, in order to increase access to maternal health services community based programmes will have to be implemented and emphasis put on women's problems and on programmes that would release women's time, so that they can better look after their own health. Much will also depend on extent of inter-sectoral collaboration in approaching women's problems and on political commitment to the promotion of well being of all women.

9.5.9 PROJECT MONITORING AND EVALUATION

This project will be monitored by the MCH unit of the Division of Family and Community Health. Monthly reports will be compiled from regions and districts and feedback given accordingly. Information from the HIS will be made available to all PHC programme managers and issues affecting women will be highlighted for action.

Information on all safe motherhood project activities and related activities from other sectors concerned with the welfare of women will be compiled and disseminated to programme managers and to leaders using among other channels, the PHC newsletters produced by DFCH.

Project activities will be reviewed regularly by the national PHC committee.

9.5.10 PROJECT BUDGET

Subject to availability of funds, UNICEF will support this project with up to US\$195,000 from general resources and US\$1,958,000 from supplementary funds and these will be distributed as follows:

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
General Resources						
1. Supplies and equipment	10	10	15	15	10	60
2. Training/study tours	10	10	5	5	5	35
3. Social Mobilization/IEC material development & production	10	10	10	5	5	40
4. Transport	-	-	-	-	-	-
5. Programme support	5	5	5	5	10	30
6. Support to NGOs	-	-	-	-	-	-
7. Monitoring and evaluation	5	5	5	10	5	30
SUBTOTAL	40	40	40	40	35	195

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
Supplementary Funds						
1. Supplies and equipment	60	90	70	60	50	330
2. Training/study tours	30	30	20	25	15	120
3. Social Mobilization/IEC material development & production	20	15	30	20	15	100
4. Transport	-	25	-	-	-	25
5. Programme support	30	20	30	30	26	136
6. Support to NGOs	30	30	30	40	40	170
7. Monitoring and evaluation	10	10	35	10	12	77
SUBTOTAL	180	220	215	185	158	958
GRAND TOTAL	220	260	255	225	193	1153

The total government input for this project in 1992 will be approximately R10.8 m (salaries = R5.2m, Support to churches/training/transport/other expenses = R3.5m) increasing by the inflation rate currently estimated to be 13% p.a. over the five year period to a five year total of R70 m.

9.6 PROJECT 6: HEALTH PROGRAMME PLANNING SUPPORT

9.6.1 INTRODUCTION

The health sector has achieved a major expansion of PHC activities within the short period after Independence and has undertaken a major restructuring exercise that has among other achievements resulted in the creation of a new Division of Family and Community Health (DFCH) to facilitate the implementation of PHC activities.

As the sector strives to strengthen the management of PHC activities at the national regional and district levels, there will be need to strengthen capacity of the DFCH as well as the capacity of regional and district level PHC managers for planning, implementation and evaluation of programmes.

This project will aim to provide technical and logistical support to all the PHC projects and will facilitate planning, implementation, coordination and integration of PHC projects. Among the areas which will require strengthening are the health information system, the capacity of the sector (in particular the health education unit) to undertake social mobilization and health education activities which are cutting across all programmes and the area of planning and evaluation of programme activities.

9.6.2 PROJECT GOALS

- Provision of necessary technical and logistic support to ensure the development, planning, implementation, integration, evaluation and sustainability of PHC programmes.
- Capacity building of the health sector to enable the sector undertake effective social mobilization and health education activities for all PHC programmes.
- Development of health information system/ management information system. This will incorporate nutrition surveillance as well as surveillance of EPI target diseases.

9.6.3 PROJECT OBJECTIVES

This project will have the following objectives:

- To build capacity of the health sector for planning, implementation, integration and evaluation of PHC programmes.
-

- To build capacity of the health sector for the development, implementation and evaluation of IEC and social mobilization activities for all PHC activities.
- To establish a health management information system for monitoring and evaluation of PHC programmes (including nutrition surveillance).

9.6.4 PROJECT STRATEGIES

The following strategies will be adopted in the implementation of this project:

- To provide technical and logistic support to the division of family and community health to enable it develop detailed plans of actions for the various PHC programmes.
 - To organize study tours and management courses to build capacity of the PHC managers for management and supervision of PHC activities.
 - To build cost monitoring systems in all PHC programmes and strengthen health financing.
 - Support the establishment of the Health Education Unit in the Ministry with supplies, technical support and transport.
 - To facilitate integration of social mobilization activities of the different projects (EPI, CDD/ARI, Nutrition Improvement, CBHC, and Safe Motherhood).
 - To facilitate the development of an IEC/Social Mobilization policy.
 - To conduct applied research in priority areas including micronutrient deficiencies.
 - To facilitate collaboration and integration of the various PHC projects.
 - To advocate for decentralization of administration (including financial) of PHC activities to the districts and to communities as well.
 - To provide information management equipment and supplies.
 - To facilitate the establishment of a health management information. Further, a system of disease surveillance to include regular and timely reporting and timely action will be developed.
-

9.6.5 PROJECT ACTIVITIES

Among the major activities of this project will be the following:

- Technical support will be provided through assistance by UNICEF, WHO, UNFPA and other agencies to strengthen the regional and district health management teams in order to improve planning, implementation integration and evaluation of PHC programmes. PHC projects will have annual plans of actions which will feed into an overall plan of operations of the DFCH.
- Training of PHC managers, in project management and evaluation will be conducted by sponsoring the managers to short courses in PHC management and to study tours in the neighbouring countries. This project will facilitate the training in management for 5 - 10 PHC coordinators from regions/districts every year.
- During the planned period support will be provided to strengthen the Health Information and management information system. Ongoing training of health personnel on data gathering, evaluation and use of collected data of the level they are collected will be facilitated.

The Division of Family and Community Health, the regions and the districts will be provided with information management equipment.

Further information gathered will be disseminated quarterly by the division through their quarterly PHC newsletter which will also be produced and disseminated as part of the activities of this project.

- As part of the HIS, nutrition surveillance will be developed and information gathered disseminated to the relevant sectors at various levels. Further, surveillance of EPI target diseases with the focus on polio, neonatal tetanus and measles will be undertaken as part of routine disease surveillance within the HIS. A mechanism for regular and timely reporting will be developed.
- This project will facilitate the integration of social mobilization activities for all PHC projects. The newly created Health Education Unit will be supported through provision of technical support, transport and supplies in order to enable the unit provide the necessary support to all the PHC programmes.

The PHC newsletter in which PHC activities will be highlighted quarterly will be produced by the Health Education Unit and disseminated to all health facilities and to other sectors as well. The Deputy Director in charge of DFCH will oversee the production and dissemination of the newsletter.

- Technical support will be provided to help build cost monitoring systems in all PHC programmes.

9.6.6 PROJECT INPUTS AND LINKAGES

UNICEF support for this project will be in the following areas:

- Provision of support for management training of PHC managers at national, regional, district and community levels.
- The development of the HIS, including disease surveillance and nutrition surveillance, will be further supported through provision of information management tools, and provision of technical support. Training of health personnel in order to strengthen HIS will be supported. The MOHSS will make significant inputs in the development of HIS. Further, support to health information and management system will be provided by UNFPA with emphasis on demographic and population data as well as management information.
- Technical support will be provided to strengthen the capacity of the Health Education Unit to develop and disseminate IEC materials for the PHC projects and to provide advocacy for the achievement of the Goals for Children in the 1990s. Transport will be provided to the unit. The maintenance and provision of fuel will be provided by the MOHSS. The PHC Newsletter will be supported until the end of 1996.
- Technical support will be provided to help build cost monitoring systems into PHC projects.
- In order to strengthen the planning and management of UNICEF input, a National Officer will be recruited.
- Other inputs by agencies eg. OXFAM UK, WHO, UNDP and NGOs will be integrated in order to avoid duplication of effort.

9.6.7 PROJECT MANAGEMENT

This project will be managed primarily by the deputy director in charge of the Division of Family and Community Health. Guidance will be provided by the National PHC Committee. UNICEF in consultation with other agencies especially UNDP, WHO and UNFPA will respond to the needs of technical and logistic support and will facilitate study tours.

The inputs into the Health Information System (HIS) will be coordinated with assistance from the Epidemiologist in charge of the Epidemiology Unit of the MOHSS.

The coordination and strengthening of social mobilization activities will be facilitated by the in charge of the Health Education Unit in consultation with the Deputy Director in charge of the Division of Family and Community Health.

9.6.8 CRITICAL FACTORS AND ASSUMPTIONS

The success of this project will depend on the implementation of those activities which will lead to strengthening the capacity of the various PHC units to plan, implement, coordinate and evaluate PHC programmes. All PHC programmes should be implemented within an overall plan of operation for the DFCH.

One of the constraints to the success of this project is the poor staffing of the various PHC units in the MOHSS. It is hoped that additional personnel will be added to those already recruited, inspite of the limited resources, in order to increase capacity for delivery of PHC services.

9.6.9 MONITORING AND EVALUATION

The monitoring and evaluation of the performance of the various PHC projects will be the responsibility of the Director of the Directorate of PHC who will receive reports from the various unit from the Deputy Director in charge of the DFCH. These reports should be made on monthly basis and quarterly review of implementation of planned activities should be conducted. Reports of activities will be to the National PHC Committee regularly.

9.6.10. PROJECT BUDGET

Subject to the availability of funds UNICEF will assist this project with up to US\$225,000 from general resources and up to US\$1,562,000 from supplementary funds.

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
General Resources						
1. Supplies and equipment	10	10	10	10	10	50
2. Training/study tours	10	10	10	10	10	50
3. Social Mobilization/IEC support to HE Unit	10	10	10	5	5	40
4. PHC newsletter	-	-	-	-	-	-
5. Transport	-	-	-	-	-	-
6. Programme support	10	10	10	10	10	50
7. Project Officer National Officer	-	-	-	-	-	-
8. Monitoring and evaluation/HIS	10	5	5	5	10	35
SUBTOTAL	50	45	45	40	45	225

ACTIVITY	1992	1993	1994	1995	1996	TOTAL
Supplementary Funds						
1. Supplies and equipment	40	40	60	60	60	260
2. Training/study tours 15	18	20	20	20	93	
3. Social Mobilization/IEC support to HE Unit	25	20	20	30	50	145
4. PHC newsletter	20	20	25	28	25	118
5. Transport 25	-	-	-	25	50	
6. Programme support 15	20	25	26	25	111	
7. Project Officer	80	80	80	80	80	400
National Officer	50	50	50	50	50	250
8. Monitoring and evaluations/HIS	20	35	35	25	20	135
SUBTOTAL	290	283	315	319	355	1562
GRAND TOTAL	340	328	360	359	400	1787

The total government input for this project in 1992 will be approximately R5.8 m (salaries = R2.7m, supplies = R1.2m, support to churches/training/transport and other costs) increasing at least by the inflation rate currently estimated to be 13% p.a. over the five year period to a five year total of R 37.6 m.

11. PROGRAMME WORKPLAN

The major activities to be undertaken in this programme are summarized as follows:

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
01. CBHC					
- In-service training and orientation of health personnel on PHC concepts					
- Seminars for decision makers/ community leaders					
- District & community awareness seminars/community diagnosis	---	---	---	---	---
- Training of facilitators		--		--	
- Training of trainers	---	---	---	---	---
- Training of CHWs/TBAs					
- Seed support to community initiatives (impregnated)					
- Social mobilization/ Community mobilization					
- Advocacy for PHC					
- Production of IEC materials	-	-	-	-	-
- Provision of supplies including essential drugs to clinics	-	-	-	-	-
- Provision of communication equipment	---	---			
- Transport	---				
- Advocate for rational use of essential drugs					
- Develop advocacy materials for mass media					

cont.

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
- Develop and disseminate training materials for health workers, CHWs, TBAs					
- Support to NGOs	-	-	-	-	-
- Produce and disseminate PHC education materials (incl. AIDS) to schools					
- Develop urban PHC					
- Technical support to PHC management at all levels	-	-	-	-	-
- Introduction of community based GM/P					
- Promote Baby and Mother Friendly Health Facilities Initiative					
- Development of community based information system					
- Study tours					
- Programme evaluation					
- Operations research					
- Monitoring and evaluation					
- Baseline surveys in the 8 districts					

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
02. EPI					
- Training of mid level managers	--	--	--	--	--
- Training of operational level managers	--	--	--	--	--
- Training of cold chain technicians		--		--	
- Study tours	--		--		--
- Procurement of vaccines and other supplies	--	--	--	--	--
- Procurement of child health cards	--		--		--
- Transport			---		
- Immunization acceleration weeks (social mobilization)	-----				
- Production of IEC materials	--		--		--
- Advocacy for elimination of neonatal tetanus	-----				
- Advocacy for polio eradication	-----				
- Technical support to EPI unit	--	--	--	--	--
- EPI programme review	--				--
- National immunization coverage survey			---		
- Facilitating EPI target diseases surveillance	-----				
- Operations research	--	--	--	--	--
- Monitoring and evaluation	-----				

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
03. CDD/ARI					
- Promote diarrhoea prevention					
- Procure equipment/supplies	--	--	--	--	--
- Establish DTU at Windhoek State Hospital	--				
- ORT centres in regional hospitals	--				
- ORT corners in clinics					
- Training of health personnel in case management of ARI/DD					
- Activities and community mobilization					
- Develop, produce and disseminate IEC/health education materials					
- Develop and produce messages for TV, radio, newspapers					
-Promotion of breastfeeding, food hygiene and good weaning practices etc..					
- Study tours	--		--		
- Supervisory visits by central and regional staff to ORT corners/units					
- Preparation of policy document and plan of operation for control of ARI	--				
- Development of training materials					
- Provision of technical support CDD/ARI activities	--		--		--
- Guidelines for cholera control	--				
- Operations research					
- Monitoring and evaluation					

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
04. NIP					
- Training of health personnel in GM/P					
- Training for staff of Nutrition Unit	--				
- Study tours	--		--		
- Introduce GM/P in clinics					
- Preparation of nutrition training package & materials	--	--			
- Develop nutrition promotion materials	--	--	--		
- Facilitate inclusion of nutrition in curricula of various cadres	---	---	---	---	---
- Facilitate the development of community based growth monitoring and reporting					
- Review child growth card	---				
- Collaborate with other sectors					
- Provide supplements in clinic settings and promote community based nutrition rehabilitation	---	---	---	---	---
- Promote breast feeding					
- Introduce Baby and Mother Friendly Health Facilities Initiative and develop policy guidelines for the initiative					
- Facilitate operations research plus research on micro-nutrients					
- National IDD survey	---				
- Facilitate nutrition surveillance and promote appropriate action					
- Undertake monitoring and evaluation of project					

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
05. SMP					
- Reorientation and training of health personnel through seminars and workshops	-----				
- On the job training through supervision	-----				
- Continuing education for health personnel	-----				
- Provision of technical support to upgrade various curricula	---	---			
- Production of training materials	---	---			
- Introduction of partograms in all health facilities conducting deliveries	-----				
- Develop maternal card	---				
- Procurement of supplies and equipment	---	---	---	---	---
- Promote early diagnosis and treatment of common health problems eg. malaria, STD	---	---	---	---	---
- Develop, produce and disseminate IEC materials to women, men, leaders and various communities	-----				
- Develop and disseminate family spacing IEC materials to decrease too early, too late, to many and too frequent pregnancies	-----				
- Develop and disseminate IEC materials on AIDS	-----				
- Provide advocacy at all levels	-----				

cont.

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
- Produce IEC materials for teenagers/adolescents	-----	-----	-----	-----	-----
- Provide support in focus districts to teenage mothers in need through NGOs	-----	-----	-----	-----	-----
- Promote clean deliveries (clean surface, clean cord and clean hands)	-----	-----	-----	-----	-----
- Identify NGOs, women groups, etc.. for collaboration	-----	-----	-----	-----	-----
- Carry out operations research	-----	-----	-----	-----	-----
- Monitoring and evaluation	-----	-----	-----	-----	-----

PROJECT/ACTIVITY	1992	1993	1994	1995	1996
06. PS					
- Technical and management support to all projects					
- Technical support to improve capacity for planning, implementation and evaluation at national, regional, district and community levels					
- Support to Health Information System					
- EPI target diseases surveillance					
- Nutrition Surveillance					
- Provision of information management equipment	---				
- Facilitate integration of social mobilization activities					
- Support to health education unit					
- Production of PHC newsletter					
- Building in cost monitoring systems in PHC programmes	---				
- Operations research					
- Monitoring and evaluation of all projects					

PROGRAMME 2 : HOUSEHOLD FOOD SECURITY

1. BASIC DATA

Country: Namibia

Programme: Household Food Security

Programme Number: YL711

Time Period: January 1992 - December 1996

Projects: 01: Rural Development Project for Women
02: Income Generating Activities for Women
03: Strengthening Household Food Security
Monitoring and Analysis

Funding Sought: UNICEF General Resources: US\$ 410 000
Supplementary Funds: US\$ 2 290 000
Total: US\$ 2 700 000

Main Co-operating Agencies: Department of Rural Development, MAWRD
Department of Community Development, MLGH

and

Ministry of Lands, Resettlement and
Rehabilitation
Ministry of Trade and Industry
Department of Agriculture, MAWRD
Private Sector Foundation
Council of Churches in Namibia
Department of Women Affairs, Office
of the President
Namibian Non-Government Organisations
University of Namibia (NISER)
UNIFEM/UNDP
FAO
WFP

EXECUTIVE SUMMARY

The Household Food Security (HFS) Programme will support the national objective of increasing family level access to basic foods on a secure basis. It will thereby contribute to the reduction of high levels of child malnutrition in Namibia, particularly in women-headed households, of which food insecurity is an important underlying cause.

The Programme will operate through a range of strategic interventions, with a strong focus on the increased social, economic and technical empowerment of women, the reduction of their workload, the improvement of their ability to manage domestic, food and community resources, and encouragement of their participation in community, group and income-earning activities.

The HFS Programme involves a combination of: i) direct support to individual households and groups in rural and other economically-disadvantaged areas, through provision of skills training, relevant information, increased access to appropriate technology and to working capital and advice for rural production and small-scale enterprises; ii) training and capacitation for community-based groups and extension workers in methods of analysis of food security problems and the means to address them, including in-depth investigation of HFS in specific areas, design and dissemination of extension materials, and piloting of technology and potentially-viable income-generating activities; iii) strengthening of national capacity to monitor and analyse key indicators of HFS and the impact of climatic and economic changes thereon, and to take timely and appropriate action based on such analysis.

The effectiveness of the Programme will be enhanced through the building of linkages at both policy, operational and local levels with other national programmes aimed at poverty alleviation and community empowerment, including those supporting small-scale crop production, rural water supply access, and improved child care organisation. The Programme will support joint training programmes and the development of generic training, information and extension materials in support of these linkages.

The Programme will be implemented primarily by the Departments of Rural Development and Community Development, through their national and regional level structures, and will involve a range of Namibian non-government and community-based organisations. UNICEF will support the Programme through provision of technical assistance, supplies and equipment, funds for training and capacity-building activities, transport and other programme support, including assistance to monitoring and evaluation.

2. INTRODUCTION AND JUSTIFICATION

As detailed in the Situation Analysis of Children and Women (UNICEF/NISER, March 1991), household food insecurity is widespread among Namibian families. Such insecurity arises immediately from a combination of low productivity in family food production, low household incomes, and lack of access to social services. More basic factors contributing to these causes include:

- poor access to land of reasonable productive quality arising from colonial dispossession;
- lack of support services, including basic inputs and marketing systems, in the "communal" areas of the country;
- lack of access to productive capital, extension advice and information, credit and adaptive technology, with potential for increasing productivity and/or reducing workload in farming and off-farm operations;
- historically-entrenched system of labour migration, particularly of young adult males, to urban centres, mines and commercial farms, leading to shortages of peak season labour for smallscale farming operations;
- high rates of unemployment, low wages and insecurity of job conditions in the "formal" economy, leading to instability of household incomes both in urban areas, and in rural areas with heavy reliance on remittances from absent family members;
- lack of economic diversification in most regions, and consequent dearth of informal sources of income;
- environmental degradation, related to colonially-imposed settlement patterns, lack of development of communal water sources, and the interaction of poverty and lack of re-investment in renewable natural resources;
- high exposure of much of rural production to low and uncertain rainfall, resulting in frequent drought conditions.

Related to the widespread patterns of migrant labour, many Namibian families are *de facto* headed by women and/or older people. A Household Health and Nutrition Survey (HHNS) undertaken in two major regions by UNICEF in 1990 found an estimated 40 - 49% of rural northern families to be managed, and in most of these

cases also headed, by women. Such women are affected by excessive time- and work-burdens: the HHNS estimated that rural families in the Ovambo region walk on average 1 hour 42 minutes to obtain water in the dry season, and in some locations up to 3 hours. The majority of rural families have no direct access to water supplies. In addition to the fact that women undertake the large bulk of tasks related to food production and child care, they are further handicapped by lack of access to labour- and time-saving technology for food preparation and processing. Meanwhile, increasingly severe shortages of firewood in many communal areas have led to excessive costs in either time or financial resources to meet basic household fuel needs.

Overall resources available to rural households, particularly those headed by women, are very low. HHNS data from Ovambo suggest that average incomes per capita in rural areas were about US\$ 102 per annum in 1990, and ranged as low as \$ 72 per year. Whilst 33% of male heads of household surveyed in rural areas had access to formal employment, such access was available to only 13% of female family heads. Informal sector employment was available to less than 1% of rural women family heads. As a result, the large majority of women-headed rural families subsist on family farming, in which productivity levels are extremely low, supplemented by remittance income in some cases, plus state pensions and other transfers from Government in over a third of such families.

Whilst incomes are considerably higher in urban areas, such as Katutura, the estimated 36% of urban families headed by women are still relatively disadvantaged in terms of income and employment access. Limited data from urban areas collected during the 1980's found that such families had average incomes less than 50% of those received by male-headed households. The HHNS in Katutura found that, whilst 80% of male family heads received wages or were self-employed, this applied to only 58% of women family heads. A similar pattern was evident in the northern peri-urban areas of Oshakati and Ondangua, where 1990 estimated per capita incomes, at around US\$ 305 (R 760), were about half those in Katutura. In the formal labour market, only one-third of jobs are held by women, a pattern which has emerged partly because of the historic lack of access to education, and consequent higher levels of illiteracy, among women.

The large majority of Namibian farmers are female. Most of these are involved in low-yielding cultivation of millet and other crops, requiring seasonally-high labour inputs. Income from millet farming, derived only in years of reasonable rainfall and on a seasonable basis, is estimated at R 3 - 4 per adult working day, compared to returns to off-farm unskilled labour (undertaken mainly by men) of at least R 10 - 15 per day (UNICEF/NISER 1991). Meanwhile, the relatively high returns available from cattle-raising accrue largely to men, although women are involved in smallstock rearing, particularly in the arid southern areas. Small herd-owners, however, face severe difficulties of land, water and market access.

The outcome of these patterns is that, not only are the large majority of Namibian families substantially or wholly dependent on commercial purchases to obtain their basic food requirements, but a high proportion of these lack adequate or reliable sources of income with which to do so. Whilst household income and expenditure data is almost completely lacking in Namibia, it is clear that for most families, sources of income can be characterised as: low; seasonal; unreliable; few (undiversified); or a combination of these. Meanwhile, the relatively higher costs of retailed food and the exposure to drought conditions in rural areas, and outlays on rent, transport and other service charges in urban areas, erode the real purchasing power of low-income families. For example, the Situation Analysis estimated that the poorest 60% of Ovambo peri-urban households were highly food-insecure, and that most of these were very reliant on intra-family food transfers in good harvest years from rural areas. Food insecurity was also calculated to affect about 30% of Katutura households.

Food insecurity, as indicated by low household income, was closely associated in the HHNS with poor child nutrition, as indicated by stunting. In all five survey sites, stunting among children under five years was also found to be more common in households headed by women, reflecting their disadvantaged status in terms of income, educational access and other socio-economic factors. Meanwhile, although young child undernutrition was found by the HHNS to be fairly common in Katutura (at around 12%), it affected some 35% of children in both rural and peri-urban regions of Ovambo. Comparative rates of stunting were some 21% for Katutura, 32% for peri-urban Ovambo and 34% for rural Ovambo. Rates of child stunting in other rural areas, estimated by the 1988 Demographic and Health Survey, ranged from 27 - 52%.

Diseases such as malaria, measles, acute respiratory and diarrhoeal infections are common among Namibian children, resulting from inadequate coverage of preventive and basic health services and poor access to clean water and sanitation. Whilst these diseases are primary contributors to the relatively high rates of infant and child mortality, the poor nutritional status of young children, associated at least in part with inadequate household food access, is an important contributory factor to mortality. Furthermore, it is probable that food insecurity is a major contributing factor, along with the related factor of excessive workloads, to apparently high rates of maternal mortality (possibly reaching 370/100 000), and to poor maternal nutrition, as indicated by the proportion of babies with low weight at birth (some 12% nationally).

There is therefore a strong justification for women in Namibia to be given a central place in national efforts to increase family incomes and basic food production, and thereby to improve household food security and contribute to improvement of maternal and child nutrition and survival. Efforts in this context to raise the productivity of and returns to women's work efforts, to increase income-earning opportunities, and to reduce time burdens in domestic and productive activities, are likely to contribute considerably to gains in the health status and care of children and mothers. Improvement of household food security conditions, on a broad and sustained basis

(including in times of climatically-induced stress), will be highly complementary to national programmes for improvement of basic services, including Primary Health Care, clean water and sanitation, and to interventions, such as the Expanded Programme on Immunisation and the Control of Diarrhoeal Diseases, aimed directly at disease reduction among children and women. It will also provide a strategic complement to national efforts to increase employment opportunities in the formal sector over the medium term.

Of additional importance in Namibia's uncertain climatic conditions, and with its narrowly-based and dependent economy, are interventions by the Government to stabilise large fluctuations in basic incomes and household food access resulting from these factors. The lack of even indicative data and basic monitoring systems for food security at family level is a major constraint to timely intervention at both the policy and programme levels to address collapses in food access when they occur. Improvement of data and monitoring systems which provide direct or indirect indications of the state of the household food economy is therefore an additional priority in addressing the HFS issues in Namibia.

3. REVIEW OF PAST EXPERIENCE

In contrast to neighbouring Botswana, the associated problems of Household Food Security and young child malnutrition have only recently been recognised in Namibia. No systematic measurement of young child growth, or surveillance of nutritional conditions, was undertaken during the colonial era. Only one household survey was made, on a semi-national scale, of nutritional conditions. Neglect of almost all aspects of "communal area" food production and small-scale farming was prevalent, with some exceptions in the eastern regions and in the case of animal disease control. Particularly notable, up to Independence in 1990, were the lack of agricultural extension and information services in "communal" areas; the scarcity of agricultural tools and seasonal inputs; and the lack of developed marketing structures and processing facilities outside the large-scale commercial farming areas. Colonial neglect extended to all areas of productive and service development, leaving the rural "communal" areas economically undiversified, and their population (some two-thirds of all Namibians) poorly served and isolated from markets and sources of information and technology.

These features were highlighted by a study of Household Food Security in Northern Namibia commissioned by UNICEF shortly prior to Independence (Food Studies Group, 1990), and by a seminar involving incoming policy-makers based on the study held in February 1990. Several of the recommendations made by the study were implemented by the new Government of the Republic of Namibia (GRN) and the

Council of Churches in Namibia (CCN) during 1990-91, a number of them in association with UNICEF, FAO and the World Food Programme. These and other measures include:

- initiation, by the Agronomic Board, of the provision of marketing points for millet in the Ovambo and Kavango regions, and of millet processing trials;
 - distribution by the CCN and the GRN of basic seeds and agricultural handtools to former exiles and drought-affected communities in the crop-producing regions;
 - collaboration with the Rossing Foundation in short-course training for farmers, and provision of improved varieties of millet seed, in the context of the UNICEF-supported Integrated Area Based Programme (IABP), and the planned introduction of low-cost millet milling technology from Botswana in the IABP Project area;
 - establishment of a National Drought Committee and Drought Relief Programme, involving the distribution of supplementary food supplies, including blended food for young children supplied by WFP and UNICEF, to drought-affected areas in 1990-91, and the monitoring, initially through field visits, of drought and food security conditions in various regions;
 - establishment with FAO support of a National Early Warning System to monitor climatic, crop and livestock conditions, in the Ministry of Agriculture, Water and Rural Development (MAWRD);
 - re-opening of agricultural research and extension training centres in northern Namibia, which were closed during the period of military occupation during the 1980's;
 - initiation of support, particularly through the Departments of Rural Development and Community Development, with UNICEF assistance, to small-scale income-generating projects of an innovative nature, involving women's groups, including brickmaking, fencemaking and breadbaking, and of training of community extension workers in the assessment and management of such projects;
 - initiation of activities by the Department of Rural Development (DRD) for the identification and testing of appropriate technologies for use in rural domestic tasks and production, with support of UNIFEM and UNICEF;
 - establishment by the newly-formed DRD in 1991 of a Rural Extension Programme, including the training of regional trainers and community-based
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extension workers from different sectors, with a strong emphasis on social communication, popular participation, and the role of women in rural development, with support from UNICEF under the HFS Programme.

Whilst these initiatives were in 1991 in their initial stages, they have indicated the commitment of the GRN to address a range of immediate and underlying factors causing or associated with household food insecurity in Namibia. On a short-term basis, the provision of supplementary food supplies was undertaken with success in several regions following partial drought conditions in 1990, whilst the provision of seeds in both 1989/90 and 1990/91, with assistance from FAO and UNICEF, contributed to good harvests in the Ovambo and Kavango regions. The two sets of measures contributed to the stabilisation of food security conditions in the northern regions, at a time of population influx and economic stress related to repatriation and demilitarisation. Initial success and reasonable indications of viability have been achieved in the UNICEF-supported income-generating activities (IGAs). It is, however, too early to assess the likely impact of initial measures being taken to address the underlying and basic causes of food insecurity in Namibia, and of the outcomes in terms of nutrition and other indicators of welfare. For many low-income and land-scarce communities, much will also depend on decisions regarding the process of Land Reform over the medium term in Namibia, as well as on general economic conditions, and their impact on HFS.

4. GOVERNMENT/UNICEF POLICY FRAMEWORK

The Namibian Constitution, adopted shortly prior to Independence, establishes the "promotion of the welfare of the people" as an active duty of the state. In particular, under Article 95, policies are to be adopted so that "consistent planning is undertaken to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and the improvement of public health". This article also mandates that ecosystems and essential ecological processes are "maintained...on a sustainable basis for the benefit of all Namibians, both present and future".

In the first major statement of development policy by the GRN, at the June 1990 Donors Conference, the sector of Agriculture and Rural Development was given highest priority. In the General Policy Statement, it was indicated that the food security situation, "in a context of a rising rate of unemployment and increasing risk of hunger in the rural areas, needs to be urgently addressed" (P.18).

Shortly after, H.E. President Sam Nujoma, at the World Summit for Children, endorsed the Goals for Children and Development in the 1990's. Among these Goals is that of "dissemination of knowledge and supporting services....to ensure household food security", which is particularly aimed at the improvement of nutrition.

In the process of formulating the Situation Analysis of Children and Women in Namibia, a national workshop was held by UNICEF, the GRN, national NGO's and the University of Namibia to review the preliminary findings of the analysis (March 1991). Consensus was reached among participants that insecurity of food access at household level was a major contributing factor to child malnutrition in Namibia. It was recognised that the nature of the problem of food insecurity varied greatly among regions and between communities, with the diversified nature of ecology, local economy and historical experience. It was therefore indicated that considerable further information and understanding is required of the difficulties and coping mechanisms among various communities.

The GRN is presently establishing a medium term policy framework for the sector of Agriculture and Rural Development. Initial policy statements have indicated that priority will be given in the implementation of programmes to the communal areas, with a strong emphasis on integrated, village-based development. Specific policies already identified include: establishment of Agricultural and Rural Development Centres to provide multiple services to rural communities; development of financing schemes, extension, training and other support services for rural productive activities; promotion of improved local resource management by village-based organisations; development of low-cost technologies and energy sources; and promotion of economic diversification on the basis of local resources, through agro-industries and other sectors.

Meanwhile, the GRN has indicated that it will simultaneously pursue objectives of self-sufficiency in basic foodstuffs at the national level, in order to increase economic independence, and of food security at the household level with a view to improving child nutritional status. Support to household food security will be given, where required, by short-term relief assistance, whilst promoting self-reliance among families on a longer-term basis.

The creation and consolidation of the Department of Rural Development since Independence represents an important part of the Government's efforts to address the problem of widespread food insecurity. The Department has responsibility for providing a range of rural extension and support services, including water supplies, rural industries, appropriate technology and information, and has adopted an explicit emphasis in its operations on the needs of rural women and the promotion of popular participation in the development process. The Department is also preparing to play a major role in the coordination of development policies and programmes for rural areas, and is a central participant, together with the Ministry of Health and Social Services and others, in the design and implementation of a National Policy on Nutrition.

The Government, through a national process of consultation, is also in the process of establishing a Land Reform policy and programme, which will be coordinated by the Ministry of Lands, Resettlement and Rehabilitation. This initiative is likely to have

important medium- and longer-term implications for HFS among rural communities in Namibia.

5. PROGRAMME OBJECTIVES

Within the context of national policy objectives to improve food security and child nutrition, the Goals for Children and Development in the 1990's, particularly those related to household food security and nutrition, and the Major Goals for the GRN/UNICEF Country Programme, including those relating to empowerment and improved nutrition, the HFS Programme will aim to achieve the following overall objectives:

- i) to contribute to the reduction of vulnerability of Namibian households to food insecurity, and to lessen the incidence and scale of collapse or severe reduction of family food access; and
 - ii) to strengthen the capacity of women-headed families in particular to actively address problems of food insecurity on a sustainable, medium-term basis, and of the Government to assist them to do so; and thereby
 - iii) to contribute to the achievement of Country Programme goals for the reduction of young child malnutrition and mortality, and of maternal mortality, particularly among the most deprived communities in Namibia;
 - iv) to increase the empowerment of women in the performance of productive and domestic tasks related to basic foodstuffs, by increasing the extent of relevant information, training opportunities, affordable and appropriate technologies and extension advice available to women, thereby creating more favourable conditions for reduction of child malnutrition and improved maternal health;
 - v) to establish systems and experience adequate to support broad-based national efforts to promote increased incomes and earning opportunities among families facing chronic problems of food insecurity, thereby contributing to greater stability and adequacy of family food supplies and the reduction of child malnutrition;
 - vi) to monitor HFS conditions on a systematic and regular basis, particularly among the most vulnerable communities, and improve the timeliness and effectiveness of national and local authority responses in reducing short-run threats to family access to basic food supplies essential for maintaining child nutritional status.
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In order to realize the overall objectives indicated above, the programme has the following specific objectives:

vii) to assist communities through extension services in the analysis of local needs and problems, including those of a gender-specific nature, and with increased access to sources of advice, information, low-cost technology and support to productive activities;

viii) to increase awareness of resource use, nutritional, child care, health and sanitation issues among rural extension workers, including those based at community level, and ensure their ability to support communities and particularly women with technological, advisory and other support for effecting improved practices and management in these areas;

ix) to develop materials at national and regional levels for dissemination of information, mobilisation and advice to rural communities, especially women, based on assessment of material needs by communities and local extension workers;

x) to undertake operational research with rural communities on socio-economic issues, implement ongoing research and analysis, and use such research for improved design of extension, training, information and support programmes, as well as for multi-sectoral advocacy;

xi) to obtain experience in the operation of income generating activities by women, focussing on those of an innovative nature and/or with implications for policy change, and, through this experience, to promote and achieve replication of activities with high potential for viability and for increasing incomes to women-headed and/or food-insecure households;

xii) to increase the ability of extension workers in both rural and urban areas to identify, assess, and arrange various types of support for income-generating activities, particularly those with a high involvement of women, and undertake ongoing monitoring and assessment of such activities;

xiii) to expand institutional efforts to monitor food security conditions and the impact of climatic, economic and other changes upon them, particularly among vulnerable households, by national and regional bodies, and improve the availability and reliability of specific indicators of HFS, as well as the use of such indicators by decision-makers for short and medium term response;

xiv) to improve national problem-analysis of household food insecurity, and of its impact on variables such as child nutrition, among different communities;

xv) to increase the use of such analysis in the design and adaptation of national and sectoral development policies.

6. PROGRAMME STRATEGY

The Programme will focus on two main areas, i.e. relatively deprived rural areas and communities, in the "communal" lands of the country, and lower-income urban areas, including "peri-urban" settlements. In some cases, there may also be a focus on groups participating in a process of resettlement.

Within these areas, the Programme will focus especially on women-headed families; and households facing severe risks to basic food access. Such households will be often need to be identified through "proxy" indicators (e.g. lack of employment access, non-ownership of livestock, harvest failure, presence of malnourished children).

The Programme will adopt the twin strategies of empowerment of women and the increased and active participation in the development process of communities, and of women within communities, both as development goals in themselves and as means to achievement of specific HFS objectives. The transmission of skills, information, mobilising techniques and appropriate technologies to extension workers and through them to communities and women will be a crucial element in the Programme Strategy.

The Programme will also have a wider impact in supporting the implementation of service provision generally, in areas ranging from water supplies to agricultural inputs, by creating demand and effective means of transmission between service providers (especially Government agencies) and organised community groups. Common approaches to community-level work and service provision will be promoted through joint training programmes involving extension staff from a range of sectors, and the development of information and training materials for multi-sectoral use.

As one part of a broad range of national development efforts in the rural areas, including improvement of infrastructure, services and support to production, the Programme will contribute to the stabilisation of family life, including the containment of rural-to-urban migration and the increased presence of young adults, including men, in rural areas. This will, over time, assist in the strengthening of family food production capacity, promote the sharing of domestic labour burdens and increase the scope for community-level organisation through appropriate mechanisms to be developed during the life of the Programme.

The Programme will identify and test the financial and management viability of income-enhancing enterprise activities, of a part- or full-time nature, with a high potential for replication and for the involvement of women. Such activities will simultaneously aim to address product or service needs in the food-related economy, and to provide

managerially and technically feasible approaches to income enhancement for the Programme target groups, which can be adopted by extension and other support services.

The Programme will also support the more effective allocation of national resources to achieve food security goals, in both the short and medium term, through strengthening national and regional capacity for analysis of and response to changing conditions, particularly at household level. Related to this, the Programme will promote the integration of qualitative aspects of social development within national development strategies and production oriented programmes, by undertaking community-based and gender-specific research, and through dissemination of the results of local-level monitoring. This will be done in the context of general advocacy by UNICEF and Programme implementing partners for sustained attention to food-insecure families, communities and women in the national development process.

7. PROGRAMME LINKAGES

The HFS Programme will link in strategic terms with other elements of the medium-term Agricultural and Rural Development Programme of the Government, including the integrated provision of services in rural areas, and the strengthening of agricultural research, farmer training, input and marketing services for small-scale producers by the Directorate of Agriculture. These linkages will be progressively strengthened over time, as the Ministry's overall policy approach to food production and food security at the household level evolves. Meanwhile, a close operational link will be established between the Rural Extension components of the programme and the activities of the Divisions of Rural Supportive Services and Rural Industries Development within the Department of Rural Development (DRD). This will involve the identification of development priorities together with communities, women's groups, etc, by extension workers, the provision of technical information, training and material support by the support divisions, and subsequent monitoring and feedback from the extension staff, leading to modification of information materials and technical advice. These linkages will particularly apply to the areas of low-cost rural water supply and water point management, supported under the Rural Water Supply Programme, alternative energy source development, small-scale industrial development, and introduction of labour- and time-saving technologies for domestic tasks such as food processing.

The Programme will play an important role in the implementation of the National Nutrition Strategy, and will establish strong links with national programmes on Primary Health Care (PHC). Nutritional, agricultural, health and sanitation components will be included in in-service training for Rural Extension and Community Development staff, and the work of these staff will contribute to increase awareness among communities of health and nutrition issues, improve understanding of problems in these areas and their links with household food security, and promote the use of appropriate

technologies and household and resource-use practices, compatible with health, nutrition and food security aims. The strengthening of community organisation and information services envisaged by the Programme will also support the implementation and sustainability of service provision in a range of sectors, such as PHC, Rural Water Supply and Adult Literacy, and the promotion, through these and other programmes of improved child care and feeding practices.

At the level of improved monitoring, response and resource allocation for HFS objectives, the Programme will complement in particular the development of the National Early Warning System (NEWS), based in the MAWRD and supported by UNDP/FAO. It will aim to broaden the information base for monitoring and decision-making provided by the NEWS, by supporting the development of complementary indicators of HFS status, particularly among high-risk communities and population groups, carrying-out in-depth local-level research, and promoting multi-sectoral analysis of HFS using a range of information systems. Support will be given to linkage of the NEWS with the Health Information System, nutritional surveillance, and macro-economic analysis, in the context of overall monitoring of HFS conditions and the implications for policy response.

The work of the Department of Women Affairs (DWA), Office of the President, in identifying priority areas for support to women, and major needs for research, investigation and empowerment of women, will provide continuing inputs to the design of Programme components and activities by UNICEF. The DWA, as well as other UN agencies with links to the Programme, will participate in annual and midterm review of the Programme and its component projects, as well as in specific research, monitoring and evaluation activities. Through these linkages, the DWA may also make use of the results and experience of the HFS Programme in the design of its own strategic and policy-related activities.

8. SUSTAINABILITY ISSUES AND CONSTRAINTS

The GRN, through the Department of Rural Development and the Department of Community Development, will provide substantial recurrent resource inputs to the Programme. The anticipated availability of recurrent budget funds is expected to allow a gradual build-up of programme coverage and impact over the five-year period. Such funds will support staff salaries and in-country travel, vehicle running costs, partial costs of office establishment, office operations, in-country training and material production. Constraints on recurrent funding will however be imposed by the high cost of travel and communication imposed by long distances between settlements and extremely low population density in much of Namibia. Additional constraints may possibly result from any serious downturn in the economy or Government revenue. In such an event, Programme objectives may be revised accordingly.

A further constraint on the Programme, particularly in the first two years, is likely to be that of availability and appointment of suitably-qualified staff at all levels, coupled with broad recurrent budget limitations on expansion of the establishment. This will apply especially to the Department of Rural Development, with a professional establishment in 1991/92 of 93 posts, of which only 44 are presently funded. This situation implies a strategic approach to staff deployment and mobility, as well as sustained attention to community involvement in the development process. This will include support to part-time volunteer Rural Development Promoters chosen by communities, who will receive training, materials and appropriate transport through the Programme, and will be closely involved in local-level consultation and development organisation. Strategic approaches to staff use will also need to be considered by the Department of Community Development, which under the 1991/92 budget received funding for (and filled) only 30 of its 83 established Community Liaison/Activator positions. Emphasis will be given to the inclusion of women as both staff and community-level workers under the scope of the Programme, whilst training courses for all those involved will include skills in gender awareness, analysis and support to women's participation.

As already described, the Programme will need to establish close links at both policy and operational levels with a range of service-providing agencies, in order to build and sustain credibility with communities, and effectively to address the problems of household food insecurity. Such agencies will include national and regional Government bodies, in a range of sectors, and particularly major representative NGOs operating at community level in Namibia (e.g. members of the Council of Churches, the Namibia Community Co-operative Alliance). A further need, for effective extension programmes, will be the convergence of actions within an organised sequence, in order to maximise potential and demonstrated impact in a given community (e.g. between clean water, sanitation, hygiene practices and food security interventions).

In the area of income enhancement for food-insecure families, the Programme will explicitly limit itself to the support of a limited number of small enterprise activities identified as both "high potential" and innovative in nature. The process of identification should be initiated by communities or groups themselves, will need to take account of necessary resource and macro-economic conditions (including Government policy environment), and to be linked to emerging conditions that create new and sustainable opportunities for household income enhancement through self-employment. The generally fragile resource base of Namibia, and the hitherto narrowly-based and import-dependent economy, will impose constraints on the range of feasible activities.

9. PROGRAMME DESCRIPTION

The Programme consists of three projects, concerned respectively with: the build-up of capacity for and provision of services, resources and information to women and vulnerable families in rural areas, in major areas related to HFS and the management

of resources; the introduction of new opportunities for income-earning for women and food-insecure families through enterprise activities of an innovative nature; and the strengthening of monitoring and analysis of food security conditions among at-risk households and communities, at national and regional levels.

PROJECT 1: RURAL DEVELOPMENT PROJECT FOR WOMEN

9.1.1 Introduction

The Rural Development Project for Women will seek to create capacity at national, regional and community level for the provision of support services, particularly information, skills and appropriate technology, to assist rural women in addressing priority needs related to household food security. Given the complex and varied nature of food insecurity in rural Namibia, the Project will address a range of needs, including: the improvement of production-related techniques, in order to enhance food production, preservation and purchasing capacity; the reduction of time and labour burdens on women, in order to better safeguard their health and provide more opportunity for child care; the improvement of local resource management, including water, sanitation, fuel and other basic domestic resources; the provision of information to women on food-related issues such as desirable child feeding practices, nutritionally-valuable crops, food storage and hygiene; and the strengthening of collective organisation by women, and of women's participation in community organisation, to implement activities addressing these needs.

The Project will operate primarily through a newly-established cadre of rural extension and development staff, who will receive regular in-service training across a range of sectoral and organisational concerns. It will also assist the establishment of technical support services for these staff in areas including extension material production, community mobilisation, sociological and socio-economic analysis, appropriate technology testing, and rural information services. These staff, in turn, will provide assistance to volunteer village-based Rural Development Promoters, who will also receive training and will organise local consultations and group activities with a strong involvement of women. The Project will also form linkages in a number of areas with the Agricultural Extension services.

9.1.2 Project Objectives and Targets

The project objectives will include the following:

- i) upgrading of the knowledge and skills, in areas including community mobilisation, needs and gender analysis, rapid assessment, extension and communications skills, and basic knowledge of health, nutrition, food economy,
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child care, sanitation, hygiene and appropriate technology interventions, of at least 60 Rural Development Promoters per year, covering priority districts within each region, with at least 2 training courses per year;

ii) upgrading of skills, through field-based in-service and refresher training, of 5 regionally-based trainers per year, at least once per year; and of 30 region- and district-level rural development, rural extension, agricultural extension and community liaison officers per year, through at least 2 training courses per year, covering the areas in i) above;

iii) increasing of specialist knowledge in areas including food security, rural development, rural extension planning and programme management, among up to 5 central and regional staff of the DRD per year;

iv) by the end of 1996, support some 300 discrete group training activities at community level annually, involving skills/knowledge/technology transfer, in 75 communities, reaching an estimated 6000 rural adults per year, of which more than half will be women;

vi) initiate appropriate technology, food processing and storage, improved domestic resource management or alternative fuel use (including biogas) initiatives in at least 60 communities by the end of 1996, with assistance from the Project;

vii) increase skills in rural sociological and socio-economic investigation methods for selected rural development staff in all regions, and support up to 15 smallscale baseline survey, community and household-level research initiatives by these staff during the five years of the Project;

viii) by 1992, establish ongoing field-based training programmes under all Regional offices of the DRD, in respect of objectives i) and ii) above;

ix) by 1993, establish capacity and systems within the DRD, at national and regional levels, for: a) design and production of basic training and community information and mobilisation materials; b) assessing the impact of such materials in respect of Programme objectives, and modifying them on the basis of feedback from extension and village-based staff; c) design, supervision, and analysis of rural socio-economic research and investigation; d) reporting systems and data base by which to monitor the performance of the rural extension service, and the coverage achievements of the Project and the Department as a whole, disaggregated by area and gender. Progressively strengthen this capacity over 1994 - 96.

9.1.3 Project Strategy

In conjunction with efforts to be undertaken by other Departments and agencies of the GRN, particularly the Departments of Agricultural Extension and of Community Development, the Project will seek to address, over a medium-term period, the developmental needs of rural women as food producers and income-earners, domestic and local resource users, child care-takers, and participants in community organisation and activities.

The project will place a strong initial emphasis on the establishment of awareness and capacity, in all Regions as well as priority districts within each Region, to assist communities and rural women in addressing priority problems of household food insecurity. In sequential terms, the Project will:

- i) consolidate and improve the curricula drafted and tested during 1991 for regionally-based trainers, and adapt them to the needs of field training of community-based Rural Development Promoters, across a range of sectors, proceeding to develop support materials for use by these workers;
 - ii) strengthen general and specialist skills and working practices among staff at all levels of the Rural Extension service, in support of the gradual expansion of the coverage and expertise of the service, and continue to emphasise the acquisition of skills by extension workers, from the Community as well as Rural Development departments, in the areas of community-based problem assessment, analysis (needs, gender, HFS), and planning of participatory interventions of a multi-sectoral nature, to address priority needs;
 - iii) identify and build up experience with key technologies and techniques, both in the household agricultural and food economy and in related areas such as low-cost water supply and management, sanitation, income-generating activities, child care/feeding practices, home economics and nutrition, through testing with selected communities and systematised feedback and evaluation. This will be followed by replication as appropriate, both within and beyond the scope of the DRD and the Project itself. Interventions will be evaluated on their potential for reducing women's workload and time burdens; improving household and child access to food; increasing access to income-earning opportunities; and enhancing the productivity of rural women in existing activities;
 - iv) progressively strengthen strategic policy and planning links with the Department of Agriculture and the Agricultural Extension service of the MAWRD, which deploy a much larger number of field workers, in order to promote coherence and complementarity between extension messages and support to (particularly women) small-scale farmers in the areas of crop and livestock
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production, and in all other key areas of rural development. Specifically, the Project will link increasingly closely in its provision of rural extension and support services with the efforts of the Department of Agriculture to directly increase small-scale foodcrop production, through measures such as increasing access to input supply and crop marketing systems, and through participatory on-farm research. The Project will also seek to link with the Department in joint training activities, and the promotion of already-cultivated household crops of high nutritional value, such as legumes (e.g. cowpeas and beans);

v) establish links with experience being developed by NGOs in community-based rural development projects in Namibia, including the Integrated Area Based Programme, as well as with that already developed in the ESA/SADCC Region, and utilise this in the design of Project activities. These links will be particularly valuable in formulating strategies for mobilisation, and for support to self-organisation initiatives undertaken by women and disadvantaged rural communities.

The geographical focus of the Project, over the 1992-96 period, will be on a maximum of 15 priority districts, which will be proposed during 1991-92 by the Regional Offices, in liaison with multi-sectoral interim regional development boards, on criteria including the extent of deprivation, feasibility of providing more intensive coverage, the potential for community mobilisation and a central role for rural women, and availability of personnel, developmental resources and partners. Final selection of priority districts will be made by the DRD in co-ordination with other Ministries, such as the Ministry of Health and Social Services, pursuing this strategy, in consultation with UNICEF.

9.1.4 Project Activities

Major activities of the project will include:

i) holding of short-course field-based training courses in each region for new and in-service rural extension staff, including regional, district and village-based personnel, on a quarterly basis. These courses will centre on a range of extension skills, including inter-personal communications, community mobilisation, situation and gender/benefits analysis, identification of HFS problems and resource constraints, materials development, selection and use of appropriate technologies and resource management techniques, and the monitoring of interventions. Training techniques will include role plays, field visits, preference ranking, process observation, graphics testing and video. Actual content will be modified according to needs assessments undertaken by the Rural Extension Officers, who will in turn mount the training courses with the support of the Rural Extension Training Coordinator, Materials Coordinator and

other staff of the DRD. Additional support will be provided by the Rural People's Organisation Unit of the DRD. Extension staff of other Departments, including Health, Community Development, Agricultural Extension and Education will participate in these courses. Cross-fertilization will be achieved through the inclusion in training courses of health, agricultural, nutrition, sanitation and other components, conducted by such staff, following the more general provision of extension skills. Use may be made of materials developed under the Non-Formal Education Programme (NFBE). Local NGOs, the Rural Development Centre at Ongwediva, the Rossing Foundation and other resource centres will be drawn upon to provide support to the training programme.

ii) holding of group training, consultation and mobilisation activities on a regular basis in communities within the priority Districts targeted by the Programme, with a high participation of women. These will be mounted by community-based Rural Development Promoters, with support from Regional and eventually District-based Rural Extension Officers, and will focus on current priority needs identified with communities on a consultative basis under the "Triple A" cycle of problem assessment, analysis and action. The support and involvement of sectoral extension workers will be sought.

iii) development of information, communication and mobilisation materials for use by rural extension workers with community and women's organisations. These will be based on problem and needs identification made jointly by such organisations with extension workers, and will draw upon technical advice and inputs from the Division of Rural Supportive Services (including the Rural People's Organisation and Rural Water Units) and the Division of Rural Industries Development, in respect of areas such as rural water supply and appropriate technology, as well as from the Agricultural Extension service and Departments of other Ministries, including Family Health Services and Community Development. Where possible, "generic" materials will be produced, in different languages, for use on a national scale or by several sectors. Periodic assessment and revision will be made of materials in use, based on review of their effectiveness in terms of feedback from the field and of programme objectives.

iv) undertaking of semi-formal operational research and socio-economic investigation with selected communities, in order better to understand the nature of food insecurity and related problems and the constraints involved in addressing them. The Project will promote and support local-level investigations with the involvement of community and women's groups, supported by Regional, District or village-based staff through supervision, advice on methodology, material provision, analysis and feedback. In the initial stages, capacity will be created within the DRD for design and undertaking of local-level investigation, leading to incorporation of research methods training within in-

service training activities. On selected issues of wider concern to rural development in Namibia, more formal and inter-community research or surveys, as well as community baseline studies, will be undertaken. This activity will include: studies of both gender and household utilisation of time, labour, natural resources, services and food; environmental awareness; community organisation; and coping practices in times of stress. The role of remittances in contributing to HFS, particularly for de facto women-headed households, will be a further important area of investigation. The results of these activities will be widely disseminated, and will assist the review of training and information materials. The first survey will be undertaken in four areas of southern Namibia in 1991-92.

v) pilot testing of appropriate technologies and alternative energy sources, with time- and labour-saving potential for women in their existing tasks, with interested community and women's groups. These interventions will arise from the ongoing work of village-based promoters and needs analysis, and will draw on technology options identified by the Division of Rural Industries Development, and pre-tested under prototype conditions by Rural Development Centres and the Appropriate Technology Unit. The Programme will also assist the gradual dissemination of low-cost technology with an already-measured positive impact for rural women and food-insecure households, achieved within the scope of the HFS Programme, the Integrated Area Based Programme, or from other initiatives in Namibia.

9.1.5 Project Inputs and Linkages

UNICEF will support the Programme through provision of the following:

- i) short-term technical assistance for the design, testing and evaluation of in-service short course field training modules and materials (based on those initiated in 1991); for adaptation of relevant experience and materials from other parts of Africa for rural extension training, as part of review and updating of materials currently in use; and for support to the DRD in monitoring the performance and effectiveness of the Rural Extension Service and strengthening its approach and methodologies;
 - ii) financing for attendance of key national and regional officials of the DRD at short-duration training courses or relevant workshops, particularly in the SADCC Region (e.g. Mananga Agricultural Management Centre, ESAMI), in areas including food security policy and planning, rural development and extension management and popular participation. This may also include participation in UNICEF workshops and network meetings, and short study visits to ESAR countries;
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iii) training materials and supplies for national and regional-level in-service training courses for rural extension and other staff, and limited financial support for the recurrent costs of such training where essential;

iv) training equipment, office supplies, and where necessary transport, for the establishment of Training Units in the Regional Offices of the Department of Rural Development, and, on a smaller scale and at a later stage, to District Offices;

v) resource kits, materials and bicycles to Rural Development Promoters participating in community mobilisation and development activities within the framework of the Programme;

vi) equipment for the initial establishment and phased development, particularly at regional level, of the Rural Extension Materials Subdivision of the Division of Rural Extension Services, as well as limited technical assistance support for material selection, design and impact assessment, in-service training for Subdivision staff, and limited financial support, where essential, for material reproduction and dissemination;

vii) appropriate technology units and materials for community-level testing, evaluation and gradual replication;

viii) short-term technical assistance and in-service training for the creation of operational research capacity within the DRD on sociological and socio-economic issues, particularly affecting rural women, for development of appropriate research methodologies for use at local levels, and for analysis and dissemination of research results and their implications for policy and programme design. This will involve an institutional support programme with the University of Namibia (i.e. NISER) and the Department of Sociology) and/or other national or international agencies specialising in HFS research and analysis. Technical and material support will also be provided by UNICEF for specific surveys, based on an agreed workplan;

viii) other project planning support, including ongoing UNICEF technical advisory support, establishment of a computerised project data base for monitoring purposes, and the holding of periodic joint DRD/UNICEF review and evaluation activities.

The Government of the Republic of Namibia, through the Department of Rural Development, MAWRD, will support the costs of key staff in the Department, at national, regional and district levels, for the implementation of the project, as well as running and maintenance costs of transport and administration related to the project. The DRD will also cover a substantial part of costs of field-based training activities to

be implemented by the project, normally including accommodation, subsistence and internal travel. This will also apply to joint monitoring and review activities. Within its overall recurrent budget, estimated at some Rand 4.9 million in 1992/93, the DRD will earmark approximately R 544 000 for activities under this project, rising by the rate of inflation for subsequent years.

UNICEF, within the framework of the 1992-96 Country Programme, will assist activities complementary to this Project among specific communities participating in the Integrated Area Based Programme (IABP). The IABP will provide experience for dissemination within the Rural Development Project for Women in the areas of community participation, mobilisation and appropriate technology testing. IABP project areas will also provide case study materials and experience for use in rural extension training programmes. The Family Life Empowerment Programme (FLEP) will undertake complementary research and mobilisation among severely-disadvantaged communities, which will assist the improved design of rural extension activities by the DRD. The FLEP will also provide specialist technical and material support to the Information, Education and Communications (IEC) capacity of the Rural Extension Materials Subdivision of the DRD, at the national level. The Non-Formal and Basic Education Programme (NFBE) will support the development of adult literacy materials which will include lifeskills information supportive of HFS Programme objectives. The Primary Health Care Programme, supported by UNICEF, will assist rural extension training and materials development undertaken by the Project in areas related to health, sanitation and nutrition, through the strengthening of available expertise and resources in the Ministry of Health and Social Services. The Rural Water Supply Programme will make use of extension and communications capacity developed under this Project, and will provide complementary interventions and support in specific areas.

UNIFEM/UNDP are expected to assist the DRD in the strengthening of national capacity for appropriate technology (AT) identification, selection, development and testing. This will provide an expanded set of technological options for testing and use within the training and extension activities of the Rural Development Project, with a particular emphasis on those addressing the needs of rural women.

Support to the construction and equipping of a number of Integrated Rural Development Centres, at district level, is expected to be provided by the Government of Italy and other bilateral donors. These will provide more easily-accessed resource and training centres for use by rural extension staff and will promote co-ordinated working methods and practices among various extension cadres. IFAD and the World Bank may assist the MAWRD further in several areas complementary to the Project, including the strengthening of regional co-ordination capacity, crop and animal health research and extension, and the development of farmer associations.

The radio service of the Namibia Broadcasting Corporation, in particular, will provide

extensive support to the Project in information dissemination, in local languages. Linkages in programme implementation will also be strengthened with the Rossing Foundation farmer training centres in various parts of the country, and with other NGOs, such as NCCA and the Lutheran Church (ELCIN), which are providing rural support services.

9.1.6 Project Management

The project will be co-ordinated and administered at central level by the Deputy Director, Rural Extension Services, under the overall supervision of the Director of Rural Development, and the guidance of the Deputy Permanent Secretary, Ministry of Agriculture, Water and Rural Development. The UNICEF Senior Programme Officer, with inputs from the UN Volunteer for Income Generating Activities (see Project 2), will provide planning and technical support to the project, with occasional back-up support from specialist advisory staff at UNICEF Regional Office and Headquarters, particularly for annual and mid-term reviews of the project within the HFS Programme, as well as from consultants as agreed.

The Director of Rural Development will ensure close co-ordination of project activities with other ongoing programmes of the DRD, including rural water supplies and appropriate technology testing, and will secure the involvement of other Departments within the MAWRD and of other Ministries in various aspects of the project. The Director will also appoint and supervise staff responsible for rural socio-economic investigation and programme analysis.

The Deputy Director, Rural Extension Services, will appoint and supervise staff within the Division who will be responsible for training co-ordination and implementation, development and production of materials, and for providing specialist inputs to these activities in the areas of women's needs and family resource management (home economics).

The Regional Chief Rural Development Officers (CRDOs), under the supervision of the National Director, will be responsible for the overall implementation and progress of all aspects of the project within their respective geographical areas, and for liaison with regionally-based staff of other Ministries and Departments within the framework of development co-ordination mechanisms established by the Government at this level, as well as with NGOs. The Chief Rural Extension Officers, attached to the CRDOs, will have day-to-day responsibility for all activities under the project, in liaison with the village-based promoters and community groups. The CREOs will have particular responsibility for the ongoing assessment of training needs, mounting of regional-level training courses, providing feedback on material development and appropriate technology needs and interventions, and promoting and supporting community-level training activities and development initiatives. By the third year of the Project, it is expected that district-level personnel will be appointed and will assist these activities.

9.1.7 Critical Factors and Assumptions

Essential to the success of the Project will be the general consolidation of the newly-formed Department of Rural Development, and in particular of its regional offices, through the posting of adequate numbers of qualified or experienced staff, and the development of internal working systems and methods. Equally crucial will be the identification of community-based workers, and the capacitation and retention thereof, through the provision of training, transport and materials through the Project. This will necessitate the formulation of detailed staff policies and development plans by the DRD.

The maintenance of the recurrent budget of the DRD in broad real terms will also be essential, to ensure sustainability and to enable the expansion of coverage and range of activities envisaged by the Project. Earmarking of adequate amounts within the budget will also be important to ensure resource availability for its activities, particularly training and information.

The development by the DRD of effective inter-sectoral policy and programme linkages, and its participation in development co-ordination mechanisms, at all levels, will contribute greatly to efficient project implementation. Such mechanisms will also help to avoid unnecessary duplication between sectors and between Government and NGO's. The establishment of Regional-level authorities and development boards, expected during the first year of the Project, as well as the formation of village-level extension teams, should provide an increasingly strong framework for achievement of co-ordination in rural development.

At community level, the effectiveness of the Project should be enhanced by the expected creation, in the initial years, of a Government policy framework for the modalities of community-level organisation. This is likely to involve the establishment of representative District and Village Development Committees, or similar bodies, which will provide consultative, mobilising and planning mechanisms for rural development. The Rural Development Promoters to be trained under the Project, and other extension staff, will work closely with these bodies, once established.

9.1.8 Project Monitoring and Evaluation

Continuous monitoring of project impact will be built into project activities, through reporting and feedback systems established by the Division of Rural Extension at all levels. Systematic analysis of reports and feedback will be undertaken by the Deputy Director, Rural Extension Services, with support from staff of the Division and the Subdivision of Rural People's Organisation. Periodic review will be undertaken, with external technical support, of the effectiveness of extension systems, messages and materials in use.

(US\$ 000)

Activity	1992	1993	1994	1995	1996	Total
Supplementary Funds						
Technical asst. for extension training and system review	30	30	30	25	25	140
DRD Personnel capacity devt.	15	15	20	20	20	90
Supply/cost support for inservice trng	30	30	40	50	50	200
Equip/transport for regional trng units	45	40	25	25	20	155
Supplies for village extension workers	30	35	20	20	20	125
Materials developmt/ review/production	30	30	30	30	30	150
Appr. technology trial/replication	50	50	50	50	50	250
TA/funds for soc. research/surveys	20	20	25	25	25	115
Programme support	8	8	13	13	13	55
Mon & Evaluation	10	10	15	10	15	60
Subtotal	268	268	268	268	268	1340
Grand Total	328	328	328	328	328	1640

The Department of Rural Development, through its budget request and allocation process, will aim to earmark up to R 3.5 million over the five years to support Project activities, including staff time, office accomodation and supplies, transport, training, and other operational and administrative costs. This contribution is estimated to start at some R 544,000 in 1992 and to rise with the rate of inflation (estimated 13% p.a.).

PROJECT 2: INCOME GENERATING ACTIVITIES FOR WOMEN

9.2.1 Introduction

As indicated in the Programme description, the majority of Namibian households, and particularly those headed by women, suffer food insecurity as an outcome of poverty. Given the unfavourable climatic conditions and natural resource limitations of the country, the low levels of household income are a central determining factor in the persistence of poverty.

Whilst most rural families obtain a significant part of overall income from smallscale crop or livestock production, this is often inadequate or subject to outright failure. Limitations of rainfall, water, soil quality and grazing conditions, combined with scarcity of labour, inputs, capital at household level, place severe seasonal and overall constraints for poorer families to increasing returns from agricultural productions. These constraints are likely to remain considerable for such families in the medium term.

Improvement of household food security (HFS) in rural areas will therefore depend on a combination of increasing returns to investment of labour and other scarce resources in agricultural production, and simultaneous broadening of the income base of poorer families. This can be achieved partly through increasing the scope and reliability of transfers (through state pensions, drought relief, etc) and seasonal employment opportunities (through public works). Financial and organisational constraints will however limit the extent of Government capacity to provide such support or create such opportunities. Although general economic growth may assist the improvement of HFS, by raising employment access and remittances, this will be neither automatic nor guaranteed to favour the highly food-insecure, such as poor households managed by women.

Solutions to HFS in Namibia in the medium term, therefore, will also need to involve the expansion of self-employment enterprise opportunities in the hitherto relatively small informal sector. This will be of great strategic importance in addressing poverty, through the creation, in agricultural areas, of "secondary" sources of productive household income. In urban and peri-urban centres, the large backlog of unemployed adults and family heads, and the possibility that formal employment opportunities may not expand as fast as the available labour force, necessitate a rapid expansion of self-employment opportunities in the informal sector. This will be a clear requirement for containment as well as alleviation of poverty in such areas. This is particularly the case for women, whose formal employment access is relatively limited and more concentrated in low-paying sectors compared to men; and acutely so for female adult breadwinners in urban households.

9.2.2 Project Objectives and Targets

The Project will have the following general objectives:

- i) direct improvement, on a limited scale, of household food security through the creation of additional incomes and small business opportunities, with an emphasis on women, particularly heads of household, and on economically-deprived communities;
- ii) creation of improved conditions for successful promotion of informal sector self-employment, leading to increased household incomes and HFS, through analysis of factors contributing to successful small enterprises, based on Project experience;
- iii) increased skills among Government extension staff and field workers to assist communities to identify potentially-successful IGAs and enterprises, to support them, and encourage women's involvement therein;

Specific objectives and targets of the Project are as follows:

- iv) by 1992, ensure the availability of pre-tested manuals and guidelines for IGA identification, assessment, support and monitoring on a wide scale for Government and NGO field workers, and of basic guidelines for provision to groups and individuals involved in small business enterprises;
 - v) provide field-based in-service and refresher training in the above areas to all Community Activators and Liaison Officers of the Department of Community Development, over 1992-96 period (30 by 1993 and 80 by 1996), as well as to selected field staff of the Department of Rural Development, Ministry of Trade and Industry, other Government agencies and community-based NGOs, through regular joint training courses;
 - vi) provide skills and management training, start-up material support and periodic advisory support to up to 5 groups per year initiating small enterprises, with the aim of increasing incomes for up to 100 participants per year (i.e. 3000 direct beneficiaries, including up to 1500 children), with at least 60% of participants being women;
 - vii) achieve, through evaluation of at least 2 assisted IGAs per year, as well as continued advocacy for policy development and expanded support beyond the scope of the Project, indirect benefits for the food security of several times the number of direct beneficiaries from the Project.
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9.2.3 Project Strategy

The Project Strategy will involve the identification, promotion and support of a limited number of enterprise activities of an innovative and potentially profitable nature, in sectors and areas considered to have strong potential for success and replication on a wider scale, beyond the scope of the Project. Most of these activities are likely to be based on locally-available raw materials and existing skills (e.g. hides and leather-work; wood products and craft production; clay deposits and brickmaking; small-scale marketing and processing).

Such IGAs will have a high degree of participation of women, and will where possible be based on productive resources and skills readily available to or acquired by women heads of households, or families for which income enhancement will be a major means of improved food security. These IGAs will also aim, where feasible, to promote the involvement of women in new sectors or activities on a commercial enterprise basis.

Testing will be made, through the monitoring and evaluation of IGAs supported by the Project, of small-scale credit systems identified as potentially feasible. This may include provision of financial or in-kind loans to groups and associations, in conjunction with the Ministry of Trade and Industry, non-governmental Credit Unions or other NGOs.

Whilst the direct impact of the Project, in terms of improving HFS and nutrition, will be limited, it will seek through close monitoring of activities, dissemination of results, policy analysis and advocacy, to achieve a strong "secondary" and subsequent impact. In particular, opportunities will be sought, based on Project experience, to influence policy formulation and decisions in ways that will increase the potential viability of smallscale enterprises, and the participation of women therein.

Possible areas for such advocacy will include: granting of local preference in national and local Government purchases; revision of municipality regulations and support mechanisms; testing in practice of smallscale credit programmes; and linkage of development programmes to labour-intensive production (e.g. of local authority housing schemes to construction material groups).

The Project will also seek to extend its impact through provision of general skills to a range of extension workers, under the DCD, the DRD and the MTI, in the participatory identification and feasibility analysis of IGAs, and through improving the support provided by them to small enterprise groups.

The Project will link with efforts by the Government to design and develop national support services, particularly financial credit and marketing systems, for informal sector and small-scale entrepreneurs, and will promote and assess the use of such systems by project participants.

9.2.4 Project Activities

The major activities of the project will include:

- i) design and provision of inservice training and materials to extension workers for the identification, assessment, support to and monitoring of IGA initiatives, particularly those proposed and undertaken by women, and based on local skills and resources, using assisted IGAs as case material;
- ii) support to a limited number of smallscale IGAs/enterprises proposed or initiated by women's groups or associations of individuals, with strong potential for economic viability and wider replication. Such support will include feasibility study, initial training and capital equipment, small amounts of working capital, and backup management assistance;
- iii) close monitoring of the progress, problems and constraints of enterprises supported, with informal assessment or formal evaluation at an appropriate stage, aimed at drawing out lessons and experience, as well as material for extension worker training;
- iv) advocacy with national and local authorities for improvements to the policy and economic environment, and to ongoing programmes, in order to enhance conditions and opportunities for smallscale IGAs and women's entry thereto.

9.2.5 Project Inputs and Linkages

The following inputs will be provided by UNICEF for the Project:

- i) technical assistance for initial feasibility study, the design of training materials and field manuals/guidelines, and for the training of extension staff including Regional/District Community Liaison Officers, Community Activators, and Rural Extension Officers in methods of identification, assessment, support to and monitoring of IGAs with a high participation of women;
 - ii) support for the duplication of training materials and field manuals, and for production of technical and information materials to groups and individuals undertaking IGAs;
 - iii) supplies and, where necessary, partial funding for the holding of field-based training courses for extension workers, and for groups undertaking IGAs. This will include both general management and skill-specific training;
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iv) start-up equipment and initial working capital for women's groups and associations of individuals, in a limited number of selected smallscale IGAs, on pilot loan or other terms;

v) technical and programme support for the assessment and evaluation of IGAs supported by the Project, together with extension workers and IGA participants, and documentation of results, lessons learned and implications for policy;

vii) provision during 1992-93 of transport to Regional Community Development offices for enterprise identification, support and monitoring, and for training course implementation, in two Regions with severe transport constraints and high volume of initial project-related activity;

vii) support to technical advocacy with national and local Government authorities, based on the results of v) above, for the review or revision of existing policies, regulations, programmes and support mechanisms, in order to increase the potential viability of small-scale enterprise and to facilitate women's entry thereto; support to advocacy for replication of projects or approaches of demonstrated viability, and to dissemination of experience through workshops, publicity, publications, etc.

UNICEF will also provide inputs to the design and implementation of project activities based on experience emerging from the Integrated Area Based Programme, implemented by the Department of Community Development and other national partners.

The GRN, through the Department of Community Development, MLGH, as well as the Department of Rural Development, MAWRD, will cover recurrent costs of staff time, transport, training, office operations and administration related to the Project.

UNIFEM/UNDP will support the expansion of capacity of the Private Sector Foundation and the Rossing Foundation to provide business management training to enterprise groups and associations. These agencies, and other NGOs such as the Institute for Management and Leadership Training, will provide additional resources for the training activities of this Programme. UNIFEM/UNDP also plan to assist feasibility studies aimed at identifying national options for smallscale Credit Support Systems and viable areas for women's increased involvement in smallscale business activity. These inputs will be highly complementary to the Project.

9.2.6 Project Management

The management of the Project will be undertaken primarily by the Department of Community Development (DCD), through its Research, Projects and Training Section,

and regionally-based Community Liaison Officers. Certain activities, e.g. those related to agro-industries, will be implemented by the Division of Rural Industries Development in the Department of Rural Development, in co-ordination with the DCD. Certain components may be undertaken by the Small Business Development Division of the Ministry of Trade and Industry. UNICEF will work closely with these Departments, and will during 1992 recruit a UN Volunteer to support project management, and to provide technical support to IGA and other HFS-related training, monitoring and advocacy activities.

Many of the project activities will involve local community groups. Namibian NGOs, such as the Private Sector Foundation and Namibian Community Cooperative Alliance, will provide training and advisory support to such groups, in co-ordination with Government extension staff. Working relations will be established between the Project and Credit Unions active at local level. Municipal authorities and business sector organisations will be further sources of technical and other assistance.

Ad hoc liaison committees may be established for the initiation and monitoring of specific projects, involving the various Government departments, NGOs and UNICEF, as necessary. An inter-sectoral Project Review Committee will be established by the DCD for overall co-ordination of activities (see 9.2.8).

9.2.7 Critical Factors and Assumptions

The success of the Project will depend crucially on establishing capacity to identify, and mechanisms to provide appropriate support to, IGAs and enterprises which are both potentially viable in financial terms, and which permit and promote the greater involvement of women in mainstream economic activities. Whilst a basic complement of extension staff already exists in the two sectors most concerned with this area, and relevant non-governmental resources and expertise exist and are likely to grow rapidly, the Project will need to develop and provide effective training and technical materials for work with local groups and associations.

Furthermore, the Project will need to undertake technically-sound evaluation of pilot IGAs, and subsequent effective advocacy for resource mobilisation to support the replication of successful types of and approaches to small enterprise in Namibia. Allied to this, it will be important for relevant agencies in the public, private and NGO sectors to establish and extend general financial and other support mechanisms, including credit and management advice, for viable income-generating and informal sector activities. The Project will need to advocate for such support and verify that it becomes readily accessible to women and members of food-insecure households, who wish to become involved. Effective promotion of inter-sector and inter-agency co-ordination will be fundamental for Project impact to be realised on a wider scale.

Activity	1992	1993	1994	1995	1996	Total
Supplementary Funds						
Tech.asst.for IGA feasibility study/ training design	15	10	10	10	10	55
Training material production	20	10	10	10	10	60
Transport for DCD Regional operations	30	30	0	0	0	60
IGA-rel.training	20	20	20	20	20	100
Equipment/supplies for IGA groups	30	35	35	35	30	165
Monitoring and eval. of IGAs/ policy analysis	10	5	20	20	20	75
Programme support (including UNV)	20	35	40	40	45	180
Avocacy/workshops and dissemination	5	5	15	15	15	55
Subtotal	150	150	150	150	150	750
Grand Total	162	162	162	162	162	810

The Department of Community Development, from its overall recurrent budget estimated at R 930 000 in 1992/93, will earmark an amount of R 95 000 approximately to cover the costs of staff time, vehicle running costs, training, office supplies, administration and other costs specifically related to activities under this Project. This will amount to a total of approximately R 615 000 over the 5 years, estimating inflation at 13% per annum. Further contributions will be made by the Department of Rural Development, as part of its ongoing operations in support of rural industries development (9.1.9).

PROJECT 3: STRENGTHENING HFS MONITORING AND ANALYSIS

9.3.1 Introduction

The capacity of the Government of Namibia to monitor household food security (HFS) conditions is at present constrained by lack of national information systems and previous in-depth study of this problem area. The importance of regular assessment of HFS in Namibia arises from three main factors: widespread poverty, which imposes vulnerability to food shortage; unreliability of most existing income sources available to poorer households and communities, leading to sudden changes in HFS conditions; and lack of fallback options for food-insecure families, resulting from a narrowly-based economy and resource-scarce environment.

Analysis of HFS conditions, even when based on statistical or reliable informal methods of assessment, is complicated by the great heterogeneity that exists among communities within Namibia, in terms of production base and resource availability. Comparable changes in HFS indicators (such as rainfall or food prices) are likely to have widely varying implications for different communities. Absence of relevant historical and sociological research, in addition to almost-inexistent household-level economic survey data, also precludes ready understanding of the nature of HFS in different parts of Namibia and the probable impact of changes in its determining factors.

The Government of Namibia, since Independence, has made significant use of the limited information available, from both formal and informal channels, to intervene in order to maintain food security among communities under stress. The 1990/91 Drought Relief Programme, based on a combination of assessment visits and use of local reports and limited data by the National Drought Relief Committee, undertook the distribution of supplementary food to some 160 000 people in drought-affected regions, and provided basic seed to farmers affected by crop failure. Emergency water supply and "food for work" projects were implemented in several regions under the auspices of the Committee, with UNICEF, WFP and UNDP support. The MAWRD also operated relief schemes for drought-affected livestock farmers.

Simultaneous with the initiation of the Drought Relief Programme in 1990, the President of Namibia declared a State of Emergency based on reports and direct observation of a malaria and diarrhoeal disease epidemic in the northern regions. This particular threat to the welfare of children and others was addressed by emergency measures undertaken by the Ministry of Health and Social Services, with support from WHO and UNICEF.

The importance of developing much-improved, locally-based information systems to enable the monitoring of HFS conditions and to facilitate timely intervention has been strongly recognised by the Government of Namibia. Initiatives taken since

Independence include the initial establishment of a National Early Warning System, with UNDP/FAO support, and strengthening of the Health Information System. In addition, the importance of improving HFS conditions on a broad and sustained basis has been explicitly recognised as a national policy objective, and capacity is required to monitor progress towards this aim. Such capacity should cover not only the range of data collection and indicators to be provided by the systems already under development, but also those focussing on determinants and outcomes of HFS beyond the agricultural and health fields, such as economic purchasing power, and on families, groups and communities facing high risks as a result of specific socio-economic conditions.

9.3.2 Project Objectives

The Project has the following objectives:

- i) broaden the information base and number of indicators by which to measure both short-run conditions of HFS in different parts of the country and medium-term progress for improvement of these conditions;
- ii) increase the capacity of key Government organisations and agencies at national and regional levels, to analyse available data directly and indirectly related to HFS, and to make timely decisions regarding policy and programme interventions to maintain or improve HFS;
- iii) increase national awareness and understanding of HFS problems and issues in Namibia, and of the links of this area with policies in macro-economic, agricultural, nutritional and other areas, resulting in the enhancement of food security at household level.

9.3.3 Project Strategy

The Project will complement other initiatives to strengthen the information and analysis base for HFS monitoring and decision-taking, including those supported by various UN agencies, through a combination of:

- i) developing additional direct and "proxy" indicators of HFS in different types of communities in Namibia, focussing particularly on indicators of effective food access and demand for consumption and nutritional purposes;
 - ii) supporting the analysis of HFS problems in specific communities or types of household identified as facing high risk, in order to increase both awareness and understanding among decision-makers and international support agencies of these problems, and of the options for addressing them;
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- iii) promoting the use of additional indicators and analysis in short-term decisions on "emergency" and other resource allocations, and in the design and review of medium-term policies which affect HFS.

The Project will also support the development of national capability, in Government and non-Government bodies, to make ongoing assessment and analysis of HFS issues. It will link in particular with community-based assessment and monitoring capacity to be developed under the Integrated Area Based Programme. Its outputs will provide inputs, in turn, for national monitoring of the Goals for Children and Development in the 1990s.

9.3.4 Project Activities

The main activities of the Project will be as follows:

- i) provide assistance to inter-sectoral mechanisms established by the GRN for monitoring of HFS conditions in both the short and medium run, including the National Disaster Management Committee (NDMC) and National Early Warning System (NEWS), through the development and broadening of specific indicators of HFS and of locally-based information systems; and promote the appropriate and timely use of HFS monitoring in decision-making;
- ii) undertake particular studies or analysis of HFS issues focussing on high-risk groups or communities, in the context of national or regional policy formulation and for specific programme development;
- iii) monitor progress towards the Household Food Security Goal for Children and Development in the 1990s, in conjunction with other related Goals, drawing on a range of indicators, studies and information systems, and provide regular information to national decision-makers on such progress.

9.3.5 Project Inputs and Linkages

UNICEF will provide the following inputs to the Project:

- i) ongoing technical support of its Programme staff to mechanisms established by the GRN for monitoring of HFS and related conditions. This will include participation, as appropriate, in the work of the National Disaster Management Committee and its subcommittees, and of the the National Early Warning System, and will include assistance in the collation and interpretation of currently-available data from a range of sources and sectors with which UNICEF collaborates, and dissemination of analysis for advocacy and policy formulation;
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ii) short term technical advisory support to agencies of the GRN in development and broadening of indicators for direct or indirect assessment of HFS among vulnerable communities, including: the establishment of sentinel site information mechanisms; the selection of feasible "informal" and particularly "demand side" indicators (e.g. local retail turnover, livestock sales, urban income to foodprice ratios, proportion of household income spent on food, domestic food stocks) for local monitoring; transmission and interpretation of data; and design of components of household surveys as appropriate;

iii) funding and technical support to short-term analytical studies of specific HFS issues of importance to formulation of national, sectoral and regional policies, including macro-economic policy, drought relief and disaster management preparedness, and regional development strategies;

iv) technical cooperation with the University of Namibia (NISER) in periodic monitoring of overall progress towards the HFS Goal and other related Goals for Children in the 1990s, in collaboration with the National Planning Commission. This will entail the use of available formal and informal data, including economic information, from a variety of sources;

v) support to short-course training for key Government officials and University staff involved in HFS monitoring and analysis, and in drought relief management.

The UNICEF-supported Integrated Area Based Programme will also develop relevant community-based information systems in specific areas of intervention, which will assist the short and medium term HFS monitoring and analysis activities above. The Nutrition Surveillance system to be developed by the MHSS, with UNICEF support, will provide an important complementary data base which will assist, at least indirectly, the monitoring of HFS conditions.

FAO/UNDP will assist the Government, through the MAWRD, in the development of a National Early Warning System (NEWS) that will provide a major source of timely information on rainfall, crop, livestock and related conditions throughout Namibia. This Project will complement and help to broaden the information base for the NEWS through development of key informal and household-level indicators, particularly those related to incomes, effective food demand, nutrition and consumption. This will be done through in-depth studies in high-risk areas, support to specific components or modules within national surveys, and through supporting analytical linkages with other relevant data systems, including Health Information and Nutritional Surveillance. Monitoring activities under this Project will provide an input to overall national monitoring of progress towards the Goals for Children in the 1990s, to be undertaken within the scope of the GRN/UNICEF Programme, "Capacity Building for CSPD Planning".

9.3.6 Project Management

Overall project management will be undertaken by the Ministry of Agriculture, Water and Rural Development, with support from UNICEF Namibia (Senior Programme Officer). Specific activities will be implemented by and closely coordinated with a range of Government agencies. These will include: the MAWRD (National Early Warning System under the Department of Planning); the Ministry of Lands, Resettlement and Rehabilitation (drought and disaster monitoring and response); the National Planning Commission (overall monitoring of Goals for Children in the 1990s); and regional planning authorities once established.

The University of Namibia (NISER) will undertake periodic, medium-term monitoring of HFS conditions in relation to the Goals for the 1990s, with the support of the Project, and will manage particular analytical studies within the context of the Project as agreed.

9.3.7 Critical Factors and Assumptions

Success factors for the Project include: i) continued national policy commitment to improving food security conditions at household level, and to using available indicators for monitoring short- and medium-run progress in this regard; ii) increased capacity, particularly in the form of inter-sectoral mechanisms, for monitoring, resource allocation, decision-making and response in this area; iii) selection and adequate measurement of appropriate indicators at household and community level of changes in HFS, on a reasonably representative basis; iv) management by the MAWRD of the Project activities in effective co-ordination with other national agencies, and with programmes, such as the NEWS, closely related to the Project.

9.3.8 Project Monitoring and Evaluation

Project monitoring will be undertaken as part of the regular annual reviews and mid-term review process, jointly by UNICEF with the MAWRD, the National Planning Commission and other agencies of Government. Additional in-house review and advisory support will be provided to the MAWRD on a periodic basis by UNICEF Regional Office and Headquarters specialist staff, in conjunction with other components of the overall HFS Programme.

10. PROGRAMME SUMMARY BUDGET

Funds will be sought by UNICEF for the following summary Programme Budget in support of the Household Food Security Programme:

(US\$ 000)

Project	1992	1993	1994	1995	1996	Total
Rural Development						
Project for Women						
GR:	60	60	60	60	60	300
SF:	268	268	268	268	268	1340
Subtotal:	328	328	328	328	328	1640
Income Generating						
Activities for Women						
GR:	12	12	12	12	12	60
SF:	150	150	150	150	150	750
Subtotal:	162	162	162	162	162	810
Strengthening HFS						
Monit. and Analysis						
GR	10	10	10	10	10	50
SF:	40	40	40	40	40	200
Subtotal:	50	50	50	50	50	250
Total GR:	82	82	82	82	82	410
Total SF:	458	458	458	458	458	2290
Grand Total:	540	540	540	540	540	2700

Note: GR = General Resources
SF = Supplementary Funds

PROGRAMME 3: FAMILY LIFE EMPOWERMENT

1. BASIC DATA

Country:	Namibia
Programme:	Family Life Empowerment Programme
Programme Number:	YA713
Time Period:	January 1992 - December 1996
Projects:	01: Early Childhood Development 02: Children and Women in Difficult Circumstances 03: Public Education & Mobilisation 04: Capacity Building
Funding Sought:	UNICEF General Resources: US\$410 000 Supplementary Funding: S\$2,290,000
Main Co-operating Agencies	Ministry of Local Government and Housing Housing Ministry of Agriculture, Water and Rural Development Ministry of Health and Social Services Ministry of Justice Office of the President (Dept. of Women's Affairs) Ministry of Home Affairs (Police) Ministry of Information and Broadcasting Ministry of Education and Culture Community Organisations - Traditional Authorities Members of Parliament NGOs: Council of Churches Namibia Development Trust Children's World Creche University of Namibia/Department of Social Work Institute for Management & Leadership Training Churches Mass Media

EXECUTIVE SUMMARY

The Family Life Empowerment Programme (FLEP) is a direct out-growth of the concept of Child Survival, Protection and Development (CSPD). In the context of the broadened Child Survival, Protection and Development (CSPD) programme paradigm, a central premise of FLEP is that the majority of children and women to whom CSPD interventions are targeted are at their most vulnerable and their most accessible within the sphere of the family unit and the community. The colonial experience of Namibia, compounded by the South African policy of apartheid, was particularly destructive for Namibian families and communities.

The FLEP will respond directly to the problems of weakening and fragmentation of family structures which have emerged from Namibia's colonial and apartheid experience and which undermine CSPD severely. It will focus on the empowering of families as the basic unit of society, and of disadvantaged communities through the mobilisation of families. It will particularly aim to tackle the negative psycho-social effects of Namibian colonial experience, manifested in loss of confidence, social isolation, marginalisation, alcohol abuse and domestic violence affecting women and children.

The FLEP will be implemented on a multi-sectoral and interdisciplinary basis with strong participation by national NGOs, community-based and religious organisations. The Programme will emphasise the promotion of healthy lifestyles through integration of Primary and Community Based Health Care, including STD/AIDs prevention, within family and community life. It will provide technical and social mobilisation support to households and community groups for improved child care, protection and education, thereby contributing to the young child's growth and lessening child care, especially of working mothers. This, in turn, will facilitate women's involvement in literacy groups and life skills acquisition. Training will be provided to representative leaders for community mobilisation and development. Support will also be given to children and women in especially difficult circumstances, both through life skills and confidence promotion, and through prevention and rehabilitation initiatives, including those for "street children." The access of families to public information, education and communications will be expanded through support for better targeting and increased CSPD content of formal media services, and to development of traditional and non-conventional channels of communication for Facts for Life and related messages in local languages.

UNICEF will support FLEP initiatives through the provision of supplies and equipment, technical support, training and resources for advocacy and mobilisation. Families, communities and NGOs will contribute resources according to their ability and in relation to specific activities. The Government of the Republic of Namibia, through a range of implementing partners, will cover transport, personnel and staff costs for the programme, including staff housing and other related staff maintenance expenses.

2. INTRODUCTION AND JUSTIFICATION

A central dimension of the historical development of Namibia has been the constant pressure suffered by the family unit during the colonial period.

Although extensive documentation on the family unit does not exist, numerous indicators suggest that the unit and its extensions into the community have been considerably disrupted by Namibia's particular type of colonial experience. Namibians have been deeply affected by the lifelong experience of land dispossession, forced resettlement, extended absence from family under the migrant labour contract system, military occupation and brutalisation, destruction of traditional livelihood systems, systematic neglect, isolation, deprivation of basic services and economic opportunities and, in certain regions, policies of semi-extermination. The impact on families in terms of economic and psychological insecurity is witnessed today by the fragmentation of households, large numbers of single mothers, and, for some, a sense of hopelessness leading to alcohol abuse and domestic violence.

Research carried out by the Namibian Institute of Social and Economic Research (NISER) and UNICEF in the Situation Analysis of children and women in Namibia and supportive surveys indicated that the genesis of a wide range of socio-cultural and health problems lies within the household. These problems manifest themselves within the community and in the society at large, and their adverse impact on child survival, protection and development is relatively clear.

Among these primary indicators are the demographic imbalances between rural, peri-urban and urban areas and the large proportion of families headed de facto by women and/or single parents. The 1990 UNICEF Household Health and Nutrition Survey (HHNS) and the 1981 Census indicated a relative scarcity of young adults and a preponderance of older people and children in rural northern areas, where the percentage of female-headed families ranged between 40% and 49%. Informal information from small towns in southern Namibia suggests that older people play a major role in child care and child raising in the absence of young adult migrants.

A number of interactive life-threatening and growth-retarding health conditions have their origins in adverse household conditions. The links of household food insecurity, poor access to health information and lifeskills knowledge with child morbidity and death are clear. The complex problems associated with low family incomes (poverty) and morbidity and death are also evident. The burden of domestic, economic and agricultural tasks that falls on the shoulders of the average Namibian mother is considerable. Time management of family demands for collecting water, fuelwood, fence mending, food production, food preparation, basket making, house cleaning,

livestock tending and farming becomes central to the provision of adequate child care and the prospects for child survival at the household level. Mothers experience significant problems in allocating sufficient time to child care under such circumstances.

In conditions where the incidence of single parent households, particularly female headed households, is high, this burden on women has negative spill-over effects on older siblings who must backstop their mothers' efforts at meeting the families' survival demands. For the most part it is the girl child whose early development and education is disrupted by a wide range of domestic responsibilities.

The related and dangerous use of alcohol and drugs and its impact on CSPD are also important. In an investigation of alcoholism (Pomuti and Eiseb, 1991), social workers mentioned the role of siblings and instances where alcohol itself was introduced to children by their parents at a very early age. Not only was alcoholism described as a response to the underlying problems experienced by low-income groups facing food shortages and unemployment, but also as a significant factor in worsening such problems leading to increased child malnutrition and mortality.

This complex of family problems does not only manifest itself in alcohol or drug abuse. It has a wide range of proxy indicators which directly affect the communities' ability to solve their own problems. Other indicators of family life disempowerment, such as poor school performance and a high drop out rate, early and teenage pregnancies, large families, a significant and growing number of street children (estimated at some 1200 in 1990), and a high crime rate, all point to a society under considerable stress which is most acute at the family level. The HHNS findings, which are collaborated by the 1988 Demographic and Health Survey, indicate that a high proportion of females give birth before the age of 20.

In establishing child survival and development programmes, the strengthening of a society's ability to prevent morbidity, malnutrition and death should be the guiding factor. Prevention, as is the case with immunization programmes, presupposes that parents, grandparents and other caregivers have the information to use immunization services, are motivated enough and find the time to do so and ultimately have the means to do so. At each stage FLEP interventions can facilitate the necessary action. Dehydration caused by diarrhea can, for the most part, be treated at home. Here again, interventions to empower the family can play a positive role.

The Family Life Empowerment Programme will therefore aim to tackle the problems of CSPD at the root of social organization - the family. The Programme, through targeted project activities, will endeavor to empower parents and other child caregivers, and particularly mothers, in the following ways:

- a) Promotion of healthy lifestyles for families and communities;
- b) Increased access to public information, education and communications;
- c) Improvement of household resource management;
- d) Support to families and community organizations for a range of activities including child care and lifeskills activities;
- e) Revitalising/training community organizers, managers and promoters ;
- f) Research of family and community level constraints to improved FLEP planning and programme design.

3. REVIEW OF PAST EXPERIENCE

The Family Life Empowerment Programme is new in the context of Namibia. However considerable experience in family-focussed interventions, advice and advocacy was gained prior to Independence through the activities of the Council of Churches in Namibia and its member bodies. Further such activities were undertaken by Namibians in exile among refugee communities. The experience and skills gained in exile and in community-level non-governmental programmes prior to Independence will provide a valuable foundation for national efforts, supported through this Programme, to strengthen and empower deprived families in Namibia.

4. GOVERNMENT/UNICEF POLICY FRAMEWORK

The Namibian Government's policy on children (The Policy of the Government of the Republic of Namibia on Children - August 1990) underscores the diversity of problems that face the children of Namibia. It also gives clear indications of areas of priority intervention and action. The historical factors that have hampered the organizational development of the Namibian family and the role that the family should play in the reconstruction of a new Namibia are highlighted and interwoven in the policy document.

Furthermore after intensive popular mobilization the Parliament of Namibia ratified the Convention on the Rights of the Child in 1990. The Convention has incorporated in it numerous articles that provide the Government of Namibia with an international legal

framework with which it can guide its own actions in promoting and, protecting child rights.

The goals that the Government has set for itself are numerous and correspond closely to those of UNICEF, particularly within the context of the National Programme of Action for Children developed as a follow-up to the 1990 World Summit for Children. Within the context of Government/UNICEF joint programming and the overall Goals for Children in the 1990s, and drawing from the findings of the Situation Analysis, one of the five Major Goal for the GRN/UNICEF 1992-96 Country Programme is the empowerment of disadvantaged Namibians for more effective organisation of their individual and family lives and for greater participation in their communities and the nation. Special attention will be given to regions and communities where past deprivation of information, education and other resources for empowerment has been particularly evident. The FLEP will make a major contribution to the achievement of this Country Programme Goal.

The new Government of Namibia has articulated policies and initiated programmes that, in the overall framework of national development, will provide strong programmatic opportunities for the implementation of Family Life Empowerment initiatives. They include: the reduction of gross disparities in access to income, wealth, land and basic services; the restructuring of previously fragmented service delivery systems in favour of the neglected majority; the empowerment of communities and their disadvantaged members to participate in their own development through the acquisition of knowledge, skills and confidence; the alleviation of widespread poverty and economic insecurity; the progressive improvement of very weak information and data on almost all socio-economic features of society; and the creation of new and democratic national institutions in all levels.

A number of post-independence programmes, such as the Primary Health Care (PHC) and Community Based Health Care (CBHC) programmes of the Ministry of Health and Social Services (MHSS), the Household Food Security and income-generation programmes of the Departments of Rural and Community Development, as well as the community-based social work programmes of the Social Services Department of the MHSS provide a firm framework and implementation structure for the introduction of Family Life Empowerment initiatives. The introduction of FLEP initiatives, which will in many cases enhance and complement other programmes, will require additional research into family and community organisation, coping strategies and options for empowerment, resulting in policy and programme modifications and in programme expansion. The importance of further investigation of the problems facing families in different parts of Namibia is strongly recognised by the Government, and initial efforts, such as a UNICEF-supported Survey of Street Children, were undertaken in the first year of Independence.

5. PROGRAMME OBJECTIVES

The FLEP Programme will have the following overall Goals:

- i) To strengthen the capacity of families, particularly single parent households, to address the problems associated with socio-cultural degradation and economic marginalisation.
- ii) To improve the utilisation of resources, including time, energy, information income within the household, between households and within communities, particularly for the promotion of child and female development activities.

The Programme has the following specific Objectives:

- i) To establish, through applied socio-cultural/anthropological research and surveys, baseline data and information for FLEP programme initiatives.
 - ii) To significantly reduce the incidence of child abuse cases within families in target communities, including those within 8 emphasis districts under the Country Programme.
 - iii) To significantly reduce the incidence of violence and abuse against women in target communities, including those within 8 emphasis districts.
 - iv) To significantly reduce the incidence of child neglect cases within families in target communities, including those within 8 emphasis districts.
 - v) To significantly reduce the incidence of alcohol and drug abuse within families in target communities, including those within 8 emphasis districts.
 - vi) To significantly reduce the number of "Street Children" by 1996 and prevent significant numbers of new entrants to this category.
 - vii) To promote Early Childhood Protection Development initiatives to meet the biological and psycho-social needs of growing infants and young children through increased participation in Early Childhood Protection and Development (ECPD) programmes.
 - viii) To promote improved child socialization and establish primary school readiness through expanded ECPD programmes.
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6. PROGRAMME STRATEGIES

The FLEP Programme will utilise the following strategies in pursuing the achievement of its objectives:

- i) Promotion of strategic interventions such as people-centred development planning through capacity building that continues the transformation of inherited bureaucracy and management systems from controlling to enabling agents.
 - ii) Promotion of intersectoral frontline implementation and national planning collaboration to enhance programme impact and avoid confusion and duplication at community level; combined with emphasis on horizontal integration as opposed to vertical programme development.
 - iii) Targeting of programme initiatives at most marginalised and most vulnerable groups, particularly single parent households. Such households will be identified through direct and proxy indicators, as well as through use of local information.
 - iv) Promotion of traditional networks of organisation and communication, where appropriate reinforcing and integrateing them, and when necessary running them parallel with formal communication and media interventions.
 - v) Giving special recognition in programme activities to the extra vulnerability of women and the female child.
 - vi) Ensuring that programmatic emphasis is attached to the role of men as fathers, husbands and breadwinners, thereby systematically limiting the traditional and historical alienation of males from family and child care responsibilities.
 - vii) Adopting a phased strategy of implementation by selecting priority districts and communities in both rural and urban areas and ensure whenever possible that these priority areas correspond to other programme priority areas such as those for PHC/CBHC, Rural Development and Integrated Area Based projects.
 - viii) Targeting key sectors and NGOs that have direct impact on FLEP e.g. MHSS, Rural Development Department, Ministry of Local Government and Housing (MLGH), Ministry of Justice, urban councils and municipalities, traditional authorities,
 - ix) Promotion of life skills development activities targeted at street children and designed to minimise dependency and promote economic independence.
 - x) Integration of Facts For Life messages in information, education and communications thrusts targeted at families.
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xi) Using promotional advocacy for initial programme thrusts through media and sensitisation seminars and workshops.

7. PROGRAMME LINKAGES

Children and women are the primary beneficiaries of UNICEF programmes, and by definition and design all UNICEF-supported programmes target the child and the family. In this regard, the Family Life Empowerment Programme will cut across all the other programme initiatives and will seek to give additional scope, depth and thrust to those initiatives.

FLEP will also draw upon its own planning and strategies to ensure that its project activities make discernable and measurable contributions to the overall Country Programme Goals. In this context the interplay between international conventions, such of those of women and children, with national policies and acts will be nurtured to ensure that strong linkages exist between articles of the conventions, government policies and act and the outcome of FLEP interventions. The monitoring of the Convention of the Rights of the Child will, for example, encourage networking and linkages between ministries and among NGOs.

The strong emphasis in FLEP on social mobilisation, information, communication, participation and empowerment will provide corresponding support to other Country Programme initiatives in these technical areas of implementation. Programme linkages will extend beyond programme planning and design. In the implementation of FLEP, strong collaborative linkages will be fostered between implementing ministries, NGOs and community organizations.

Intra-ministerial linkages will be important in, for example, the MHSS where the Public Health Care/Community-Based Health Care and the Social Services departments will work very closely together. The MLGH's Department of Community Development and the MAWRD's Department of Rural Development, particularly the People's Participation Section, will be brought together in the implementation of FLEP. Other examples of strong linkages cut across Ministries as in the case of the Ministry of Justice (Commissioners for Children), the MLGH, and the Police Department of the Ministry of Home Affairs.

Municipalities, NGOs, churches, community organisations and Government frontline workers will be mobilized and encouraged to focus on the family in an organised and systemic manner. This effort will provide coordinated services and complimentary information whose synergy will empower families to better cope with their immediate environment.

8. OVERALL PROGRAMME MANAGEMENT

The FLEP encompasses a wide variety of project activities and implementing agencies, both governmental and private, many of whom have not worked together before now. The management challenge is therefore a considerable one. Successful implementation will require the commitment of each organisation involved to cooperate willingly and openly, sharing experiences and information and lending support through exchange of professional expertise and advice.

The Ministry of Local Government and Housing (MLGH) will be the lead agency for FLEP with strong support and involvement of the Ministry of Health and Social Services (MHSS) and the Ministry of Education and Culture (MEC). These government agencies will work closely with various NGOs. The Council of Churches in Namibia (CCN) will be the lead NGO, using its established network of ties with other NGOs, churches and community-based organisations throughout Namibia. The National Committee (an international NGO body) for FLEP will oversee overall implementation of the Programme, act as trouble-shooter, lend advice and, in general, encourage the various involved agencies to work cooperatively.

The key direct and indirect partners and implementors of the programme will be drawn from:

- Ministry of Local Government and Housing
- Ministry of Health and Social Services
- Ministry of Education and Culture
- Department of Agriculture and Rural Development
- Ministry of Home Affairs/Namibian Police
- Ministry of Information and Broadcasting
- Office of the President - Department of Women's Affairs
- University of Namibia/Department of Social Work
- Children's World Creche
- Namibia Development Trust
- Council of Churches in Namibia
- Members of Parliament
- Municipalities/Traditional Authorities

Many Government agencies as well as NGOs will therefore be involved in the FLEP. Each organisation will have specific implementation and/or management responsibilities under the Programme. These will be as follows:

a) Ministry of Local Government and Housing

The Department of Community Development of the Ministry of Local Government and Housing will be responsible for overall management of FLEP interventions. The Ministry

will work closely with the Ministry of Education and Culture and Ministry of Health and Social Services to develop policy and programme implementation guidelines as well as training modules for early childhood development, to be used by child caregivers and teachers and for street children's life skills programmes, as examples. FLEP interventions will be overseen at the community level by the local government and community development structures. There are approximately 25 community-based extension and liaison workers in the northern, northeastern and southern regions reporting to the Department of Community Development.

b) Ministry of Health and Social Services

The Primary Health Care Directorate, within the Division of Family and Community Health, will provide technical support to the MLGH, particularly in developing policy guidelines and training modules focusing on early childhood development and its related health concerns, as well as adolescent health and family life education. The key implementing units within the Division will be the Primary Health Care/Community-Based Health Care Unit and the Maternal Child Health Unit. Workshops and training courses will continue to be held on regional and district levels for community-based health care personnel focusing on such areas as immunization, control of diarrhoeal diseases, nutrition and growth monitoring, prevention of AIDs, safe-motherhood and family planning. The Ministry will utilize staff based in clinics (nurses and public health officers) and resource persons to undertake community-based activities. The Social Services Department of the MHSS will also support MLGH's overall management of FLEP initiatives by assisting with policy formulation and design of training programmes focusing on substance abuse (drugs, alcohol, glue etc.), children and women in difficult circumstances (victims of abuse and neglect) and multiple problem families. They will also assist in research on family-related issues as well as needs assessment.

c) Ministry of Education and Culture

Within this Ministry the Special Education Directorate will focus on FLEP interventions, whilst the Non-formal and Adult Education Division will also be involved. The MEC will provide crucial support to the MLGH in developing policy and programme implementation guidelines as well as training modules in the area of early childhood development. Resources persons will be drawn from teachers, school counsellors, parents, church leaders and literacy promoters who are based throughout communities and would be able to oversee FLEP interventions.

d) Department of Rural Development

This Department will work together with the Department of Community Development to conduct needs assessment and training on such topics as water management, income-generating activities and rural development to improve quality of life. These activities will be supported through the Household Food Security Programme. The

existing Rural Development and Agricultural Extension staff will support FLEP initiatives at the community level.

e) Ministry of Home Affairs/Namibian Police

The Ministry of Home Affairs encompasses three main areas namely the Police, Prisons and Civic Affairs Departments. The main implementing Department for the FLEP will be the Ministry's Public Relations Department, which will take the lead in examining the issues of children in jail and incarcerated women who have children under 5 years. Within the Police Department there are 10 Districts, each with a Police Public Relations Advisory Council (PPRAC). Community leaders, tribal leaders, representatives of political parties, nurses, teachers and police comprise each PPRAC in the villages and towns which then report to the district level PPRAC. The 10 district PPRACs report to the Police Public Relations Council at the national level. The Police Department currently has four commissioned officers stationed in Windhoek and one in the northern region (Oshakati) who function as community-based extension workers. One of the Ministry's key FLEP activities will be establishment of a Child Protection Unit with police officers and other professionals specially trained to handle cases of abuse and neglect. Police officers will undergo sensitisation training so that they can create a victim-friendly environment especially for raped and battered women.

f) Ministry of Information and Broadcasting

The Ministry of Information and Broadcasting will lend crucial support to the lead agency, MLGH, as well as to others in providing and disseminating public information to educate and mobilise communities' participation in FLEP activities nationwide.

g) Office of the President - Department of Women Affairs

The Department of Women Affairs (DWA) has a strong advocacy role and interest in addressing the issue of children and women in difficult circumstances and children's/women's rights. Within the Department, the Training and Education, Project, Social Services, and Policy and Programme Planning officers will form an advocacy group for FLEP interventions. A primary aim of this advocacy group will be promotion of childcare facilities at work places. These proposed facilities would also promote breastfeeding, health care and income-generating projects. The DWA will be able to enlist the voluntary services of community-based female leaders and leaders of church women's groups.

h) University of Namibia/Department of Social Work

Within the University of Namibia, the Department of Social Work would be responsible for certain interventions with the assistance of the Namibian Institute for Social and Economic Research (NISER) and the Foundation for Advancement and Support of

Education (FASE). The Department of Social Work uses field placements and internships to train social workers, and has a number of community-based mechanisms in place which will assist the implementation of FLEP, including:

- field placement and training programme for fourth year students, preferably in their home area;
- community-based prevention and rehabilitation programmes in such areas as Parent Effectiveness Training (PET), child guidance, marriage enrichment, literacy, care for people with special needs (aged, disabled, criminal), and for those with social pathologies (drug dependency, child abuse, etc);
- social surveys and analysis, skills teaching and critical awareness promotion training.

i) Council of Churches in Namibia

The Council of Churches in Namibia (CCN) is widely recognized as the leading NGO in Namibia and plays a valuable coordinating role for church-based initiatives. Given its extensive coverage and experience, CCN will also coordinate NGO participation in the FLEP in order to avoid duplication of effort amongst various independent organisations. CCN will take the lead on behalf of the NGOs in liaison with Government agencies through its membership on the National Committee for FLEP, although all NGOs may participate. Within the CCN, the Children's Desk will be responsible for overall management of FLEP interventions in close conjunction with the Women's Community Development, Social Services, Youth and Human Rights Education Desks. CCN will oversee FLEP interventions at the community level through its network of member churches in all areas of the nation and its Community Development and Women's Desk officers based at regional level.

j) Children's World Creche

The Social Welfare and Education and Training Divisions of this NGO will be responsible for FLEP interventions. Working closely with the MLGH, MHSS and MEC, Children's World Creche will implement training programmes in early childhood development for its teachers and other caregivers, using its 20 community-based extension workers (women and men) located in Windhoek. The Creche will utilise parents' meetings to educate parents about key aspects of child care as well as to build a good relationship between the creche staff, parents and children.

k) Namibia Development Trust

In close cooperation with the MLGH and MHSS, the Training Unit of the Namibia Development Trust will focus on FLEP interventions in the areas of primary health care and family life, income generation and co-operatives, education, agriculture and rural community training. The NDT has six community-based extension workers, all in Windhoek, and will open a northern office in 1992.

l) Members of Parliament

Although MPs will not be engaged in day-to-day management of FLEP activities, they will play a very important role in approving the necessary legislation for government agencies' mandate and finances for programme activities through the budgetary allocation and legislative process. Their roles in representing communities' needs within the national government structure, and in mobilisation and public education, will also be of importance.

m) Municipalities/Traditional Authorities

Communities and their traditional leaders will be closely involved in needs assessment, design and implementation of FLEP activities. Their support of FLEP initiatives will be crucial to successful implementation of the Programme and to self-motivated continuation of empowerment activities on a less formal basis. Municipalities and traditional authorities provide effective and already existing organisational structures upon which the majority of Namibians partially rely for meeting their needs. The MLGH and NGOs will work with and mobilise the municipalities and traditional authorities in order to ensure local support for FLEP initiatives throughout the country.

Special Considerations For Linkages

Within the context of FLEP implementation, it is clear that coordination difficulties can be anticipated given the broad range of potential partners and programme components. However, the programme will seek, as proposed in the strategy, to draw in partners as and when appropriate for policy, planning, implementation and monitoring as well as to prioritise programme initiatives and limit key planning and management responsibility to one or two main government departments.

Furthermore, the programme will be phased in a absorbable manner with sectoral programmes already under implementation being adapted to merge with FLEP initiatives. Training, orientation and sensitization at all programme stages will be undertaken to provide for strong linkages in programme development and implementation. This process of implementation will promote intersectoral programme planning, monitoring and evaluation which in turn will be of benefit to the overall Country Programme and the medium-term National Programme of Action for Children.

9. SUSTAINABILITY ISSUES AND CONSTRAINTS

Beyond the strong policy and rapidly expanding implementation framework in place in Namibia, sustainability of FLEP initiatives will require careful adherence to the strategies proposed for the programme. The cross-sectoral political will that exists in Namibia at all levels augers well for the political future of and support for FLEP initiatives.

Within the socio-economic sectors where much of the FLEP will be executed, the Government has indicated that it will prioritise education, agriculture and rural development, health and housing. In its White Paper on National and Sectoral Policies (March 1991), the Government aligned itself strongly with the marginalised and historically deprived populations of Namibia, among whom are the priority target groups of the FLEP. The Government's allocation of financial resources to these sectors has increased significantly since Independence and it is anticipated that an improved levels will be maintained. The staffing situation, particularly the number of staff allocated to community-based responsibilities, remains of considerable concern. Although numbers have increased marginally across the Ministries, the total number of community-based Government workers remains small. Mobilisation of community involvement, training of workers within communities and NGO participation will have to play an important complementary role. The key strategies of empowerment and participation as both a means and a goal of FLEP will be central to sustainability. Promoting beneficiary ownership of FLEP initiatives will also be crucial in this regard.

These strategies and facilitating conditions are, however, hampered by certain constraints. The first constraint is the availability of technical support, which is related to a second constraint of limited experience, at both international and national levels with FLEP initiatives. A third constraint is the magnitude and depth of the problem of disempowerment, and of social-familial disruption. The family as a private and legally protected "arena," difficult to penetrate through social action, is the a constraint.

Finally, the level of funding available to UNICEF, particularly from General Resources, vis a vis the magnitude of the challenge, limits the scope and phasing of the programme considerably. This will necessitate carefully prioritised interventions and the mobilisation of supporting partners.

10. PROGRAMME DESCRIPTION AND COMPONENTS

The FLEP comprises four projects which are interrelated and complementary:

1. Early Childhood Protection and Development (ECPD);
2. Children and Women in Difficult Circumstances (CWDC);
3. Public Education and Mobilisation (PEM); and
4. Programme Support (PS)

Each project addresses various aspects of the phenomenon of family disintegration and the subsequent need to bolster this basic unit of Namibian society. The colonial period placed prolonged pressure on the family unit, resulting in migration, breakdown of the nuclear and extended family and an increasing number of women and children in difficult circumstances. Re-empowerment of the family will play a crucial role in ensuring the future success and prosperity of this newly independent nation.

The FLEP is multi-faceted and expansive, designed to address a wide range of social problems which are deeply entrenched in the fabric of Namibian society. For this reason, there are no easy or quick solutions to these complex problems. Nonetheless, utilising UNICEF and other international capacity to tackle fundamental issues affecting family health and well-being, the Government and key NGOs will work together in a concerted effort to enrich Namibian family life. The ultimate success of FLEP hinges on the various implementing organisations' capacity and commitment to work cooperatively with each other, to enhance but not duplicate each group's efforts. Resources for FLEP are limited as will be the involvement of donors. Given these constraints as well as the wide range of the problems affecting the family, the Programme will concentrate on the four areas of (a) Early Childhood Protection and Development (ECPD), (b) Children and Women in Especially Difficult Circumstances (CWDC), (c) Public Education and Mobilisation (PEM) (d) Programme Support (PS) as entry points in tackling the overall phenomenon of family disintegration.

PROJECT 1: EARLY CHILDHOOD PROTECTION AND DEVELOPMENT (ECPD)

10.1.1 Introduction

Given that children are the future of the nation and the most crucial period of their physical, mental, emotional and social development occurs in the early years, this project focuses support on disadvantaged children aged 0-6 years. Activities under this project aim to set up appropriate child care and educational community-based facilities, once the necessary information has been obtained about the situation facing Namibian children nationwide and their needs have been assessed.

10.1.2 Project Objectives and Targets

The ECPD project will have the following objectives:

- i) to develop a National policy on early childhood development in Namibia to guide government officials, NGOs, community-based caregivers and teachers and other relevant organisations and individuals.
- ii) to design age-specific guidelines and developmental standards which will be applied uniformly nationwide in order to boost disadvantaged children's school readiness level.
- iii) to enhance the quality of care and instruction provided to children aged 0-6 years by developing new age-specific training materials or improving upon existing training materials when appropriate for pre-school teachers and community caregivers.
- iv) to improve the skills of staff of community-based child care organisation and preschools;
- v) to improve the physical facilities, equipment and children's learning materials in community-based child care organisations and pre-schools by encouraging the communities to provide more material support;
- vi) to undertake training of child caregivers, teachers and family members in child care techniques.

10.1.3 Project Strategy

In order to meet the stated objectives, this project will support efforts to collect, analyse and disseminate data and information on the status of early childhood education and development amongst Namibians 0-6 years old. Information will also be disseminated to families, caregivers, educators and other relevant individuals about key aspects of child development. In addition, technical and material support will be provided to child care and pre-school facilities to enhance their effectiveness in stimulating the psychological and physical growth of the young child.

Initial action in the area of ECPD will aim to consolidate and expand community-based initiatives and will also support the provision of ECPD through (a) the development of a national policy of early childhood education within the framework of community and parental participation and partnership; (b) the dissemination of models of innovation in ECPD that can be planned and operated within the community in order to ensure long-term sustainability, particularly following the withdrawal of special/seed funding;

(c) training in improved child care practice and education and (d) the promotion of appropriate research and evaluation systems designed specifically to improve early childhood protection and development initiatives. Support to training and strengthening of existing community-based child care centres and pre-schools will initially focus on programme priority areas targetted by the CBHC programme as emphasis district, IABP and Rural Development.

10.1.4 Project Activities

The following is a summary of the ECPD project activities:

<u>Activities</u>	<u>Principal Implementing Organisation(s)</u>
1. Support currently existing as well as establishment of new pre-schools and Sunday schools with technical and material support	CCN
2. Provide instruction in key aspects of child care such as - proper physical care of the child - adequate nutrition/child feeding - creative activities to stimulate emotional, mental, physical and social development	CWC
3. Conduct a national survey to assess the early childhood development situation	MLGH/UNICEF
4. Organise study tours to selected countries whose ECD situation is/was similar to Namibia's in order to understand others' policies and programmes	MLGH/UNICEF
5. Following activities 3 and 4 above, organise a workshop in order to develop a national policy on ECD.	MLGH MEC/UNICEF

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| 6. | Develop training modules, specific to various age groups within the 0-6 years category, to be utilized by caregivers, pre-school teachers and family members in order to standardise instructional information | MLGH/MHSS
MEC/UNICEF |
| 7. | Advocate for child care facilities in communities, including workplaces, through information campaigns and discussions with appropriate community leaders and interested persons | DWA |
| 8. | Design and implement programmes for early detection of visual and auditory defects and disabilities in children through training of childminders and teachers | MHSS
MEC
MLGH |
| 9. | Provide technical support for project policy development and programme elaboration | UNICEF/MLGH |
| 10. | Empower and mobilise communities to undertake and expand ECPD initiatives | UNICEF/MLGH/
MIB/DWA |
| 11. | Produce training modules (see 6 above) | UNICEF/MLGH/
B VAN LEE FDN |
| 12. | Provide materials and supplies and ensure timely delivery to project areas | UNICEF |
| 13. | Strengthen logistic capacity to improve supervision and monitoring | UNICEF |
| 14. | Advocate for child care facilities at the work place by consultations with employers; inform and motivate people to utilize existing child care facilities nearby | DWA |
| 15. | Develop and disseminate information about kindergarten management to community-based facilities | MLGH |
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| 16. | Develop and disseminate materials on child development (physical, social emotional and mental) to community-based care providers and teachers | MLGH |
| 17. | Provide training for families, kindergarten teachers and health workers | NDT/CCN |
| 18. | Provide technical support to workshops on health and hygiene education for mothers, teachers child caregivers and community members in general | CWC/MHSS |
| 19. | Conduct skills upgrading workshops for kindergarten teachers, including emphasis on production of educational toys and equipment as an income-generating activity | CWC |

10.1.5 Project Inputs

As noted above, various governmental organisations as well as NGOs, including the Bernard van Leer Foundation, will participate in the project activities with their personnel and, to a limited extent, financial resources as well as other inputs. Additional technical expertise, if necessary will be provided by consultants. Funds will be needed not only to support training, personnel and travel costs, but to establish new and upgrade existing child care and pre-school facilities through provision of small-scale equipment and materials for children and teachers, as well as training materials for caregivers and educators. Logistics support is likely to be required by the implementing agencies in order to supervise implementation of their activities nationwide.

10.1.6 Project Management

The Ministry of Local Government and Housing will take the lead in managing this project as the government agency responsible for early childhood protection and development programmes. They will, however, cooperate closely with other governmental agencies such as MHSS and MEC, the DWA as well as the NGOs, CCN and CWC. UNICEF will advise the various agencies and assist in the detailed of project management as appropriate, promoting close collaboration between the involved agencies to meet the project objectives.

(US\$ 000)

ACTIVITIES	1992	1993	1994	1995	1996	TOTAL
SUPPLEMENTARY FUNDING						
Development/Review National Policy	-	10.0	10.0	-	-	20.0
Development of age specific guidelines	20.0	-	-	10.0	-	30.0
Production of Training materials/Training Workshops	50.0	50.0	50.0	50.0	50.0	250.0
Strengthen Capacity of community development department (+selected NGO survey, study tour, transport)	40.0	40.0	40.0	40.0	40.0	200.0
Supplies & Equipment	50.0	70.0	70.0	70.0	70.0	330.0
TOTAL	170.0	170.0	170.0	170.0	170.0	850.0

The Ministry of Local Government and Housing will provide an estimated R 3 million over the above 5-year period in support of the national ECPD programme, including personnel, transport and supplies. The Ministry of Education and Culture will allocate an estimated 1.5% of its primary education budget for ECPD activities during the above period, estimated at a total of R 65 m. Non-Governmental Organisations will provide significant contributions to project implementation, including personnel, physical facilities, management and logistics.

PROJECT 2: CHILDREN AND WOMEN IN DIFFICULT CIRCUMSTANCES (CWDC)

10.2.1 Introduction

Traditionally, children and women in Namibian society have not enjoyed extensive rights or had the ability to exercise them, and have been the victims of subtle as well as outright discrimination and maltreatment. In a society long torn apart by war and the policies of apartheid, they are often the victims of abuse and neglect. As such, they find themselves in increasingly difficult circumstances and tend to become marginalised. This project seeks to reach and improve conditions for those who survive on the periphery of everyday society in such circumstances.

10.2.2 Project Objectives and Targets

The CWDC project has the following objectives:

- i) to improve the quality of life and care received by children and women who are disabled or victims of neglect or physical, psychological and substance abuse;
- ii) to promote and support the reintegration of street children into families, society
- iii) to advocate for the elimination of detention or incarceration of children and, when appropriate, women with children under 5 years old;
- iv) to provide assistance and support to victims of trauma, particularly children and women in difficult circumstances;
- v) to advocate effectively to eliminate all cases of juveniles in jail by 1996;

10.2.3 Project Strategy

The strategy to meet the above objectives will be a multi-faceted one. It involves collecting, analysing and disseminating information on the status of children and women who are victims of abuse and/or neglect, who are physically or mentally disabled or who are vulnerable by virtue of being on the street. Technical and material support to involved governmental agencies as well as NGOs will be provided to formulate policies, initiate programmes and undertake crisis as well as rehabilitative counselling.

10.2.3 Project Activities

The project activities are as follows:

<u>Activities</u>	<u>Principal Implementing Organisation(s)</u>
1) Implement the following actions related to substance (alcohol, drug, other chemicals e.g. glue, petrol) abuse:	MHSS CCN UON
(a) undertake research, collect and analyse and disseminate data on children and women who are victims of substance abuse	
(b) formulate action plan to tackle substance abuse problem and procedures for family crisis intervention	

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- (c) promote rehabilitative actions, such as establishing a rehabilitation centre, but more importantly encourage expansion and better targeting of on-going counselling and rehabilitative activities
- (d) undertake family counselling.
- 2) Initiate research to collect and analyse baseline data related to adolescent health, specifically focusing on family life education and teenage pregnancy; disseminate information via school health programmes, clinics and social workers. UNFPA
ref SAFE
MOTHERHOOD
PROJECT
- 3) Promote establishment of victim friendly trauma centres. UON
- 4) Enhance police officers' ability to provide support to traumatised persons create a "victim friendly" environment through education (lectures and informational materials), consciousness-raising/sensitivity courses/workshops and discussions on the new form of policing. Emphasise the role of women in the police. MHA/Police
- 5) Promote family counselling with particular focus on the single mother. CCN
- 6) Counsel and support traumatised persons, including raped and battered women, by creating a victim friendly environment. MHA
Women's
Solidarity
UON
- 7) Support, study and evaluate the situation of children in legal custody as well as women incarcerated with children under 5 years of age and utilize study for child rights Convention promotion and input into legislation. MHA
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| 8) Support counselling to street children and their parents/guardians; target inputs at training of counsellors, and cadres of street educators. | MLGH |
| 9) Initiate programmes to facilitate street children's reintegration into mainstream society through:
- life skills training, e.g. carpentry, language, arts, sports
- apprenticeships
- job placement
- reintegration into schools. | MLGH |
| 10) Provide counselling to families with multiple problems, orphans and the physically and mentally disabled. | MHSS
MEC
OXFAM |
| 11) Advocate with National and Community leaders and policymakers for the accelerated implementation of the Convention on the Rights of the Child. | UNICEF/DWA |
| 12) Assist in the development of and mobilise for the passage of a new expanded bill on children's rights. | UNICEF/MJ/MHSS |
| 13) Monitor goals for CEDC protection World Summit for Children goal/ implementation of National Programme of Action as per WSC commitments. | UNICEF/MLGH |

10.2.4. Project Inputs

Governmental organisations as well as key NGOs will contribute to project activities both with personnel and limited financial resources. External technical expertise, provided by consultants, will be necessary to support research, assist in programme design, and provide training to counsellors involved in a wide range of activities focusing on children and women in difficult circumstances. Funds will be required for materials for the trauma centres and street children's lifeskills training programmes. In addition, logistics support is likely to be required by the implementing agencies in order to supervise implementation of their activities throughout the country.

US\$ 000

ACTIVITIES	1992	1993	1994	1995	1996	TOTAL
SUPPLEMENTARY FUNDING						
Studies	30.0	30.0	30.0	30.0	30.0	150.0
Training for counselling	20.0	20.0	20.0	20.0	20.0	100.0
Material support for counselling	10.0	10.0	10.0	10.0	10.0	50.0
Supplies & Equipment/Transport for Life Skills Training	50.0	50.0	50.0	50.0	50.0	250.0
Advocacy	19.0	19.0	19.0	19.0	19.0	95.0
TOTAL	129.0	129.0	129.0	129.0	129.0	645.0

The Ministry of Local Government and Housing and the Ministry of Health and Social Services, together with contributions from the Ministries of Home Affairs and Education and Culture, will allocate an estimated R 12 m over the above period in support of CWEDC initiatives. Contributions in implementation and advocacy will also be made by the Department of Women Affairs and Non-Government organisations.

PROJECT 3: PUBLIC EDUCATION AND MOBILISATION (PEM)

10.3.1 Introduction

Information and knowledge, possessed by those who are educated in the broadest sense of the term, empowers people, enabling them to articulate their needs, decide their priorities, improve their skills and enhance their quality of life. The vast majority of Namibians lack access to all kinds of information which, if available, would strengthen and empower the family.

Participatory development as envisioned by the FLEP and many other programmes can only take place once people are empowered with knowledge and the means to decide their own priorities, to improve their skills and confidence, and to meet their own needs. The primary information and communication challenge for FLEP will be to bridge the knowledge gap that exists between the vast majority of Namibian people and the privileged few and which is a central factor in keeping the majority of the people under-privileged and disempowered.

The FLEP Programme will therefore have a strong information and communication thrust, supported through the PEM project. Development of appropriate and targeted information and the use of effective communication channels will be central to the

success of FLEP's implementation. New information linkages will be developed to national mass media and informal communication structures. Public participation and education including popular promotion of the Convention of the Rights of the Child and Facts for Life will be incorporated into the FLEP programme.

The strong emphasis in FLEP on social mobilisation, information, communication, participation, and empowerment will provide corresponding support to many other Country Programme initiatives. In implementing this project, strong collaborative linkages will be fostered between Ministries, NGOs and community organisations.

10.3.2 Project Objectives and Targets

The objectives of the Public Education and Mobilisation Project are as follows:

- i) To increase people's knowledge on health and child development, with the ultimate aim of improving family life;
- ii) To increase people's access, especially in remote areas, to information of all kinds via the print and broadcast media;
- iii) To enhance communication and thereby relationships between members of communities; and
- iv) To foster community mobilisation, participation and commitment to improving the quality of family life through involvement in needs assessment and implementation of FLEP.

10.3.3 Project Strategy

In order to meet the stated objectives, this project will focus on the development and wide dissemination of information about numerous topics all aimed at empowering the family and marginalised individuals. It will also aim to sensitise and mobilise key civic institutions around the needs of disadvantaged children and women.

The participation of individuals and organisations within the community will be key to the project's success, as will be the utilisation of traditional channels of communication and information exchange, such as chiefs' meetings, gatherings at the markets and water sources, social activities etc, and of established and trusted information channels such as the Churches. Strong participation will also be secured from the national mass media.

10.3.4 Project Activities

The following activities will be developed and supported by the Project:

<u>Activities</u>	<u>Principal Implementing Organisation(s)</u>
1. Develop materials on social mobilisation for family life improvement and adapt curriculum of UON Social Services Department	MHSS/UON
2. Promote establishment of new, or streamline existing Police Public Relations Advisory Committees (PPRAC) in communities in order to enhance communications between the Police Department and citizens. Sensitise police and reservists about social issues such as child abuse, rape, battered women etc. by lectures, workshops and other training.	MHA/Police
3. Identify resources and facilitate media involvement as well as utilising the information network of the churches to: <ul style="list-style-type: none"> (a) promote communications links down to the grassroots level (b) conduct radio talk shows in local languages (c) utilize television as a means of education, not just communication (d) produce educational as well as entertainment videos and show them via mobile TV units throughout the country (e) edit and print publications. 	MIB/CCN
4. Promote family life education via various churches and religious organisations using material developed by programme.	CCN

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| 5. Represent community members' needs to the implementing government agencies and mobilise community support of FLEP initiatives at the local level. | Members
of
Parliament/
Regional
Councils |
| 6. Establish a IEC unit in MLGH, equip it and train personnel for it. The IEC unit will research, develop and produce materials for all project areas in
i) Social mobilization, information and communication
ii) Training
iii) Early Childhood Protection and Development
iv) Life Skills promotion
v) Child Rights interventions. | UNICEF/MLGH |
| 7. Provide General Management and leadership training for parents via instruction in management and leadership techniques | MLGH/MAWRD |

10.3.5 Project Inputs

Governmental organisations as well as key NGOs will contribute to project activities both with personnel and limited financial resources. External technical expertise, provided by consultants, will be provided to support research, develop information packages and conduct training/communication courses or workshops. Logistics support will be provided if necessary to support the main implementing organisations in carrying out project activities. Dissemination of information will be key aspect of the project and this will involve considerable travel initially to introduce information packages and promote their use.

10.3.6 Project Management

This project will encompass a wide range of activities and implementing agencies. As in other developing countries, Namibia's Ministry of Information and Broadcasting plays a key role in disseminating information to promote social mobilisation and community development. The ability of this Ministry to engage in dissemination and also preparation of publications, radio and television programmes as a means of educating the public will be very important. Given this Ministry's capacity and widespread communications network, it will take the lead in managing implementation of the PEM project. UNICEF will advise the implementing agencies on management issues and assist in monitoring progress in relation to the stated objectives.

10.3.7 Critical Factors and Assumptions

Among the critical assumptions, it is anticipated that various involved organisations will have the capacity to implement the project activities, the staff will remain committed to doing so and will continue the necessary collaboration between agencies. Another critical factor/assumption is that the necessary supplementary funding is secured.

10.3.8 Project Monitoring and Evaluation

Each project activity will be monitored and evaluated by the implementing agency indicated above, in close consultation with UNICEF and the Ministry of Information and Broadcasting.

10.3.9 Project Budget

Subject to the availability of funds, UNICEF will support this project with US\$ 102,500 in General Resources and US\$ 445,000 in Supplementary Funds, as follows:

US\$ 000

ACTIVITIES	1992	1993	1994	1995	1996	TOTAL
GENERAL RESOURCES						
Development & Production of Materials	15.0	-	5.0	5.0	5.0	30.0
Social Mobilisation/Advocacy	5.5	5.5	10.5	10.5	10.5	42.5
Supplies and Equipment for IEC Unit in MLGH	-	15.0	5.0	5.0	5.0	30.0
TOTAL	20.5	20.5	20.5	20.5	20.5	102.5

US\$ 000

ACTIVITIES	1992	1993	1994	1995	1996	TOTAL
SUPPLEMENTARY FUNDING						
Production of Material	30.0	30.0	30.0	30.0	30.0	150.0
Social Mobilisation/Advocacy	30.0	30.0	30.0	30.0	30.0	150.0
Strengthening Institution Capacity	29.0	29.0	29.0	29.0	29.0	145.0
TOTAL	89.0	89.0	89.0	89.0	89.0	445.0

The Ministry of Information and Broadcasting and the Ministry of Local Government and Housing will contribute an estimated R 2.5 m over the above period toward the achievement of the goals established for Public Education and Mobilisation.

PROJECT 4: PROGRAMME SUPPORT

10.4.1. Introduction

The Programme Support (PS) project will aim to improve the capacities of a range of organisations and individuals involved in FLEP initiatives to enhance and empower the family as a social unit. The need exists to strengthen data/information collection, research, management and training skills for family empowerment throughout all reaches of Namibian society, to ensure both appropriate design of interventions in particular communities, and to secure adequate implementation capacities at local level.

10.4.2 Project Objectives and Targets

The Programme Support project objectives are as follows:

- i) To conduct participatory research on Namibian families in selected disadvantaged target communities;
- ii) To promote life skills as well as vocational/technical training;
- iii) To support parents' needs in order to better their family situation; and
- iv) To advocate effectively for the creation of institutional capacity for FLEP initiatives.

10.4.3 Project Strategy

The strategy to meet the above objectives will involve collecting, analysing and disseminating information, conducting training and sensitivity courses, mobilising community action and creating supportive environments for traumatised persons. It will be important to standardise the information distributed and the training modules designed to ensure that all pre-school teachers, health workers, police officers and others are trained to the similar levels of expertise and competence.

10.4.4 Project Activities

The following activities will be undertaken by the Project:

<u>Activities</u>	<u>Principal Implementing Organisation(s)</u>
1. Conduct a needs assessment of job creation opportunities and conduct skills training in market research and management.	UON IMLT
2. Conduct needs assessment (Training) of rural communities.	NDT
3. Strengthen the operation of a children's desk within the Council of Churches in Namibia	CCN
4. Conduct a needs assessment prior to supporting a parenting programme focusing on both mothers <u>and fathers</u> .	MEC
5. Strengthen operation of a Child Protection Unit, phasing in case workers from the Police Department's Substance Abuse Unit, incorporating:	MHA/Police
(a) consciousness raising for members of the Police Department and the community vis-a-vis involvement in domestic disputes;	
(b) training to define how this multiagency approach will function;	
(c) initiating a data base available to various users to track cases.	

PROGRAMME 4: NON FORMAL AND BASIC EDUCATION

1. BASIC DATA:

Country: Namibia

Programme: Non-formal and Basic Education

Programme No.: YE712

Time Period: January 1992 - December 1996

Projects: 01: Illiteracy Reduction Project (IRP)
02: Improving Primary Education(IPE)
03: Improving Management Information Systems in Non-formal and Basic Education (EMIS)

Funding Sought: UNICEF
General Resources US\$ 790,000
Supplementary Funds: US\$3,810,000
Total: US\$4,600,000

Main Co-operating Agencies Ministry of Education and Culture, MEC
Department of Community Development
Department of Women's Affairs
Office of the President
Council of Churches in Namibia
Private Sector Foundation
UNDP
UNESCO
FINNIDA
SIDA
USAID
WFP

EXECUTIVE SUMMARY

Independent Namibia inherited an educational system which was highly fragmented. Allocation of resources was made in accordance with policies of race and ethnicity, and the quality of schools and instruction varied significantly between regions and population groups. At Independence in 1990 it was evident that there were large numbers of children out of school. Secondly, so many pupils failed to finish the primary school cycle with the result that less than fifty percent of the grade one entrants progressed to the middle years of grades five through seven.

Only some 40% of the adult population is literate in Namibia. The majority of the illiterates are women. Prior to Independence, limited adult literacy programmes were implemented, mainly by non-governmental bodies, with no overall national perspective.

The Non-Formal and Basic Education programme will support government efforts in three areas, namely: Literacy Promotion, the Improved Efficiency and Quality of the Primary Education Cycle and an Education Management Information System (EMIS). Literacy promotion is targeted at disadvantaged groups particularly women, and will be programatically integrated with other programme thrusts such as Primary Health Care, Food Security, Family Life, Empowerment, Safe Water and Integrated Area-based Programme. The improved efficiency and quality of the primary education cycle, particularly the critical first to fourth grades, has as the main activity areas: the establishment of minimum standards for learning achievement through curriculum and teaching methods improvement, improved use of assessment systems for student support and advancement, and provision of supplementary materials for teaching and out of school reading. Implementation and development of the education management information system (EMIS) will provide overall support to Non-Formal and Basic Education and guide management, supervision and evaluation of NFBE.

Over 180,000 illiterate learners are expected to benefit from programme inputs and over 300,000 children in the target priority grades one to four, over the 1992-1996 programming cycle as the school population expands.

The NFBE Programme involves a combination of: i) direct support and training for inspectors and subject specialists of the primary schools, and to regional directors, district officers and promoters of the Literacy Programme; ii) research, data collection and experimentation leading to the establishment of standards, policy-making and decision-making; iii) support for the introduction of new educational interventions; iv) training and capacitation for greater community support and involvement in educational activities. The programme will involve a range of non governmental, private, international aid, and community-based organizations. UNICEF will support the programme through the provision of technical assistance, learning materials, funds for training and capacity building, transport and other programme support, including assistance to planning and monitoring.

2. INTRODUCTION AND JUSTIFICATION

Independent Namibia inherited an educational system which was highly fragmented. Allocation of resources was segregated on the basis of race and ethnicity. The responsibility for the provision of education was divided in 1980 among ten ethnically-based "Representative Authorities", each charged with the administration and development of educational facilities up to Standard 10 (the 12th school year). The Department of National Education (DNE) was established to deliver and control educational provision in areas in which this was not dispensed by the Representative Authorities.

As documented in the Situation Analysis of Children and Women (UNICEF/NISER, March 1991), wide inequality of educational opportunities exists among young Namibians. The poor quality of current educational services leads to high rates of failure, repetition and dropout.

There are considerable disparities between regions with regard to qualified teachers, pupil:teacher ratios and examination pass rates. Only 9% of teachers under the former "Ovambo Administration" passed Standard 10 and received at least one year of teacher training, compared to 32% nationally and 99% in the "Administration for Whites". Pupil:teacher ratios in 1989 ranged from 13:1 in schools under the former "Administration for Whites" to 37:1 for schools under the former "Administration for Ovambos". Pass rates at Standard 8 (10th year of school) are below 7% in the Ovambo and Kavango regions. As a consequence, the Kavango region, with a population in excess of 150,000 people, produced just one matriculant (Standard 10 pass) in 1989 and two in 1988 (Situation Analysis, 1991).

The populous northern areas of Ovambo, Kavango and Caprivi perform poorly on almost all educational indicators. The remote and sparsely inhabited Kaoko and "Bushmanland" areas are not differentiated in the published statistics, but are also likely to suffer these conditions.

Well under half of the adult population is literate in Namibia. The majority of illiterate adults are women. Prior to Independence, limited adult literacy programmes were implemented mainly by non-governmental bodies, with no national programme.

The curriculum is currently heavily biased towards academic subjects, at the expense of emphasis on science subjects or training in practical or pre-vocational skills. The curriculum also needs to be made more practical, applicative and relevant. There are several main local language groups in the country, and three non-indigenous languages (Afrikaans, German and English). Mastery of language has a direct influence on the accessibility to tuition for pupils. However, reviews have shown that one of the major problems in respect of poor educational attainments lies in the inappropriateness and limited relevance of the curriculum and teaching methods.

While school enrolment figures are available and appear to be fairly accurate, national population estimates are less precise. It is therefore difficult to know the proportion and number of school-aged children who actually have access to formal schooling. The 1990 UNICEF Household Health and Nutrition Survey (HHNS) suggests that less than 50% of children in three rural northern areas eligible to attend primary school, were actually enrolled.

The number of students who remain in school for the full academic year is not known at the regional level or at the centre. Teachers, however, have reported that attrition during the school year and absenteeism are both high.

Shrinkage in the size of cohorts moving to the next higher grade is manifested at all grade levels, and most significant in the primary grades. 67,809 students entered Substandard A (grade 1) in 1988. When the cohort moved to Substandard B in 1989 only 49,939 gained promotion. A quarter were lost on the way, with a large number of these repeating the first grade. Drop-out and repetition rates are much higher in the more populous northern regions.

Although gender discrimination is not apparent, at least in terms of access to education, it is noted that the percentage of females drops from around 57% in Standard 8 to 48% in Standard 9. This may well be linked to the differential learning that permeates the curriculum, especially the built-in assumption that practical subjects for girls should relate to their future roles as mothers and home-makers.

The coverage of pre-schools is very limited. No data are available on the exact number, although it is known that most have been provided by church organizations or individuals in urban and peri-urban areas. Some 5,000 children, about 1.4% of all enrolled pupils, were in 25 state pre-primary schools in 1989, mainly in higher-income areas.

Two surveys conducted for UNICEF in 1990 expressed major reservations about the quality of care and learning activities at most non-governmental centres. Teachers are poorly trained, while material resources and parent/community involvement are limited.

High levels of drop-out and constraints to access to formal basic education suggest that a high illiteracy rate persists. The HHNS found that female heads of households in rural areas were significantly more likely never to have attended school than male heads of households. It was also found that education levels amongst rural women were lower compared to those in urban or peri-urban areas.

As indicated in the HHNS, low incomes, lack of employment possibilities, household food insecurity, lack of access to water and poor services, generally, also lead to reduced school attendance and poor performance. Another factor cited is domestic violence and alcohol abuse.

The Government of Namibia has made a firm commitment to meeting the basic learning needs of all Namibians. These are reflected in the Constitution, where free and compulsory primary education is prescribed, and in many of the background documents and advisory reports that have been generated since independence.

3. REVIEW OF PAST EXPERIENCE

The period following independence in March 1990 has witnessed considerable activity in the education sector. The Government has introduced a wide-ranging restructuring programme of an infrastructural, policy and administrative nature which has been juxtaposed against a highly fluid political situation of great expectations and governmental reform. The popular demand for rapid change and advancement in the education sector has made carefully-considered technical decision making in restructuring the administration extremely difficult. The Ministry of Education and Culture (MEC) has been obliged to make critically important decisions with limited data and information and with inadequate financial and personnel resources. In specific incidences the lack of financial resources has prevented the Government from undertaking urgent actions such as the rapid expansion of physical facilities and textbooks availability. Furthermore all restructuring, administrative, curricula and schooling changes have been forced to proceed without the normal facility of experimentation and field testing of options.

Following support to continuation of primary education for some 3 000 returnee children under the initial repatriation phase in 1989-90, UNICEF's assistance in the education sector was aimed at supporting the move from emergency rehabilitation measures to preparation and implementation of development-oriented education programmes. From the supply of emergency primary school facilities and materials, to church-based and community schools, support shifted to assessments in the Basic Education sector, namely formal primary education and literacy activities.

UNICEF has supported the MEC in curriculum development, in-service teacher training and basic education in general. The following reports were jointly produced:

1. In-service Teacher Education
 2. Literacy and Non-Formal Education in Namibia
 3. Basic Education in Namibia - Report on an Assessment of Basic Education.
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The new primary school curriculum developed by a team of returnee educators was partly funded by UNICEF. Revision and pretesting was completed at the end of 1990.

Together with the EC and British Council, UNICEF also supported an in-service teacher training programme at Karibib, designed to orientate returnee teachers to teaching in English. Meanwhile, the second stage of the UNESCO/UNDP/UNICEF in-service teacher training programme is being implemented, albeit on a piece-meal basis as a result of limitation of funds.

During 1990-91, UNICEF worked with the MEC, the Namibia Literacy Programme (an NGO) and the Council of Churches in Namibia (CCN) to identify areas of need and to design project activities in the field of adult literacy. Technical assistance for the development and management of literacy programmes was provided in Non-Formal Education. An evaluation of existing literacy efforts was undertaken, the area of materials production has been assessed, and prototype literacy materials were produced in 1991.

4. GOVERNMENT/UNICEF POLICY FRAMEWORK

The Government of the Republic of Namibia (GRN) has already recognised the critical need to develop policies which will transform the inequitable and inappropriate features of the inherited educational system and overcome the limited access to knowledge and information generally. Whilst intended outcomes have been identified, major policy initiatives are still in the process of formulation. Meanwhile, the area of Education and Training is one of the four sectors of National Development Priority established by the Government.

National policy documents reflect an open exploration of appropriate options and a process of decision-making, development of reform guidelines and strategic planning which is still underway. Change with Continuity: Education Reform Directive 1990 was a major policy statement issued by the Minister of Education and Culture in November 1990. Strong recognition is also given to the need for an overall, medium-term programme of Human Resource Development, linked to the National Programme of Action for Children in the 1990s.

The major policy objective in the area of education is the establishment of a uniform and universal education system, for both children and adults. This will encompass the Government's stated commitment to the Global Goal of "Education of All". Primary education is compulsory for all children under the age of 16 and the state, under the Constitution, is obliged to make primary education freely accessible to all.

Special attention will be given to the broadening of education, through non-formal channels and literacy programmes, incorporating skills' acquisition, particularly for girls and women. The objectives of "Education for All" therefore feature in most of the Government's stated objectives and documentation.

The following constitute the most critical issues as recognised by the Government and UNICEF in respect of basic formal and non-formal education:

1. The need to ensure greater equity in the distribution of educational resources and services. This implies the full de-segregation of existing facilities and the creation of new facilities, particularly in highly underserved northern Namibia.
 2. Improvement of the quality and quantity of human, physical and material resources, organization and management at the schools, and also the utilisation of participatory planning mechanisms.
 3. Promoting awareness and social mobilisation necessary in respect of the education of girls and also focusing on the needs of young children, particularly in the first years of primary school.
 4. Curriculum development reform, central to improving the educational system, based on the needs of both rural and urban populations in respect of basic life and income earning skills.
 5. In-service teacher training programmes developed to train teachers in new techniques, particularly with regard to assessment of pupil achievements, media and syllabi.
 6. Improved learning outcomes leading to a reduction in repetition and drop-out.
 7. Non-formal education programmes based on appropriate practical skills and linked to formal education institutions. In this context specific identification of and response to the training needs of women and girls will be necessary and incorporated into these programmes.
 8. The promotion of family life and welfare through area-based and Family Life Empowerment programmes. The emphasis will be on strengthening of coping strategies, and strong links with NGOs and local urban authorities.
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9. **Early Childhood Development programmes that focus on children at highest risk of physical, nutritional and developmental deficiencies. Family and community health, nutrition and basic life skills will be promoted. Where scattered rural populations make it difficult to establish community-based activities, attention will be paid to promoting the households' ability to provide adequate child care and development activities.**
10. **The need to provide food and other nutritional supplements within the context of school, possibly in mid-day school feeding programmes that would not only improve children's attention in schools but also contribute to student retention.**

The International Goals for Children and Development in the 1990s have been adopted by Namibia. Given Namibia's overall resources, many goals are considered feasible for the first decade of Independence. In any event these goals are highly consistent with new national priorities. The extent of national commitment to the sector is indicated by the allocation of 19.8% of the total recurrent budget in 1991/92 to the MEC, as well as by substantial capital budget allocations for classroom and school construction.

The World Declaration on "Education for All" affirmed the ultimate goal that the basic learning needs of all children, youth, and adults should be met. At the Jomtien conference, a few weeks before Namibian Independence, national authorities were invited to establish intermediate goals, taking into account the objectives of the Declaration as well as overall national development goals and priorities, along the following lines:

1. **Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions;**
 2. **Universal access to basic education, with the full realization of access to, primary education by the year 2000;**
 3. **Improvement in learning achievement to at least the primary education level by more than 80% of 16 year-olds through formal schooling or non-formal education of comparable standard**
 4. **Reduction of the adult illiteracy rate (the appropriate age group to be determined in the near future) to about 20% by the year 2000, and ensuring no disparity between male and female rates;**
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5. **Expansion of provisions of basic education and training in other essential skills required by youth and adults, with programme effectiveness assessed in terms of behavioural changes and impacts on health, employment and productivity;**
6. **Increased acquisition by individuals and families of the knowledge, skills and values required for better living and sound and sustainable development, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.**

These Global Goals for the Decade are recognised as highly relevant to Namibia, particularly in view of the high degree of deprivation suffered by Namibians during the colonial era in respect of functional education and information; and the specific and extensive processes of dis-empowerment, dis-enfranchisement, demoralization and disruption of family and community life which had occurred.

5. PROGRAMME OBJECTIVES

Within the above GRN/UNICEF Policy Framework, the relevant GRN/UNICEF Major Country Programme Goals for 1992 - 96 are as follows:

- i) **Reduction of the adult illiteracy rate by at least 25% of its 1991 level, by 1996, with an emphasis on promoting literacy among females and in regions and communities where illiteracy rates are especially high;**
- ii) **Empowerment of all Namibians for more effective organization of their individual and family lives, and for greater participation in the life of their communities and the nation, in this regard special attention will be focussed on the mobilisation of communities for more effective participation in the education process.**

Based on the present situation in basic education, a review of previous collaboration and the Government of Namibia/UNICEF policy framework, the following Programme objectives have been defined for the NFBE Programme:

- i) **Improvement of learning achievement in primary education through targeted activities in the area of primary school management supervision, and learner centered curriculum and teaching methodology.**
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ii) Development and institution, in all communities, of a non-formal basic education model for literacy and out of school activities, particularly for girls and women and out of school youth.

iii) Upgrading of inspectors, and principles to assist the adoption by teachers of new school and classroom management techniques, thereby reducing repetition and dropout.

iv) Contribute to the structuring of a national EMIS in order to improve data and information availability to feed into the management and evaluation process of basic education.

v) Contribute to and help ensure the achievement of the illiteracy reduction Goal of the Country Programme, and contribute to its empowerment Goal.

6. PROGRAMME STRATEGY

Progress in primary education and literacy will primarily depend on the mobilisation of indigenous resources. Although technical and financial assistance from external sources can play a catalytic role, such assistance can meet only a small percentage of needs. Therefore, identifying the specific and appropriate roles of external assistance is crucial, especially ensuring that it can effectively be absorbed into a framework of national priorities and objectives.

As indicated earlier, the crucial task and issues facing basic and non-formal education are as follows; to get and keep the child in school for the full cycle of primary education and to achieve a minimum standard of learning; to ensure the equitable participation by all in education, particularly marginal and under-privileged groups; and to undertake national literacy programmes followed by continuing post literacy and non-formal education initiatives.

It will be crucial to reorganize the content and methods of primary education and literacy programmes to be more relevant and applicative, so that, besides serving intellectual and emotional needs and aspirations, they become meaningful to the life and circumstances of the learners and contribute towards the solution of such urgent problems as ill health, poor nutrition, polluted water and preventable death of infants and children. If the education is applicable and relevant, it can be taken out of the classroom and into the real world.

The multiplicity of tasks and issues implied by the foregoing constitute a massive undertaking which in the present and future GRN national budget allocation will need to be complemented the participation of a number of external supporting agencies. This is particularly so given that some 80% of the recurrent budget allocation is tied to personnel salaries and related costs (a level difficult to reduce,

given constitutional protection to pre-independence employment contracts), and the lack of technical and professional skills arising from the under- or inappropriately trained nature of many staff in the sector.

In view of this complexity of problems facing the education sector and the large number of partners in the national alliance for education, the programme strategy for the Government of Namibia/UNICEF NFBE Programme will identify and focus on critical bottlenecks in primary education provision. These bottlenecks will have the characteristics of being comparatively easily resolvable, their resolution having significant and immediate impact and their constituting problem areas that are not already funded by other agencies. Equally important, UNICEF will have comparative advantage in the management of these problems and in access to the required expertise and expertise. Furthermore the strategy will emphasise problem areas and activities, including adult literacy, where complementarity of action and linkages with other donor agencies and NGOs can be promoted and assured (see Section 7). The role of community participation will be underscored as an important programme activity and strategy. In this regard the NFBE programme areas have been identified based on the strategic criteria above.

7. PROGRAMME LINKAGES

Multisectoral linkages are essential to overall development efforts. Because basic learning needs are complex, the development of basic education are seen as the responsibility of the entire society. This will imply the active involvement of families, teachers, communities, private enterprises, government, NGOs and other institutions.

Meeting basic learning needs will also involve action to enhance the family and community environment for learning and to relate basic education to the socio-economic situation.

In the current programme, basic education activities, particularly the literacy component will be linked directly to:

- i) the Family Life Empowerment and Promotion Programme (FLEP) through support to the family- and community-based early childhood development component; the promotion of family life activities and the general emphasis on empowering people to accelerate their involvement in all aspects of development. The Public Education and Mobilisation project of the FLEP will reinforce the learning that will take place both in the classroom and in the literacy classes and will equally reinforce advocacy and mobilisation for NFBE.
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ii) the Integrated Area Based Programme (IABP) will support communities in active, participatory processes to improve the learning environment for children, youth and adults in its areas of coverage. Mobilisation for the rehabilitating of dilapidated schools and improving the training and working conditions of teachers and literacy promoters are likely to improve morale more immediately than attempts to impose centrally-designed schemes.

iii) The Primary Health Care (PHC), Rural Water Supply (RWS) and Household Food Security (HFS) programmes will also be supported by this Programme. The aim will be to expand basic education and training to provide essential skills required by youth and adults so that behavioural changes are brought about which have positive impact on health in general and child health and nutrition in particular.

There will also be close linkages to major bilateral and multilateral aid programmes:

- i) The European Community in 1990 was involved in the upgrading of both primary and secondary teachers and are expected to support community schools in southern Namibia and elsewhere. While the specifics of their programme are not finalized, one focus is expected to be on agricultural training.
 - ii) FINNIDA's areas of focus for the period 1992 to 1994 include primary learning materials, primary and junior secondary pre-vocational skill development, special education and education of the handicapped, non-formal education including literacy materials, education administration and establishment of a print and publication unit at the National Institute for Education Development.
 - iii) GTZ is likely to continue support to vocational and specialized training.
 - iv) The Non-Government organizations, in addition to their efforts in basic formal education, education upgrading, second chance education, English language training, and literacy programmes, are expected to expand into manpower training, and informal education, as well as community development and income generating training programmes.
 - v) NORAD is expected to be working in secondary curriculum development.
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- vi) ODA and the British Council, for the years 1991 to 1993, will focus on the promotion of English through overseas teacher training, the teaching of science and mathematics using the medium of English, and the inservice training of teachers.
- vii) The private Sector, including commercial farmers and other business and industrial concerns will continue to offer literacy, vocational training, and educational upgrading.
- viii) SIDA is likely to be involved in teacher training in and out of Namibia, primary curriculum development, partial funding and equipping of the NIED, training of teacher trainers, vocational training, literacy and non-formal education activities and building classrooms.
- ix) The planned focus of UNESCO and UNDP will be training of in-service teacher educators, upgrading of already certified teachers, and upgrading of unqualified teachers.
- x) USAID during 1992 - 1996 will seek to assist in the education reform programme to establish an effective, efficient and sustainable basic education system (primary cycle). Emphasis will be on assistance in the design and development of an upper primary instructional system and the related teaching and learning resources, organizational and staff development, setting up resource centres for teachers, research and evaluation, educational management information system.

8. SUSTAINABILITY ISSUES AND CONSTRAINTS

The strong commitment of the new Government to social priorities and reduction of socio-economic inequalities provides a clear opportunity and favourable context for achieving rapid results from child-oriented mobilization and programme co-operation.

Serious constraints, however, are expected to continue to affect the education sector. These include the large number of unqualified and underqualified teachers who will continue to teach while undergoing training; the small number of teachers available vis-a-vis the large number of children needing tuition; the backlog of infrastructure needs, particularly the sheer lack of classrooms, laboratories, teacher housing etc., vastly complicating expanded student intakes; the high salary bill inherited from the comparatively high remunerations of administrators and teachers in Namibia, which will continue to command upwards of 60 percent of the education budget if present trends continue; and the lack of textbooks and

production capacity which will have negative effects on teaching, sustainability and retention of knowledge.

Factors that have to do with the administrative and political restructuring of the Government and the MEC will also have a serious constraining impact on the NFBE programme. Retarding effects on new programmes may arise from inherited factors such as past fragmentation of delivery systems, particularly sharp in the education sector, lack of experience with participatory approaches, and the complexity of issues related to structurally integrating the education system.

The need to translate changes in policy and priorities into new and effective programme design and delivery will require sustained attention to consultation, training and re-orientation.

In the meantime many existing prior regulations, laws and administrative procedures remain in force in the Ministry of Education until review processes can be completed. Most planning documents, proposals and directives are at a high level of generality. Policy debate is likely to revolve, in the immediate future, around the 'how to' concerns: how to conduct in-service training and upgrading; how to distribute learning materials more effectively; and how to reform the examination system. Initial experience in Basic Education has shown that specific external technical inputs, particularly for problem assessment and programme design, is still required to launch key programmes in new areas, whilst efforts are being made to establish core national capacity to manage such programmes on a sustainable basis.

Further, programme design remains constrained by lack of social sector data, whilst both design and implementation face limitations in the capacity of key institutions, at both national and local levels. These factors will necessitate sustained measures to support institutional development and capacity-building.

The acquisition of essential skills, particularly in health, employment and productivity, is recognised by Government to be important. It is also recognised that skills training in these areas cannot be offered to sufficient numbers of learners in formal institutions, cost effectively.

Therefore, if instruction is made very specific, using facilities and instructors already available in public and private organizations, costs can be contained. In addition, if appropriate local producer organizations, co-operatives and other NGOs can also assume some organizational responsibility for basic education, there may be greater local responsiveness and participation.

Where popular responsiveness and participation can be generated through social mobilisation and advocacy, gains in human resources could be considerable,

without major budget implications. Non-government and private enterprise participation will be central to a cost-effective Government programme and, therefore, to sustainability.

9. PROGRAMME DESCRIPTION:

Whilst it is clear that an effective formal education system, particularly primary education, should be at the "cutting edge" of the commitment to bring basic education to all, UNICEF has a greater "comparative advantage" in Namibia in focussing support on non-formal interventions, including early childhood development and the reduction of illiteracy. USAID and SIDA, in particular, are supporting the Government's programme in formal basic education, including planning, development of curriculum material for primary, pre-service and in-service teacher education, upgrading of headmasters and administrative staff, providing overseas training opportunities, facilities and equipment provision, and availability of consultants for specific tasks. Their combined financial inputs will be far greater than UNICEF resources.

However specific critical areas of non-formal do need special attention. The areas of early childhood development (ECD) is one. The Government of Namibia has decided that the Ministry of Education and Culture will not play a lead implementing role in ECD, rather that they will concentrate on a technical role while the Department of Community Development of the Ministry of Local Government and Housing will take the lead ECD role. In adhering to this strategic choice of government and in recognition of the role of the community in ECD, UNICEF will support ECD within the context of the FLEP programme.

Non-formal education in Namibia is in a highly under-developed state, although NGOs have made valuable contributions in several different areas of work. Although SIDA will contribute significantly to this area, UNICEF has a comparative advantage in experience and expertise in non-formal education. Furthermore, the returns to child survival and female empowerment associated with improved functional literacy are likely to be very considerable.

In the primary education cycle the Government of Namibia is expecting to receive support from USAID, SIDA, UNESCO and UNDP in addition to other donors. However, a significant gap in support exists for direct support to grades one to four and eight to ten. It is expected that improvements in the grades of concentration for USAID, i.e. grades 5 - 7, will determine the teaching and curriculum strategies for grades 1 - 4 and 8 - 10. However, support to ensure the implementation of these new strategies and initiatives in these lower and upper grades does not exist. UNICEF will therefore target the lower grades for financial and technical support in improving primary education.

Finally the information and data gaps in the education sector as stated earlier continue to pose serious problems for education planning, management and evaluation. In light of explicit commitments based on the World Summit for Children and the follow-up National Programme of Action, to ensure the proper planning, management and evaluation of the two previously identified areas namely non-formal and improving primary education, UNICEF will support government effort to improve the Education Management Information System (EMIS). UNICEF contribution will be strategically targeted at data and information that directly impact on children in especially difficult circumstances, including the girl-child, and other underprivileged groups needing access to basic and non-formal education.

On the basis of the preceding assessment, three projects have been identified for collaboration with the Ministry of Education:

1. Illiteracy Reduction Project (IRP)
2. Improving Primary Education (IPE), and
3. Improving Management Information Systems in Non-Formal and Basic Education (EMIS).

9.1 ILLITERACY REDUCTION PROJECT

9.1.1 Introduction

The inadequacy of the education system during the colonial period has resulted in an estimated 60% illiteracy rate among adults in Namibia. The actual rate, which may be even higher, will be established following the 1991 Census.

Economic growth, a general improvement in the quality of life, and the realization of personal freedom enshrined in the Constitution, are not possible without adequate adult education programmes.

In the past, there was only limited effort in this area by the colonial government, mainly on "white" farms, where about 2,000 persons attended classes. Among the NGOs, the Namibia Literacy Programme (NLP) was the most prominent. After independence, the SWAPO Literacy Programme, which had been established in exile, started operating in the country on a programme known as the Continuation of Literacy Work among Returnees. It has since become integrated in the work of the NLP. Shortage of human and material resources resulted in these programmes being limited in both coverage and effectiveness. Their combined effort amounted to no more than 4,000 learners, at the same time as the demand for coverage in many other areas of the country remains high.

Apart from the many adults who are illiterate, a growing number of youths are reaching adulthood while still illiterate. Specific measures to achieve free and compulsory primary education are being introduced, but in the meantime the need for literacy activities is great.

The programme aims to register 30,000 learners during the first year beginning May 1992 (this figure includes both the GRN and privately sponsored programmes: the GRN plans to cater for an estimated 20,000 learners with NGOs, private firms and farms and one-to-one programmes training the additional 10,000), and to increase this number by the year 1994, to a total of 65,000. If this level is maintained, near total literacy would be achieved by the year 2000, assuming that the current number of illiterate people is about 400,000.

The increase from 4,000 to 30,000 is indeed a significant jump, but such an increase will not be unmanageable since, initially, 70 district organizers (20 being NGOs), 6 regional officers and 500 literacy promoters will be trained to accommodate the large numbers. As the programme enlarges, a corresponding number of officers and promoters will be trained. Achievement of these goals will require extensive promotional activities at every level, ranging from national to community.

This project represents a continuation of UNICEF's efforts in helping to eradicate illiteracy. Training, organization, advocacy, mobilization and the production of materials are all areas in which UNICEF will be involved. The GRN is committed to the eradication of illiteracy, and along with several government and non-government organizations and donor agencies, UNICEF will be active in this national undertaking.

9.1.2 Project Objectives and Targets

The proposed MEC-coordinated, national literacy programme will have the following **general programme targets**:

- (a) to empower adults and youth (teenagers whom the education system failed) so that they can participate in a fuller manner in the general development of the country and in their own personal growth;
 - (b) to correct the imbalance in educational provision by providing literacy programmes for those adults who were not admitted to, or did not complete, primary school; and
 - (c) to narrow the educational gap between parents and their children, and render them more capable of a fuller participation in community life.
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To effect action, the following **specific objectives** are to be reached during the implementation of the project. All will be undertaken by the non-formal and adult education department of the Ministry of Education and Culture with support from UNICEF and SIDA:

a) produce a total of 40,000 copies of literacy and post-literacy materials, normally in workshop setting, in the main ethnic languages before the end of 1992, and to increase the copies appropriately as the number of learners grows;

[NB. It is estimated that 40,000 pieces of literacy materials (stage 1) will be needed for 1992; post literacy materials will be additional; after 1992, the numbers required will increase, but UNICEF's contribution will form only part of a larger consortium of government and donor agencies.]

b) train 70 district (20 of these being in NGOs) and 6 regional level staff in a 3 month course, beginning February 1992, and provide similar and upgrading training to more District Literacy Officers (DLOs) as the need arises;

c) train 500 literacy promoters in 2 week training courses during 1992 and additional ones in later years as demand arises; and

d) start classes in government, private and community facilities in May 1992 involving 30,000 learners, and plan to increase this number to a total of 65,000 by 1994, and continue at this level for the remainder of the life of the project.

9.1.3 Project Strategy

While every effort will be made to accommodate any and every illiterate person, literacy and post-literacy efforts will be concentrated on youth and women. The target population will be between the ages of 15 and 44 years. Heavily populated rural areas and low-income urban centres will receive particular attention. The project will aim at national coverage starting with selected districts in each region.

The following strategies will be implemented to further the goals of the reducing literacy in Namibia:

i) **Linking organizational structures of literacy programmes to organizations with broader local development responsibilities:** For the full range of the functional purposes of literacy to be served and to make literacy activities part of a larger effort to improve basic services and activate a process of self-sustaining development, the organizational structures of literacy programmes will be linked

with or be parts of organizations with broader local development responsibilities. Such organizations will include local government bodies, community development organizations or voluntary organizations which have interest in promoting a range of the essential community services.

ii) Adapting the content, methods and organization of literacy programmes to the possibilities of improving and expanding community basic services: Special efforts will be made to adapt the content, methods and organization of literacy programmes to the possibilities of improving and expanding community basic services.

Activities such as primary health care, household food security and early childhood development, will become the organizational base for literacy and post-literacy activities for the participants. Literacy groups will be encouraged to initiate self-help projects in improving elements of basic services in the community, thus creating opportunities to make use of the newly acquired knowledge and skills.

iii) Efforts to create a literacy-sustaining environment: Literacy and post-literacy activities will be planned as a part of a common programme for improving the educational level of the population, since an initial course without follow-up has no sustained impact.

Investment will be made in both literacy and post-literacy activities, particularly in making adequate and relevant reading materials available to the people. Efforts will be made to create a literacy-sustaining environment in communities in which reading and writing is not a normal part of daily living. Special rural supplements of newspapers and/or periodicals produced locally and regionally, for neo-literates, will be an effective way to increase the supply of reading materials for new learners.

The mass media will be included in these activities. They will reinforce the drive for literacy and supplement information and knowledge disseminated with printed materials. The impact of radio will also be used to full advantage.

iv) Promoting Access to Literacy Programmes: Special attention will be given to the central issue of accessibility of literacy programmes. This will include the importance of ensuring the materials developed have meaningful relevance to the lives and expectations of the beneficiaries, but more importantly that literacy activities take into account the constraints of rural and urban life, particularly the issues of physical access and competing demands on women's time.

The following specific steps will be taken to ensure that the programme is implemented as planned:

1. The cooperation of various government departments, NGOs, donor agencies, the private sector and individuals will be sought and maintained through advocacy seminars and programmes in the mass media.
2. Senior- and middle-level staff at headquarters, and in the regions and districts will be recruited and trained by a team of trainers in literacy project management and monitoring techniques. They will also be trained to train local-level staff and to develop literacy materials. External technical assistance may be needed to assist in the training, particularly the training of trainers (TOT) to strengthen the current limited national capacity.
3. Once trained, staff will be posted to key areas in order to manage and monitor the programme.
4. Literacy promoters will be trained in appropriate adult-learning methods and techniques (directed towards encouraging and motivating learners).
5. Learning and other support materials (eg. lamps, book boxes, chalkboard, etc) will be assembled and distributed to learning groups prior to the commencement of the programme.
6. Monitoring and evaluation mechanisms will be built into the programme to ensure that, where necessary, corrective action can be taken to overcome problems that may arise.

The lessons learned from relatively successful literacy programmes indicate that activities should be seen as an intensive phase of a longer-term continuing process which includes follow-up post-literacy and non-formal learning opportunities and efforts to apply literacy skills in the daily life and the social environment of the learners. A common obstacle is the insufficiency of reading materials both for literacy training and at the post-literacy stage, reflecting the shortage of resources as well as the non-literate environment in which rural people live.

Another major problem is methodological: how to organize literacy and post-literacy activities to maximize their impact on the improvement of the quality of life of the participants. Specific characteristics of communities will be accommodated in all plans.

9.1.4 Project Activities

Project activities for the period 1992-96 will follow from activities underway during the period 1991-92. Primarily these follow-up activities will consolidate start-up operations and lead to a rapid expansion of the scope and spread of the programme, so that by 1994, the absolute number of illiterates does not grow. The specific activities will therefore include:

i) Training in management, supervision and monitoring.

A 3 month course will be organized for 6 regional adult education officers and 70 district organizers (20 of these being NGOs) beginning February 1992. The emphasis will be on management techniques and the preparation of monitoring instruments. These instruments will be used for the day-to-day monitoring of the programme beginning May 1992.

ii) Training of Promoters. A two-week introductory course for 500 promoters in the methods and techniques of working with adults will be conducted by district organisers early in 1992. The courses will be organized in batches. Given that the length of this training is short, subsequent training will be offered on a regular basis over the years, during weekends, and in special organized courses during school holidays. The training will be conducted by the district organisers.

iii) Advocacy and Mobilization. An advocacy mechanism will be established through which government departments, NGOs, private firms, international agencies, bi-lateral donors, and ordinary Namibians will be mobilized to market literacy as a key development variable.

iv) Material Production. This will involve development and production of literacy materials in the main ethnic languages of Namibia, and which will be gender sensitive. UNICEF will be one of several organizations involved in the production of these materials.

v) English Language Introduction. Adult learners will be introduced to the English language to a functional level. English is the national language and appropriate English language facility is vital for improving employment prospects, for fuller participation in political and developmental activities and for empowerment.

9.1.5 Project Inputs and Linkages

The GRN, donor agencies including UNICEF and SIDA, NGOs, private firms and individual Namibians are expected to contribute in various ways to the implementation of the programme.

The GRN will ensure the availability of regular staff to manage and support the programme. The government will also make available office space at headquarters and in the regions and districts. Furniture and staff housing will also be provided. The Government will also fund training and workshops in part. The contribution will initially amount to US \$350,000 p.a. as indicated in the 1991 Government budget.

UNICEF will provide direct support in :

- i) Training
- ii) Materials development
- iii) Logistic and Equipment support
- iv) Technical support.

FINNIDA will support the production of learning materials, and in addition, materials support to various skills training and extension programmes aimed especially at promoting women's self employment in the informal sector.

SIDA funding will be made available for various aspects of the literacy programme, including staff salaries. Support for staff salaries and honorarium will be critical in the case of literacy promoters for the years 1992-1993.

While NGOs will themselves be looking to government and donors for support in their literacy endeavours, their versatility, deep knowledge of the community and in-depth experience in working at the local level, render them invaluable players in the literacy programme. It is expected that many NGOs will start their own literacy classes and will therefore have a presence in many places in the country.

From this vantage point, NGOs will complement the government effort and especially be useful in monitoring and supervising all classes taking place in their areas of operation. They will also undertake general advocacy and mobilization of adults to join the programme, e.g. through church parishes.

A limited number of private firms already conduct literacy classes on their premises. It is expected that, with the new leadership being given by the Government, many more firms will require staff members who are illiterate to participate in programmes arranged by the firms themselves, and that these firms will make the necessary arrangements for participation. While individual targets have not been set, it is hoped that together the NGOs and the private firms will together facilitate 10,000 learners in 1992 and 20,000 by 1994.

Apart from direct participation, private firms have a major role to play in mobilization and fundraising for these programmes. Firms will be requested to sponsor literacy events and activities, as they do for sporting activities, and will also be requested to contribute to a Literacy Trust Fund to be established after approval by Parliament.

Many countries have a slogan to the effect that those who know should teach and those who do not know should learn: the "each one, teach one" principle. The MEC will make efforts to mobilize the entire nation with the view to operationalizing this slogan. Many persons, either on an individual basis or as members of their community, will be called upon to participate in the fight against illiteracy as promoters, organisers, or general mobilizers in their communities.

Further efforts will be made by the Government to raise support from a range of potential donors to the national literacy programme.

9.1.6. Project Management

The project will be managed at two levels. The Non-Formal and Adult Education Directorate of the Ministry of Education and Culture will be responsible for management, administration and coordination at national, regional and district levels. When the national literacy programme is fully operational, by 1992, there will be at least 8 professionals at the Directorate's head office, 6 regional officers and 50 district level officers.

Those NGOs and private firms who run literacy classes will have the responsibility of managing those classes under their care. The Directorate will give them essential support including learning materials and training, which will be free of charge.

UNICEF, SIDA and other agencies will continue to provide technical and management information support as and when required to facilitate project management and implementation. UNICEF support will be coordinated and provided by the Social Mobilisation/Information Programme Officer and the National Officer (IEC).

Communities will take on central responsibilities in ensuring that project activities operate effectively. Apart from the general overseeing of the project, communities will recruit the literacy promoters from local qualified persons. To ensure that this will happen, the DLO promoters and NGO staff will mobilise communities and community organisations to take a keen interest in literacy programmes.

In order to facilitate project coordination the following arrangements will be made:

- Formation of a National Literacy Committee with representation from Government, NGOs, private sector, and the community.
- Regional and local level committees, made up of all those operationally involved in literacy, will be created. Their main responsibility will be to stimulate, direct, and monitor activities at the local level.

9.1.7 Critical Factors and Assumptions

It is assumed that the current level of support for literacy by the government, the donors and the people will be maintained and enhanced. This will be critical to adequacy of both material and personnel resources as the programme is due to expand rapidly. The Government's literacy budget estimate for 1991/92 is R8 million, for 1992/3 R11.5 m, and for 1993/94 some R15 m. Anticipated support from donor agencies include Can\$7 m from CIDA for activities over a five year period (not as yet confirmed), SEK 8.5 m which has been requested of SIDA for a two year period, estimated FINNIDA support for 1992 of FIM 800,000 and for 1992 FIM 1.5 m, whilst the contributions from farms and the private sector are expected to increase both in terms of services and financial contributions.

9.1.8 Monitoring and Evaluation

Regular monitoring mechanisms for the project will include:

- Training of field staff in the use of monitoring processes developed in 1991, which will be undertaken in 1992.
- Regular field visits will be undertaken by the Director of the national literacy programme and other MEC headquarters' officers to ensure progress of activities.
- An annual meeting of all the field officers will be held, during which reports will be given.

It is also expected that coordinating committees at the national, regional and local levels will play a supervisory role and monitor progress. Progress reports will be prepared regularly for these committees.

Finally, a formal evaluation of the entire programme will be undertaken, by a combined team of local and external evaluators, during 1994 at the mid-term of implementation.

9.1.9 Project Budget

Subject to the availability of funds, UNICEF will support the project with up to US\$ 350,000 from General Resources and up to US\$ 2,355,000 from Supplementary Funds, as follows:

	1992	1993	1994	1995	1996	TOTAL
General Resources:						
Training	40	50	50	50	50	240
Technical Assistance for material development	30	20	20	20	20	110
Subtotal	70	70	70	70	70	350
Supplementary Funds:						
IEC materials/mobilisation	55	55	55	55	55	275
Technical Assistance	20	20	20	20	20	100
Primers/Readers production	280	280	280	280	280	1,400
Training	31	31	31	31	31	155
Transport	65	65	65	65	65	325
Programme Support	20	20	20	20	20	100
Subtotal	471	471	471	471	471	2,355
Grand Total	541	541	541	541	541	2,705

The Ministry of Education and Culture will provide an estimated total of Rand 35 million over the above programme period in support of national literacy activities, including personnel, supplies and equipment, transport and logistical costs.

PROJECT 2: IMPROVING PRIMARY EDUCATION

9.2.1 Introduction

It is generally acknowledged that the education system in Namibia is ineffective, inefficient and inequitable. One sector of the system is primary education and it is fraught with many problems. These include: poor and inadequate classroom facilities, inappropriate curriculum, lack of or poor teaching and learning resources,

paucity in numbers and quality of staff, unavailability of places and within easy access, inappropriate assessment procedures, discouragement in the ranks of parents, teachers and students, history of repeated failures of students, lack of household and community resources, lack of English language facility, the lack of understanding of and/or the absence of a stated philosophy of primary education, and difficulty in planning for and managing the system. The situation is further complicated by the process of change.

The Government of Namibia, in spite of the seemingly formidable array of problems, is committed to meeting the basic education needs of all its citizens, and has supported this commitment by allocating almost 20% of the 1991/92 national budget to the Ministry of Education and Culture (MEC). Whilst primary education is a significant part of basic education, finding the resources for meeting the challenge of universal provision will be problematic. Several donor agencies have pledged support, and are already assisting the GRN in meeting its primary education needs. It is anticipated that organizations such as FINNIDA, SIDA, UNESCO and USAID will contribute greatly to the national and decade goals for primary education.

UNICEF's support of primary education, though financially smaller than the combined support of the bilateral donor agencies, will be significant as it focuses on some key areas. The most serious obstacles to achieving universal primary education are ensuring access to education for all children, reducing drop-out rates and keeping pupils in school until the end of the primary cycle. The internal efficiency of the educational system is severely affected by drop-out rates and repetition. A minimum of 25% of primary school students fail end-year examinations at each standard, and have to repeat. Only some 37% of primary school entrants complete the primary school cycle.

A related problem is that of establishing and maintaining minimum standards of teaching and learning so that when children complete the primary cycle, they have acquired a minimum level of proficiency in such skills as reading, writing, calculation and problem-solving.

There is a diversity of factors that influence drop-out and retention and the fact that the relative importance of the influences are different in different situations means that no single course of action is likely to solve all of the problems. The causes of drop-out may be grouped under two categories: those arising from factors inside the school and those related to wider social, economic and household factors.

A combination of measures may be applied to tackle the school-related causes of drop-out and repetition. These include, but are not limited to: (i) continuous progress, remedial teaching (attention to slow learners), ungraded schools, attention to linguistic difficulties, and feeder schools close to the homes of children

in lower grades; (ii) focussing on improving the quality of instruction through curriculum enhancement, provision of text and resource books, improving the school environment and supporting activities directed at increasing the capacity of the teacher to perform more effectively, and (iii) school management, since the principal plays a pivotal role as leader, organizer, manager and "head" teacher of the school. His/her ability to perform well is critical. The large number of principals in need of training is a grave concern and the logistics problems of coordination suggest a decentralised approach. The strategy will be to train the circuit inspectors to be the trainers of principals. It is also evident that the inspectors and the system would benefit from this approach. Inspectors need the ability to effectively coordinate all inputs into the educational process.

Measures related to non-school causes include those that can (i) reduce the direct and indirect costs of primary education to families, and (ii) overcome negative socio-cultural attitudes towards school. Specific measures include: provision of school meals, improved access to textbooks, uniforms, travel and hostel facilities, adjusting the school calendar to the seasonal and daily requirements for helping the family, and involving parents and the community in school management. Enhancing the relevance of the school programme to the local environment and development needs have an important bearing on the attitude of students and their families towards primary education.

Appropriate actions to reduce drop-out and increase internal efficiency of primary education in Namibia will need to be based on adequate and locally-specific analysis and understanding of the factors that are significant. The need for such analysis and understanding will be addressed by this project.

9.2.2 Project Objectives and Targets

The Project will have the following objectives:

1. Develop a schedule of strategic measures, with appropriate options, that a school administrator can take to address the school-related causes of drop-out, repetition and low achievement, specific to the particular situation.
 2. Provide training and support for interventions aimed at addressing the findings from analysis of causes of poor educational performance.
 3. Improve the quality of instruction through curriculum enhancement in grades 1 - 4.
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4. **Develop a national strategy for facilitating the school and community to be mutually supportive, and undertake advocacy and mobilisation activities in support of the implementation by the MEC and communities of such a strategy.**

9.2.4 Project Strategy and Activities

As detailed in the programme description, consideration of the role of other donors and UNICEF strategic advantage points to four priority activity areas in which UNICEF can make a significant contribution to MEC efforts in primary education improvement. These are as follows:

i) **School Management Training:** The project will conduct training courses for school inspectors in the techniques of leadership, organization, management and other topics as indicated by needs assessment. It will further provide them with the resources, techniques and strategies for training the principals in their circuits. This training will equip the principals to run their schools more effectively, enforce standards and provide technical support and encouragement to teachers.

ii) **Curriculum Development:** Support the MEC in improving the quality of instruction through curriculum enhancement. The project will support curriculum development workshops and orientation seminars to produce learner centered curricula for grades 1 - 4 and orientate principals in the new curricula. This enhancement will have strong technical linkages with the USAID-supported efforts for grade 5-7 and will have special emphasis on the introduction and integration of health education components, greater gender sensitivity and relevance, and a range of other CSPD concerns.

iii) **Research and Innovation.** The project will develop and experiment with innovative models for: inspection, basic school organization, parent mobilization, organization and involvement in the school's operation and management, counteracting school and non-school related causes of drop-out, inspiring students to set and accomplish worthwhile goals, student-centered teaching and the use of assessment for student progression as opposed to elimination.

iv) **Advocacy:** The project will recommend and advocate the establishment of relevant minimum standards for learning achievement at different levels and stages of primary education and the development of content, methods, and materials that are appropriate for the attainment of these targets; use of assessment systems to identify weaknesses in the system, disparities in performance by social groups and geographical regions, and to gather

feedback for designing remedial measures; and making textbooks and other suitable reading resources available to every student in the primary school.

The project will accordingly develop and implement an advocacy and mobilisation strategy for inspiring and organizing the community to be actively involved in managing the school and taking responsibility for the education of their children. An organization such as a parent-teachers association (PTA) could be used for addressing issues such as building additional classrooms, acquiring additional teaching/learning resources, promoting innovative interventions such as a school calendar that takes regional diversity in the agricultural season into account, and other issues as may affect the education of their children. The project will mobilise for the use of an association such as the PTA to improve relationships between schools and communities and make them mutually supportive.

The project will also advocate for the introduction and expansion of school feeding programmes for day-students in areas and among students where lack of household food access is found to be a significant factor affecting educational performance. Advocacy will be based on the principles of national financial, managerial and technical sustainability, and of a high degree of community participation in such activities.

9.2.5 Project Inputs and Linkages

Under school management training, UNICEF will support the project through the following:

- i) provision of technical support to carry out a national needs assessment on management training targeted at inspectors and principals.
 - ii) identifying a regional institution in Eastern or Southern Africa to complement the needs assessment in developing methodology and workplan for training. This training will target inspectors as priority core trainees from which a cadre of trainers will be identified for further training and to run management training for principals.
 - iii) providing resources for the development of a training module through the inspectors training, on which principal training will be based and which will also provide guidance for day to day management of schools. The training programme for principals will be staggered and run at regional levels.
 - iv) Provision of programme support materials which will include a computer data base, training materials and audio-visual materials, vehicle support for
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regional inspectors and the training team and funding support for study tours and external training.

Under the curriculum development, UNICEF will support the project as follows:

- i) support for evaluation of existing grades 1 - 4 curriculum and development of new curricula for grades 1-4;
- ii) advocacy and support for integration of CSPD and gender concerns in primary school curricula;
- iii) support of orientation seminars on a new curriculum for Inspectors and Principals of primary schools.

The research and innovation activity will require additional support from UNICEF for study tours to countries with experiences in innovative and experimental work in schooling and community involvement. Technical and management inputs in the form of consultants and implementation seminars will be supported, as will workshops to disseminate innovations and support experimentation. Support will be provided for material and equipment inputs in cases of implementing experimental schooling as the need arises. Considerable public education (IEC) materials will be provided for advocacy and mobilisation action that will be undertaken to promote popular participation and responsiveness. A material production IEC Unit will be supported through equipment, transport, and technical support for establishment.

USAID, the lead donor agency in Basic Education support to Namibia, will be involved with teaching strategies and the production of teaching/learning materials at the upper levels (5 - 7) of primary school. They will be paying close attention to developments in the new Junior Secondary programme. UNICEF will be concerned with linkages to the lower levels of primary education, and will work in a closely complementary manner with SIDA.

9.2.6 Project Management

This project will be implemented and managed by the office of the Director of Basic Education of the MEC. The office of the Chief Inspector will have an important day to day implementing role as will the Chief Planning Office. The Curriculum Development inputs will be managed through the National Institute of Education Department (NIED). Regional Directors of Education will be the focal points for diffusion of experience and management of training workshops and seminars.

This project is directed towards putting primary schooling at the "cutting edge" of basic education. It will involve, for instance, taking the information from analyses and research and developing policies and actions that will put learning at the centre of activities in education. Necessarily, activities of this nature will require constant, sustained support of a technical nature. In view of this, funds have been included in the project budget for short-term technical support over the duration of the project. These technical support staff will also provide management support to the project, in association with the National Officer (IEC) and Social Communications/Information Officer of UNICEF Windhoek.

9.2.7 Critical Factors and Assumptions

To transform education will require creative innovation and a continued commitment to such an approach. The focus of activities in NFBE will need to be retained on the learner, with the purpose to ensure that each child or adult has the opportunity to learn to his or her full capacity. If learning does not take place, then the assumption should be that there is something wrong with the system, not the individual.

Operational research in education will need special support, if many of the issues and problems arising from the creation of a more equitable educational system are to be addressed.

Creative solutions and innovative ideas and practices will be necessary if constraints to bringing quality and relevant education to highly dispersed rural people and low-income, marginalised groups are to be overcome.

The reform and development efforts at the lower levels of Primary Education are highly complicated with respect to language, as accommodation for several languages needs to be made. Previously-inculcated attitudes of passivity and dependence in many communities, towards education and other developmental activities, will need to be overcome. These factors will need time to be effectively addressed, and may have a retarding effect on the project.

9.2.8 Project Monitoring and Evaluation

Project performance will be measured by depth of analyses undertaken, extent of translation of findings into policy and number of "do-able" activities that issue from these policies. Further assessment will be made on the basis of measurement of the extent of community participation in local education planning, assessment, support and activity. Whilst ongoing monitoring using such indicators will be undertaken by the MEC and UNICEF technical and programme staff, the project will also be subject to the GRN/UNICEF process of annual and mid-term reviews.

9.2.9 Project Budget

Subject to the availability of funds, UNICEF will support this project with up to US\$ 290,000 from General Resources and up to US\$ 980,000 from Supplementary Funds:

	1992	1993	1994	1995	1996	TOTAL
General Resources:						
School Management						
Training	40	40	40	40	40	200
Curriculum Development	18	18	18	18	18	90
Subtotal	58	58	58	58	58	290
Supplementary Funding:						
Curriculum Development	75	25	25	25	25	355
Programme Support	50	50	50	50	50	250
Innovation/Research	50	50	50	50	50	250
Advocacy	25	25	25	25	25	125
Subtotal	200	150	150	150	150	980
Total	258	208	208	208	208	1,270

The Government of Namibia through the Department of Formal Education of the MEC will support the project in terms of office supplies, personnel, equipment, training activities, transport and logistical costs. Direct Government support to this project is estimated at R 18.5 million over the above period.

PROJECT 3: IMPROVING MANAGEMENT INFORMATION SYSTEMS IN NON-FORMAL AND BASIC EDUCATION (EMIS)

9.3.1 Introduction

The lack of capacity for planning, monitoring and evaluation at different levels of the educational system (including both formal and non-formal areas) poses a serious problem for Namibia. The effect of the lack of planning, monitoring, and evaluation capacity can be to provoke chaos in a system that which is undergoing reform in order to meet urgent human development needs and goals. Incapacity

to make the necessary corrections may lead to the continuation of an ineffective, inefficient and inequitable system of education.

There persists at present in Namibia a dearth of experienced and well-trained personnel to manage critical areas of the education system. The GRN has since Independence undertaken action to rectify this situation with extensive training and scholarship programmes for Ministry of Education and Culture (MEC) personnel. An extensive recruitment programme has also been launched for staff to manage new areas of government intervention in non-formal and basic education. Supporting agencies such as USAID, UK (ODA), and SIDA have deployed technical personnel within strategic areas of the MEC to support planning and implementation of education programmes.

Nonetheless, basic data needed for education planning is not available with sufficient accuracy, regularity or coverage to allow for sound plans to be drawn up. The 1981 population census is misleading due to inaccuracies of under-enumeration, and primary enrolment statistics are therefore incomplete. Drop-out and repeating rates are not reported on a regional or national basis, which contributes to the lack of an effective EMIS. These problems are compounded by the lack of personnel in data-processing and national and regional planning itself.

The GRN and donors such as UNICEF, USAID, SIDA and FINNIDA view the establishment of an education management information system (EMIS) as critical to the success of the education initiatives. USAID will focus on the setting up of the EMIS, whilst SIDA funding will support the provision of facilities and equipment and FINNIDA will support the setting up of a print and publications unit in the MEC.

UNICEF support to the improvement of the EMIS through this project will be catalytic and targeted primarily at ensuring that indicators developed and incorporated into the EMIS help to promote and highlight priority areas of concern to those areas in the primary cycle that are fundamental to early learning, from Early Childhood Development through the first four years of primary schooling. Gender sensitivity in information system design, gender-disaggregated analysis and student retention will also be key areas of emphasis.

Second, this project will assist the MEC in expanding and decentralizing the functionality and utilisation of the EMIS to regional and district levels. The emphasis will be on promoting the EMIS as a management tool and not merely a passive information gathering mechanism. The expanded demand for data arising from the Goals adopted by the World Summit for Children and the follow-up National Plan of Action also necessitates that the EMIS provide data and information to facilitate evaluation and effective monitoring of the non-formal and basic education sector, including the specific Goals for the decade.

9.3.2 Project Objectives and Targets

The following objectives will be reached by this project:

- i) Establishment, on a collaborative support basis, of the national education management information system;
- ii) Secure and improve the effective use of the EMIS and other information tools for education system management at national and sub-national levels, through on-the-job training;
- iii) Establishment of mechanisms to ensure that the EMIS is functional at the national, regional and district levels, and that it forms part of management at these levels;
- iv) Enhance the quality and effectiveness of policy formulation, planning and management in basic education through research, experimentation and analysis.

9.3.3 Project Strategy

The project strategy will be focussed on building up the institutional capacity to manage a system of universal basic education and on the development of an organizational structure that allows a high degree of local responsibility and community participation. Although the lead support agency for the EMIS will be the USAID, UNICEF will work in close cooperation with the GRN and other donor agencies, including USAID, SIDA and FINNIDA, in making the EMIS effective.

9.3.4 Project Activities

Specific activities are of the project will be:

- (i) joint assessment of EMIS needs will be carried out by the project with USAID.
 - (ii) Technical support will be provided for the national and decentralised EMIS, including for:
 - (a) collection, analysis and use of data for monitoring;
 - (b) strengthening of planning and evaluation capacities at different levels, as would be indicated from collected data; and
 - (c) defining responsibilities at different administrative levels, with the aim of moving towards the greater devolution of responsibilities to the local level.
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iii) Training and orientation

Training on EMIS will be provided to improve overall national capacity for planning, monitoring and evaluation.

iv) Research, experimentation and analysis

The main activities under this component will include:

- a) research for the identification of the major obstacles to educational progress, the differentiation of causes and consequences for different regions in the country;
- b) the development of appropriate socio-economic indicators relevant to child development; identification of specific interventions which would be affordable and effective with special reference to the conceptualization of a new, flexible school; and small-scale experimentation and trial leading to evolution of national policy; and
- c) ensuring of greater attention to policy and programme analysis based on relevant monitoring and evaluation data leading to improved programme planning.

Capacities in research and analysis will be developed in the sub-national levels of educational management. There will also be opportunities for exchanging and reviewing the results of analysis and experiments among countries in the region. In the case of Namibia, the experience of Botswana, Lesotho, and Swaziland will be particularly relevant.

9.3.5 Project Inputs and Linkages

UNICEF will assist this project through the support of training of staff to effectively collect, organize, analyze and use data for better planning and management. **UNICEF** will provide technical and material assistance for research, experimentation and the development of policy.

The GRN will provide personnel and operational costs, as well as some equipment, on a small scale, for implementation of the project.

USAID will provide the major financial and technical assistance in setting up and developing the EMIS.

9.3.6 Project Management

This project will be managed by the Directorate of Planning of the Department of Formal Education, MEC, with support from organizations such as the University of Namibia (Namibian Institute for Social and Economic Research) and other Regional (ESAR) educational support organisations. UNICEF Namibia Programme staff will support the MEC in project management.

9.3.7 Critical Factors and Assumptions

The full implications for the evolving management and administrative structures of introducing free and compulsory primary education, of improved child welfare programmes, and increasing considerably literacy activities have not yet been fully assessed.

Characteristically, primary schools and literacy classes are the most geographically dispersed of all the elements of the education system. In contrast to this, the structure of educational administration is centralized and ill-adapted to this dispersion. Often quite minor decisions concerning individual schools are referred to authorities located hundreds of kilometres away in Windhoek.

Considerable difficulties can thus be anticipated that have to do with the fluidity of the reform process being undertaken, the high level of popular demand juxtaposed with limited resources and a large backlog of personnel training in both administration and teaching.

9.3.8 Project Monitoring and Evaluation

Since this project is concerned with monitoring and evaluation, assessment of its implementation and effectiveness will be measured by the following criteria:

- i) the number and level of personnel trained and oriented in planning, implementation and evaluation;
 - ii) the availability and accuracy of education statistics at district and national levels, further disaggregated by sex:
 - a) School-age population;
 - b) Proportion of school-age children in school; and
 - c) The rate of flow of children through primary school.
 - iii) Extent of increased devolution of responsibility.
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- iv) Extent of installation of a local-level system of accountability.
- v) Degree of preparation and use of socio-economic indicators relevant to child welfare and development.
- vi) Extent of establishment and use of management information systems at different levels.

Monitoring of the project will be undertaken by the Ministry of Education and Culture, in collaboration with UNICEF Windhoek.

9.3.9 Project Budget

Subject to the availability of funds, UNICEF will support this project with up to US\$ 150,000 from General Resources and up to US\$ 455,000 from Supplementary Funds:

	1992	1993	1994	1995	1996	TOTAL
General Resources:						
EMIS Assessment	20	20	20	20	20	100
Training	10	10	10	10	10	50
Subtotal	30	30	30	30	30	150
Supplementary Funds:						
Technical Support	91	91	91	91	91	455
Subtotal	91	91	91	91	91	455
TOTAL	121	121	121	121	121	605

The Government of the Republic of Namibia, through the Department of Formal Education of the Ministry of Education and Culture, will support this project over the five year period in terms of personnel, supplies, equipment and operational expenses. Total Government contribution to the project is estimated at R 7.5 m over the programme period.

10. PROGRAMME SUMMARY BUDGET:

Funds will be sought by UNICEF for the following Summary Programme Budget in support of the Non-formal and Basic Education Programme:

(US\$ 000)

Projects	1992	1993	1994	1995	1996	TOTAL
Project 1:						
GR:	70	70	70	70	70	350
SF:	471	471	471	471	471	2,355
Project 2:						
GR:	58	58	58	58	58	290
SF:	200	200	200	200	200	1,000
Project 3:						
GR:	30	30	30	30	30	150
SF:	91	91	91	91	91	455
TOTAL	920	920	920	920	920	4,600

Note: **GR** = General Resources
SF = Supplementary Funds

ANNEX 1

DEFINITION OF TERMS USED

Basic Education:

In Namibia, this includes primary and junior secondary school, the first 10 years. It is important however that such an education include, in addition to the general academic courses, problem solving, self-reliance, self-sufficiency and such skills to enable one to participate in development.

Illiterate:

Absence of reading, writing, numeracy, and skills to sustain basic functionality and development.

Learning Environment:

Includes the physical facilities, the material resources (teaching / learning) and what the teachers exemplify.

Literacy:

The ability to manipulate words, thoughts, numbers and hands in a meaningful and beneficial way.

Non-Formal Education:

Education that is generally outside the structure of the conventional primary and secondary school programme, although it may be closely related to such programmes. It includes reading, written and oral communication, numeracy, skills for self employment including entrepreneurial skills, household and management skills, second chance education, study groups and correspondence courses.

Pre-Vocational Skills:

Skills requisite for entry level job positions, or for specific job training. In many respects, literacy represents some of the best pre-vocational skills one can possess.

Primary Education:

In Namibia, this is the first seven years of formal education. Pre-primary education, which is not readily available, is not considered a part of primary education.

Triple A Cycle:

The process of rational decision-making in everyday life. It is a process of assessing a problem, analyzing its causes and taking action based on this analysis. However it is a process that needs an educational base.

Vocational Education:

That type of education that is concerned with equipping an individual with job-specific skills.

ANNEX TWO: ACRONYMS USED

CCN	Council of Churches in Namibia
CSPD	Child Survival Protection and Development
DNE	Department of National Education
EC	European Community
ECPD	Early Childhood Protection and Development
EFA	Education For All
EMIS	Education Management Information System
FLEP	Family Life Empowerment and Promotion
GRN	Government of the Republic of Namibia
GTZ	Gesellschaft Technische Zusammen (Society for Technical Cooperation)
HFS	Household and Food Security
HHNS	Household Health and Nutrition Survey
IABP	Integrated Area Based Programme
MCH	Maternal and Child Health
MEC	Ministry of Education and Culture
NFBE	Non-Formal Basic Education
NGO	Non Governmental Organization
NIED	National Institute for Education Development
NISER	Namibian Institute for Social and Economic Research
NLP	Namibian Literacy Programme
NORAD	Norwegian Aid for Development
PHC	Primary Health Care
PTA	Parents Teachers Association
SIDA	Swedish International Development Authority
SWAPO	South West Africa People's Organization
TOT	Training of Trainers
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific Cultural Organization
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WFP	World Food Programme

PROGRAMME 5 : INTEGRATED AREA BASED

1. BASIC DATA

Country: Namibia

Programme: Integrated Area Based Programme

Programme Number: ZZ714

Time Period: January 1992 - December 1996

Projects: 01: Community Based Rural Development Project
02: Community Based Urban Development Project

Funding Sought: UNICEF General Resources: US\$ 720,000
Supplementary Funds: US\$ 4,380,000

Total: US\$ 5,100,000

Main Co-operating Agencies: Directorate of Community Development, Ministry of Local Government and Housing
Directorate of Rural Development, Ministry of Agriculture, Water and Rural Development
Directorate of Local Government and Regional Council Coordination, Ministry of Local Government and Housing
Department of Community Health, Ministry of Health and Social Services
Council of Churches in Namibia
Private Sector Foundation
Rossing Foundation

EXECUTIVE SUMMARY

For newly independent Namibia, empowerment of disadvantaged communities is an essential step for development. The experience of the new government and the communities in this area is very limited, since community participation for development was highly restricted during the colonial period. Communities were made dependent rather than empowered and the vulnerable members of society, particularly women and children were the victims of this situation. The Integrated Area Based Programme (IABP) will aim to **reduce disparities** among communities in Namibia through the achieving of the national goals for Child Survival, Protection and Development in the most disadvantaged areas. It will support establishment of sustainable and self-evolving integrated community development projects. Within the GRN/UNICEF Programme of Cooperation, IABP will **intensify the national sectoral programmes** and **develop new approaches** in the selected disadvantaged communities.

The major strategies of the Programme include the Area Based Programme Approach, the Basic Services Strategy and the promotion of **participatory development** processes at all levels. The project areas will be selected based on the Situation Analysis of Children and Women and the rapid assessment of the target regions using the criteria of vulnerability, replicability, feasibility and affordability. Through community mobilization and organization, community members will participate in all the processes of development, including assessment and analysis of the underlying causes, prioritization of the issues and planning, implementation, and monitoring of the activities. The experience gained and the human resources developed in the pilot projects will be utilized in other disadvantaged communities to achieve wider coverage of the programme and to reduce disparities. The IABP projects will also provide community level testing and monitoring grounds for national level sectoral interventions. The Programme aims to cover 10% of the total population of Namibia by 1996 through the development of 6 district-level projects, of which 4 will be in rural and 2 in low-income urban areas. These will assist communities to address their priority problems by supporting local initiatives or intensifying national sectoral interventions including health, nutrition, household food security, water, sanitation, income generation and early childhood development.

Capacity building for participatory planning and management at district level will be undertaken simultaneously to support the communities. The Programme will promote intersectoral linkages and collaboration between the concerned ministries, international and bilateral agencies and Namibian NGOs strengthening their capacities for mobilization of local resources and promotion of longer-term sustainability. UNICEF will support the Programme through provision of supplies and equipment, technical assistance, and support for training, advocacy, planning and community-based monitoring.

2. INTRODUCTION AND JUSTIFICATION

Independent Namibia inherited a situation where the disparities among the racial groups in terms of access to resources and services were among the highest in the world. Among the estimated population of roughly 1.7 million, the top 5%, most of whom are "whites", had an estimated annual per capita income of US\$14,560 and controlled 71% of the GDP, whereas the poorest 55%, most of whom are "blacks", had an estimated annual per capita income of US\$63 and controlled only 3% of GDP.

Other major development indicators show similar disparities between these groups and confirm the harsh conditions of the poorest majority of the Namibian population. Based on the Household Health and Nutrition Survey conducted by UNICEF in March - April 1990 in the former "homeland" of Ovambo and also in the former "township" of Katutura, and on other sectoral studies conducted by UNICEF, the rates of infant and child mortality are thought to exceed 100 and 150 per thousand respectively, and therefore to be very high for a country with an average per capita GDP of over \$ 1000. The Maternal Mortality Rate in the areas surveyed was estimated at 371/100000, which is also high. The severe and moderate malnutrition among under-5 children was estimated at 29%. Only 14% of children under one was found to be fully immunized against 6 vaccine-preventable diseases. Only 50% of the rural households in Ovambo had a water supply in or outside of their homes and they had to walk average 1 hour 42 minutes to fetch water every day. Only 5% of Ovambo households had their own toilets. Only 41.1% of children had completed the first 6 years of primary education in Ovambo. The estimated adult illiteracy nationwide is at least 60%. The protection and care given to the children in the "townships" and "communal areas" are inadequate, due to the absence of the care-givers and other factors including the heavy workload imposed upon women by productive and domestic tasks.

Under the colonial administration, many communities were deprived of land, freedom of movement, means of production and access to market and access to educational opportunities and basic social services. The black population was largely confined to "homelands" and the "townships" and the provision of services was heavily skewed to the white communities living in the towns and on commercial farms. Confinement of the black population caused widespread over-grazing and deforestation and resultant ecological deterioration in the "homelands". In addition to this, communities, particularly in northern areas where large-scale military occupation was imposed for over a decade, were discouraged to organize themselves and to participate in development processes. Even for services which were provided by the colonial administration, communities were not consulted in planning and implementation, and as a consequence many projects failed. An exception to this pattern was found in the development efforts of various churches, operating under the umbrella of the Council of Churches in Namibia (CCN). The

Lutheran, Catholic, Methodist and Anglican churches in particular, provided considerable independent access to health services and educational opportunities for deprived communities.

As a result of ecological insecurity, economic vulnerability and the lack of basic services in the "homelands", many men and young people left their communities to seek income-earning opportunities as manual workers, soldiers, contract miners and seasonal farm laborers, leaving women, children and older people in the rural areas. However, these people not only were harshly exploited as cheap and sometimes almost unpaid laborers, but became dependent on the white population in the "townships" and locations attached to the "white towns" and in the commercial farms. Their remittances to the rural communities were normally very limited and unreliable. In addition to the outflow of migrant workers, some 50 000 or more Namibians left the country as refugees during the period of struggle for Independence, the majority being from the northern regions.

Thus rural communities were further deprived of their productive capacity and became increasingly vulnerable to natural and man made disasters. The heavy burden of managing households and family farming was left primarily to women, older people and sometimes children. In the "townships" and the farms, because of the exploitation, lack of opportunities and dependency, people were trapped in poverty. Gender-disaggregated data further suggest that women are in an especially disadvantaged situation because they have not only have suffered the consequences of colonialism, but have also been subordinated to the men of their communities.

The most vulnerable groups in Namibia, therefore, are mostly in the "communal areas" and the "townships" and partly in commercial farms, and are mostly women, children and the aged. The main categories of poverty-affected and vulnerable groups identified by the Situation Analysis are:

- (a) Namibians internally displaced by conflict and military occupation, mostly in the northern regions.
 - (b) Farm workers on low wages and their dependents, and the ex-farm workers and their dependents, effectively displaced, mostly in the central and southern "commercial farms".
 - (c) "Remote area" populations often living ecologically harsh conditions, in the central and southern communal areas.
 - (d) Rural women heads of households, in all the "communal areas".
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- (e) Low-income peri-urban families, especially women headed household, in all the black "townships".
 - (f) Adults and families facing income collapse related to demilitarization, in the northern and eastern "townships".
 - (g) Victims of war and former exiles, mostly in the northern "communal areas".
 - (h) Victims of family breakdown, mostly in the central and southern "townships".

Note: Terms such as "communal", "homeland", "township", "white", "black", etc. are for descriptive purposes only, and are in no sense used to legitimize or perpetuate these imposed social and geographical categories.

3. REVIEW OF PAST EXPERIENCE

Towards the end of the 1980s, under international and internal pressure, the former colonial administration took some measures to show its concerns for the development of the rural and urban poor. However, these had little impact on the actual improvement of the life of the majority, who were not centrally involved in the operations. The impact of such measures was highly uneven, since responsibility was largely devolved to some 11 ethnically-based "second tier" administrations, or to parastatals with limited coverage. Most of the projects ended up in top-down decision making and were technically-oriented, capital-intensive efforts which did not contribute to local capacity building.

There were, however, innovations made by Non Government Organizations (NGOs) including church and political organizations and the private sector (e.g. Rossing Foundation). Such projects developed human resource capacity, but their operations also had limited impact due to their partial coverage and constraints imposed during the colonial period (e.g. curfews in the northern areas). Other limitations include the lack of coordination among the NGOs and a lack of experience in project management, reinforced by the isolation of Namibia from other countries.

Upon the Independence in March 1990, and in the absence of established local government structures, a pilot project was launched by UNICEF and the Council of Churches in Namibia (CCN) in the Uukwaluudhi District of Western Ovambo (estimated population of 40,000). This initiative in a highly deprived area, which had recently received some 2 - 3,000 returning exiles, aimed to empower the community for Child Survival, Protection and Development and for rehabilitation

from war and drought. A baseline survey of the District was made as part of the 1990 Household Health and Nutrition Survey. A longer-term aim of the project was to support the building of national and regional capacity for the development of integrated area based programmes targeted towards disadvantaged communities. National and regional level coordination has been undertaken extensively in this initial period to advocate for the development of such programmes by Government with NGOs.

The Uukwaluudhi project has promoted full participation of community members in formulation and implementation, through a process of community mobilization and organization. The community's response has been strong throughout, and has included the development of representative community organizations, assessment of community problems and needs, and planning and implementation of initial sub-projects. The project is being implemented in close consultation with development committees which represent all divisions of the district. Project priorities are matched to the community's felt and assessed needs. Community participation in activities has also been high despite the lack of prior experience in participatory development. Considerable confidence and a sense of "ownership" have been created among the community leaders. This has been further enhanced as the project progressed and higher visibility and favorable impact achieved.

Some of the interventions developed in this project have shown considerable success in the extension of basic services to the community, including community health worker training, farmer's training, income generation activities and improvement of water and environmental sanitation. The community health workers' performance had been very high and social recognition of their contribution has been strong. A brick making project has proven commercially viable while making available low-cost alternative building materials to the community.

The success of the project has provided a basis for national advocacy for the promotion of participatory development, through sharing the experience with the new Government, NGOs and bilateral agencies. The Ministry of Local Government and Housing has agreed to collaborate with UNICEF as the major counterpart for the future development of the Programme. Regional and national capacity building for the development of area based programmes is also being undertaken with the concerned Ministries and national NGOs, including the Ministries of Local Government and Housing, Agriculture, Water and Rural Development, Health and Social Services and the CCN. This includes training of community development personnel and development of guidelines and communication/information materials.

The Uukwaluudhi project will continue to be utilized as a demonstration project as well as a training centre for other community-based activities in Namibia. The pilot project will also provide community level testing and monitoring ground for national sectoral interventions before they go into scale at regional and national levels.

An evaluation of the project, especially of the appropriateness of the approaches taken and the impact of the interventions for Child Survival, Protection and Development, will be conducted in late 1991, and will form the basis for further extension and application of the programme with other communities.

4. GOVERNMENT/UNICEF POLICY FRAMEWORK

The Namibian Constitution mandates the Government to guarantee the uplifting of the welfare of the people through participation of every citizen in development processes, and through their improved access to public facilities and services. The Government has also committed itself to protect and promote the rights of the child by signing the Convention on the Rights of the Child and, through its signing of the World Summit for Children Declaration, to achieve the international Goals for Children and Development in the 1990s. To these ends, the Government has given high priority to rapidly increasing the coverage of basic social services, through the restructuring and expansion of service delivery, particularly to under-served regions and groups. Among the pressing development needs, the Government has been focussing its efforts in four major priority sectors; agriculture and rural development, education and training, health and housing.

For agriculture and rural development, emphasis is given to integrated village-based development projects with promotion of improved local resource management activities by village-level organizations; to development of alternative low-cost technologies and energy resources; and to the promotion of agro-industries, especially in the small scale sector. The GRN/UNICEF Household Food Security (HFS) Programme is contributing to support of activities in these areas. For education and training, the emphasis is given to the establishment of a uniform and universal education system, open to both children and adults, as well as an appropriate administrative structure, and to the rapid expansion of non-formal education and literacy. The UNICEF/GRN Non-Formal and Basic Education (NFBE) Programme is providing support in this area. For health, the Government has adopted the Primary Health Care approach, based on the principles of equity, accessibility, affordability and community involvement, and a range of project activities have been initiated under the GRN/UNICEF Primary Health Care (PHC) Programme, with an emphasis on community-based health care. For housing, priority will be given to construction of low-cost but appropriate accommodation in rural areas in order to reduce migration to the urban areas, and the upgrading of slum and squatter settlements in urban and peri-urban areas with emphasis on the

development of locally-produced building materials, training in self-help and entrepreneurship in the construction sector.

Given the commitment of both UNICEF and the Government to achieve the international Goals for Children and Development, the Programme of Action for Achieving the Goals for Children and Development in the 1990s (E/ICEF/1991/12) states that "Achievement of the Summit Goals will require, a priori, that basic services be extended to the previously un-reached" (para.6) and "To reduce mortality as a whole, however, it is important to emphasize the intersectoral nature of the problem and the need for the services of various sectors to converge in time and place, and to be available to those in need" (para.10). Further, it states that "community-based programmes will be designed in such a way that a positive interaction will be achieved with national programmes, thus facilitating expansion and replication" (para.29). The World Summit for Children Plan of Action (para.34) envisages that each country will prepare a National Programme for Children in the 1990s, which process was strongly pursued by the Government of Namibia during 1991. The experience of the IABP will provide an important input to the formulation of this NPA, and will assist its implementation particularly at local levels, as regional and district authorities become established in Namibia.

In these respects, the IABP will play an important role in assisting the achievement of the Goals for Children and Development in the 1990s in Namibia, particularly given the extent of inherited disparities among communities, and the need for multi-sectoral actions and a strong measure of community participation and involvement in order to both achieve and sustain these Goals.

5. PROGRAMME OBJECTIVES

The overall objective of the Integrated Area Based Programme (IABP) for the Government/UNICEF Programme of Cooperation during 1992-1996 period is:

To empower the disadvantaged communities of Namibia for Child Survival, Protection and Development and reduce disparities between communities.

The specific programme objectives for Child Survival, Protection and Development (CSPD) in selected disadvantaged communities during 1992-1996 period are:

- a. Reduction of the infant and under-5 mortality rate by at least 15%;**
 - b. Reduction of maternal mortality rate by at least 25%;**
 - c. Reduction of severe and moderate malnutrition among under-5 children by at least 25%;**
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- d. **Improved access to safe drinking water and to sanitary means of excreta disposal;**
- e. **Improved access to basic education and completion of primary education by at least 60 per cent of primary school-age children;**
- f. **Reduction of the adult illiteracy rate by at least 25% of its 1991 level (estimated at 60%) with emphasis on female literacy;**
- g. **Improved protection of children in especially difficult circumstances.**

Most of these specific goals were adopted in line with the Major Goals for the Government/UNICEF Programme of Cooperation over 1992-1996 period, with particular emphasis on the reduction of disparities among the communities of Namibia. In addition to the Country Programme goals, the IABP has adopted goals for Water and Sanitation, Basic Education and Children in Especially Difficult Circumstances in the specific communities to be covered, both to address particular needs of disadvantaged rural and urban communities, and to contribute directly to the respective Goals for Children in the 1990s.

IABP will contribute to the achievement of the above goals in disadvantaged communities in Namibia, through the process of community empowerment, and by demonstrating and providing appropriate, high-impact and sustainable interventions which will be widely applicable to many other disadvantaged communities. It will thereby contribute to the national objective of reducing disparities between groups and regions within Namibia.

While the Programme will start on a small scale in some of the project areas, it is planned to cover about 10% of the total population of Namibia by the end of the 1992-1996 period, involving 4 rural districts and 2 urban townships, and benefitting 190,000 people, including 35,000 children under 5 and 40,000 women 15-44 years old.

6. PROGRAMME STRATEGY

The Integrated Area Based Programme will contribute to the achievement of the national goals for CSPD in the most disadvantaged communities of Namibia by **intensifying existing national programmes** through community empowerment and by **developing and testing** new approaches and interventions which can then be adopted by the Government, NGOs and other development agencies in other areas.

6.1 Guiding Principles

The empowerment of disadvantaged communities for CSPD will be achieved through the application of the **Area Based Programme** approach and the **Basic Services Strategy** with special emphasis on the promotion of participatory decision making.

The **Area Based Programme** approach will promote greater relevancy and impact of the programme through multi-sectoral and micro-level planning, mobilization and utilization of local resources, and convergence of programme inputs and basic services at the community level, initially in a smaller pilot project area and later on a wider scale. Through community mobilization and participation, training of primary level workers, national capacity building and use of appropriate technologies, the **Basic Services Strategy** will accelerate the empowerment of families and communities. With felt ownership of the processes and activities by the community members, and with essential knowledge and skills and better access to basic services, the **Basic Services Strategy** will promote greater self-sufficiency and higher sustainability of the development activities. Among the possible activities for the promotion of the Strategy, the Programme will put special emphasis on the creation of self-sustaining micro-enterprises for the provision of basic services and the upgrading of local human resources through training. In addition to these strategies, a "**Triple A**" Cycle of assessment, analysis and action will be promoted to strengthen the community's own decision making.

Increasing the **participation of women in development** is a further principle adopted by this Programme. Through equitable representation of women in community organizations and by fully integrating women's concerns into mainstream development activities, the Programme will not only promote the process of integrating women's capabilities and contributions within development efforts, but also make the activities more relevant to the needs of the family members, especially women and children.

6.2 Processes of Community Empowerment

It will be essential for communities to have a sense of **ownership and control** of the activities based on their own awareness and demand, in order for them to be empowered. Therefore, the Programme will first promote community sensitization, awareness and mobilization on development issues, utilizing all available opportunities, including meetings with formal and informal community leaders, different community groups, church services etc., so that the community members themselves, especially women, will widely participate in assessment and analysis of their own problems. The Programme will then encourage and assist communities to organize themselves in a democratic manner selecting their own representatives to further discuss development issues and identify priority issues to be solved.

It is also essential that appropriate **capacity building** in the community, especially in problem solving and management of the activities/projects formulated by the community, will take place during the course of empowerment. The Programme will provide assistance and training to community representatives in assessing the problems, analyzing the underlying causes, planning possible actions, liaising with relevant government authorities and NGOs which can provide support to the community, and deciding what they can do themselves. These processes will ensure that optimal opportunities for **community participation** will be provided and that decisions made will be relevant to the community's special conditions. Community's liaison with government authorities and local NGOs will be important for strengthening of ties with those bodies, assessing the resources available, and mobilizing for improved access to local resources and services.

The Programme will also respond to the needs of the community, through the process of dialogue and only when no other bodies can provide similar assistance, by providing ideas and examples of interventions related to the achievement of CSPD goals, developed and tested in other areas or countries. The Programme will ensure that the assistance thus provided will empower the community and will not create **dependency**. It will emphasize the provision of low-cost appropriate technologies, which can be locally operated and maintained.

The Programme will put special emphasis on the building of community capacity in providing services and products for which local demand exists, by training primary level workers selected by the community, eg. voluntary community health workers, brick makers, toilet builders, small scale mill owners etc.. The IABP will provide basic skills and start-up supplies and equipment or funds which will later serve as revolving funds to create other services in the area.

It is essential that sufficient capacity building will also take place at district, regional and national levels in order to support the activities in the community and that

improved back-up support systems will be developed for those communities, including the health referral system, rural extension services and management advisory system for small scale industries. The IABP will liaise with national programmes, including those such as PHC, Rural Water Supply, Literacy and Household Food Security supported by UNICEF, in efforts to enhance capacity of such systems at local levels.

In collaboration with the Government, UNICEF direct assistance to disadvantaged communities will be provided in selected project areas, where experience with sustainable integrated community development projects will be developed. These projects will not only serve as models for further applications of similar approaches, but also serve as training grounds for the secondary level workers. In addition to these "core" projects, assistance may also be provided on a smaller scale to facilitate the government's efforts in developing similar projects. Through the training of the secondary level workers and development of suitable approaches and interventions, the IABP will provide indirect assistance to the communities not covered directly.

6.3 Selection of Project Areas

Several types of vulnerable groups were identified in the process of situation analysis as cited earlier. Rapid assessment of the communal areas and townships will be conducted periodically in the regions and areas identified with those groups, to select both the initial project areas and the areas for project expansion. After the selection of the areas based on the criteria described below, a baseline situation analysis for each of the selected areas will be conducted to adapt the earlier programme experience. Selection of the project areas will also be convergent, as far as possible, with the emphasis Districts to be covered, on a progressively increasing basis, by the Community Based Health Care programme, which is also supported by UNICEF, as well as with other relevant programmes.

In selecting the project areas, the vulnerability criteria will be used together with other criteria such as replicability, feasibility and affordability. Therefore, the communities with the most vulnerable groups may not be selected for initial project areas, in light of the later criteria. These criteria, however, do not exclude the possibility and intention of the Programme try to reach the un-reached and extremely un-served in the longer term. The IABP will aim to reach these groups once the advocacy roles of the initial projects have been effective and national efforts to promote more participatory development has been started on a broad scale. A combination of following criteria will be used in selecting the project areas to be covered by the Programme:

a. Vulnerability and Disparity Reduction

The communities with vulnerable and deprived groups will be selected as the first priority to reduce the disparities among communities. The assessment criteria for vulnerability include rates of morbidity and severe and moderate malnutrition, literacy levels, household income and access to water, food and other social services. Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR) and Maternal Mortality Rate (MMR) will not initially be available, and may only become available following the analysis of the 1991 Census and 1992 Demographic and Health Survey and establishment of a comprehensive health information system which covers populations not covered by health institutions. These indicators will be used when available at later stages.

b. Replicability

Once the initial projects prove to be effective, the IABP will aim at expansion and replication of the approaches and interventions to similar communities in order to achieve wider impact. Therefore, the target areas should have characteristic or representative features of common problems and issues to be addressed for children in a wider context.

c. Feasibility

The initial projects will have demonstration and advocacy roles to facilitate other participatory development projects in the country; therefore, a fairly good impact of the interventions should be demonstrated in a limited period of time. In this sense, the major interventions to be introduced should be manageable and achievable. Communities with overwhelming structural problems, such as those requiring land reform interventions, may not be suitable for the initial projects. The community's readiness to organize for development will also be an important criterion for selection.

d. Affordability

As the resources available to UNICEF and the collaborating agencies are limited, the target areas should be relatively accessible and manageable in terms of geographical coverage and size of the population. The interventions should also be cost effective in order to benefit larger populations.

6.4 Programme Components

Programme will focus on two main areas largely containing the most vulnerable groups in Namibia, namely "communal areas" and "townships", and two corresponding programme components will be formulated to support the communities in respective areas:

- a. **Community Based Rural Development Project** for the communal areas
- b. **Community Based Urban Development Project** for the townships

Each Project will have a wide variety of components to respond to the multi-faceted basic needs of the communities. These will include Health, Water and Environmental Sanitation, Nutrition, Household Food Security, Education, Community Organization & Development, Young Child Development, Children in Especially Difficult Circumstances, Social Mobilization and Planning & Social Statistics. The relative importance and the combination of these components will be determined by the specific situation of the children and women in the respective project area and by the processes of community's assessment and analysis of the situation. Implementation of the programme components will be done based on the capacities of the community and the availability of local and external resources.

6.5 Phasing and Coverage

In order to facilitate the programme planning, the 1992-1996 Programme will be divided into two phases and the major strategies and the coverage of the programme will be as follows:

a. Phase I: 1992-1993

Estimated programme coverage will be 5% of the total population. The Community Based Rural Development Project will be extended to a second district in Ovambo region based on the experience and the human, technical and managerial capacity created in the Uukwaluudhi project. Establishment of an initial project for the Community Based Urban Project will be done covering one township. Rapid assessment and situation analysis of the communities in especially difficult conditions will be conducted.

b. Phase II: 1994-1996

Estimated programme coverage will be 10% of the total population. Continuous expansion and application of the Community Based Rural Development Project will be undertaken covering two districts in Ovambo region and two districts in other

regions. Extension of the Community Based Urban Development Project will be done covering two areas in the townships. At the end of this phase a comprehensive evaluation of the IABP Programme will be conducted. Some of the successful interventions tested during the earlier phases could be applied at the national level, i.e. going to scale, and the lessons learned through the development of the Programme will be applied at national and international level. Experience of the IABP projects in former "homelands" and "townships" may also benefit the development of communities in South Africa after democratization in that country.

It is expected that, towards the year 2000, with successful establishment of pilot projects in all regions, most of the disadvantaged communities will be able to apply similar approaches for participatory development. While assisting the expansion of the Programme in the unserved areas, UNICEF role in the IABP after the 1992-1996 period will be to focus on interventions which will promote the psycho-social development and protection of children. Monitoring and evaluation systems to respond to the specific and changing needs of the children should be established in the communities by this period, enabling UNICEF gradually to phase out from some of the successful communities and to strengthen its effort for the un-reached, focussing on the CSPD Goals among the poorest 55% of the Namibians. It is expected that complete phasing out from each IABP area will take place after 10-15 years, although UNICEF/GRN inputs will be decreased as communities empowered.

7. PROGRAMME LINKAGES

Programme inputs and social services will converge in the community, as the felt needs of communities are multi-faceted and synergistic rather than sectoral. To be successful and sustainable, therefore, national programmes must be closely linked with and supportive of area based multi-sectoral programmes. The Integrated Area Based Programme will integrate all Government/UNICEF programme inputs and other social services at the level of the community in the areas covered, and ensure their highest synergistic effects to achieve the Goals for 1990s. It will reinforce and intensify these national-scale programmes by supporting community participation therein and providing additional resources where needed.

The IABP, for both rural and urban areas, will provide valuable testing grounds for community acceptance and for the sustainability of new programme interventions. It will also provide a community setting for testing and monitoring the appropriateness of sectoral goals in the context of a multi-sectoral basic services approach. In addition to providing testing and monitoring grounds, and feedback information systems for the national sectoral programmes, the IABP will also be actively involved in the development of specific interventions by responding to the multi-faceted needs.

In the communal areas, the Programme will be supported and implemented mainly by the Ministry of Local Government and Housing, the Ministry of Agriculture, Water and Rural Development and the Ministry of Health and Social Services, and in the urban areas, by the Ministry of Local Government and Housing and the Ministry of Health and Social Services. Linkages and coordination with those sectoral Ministries will be critical in meeting the needs of the community. The Programme's linkage and coordination with the programmes of other bodies such as NGOs, bilateral and multilateral agencies are also important to ensure high impact of those programmes in the community and to increase support of those bodies to the community.

The new "Local Government" structure, expected to be in place by mid-1992 following local elections, is envisaged to be the focal point of coordinating these development activities. The regional and urban councils may take on the local responsibility for development coordination, and, in this event, the IABP will work closely with the new bodies in the coordination and planning of the projects within the context of decentralized planning.

Linkages with other Government/UNICEF programmes will be especially important, in view of the IABP's role in providing innovative experience and local monitoring for national programmes and the need for general support from the national programmes to IABP. These linkages will include development of community-based health care, early childhood care, children in especially difficult circumstances, family life empowerment, household food security and basic and non-formal education. Development and testing of social mobilization and advocacy programmes and materials will also be promoted. These linkages will be mutually supportive and beneficial for both the national and the area based programmes.

8. SUSTAINABILITY ISSUES AND CONSTRAINTS

Overall feasibility of the Programme will depend on the response and participation of communities, especially women, and its sustainability depends on a successful capacity building for project activities in the community. The community's sense of "ownership and control" of activities will be a critical factor ensuring the participation of the community members. This is only possible when the community makes decisions for itself.

Community capacity building, especially of women, will therefore be undertaken at the fundamental level, starting with raising critical awareness of the community members and establishing community development mechanisms, i.e. Community Development Committees and sub-committees. The Programme will also build specific capacities in the community through training for implementation of project

sub-components. Training of primary level workers to provide basic services to the community, eg. community health workers, toilet builders, brick makers, etc, will be a major thrust for capacity building at the community level. Many of the services provided will have greater sustainability if they are, at least partially and desirably totally, financed by the community or commercially viable. The Programme will focus the training of primary-level workers in those areas. Referral and technical support systems will be developed to further the sustainability of activities. Special attention will also be given to the protection of the natural environment for longer term sustainable development of the community, e.g. through support to community resource management initiatives.

The Programme will also promote linkages between the community and local NGOs, such as church organizations, whose support to the community will enhance sustainability of development activities. Linkages with and support from Government agencies will be promoted particularly at district and regional levels.

9. PROGRAMME DESCRIPTION

Project 1: Community Based Rural Development Project

9.1.1 Introduction

The empowerment of disadvantaged rural communities for Child Survival, Protection and Development will be the overall aim of this project. The target areas will be the communal areas which had been created as "homelands" under the colonial administration. Most of the people in these areas, especially children and women, are poverty-stricken or vulnerable, and belong to the poorest 55% of the Namibian population.

The colonial history of Namibia showed systematic deprivation and dependency creation in those "homelands" and newly-independent Namibia is committed to improve the situation. Through the experience of the Uukwaluudhi project started in 1990, the Government and UNICEF have confirmed that the establishment of community organization and wider mobilization and participation are essential to the development process of empowerment and self-reliance. The initial project not only proved to be successful in meeting the needs of the community, but has played an advocacy role for the promotion of participatory development projects.

During the 1992-1996 period, the Government and UNICEF will expand the Project to other districts and regions, covering 4 areas, by applying the community-centered approach and some of the successful and empowering interventions developed in the Uukwaluudhi project.

9.1.2 Project Objectives and Targets

The Community Based Rural Development Project will support the achievement of all Country Programme Major Goals. Based on the estimated levels of the present situation in the communal areas, the following levels of achievements are established for the Project during the period in each project area included during 1992-96, to be attained five years after the start of activities;

- a. **Reduction of the infant and under-5 mortality rate by at least 15%;**
- b. **Reduction of maternal mortality rate by at least 25%;**
- c. **Reduction of severe and moderate malnutrition among under-5 children by at least 25%;**
- d. **Improved access to safe drinking water up to 60% and to sanitary means of excreta disposal up to 50% of total households;**
- e. **Improved access to basic education and completion of primary education by at least 60% of primary school-age children;**
- f. **Reduction of the adult illiteracy rate by at least 25% of its 1991 level (estimated at 60%) with emphasis on female literacy;**

The achievement level of objectives in each project area will differ from area to area due to the starting time of respective projects. It is envisaged that progressively accelerated progress will be achieved based on the experience and the capacities built of the initial projects.

9.1.3 Project Strategy

9.1.3.1 Project objectives and related activities

Respective project objectives will be achieved through the implementation of the activities described below and their synergistic effects on the situation of the children and women.

a. Reduction of the infant and under-5 mortality rate by at least 15%;

Malaria, diarrhoea, ARI and measles being the greatest threat to young children, the interventions such as provision of community based health services especially for CDD and ARI, achievement of high immunization coverage, provision of safe drinking water and sanitary means of excreta disposal and improved access to essential knowledge to prevent, manage and control those diseases will have an impact to the situation. Other means, including improved access to food and care for the children will also have a positive impact for the reduction of deaths. These improvements will be monitored through the establishment of a community based information system.

b. Reduction of maternal mortality rate by at least 25%;

High levels of fertility and early pregnancy, excessive workloads and insufficient dietary intake during pregnancy being the major threats to the pregnancy-related deaths among mothers, the interventions such as improved access to essential knowledge related to safe motherhood, improved antenatal and perinatal maternal care, reduction of workload through the provision of appropriate technologies for water harvesting and storage, fuel efficient stoves, local production of wire fence, mechanized milling of millet, etc. and improved production and storage of millet will have an impact to the reduction of the maternal mortality.

c. Reduction of severe and moderate malnutrition among under-5 children by at least 25%;

Inadequate dietary intake and high morbidity, especially measles and diarrhoea, being the major causes of child malnutrition, improved household food security, provision of community based health services, provision of safe drinking water and sanitary means of excreta disposal, improved early childhood care and growth monitoring will have an impact on the reduction of malnutrition among children.

d. Improved access to safe drinking water up to 60% and to sanitary means of excreta disposal up to 50% of total households;

Provision of low-cost, appropriate technologies in water harvesting and water resource development and low-cost models of VIP latrine through training of local builders and creation of income generation groups to install those systems will increase the access to safe drinking water and to sanitary means of excreta disposal.

- e. Improved access to basic education and completion of primary education by at least 70 per cent of primary school-age children;**

Increased community involvement in reducing the number of drop-outs from schools, improved monitoring of the school attendance, improved early childhood care and development practices for schools readiness and increased household food security will increase the number of children complete the first six years of primary education.

- f. Reduction of the adult illiteracy rate by at least 25% of its 1991 level with emphasis on female literacy;**

Massive promotion of literacy classes and improvement of content and relevancy of curriculum will reduce the adult illiteracy rate, while increased involvement of the community in the promotion will sustain the activities.

9.1.3.2 Phasing of the project

The Integrated Rural Community Development Project during the 1992-1996 period will be divided into two phases and the strategies to be taken and approximate coverage of the areas and population during those phases will be as follows;

Phase I: 1992-93:

Extension of coverage to a similar and neighboring district of Western Ovambo covering a further 40,000 people will be undertaken in this phase, applying the experience gained in the Uukwaluudhi project. A national professional officer will be recruited and a UNICEF liaison office will be established in Ovambo to support the project areas in the region. Further district and regional level capacity building will be undertaken during this phase, in conjunction with the Capacity Building for CSPD Planning Programme. The extension and application of the IABP approach will be made possible through the development of capacities in the government and NGOs, especially through the training of new cadres of auxiliary workers, including community liaison officers and community activators in the Ministry of Local Government and Housing, rural extension workers in the Ministry of Agriculture, Water and Rural Development and the community health worker trainers in the Ministry of Health and Social Services. These workers will act on a team basis to organize and mobilize communities for development activities and coordinate multi-sectoral interventions at sub-national levels.

A rapid assessment and situation analysis of rural communities in especially difficult situation will be conducted toward the end of this period, to lay the basis for Project expansion.

Phase II: 1994-96:

Expansion and application of the IABP approach will be undertaken in this phase from 2 districts of Ovambo covering 80,000 people to 2 other districts of other regions covering a further 60,000 people. With continued national and regional level capacity building, extension of the IABP approach to the most difficult communities will be tested in this phase to reach the un-reached.

9.1.4 Project Activities

Although the formulation of the project activities in each community will depend on the specific situation of the target community, and will be adaptive to the changing needs of the community and their decisions, following activities will be directly supported by this project. Support will be given in respect of, i) enhanced resources for the intensification of national programmes within the communities covered; and ii) testing of innovative approaches which go beyond the scope of currently-existing national programmes. Other priority activities will be supported indirectly through advocacy and liaison with concerned agencies.

Activity No.1: HEALTH

Objective: Reduce Infant, Child and Maternal Morbidity and Mortality through improvement of PHC/MCH services in the project area.

Sub-component 01: UCI

Objective: Increase immunization coverage against six target EPI diseases at least up to 90% by 1996 in the project area.

Justification:

According to the EPI coverage survey, immunization coverage of children under one was estimated as low as 26% in Namibia. Compared to the high coverage of BCG at 85.2%, the coverage of measles is low at 46.3%.

Strategy:

EPI activities will be promoted in line with the national guidelines in each project area in collaboration with the Ministry of Health and Social Services. During the national immunization intensification periods all possible channels will be used to mobilize the community, including headmen's meeting, church services, schools and community meetings. During the visits of PHC out-reach team to the villages, immunization will be integrated as part of PHC/MCH activities. Training and cold chain management will be supported by the national programme, whilst the project will support the national activities at the community level mainly through social mobilization and support to the out-reach teams by division representatives and CHWs. In collaboration with the Ministry of Health and Social Services (MHSS), registration of all children under one in the community will be done using the community based information monitoring system. Based on this data, immunization registration, monitoring and tracking of un-immunized children will be improved to achieve UCI in the communities.

Sub-component 02: Community Based Health Care

Objective: Empower and support the communities to improve their health status through community based health care approach.

Justification:

People in remoter villages travel sometimes more than 50 km to reach the district hospital. Community Based Health Care (CBHC) had been non-existent in most of the regions of Namibia before independence. Training of CHWs will provide village level access to the basic health information and care, eg. for Malaria, diarrhoea, ARI and measles, lack of which are critical to the lives of children and other family members. Out-reach mobile teams from the district hospital will be needed to fill the gap until such time a new CBHC system is in place in all district.

Strategy:

The Project will support the MHSS's CBHC activities being implemented with support of UNICEF. Awareness building for PHC/MCH will be undertaken for the staff of the district hospital, community leaders and other community members with the assistance of the regional PHC programme. A District Health Committee will be established under the District Development Committee, represented by all the divisions of the district.

Resource persons from the community will be trained as Community Health Worker Trainers under the national PHC programme. Approximately 20 CHWs will be trained in every three months. Monitoring and supervision of the CHWs will be

done periodically by the responsible clinics and hospitals and partly through out-reach PHC teams. In consultation with the Health Committee of the district and the MHSS, the project will provide training materials, village health care kits and other supplies and equipment for the monitoring and supervision of the CHWs by the trainers. Training of Traditional Birth Attendants (TBAs) will also be undertaken to support the National CBHC Programme. To prevent Malaria, promotion of impregnated bed nets will be tested in the communities.

Planning of out-reach team activities will be done by the District Hospital and will be proposed to the District Health Committee. The team will be staffed by 2-3 nurses, one of them a midwifery nurse. PHC/MCH services will include immunization, control of diarrhoeal disease, acute respiratory infections, antenatal care, health and sanitary education and probably treatment of minor ailments and diagnosis of diseases needing referral to the District Hospital. Arrangements will be made with the representatives from the divisions, where there is no health institution, for the visits of the team, including mobilization at the village level and support for arrangements of the visiting posts and assistance in registration.

Activity No.2: WATER AND SANITATION

Objective: Provide community access to safe drinking water and to sanitary means of excreta disposal.

Sub-component 01: Water Resource Development

Objective: Provide low cost technologies and training for water resource development in the community.

Justification:

Water is probably the highest priority issue for rural communities. Community water supply had very little technical or financial support from the former administration. As a result, only 30 - 50% of rural households in Ovambo have a water supply in or outside their home and families walk on average 1 hour 42 minutes to fetch limited quantity of water.

Strategy:

In close collaboration with the Ministry of Agriculture, Water and Rural Development, a District Water Committee will be established and assessment of the available water resources in the community will be undertaken with the support of the Project. Based on the results of the assessment, several low- cost water

resource development technologies will be introduced by the project, including lining and protection of wells, improvement and protection of the excavated dam, water harvesting systems and water filters. After the selection of the appropriate technologies by the representatives from each division, demonstration units will be constructed in each division. Supplies and equipment not locally available as well as training will be provided by the project for the construction of the demonstration units while the community will provide local materials and labour. After the completion of the demonstration units evaluation of the technologies will be made by the committee and introduction of the technologies will be discussed in the divisions. Support to the divisions will be provided by the project in the form of training and basic supplies and equipment for the local artisans to construct those systems as income generation activities.

As part of an internal and external resources assessment, the Committee will discuss the issues with the regional water authorities and clarify the plans of the regional and national government. Linkage with church-based NGOs working in this sector in the local areas will be promoted to share experience and better coordinate the activities.

Sub-component 02: Sanitation

Objective: Promote construction and use of VIP latrines through sanitation education and training of the local artisans and assisting them to start self-sustaining business of toilet building.

Justification:

Less than 5% of the households in rural Ovambo has latrines. Due to the unhygienic practices and water contamination with human and animal excreta, diarrhoea and resultant malnutrition are major problems for children in communal areas of Ovambo and elsewhere in the country.

Strategy:

The District Health Committee will assess the sanitary condition of the community with the assistance of the project. Based on the assessment, recommendations will be made to improve the situation, including the promotion of sanitation education and construction and promotion of VIP latrines. Sanitation education and social mobilization materials will be developed by the Health Committee with assistance from the Project, which will be pre-tested in the community and produced. The material will be used to promote hygienic practices at household level especially food hygiene, construction of VIP latrines and protection of drinking water.

Some types of local raw materials will be tested and low cost models will be developed without losing the proper functioning of the VIP latrines. Demonstration units of VIP latrines will be constructed at strategic points in each district, including churches, schools, health facilities and market place. Training will be provided to the community through the construction of the demonstration units. The trained local artisans will promote improvement of sanitation conditions and will construct VIP latrines and provide other low-cost technologies as income generation activities.

Activity No.3 GROWTH MONITORING & PROMOTION

Objective: Monitor and improve nutritional status of children under 5 years of age.

Sub-component 01: Growth Monitoring and Promotion

Objective: Create a data base for assessment of nutrition status of children under 5 and start pilot village level growth monitoring and promotion.

Justification:

More than 36 percent of children under 5 years of age are malnourished in the Ovambo region, and a high proportion of young children are stunted throughout rural Namibia. Nutrition education and promotion of growth monitoring together with other basic health care will improve the life of the community and help reduce deaths among children.

Strategy:

In consultation with the Health Committee, a village based growth monitoring project will be launched where CHW training has been completed. Social mobilization and awareness building activities will be planned to stress the importance of growth monitoring as an indicator of food security and community development and to support the growth monitoring project activities in the villages. The results of the growth monitoring will be assessed by the committees concerned and underlying causes of malnutrition will be discussed. The committees will take action based on the analysis. Based on the programme planned by the committees the project will provide technical support to improve the situation.

Possible interventions to improve the nutritional status of children will include increasing food access through improvement of household food security, improved child care practices, prevention of diarrhoeal disease through improvement of

access to safe drinking water and sanitary means of excreta disposal, management of other diseases through establishment of community based health care system.

Activity No.4 HOUSEHOLD FOOD SECURITY

Objective: Increase food access at household level through improved food production and storage by small scale farmers.

Sub-component 01: Improving Household Food Security

Objective: Increase food production through training of small scale farmers in crop care and animal husbandry.

Justification:

The introduction of improved millet seeds has been tested in the first project and was well accepted by the community with a positive impact on millet production in the community. Training community level personnel is an essential part of the basic services strategy to ensure transfer of technology and improved practices at the village level. Provision of timely support to these trained farmers will improve food security at the village level.

Strategy:

In collaboration with the Ministry of Agriculture, Water and Rural Development, an Agriculture Committee will be established under the District Development Committee with two representatives from each division of the district. This committee will discuss the issues related to agriculture and undertake coordinating role in implementing the project planned with support from the Project. Provision of high yielding, fast growing open-pollinated seeds and/or other promising and tested inputs will be arranged with the Ministry. Procurement will be done by the agricultural committee with assistance from the Project. The committee will be responsible for the distribution of inputs to the community members. Improved storage facilities will be constructed where necessary with the support of the project. Prior to the distribution of inputs to farmers, sufficient instruction will be given by the Agriculture Extension Workers. In the case of improved seeds, instruction will be given on post-harvest selection to improve the variety in the community. The seeds provided will be separated from the local variety and will be stored for the next season. Provision of other variety of seeds (eg. sorghum, cow peas, pumpkin, groundnut etc.) will be introduced at later stages.

Two hundred small scale farmers, especially women, will receive short-duration basic agricultural training at Rossing Foundation or Government Agricultural Training Centres each year. District Farmer's Days will be organized by the Agriculture Committee, for example, before the beginning of the rainy season to provide additional training in field preparation, planting, and cultivation. The participants of this Farmers' Day will organize division level farmer's day in their respective divisions to provide training to the community members who have not have the training.

Sub-component 02: Food Processing

Objective: Identify, test and introduce appropriate food processing and preservation technologies to increase household food and income availability.

Justification:

Processing of millet and other crops at the household is one of the most tedious and time consuming activities in Namibia and traditionally is the sole responsibility of women. Introduction of appropriate technologies in millet processing will reduce the burden of women. Traditionally the farmers in Ovambo store millet in large baskets for more than one year to prepare for a drought and large part of the storage are destroyed or lost. Improved storage of millet will minimize the wastage and increase household food security. Marketing of millet was not promoted during the colonial regime, though there had been potential markets among the workers and their families from the northern regions working in the centre and south.

Strategy:

In collaboration with the Ministry of Agriculture, Water and Rural Development, local and Southern African crop processing technologies will be assessed and application of those technologies in the communities will also be tested against criteria of manageability, maintenance, affordability and replicability of the project in other districts. Introduction of the technologies will be consulted with the Agricultural Committee and the Income Generation Committee. Prior to the introduction, a survey will be conducted of time consumed in processing millet and the community's readiness to pay for commercial processing. The impact of the technologies will be assessed after the introduction. An income generation group will manage and operate the enterprise with technical support from the project. After successful small scale introduction of the technologies, the scheme will be expanded to reach remote villages in the community. Packaging and marketing of

millet to urban and peri-urban areas will also be assessed for extension of the income generation activities. With support of the project a retail outlet for the processed product will be created in a market in peri-urban and urban areas to assess the market response. Simultaneously discussions on household stock management of millet by small scale farmers will be promoted.

Introduction of improved technologies in millet storage, such as small-scale silos, will also be assessed by the community with the assistance of the project. Social mobilization activities will be planned to increase awareness on benefit of improved storage technologies, once the deterioration of stored millet is assessed and the effectiveness of the technologies tested and demonstrated by the Project. Demonstration units of the storage technologies will be constructed at strategic places in each division.

Activity No.5 EDUCATION

Objective: Promote universal access to basic education and reduce adult illiteracy rate in the community.

Sub-component 01: Primary Education

Objective: Promote universal access to basic education and completion of primary education by at least 60% of primary school-age children.

Justification:

One of the priority issues of the community in education is a high dropout rate of children at the first year of primary education. During the colonial administration, educational services to the community were limited to building of large secondary schools at the district level and staffing them with many unqualified or under-qualified teachers. The support to the primary schools were highly inadequate, especially in the communal areas. As the result, children's access to the primary education was very limited and performance very poor. Due to the small number of primary schools, in many areas, children have to walk a long distance to the schools and teacher/student ratios are high.

Strategy:

In collaboration with the Ministry of Education and Culture, the issue of universal access to primary education will be promoted with the establishment of the District Education Committee under the DDC. The Committee with the support of the project will assess the situation of primary education in the community and analyse the underlying causes of problems including the high dropout rate of children at

the first years of schooling. Simultaneously a sensitization of the community on this issue will be undertaken by the Committee members and the Community Activators through visits to the villages and discussions with the community members.

Measures to improve the situation of primary education including to decrease the number of dropouts at the first years of schooling, such as tracking of children and a programme targeted towards out-of-school children, will be discussed and plans will be formulated.

Discussions between the Education Committee and the regional education authorities on the issue of primary education will be promoted by the project to assess the resources available at the regional and national level, to address the problems of the community and to coordinate their efforts with the new authorities. The Project will provide support to the community's initiative through training and provision of supplies and equipment, including classroom materials for primary schools.

Sub-component 02: Literacy

Objective: Reduce adult illiteracy rate from 60% to below 45% by 1996 with emphasis on female literacy.

Justification:

Another priority issue of the community in education is the high illiteracy rate among the adults. According to the health and nutrition survey, over 60% of heads of households in Uukwaluudhi are illiterate and this figure is much higher among female-headed households. High illiteracy rate constrains mothers in the acquisition of essential life skills and knowledge to protect the children from premature deaths and to improve the life of whole family. It also decreases job prospects for adults and young people in the community.

Strategy:

In collaboration with the Ministry of Education and Culture, the District Education Committee will assess the situation of adult illiteracy and the community needs for literacy classes with the support of the project. A community sensitization campaign on literacy issue will also be promoted by the Committee members in the divisions with the support of the Community Activators. Plans will be formulated by the Committee to extend the coverage of the literacy classes supported by the Ministry of Education and Culture and the National Literacy Programme. In addition to the Ministry's new national programme for literacy, at least 10 teachers for each project area will be trained by the Literacy Programme every year and arrangements will be made to organize the classes in the remote areas. Support to the literacy

classes will be provided by the project in the form of assistance to the training and classroom supplies.

Activity No.6: COMMUNITY ORGANIZATION AND DEVELOPMENT

Objective: Develop community organizations and strengthen capacities for assessing and analyzing problems and for implementing projects.

Sub-component 01: Developing Community Organization

Objective: Empower communities through community organization and training of community leaders and community development workers, especially women.

Justification:

The major obstacle in the implementation of the community development projects in Namibia is the lack of democratic community organizations. To empower the community and achieve greater self-reliance, it is vital to develop community organizations and strengthen their capacity in assessing and analyzing the problems and taking the actions to solve them. Women's role in development should be promoted to reduce gender disparities and ensure greater relevance of the project interventions through their participation in community organizations and other activities.

Strategy:

In close collaboration with the Ministry of Local Government and Housing, each District will be sensitized and mobilized for the development of community organizations through sensitization meetings for the leaders and later for all the community members. Special emphasis will be given to equitable representation of women in community organizations through targeted sensitization and mobilization. A District Development Committee with selected members from the major groups in the community, including traditional authority, churches, schools, hospital, business person, political parties, women's concern etc. will be created as an interim mechanism before the establishment of the local government structures. Under this central committee, sectoral sub-committees will be organized based on the priority areas identified by the community leaders. The same structures of the central committee and sub-committees will be organized at the division level after the establishment of the district level organizations. These organizations will be aligned with the new local government structures in due course.

Support will be provided by the project in the form of training of the community leaders in leadership and organizing meetings, training of community development workers in basic principles of community work, programme support of a national professional (Assistant Project Officer) and a Project Officer, establishment of a liaison office to support activities in the north, logistic support and provision of basic office supplies and equipment.

Sub-component 02: Income Generation

Objective: Assess and promote income generation opportunities in the community and provide training in management and production.

Justification:

Residents in rural Ovambo have an estimated per capita income of only R 255 (about US\$ 90) per year. Especially the women headed households have difficulty in earning cash income due to the lack of employment opportunities. Increasing income generating opportunities for women in the community will improve the income level and the gender equity. Introduction of low-cost products and services in the local market will also benefit the community and increase self-reliance.

Strategy:

A survey on local market demands for items and services such as bricks, wire fence, candles, poultry, millet milling, well-lining, etc. will be conducted by the Income Generation Committee of the District with the assistance of the Private Sector Foundation and the project. Simultaneously, cost analysis for the local production of those items will be made together with the introduction of appropriate production technologies and services. Each production or provision of services will be carefully assessed in terms of commercial feasibility and benefit to the community. Only those activities assessed as feasible will be planned and implemented by the project. Training in business management will be provided to a group by the Private Sector Foundation and UNICEF consultants. Women will be priority candidates but a mixture of gender will also be considered where necessary for success of each enterprise. Consultants for technical training, supplies and equipment for training, and some initial funding to start up the businesses will be provided by the project.

Sub-component 03: Environment & Appropriate Technology

Objective: Identify, test and introduce appropriate technologies to reduce the burden of children and women and to save energy to protect environment.

Justification:

There is great backlog in Namibia in the development and introduction of appropriate and improved technologies at the household level, especially in the rural households. Some of the common time-consuming household chores include water collection, firewood collection and millet processing. Unplanned cutting of wood as energy resources and for fencing and construction materials in the community have accelerated the deforestation process. While promoting afforestation of the community, appropriate technologies are needed to reduce energy requirements or to substitute the energy source and provide alternative materials for fencing and construction.

Strategy:

In collaboration with the Rural Development Centre(s) of the Ministry of Agriculture, Water and Rural Development, multi-sectoral discussions will be organized by the DDC to identify time and energy consuming household chores and environment issues closely related to these chores. The community will also be consulted and sensitized on this issue by the sub-committee members. Appropriate technologies will be demonstrated by the Project and will be tested in the households. The impact of the technologies will be evaluated by the DDC and the concerned sub-committees in terms of the time and labor saved and appropriateness of the technology level for operation and management. Approved technologies will also be assessed in terms of feasibility of local production and marketing. Commercially feasible production of items will be taken up by the Income Generation Committee for further assessment for starting as businesses. Afforestation of the community will be actively promoted by through awareness raising and establishment of afforestation mechanisms, including such activities as community nursery, household and school tree planting and fodder production.

Activity No.7: YOUNG CHILD DEVELOPMENT

Objective: Improve early childhood development and care at household and community level.

Sub-component 01: Early Childhood Development

Objective: Conduct a survey on child care practices, increase awareness on ECD and promote village/household level ECD training programme.

Justification:

Child care is one of the priorities of the community in Namibia, however, very little has been done in this area. Especially in the rural communities, information on the improved and locally acceptable child care practices is not available, due to the fact that institutions like nurseries and creches are not commercially viable and affordable for the rural communities. At the national level very little is known about actual child care practices in the communal areas.

Strategy:

A series of joint meetings of the Education and the Health Sub-Committees with DDC will be held to discuss this issue. The communities will also be sensitized on this issue to create higher awareness in the villages. The ECCD survey conducted in Uukwaluudhi in 1990-91 clarified the critical child care practices to be improved. Based on this survey a training programme will be formulated for a cadre of child care workers, including voluntary workers of retired teachers and nurses, who will train care givers (i.e. mothers, grand parents and elder siblings of children) at household and village levels. The programme will be tested and evaluated and the training for mothers will be started. To support the activities of child care workers, a training booklet and a set of posters will be produced with the assistance of the project. Similar methodology will be used to expand the component to other areas.

Activity No.8: SOCIAL MOBILIZATION

Objective: Empower the community with essential child care information and mobilize them for community development activities.

Sub-component 01: Advocacy and Social Mobilization

Objective: Empower the community with essential child care information and mobilize them for community development activities.

Justification:

It is widely known that the health of children in the developing world could be dramatically improved if all families were empowered with current essential child health information. This was brought together in the Facts for Life publication. Production of materials introducing the problems of the communities will also promote awareness and will be useful to mobilize the community to analyse their own problems.

Strategy:

The local language version of Facts for Life will be widely introduced to the community and different issues will be discussed. The District Health Committee will discuss and plan use of the book by the community members, including headmen, pastors, teachers, nurses, CHWs, and committee members. Discussions on specific issues will be synchronized with the prevention of different diseases such as malaria, diarrhoea and coughs and colds, and the campaigns and specific social mobilization activities, for example national immunization campaign, growth monitoring activities where CHW training was completed and home hygiene with the construction of VIP latrines.

A wider coverage of the IABP and the community issues will be sought from the media after the establishment of the community organizations and clarifications of the problems by them. Production of a video film introducing community problems will be facilitated by the project. This film will be utilized to create awareness among the public and the government as well as in the community. Production of attractive leaflets introducing the IABP and the community issues will be done by UNICEF with the project to promote wider publicity on the IABP approach and for fundraising in Namibia and overseas. To fully utilize the video film introducing the community issues as well as other films related to community development, a set of video monitor and a video tape player will be provided to the community together with a generator to operate them in the villages. Video shows will be

organized in the community to promote greater interest in development issues and also to support training in the village.

Activity No. 9: PLANNING AND SOCIAL STATISTICS

Objective: Build district and community level capacities in assessing and analyzing community problems and in planning and monitoring activities, and contribute to regional and national capacities in these areas.

Sub-component 01: Monitoring and Evaluation

Objective: Develop a participatory community-based information monitoring and evaluation system (CBIMES).

Justification:

Due to past neglect, there is little data available in the country on social indicators, particularly at the household level. Furthermore, there is no data as yet collected and compiled at the community level. Communities have been discouraged to participate in the development processes of assessing and analyzing their own problems and planning and monitoring the development activities. Strengthening these capacities will empower the community and reduce their vulnerability against socio-economic problems and natural disasters.

Strategy:

A National Census is planned to be conducted in late 1991. The results of this census will be utilized in collecting additional data for assessing the situation and analyzing the underlying causes of CSPD problems. The community will be consulted in establishing a community based information monitoring and evaluation system (CBIMES) to monitor key indicators of development which will also serve as a local early warning system for drought and epidemics. These systems will feed into the National Early Warning System, with support from the Household Food Security Programme. Collection of data will be managed by the DDC with the assistance of leaders from villages in the district. The data and information collected through those activities will be actively used by the community as well as the regional and national government and NGOs assisting the community.

A computer system will be introduced to train selected members of the community organizations in data processing. Five persons in each project area will complete

a basic course in computing and will be trained further to manage the community database after 6 months. A computer programme will be developed for the creation and management of the community database.

The community organizations will be assisted to take major roles in planning and implementing the projects. Periodic training and workshops will be conducted in upgrading the capacities of the community in all the development processes. The DDC will receive training in leadership and members of each sub-committee will participate in awareness workshop in specific areas.

Annual evaluation of the project will be conducted in each project area jointly by the community and UNICEF/GRN to review the major process indicators to measure the progress of different components of the project. A mid-term Evaluation of the project will be conducted at the end of 1993 with review of the impact indicators together with the process indicators. The overall approach of the programme and separate interventions developed will also be evaluated.

Sub-component 02: Situation Analysis

Objective: Prepare a Situation Analysis of each district covered by the Programme and use it for planning projects and for social mobilization.

Justification:

Situation analysis of children and mothers leads to the assessment and analysis of the situation of the community's most vulnerable groups. Through this exercise the community can identify the causes underlying their problems, and thus prioritize their actions to solve the problems. It is essential to empower the community to have the capacity of conducting this exercise periodically and to develop and sustain the projects to achieve its own goals.

Strategy:

The main committee and all sub-committees will first discuss the problems of the community through periodical meetings. The agenda of the meetings will be planned and organized with the assistance of the Community Activators to ensure successful discussions. This exercise will be continued and will form the basis of comprehensive situation analysis.

The results of different surveys will be introduced to the committees to clarify some of the problems which are not obvious otherwise, as well as to provide more

scientific data to support the community's felt needs and assessment. After this exercise the committees will prioritize the problem areas. The committees will also assess all the available resources to solve the problems, at household, community, region and national level. For the assessment of the regional and national level resources, each specialized committee will send delegations to or will request the visits of respective authorities and clarify what kinds of assistance could be expected from the regional and national Government and how the community could coordinate their efforts with the Government. Similar assessment will be done with the NGOs which are assisting the community or have the potential to assist them. After the assessment of the resources available, the committees will decide the what could be done to improve the situation of the community. The drafting of the situation analysis will be done by the project with full participation of community organizations. The situation analysis will be shared with all the parties concerned, including the regional and national government, religious groups, local NGOs and the community leaders, to facilitate better coordination of the efforts and further support to the community. These area-specific situation analyses will feed into the periodic updating of the national analysis undertaken by the Government (National Planning Commission) and UNICEF under the Capacity Building for CSPD Planning Programme.

9.2.5 Project Inputs and Linkages

Most of the project inputs will be converged in the communities covered. The community will develop a strong organization representing their people and will make major decisions on what their problems are, what will be the priority issues to be tackled, and how to tackle them. They will decide what kind of input they need from the sources outside, including the government, NGOs and other external agencies. Therefore, the community's primary input will be the time and efforts to participate in those decision making processes. The secondary input of the community will include participation in social mobilization activities, planning the projects, implementing the project, operating and maintaining activities and monitoring and evaluation for further improvement and development of new projects.

In this process the community will optimally mobilize the local resources, including time, to assess, analyse and plan actions, skills and labour to implement the project, time and labour to mobilize other community members, use of locally available materials and use of locally available private and public facilities. The inputs of other bodies should be supportive rather than directive, and should also be utilized in the community to empower community members.

The Directorate of Community Development will provide support to the community through the assignment of Community Activators and Liaison Officers, who will

facilitate community organization and mobilization and support the community to coordinate and make decisions on the activities of the sectoral interventions of other Ministries and NGOs. The Ministry of Local Government and Housing will also provide support to the community through its sectoral services in women-centered income generation project, child care projects, housing improvement, and coordination with local government structures. The Department of Rural Development will provide support to the community through the assignment of Rural Extension Officers and Development Promoters, who will liaise with the community to provide assistance from the agricultural extension, rural water supply, rural industries and household food security programmes.

The Division of Family and Community Health will be involved in assisting and advising the communities to improve their health services, including training of voluntary community health workers, development of health education materials and provision of out-reach services. A cadre of General Health Assistants will be employed by the MHSS and will work directly with the community. The Ministry will also undertake the training and support of Community Health Workers. Other sectoral ministries are also expected to provide support to the community through programmes including education, works, human resource development and promotion of small business.

UNICEF input to this project will include training, provision of limited funds, supplies and equipment to start and promote different activities, short term technical assistance to support the activities and develop human resources, provision of support for study trips, workshops and seminars, logistical support and provision of vehicles. UNICEF support will also be provided through nationally-supported programmes operating in the project areas, including, Primary Health Care, Household Food Security, Family Life Empowerment, Rural Water Supply, Non-formal and Basic Education and Capacity Building for CSPD Planning.

The NGOs supporting the programme include Private Sector Foundation, Rossing Foundation Agricultural Training Centres, Namibia Literacy Programme, Roman Catholic Mission PHC Programme and the Council of Churches in Namibia. Collaboration will also be made with the University of Namibia in research and planning activities.

While many external agencies, including UN and bilateral agencies and international NGOs, are still in the process of planning their programmes, support to rural communities is one of their major activities. Those indicating interest for rural development projects include, IFAD, the World Bank, UNDP, UNIFEM, FAO, WHO, EEC, OXFAM, DAPP, World University Service, and the Governments of Sweden, Australia, Italy and Finland.

9.1.6 Project Management

A District Development Committee will be established in each participating district represented by elected community leaders. This committee will have coordinating and advisory roles for specialized sub-committees. The sub-committees will also be represented by the elected community leaders who have skills in addressing the needs of community members and planning and implementing the projects formulated by the committee. Women will be especially encouraged and assisted to participate in all these development processes. Major decision making and management of the activities will be done by the members of the committee and the individuals designated by them. Training of the voluntary community workers, such as CHWs, and of income generation groups will also be partly done by the trained and experienced community workers.

The Ministry of Local Government and Housing (MLGH), through its Directorate of Local Government and Regional Council Coordination, will have overall coordination and administrative responsibility for the Project. The Directorate of Community Development (DCD) of the MLGH, together with the Directorate of Rural Development of the Ministry of Agriculture, Water and Rural Development and the Department of Family and Community Health of the MHSS will support the community to organize and mobilize the community members and to liaise with the local government and other bodies concerned including sectoral ministries, NGOs, UN and bilateral agencies and UNICEF.

The DCD Liaison Officers for regions will support community development activities and the Community Activators for districts and towns will facilitate community organization and mobilization. In addition to two Community Activators and one Liaison Officer at Tsandi in Western Ovambo, at least 4 Community Activators and 2 Liaison Officers will be placed to support the expansion of the IABP projects in a second district in Ovambo during 1992-1993 period, and 8 Activators and 4 Liaison Officers will be needed for further expansion to other areas during the 1994-1996 period. A full Local Government structure is expected to be in place after the local elections in 1992 and the establishment of Regional and District Councils. The interim community structures supported by the Project will be reformulated in line with these new structures. Until such time, the focal point of coordination at the regional level will be the appointed Regional Commissioners.

The Directorate of Rural Development will have a major role in providing support to the rural communities through the services of Rural Extension Workers and Rural Development Promoters, together with the Department of Agriculture's Agricultural Extension Workers. Support will also be provided from the Rural/Agricultural centres in the respective area. The Ministry of Health and Social Services will be involved in assisting and advising the communities to develop and improve their health services, including training of CHWs, development of health education

materials and provision of out-reach services. A cadre of General Health Assistants who will be employed by the Ministry will work directly for the community.

Extension workers of various ministries will be encouraged to form a multi-sectoral team to coordinate their support to the community and to mutually intensify activities. Liaison of the local extension team with the community organizations will be facilitated by the Project. Regional and national coordinating bodies for community development may be established by the Government to facilitate better coordination among the sectors involved, and will be advocated for.

The Project Officer (Integrated Area Based Programme) of UNICEF will be responsible for overall coordination of UNICEF support to the IABP. A national professional officer will be recruited in 1992 to assist the Project Officer in coordinating the projects in the northern regions. UNICEF support will also be provided to various component of the project by the officers in charge of the national sectoral programmes.

The NGOs supporting the programme include Private Sector Foundation, Rossing Foundation Agricultural Training Centre, Namibia Literacy Programme, Roman Catholic Mission PHC Programme and the CCN. Collaboration is also made with the University of Namibia.

The Council of Churches in Namibia has provided a Project Coordinator and a Community Mobilization Officer and other administrative and operational costs to the Uukwaluudhi project as part of their assistance for rehabilitation activities for the returnees and the host communities. The Rehabilitation Committee of the CCN will phase out from this joint project, but some of the components will be transferred to the CCN Community Development Department and assistance will be continued where agreed.

9.1.7 Critical Factors and Assumptions

The most critical factor for the development of the project will be the appointment and appropriate training/upgrading of Community Activators and Liaison Officers of the Ministry of Local Government and Housing. Their support to the community in mobilizing and organizing community members will be essential for the first steps of community empowerment. The contribution from other sectoral ministries will also be very important in further mobilizing the communities, assisting in assessing

and analyzing their problems and responding to their needs in specific areas. Failure to do this will create frustration and demoralization among the community members. The appointment and training of Rural Extension Officers and reorientation and re-deployment of Agricultural Extension Workers of the Ministry of Agriculture, Water and Rural Development will be crucial in supporting the rural communities.

Intersectoral coordination will be another critical factor. As all the sectoral inputs will be converged in the community, different approaches for community mobilization, provision of assistance, project development etc. will confuse the community and eventually reduce its organizational strength. The most destructive consequence of uncoordinated approaches will be "dependency creation". In this sense, sectoral parochialism of the government, NGOs and international and bilateral agencies will need to be avoided through the establishment of local government level coordination mechanisms.

A technical breakthrough will be needed for the rapid improvement of access to safe drinking water in the rural areas in the form of low-cost household level rain water catchment harvesting system.

9.1.8 Project Monitoring and Evaluation

The project will have a build-in monitoring mechanism in the form of the Community Based Information Monitoring & Evaluation System. This will ensure that the community obtains information on its changing needs and situation and can respond quickly at the local level as well as prompting support from the Government and other external resources when necessary.

Through the IABP Office in Tsandi, and later from the regional liaison office, UNICEF, CCN and the Government will monitor various aspects of the project including, empowerment processes, logistics, appropriate use of supplies and equipment, accounting of funds provided and use of the services provided.

Overall evaluation of the project is planned at the end of each phase with the intention of expanding the programme to the neighboring communities and applying same approach in other regions of Namibia. Evaluation for each sub-component of the project will be done through the completion of milestone objectives of respective sub-components. Comparison between the project area and non-project areas will be done first between the northern rural areas covered by the Health and Nutrition Survey undertaken in the first half 1990.

9.1.9 Project Budget

Subject to the availability of funds, UNICEF will assist the Community Based Rural Development Project with up to US\$ 570,000 from General Resources and US\$ 3,080,000 from Supplementary Funds:

Project No.1: Community Based Rural Development Project

No.	Activity	No	Sub-Component	(US\$,000)					Total	
				1992	1993	1994	1995	1996		
<i>Supplementary Funds</i>										
1.	Health	01	UCI	5	5	5	5	5	25	
		02	Comm-Based Health Care	20	20	20	20	20	100	
2.	Water & Env. San.	01	Water Resource Dev	100	100	100	100	100	500	
		02	Sanitation	70	70	70	70	70	350	
3.	Growth Mon.& Prom.	01	Growth Mon.& Prom.	10	10	10	10	10	50	
4.	Household Food Sec.	01	Improving HHFS	10	10	10	10	10	50	
		02	Food Processing	60	60	60	60	60	300	
5.	Education	01	Primary Education	30	30	30	30	30	150	
		02	Literacy	10	10	10	10	10	50	
6.	Community Org/Dev.	01	Dev'ing Community Organ.	101	101	101	101	101	505	
		02	Income Generation	60	60	60	60	60	300	
		03	Environment & Appro. Tech	25	25	25	25	25	125	
7.	Young Child Dev.	01	Early Childhood Dev.	40	40	40	40	40	200	
8.	Social Mobilization	01	Advocacy and Soc. Mobil.	30	30	30	30	30	150	
9.	Planning & Soc. Stat.	01	Monitoring & Evaluation	30	30	30	30	30	150	
		02	Situation Analysis	15	15	15	15	15	75	
Supplementary Funds				Sub-Total	616	616	616	616	616	3,080
<i>General Resources</i>										
6.	Community Org/Dev.	01	Dev'ing Community Organ.	114	114	114	114	114	570	
General Resources				Sub-Total	114	114	114	114	114	570
Grand Total				730	730	730	730	730	3,650	

The Directorate of Community Development and the Department of Rural Development, through their budget request and internal budget allocation process, will aim at earmarking approximately up to R 5,000,000 (equivalent to US\$1,750,000) and R 18,000,000 (equivalent to US\$6,300,000) respectively, over the five years to support the Project activities, including staff time, transport, training, and other operational and administrative costs.

Project 2: Community Based Urban Development Project

9.2.1 Introduction

Some 30% of the Namibian population is estimated to live in urban areas, within 57 "towns". Current projections for the decade 1991 to 2000 put the figures at 7% growth amongst urban population, and at an alarming rate of 11% for low-income peri-urban areas (UN, 1989). If calculated at 10% growth, the total urban and peri-urban population of Namibia would reach 40% of the total in 1996, and by the year 2000 half of the total population of Namibia would be living in the urban and peri-urban areas. Together with the growing issue of street children in the towns, the urban issues will become increasingly important in the near future.

As discussed earlier, the systematic deprivation and dependency created under the colonial administration have created the situation which is not easily reversed. The structure and operation of the municipalities, for example, need extensive reorientation towards disparity reduction. Independent Namibia has to face a tremendous backlog which will pose a considerable financial burden to the new government. The high rate of population growth will make it more difficult to meet the needs of the low-income families living in the urban and peri-urban areas, unless these low-income families are empowered to tackle these mounting issues themselves.

Among the factors expected to contribute to the flow of population to and from the peri-urban areas will be the land reform programme and the adoption of a new labour code. It is expected that a widening of access to productive land will moderate the flow of population to the urban and peri-urban areas; however, the adoption of a labour code may increase the already-considerable number of dismissed or unemployed farm workers in the central and southern regions of Namibia and contribute to a rapid increase of the peri-urban population.

Most of the low-income urban and peri-urban families of Namibia live in the former "townships". These have very common features and problems. The common features of the townships can be described as follows: a high-income area is located along the main road and easily accessible and visible, and with fairly high standard of living conditions. The residents of these "white towns" can easily get access to municipal services. Whereas, the "black townships" are normally located at a certain distance from the high-income areas and off the main road. Normally the road leading to the township is not tarred. The major services of the town, such as hospital, schools, shops and working places are not easily accessible from the townships. There are limited or no means of public transport. Some of the people in the townships feel that it is a dumping ground of the unemployed, children and the aged. Many of the townships experienced forced resettlement from the original location. In most of the townships, there are "single quarters", formerly used by migrant workers, and different "locations" separated along the ethnic lines. Most of the

single quarters are heavily overcrowded. In the case of Gobabis 600 people live in the single quarters built for 47 workers. Squatters live around these locations, sometimes by extending the existing structures built by the municipality and sometimes in a separate area. There are also homeless people, mainly the aged, children and disabled, and those recently displaced from the commercial farms. They live under the trees near the townships.

Although statistically reliable data is limited, a rapid assessment of the former townships in 1991 showed a typical pattern of issues related to urbanization, including (a) poverty, low-income and unemployment, (b) inadequate, overcrowded housing and insecurity of tenure, (c) high-density population, unhygienic environment, with inadequate or sometimes non-existent drainage, sanitation and refuse disposal, (d) limited access to appropriate family planning services, (e) inadequate care for infants and children, especially of working mothers, (f) low literacy and school enrolment rates and high dropout rates, (g) working children, children on the street and abandoned children, (h) infant and child malnutrition and diarrhoea due to lack of cash income to maintain nutritional level and poor health and environmental conditions, (i) single-parent households headed by women. In addition to these, (j) alcoholism and (k) high rental levels for houses in relation to income.

The results of the 1990 Household Health and Nutrition survey showed that the Katutura population is much better off than the rural population in many respects; however, the rapid assessment of the urban areas indicated that the conditions of some of the families are very difficult and are not up to the level shown in the aggregate results. The disparity among the households within the townships is much higher than the disparity seen in the rural areas. The gender-disaggregated data will further widen the disparities among the different households. This implies that the comparison made between the urban and the rural households with average figures will be misleading and miss out the plight of the urban poor who have much less opportunities to survive than some of the low-income rural families. Urban population is more heterogeneous than the rural population, e.g. socially, politically, ethnically and economically. In this sense the strategies for urban issues are more complicated than the rural issues, first in identifying and mobilizing the most vulnerable groups and secondly in channelling support directly to them. However, geographically the urban population is more easily accessible.

Peoples' participation in the townships was systematically discouraged, for example, through the separation of administration along the racial lines, the appointment of advisory councils which often had no legitimate representation of the residents and the top-down decision making. There is now a strong need to empower the peri-urban population through community organization and mobilization so that they can democratically elect their own representatives, discuss and clarify their own priorities and participate in the planning and administration of the entire municipality area.

9.2.2 Project Objectives and Targets

The Community Based Urban Development Project will support the achievement of all the Country Programme Major Goals. Based on the estimated levels of the present situation in the urban areas, the following levels of achievements were set for the Project in each project area five years after the start of activities;

- a. Reduction of the infant and under-5 mortality rate by at least 15%;**
- b. Reduction of maternal mortality rate by at least 25%;**
- c. Reduction of severe and moderate malnutrition among under-5 children by at least 25%;**
- d. Improved access to sanitary means of excreta disposal by at least 80% of the households;**
- e. Universal access to basic education and completion of primary education by at least 80% of primary school-age children;**
- f. Reduction of the adult illiteracy rate by at least 25% of its 1991 level (estimated at 60%) with emphasis on female literacy;**
- g. Improved protection of children in especially difficult circumstances.**

9.2.3 Project Strategy

9.2.3.1 Project Objectives and Related Activities

Respective project objective will be achieved with the implementation of the activities described below and their synergistic effects on the situation of the children and women.

- a. Reduction of the infant and under-5 mortality rate by at least 15%;**

In the urban areas, diarrhoea, ARI and TB are the greatest threat to young children. The interventions such as provision of community based urban health services, achievement of high immunization coverage, improvement of environmental sanitation and improved access to essential knowledge to prevent and manage those diseases will have an impact on the situation. Other means, including improved access to food and care for the children will also yield positive impact for the reduction of deaths. These improvements will be monitored through the establishment of a community based information monitoring system.

b. Reduction of maternal mortality rate by at least 25%;

High levels of fertility and early pregnancy, excessive workloads and insufficient dietary intake during pregnancy being the major threats to the pregnancy-related deaths among mothers, the interventions such as improved access to essential knowledge related to safe motherhood, improved antenatal and perinatal maternal care through improved access to health care and improved household food security will have impact for the reduction of the maternal mortality, in the urban areas.

c. Reduction of severe and moderate malnutrition among under-5 children by at least 25%;

Inadequate dietary intake and high morbidity, especially diarrhoea, being the major causes of child malnutrition, improved household food security, provision of community based health services, improved sanitary and living conditions, improved early childhood care and growth monitoring will have an impact on the reduction of malnutrition among children.

d. Improved access to sanitary means of excreta disposal for at least 80% of households;

Improvement of environmental sanitation through provision of low-cost models of VIP latrines and, where affordable, sewage disposal systems through training of local builders and creation of income generation groups to install those systems will increase the access to sanitary means of excreta disposal. Improvement in cash income to pay for the water and sanitation utilities will also improve the situation in the urban low-income areas.

e. Improved access to basic education and completion of primary education by at least 80 per cent of primary school-age children;

Improved access to school facilities, increased community's involvement in reducing the number of drop-outs from schools, improved monitoring of the school attendance, improved early childhood care and development practices for school readiness and increased household food security will increase the number of children complete the first six years of primary education.

f. Reduction of the adult illiteracy rate by at least 25% of its 1991 level with emphasis on female literacy;

Wide scale promotion of literacy classes and improvement of content and relevancy of curriculum will reduce the adult illiteracy rate and increased involvement of the community in the promotion will sustain the activities.

g. Improved protection of children in especially difficult circumstances.

Community involvement in monitoring the situation of children through the community based information monitoring system and improving the circumstances for children through household and community-based measures, and improved early childhood care and development practices will improve the protection of those children in especially difficult circumstances.

9.2.3.2 Phasing of the Project

The Community Based Urban Development Project during the 1992-1996 period will be divided into two phases and the strategies to be taken and approximate coverage of the areas and population during those phases will be as follows;

Phase I: 1992-1993:

Establishment of a first urban project will be undertaken with intensive involvement of both the Government and UNICEF in a selected area starting with a situation analysis and extensive community mobilization and organization. One more area will also begin to be during this period with a lower level of involvement. Approximately 15,000 people will be covered in this phase.

Phase II: 1994-1996:

Expansion and application of the IABP approach will be undertaken in this phase. In addition to the extension of the coverage in the first area, the area provided with minor assistance during 1992-1993 period will have major assistance from the project covering 35,000 people.

9.2.4 Project Activities

Although the formulation of the project activities in each community will depend on the specific situation of the target community and will be responsive to the changing needs of the community and their decisions, the following activities will be directly supported by this project. Support will be given in two forms: i) to the intensification of national programmes in the project areas; and ii) for innovative approaches beyond the current scope of such programmes. Other essential activities will be supported indirectly through advocacy and liaison with other concerned bodies.

Activity No.1 HEALTH

Objective: Reduce Infant, Child and Maternal Morbidity and Mortality through improvement of PHC/MCH services in the project area.

Sub-component 01: UCI

Objective: Increase immunization coverage of children under one against six target EPI diseases and women 15-44 against tetanus at least up to 90% by 1996 in the project areas.

Justification:

According to the 1990 National EPI Coverage Survey, immunization coverage of children under one was estimated at 29.3% in Windhoek area including Katutura. Compared to the high coverage of BCG at 93.5%, the coverage of measles is low at 51.5%. High rate of BCG is the result of high number of children born in the hospital and low rate of measles demonstrates the lack of outreach and follow up activities outside of the hospital and lack of social mobilization activities informing mothers on the importance of completing the schedule. The present health information system in the urban areas does not cover the whole population due to the lack of appropriate registration and monitoring system.

Strategy:

In collaboration with the Ministry of Health and Social Services, a township Health Committee will be established under the Development Committee, represented by all the divisions. During the national immunization accelerations, all possible channels of the community to convey the messages of EPI will be utilized to mobilize the community, including radio and television, church services, schools and community meetings. During the visits of the out-reach health team to the townships, immunization will be integrated as part of PHC/MCH activities. The project will support the national activities at the community level through mainly social mobilization and support to the mobile teams by the health committee. Registration of all the children under one in the community will be done through the community based information monitoring system. Based on this data, immunization registration and monitoring will be improved to achieve UCI in the community.

Sub-component 02: Community Based Health Care

Objective: Strengthen community based health care system in the project area with special emphasis on PHC/MCH.

Justification:

Many of the townships have difficulty getting access to hospitals or clinics and people normally has to walk a long way to reach the health facilities. The emphasis of health services were curative rather than preventive. There is little out-reach in the townships for the promotion and delivery of PHC/MCH. It is also envisaged that without special effort to promote PHC/MCH activities, this trend will not change.

Strategy:

In collaboration with the Ministry of Health and Social Services, the community based urban health care system will be supported in the townships. The system will include the designing of an overall urban health services structure, training and utilizing voluntary community health workers, linking "primary" with secondary and tertiary level services. Careful study of the particularities of the existing and proposed health services structures in each of the urban areas will be necessary in order to appropriately lay the foundation of the PHC approach in these areas. It is important to avoid creation of "dual" health delivery systems - one for the poor, another for the not-so-poor. The Project will put special emphasis on CDD, ARI, AIDS and healthy life style.

Activity No.2: ENVIRONMENTAL SANITATION AND HYGIENE

Objective: Improve community access to sanitary means of excreta disposal, environmental sanitation and hygiene practices.

Sub-component 01: Environmental Sanitation and Hygiene

Objective: Improve the community access to sanitary means of excreta disposal, environmental sanitation, and hygiene practices.

Justification:

Although urban communities have relatively good access to safe drinking water and to sanitary means of excreta disposal, general conditions shows tremendous disparity between the high-income areas and the townships. In some of the townships, sanitary conditions are more alarming due to the high density of the households. Another issue for

the peri-urban residents is the high cost of water and other utilities which many households cannot afford. Increased income will be necessary to pay the fees, while negotiating with the municipality for favorable rates for peri-urban residents.

Strategy:

Community Sanitation Committees will be established and assessment of the situation will be undertaken with the support of the project and the relevant government sectors. Based on the results of the assessment, proposals will be made and discussions held with the concerned authorities including the municipality. Based on the discussions, complementary measures to the efforts of the relevant authorities will be planned. Several low cost, self-improvement measures for environmental sanitation will be introduced by the project, including soak-pits, garbage collection and VIP latrines. Training will be provided to the community in these technologies so that small scale improvement can be done by trained artisans who will work as an income generation group by providing these services. Information, education and communication materials will be developed with the national HFS and PHC Programmes on food and personal hygiene to promote behavioral change.

Activity No.3 GROWTH MONITORING AND PROMOTION

Objective: Monitor and promote nutritional status of children under 5 years of age.

Sub-component 01: Growth Monitoring and Promotion

Objective: Create data base for assessment of nutrition status of children under 5 and promote neighborhood level growth monitoring.

Justification:

More than 13 percent of children under 5 years of age are severely or moderately malnourished in Katutura (HHNS, 1990), and the situation is probably worse in the smaller low-income urban areas. Nutrition education and promotion of growth monitoring together with other basic health care will improve the nutritional situation of children and prevent their immature death.

Strategy:

Results of the Household Health and Nutrition Survey will be analyzed and discussed by a multi-sectoral meeting of the different community development committees. In consultation with the Health Committee, a neighborhood based growth monitoring project will be launched following completion of CHW training. Social mobilization and awareness building activities will be undertaken to stress the importance of growth

monitoring as an indicator of food security and community development and to support growth monitoring and promotion project activities in the community.

The results of growth monitoring will be assessed by the committees concerned and underlying causes of malnutrition will be discussed. The committees will take action based on the analysis. Based on the programme planned by the committees the project will provide technical support to improve the situation. Other interventions for growth promotion will include increased food availability through improvement of household food security, improved child care practices, breast feeding and control and management of diarrhoea and other diseases.

Activity No.4: HOUSEHOLD FOOD SECURITY

Objective: Improve food access at household level through community based measures.

Sub-component 01: Improving Household Food Security

Objective: Organize community groups to improve food access at household level.

Justification:

In urban areas, food availability at household level is mainly determined by cash income. There are, however, measures to improve food availability through collective activities in the community by community groups. Together with the measures to increase income, these measures will empower the community to take control of their lives from a dependent status.

Strategy:

Under the Community Development Committees, groups will be organized to obtain food at low cost through collective activities, such as (a) organizing buying groups to enable families to purchase basic foodstuffs, eg. millet from the north, in bulk at reduced prices, (b) organizing small consumers' cooperatives, (c) organizing community kitchen or supporting individual women cooking and selling food to neighbors, (d) supporting production and sale of cheaper fuel alternatives.

Activity No.5: EDUCATION

Objective: Promote universal access to basic education and reduce adult illiteracy rate.

Sub-component 01: Primary Education

Objective: Promote universal access to basic education and completion of primary education by at least 80% of primary school-age children.

Justification:

A high percentage of children repeat or drop out at the first years of primary school. During the colonial era, educational services to the urban black community were highly inadequate and teachers poorly trained. The curriculum was irrelevant to the actual life of the students and was not well organized to develop their skills. Together with the lack of early childhood care and development and resultant delay in school readiness, these factors created a lot of repeaters at the first grade. The pressure in the first grade had been chronically high and this also contributed to high rate of dropouts. Issues of out-of-school children and early school leavers, especially boys, need to be addressed.

Strategy:

Universal access to primary education will be promoted with the establishment of an Education Sub-Committee under the Community Development Committee. The Committee with the support of the project will assess the situation of primary education in the community and analyse the underlying causes of problems including the high dropout rate of children in the first years of schooling. Simultaneously a sensitization of the community on this issue will be undertaken by Committee members and the Community Activators. Measures to improve the situation of primary education including to decrease the number of dropouts in the first years of schooling and formulation of the programmes targeted towards the out-of-school children and early school leavers will be discussed and plans will be formulated.

Discussions between the Education Committee and the municipal education authorities on the issue of primary education will be promoted by the project to assess the resources available at the municipal, regional and national levels, to address the problems of the community and to coordinate their efforts with the new authorities. These steps will promote community's linkage and negotiating skills to optimize the assistance of the government and other organizations.

Sub-component 02: Literacy

Objective: Reduce adult illiteracy rate from about 60% to at least 45 % with emphasis on female literacy.

Justification:

Another priority issue of the community in education is the high illiteracy rate among adults. This prevents acquisition by mothers of essential life skills and knowledge to protect the children from disease, malnutrition and death. It also decrease the job opportunities for adults and young people in the community.

Strategy:

The Community Education Committee will assess the situation of adult illiteracy and the community needs for literacy classes with the support of the project. A community sensitization campaign on literacy will also be promoted by the Committee members with the support of the Community Activators. Plans will be formulated by the Committee to extend the services of the literacy classes supported by the National Literacy Programme. Approximately 10 teachers will be trained by the Literacy Programme every year and arrangements will be made to organize the classes. Support to the literacy classes will be provided by the project in the form of assistance to the training and classroom supplies. Production and use of post-literacy materials and introduction of vocational training will also be promoted by the project.

Activity No.6: COMMUNITY ORGANIZATION AND DEVELOPMENT

Objective: Develop community organizations and strengthen capacity for assessing and analyzing problems and for implementing projects.

Sub-component 01: Developing Community Organization

Objective: Establish peri-urban community development committees and provide support to the committees.

Justification:

To empower the community and achieve higher self-sufficiency, it is vital to develop community organizations and strengthen their capacity in assessing and analyzing priority problems and taking action to address and solve them.

Strategy:

Each township will be sensitized and mobilized for the development of community organizations through sensitization meetings for the leaders and later for all the community members. Special emphasis will be given to equitable representation of women in the community organizations through targeted sensitization of women in the community. A Community Development Committee with elected members consisting of the major groups in the community, including traditional authority, churches, schools, hospital, business person, political parties, women's concern, etc. will be created. Under the main committee. Sectoral sub-committees will be organized based on the priority areas identified by the community leaders. This organization will be extended to the division level after one year.

Support to this component will be provided by the project in the form of a technical advisor for community organization, training of the community development workers in basic principles on community work, logistic support and basic office supplies and equipment.

Sub-component 02: Income Generation

Objective: Assess and promote income generation opportunities in the community and provide training in management and production.

Justification:

The poorest 55% of the Namibians have an estimated GDP/capita of \$63. Women headed households have especial difficulty in earning cash income due to the lack of employment opportunities. Increasing income generating opportunities for women in the community will improve the income level and the gender equity. Introduction of low-cost products and services in the local market will also benefit the community and increase self-reliance.

Strategy:

A survey on local market demands on items and services such as bricks, wire fence, poultry, food processing and sales, clothes, toilet building, etc. will be conducted by the Income Generation Committee of the community with the assistance of the Private Sector Foundation and the project. Simultaneously, cost analysis for the local production of those items will be done together with the introduction of appropriate production technologies and services. Each production or provision of services will be carefully assessed in terms of commercial feasibility and benefit to the community. Only those activities assessed as feasible will be planned and implemented by the project. Training in business management will be provided to a group by the Private Sector Foundation, in which women will receive priority within an overall gender mix. Technical assistance for training, supplies and equipment for training, and some initial funding to start up the business will be provided by the project.

Activity No.7: YOUNG CHILD DEVELOPMENT

Objective: Improve early childhood development and care at household and community level.

Sub-component 01: Early Childhood Development

Objective: Conduct a survey on child care practices, increase awareness on ECD and promote neighborhood/household level ECD training programme.

Justification:

Child care is one of the priorities of communities in Namibia, but little has been done in this area. Information on improved and locally acceptable child care practices are not available, due to the fact that institutions like nurseries and creches are not commercially viable and affordable for the peri-urban low-income families, although many community initiatives have been initiated. There is a need to develop alternative child care mechanisms for low-income families, especially for working mothers.

Strategy:

A series of joint meetings of the Education and the Health Sub-Committees with the Community Development Committee will be held to discuss this issue. The community will also be sensitized to increase awareness. An early childhood care and development survey will be conducted to clarify the critical child care practices to be improved. Based on the results of the survey a training programme for a cadre of child care workers who will train mothers and other care givers at household and neighborhood levels will be formulated. The programme will be tested and evaluated and the training for mothers will be started. To support the activities of child care workers, a training booklet and a set of posters will be produced with the assistance of the project. In addition to this a training module will be developed to improve child care among working mothers.

Activity No.8: SOCIAL MOBILIZATION

Objective: To empower the community with essential child care information and mobilize them for community development activities.

Sub-component 01: Advocacy and Social Mobilization

Objective: Empower the community with essential child care information and mobilize them for community development activities.

Justification:

The health of children could be dramatically improved if all families were empowered with essential child health information. This was brought together in the Facts for Life publication. Production of materials introducing the problems of the communities will also help promote the awareness of the people and will be useful to mobilize the community to be aware of and to analyse their own problems.

Strategy:

The English and local language versions of the Facts for Life will be widely introduced to the community. The Community Health Committee will discuss and plan the use of the book by the community members, including women leaders, pastors, teachers, nurses, CHWs, and committee members. Discussions on specific issues will be synchronized with the prevention of common diseases such as TB, diarrhoea and coughs, and the campaigns and specific social mobilization activities, for example national immunization acceleration, growth monitoring activities and home hygiene with the construction of VIP latrines.

A wider coverage of the IABP and the community issues will be sought from the media following the establishment of the community organizations and clarifications of the problems by them. Production of a video film introducing the community problems will be facilitated by the project. This film will be utilized to create awareness among the public and the government as well as in the community. Production of attractive leaflets introducing the IABP and the community issues will be done by UNICEF with the project to promote wider publicity on the IABP approach and for fundraising in Namibia and overseas. To fully utilize the video film introducing the community issues as well as other films related to community development, a set of video monitor and a video tape player will be provided to the community. Video shows will be organized in the community to promote greater interests in the community development issues and also to support various training in the community.

Activity No.9: PLANNING AND SOCIAL STATISTICS

Objective: To build national and community level capacities in assessing and analyzing community problems and in planning and monitoring activities.

Sub-component 01: Monitoring and Evaluation

Objective: Develop a participatory community-based information monitoring and evaluation system (CBIMES) in each township and respective municipality.

Justification:

Due to the previous neglect, there is little data available for the population of the townships. Furthermore the urban communities have been discouraged to participate in the development processes of assessing and analyzing their own problems and planning and monitoring activities. Strengthening these capacities in the community will empower the community and reduce their vulnerability to socio-economic problems.

Strategy:

The results of 1991 Census will be utilized in collecting additional data for assessing the situation and analyzing the underlying causes of problems. The community will be consulted in establishing a community based information monitoring system (CBIMS) to monitor key indicators of development. Collection of data will be managed by the Community Development Committee with the assistance of leaders from different sections in the township. The data and information collected through those activities will be actively used by the community as well as the municipality and the regional and national government and the NGOs assisting the community. For example, the data will be fed into the National Early Warning System with assistance from the UNICEF-supported Household Food Security Programme.

A computer system will be introduced to train selected members of the community organizations in data processing. A computer programme will be developed for the creation and management of the community database.

Community organizations will be assisted to take major roles in planning and implementing project activities. Periodic training and workshops will be conducted in upgrading the capacities of the community in all development processes. The Community Development Committee will receive training in leadership and members of each sub-committee will participate in awareness workshop in specific areas.

Annual evaluation of the project will be conducted in each project area jointly by the community and UNICEF/GRN reviewing the major process indicators to measure the

progress of different components. Mid-term evaluation of the project will be conducted at the end of 1993 with review of the impact indicators together with the process indicators. The overall approach of the programme and separate interventions developed will also be evaluated.

Sub-component 02: Situation Analysis

Objective: Empower the communities to prepare and update a participatory community based situation analysis of each township.

Justification:

Situation analysis of children and mothers leads to the assessment and analysis of the situation of the community's most vulnerable groups. Through this exercise the community can identify the causes underlying the problems of its members, and thus prioritize their responses. Therefore, it is essential to empower the community to have the capacity of conducting this exercise periodically and to develop and sustain their responses.

Strategy:

The main committee and the sub-committees will first discuss the problems they have in the community through periodic meetings. These will be planned and organized with the assistance of the Community Activators to ensure successful discussions. The discussions will be organized to assess problems of the community and to analyse the underlying causes before discussing the planning of projects. This exercise will be continued and will form the basis of comprehensive situation analysis.

The results of different surveys will be introduced to the committees to illuminate some of the problems which are not obvious otherwise, as well as to provide more scientific data to support the community's felt needs and assessment. After this exercise the committees will prioritize the areas and problems to be solved.

The committees will also assess the available resources to address the problems, at household, community, region and national level. For assessment of the regional and national level resources, each specialized committee will send delegations to or will request the visits of respective authorities and clarify what kind of assistance could be expected and how the community could coordinate their efforts with the Government. Similar assessment will be done with NGOs which are assisting the community or have the potential to do so. After the assessment of resources, the committees will decide what could be done to improve the situation of the community. The drafting of the situation analysis will be done by the project with full participation of community organizations. The situation analysis will be shared with all the parties concerned, including the regional

and national government, religious groups, local NGOs and the community leaders to facilitate better coordination of the efforts, and will feed into the national formulation and updating of the Situation Analysis of Children and Women by the Government and UNICEF.

Activity No.10: CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES

Objective: Improve the protection of children in especially difficult circumstances.

Sub-component 01: Children in Especially Difficult Circumstances

Objective: Assess and analyse the situation of the children in especially difficult circumstances in urban communities and provide community based measures to improve the situation.

Justification:

Children in especially difficult circumstances in the urban communities include, children on the street, abandoned children and economically and sexually abused children. There are many more who are at risk of falling into these categories, especially coming from low-income single parent families. Rapid urbanization of Namibian towns will further deteriorate the present conditions and make it difficult to take preventive measures if not tackled early enough through participatory community based initiatives with a greater prospect of sustainability.

Strategy:

In collaboration with the Street Children Programme of the Ministry of Local Government and Housing, and the Family Life Empowerment Programme, a series of meetings will be held with the communities to discuss this issue. With high local involvement, community based interventions will be made such as, bringing out-of-school youth into the school system through educational "scholarship" schemes, or through alternative community schools with adapted curricula; work-education schemes for children and youth including income generation activities for them such as making of wire toys; drop-in recreational centres and structured learning, culture and play activities in the community; family support services, including counselling and social welfare benefits to "at-risk" families and children; surveillance and crises interventions schemes for children likely to be victims of abuse and neglect at home. In relation to the conditions of farm workers, who send their children to the townships, the situation of hostel children will also be assessed in terms of how to work towards their re-integration with their families and communities, in addition to improving their conditions in the hostels.

9.2.5 Project Inputs and Linkages

Most of the project inputs will be converged in the community. This will have a strong representative organization and will make major decisions on what their problems are, what will be the priority issues to be tackled, and how to do so. They will decide what kind of input they need from external sources, including the Government, NGOs and other agencies. The community's primary input will be the participation in these decision making process. The secondary input of the community will include participation in social mobilization activities, planning the projects, implementing the project, operating and maintaining activities and monitoring and evaluation for further improvement and development of new projects.

In this process the community will optimally mobilize the local resources, including provision of time to assess, analyse and plan actions, skills and labour to implement activities, time and labour to mobilize other community members, use of locally available raw materials and of private and public facilities.

The Directorate of Community Development will provide support to the community through the assignment of Community Activators and Liaison Officers who will facilitate community organization and mobilization and support the community to coordinate and make decisions on activities of the sectoral interventions of other ministries and NGOs. The Ministry of Local Government and Housing will also provide support to the community through its sectoral services in women centered income generation project, street children and child care projects, housing improvement, and coordination with the municipality. The major financial and managerial contributions are expected from the municipalities following local elections and institutional reorientation to more people oriented approaches in local planning. Other sectoral ministries are also expected to provide support to the community through their programmes, including health, water and sanitation, works, human resource development, promotion of small business, literacy and formal education.

UNICEF input to this project will include provision of training, limited funds, supplies and equipment to start and promote different activities, short term technical assistance to support the activities and develop human resources, provision of support for study trips, workshops and seminars, logistical support and provision of vehicles. UNICEF support will also be provided through nationally-supported programmes operating in the project areas, including, Primary Health Care, Household Food Security, Family Life Empowerment and Promotion, Non-formal and Basic Education, and Capacity Building for CSPD Planning.

The NGOs supporting the project are expected to include the Private Sector Foundation, Rossing Foundation Lifeskills Centre, Namibia Literacy Programme, Roman Catholic PHC Programme and the CCN. Collaboration will also be made with the University of Namibia in the areas of research and planning.

Though external agencies, including UN and bilateral agencies and international NGOs, are still in the process of programme formulation in Namibia, support to the community activities is likely to be a major focus for many agencies. These will include, the World Bank, UNDP, UNIFEM, OXFAM, World University Service, and the Governments of France, Canada, USA and Germany.

In the urban areas, the private sector is a potential source of input to community initiatives. The possibility of mobilizing the private sector for project activities will be promoted.

9.2.6 Project Management

A Community Development Committee will be established in respective urban areas represented by elected community leaders, especially women. This main committee will have coordinating and advisory roles for the specialized sub-committees to be established. These sub-committees will also be represented by the elected community leaders who will be addressing the needs of community members and assist in planning and implementing the projects formulated by the committee. Major decision making and management of the activities will be done by the members of the committees and the individuals designated by them.

Overall coordination and administration of the Project will be the responsibility of the Directorate of Local Government and Regional Council Coordination of the Ministry of Local Government and Housing. The Directorate of Community Development (DCD) of this Ministry will undertake the major role in supporting the community to organize and mobilize community members and to liaise with the municipality and other bodies concerned, including sectoral ministries, NGOs, UN and bilateral agencies and UNICEF. The DCD will have Liaison Officers for the regions to coordinate and support community development activities and Community Activators for the districts and towns to facilitate community organization and mobilization and supporting the community to coordinate and take decisions. For the establishment of the Urban Project at least 4 Community Activators and 2 Liaison Officers will be posted during the 1992-1993 period, and 8 Activators and 4 Liaison Officers will be posted during the 1994-1996 period for the extension of the coverage areas.

A full Local Government structure is expected to be in place in 1992 after the local election and the appointment of Regional and District Councils. The structure of the regional and district coordinating mechanism will be determined by the Government in due course. Until such time, the focal point of coordination at the regional level will be the appointed Regional Commissioners. The municipality of each town will be a further major counterpart in implementing the project. Extensive reorientation of the management will be needed in order to redirect urban development resources to the lower-income areas.

The Division of Family and Community Health of the MHSS will be involved in assisting and advising the communities to develop and improve their health services, including training of voluntary CHWs, development of health education materials and provision of out-reach services.

A national coordinating body for community development may be established by the government to facilitate better coordination among the sectors involved, and the IABP will undertake advocacy for this as appropriate.

The Project Officer (Integrated Area Based Programme) of UNICEF will undertake overall coordination of the UNICEF support to the IABP. A junior professional officer (JPO) will be recruited in 1992 to assist the Project Officer in implementing the sanitation and hygiene component of the project. UNICEF support will also be provided to each component of the project from the officers responsible for the national sectoral programmes.

The project will strengthen linkages between the community and local NGOs to mobilize the local resources. The project will also support the local NGOs to strengthen their capacities to support the communities. The NGOs supporting the programme will include the Private Sector Foundation, Rossing Foundation, Namibia Literacy Programme and the Council of Churches in Namibia.

9.2.7 Critical Factors and Assumptions

The most critical factor for implementation of the project will be the appointment and appropriate training and upgrading of Community Activators and Liaison Officers of the Ministry of Local Government and Housing. Their support in mobilizing and organizing community members will be essential for the first steps of community empowerment. The contribution from other sectoral ministries will also be very important in further mobilizing the communities, assisting in assessing and analyzing their problems and responding to their needs. Failure to obtain this support will result in frustration and demoralization of community members. The support and cooperation of the relevant Municipalities will also be essential.

Intersectoral coordination will be another critical factor. As sectoral inputs will be converged in the community, different approaches for community mobilization, provision of assistance, project development, etc., will lead to confusion. The most destructive consequence of un-coordinated approaches of the different bodies will be "dependency creation". In this sense, sectoral parochialism will be discouraged through promotion of local government level coordination mechanisms.

9.2.8 Project Monitoring and Evaluation

The project will have a build-in monitoring mechanism in the community in the form of the Community Based Information Monitoring and Evaluation System. This will ensure that the community will obtain information on its changing needs and situation and respond quickly at the local level, as well as prompting the support from the Government and other external resources when necessary.

Through periodical visit and consultations with the community and the officers in charge of the project area, the Government and UNICEF will monitor various aspects of the project including, empowerment processes, logistics, appropriate use of supplies and equipment, accounting of funds provided and use of the services provided.

Overall evaluation of the project is planned at the end of each phase with the intention of expanding the programme and applying similar approaches in other regions of Namibia. Evaluation for each sub-component of the project will be done through the completion of milestone objectives of respective sub-components. Comparison between the project area and non-project area will be done firstly between the urban and peri-urban areas covered by the Health and Nutrition Survey done in April 1990, and secondly through community baseline surveys.

9.2.9 Project Budget

Subject to the availability of funds, UNICEF will assist the Community Based Urban Development Project with up to US\$ 150,000 from its General Resources and US\$ 1,300,000 from its Supplementary Funds:

Project No.2: Community Based Urban Development Project

		(US\$,000)								
No.	Activity	No	Sub-Component	1992	1993	1994	1995	1996	Total	
<i>Supplementary Funds</i>										
1.	Health	01	UCI	5	5	5	5	5	25	
		02	Comm-Based Health Care	5	5	5	5	5	25	
2.	Env. Sanitation & Hygi	01	Env. Sanitation & Hygiene	15	15	15	15	15	75	
3.	Growth Mon.& Prom.	01	Growth Mon.& Prom.	5	5	5	5	5	25	
4.	Household Food Sec.	01	Improving HHFS	20	20	20	20	20	100	
5.	Education	01	Primary Education	5	5	5	5	5	25	
		02	Literacy	10	10	10	10	10	50	
6.	Community Org/Dev.	01	Dev'ing Community Organ.	60	60	60	60	60	300	
		02	Income Generation	60	60	60	60	60	300	
7.	Young Child Dev.	01	Early Childhood Dev.	20	20	20	20	20	100	
8.	Social Mobilization	01	Advocacy and Soc. Mobil.	20	20	20	20	20	100	
9.	Planning & Soc. Stat.	01	Monitoring & Evaluation	10	10	10	10	10	50	
		02	Situtation Analysis	10	10	10	10	10	50	
10.	Children in EDC	01	Children in EDC	15	15	15	15	15	75	
Supplementary Funds				Sub-Total	260	260	260	260	260	1,300
<i>General Resources</i>										
6.	Community Org/Dev.	01	Dev'ing Community Organ.	30	30	30	30	30	150	
General Resources				Sub-Total	30	30	30	30	30	150
Grand Total				290	290	290	290	290	1,450	

The Directorate of Community Development, through its budget request and internal budget allocation process, will aim at earmarking approximately up to R 5,000,000 over the five years (equivalent to approximately US\$1,750,000) to support Project activities, including staff time, transport, training, and other operational and administrative costs.

PROGRAMME 6: RURAL WATER SUPPLIES

1. BASIC DATA

Country: Namibia

Programme: Rural Water Supplies (RWS)

Programme Number: YW717

Time Period: January 1992 - December 1996

Projects:

- 0.1 National Capacity Building for Rural Water Supplies
- 0.2 Improved Water and Sanitation Services in Ovambo, Caprivi and Namaland.

Funding Sought: Supplementary Funds: **US\$ 5,000,000**
Total: **US\$ 5,000,000**

Main Co-operating Agencies: Department of Rural Development, MAWRD
Department of Water Affairs, MAWRD

Additional Co-operating Agencies: Council of Churches in Namibia (CCN)
Anglican and Catholic Churches in Namibia
Ministry of Health and Social Services (MOHSS)
Namibia Community Co-operative Alliance
Ministry of Local Government and Housing
Ministry of Education and Culture

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The Rural Water Supplies Programme will assist the Government of Namibia in reducing the widespread lack of rural access to safe and reliable sources of drinking water and thereby promote the achievement of Goals for safe water access, as well as overall efforts to reduce water-borne and related diseases which contribute to high levels of infant and child mortality and malnutrition. The Programme will also promote increased awareness at community and household levels of environmental sanitation, the importance of safe management practices around water sources, and of the hygienic use and storage of water by the family.

The Programme will aim to increase safe water access on a reliable and sustainable basis among the rural population of Namibia from an estimated 30% in 1990 to over 45% by 1996, through provision of additional access to some 230,000 people. It will also develop national monitoring capacity for assessing progress toward Water and Sanitation Goals.

The Programme will employ a range of strategies to meet its water service access and sanitation awareness objectives. Support will be provided to the Department of Rural Development to increase its capacity at national and regional levels, for the planning, testing with and delivery to communities of low-cost technologies for water catchment and harvesting, and improvement of surface water and shallow wells. These will be particularly important in regions where conditions for groundwater development are unfavourable. Support will also be given to borehole construction and repair activities of the Department of Water Affairs to meet high priority needs in certain regions. The Programme will develop materials, mobilisation and training programmes for community groups, including water point committees, and local extension workers, with the aim of increasing community responsibility for water source development, management and maintenance. Complementarity will be sought with Namibian non-governmental organisations, such as the Council of Churches, in programme approaches and service delivery for water and sanitation. Environmental sanitation and hygiene information materials will be designed and tested, in conjunction with the Primary Health Care and Non Formal and Basic Education Programmes, for wide dissemination.

In addition to institutional capacity-building and information activities for low-cost, community-focussed water and sanitation at national and regional levels, the Programme will concentrate its activities for increased service provision in three regions of Namibia with major population concentration and urgent need. Technical and programme linkages will be built with the Integrated Area Based Programme operating in 1 - 2 of these regions. UNICEF will support the Rural Water Supplies Programme with supplies and equipment, technical staff, training, assistance in material production and in planning and monitoring.

2. INTRODUCTION AND JUSTIFICATION

Inadequate access to safe water and improved sanitation poses major health risks to the population of Namibia. This is particularly true in the non-commercial rural areas, where an estimated 66% of the population reside. During the 1980s, the World Health Organisation (WHO) estimated that as much as 80% of infectious disease incidence in the world is linked to contaminated water supplies and poor sanitation. Diarrhoeal disease, which is strongly associated with these factors, is known to be the biggest preventable cause of death among the under-fives, particularly in developing countries.

Prior to Namibia's Independence in March 1990, there was a bias in basic service provision towards urban centres and commercial farming areas, with relative neglect of the majority of the population who resided in "homeland" areas. A change of government, however, and the establishment of the Republic of Namibia, has led to a major shift in priorities and the focussing of attention on the needs of the majority. The Government of the Republic of Namibia (GRN) recognises that access to safe water and improved sanitation are prerequisites for better health of the nation, reduction of infant and child mortality and morbidity, and essential to the development process itself. High priority has accordingly been given to the development of effective national rural water supply and sanitation programmes, reflecting the strong demands from and priorities expressed by communities themselves.

A United Nations review of the water supply and sanitation situation in Namibia in 1990 estimated that 70% of the rural population in the former homeland areas had no secure access to a clean water supply, while 90% have no adequate sanitation facilities. These estimates were broadly confirmed by UNICEF studies in northern rural areas in 1989 - 90. Although conditions are somewhat better in commercial farming areas, and in urban and peri-urban centres, overall service provision remains highly inadequate. Figures for the country as a whole suggest that, out of an estimated total population of 1.7 - 1.9 million, 954,000 have no secure access to safe water and 1,386,000 have inadequate sanitation facilities. Most of these underserved people reside in the rural areas.

The health risks posed by this situation are self-evident, with children being a particularly vulnerable group. Poor access to safe water also places considerable work burden on women and children, who are usually responsible for the collection of domestic water supplies. A recent UNICEF study (Household Health and Nutrition Survey, 1990) found that in parts of rural Ovambo the average journey time to collect water in the dry season was 1 hour 42 minutes, with some families having to travel for as much as three hours per day to meet basic domestic water needs.

Estimates of service coverage only tell part of the story. At many water sources, where basic water quality is good, environmental sanitation conditions are such that the risk of contamination of water at the point of collection remains high. Outlets from piped water supplies in rural areas, for example, are often inadequately protected and poorly maintained, leading to the development of unsightly and insanitary surroundings caused by spillage and leakage. The inadequacy of overall water supply often leads to overcrowding of water points, with humans and livestock competing for the same source, a consequent degradation of the surroundings and increased risks to health. To these factors must be added the subsequent risks to water quality during the journey home and the result of unhygienic home storage and handling practices.

In overall terms, absolute availability of water in Namibia is very limited, with groundwater being scarce, difficult to locate, and often situated at great depth. High salinity also renders a significant proportion of available supplies unsuitable for human consumption. The only permanent sources of surface water are found in the river systems on the country's northern and southern borders. Seasonal surface water appears in the north-central region through floodwaters flowing down from Angola, but these waters are unreliable and often highly polluted.

These natural resource problems are exacerbated by the country's limited institutional capacity to deliver adequate supplies to the population, particularly in the former homeland areas. Expertise in the delivery of water through sophisticated and relatively expensive piping, borehole and water treatment systems is available, in both the public and private sectors, but experience in the development of lower-cost technologies appropriate for village-level use, and in areas where more sophisticated systems are unviable, is very limited. In the past, village-level provision was addressed by the former "second tier" administrations in an *ad hoc* manner without adequate attention being given to issues of community participation and longer-term sustainability. Numbers of personnel trained and experienced in the design and operation of low-cost, community-based water schemes are also extremely limited.

Responsibility for the development of lower-cost rural water supply systems has since Independence been given to the newly-formed Department of Rural Development in the Ministry of Agriculture, Water and Rural Development (MAWRD). This Department, working through its formative Rural Water Supplies Unit, is in the process of taking a leading role in tackling the rural water supply problem. The Unit is able to draw on personnel and equipment inherited from the former "second tier" administrations, although these are inadequate for the task. In the medium term, this Unit, working in close collaboration with the Ministry's Department of Water Affairs and the Ministry of Health and Social Services, will have the prime responsibility for ensuring that all Namibians have access to safe water supplies and adequate sanitation. A major collaborative effort will be required

to achieve these goals, with government departments, external support agencies, Non-Governmental Organisations (NGOs), and communities, all playing a vital role.

Responsibilities for interpreting the policies of the Government on the overall provision of potable water, for water testing and the provision of bulk water supplies, including development of most groundwater sources, lies with the Department of Water Affairs. They are available to provide technical advice on ground water investigations to the Department of Rural Development. They are also prepared to assist the Department in training of Water Quality Technicians and Extension Workers on water quality monitoring.

The Council of Churches in Namibia (CCN) is a major NGO actively involved in providing water points to the rural Communities. The CCN lays emphasis on mobilisation of communities for use of local resources during implementation, and also organises training for communities on simple maintenance of the technologies used for providing safe water. This community-centred approach is also followed by projects of the Anglican and Catholic Churches involved in shallow well development in northern areas. The coverage and capacity of the CCN and its member churches for water supply development are, however, very limited.

3. REVIEW OF PAST EXPERIENCE

The majority of the rural population in Namibia has lacked access to safe and secure potable water and improved environmental sanitation services up to the present. Those who were provided with such services during the colonial period, received them as gratis from the Government, mainly through the ethnically-based "second-tier" administrations, which gave widely varying degrees of attention to these service needs. Access levels between rural areas therefore vary widely.

Past activities focused mainly on bulk pipe-borne water supplies to selected communities, e.g. in central Ovambo, and to the better-off livestock farming communities, e.g. in the east-central regions. A limited number of water systems were installed and in the event that the water that was extracted had a high concentrate of dissolved salts no alternatives measures were adopted to provide safe water. In some areas, water was stored in large tanks which remained uncovered, exposed to atmospheric wind-blown dust and continue to supply communities directly without purification. Services were also provided without adequate involvement of the beneficiaries in initial planning and siting, for contribution of their resources towards the implementation and also to the operation and maintenance of the schemes. Some local authorities did not make adequate provision for preventative maintenance and sometimes took long periods to rehabilitate facilities after they broke down. In the interim, the communities simply returned to their traditional water sources.

Motivation for sustainability of water supply programmes was low, since water points were established or rehabilitated without dialogue with the users of the facilities. Awareness creation on sanitation and hygiene issues was very low. Some of the sources and their surrounding environments tend to create health problems for the residents, rather than a conducive situation for human habitation. The unsanitary conditions found within and around many water points as well as in the domestic situation are likely therefore to have contributed to the high incidence of water borne and water related diseases.

As part of interim and emergency measures to implement a water supply programme, UNICEF provided assistance to the Ministry of Agriculture, Water and Rural Development for rehabilitating some 38 water pump engines in the east-central communal areas and for construction or deepening of some 48 shallow wells in drought-affected Eastern Caprivi in order to increase the volume of available water. Construction materials, handpumps and diesel pumps and technical assistance were provided by UNICEF in support of the activities of the Departments of Agriculture and Rural Development during 1989 - 90. Concurrent measures to promote hygiene and health education were also initiated, and a pilot community water point Manual was developed and introduced with UNICEF support in 1991.

The concerns of the Government to increase access to safe water of the unserved rural communities and improve the sanitary conditions within their environment is manifested in its policies for improved water and sanitation for all. These Goals form part of those adopted and endorsed by the Government of Namibia at the World Summit for Children in 1990 and are part of its National Programme of Action for Children in the 1990's. However, given the scale of expansion and resources required, near-universal levels of coverage can only be achieved through co-ordinated efforts between the various agencies of Government, NGOs and donors involved in promoting safe water, together with the beneficiary communities, particularly given the technical difficulties and extent of backlog which are faced.

4. GOVERNMENT/UNICEF POLICY FRAMEWORK

The Constitution of the Republic of Namibia stipulates equity and improving the welfare of the people as fundamental principles; these encompass equal access to services, of which access to safe water is a central component. Specifically, the long term policies of the Government for the water sector are:-

- Essential water supply and sanitation services shall be made available to all Namibians and be accessible at a cost which is affordable to the country as a whole.
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- Equitable distribution of services should result from the combined efforts of the Government, NGO's and the beneficiaries based on community involvement, participation and responsibility.
- Communities should be given the right, within resources available, to determine which solutions and service levels are acceptable to them.
- Beneficiaries shall contribute towards the cost of these services, within their available means.

For operational purposes, such policy statements not only necessitate enhanced Government support for eventual full service coverage, but also strong commitment from the beneficiaries regarding their responsibilities for management and ownership of the water facilities.

The operational strategy of the Government for the provision of safe water to the rural populace is to ensure access to at least twenty litres of safe water per person per day within a distance of one kilometre; thus alleviating the burden of women and children from travelling long distances in search of the water. The Government also seeks to ensure the existence of an hygienic environment that will:

- protect the water sources from pollution; and
- promote conservation of water resources.

It is recognised that provision of safe water cannot be done in isolation from other sector programmes. The Departments of Rural Development and Water Affairs are seeking to establish strong intersectoral linkages with other Departments on policy issues, delegation of responsibilities, complimentarity of actions and convergence of resources. This coordinated approach has been promoted by the Government through the formation of a Water Supply and Sanitation Policy (WASP) Committee and through the technical sub-committee in Water and Sanitation for the formulation of the National Programme of Action for Children.

High premium is placed on the empowerment of communities for active involvement in managing their water supplies. This is recognised to involve effective communication between extension workers and communities, interaction between

extension workers at community level, and the promotion of changed attitudes for participation and necessary actions for harnessing safe water. Eventually, such actions will develop community capacity to play leading roles for providing safe water within localities, thus creating a sense of ownership and valuation of water supply schemes.

The great inadequacy of currently available data on existing water resources and developed sources will require the installation and institutionalization of a comprehensive water resources data bank where countrywide information on water resources can be stored and retrieved for use in planning and monitoring. The Government intends to improve such monitoring both for the water sector itself, and in relation to assessment of progress towards the Goals for the 1990s, under the National Programme of Action for Children.

In the recent past, the civil service, inclusive of the water sector, has been affected by staff movements, especially in the professional class. Such movements have created strains on the water sector in terms of planning and service delivery. Well over 50% of the still available staff are artisans, labourers and handymen who lack the capacity to plan improved water and sanitation services with communities.

In view of the above, the Department of Rural Development will seek to recruit at least five professional staff within the next five years to assist in planning and promoting improved access to water and sanitation at both national and regional levels. It will also progressively develop the scope and capacity of its Rural Extension service, established in 1991. The Department will further increase its use of expertise available in the Department of Water Affairs, which is centred on investigative, urban, bulk water supply and borehole drilling and repair activities.

Overall, the policy of the Government for providing safe water to the rural communities is to encourage planning and management at the lowest level. The approach will require constant dialogue and the use of low cost technologies wherever feasible, which could be easily managed by the beneficiaries themselves. The policy of the Government of Namibia on Rural Water Supply is still in its formative stage, and many of the broad guidelines remain to be elaborated in detail.

5. PROGRAMME OBJECTIVES

The draft policy document on the future of water supply and sanitation services for Namibia, drawn up by the inter-sectoral WASP Committee, stresses the need for accessibility of essential water supply and sanitation services to all Namibians. The Government proposes to make incremental improvements to provide unserved groups with safe water by year 2000. With the country's present overall coverage for rural water supply estimated at 30%, the projected coverage for the sector is

to meet the water needs of the approximately 70% of the rural population who presently have no reliable access to safe drinking water. It is recognised that it will be highly ambitious and probably unrealistic to achieve an objective of universal safe water coverage by the year 2000. Therefore it is intended to establish an appropriate target for the end of the decade, as well as a target date for universal access, following analysis of the results of the 1991 Census which will provide a stronger basis of information on the baseline situation.

Meanwhile, the Rural Water Supplies (RWS) Programme will contribute to the achievement of the Major Goals of the GRN/UNICEF Country Programme for 1992 - 96 on reduction of infant, child and maternal mortality, reduction of child malnutrition, and empowerment of all Namibians.

The specific objectives of the Programme are:-

- provision and maintenance of access on a sustainable basis to safe drinking water for an additional 18% of the rural population, i.e some 230,000 people, by 1996, thereby raising such access to appropriately 45% nationally, taking rural population growth into account;
- improve environmental health conditions and status of rural communities through improved hygiene practices and better management of the environment, linked to provision of safe water, and in co-operation with the Primary Health Care Programme;
- strengthen the capacity of the Government and communities of Namibia for effective utilization of local, national and international resources to achieve further increases in safe water access and for knowledge and use of good sanitation practices on a sustained basis.

These objectives will be pursued under this Programme with the introduction of low cost technologies for harnessing safe water, intensification of sanitary and hygiene education activities around water supply interventions, use of mobilization and empowerment strategies for community management, and through measures for institutional capacity building.

6. PROGRAMME STRATEGY

The Programme will seek to assist the Directorate of Rural Development (DRD) in the establishment of an effective Rural Water Supplies Unit, under the direction of the Deputy Director responsible for this area. The Programme will be developed in close conjunction with the UNICEF-supported Household Food Security (HFS) Programme, to be implemented partly through the Ministry's Rural Extension Services Division, and will benefit from many of the training, extension and

management personnel development, and institutional support activities planned under the HFS Programme. Close collaboration between these two Programmes should also assist in developing strong operational links between the Rural Water Supplies Unit and the Division of Rural Extension Services at field level.

The Programme will seek to make full use of available and relevant expertise of the Department of Water Affairs (DWA) in assisting the expansion of low-cost rural water interventions by the DRD, will promote operational linkages and cooperation between the two Departments, and will provide selective support to the capacity and programmes of the DWA in areas of essential need for such interventions, including water quality testing, monitoring of service coverage, and material assistance for a limited number of borehole system development and repair schemes.

The Programme will address issues including, technical, staff and institutional development, and increasing of community participation, with a view to support the Rural Water Supplies Unit in developing and implementing a strategy and programme for low-cost rural water supply improvement. The Programme will proceed through the introduction of appropriate low-cost technologies, with high levels of community participation, and with focus on promotion of long-term sustainability. The DWA and Rural Appropriate Technology Section of the DRD will assist in the identification and selection of water technologies to be tested with communities. The Programme will also assist the Department of Rural Development in establishing institutional capacity to manage and direct other donor-supported rural water supply programmes in a coordinated and effective manner, on the basis of policy principles established by the Government. This will indirectly promote a wider impact of the Programme through creation and strengthening of national capacity for expansion of service provision.

In the first 2- 3 year phase of the Programme, the strategy will focus on the establishment of the Rural Water Supplies Unit, initial strengthening of implementation capacity in those regions of Namibia where it is most urgently required, the identification and pilot testing of appropriate technologies, and the initial development and testing of training programmes and supporting materials for staff and communities. As part of the orientation of key staff in the Unit, participation will be supported in short study visits and at appropriate management training courses, within the Eastern and Southern Africa region (e.g. the recently formed Training Centre for Water and Sanitation at the University of Zimbabwe, or courses offered by the Institute of Development Management, Botswana). Expansion of service provision will meanwhile proceed, with assistance from the Programme for this purpose to the established Department of Water Affairs and, to the extent of available capacity, to the DRD. This will be accelerated, using the additional capacity created, in the 3rd to 5th years of the Programme.

The issue of Programme sustainability will be of primary strategic concern, in an effort to avoid problems experienced elsewhere of rapid systems expansion being followed by subsequent collapse, due to the failure to establish effective long-term operational, maintenance and financing systems to sustain new facilities. Central to the strategy will be the establishment of community-managed Water Point Committees and/or other local development committees, which will be assisted by extension workers from sectors including Rural Extension and Community Health. These committees or their representatives (e.g. pump operators) will take progressive responsibility, within technically feasible bounds, for water point planning, routine maintenance and management. They will be assisted with information, materials (e.g. basic tools and manuals) and training to mobilise for improved environmental sanitation at community level and improved water use and hygiene among families, associated with increased safe water access. A high involvement of women will be sought in community water point committees and their water and environmental sanitation activities.

The Programme will take a two-phased approach, with the aim of increasing capacity for service provision as a basis for achieving future increases in coverage, while making concurrent use of capacity which already exists. During Phase One, over a period of 2 - 3 years (1992-94), emphasis will accordingly be placed on:

- Initial support for strengthening selected regional water and sanitation units through staffing, staff training and orientation, and the identification of regional and district level staff and equipment needs in selected regions;
 - Drawing on experience within the country and the Eastern and Southern African region, and in coordination with the Rural Appropriate Technology Section and the DWA, for the identification, testing and promotion of appropriate low cost water supply technologies (e.g. hand-dug wells, rainwater harvesting systems, hand-augured tubewells, etc.) by the Department of Rural Development and concerned NGOs in selected regions;
 - The identification of technical training requirements for construction, operation, and maintenance for appropriate staff, development of appropriate training materials for community training programmes in coordination with extension training programmes undertaken through the Household Food Security Programme, in consultation with Rural Extension Officers in the field;
 - Provision of limited support to selected high-priority borehole construction and repair schemes in three regions of the country, implemented by the already well established Department of Water Affairs;
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- **Consulation with communities to identify felt needs, available resources and priorities related to water supplies and environmental sanitation, leading to the establishment of community water point management committees in selected areas, whose operation will be monitored and assessed;**
- **Initiation of the development and field-testing of project support communications and sanitation and hygiene education materials in selected areas;**
- **Development of monitoring and evaluation procedures to document and analyse Programme activities and achievements, and establishment of a national capacity to monitor and evaluate all rural water supply and sanitation programmes, as well as overall national progress towards the Water and Sanitation Goals for Children and Development in the 1990s.**

During Phase Two (1994 - 96) activities developed during Phase One will continue, and the Programme will expand to include:

- **Following a mid-term review in 1994, a revision of the Programme design incorporating successful activities in the use of low cost water technologies and the operation of community management of water points, with a view to promoting them in other regions of the country through the Department of Rural Development and concerned NGOs;**
- **Continuation of limited support to selected high-priority borehole construction and repair schemes in three regions;**
- **Expansion of the provision by the Programme of low-cost rural water supplies, as well as of sanitation and hygiene education and environmental sanitation interventions, with an increasingly high level of community management responsibility. Some of these activities will be assisted directly by the Programme, with a continued focus in three regions, and others will be implemented by the Government in conjunction with NGOs, other UNICEF-supported programmes (especially the Integrated Area Based Programme) and other donors within a common policy/strategy framework.**

The expansion phase of the Programme will focus in selected geographical areas of the country that are conducive for low cost water technologies and community based schemes. In addition, pilot work in developing low-cost rural water supply and sanitation technologies and community management systems under the auspices of the UNICEF-supported Integrated Area Based Programme (IABP) will provide relevant experience and ongoing technical inputs, as will similar work being

undertaken elsewhere by the Council of Churches in Namibia (CCN) and its member organizations.

Technical assistance from UNICEF to the Programme will be provided by a Programme Officer for Rural Water Supply and Environmental Sanitation, who will work closely with national counterparts from the Department of Rural Development and the Department of Water Affairs to assist in the establishment of the Rural Water Supplies Unit and in the overall planning and operation of the Programme. Two United Nations volunteers will be recruited to assist two of the main regions covered by the Programme in training for and management of low-cost water point construction and maintenance, as well as in organisation of and support to water point committees. Further back-up will be provided by programme staff of UNICEF in Namibia, including the Senior Programme Officer, the Programme Officer (Information/Social Communications), the Programme Officer (Area Based Projects), and the National Officer (Information, Education and Communications). Short-term consultancies will also be provided for the development of technical and community training programmes as required.

7. PROGRAMME LINKAGES

Efforts for improvement of water and sanitation will link closely with other UNICEF-supported programmes of the Government of Namibia, including Primary Health Care, Non-formal and Basic Education, Household Food Security and Family Life Empowerment. The RWS Programme will in particular establish linkages with the Ministry of Health and Social Services for the control and management of diarrhoea and other water borne and water related diseases including the control of breeding places for insect larvae as well as for provision of promotive health, hygiene and environmental information. Efforts will be made through the Basic Education projects to involve school children in the promotion of improved sanitation and hygiene activities. The Non Formal and Basic Education Programme will support the review of the school curriculum to incorporate topics on improved water and sanitation and on personal and domestic hygiene.

Support will also be provided for disseminating appropriate health/water and sanitation messages using "Facts For Life" (FFL), which has already been adapted and translated in various Namibian languages. This will add to existing resource materials designed to promote improved water and sanitation activities.

The Integrated Area Based Programme (IABP) will maintain collaborative links with the Council of Churches in Namibia and its member churches with relevant programmes, to promote the use of low cost technology options for safe water and sanitary means of excreta disposal and also to disseminate appropriate health messages to the communities in northern Namibia. The RWS Programme will establish links with ongoing IABP activities for promoting improved water and

sanitation, which are expected to expand to cover four rural districts by 1996.

Promotion of sanitation and hygiene activities will be carried out by trained community health workers, rural extension workers, rural development promoters and existing local organizations, whose responsibility will include sensitizing rural communities about their management roles in promoting and sustaining improved water and sanitation activities, and empowering them to undertake these roles.

Important components of this programme will be implemented by the Department of Water Affairs (DWA). Borehole construction activities by the DWA will be supported on a limited basis, in priority areas within the regions covered by the Programme, particularly where lower-cost means of water supply are not feasible. The Department will also undertake ongoing national monitoring of safe water and improved sanitation coverage, in line with national goals and objectives, and will place increasing emphasis on community participation in the planning of water point establishment and water supply provision. The Department of Rural Development will collaborate with the Department of Water Affairs and communities themselves on site selection of water points and selection of technologies, and will make use of the DWA's technical expertise in water testing and exploration.

8. SUSTAINABILITY ISSUES AND CONSTRAINTS

8:1 Sustainability Issues

Some of the basic causes of the widespread lack of access to safe water and the lack of knowledge of hygienic practices in the rural areas relate to historical factors including neglect, as well as to the harsh climate conditions, a lack of exposure to sanitation and hygiene issues and persistently low income levels amongst the majority of rural inhabitants.

A sustainable Programme for improvements in these areas will necessitate training and capacity building for the use of various types of planning strategies at community level, including the "Triple A cycle" of assessment/analysis/action, followed by evaluation, both for field staff and community members. Service providers will identify and build on the knowledge and practices of existing institutions, organisations, community action groups and individuals who have employed various forms of coping strategies to meet basic needs in the past. Programme interventions will aim to promote and ensure the involvement of women, as the main carriers and managers of water at family level, in training and decision-making on community water and environmental sanitation issues.

Beneficiaries should be willing to make meaningful contributions towards the success of the programme by contributing labour, local construction materials, time for management, and financial inputs within affordable limits, as part of cost sharing

for new water facilities, and also to make ongoing contributions for operation and maintenance of water points and equipment. The process of promoting such contributions, which were often negligible in the past, will involve identifying committed beneficiaries, who will be supported to improve their capacity to take actions to address their needs. Water Point Committees will therefore be established by community representatives, with organizational support from the Divisions of Rural Extension and Rural Supportive Services of the DRD. The Ministry of Agriculture, Water and Rural Development (MAWRD) will, on the basis of initial consultations and pilot experience, establish a policy to guide discussions with communities on the types and nature of their contributions to water point establishment, management and maintenance, taking account of available resources and the technical requirements of different types of schemes.

Training programmes will be designed and implemented by the DRD for Water Point Committees to perform basic maintenance on hand and mechanical pumps and shallow wells, as well as for better management of the local environment against pollution. Various types of training will be conducted for both service providers and the beneficiaries. Communication channels will be identified and strengthened to promote appropriate messages on improved water and sanitation activities. A National Monitoring Unit (NMU) for WATSAN will be instituted by the Department of Water Affairs for regular monitoring of water and sanitation activities and coverage in the country, which will provide a data base for use by national and regional planning authorities including the MAWRD and the National Planning Commission.

8.2 Constraints

Community management of water facilities is relatively new in Namibia. Whilst service providers are interested in the number of facilities installed, communities may take a longer time to appreciate that their resources may play a central role in managing and sustaining local water facilities. The sudden call for them to be actively involved in the meeting of their water needs will initially constrain efforts to successfully carry out planned project activities within the specified time frame, given the attitudes of dependency that have tended to prevail in the past.

The limited capacity of the Government in terms of numbers and appropriate types of personnel to plan and implement improved low-cost water and sanitation activities, and to provide adequate logistics and supplies on a timely basis to effectively deliver services to scattered and dispersed populations in certain regions, will have an impact on the rate of progress towards Programme objectives in the early stages of the implementation period. The present lack of capacity in the newly-formed Rural Extension service will particularly need to be effectively and systematically addressed, in order to implement community empowerment as a strategy and to achieve the water and environmental sanitation objectives on a

community basis. The limited experience in Namibia as a whole with the testing of various technological options for low-cost water exploitation, harvesting and storage will also have constraining effects. This may however be mitigated through increased collaboration with organisations which have previously developed and tested such technologies in similar conditions in Southern Africa and the Sahel.

The RWS Programme has adopted a target of an additional 18% of the rural population to gain sustainable access to safe water by 1996, or an estimated 230,000 people. This is ambitious in view of the above constraints, but is considered achievable if highly effective collaboration is established between area-based and national programmes; between Government, various donors and NGOs (including religious organisations active in the field); and among relevant Government departments. It will also be crucial to integrate and make optimum use of the contribution of the Department of Water Affairs, which has considerable technical capability for certain activities and established working links with the private sector, within the overall objectives and strategy of the RWS Programme. The target will be assessed in the light of operational experience and progress, as well as the results of Census and other data, during the Annual Reviews and Mid Term Review of the GRN/UNICEF Programme of Co-operation.

9. Programme Description

PROJECT 01: NATIONAL CAPACITY BUILDING FOR RURAL WATER SUPPLIES

9.1.1 Introduction:

The majority of the rural population in Namibia has no reliable access to safe water supplies for domestic use. It is estimated on limited information that only some 30% of the rural population in the country have reliable access to safe water. Most of the water for domestic use is obtained from shallow unprotected wells or ponds which are often contaminated by animal droppings or wind blown dusts. These water sources also form breeding places for insect larvae.

In previous years, local government authorities were responsible for providing safe water to the communities in their areas. With the advent of Independence in 1990, the responsibilities for rural water supply were transferred to the central Ministry of Agriculture, Water and Rural Development (MAWRD), which now has national responsibilities for providing safe water and improved sanitation facilities to the rural communities.

The Government proposes to improve water and sanitation facilities in the rural areas with both national resources and the assistance of various external support agencies as well as through increased commitment of the beneficiaries. It has however been recognised that the Rural Water Supplies Unit of the Department of Rural Development, which has particular responsibility for development of low-cost, community-based water programmes, has limited capacity to effectively plan, coordinate and monitor field activities throughout the country. The Deputy Director for Rural Water Supply is at present one of only two staff members in the national-level division. The Unit presently lacks technical expertise and facilities to function effectively. During the next five years the Rural Water Supplies Unit plans to recruit five professionals and increased numbers of artisans at national and regional levels. Meanwhile, the Department of Water Affairs has adequate personnel and the technical capacity to meet some of the water requirements of rural communities through bulk water and borehole construction schemes.

The focus of this project will be directed at strengthening the capacity of the Rural Water Supplies Unit of the DRD, the Department of Water Affairs, and of existing agricultural, water and rural extension workers of the MAWRD to effectively mobilize communities for increased roles in the management of their water points and for protecting their environment against the hazards of pollution, in conjunction with extension and community workers of other sectors.

9.1.2 Project Objectives and Targets

In support of the 1990's Goals for increased access to safe water and improved sanitation in the rural areas, and the Government's commitment to address the poor situation in rural Namibia, this project will have the following as its specific objectives:-

- i) Strengthening the Rural Water Supplies Unit of the Department of Rural Development to enable it to plan, implement, monitor and evaluate low-cost interventions to provide safe water in line with the country goals.
 - ii) Strengthen capacity of the Department of Water Affairs for improved siting and additional construction and repair of boreholes;
 - iii) Raise national and community-level awareness of potential environmental impact resulting from poor management of water points; and improve water management and sanitation practices around water points;
 - iv) Raise national, community and family awareness of need for, and improve, hygienic use of water around water points and in the home;
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- v) **Increase national capacity for the regular monitoring of water and sanitation activities and coverage, and for the use of data in these areas for national planning.**

9.1.3 Project Strategies

The following strategies will be adopted in order to achieve the objectives of the project:-

- i) **Train personnel to effectively plan, implement and co-ordinate improved water and environmental sanitation activities in all regions.**
 - ii) **Train staff for the monitoring and evaluation of water and sanitation activities, and also on data analysis and the use of computer systems for their purposes.**
 - iii) **Provide support to the implementation of training, monitoring and evaluation activities.**
 - iv) **Establish procedures in all regions for monitoring improved water and sanitation activities, leading to a constant assessment of the Programme and 1990's Decade goals through regular supervision and routine reporting.**
 - v) **Co-ordinate and collaborate with other sector programmes, non-governmental organizations and relevant sectoral Ministries in order to achieve the Programme goals.**
 - vi) **Specifically collaborate with the health and sanitation programmes of the Ministry of Health and Social Services for promoting the goals of environmental sanitation and improved family hygiene, and with school curriculum development activities of the Ministry of Education and Culture to promote the greater incorporation of these concerns.**
 - vii) **Support national mobilization and empowerment strategies for community organization and management for improved water and sanitation, with a high involvement of women.**
 - viii) **Promote consultations and operations research relating to community involvement in planning and managing improved water and sanitation facilities, in conjunction with the Household Food Security and Integrated Area Based Programmes.**
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9.1.4 Project Activities

The following major activities will be undertaken:-

- i) Based on initial training needs assessments, specific training for staff of the DRD who will act as national and regional co-ordinators and planners for low-cost rural water supply interventions and community empowerment for water resource and environmental management;
 - ii) Provision of equipment and and training for staff of Department of Water Affairs in improved physical siting of boreholes and in community consultation on planning of borehole schemes;
 - iii) Additional training on planning, implementing, monitoring and evaluating water and sanitation activities. This will include short courses for rural extension workers, pump operators and local committees concerned with water point management and maintenance. Further training for community groups of both a general and specific nature will be carried out by Rural Extension Officers and Rural Development Promoters, with support from this Programme and the Household Food Security Programme.
 - iv) Study tours for staff of the Department of Water Affairs and the Directorate of Rural Water Supplies to selected Eastern and Southern African countries to examine experience with community management of water and sanitation facilities and also to attend short courses on water supply planning and monitoring, sanitation and environmental management.
 - v) Provision of essential equipment and supplies for planning, implementation and monitoring of rural water supply interventions, based on assessed needs of the DRD, the DWA and community water management organisations.
 - vi) Collaboration with the Health Education Unit of the Ministry of Health and Social Services on the use of strategies and materials for awareness creation on sanitation and hygiene issues, and on the potential negative environmental impact resulting from poor management of water points. Also collaboration with the Health Education Unit and with the Ministry of Education and Culture on the revision of existing materials and curricula to incorporate issues on safe water, sanitation, hygiene and environmental management. Testing and design of promotional and educational materials for Water Point Committees and community leaders through the Rural Extension Materials Unit of the Department of Rural Development.
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- vii) Conducting of Knowledge, Attitude and Practices (KAP) studies on water hygiene and sanitation practices and environmental sanitation in conjunction with wider studies to be supported through the Primary Health Care Programme.
- viii) Undertaking of small-scale local-level operational research and assessments, on a participatory basis, on community involvement for sustaining water facilities and on environmental management and sanitation practices, partly in conjunction with the Integrated Area Based Programme.
- ix) Conducting of half yearly, annual and mid term reviews, and establishment of a system of regular field trip reports in order to assess performance.

9.1.5 Project Inputs and Linkages

In view of the constraints faced by the Government in effectively reaching increased numbers of rural communities with improved water and sanitation services, and empowering such communities for improved management of water and environmental resources, UNICEF will support this project in the following areas:-

- i) Provision of one UNICEF Project Officer for Rural Water Supply and Environmental Sanitation (L4) to work closely with and support Government counterparts and concerned NGOs at national level and in selected regions, to promote low cost technologies for harnessing safe water in the rural areas, the increase of awareness and local action for improved water management and environmental sanitation, and the strengthening of rural water and sanitation planning and monitoring systems.
 - ii) Provision of supplies and equipment for improved siting of boreholes to the Department of Water Affairs.
 - iii) Support to national and regional level Government personnel to participate in appropriate training programmes and study visits based on identified needs and relevance to the activities of the Programme.
 - iv) Support to material design and testing for the promotion of rural water and environmental sanitation activities. This will be undertaken by the Rural Extension Materials Unit and Rural Extension Services of the DRD and will be co-ordinated with the Health Education Unit of the Ministry of Health and Social Services. The design of information will be targeted to the needs of women, school children, local community leaders, water point committees and NGOs, and dissemination will be supported to these groups and organisations. Wider dissemination in a variety of local languages to the
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general community in selected regions will be supported under Project 02 (see below), as well as by the Integrated Area Based Programme in its districts of operation. Various media channels will meanwhile be used for advocacy, promotion and awareness creation of water and sanitation activities.

- v) Support will be given to regular monitoring of coverage of access to safe water and access to improved sanitation, in respect of progress towards the Decade Goals. Assistance will be provided to the Government to institute a National Water Monitoring Unit in the Department of Water Affairs to monitor the progress of the country's goals for safe water and improved sanitation, and for the setting up of a data bank where all water and sanitation related information will be stored and retrieved for use in national and regional planning.

9:1:6 Project Management

Overall project co-ordination and management will be undertaken by the Department of Rural Development, through its Rural Water Supplies Unit. Certain components will also be managed and implemented by the Department of Water Affairs, including coverage monitoring and relevant staff training activities. The success of the project will to a large extent depend on close collaboration and co-ordination between Rural Water Supplies Unit, Rural Appropriate Technology Section and Rural Extension Services Division of the DRD, and the Department of Water Affairs. Broader collaboration and liaison will be required with the Ministry of Health and Social Services, the Ministry of Education and Culture, the Ministry of Local Government and Housing as well as with (particularly church-based) Namibian NGOs and international organizations involved in promoting water and environmental sanitation activities. The UNICEF Project Officer (Rural Water Supply and Environmental Sanitation) will assist the promotion of this collaboration and will manage UNICEF support to the project. The existing inter-sectoral Water Supply and Sanitation Policy (WASP) Committee will form the basis of a reference group for the continuing development of a national policy framework, for the co-ordinated monitoring of water and sanitation Goals, and for technical review of this project.

9.1.7 Critical factors and Assumptions

The implementation of this project will depend upon the success of the Department of Rural Development in planning, management and co-ordination of activities at national and regional levels. Proper planning and delegation of responsibilities for co-ordinating field activities is also critical to the success of the project. Concerned sectoral Ministries, NGOs and donor agencies will need to constitute a collaborative team to co-ordinate and promote improved water and sanitation activities throughout the country, with a common and agreed focus on community

participation, in order to make effective use of additional technical capacity created. Recruitment of adequate numbers of suitable staff by the DRD will also be a crucial factor. The timely acquisition of supplementary funds by UNICEF from donors to support the project is also a major assumption.

9.1.8 Project Monitoring and Evaluation

The activities of the project will be monitored on a monthly basis by the Rural Water Supplies Unit of the DRD and its Regional Co-ordinators using structured check lists modified from the "WASAMS" monitoring instrument. Data obtained will be collated and analysed to assess the coverage level within each region. These will be used for regular monitoring by both the DRD, for project management purposes, and by the DWA, as inputs for the national monitoring system on water supply and sanitation access and for the work of the national WASP Committee.

The MAWRD in conjunction with UNICEF will undertake half yearly, annual, mid-term and end of cycle reviews to evaluate progress of project activities, and to agree on necessary adjustments and workplans. Specific studies on knowledge, attitudes and practices (KAP) on community involvement in the management of water points and the environment will also be carried out, on a participatory basis with water point committees, and in conjunction with wider KAP studies, to assist the measurement of project impact for increased awareness and behavioural change. Change in the incidence of water borne and water-related diseases will be a further indirect project impact indicator.

9.1.9 Project Budget

Subject to the availability of funds, UNICEF will support the National Capacity Building for Rural Water Supplies Project with up to US \$1,065,00 from supplementary funds for the period 1992-96:

Supplementary Funds

(US\$ 000)

Activity	1992	1993	1994	1995	1996	TOTAL		
1. Support for staff inservice training		15	10	10	10	10	55	
2. Study Visits and External Training			10	10	15	5	5	45
3. Short Term Techn. Support			10	10	10	5	5	40
4. Studies and Operations Research			10	25	0	0	0	35
5. Supplies and Equipment			10	5	5	5	5	30
6. Water Point Siting/ Maintenance			30	20	20	15	10	95
7. Material Design, Testing and Production			15	15	20	15	15	80
8. Programme Support (including Rural Water and Env. San. Officer)			110	125	130	135	140	640
9. Monitoring & Evaluation/ National Data Base Devt.			15	5	15	5	5	45
SUB TOTAL			225	225	225	195	195	1065

The Department of Rural Development will contribute an estimated Rand 900,000 from its recurrent budget over the five years of the project (R 150,000 in 1992), to cover the costs of involved personnel, transport, logistics, office supplies, material design and supporting services. An estimated R 300,000 will be contributed over the five years by the Department of Water Affairs in terms of in-kind staff time for participation in training and for undertaking WATSAN monitoring activities.

9.2. PROJECT 02: IMPROVED WATER AND SANITATION SERVICES IN OVAMBO, CAPRIVI AND NAMALAND

9.2.1 Introduction

Namibia faces considerable hydrogeological problems associated with the development of water resources for human consumption. Availability of ground water is limited and difficult to locate. A high proportion of what is available is unsuitable for human consumption because of the high concentrations of dissolved solids derived from rocks. This problem however varies within and between regions.

The annual rainfall in the North and North East of the country, i.e. Ovambo, Kavango and Caprivi, is relatively high, with annual average ranging between 500 and over 700 mm. Towards the southern Namaland area, the average annual rainfall is between 200 and 300 mm, or even lower. There are only five perennial boundary rivers or streams which serve as water sources in some parts of the country. Their lateral flow also dominates the hydrological pattern of the country. The dominance of seasonal streams as a water source, implies that the projected demand for ground water far exceeds the potential available water resources in the interior of the country. The period of highest evaporation coincides with the summer rainfall season, thus having a negative effect overall availability.

The Ovambo region has the highest concentration of population in the country, with some 45 - 50% of the total (i.e. roughly 800,000 people). Provision of water services are limited to the pipe line and canal which run from Ruacana and are operated by the Department of Water Affairs, a small number of shallow wells constructed by church organizations, and a limited number of boreholes which are constructed by individuals, the Rural Development Centre of the DRD and the Department of Agriculture. These however serve only an estimated one third of the population, which relies mainly on seasonally fluctuating shallow ponds (oshanas) and hand-dug wells.

The Caprivi region with a population of about 65,000 people, benefits to a greater extent from the lateral flow of the Kwando and Zambezi rivers. These rivers serve as potential sources for surface and underground water, and the region has greater potential for low-cost development of shallow wells. A main pipeline and the Lake Yambezi and associated seasonal floodplains serve as additional sources of drinking water.

The situation in Namaland, where roughly 40,000 people live, is extremely difficult, with most of the ground water being salty and unfit for human consumption. Domestic water is obtained from excavated holes which are a potential source of water borne diseases.

In pursuance of the Government's policy to provide safe water and improved environmental sanitation to the rural areas of Namibia, this project will focus activities in the following regions:-

- a) North West (Ovambo)
- b) North East (Caprivi)
- c) South (Namaland).

These regions have been selected bearing in mind the following criteria: the limited resources directly available to this project; the high population concentration and low safe water access in Ovambo; the extreme needs persisting in Namaland; the relatively high potential for low-cost water source development in Caprivi; as well as the underserved nature of the rural population with regard to water access and improved sanitation in all three regions.

9.2.2 Project Objectives

This project will aim to:

- Increase coverage of safe drinking water supply to 45% of the rural population as a whole and to assist the expansion and maintenance of services, in three particular regions, by the end of 1996, through providing safe water access to an additional 230 000 people;
- Provide targeted environmental sanitation and hygiene information to 60% of the rural population in the three regions, or about 440,000 people, in co-operation with health education activities of the Ministry of Health and Social Services;
- Strengthen the capacity of rural communities in the three regions to address their water and sanitation needs with minimal essential levels of external support.

9.2.3(A) Project Strategies - Ovambo

In order to achieve the outlined objectives in the North West (Ovambo), the following strategies will be adopted:-

- i) Identification of the unserved population in priority areas of the region and assess their needs for water supplies and sanitation and hygiene information.
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- ii) **Develop the capacity of existing institutions presently involved in promoting safe water through low-cost technologies and sanitation activities, by providing additional equipment, supplies and logistics for effective implementation of field activities.**
- iii) **Develop the capacity of service providers for effective service delivery through inservice training and study tours.**
- iv) **Mobilize resources to meet the needs of the target beneficiaries, including through liaison with Church organizations, NGOs, bilateral agencies and the Integrated Area Based Programme.**
- v) **Develop sanitation and hygiene education materials related to safe water management of water facilities and the specific environment, translate them into Oshivambo and arrange for their wide dissemination.**
- vi) **Develop the capacity of the participating communities to identify and address their water problems and needs on a sustainable basis with low levels of external support.**
- vii) **Facilitate strong links between the Departments of Rural Development, Water Affairs and Agriculture at regional level for the purposes of joint planning and coordination on WATSAN.**

9.2.3(B) Project Strategies - Caprivi

In order to achieve the outlined objectives in the North East (Caprivi), the following strategies will be adopted:-

- i) **Identification of the population who presently do not have reliable access to safe water or to sanitation and hygiene information.**
 - ii) **Identify areas with best potential for low cost technological options and with the greatest needs for water supply improvement.**
 - iii) **Develop the capacity of service providers for effective service delivery through inservice training and specialized study visits.**
 - iv) **Mobilize resources to meet the needs of the target beneficiaries, through a combination of possible organizations, and with a focus on upgrading and improvement of existing water sources, particularly shallow wells.**
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- v) Develop sanitation and hygiene education materials relating to the management of water facilities and the specific environment, translate and disseminate them.
- vi) Develop the capacity of the communities to identify and address their water problems and needs on a sustainable basis with low levels of external support.

9.2.3(C) Project Strategies - Namaland

In order to achieve the outlined objectives in Namaland, the following strategies will be adopted:-

- i) Identify selected target communities with acute lack of access to safe water and assess their water supply and sanitation and hygiene information needs.
- ii) Identify low-cost, viable rainwater catchment and storage technologies for testing in the area and for subsequent replication.
- iii) Develop sanitation and hygiene education materials relating to the management of water facilities and the environment in the specific conditions of the region, translate and disseminate them.
- iv) Mobilize resources to meet the needs of the target beneficiaries, including through locally-based NGOs such as the Namibia Community Cooperative Alliance as well as Government departments.
- v) Develop the capacity of the communities to identify and address their water problems and needs on a sustainable basis with low levels of external support.

9.2.4 Activities

The project will undertake the following activities:

A : OVAMBO REGION

- i) Provide logistics, supplies and equipment to existing institutions and Departments for constructing new water sources, particularly shallow wells, and rehabilitating and improving old ones in the region. The participating agencies will include the Rural Development Centre and the Departments of Agriculture and Rural Development. Limited support will also be given to the Department of Water Affairs for borehole repair and construction activities to meet high priority community needs.
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- ii) Provide technical and material support to communities for the installation of 200 rain water catchment and harvesting systems in areas where the ground water is salty and unfit for human consumption, including at social institutions such as schools and health units, and at household level.
- iii) Provide technical and material support to improve 80 existing traditional water sources (shallow wells) that have proven safe water by increasing their depth, lining them with either mild steel rods and ferrocement mix or lining with stones and ferrocement mix and provided with a hand pump.
- iv) Provide technical and material support to protect 80 existing "oshanas" (shallow ponds) in the region from faecal contamination and for these oshanas to provide safe drinking water, using complementary community labour inputs, local materials and limited external supplies.
- v) Support the construction of 30 and repair of 70 boreholes in areas where ground water is safe for human consumption and lower cost options are not available.
- vi) Support study tours for the Regional Programme Managers/Senior Extension Officers on community management of water facilities and on the management of environment and water resources.
- vii) Support inservice training for technicians assigned to the Department of Rural Development on the installation, operation and maintenance of hand pumps and water storage tanks.
- viii) Support mobilization and training activities for establishing community water point management committees as well as for awareness creation, group dynamics mobilization and utilization of community resources for management and sustainance of water facilities.
- ix) Support sanitation and hygiene education training programmes for safe water use and improved sanitation within the community, using materials developed under the Programme.
- x) Provide portable water testing kits (e.g. Milipore) to the Department of Water Affairs for testing of water quality at new and existing points in the region.

B : CAPRIVI REGION

- i) Provide logistics, supplies and equipment to the Department of Rural Development for constructing 35 new hand-dug shallow wells and rehabilitating and improving 90 existing ones in the region, with community
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labour participation. This will include installation of handpumps, bucket and chain systems, covering deepening and provision of soakaways.

- ii) Provide technical and material support for the installation of 35 rain water catchment and harvesting systems in areas where there is ample rainfall, but with very low rate of ground water recharge, and which are relatively inaccessible during certain times of the year. These will be installed at social institutions such as schools and health units, as well as tested at individual household level.
- iii) Support the construction of 15 and repair of 35 boreholes by the Department of Water Affairs in priority areas where provision of safe water is a problem and shallow well development is not a viable solution.
- iv) Support training for extension workers on community mobilization strategies.
- v) Support study tours for the Regional Programme Managers/Senior Extension Officer on community management of water facilities and on water resource development.
- vi) Support inservice training for extension workers on the installation, operation and maintenance of hand pumps and water catchment and harvesting systems.
- vii) Support mobilization and training activities for establishing community water point management committees as well as for awareness creation, group dynamics, mobilization and utilization of community resources for management and maintenance of water facilities.
- viii) Support sanitation and hygiene education training programmes for safe water use and improved sanitation within the community, using materials developed under the Programme.
- ix) Enhance the water testing capacity of the Department of Water Affairs in the region through provision of portable testing kits.

C NAMALAND REGION

- i) Provide technical and material support for the installation of 250 rain water catchment and harvesting systems in areas where the ground water is salty. These will be installed at social institutions such as schools and health units, as well as with individual households.
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- ii) Support the construction of 15 and repair of 35 boreholes by the Department of Water Affairs in areas of critical need.
- iii) Support study tours for the Regional Programme Manager/Senior Extension Officer on community management of water facilities and on improved management of land and water resources.
- iv) Support inservice training for extension staff on the management of water storage tanks and catchment systems.
- v) Support mobilization and training activities for establishment of community water point management committees as well as for awareness creation, group dynamics, mobilization and utilization of community resources for management and maintenance of water facilities.
- vi) Support sanitation and hygiene education training programmes for safe water use and improved sanitation in the community, using materials developed under the Programme.

9.2.5 Project Inputs and Linkages

9.2.5.1 Community

In the past, the Government was the main provider of safe water in the rural areas. However, beneficiaries of the service tended to be passive recipients and had little say in the choice of technology options. They were also not widely involved in the operation and maintenance of the schemes. This project will facilitate through intensive mobilization strategies a process of change among communities for them to identify their problems and address their needs, and will provide them with increased technological options. Emphasis will be placed on building the capacity for local planning and managing of community projects.

Traditional channels of communications, traditional authorities, community water point committees, women's groups and other development organizations will be identified, trained and strengthened in the three regions covered, to disseminate appropriate messages on safe water, water point maintenance and improved environmental sanitation and hygiene practices.

Communities will be encouraged to form Water Point Committees and provided with training and pre-tested local language manuals. They will act as a link between external agencies and the community, mobilising the communities to provide local

construction materials, labour and appropriate financial contributions for constructing the water points. They will also act as focal points for ongoing activities to maintain and manage these water points and the surrounding environment.

In the case of rainwater harvesting systems, communities will be required to provide the basic materials which will be reinforced with external supplies from the project. Mechanisms for sharing costs and costs for operation and maintenance will also be worked out with the communities.

The project will facilitate and support specialized training for local authorities, water point committees, community action groups and service providers. Training on pumps maintenance, group dynamics, women's participation and community mobilization will also be supported in the three regions to be covered.

The performance of the water point committees will be monitored on a bi-monthly basis by the Rural Extension service to ensure continuity and assess ongoing support needs in their roles.

9.2.5.2

Government

For the water point committees to be effective in performing their roles, the Government will build up and maintain a well trained cadre of field staff which will work closely with the committees. This will be developed through the Rural Extension Service, which will be supported through the Rural Water Supplies Programme, the Household Food Security Programme, and with technical support from the Peoples' Participation Unit of the DRD. The Rural Extension Service will work with voluntary Rural Development Promoters at community level, who will assist and/or form part of the water point committees as well as local health committees.

Links will be established with the Ministries of Health and Social Services, Education, Local Government and Housing, for the promotion of appropriate health, sanitation and improved hygiene messages at various levels within the communities.

The Department of Water Affairs in the various regions will undertake the operation and maintenance of field equipment for borehole repair and construction and water quality testing. The Department of Agriculture in the regions will work closely with the technical staff for awareness creation and mobilization of resources. The Department of Rural Development will provide technical and artisanal staff, equipment, supplies and transport, as well as providing accommodation in Ovambo and Caprivi for UN Volunteer staff to be posted under the project.

9.2.5.3

UNICEF

Overall technical support to the Project will be provided at both national and regional levels by the Project Officer (Rural Water Supply and Environmental Sanitation), funded as part of Project 01. Technical support in the development and testing of low-cost water technologies, sanitation education and inservice and community level training and mobilisation will be provided by two UN Volunteers, posted under the project to the Department of Rural Development in the Ovambo and Caprivi regions. The nationally-based Project Officer will assist the Government and NGOs in the implementation of project activities in Namaland.

Appropriate inservice training for field staff will be supported based on jointly-identified needs and on requests from the Department of Rural Development and the Department of Water Affairs. Study visits in Eastern and Southern Africa and possibly the Sahel will also be supported for regional-level senior officers to enable them to share and learn from the experiences of other countries.

Within the resources available, UNICEF will provide supplies and equipment to the Department of Rural Development (including the Rural Development Centre(s)) and to the Department of Water Affairs, to support the construction and repair, by them, of low-cost water sources and boreholes respectively in the three regions covered. Appropriate transport and logistical support, as well as office equipment, spare parts, workshop and water testing equipment will also be provided to the Departments, based on joint assessment and agreed priority needs in these regions. Small-scale material support may also be given to Namibian NGOs providing water and sanitation services to communities in these regions.

UNICEF will not provide support for water source development on private land; for water development mainly for agricultural use; nor for individual households except in the case of low-cost water catchment and harvesting technologies where cost-effective.

Support for strengthening the community responsibility in taking appropriate actions to address their needs will also be provided through the development and production of extension and training materials, for use by the Rural Extension Service and community level workers in the regions covered by the project.

9.2.6 Project Management

The project will be managed and coordinated by the Rural Water Supplies Unit of the DRD, through its national and regional officers. National policies on safe water will be interpreted and implemented at regional level by the Department of Water Affairs, which will also manage the borehole construction and repair components of the project, as well as providing water quality testing services. The Department

of Agriculture, and the Ministries of Health and Social Services, Education and Culture, Local Government and Housing will assist the DRD and the DWA in mobilizing the communities and groups (including schoolchildren) for water and improved sanitation and hygiene activities. Technical assistance and supportive supervision will be provided by the Programme Staff of UNICEF Namibia, including the two regionally-based UN Volunteers and the Project Officer (Rural Water Supply and Environmental Sanitation). The Project Officer will provide technical support primarily at a national level, but will also give specific support to the project activities in the South, through regular visits from Windhoek.

9.2.7 Critical Factors and Assumptions

Developing the capacities of rural communities to effectively organise to assume responsibilities for planning and managing their water affairs will be the most critical factor for the success of this project. Mobilization strategies will need to be intensified and made more relevant for communities to fully undertake their new roles in promoting and maintaining safe water and its improved utilisation. Processes of initial and ongoing consultation, leading to adaptive and flexible responses by service providers based on expressed needs, will also need to play a central part in community empowerment.

Agencies involved in delivering safe water to the communities will need regularly to co-ordinate and complement the activities of each other. Accordingly, Regional Government authorities in the Departments of Health, Education, Local Government and Housing will all need to give support to the Departments of Rural Development and Water Affairs to meet the project goals, on the basis of a commonly-perceived and agreed strategy of community empowerment. Local administrative bodies, community action groups, religious bodies, health and education authorities will also be called on to assist in promotion of safe water and improved sanitary conditions.

A further crucial assumption of the project will be the recruitment and placement by the Department of Rural Development of adequate numbers of appropriate professional, extension and artisanal staff in the three participating regions, as well as at national level. Timely acquisition by UNICEF of supplementary funds from donors to support the activities of the project will also be a major assumption.

9.2.8 Project Monitoring and Evaluation

Monitoring of field activities will be undertaken by National and Regional Staff of the DRD on a monthly basis. The UNICEF/WHO designed "WASAMS" monitoring instruments will be modified and adapted to the Namibian situation. The entire monitoring process will permit the periodic assessment of actual coverage levels in the regions covered, in conjunction with the national data base to be established

by the Department of Water Affairs. Project activities at regional levels will be evaluated on a quarterly basis through review meetings coordinated by the Rural Water Supplies Unit of the DRD with participation of other participating departments, relevant NGOs, the UN Volunteers and the UNICEF Project Officer. The outcome of such meetings will provide information on field activities for the WASP Committee at national level, as well for the national review meetings on the overall GRN/UNICEF Country Programme, to be held on an annual and mid-term basis under the coordination of the National Planning Commission. UNICEF and the MAWRD will also hold regular consultations on the progress of the project, particularly for the formulation of annual workplans and determination of needs for support to training and supplies and equipment.

To strengthen monitoring capacity in respect of the Programme, inservice training on simple evaluation methodologies such as Rapid Rural Appraisal and Focus Group Discussions will be provided for regional staff and extension workers.

9.2.9 Project Budget

Subject to the availability of funds, UNICEF will support this project with up to US \$ 3,935,000 in Supplementary Funds, as follows:

Supplementary Funds

(US \$ 000)

Activity	1992	1993	1994	1995	1996	TOTAL
A. <u>Ovambo</u>						
1. Inservice Staff Training & Orientation	20	20	15	15	15	85
2. External Training and Study Visits	20	20	10	10	10	70
3. Transport and Logistics	60	30	5	5	5	105
4. Office/Workshop Supplies & Equipment	20	20	20	20	20	100
5. Water Supplies/Equipment	180	180	219	253	253	1085
6. Community Organization Training	15	20	20	15	15	85
7. Extension Materials Production	10	10	10	10	10	50
8. Technical Support (incl. UNV)	20	30	30	10	10	100
9. Monitoring & Evaluation/ Programme Support	32	29	30	30	30	151
SUB TOTAL	359	359	359	368	368	1813

Activity	1992	1993	1994	1995	1996	TOTAL
C. <u>Namaland</u>						
1. Inservice Staff Training & Orientation	10	10	10	10	10	50
2. External Training/Study Visits	10	10	5	5	5	35
3. Logistics	5	5	5	5	5	25
4. Office/Workshop Supplies & Equipment	20	15	10	10	10	65
5. Water Supplies & Equipment	58	63	83	109	109	422
6. Community Organization & Training	15	15	10	10	10	60
7. Extension Materials Production	10	10	5	5	5	35
8. Monitoring & Evaluation Programme Support	10	10	10	5	5	40
SUB TOTAL	138	138	138	159	159	732
GRAND TOTAL:						
A. OVAMBO	359	359	359	368	368	1813
B. CAPRIVI	278	278	278	278	278	1390
C. NAMALAND	138	138	138	159	159	732
TOTAL	775	775	775	805	805	3935

The Department of Rural Development will contribute an estimated Rand 45 million over the five years (R 5.9m in 1992) to the project from its recurrent budget, including the costs of involved national staff, personnel in the three regions covered, vehicle running costs and logistics, design, construction and repair of water points, office and workshop supplies, training and mobilisation activities, and accommodation and supporting costs for two UN volunteers. Complementary expenditure will also be undertaken in these and other regions by the DRD from capital budget allocations. The Department of Water Affairs will contribute an estimated total from its regular budget of Rand 4.2 million over the five year period (R 0.6m in 1992), for costs of construction of water points assisted by the project, water testing services, staff time and other items.

PROGRAMME 7: CAPACITY BUILDING FOR CSPD PLANNING

1. BASIC DATA

Country: Namibia

Programme: Capacity Building for CSPD Planning

**Programme
Number:** YT715

Time Period: January 1992 - December 1996

Project: 01: Capacity Building for CSPD Planning

Funding Sought: UNICEF General Resources: US\$ 990 000

Main Co-operating

Agencies: National Planning Commission
University of Namibia (NISER)
Regional development authorities
NEPRU

Other Co-operating

Agencies: Ministry of Health and Social Services
Ministry of Education and Culture
Ministry of Agriculture, Water and
Rural Development
Council of Churches in Namibia
Department of Women's Affairs
UNDP
UNFPA

EXECUTIVE SUMMARY

This Programme will support the development and strengthening of social sector planning and monitoring in Namibia, with particular reference to sustained planning for children and women in the 1990s. The Programme will involve capacity-building in a number of newly-formed institutions at national and, in due course, regional levels. The major focus of this support will be on the National Planning Commission (NPC), established in 1990, and in particular its Directorate of Development Planning. Increasing emphasis will be given to support for regional planning with a participatory dimension, through multi-sectoral regional development bodies which will be established in 1992-93.

UNICEF will support the Programme through a combination of in-country and externally-based short-course training in various aspects of social planning and monitoring, to key staff of these institutions and of Ministries concerned with the social sectors and with women-related issues; exposure to international planning experience through study visits; and short-term technical assistance, where required, to assist the integration of national strategy development for poverty alleviation among children and women with medium-term economic and national planning overall.

Assistance will also be given to the establishment and use, within the NPC, of a data base for monitoring child survival and development, and of progress towards the Goals for Children and Development in the 1990s. The data base, which will also provide a foundation for monitoring the implementation of the National Programme of Action for Children, will also draw upon information and monitoring systems to be developed in sectoral Ministries, with the support of other components of the Country Programme.

This Programme will also promote and give selective support to essential research on the problems and needs of children and women in Namibia, and will undertake the updating of the Situation Analysis of Children and Women. The involvement of the University of Namibia, the Department of Women's Affairs and other national research bodies will be sought in this area by the NPC and UNICEF. Where possible, additional analysis will be carried out, in collaboration with the Directorate of Central Statistics, on data sets already obtained through household surveys, in order to increase statistical information on children and women at relatively low cost. The Programme will assist the appropriate dissemination of analysis and research results.

Finally, the Programme will provide management, technical and administrative support to all components of the GRN/UNICEF Country Programme for 1992-96, and will undertake joint annual and mid-term reviews thereof, as well as providing planning support to ongoing collaborative programme development.

2. INTRODUCTION AND JUSTIFICATION

At the World Summit for Children in September 1990, President Dr Sam Nujoma, with 70 other Heads of State and Government, committed Namibia to the achievement of a broad set of Goals for Children and Development in the 1990s. Numerous statements of national policy, ranging from the Constitution itself to the 1991 White Paper on National and Sectoral Policies, have reinforced the commitment of newly-Independent Namibia to the eradication of poverty and malnutrition, the achievement of an acceptable standard of living for all its citizens, and the protection of the most vulnerable members of society, particularly children.

The objectives of **Child Survival, Protection and Development (CSPD)**, as expressed in the *Goals for Children and Development in the 1990s*, are therefore regarded as a central focus of national policy in Namibia, as well as being internationally-accepted measures of development progress (cf. UNDP Human Development Reports, 1990 and 1991). Through re-prioritisation of budgetary allocations in 1990/91 and 1991/92 towards social spending, and the launching of a number of major child survival-related programmes since Independence, the Government of the Republic of Namibia (GRN) has already shown strong practical commitment towards achievement of the Goals.

However, given the recent establishment of development planning as a process in Namibia, the institutional and human capacity to formulate national policies and programmes for social, human and child development, particularly on an integrated multisectoral basis, is still weak. Furthermore, national capacity by which to monitor progress towards achievement of key child-related Goals, and to make policy adjustments based on interpretation of the results of monitoring, can be described as embryonic.

In 1990, the GRN established the National Planning Commission (NPC) in terms of the new Constitution, with a mandate to plan the priorities and determine the direction of national development. This is done in co-ordination with the sectoral Ministries of Government and under the direction of Cabinet and the President. The NPC, with three main Directorates (Development Aid, Development Planning and Central Statistics), has, inter alia, the following objectives:

- coordination of economic, social, infrastructural and institutional development in Namibia;
 - planning and coordination of the development pattern of Namibia;
 - undertaking planning on a regional basis;
 - provision of statistical services;
-

- building up a database on the present level of development in all economic sectors and analysing this information...;
- formulating developmental proposals regarding economic, social and physical aspects (etc).

(White Paper on National and Sectoral Policies, March 1991).

Many of the above areas are the particular responsibility of the sections for Economic Planning and Social Planning, being established under the Directorate of Development Planning.

The NPC recruited the large majority of its professional staff in mid-1991, and also began detailed working operations towards fulfillment of its objectives in that year. A Transitional Plan for the period 1991-93 was prepared by the NPC in 1991, in co-ordination with the sectoral Ministries. A fully-fledged National Development Plan is expected to be developed during 1992-93. Considerable strengthening, on a progressive basis, of both staff and analysis will be undertaken by the NPC as it extends the scope of its operations.

Capacity for planning and monitoring in the sectoral Ministries, with respect to the range of child-related and woman-related Goals for the 1990s, exists at different stages and levels. Having inherited a virtual absence of data base and information systems from the colonial era, Ministries are undertaking a number of initiatives to establish the basis for monitoring of social conditions and progress, some with UNICEF support. These include establishment of a Health Information System, a Nutritional Surveillance System and an Early Warning System. Baseline data is being collected by the Departments of Agriculture and Rural Development, on areas including small farm characteristics and rural water supply access.

A number of additional, in-depth surveys were carried out shortly after Independence by the Namibian Institute for Social and Economic Research (NISER) in the University of Namibia, and by UNICEF Namibia (particularly the 1990 Household Health and Nutrition Survey), with a view to increasing the amount of data at family and individual levels available for planning purposes. However, the information provided by these surveys was sub-national in scope, given constraints on resources, and will require considerable enhancement through the implementation of national household surveys during the 1990s. The results of the 1991 Census analysis will form a major addition to presently-available information on children, women and other citizens. Further research on key economic and development policy issues, including agriculture, national finance, land and fisheries, is being undertaken by the Namibian Economic and Policy Research Unit (NEPRU), an independent Trust.

It will be particularly important to ensure that maximum benefit is derived, for planning purposes, from already-available data, from that to be collected through national surveys, and from data obtained on an ongoing basis from sectoral monitoring systems. Capacity-building will be required to assist the continued interpretation of essentially "sectoral" data in a multi-sectoral context, and in gender-disaggregated form, particularly for national planning and progress monitoring. This will also be important if maximum benefit, in terms of monitoring specific national Goals for children and for women, is to be obtained from detailed household survey programmes.

It is expected that, during 1992, planning capacity will be initially established in the main Regions of Namibia, following local elections. This will provide an institutional base for achieving more detailed as well as more participatory planning on a sub-national basis. Whilst experience in countries such as Botswana has demonstrated the potential for expression of local priorities and for popular participation within the framework of decentralised planning, this will undoubtedly require several years to build up in a new political and institutional environment such as Namibia. This Programme therefore envisages an increasing level of support to regional development authorities, once formed, in establishing and building capacity for social and child-related planning and monitoring, within their respective regions and with their communities.

3. REVIEW OF PAST EXPERIENCE

Prior to and shortly after Independence, UNICEF in collaboration with the Council of Churches in Namibia and other national NGO partners undertook a range of sector studies, covering household food security, primary health care, water supplies, immunisation services, etc, as well as a Household Health and Nutrition Survey in two main regions, with the aim of improving baseline information available for national and regional planning. Many of these studies, as well as the Survey results, have been of use both to the GRN and to international co-operating partners, as reflected in the 1990 White Paper on "**National Policy on Children**" and in programme formulation reports by ILO, IFAD and others. Much of the data collected from these and earlier sources was incorporated in the "**Situation Analysis of Children and Women in Namibia**", undertaken by the Namibian Institute for Social and Economic Research (NISER) together with UNICEF, and in collaboration with the GRN. The Situation Analysis, completed in March 1991, provided the first systematic assessment of the problems of children and women in Namibia, and of the different immediate and underlying factors contributing to these problems.

The process of formulating the Situation Analysis was in itself designed to increase analytical capacity and experience in the University of Namibia, through NISER, and

to promote consideration of child-specific and social policy issues in the government and NGO sectors in Namibia as a whole. A national workshop was held in March 1991 to consider the preliminary findings of the Situation Analysis, and subsequent issue-specific consultations, notably the Workshop on Identification of Priority Issues for Women in Development in Namibia (June 1991), have made extensive use of the findings.

The National Planning Commission has provided co-ordination and guidance in the process of finalising the Situation Analysis, as well as in reviewing previous UNICEF support to Transition and early post-Independence period programmes in Namibia, and in the detailed design of a Strategy for proposed GRN/UNICEF Country Programme Co-operation for 1992 - 96. Effective working methodologies for collaboration in programming on a multi-sectoral basis, involving a range of national and international agencies, have been established through these activities. Meanwhile, intensive work was carried out during 1991 on an inter-sectoral basis for the formulation of a National Programme of Action for Children in the 1990s, co-ordinated by the Ministry of Health and Social Services, as a follow-up to the World Summit for Children.

4. GOVERNMENT/UNICEF POLICY FRAMEWORK

As already indicated, the NPC has been established as the Government agency responsible for the formulation of medium-term plans at national and regional levels in Namibia, the co-ordination of international assistance, and the development of statistical services. As emphasised in the 1990 and 1991 Budget Speeches, and the White Paper on National and Sectoral Policies of March 1991, the top economic policy priorities of the GRN are:

- the reactivation of the economy;
- the reduction of income disparities, in pursuit of a just and equitable society; and
- the restraint and redirection of public expenditure.

As indicated in the Government's **"General Policy Statement on the Reconstruction and Development of Namibia"** (May 1990), the four priority sectors in the overall national development process have been identified as: Agriculture and Rural Development; Education and Training; Health; and affordable Housing.

Given these priorities, and a background of inheritance of severe structural imbalances in a range of sectors including service access, land and employment

access, wealth, incomes and government structure, it is evident that economic and social planning in Namibia must be closely articulated. This is particularly so if the overriding development objective expressed by the Government, that of eradicating poverty, is to be achieved. Integrated and phased socio-economic planning, allowing, for example, the steady and cost-effective extension of service access whilst also using public resources to stimulate economic growth and employment creation, is recognised by the GRN as imperative. The steady fall in overall income per capita during the 1980s, and the possibility that only modest increases in this average will be achieved during the 1990s, implies the need for a careful balance between the twin objectives of growth and redistribution, and detailed attention to the pattern of growth in practice and its beneficiaries.

Government policy, as indicated in the 1991 Budget, will pay close attention to the achievement of this balance. This in turn will require the development of information and data systems by which social progress, including poverty reduction, can be measured and assessed (especially since macro-economic information is relatively much better developed).

The Goals for Children and Development in the 1990s, adopted by the Government at the World Summit, provide broad targets for social progress in a range of multi-sectoral and sectoral areas. Many of these, such as the "Health for All", Food Security and "Education for All" Goals, have already been adopted as policy by the respective sectoral Ministries. Other Goals, such as those relating to Nutrition, public health and protection of children are specifically recognised in the Constitution (Articles 15 and 95). There is thus a strong convergence between emerging national policy and the Goals for Children in the 1990s, which is expected to be reflected in forthcoming National Development Plans, and in the National Programme of Action for Children.

5. PROGRAMME OBJECTIVES

The overall objectives of the Programme are as follows:

- i) to facilitate the achievement of GRN/UNICEF Country Programme Major Goals, on child survival, maternal health, child nutrition, adult literacy and empowerment of disadvantaged Namibians, as well as the overall Goals for Children and Development in the 1990s, by strengthening of national planning and monitoring in related areas;
 - ii) to increase capacity for assessment, analysis, planning and monitoring at national and regional levels, with respect to social sectors, poverty-reduction initiatives, and multi-sectoral programmes aimed at improved Child Survival, Protection and Development (CSPD);
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iii) to achieve effective and ongoing joint monitoring and analysis by the GRN and UNICEF of the situation of children and women, and of progress towards Country Programme Major Goals and the wider Goals for Children and Development in the 1990s; and to disseminate the results of such analysis to high-level national decision-makers.

Specific objectives of the Programme will be to:

iv) support the process of detailed formulation of social sector policies and strategies by the NPC, and their articulation with economic policies within the national development framework, as well as the formulation of more specific policies related to children, women, human resource development and poverty eradication within this process;

v) support the increased decentralisation of socio-economic planning to the regional level, following the establishment of regional planning functions in Namibia;

vi) promote the involvement of communities, disadvantaged groups and their representatives within the process of regional and national planning;

vii) support and strengthen the monitoring, at national and eventually regional levels, of key indicators of CSPD and poverty reduction by multi-sectoral and coordinating planning agencies of Government, particularly the NPC, in conjunction with other national partners and UNICEF;

viii) undertake periodic in-depth analysis of the situation of children and women in Namibia, as new information becomes available; and use this for modification of the strategy of GRN/UNICEF Country Programme Co-operation, for monitoring of progress on the National Programme of Action for Children, and as a major input to national policy design and planning.

6. PROGRAMME STRATEGY

Programme strategy will be based on an increase of awareness, experience and technical capacity among Namibian personnel with national planning responsibilities, simultaneous with the strengthening of information systems, monitoring and planning procedures made use of by these personnel. This implies carefully-phased support to both personnel development and institutional development, in tandem. The Programme will also aim to promote technical linkages between the NPC, with overall development and social planning responsibilities, and the planning divisions of sectoral, particularly social sector, Ministries. Support of the policy promotion and monitoring role of the Department

of Women Affairs will also be an important element. In the latter half of the Programme period, emphasis will gradually shift to development of both human and institutional capacity for CSPD planning at sub-national levels, with a strong focus on facilitating popular participation within regional planning.

The Programme will make full use of information and monitoring systems being developed and strengthened in specific sectors and under other programmes. Its major strategic thrust in this regard will be the co-ordinated analysis and interpretation of existing information from a range of sources, including on a gender-disaggregated basis, in order to assess progress and problems related to children and women in both general and specific terms.

Where required, however, the Programme will initiate in-depth studies of specific policy issues related to the wellbeing of children and women, or undertake further complementary analysis of existing data and information (e.g. from household surveys). In these respects, the strategic aim will be to make full and cost-effective use of already-available information, with specific emphasis on the implications for children, women and other vulnerable groups.

7. PROGRAMME LINKAGES

This Programme will link in both strategic and operational terms with all other Programmes receiving support under the GRN/UNICEF Country Programme. It will aim to strengthen the planning components of these Programmes, through support to the national planning framework and intersectoral planning mechanisms, as well as, in some cases, through direct and related assistance to sectoral planning and monitoring. It will also receive support from these sectors, in terms of greater articulation of sectoral within multi-sectoral planning in areas related to social and child welfare, and, for overall monitoring of the welfare of children and women, from the development of sectoral information systems and analysis under these Programmes.

Particular examples of these mutually-reinforcing linkages are found in the Primary Health Care, Household Food Security, Rural Water Supply and Basic and Non Formal Education Programmes. Additionally, the Integrated Area Based Programme will provide complementary support to the progressive strengthening of regional planning bodies and to area-based participatory information collection and monitoring. This will provide local, in-depth indications of the status of children and other vulnerable groups, which will facilitate planning, analysis and decision-making at both regional and national levels. The Family Life Empowerment Programme will seek to strengthen community-level organisation among hitherto marginalised groups, which will, inter alia, increase their representation in the process of local-level development planning. The work of the Departments of Community Development and Rural Development, in the fostering of popular

participation in development and the formation of community-based organisations for development activities, will provide a strong contextual linkage, and will be supported through various GRN/UNICEF projects within the Country Programme. The work of the Department of Women Affairs, in identifying priorities for national policy research and development to address women's needs, will provide important inputs to ongoing Programme design.

Given UNICEF mandate, and the relatively small and strategic nature of the Programme, it will be important to link closely and seek complementarity with the support activities of other international agencies, such as UNDP, UNFPA, SIDA and possibly the World Bank, to the strengthening of national planning capacity. As indicated, this Programme will focus particularly on capacity-building in areas of UNICEF expertise and of common GRN/UNICEF concern. These will include areas related directly to Child Survival, Protection and Development, as well as areas and issues which provide an overall context for CSPD improvements (e.g. social and regional planning, poverty-alleviation, human development and women in development strategies).

8. SUSTAINABILITY ISSUES AND CONSTRAINTS

The sustainability of the Programme will depend mainly on two factors: the progressive staffing and build-up of organisational capacity for multi-sectoral planning and research in national, as well as regional, institutions; and the maintenance and furtherance of national policy commitment to the reduction of poverty and deprivation among Namibians in general, to popular participation in the development process, and to the achievement of the Goals for Children and Development in the 1990s in particular. Whilst continued advocacy and dissemination of research results and analysis can assist in sustaining the latter, the former will in turn depend on the identification of effective human resource development strategies, including staff selection and deployment, training and orientation, given the relative scarcity, at present, of appropriately-trained personnel with social planning and research experience.

9. PROGRAMME DESCRIPTION

Project 01: Capacity Building for CSPD Planning

9.1.1 Introduction

The background to the Programme under which this Project falls, as well as its objectives and the strategies to be employed, are described in the sections above.

9.1.2 Project Activities

The specific activities to be undertaken under this Project include the following:

- i) ongoing assessment of capacity and needs for capacity-strengthening in social planning and analysis will be undertaken by the National Planning Commission. This will focus on its own operations but will also cover its linkages with sectoral Ministries and requirements for strengthening of these. This Needs Assessment, undertaken in conjunction with UNICEF, will form the basis for other activities under the Project, to be indicated in the Annual Plans of Action;
 - ii) specialist short-course training will be provided to selected staff of the National Planning Commission and key planning staff in social sector Ministries, on the basis of Needs Assessment, in a range of areas related to CSPD. These may include: social planning and analysis, use of social and gender-specific indicators in development planning and monitoring, regional development planning, popular participation in development planning, linkages of economic and social policy, and the social implications of economic adjustment. Training will be provided both in-country and at external institutions (e.g. ESAMI);
 - iii) from 1994 onwards, similar training will be provided to selected officials of regional development authorities, with a particular emphasis in strengthening their capacity for participatory planning at local levels, use of key social indicators, and regional development planning;
 - iv) in-service training and workshop activities will be held at national and regional level, focussing on social sector and CSPD-related planning issues. These will normally be held on an multi-sectoral basis, include elements of popular participation in development planning, and will involve national NGOs concerned with socio-economic development;
 - v) short-term advisory support will be provided as required, to strengthen planning activities undertaken by the NPC in the social sectors, including social policy and strategy development within National Development Plans, and the linkage of social with economic and financial planning within the NPC and with other agencies of Government. Such support may also be provided in the context of specific planning initiatives agreed upon between UNICEF and the NPC, both "bilaterally" and with other United Nations and international agencies, aimed at analysis in depth of multi-sectoral policy issues related to CSPD, such as poverty alleviation strategies, "economic adjustment with a human face", women in development, and human resource development. Support will also be provided to the review and
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further development of the National Programme of Action for Children in the 1990s, initially designed during 1991, and for its integration with national development plans;

vi) the Project will establish mechanisms for periodic monitoring of a range of selected indicators of the welfare of children and women, in order to assess progress on an continuous basis towards the Goals for Children in the 1990s, the achievement of the National Plan of Action for Children, and the 1992 - 96 Country Programme Major Goals. A computerised data base will be established and continuously updated by the NPC (Social Planning section) for this purpose, using Key Indicators from already-available information systems and data. Support will also be given to key sectoral data base development and monitoring, where not covered elsewhere (e.g. water supply access). Analytical and monitoring reports will be produced for review by the Interministerial Committee for Implementing the Plan of Action for Children in the 1990s. Support will be given by the Project to both the establishment and development of the data base, and to its use by the Committee. Appropriate dissemination of progress reports to national decision-makers, international agencies and other parties will be undertaken.

vii) similar support, in the later phases, will be given to the establishment of monitoring mechanisms and data bases at regional level, based in the regional development authorities once in place;

viii) as agreed with the Directorate of Central Statistics of the NPC, the Project may support the further analysis of data already collected through Census, household survey or other data collection projects, where such analysis would increase information and interpretation of the status of children and/or women, and the characteristics or problems of disadvantaged households or communities. The Programme may also assist the design of survey activities, including preparation of instruments, sample frames or analysis plans, where this would contribute to CSPD-related analysis at relatively low cost;

ix) a small number of in-depth research and analytical study activities will be undertaken, on multisectoral issues identified as key to the understanding of the problems and needs of children and women and the design of national and regional policies to address them, where not covered elsewhere in the Country Programme. These may involve national research bodies focussing on social and economic issues (NISER, NEPRU), as well as the Department of Women's Affairs, in liaison with the NPC;

x) the formation and operation of a CSPD Research Network, to encourage information sharing and identification of essential research needs for children

and women in Namibia will be promoted by the Project, primarily by means of advocacy. This Network will involve a range of interested Government, University, UN and NGO partners (such as the CSPD Foundation);

ix) the Project will undertake periodic updates of the 1991 Situation Analysis of Children and Women, on the basis of new information received. These will provide analytical inputs and recommendations for social policy development and national planning. A first update will be undertaken in 1992, following the results of the 1991 Census, and further update is expected in 1992-93 on the basis of results from the planned Demographic and Health Survey (both to be supported by UNFPA). A full Situation Analysis exercise will be undertaken in 1995-96, as a basis for the expected GRN/UNICEF second Country Programme, starting in 1997. The Situation Analysis and Programme development work will be undertaken jointly by the NPC and UNICEF, with the participation of a range of sectoral Ministries, and with technical support from external sources, such as the University of Namibia (NISER), as required;

x) in addition to Annual Programme Reviews, a full Mid Term Review of the 1992 - 96 GRN/UNICEF Country Programme of Co-operation will be made in the second half of 1994, with external technical support as required, and a Programme Review Meeting held in late 1994 based on its results. This will lead to modification of specific Programme strategies and content, where agreed, within the context of the overall Master Plan of Operations;

xi) UNICEF will provide programme development, management, technical advisory and monitoring support to the GRN/UNICEF Country Programme and all its components, from its Windhoek office. This will cover a range of functions, including financial monitoring, supply and logistics operations, support to annual and mid-term programming, operational analysis, progress monitoring, reports to donors providing supplementary funding assistance, advisory support to Government, advocacy, and participation as requested in workshops and training courses at national and regional levels. UNICEF Windhoek will also promote and ensure linkage between Programme components which are being supported under the Programme of Co-operation, and cross-fertilisation of ideas and experience among programmes.

9.1.3 Project Inputs and Linkages

UNICEF will provide the following inputs to Project activities:

- i) funding for short-course training of key planning staff at national and regional levels, and for study tours, experience-exchange and participation in Network meetings, particularly within the Eastern and Southern Africa Region, in areas related to CSPD/social planning;
 - ii) short-term technical assistance to the NPC in support of social sector planning within the framework of national development planning. Such assistance may also be provided for study of specific issues and problem areas, for additional data analysis, in-country training and for multi-agency initiatives. Technical support will also be provided, as agreed, for review and monitoring of the National Programme of Action for Children, and to planning activities by sectoral Ministries and regional development authorities;
 - iii) partial funding and programme support to in-country and in-service training activities at national and regional level, focussing on social sector and CSPD-related planning, as well as support of workshops, research networks and other fora contributing to national/regional planning and monitoring in areas of concern to CSPD and Women in Development;
 - iv) funding and technical support for the updating of the Situation Analysis of Children and Women, the production in 1995-96 of a full Situation Analysis, the Mid Term Review of the Country Programme, specific in-depth essential research and analysis focussing on children and women, and other Programme review and development activities over the 5-year period;
 - v) support, in terms of technical assistance, supplies and equipment (e.g. PC computer, software programmes) and organisational aspects to the establishment of a multi-sectoral data base and ongoing analysis thereof for monitoring national progress towards Goals for Children in the 1990s; to establishment or strengthening of sector-specific data bases and monitoring related to CSPD; for the work of the Interministerial Committee for Implementation of the Programme of Action for Children in using the results of the analysis; and for dissemination of results;
 - vi) programme support for the overall Country Programme of Co-operation, through the maintenance of an adequately-staffed and equipped Programme Section in UNICEF Windhoek, and of administrative and logistical support services.
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The National Planning Commission will support the Programme and Project objectives and activities through the allocation of staff time, office and administrative facilities, and partial or full funding of in-country training activities, workshops, seminars and review meetings. The largely in-kind contribution of the NPC is estimated at R 110 000 in 1992, rising on an annual basis with the rate of inflation.

UNDP and other UN agencies, as well as bilateral donors, are expected to provide a range of complementary support inputs for the strengthening of national planning through the NPC, which will in turn support the child-related objectives of this Programme. Development of demographic, health and other socio-economic information will be assisted in particular through the Census analysis and Demographic and Health Survey, expected to be assisted by UNFPA. Support by other international agencies to the development of national statistical, economic policy and development planning capacity is also expected.

9.1.4 Project Management

Project management will be undertaken on a joint basis between the National Planning Commission and UNICEF Windhoek. Regular planning meetings will be held between key counterparts in the NPC and UNICEF Windhoek in respect of activities under the Programme. Overall management responsibility for the Project in the NPC will reside with the Permanent Secretary. Specific technical activities will be the responsibility of staff of the respective Directorates within the NPC, particularly the Directorate of Development Planning.

The annual management of project activities will be on the basis of jointly-agreed Project Plans of Action, prepared in the last quarter of each year at the time of the Annual Review.

The processes of periodic update of the Situation Analysis, Mid Term Review, Annual Review and Country Programme planning will be jointly coordinated by the NPC and UNICEF, with the participation of a range of sectoral Ministries and other national agencies. A GRN/UNICEF Programme Co-ordination Committee will be established in 1992 for this purpose, as provided for in the Master Plan of Operations. This will be chaired by the NPC.

The already-established Interministerial Task Force on the National Plan of Action for Children will undertake the monitoring of progress towards the Goals for Children in the 1990s. Technical support to its activities, on a programmed basis and as required, may be provided from external sources.

In the latter stages of the Project, management responsibility for certain activities, in co-ordination with the NPC and UNICEF, will be taken by regional development

authorities, once these are established. The NPC will provide technical and other support to these authorities, in conjunction with the Project, through its Regional Planning Officers.

Within UNICEF Windhoek, Programme/Project Management, and co-ordination with the NPC and other collaborating agencies, will be the responsibility of the Senior Programme Officer (Programme Coordinator). Additional technical and other support may be provided, as appropriate, from the UNICEF Regional Office for Eastern and Southern Africa, particularly through its regional programme for Capacity Building.

9.1.5 Critical Factors and Assumptions

These are described in Section 8 above.

9.1.6 Project Monitoring and Evaluation

Monitoring of Project activities will be undertaken by the NPC and UNICEF on a continuous basis, with formal reviews held annually in the last quarter of each year. These will form part of the overall Annual Review of the Country Programme, conducted by the GRN/UNICEF Programme Co-ordination Committee.

In-depth review of the Project will be made in 1994, as part of the overall Mid Term Review of GRN/UNICEF Programme of Co-operation to be undertaken in that year.

9.1.7 Project Budget

Subject to the availability of funds, UNICEF will assist activities under this Project with up to US\$ 990 000 from its General Resources:

(US\$ 000)

Activity	1992	1993	1994	1995	1996	Total
Training/study visits	20	20	15	15	10	80
Technical asst. (soc. planning, in-depth studies, data analysis)	30	30	25	20	15	120
In-country/regional workshops, training	15	15	15	10	15	70
CSPD database devt.	15	10	5	5	3	38
CSPD data monitoring analysis/dissem.	10	10	15	5	5	45
CSPD Research/networkg./ Situation Analysis update/production	10	15	10	35	20	90
GRN/UNICEF Country Programme Reviews/Planning	5	5	25	13	25	73
Programme Support	8	8	8	5	5	34
UNICEF Windhoek Staff (Prog/Admin)	70	75	75	80	85	385
UNICEF Windhoek Programme Section (Supplies/Op Costs)	15	10	5	10	15	55
Grand Total	198	198	198	198	198	990

The GRN, through the National Planning Commission, will provide support to activities under this Programme, through a combination of staff time, administrative and operational support, and part-funding of training and workshop activities. An estimated amount of R 700 000 will be contributed by the NPC for these purposes.