



REPUBLIC OF NAMIBIA

**Namibia Millennium Development Goals
Third Report**

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FOREWORD

The year 2010 is very special because we look back with pride, 10 years back, when Namibia served as President of the UN General Assembly in 2000 during the Millennium Summit that culminated in the Millennium Declaration. The finalisation of this 3rd report on Namibia's national progress towards achievement of the Millennium Development Goals (MDGs) also coincides with the mid-term review of the third medium term National Development Plan (NDP3), the first systematic attempt, through integrated results based planning, to translate the Vision 2030 into specific, targeted programmes and key activities to address Namibia's development challenges. The NDP3 theme for NDP3, "*Accelerating economic growth through deepening rural development*" during 2008-2012 speaks volumes regarding Namibia's commitment to lift the living standards of the rural poor.

Since Namibia has integrated MDGs in both the long-term Vision 2030 and NDP3, this report serves to highlight the progress we have made towards realisation of Millennium Development Goals and socio-economic and sustainable development. The report highlights some policies that have made significant impacts on the achievement of some MDGs. It summarises where we are and challenges that hold back our progress towards realising each goal. Namibia has undertaken many interventions to address these challenges.

Namibia has made good progress towards realisation of targets of some MDGs in poverty reduction, health, education, gender equality and environmental sustainability. For instance, severe poverty has been reduced and the 2015 target is likely to be achieved. The enrolment of children in primary schools and the survival rate to grade 5 and 8 has increased. The ratio of female to male students enrolled in secondary school and the literacy rate have been achieved. Under health, the reduction in prevalence of HIV amongst the 15-19 and 20-24 year olds has been achieved as is the incidence of malaria per 1000 population. There has been an improvement on access to safe drinking water but not on access to basic sanitation. On environmental sustainability, the proportion of protected areas has increased. The increase in the number of conservancies under the Community Based Natural Resources Management programme deserves and community forests deserves special mention because of its positive impact not only in increasing the number of wildlife but also benefits which local communities derive. Despite these achievements, Namibia needs to do more to significantly reduce poverty, prevalence of HIV, infant mortality, improve maternal health and allocation of land to freehold conservancies.

Namibia is commended for her active participation in international cooperation and its contribution to ensuring peace. Namibia shall continue to engage development partners including UN agencies and other development partners. Although Namibia will invest more to address MDG goals, through implementation of the NDP3, we expect our development partners to continue to provide financial and other support to help Namibia realise not only MDG goals but also NDP3 and Vision 2030 goals.

Nahas Angula
Prime Minister

LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|-------|---|
| AFASS | Accessible, Feasible, Affordable, Safe, and Sustainable |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Ante-Natal Care |
| ARVS | Anti- Retroviral Treatment |
| AU | Africa Union |
| CAP | Community Action Plan |
| CBD | Convention on Biological Diversity |
| CBNRM | Community Based Natural Resources Management |
| CBO | Community Based Organisation |
| CBP | Capacity Building Plan |
| CBS | Central Bureau of Statistics |
| CDR | Case Detection Rate |
| CFC | Chloro Fluro Carbons |
| DHS | Demographic and Health Survey |
| DOT | Directly Observed Treatment |
| DOTS | Directly Observed Treatment Short Course |
| DWSSC | Directorate of Water Supply and Sanitation Coordination |
| EMIS | Educational Management Information System |
| EPA | Economic Partnership Agreement |
| EPI | Expanded Programme on Immunisation |
| EmOC | Emergency Obstetric Care |
| EMA | Environmental Management Act |
| ETSIP | Educational and Training Sector Improvement Program |
| EU | European Union |
| FDC | Fixed Dose Combination |
| FLTS | Flexible Land Tenure System |
| GBV | Gender Based Violence |
| GDP | Gross Domestic Product |
| HIV | Human Immuno-Deficiency Virus |
| IMR | Infant Mortality Rate |
| INC | Initial National Communication |
| IRS | Indoor Residual Spraying |
| ITN | Insecticide Treated Net |
| JITAP | Joint Integrated Assistance Program |
| KAP | Knowledge, Attitude and Practice |
| KRA | Key Results Area |
| LA | Local Authority |
| MAWF | Ministry of Agriculture, Water and Forestry |
| MCA | Millennium Challenge Account |
| MCH | Maternal Child Health |
| MDG | Millennium Development Goal |
| MET | Ministry of Environment and Tourism |
| MTCT | Mother-to-child Transmission |

| | |
|----------|--|
| MGE CW | Ministry of Gender Equality and Child Welfare |
| MLSW | Ministry of Labour and Social Welfare |
| MMR | Maternal Mortality Rate |
| MoE | Ministry of Education |
| MoHSS | Ministry of Health and Social Services |
| MRLGHRD | Ministry of Regional and Local Government, Housing and Rural Development |
| NABCOA | Namibia Business Coalition on AIDS |
| NANASO | Namibia Network of AIDS Services Organisations |
| NANAWO | Namibia National Women's Organisation |
| NAPPA | Namibia Planned Parenthood Association |
| NDP | National Development Plan |
| NDP3 | Third National Development Plan |
| NEPAD | New Partnership for Africa's Development |
| NGO | Non-Governmental Organisation |
| NHIES | Namibia Household Income and Expenditure Survey |
| NID | National Immunisation Day |
| NNF | Namibia Nature Foundation |
| NPC | National Planning Commission |
| NTCP | National Tuberculosis Control Programme |
| ODS | Ozone Depleting Substances |
| OKACOM | Okavango Basin Commission |
| ORASECOM | Orange-Senga Basin Commission |
| OVC | Orphaned and Vulnerable Children |
| PHC | Population and Housing Census |
| PMDT | Program Management of Drug Resistant TB |
| PMTC | Prevention of Mother –to-child Transmission |
| PLWHIV | People Living with HIV |
| RH | Reproductive Health |
| RPRP | Rural Poverty Reduction Program |
| SACMEQ | Southern Africa Eastern Africa Consortium for Monitoring Education Quality |
| SACU | Southern African Customs Union |
| SADC | Southern African Development Community |
| SDFN | Shack Dwellers Federation of Namibia |
| STI | Sexually Transmitted Infections |
| TB | Tuberculosis |
| TBA | Traditional Birth Attendants |
| TFCA | Trans-frontier Conservation Area |
| WCPU | Women and Child Protection Units |
| UN | United Nations |
| UNAID | United Nations International Development |
| UNCCD | United Nations Convention to Combat Desertification |
| UNFCCC | United Nations Framework Convention on Climate Change |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNICEF | United Nation Children and Scientific Education Fund |

| | |
|-------|--|
| USAID | United States of America International Development |
| VIP | Ventilated Improved Pit latrines |
| WASP | Water Supply and Sanitation Policy |
| WSASP | Water and Sanitation Sector Policy |

EXECUTIVE SUMMARY

The Millennium Declaration of 2000 is a framework agreed upon by UN member states which outlines the key challenges facing humanity and maps out a response to these challenges. The framework established clear measurable indicators and targets to assess the performance towards addressing these challenges through a set of interrelated goals on development, governance, security, human socio-economic development and human rights. The key challenges are presented and referred to as the eight Millennium Development Goals (MDGs).

The response of the Government of the Republic of Namibia to address the Millennium Development Goals is largely guided by and implemented in the context of Vision 2030 and National Development Plans (NDPs) as well as through specific sector strategic plans and programmes.

This section summarises the status and progress which the Government of Namibia has made towards achieving targets for the eight Millennium Goals as at mid-2010. Table A at the end of the executive summary provides quantitative indicators for each MDG.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

The proportion of poor households has decreased from 38 per cent in 1993/94 to 27.8 per cent in 2003/04. The target of 19 per cent set for 2015 is possible to achieve. The proportion of severely poor based on food consumption ratio, showed a decline from 9 per cent in 1993/94 to 4 per cent in 2003/04. The Target of 4.5 per cent set for 2015 was achieved. The economy of Namibia grew at average rate of 4.5 per cent between 2001 and 2009 with growth ranging between -0.8% and 12.4%, implying wide fluctuations.

Namibia's Gini-coefficient has improved from 0.7 per cent in 1993/4 to 0.6 per cent in 2003/04 implying a reduction in the disparity between the rich and the poor. However, this gap between the rich and the poor is still very high. The share of poorest decile in national consumption was 1.07 in 2003/04. This indicates that the rich consume considerably more than the poor. The wide gap between the rich and poor in Namibia is further revealed by the high poverty gap ratio of 8.9 in 2003/04. This gap should be reduced to 4.5 by 2015. In Namibia unemployment rate (broad concept) remains high. It raised from 34.5 per cent in 1997 to 36.7 per cent in 2004. If current trends of unemployment continue, it is unlikely that there will be full and productive employment and decent work for all by 2015.

The proportion of under-five children that were malnourished and stunted slightly increased from 28.4 per cent in 1993/94 to 29 per cent in 2006/07. Despite such slight increases, it is likely that the proportion of under-five children that will be malnourished and stunted will be halved to 14.2 per cent or even less by 2015. .

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Namibia is on course to attain 100 per cent net primary school enrolment by 2015 if the observed trend of increase in net enrolment from 89 per cent in 1992 and 97.4 per cent in 2008 will be maintained. In order to reach the target of 100 per cent enrolment, it is imperative that the Government should improve access to and quality of primary education for children from poor households most of who live in remote rural areas. The increase in literacy rate for 15-24 year-olds from 89 per cent in 1991 to 94.2 per cent in 2006 is a welcome achievement. The target of 100 per cent literacy by 2015 is likely to be achieved. The survival rate of pupils to grade 8 increased from 59 per cent in 1992 to 72 per cent in 2009. It is possible that Namibia will attain the target of 100 per cent survival to grade 8 by 2015.

Since the mid-1990s over 93 per cent of all eligible children in Namibia have enrolled in primary school. Of the enrolled children, between 86 per cent and 95 per cent of them completed Grade 5, the year in which a learner is expected to read, write and add up at basic levels. Namibia has invested a lot of resources into education and is amongst the top eight countries in the world that spend the highest share of the public expenditure on education. For example, in 2008/2009, about 25 per cent of the national budget was allocated to education of which, about 50 per cent was allocated to pre-primary and primary education services and affairs.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN

Education is essential for the improvement of the status of women and to enable them to fully participate in, contribute to and benefit from the developmental processes of the country. In 2007, there were 97.5 girls for every 100 boys in primary school 116 girls for every 100 boys in secondary school and 88 girls for every 100 boys at tertiary level. Namibia is likely to achieve equal numbers of girls and boys in the primary education. It is also possible to have equal numbers of boys and girls at the tertiary level by 2015. The ratio of literate females per 100 males between the ages 15-24 ranged from 106 in 1994 to 103 in 2007.

The share of women in wage employment in the non- agricultural sector increased from 39 per cent in 1992 to 49 per cent in 2000 and decreased slightly to 47 per cent in 2007. The 2015 target of equal proportion of male and females in wage employment in the non-Agricultural sector is likely to be met. Women's participation in decision-making is an important step towards women's empowerment. Namibia became the first SADC Country to ratify the SADC Protocol on Gender and Development in October 2009. The Protocol calls for a minimum target of 50 per cent women representation in politics as well as decision making positions to be achieved by 2015, augmenting further the AU Solemn Declaration on Gender Equality in Africa which Namibia is party too. Percentage of women representation in Parliament increased from 7 per cent in 1992 to 31 per cent in 2008. This figure however, decreased to 25 per cent after the National Assembly elections in 2009. Measures to provide for increased women representation in politics are being implemented to ensure that the target of 50 per cent set for 2015 will be achieved, and that women will increase their share of the parliamentary seats during the Regional Elections to be held in November 2010.

GOAL 4: REDUCE CHILD MORTALITY

The under-five rate mortality rate (death per 1,000 live births) decreased from 83.2 deaths per 1,000 live births in 1992 to 69 deaths per 1000 live births in 2006/07. The target of 38 deaths per 1,000 live births may not be attained. The infant mortality rate (death per 1,000 live births) decreased from 56.6 deaths per 1,000 live births to 46 in 2006/07. Namibia is unlikely to reduce infant mortality to attain the 2015 target of 19 infant deaths per 1,000 live births. The proportion of children that are immunised against measles has increased from 76% in 1992 to 84% in 2006/07. Namibia is likely to immunise up to 85% of the children against measles by 2015.

GOAL 5: IMPROVE MATERNAL HEALTH

The Maternal Mortality Ratio (MMR) has increased from 225 deaths per 100,000 live births in 1992 to 449 deaths per 100,000 live births in 2006/07.

The coverage of antenatal care improved from 56% in 1992 to 70% in 2006. At this rate of coverage, the target of 100% set for 2015 is likely to be achieved. Furthermore, there was an increase in the proportion of births attended by trained health personnel from 68% in 1992 to 81% in 2006. It is possible that by 2015 ninety five (95%) percent of births in Namibia shall be attended to by skilled health personnel.

The contraceptive prevalence rate doubled from 23% in 1992 to 47% in 2006. This is a significant increase and indicates that the 100% target for 2015 is likely to be achieved. The proportion of unmet needs for family planning decreased by 71% from 24% in 1992 to 7% in 2010 suggesting that it is likely that all family planning needs shall be met by 2015. Following the same trend, there were much fewer adolescent births in 2006/07 (15%) than in 1992 (22%) representing a 32% decrease. It is possible that by 2015, there will be no adolescent births in Namibia if effective interventions are developed, implemented and sustained.

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Available data from the National HIV Sentinel Surveys indicate that Namibia has registered a reduction in the HIV prevalence among pregnant women attending Antenatal Clinic (ANC) rapidly increased from 4.2 per cent in 1992 to a peak of 22 per cent in 2002 before it declined to 17.8 per cent in 2008. HIV prevalence among pregnant women aged 15 to 24 years attending ANC decreased from 14.2 per cent in 2006 to 10.6 per cent in 2008. This indicates a reduction in the annual number of new infections. It is therefore possible to achieve the target of 5 per cent HIV prevalence amongst pregnant women by 2015.

There was an increase in the use of condoms at last high-risk sex (sex with a non-regular, non-cohabiting partner) among adults aged 15 to 49 years from 51% to about 62% in women and from 66% to about 78% in men over the six-year period from 2000 to 2006/07. The proportion of the population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS was 39%

among women and 51% among men in 2000 and increased to 65% for women and 62% for men, respectively. The proportion of the population with advanced HIV infection who have access to antiretroviral drugs has increased from 56% in 2006 to 88% in 2010. The target of 100% set for 2015 is likely to be achieved. The proportion of children with advanced HIV infection with access to ARV drug increased from 88% in 2007 to 100% in 2010. The target of 95% for children with advanced HIV infection receiving ARV drugs has been met and should be sustained. There has also been a rapid scale up of the ART program with the number of adults and children receiving HAART from 33,591 (53% in need- CD4 200) in March 2007 to 75,681 (90% in need-CD4 200) in March 2010.

The reduction of the incidence of malaria from 207 cases per 1,000 of population in 1996 to a low of 62.2 cases per 1000 population in 2008 is a success story for Namibia. Malaria mortality rate dropped significantly from 31 per 100,000 of population in 1996 to 9.6 per 100,000 of population in 2008. Although the proportion of children under 5 that sleep under insecticide – treated bed nets increased from 10% in 2000 to 34% in 2009, it is not possible to achieve the target of universal coverage by 2010.

The number of TB cases notified per 100,000 of population rose from 640 in 1999 to 822 in 2004 and declined to 634 in 2009/10. At this rate, it is unlikely that the target of less than 300 cases per 100,000 of population by 2015 shall be achieved. Considerable progress has however been made regarding treatment of TB cases. The proportion of TB cases that have been successfully treated has increased steadily from 58% in 1996 to 82% in 2008/09. The target of 85% successful treatment of TB cases is likely to be achieved by 2015. The death rate due to tuberculosis was 8% in 2001 compared to 6% in 2008/09. The target of less than 5% mortality rate target for 2015 is likely to be achieved.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Namibia has made significant progress in increasing the proportion of land set aside as protected areas from 14% in 1990/93 to 18% by 2006. Similarly, registration of new conservancies has increased to about 14%. As at mid-2010, 59 communal conservancies have been registered. Thirteen (13) community forests were gazetted in 2006, while 40 have been identified to be brought under formal management, covering a total of 1,593, 633 ha. The targets for the total land to be set aside for protected areas and communal conservancies are likely to be achieved by 2015. Namibia achieved reduction in level of consumption of ozone-depleting chlorofluorocarbons in 2005.

Most Namibians living in urban areas have access to safe drinking water. From 1991 to 2006, about 99% of households in urban areas have had access to safe drinking water. The proportion of rural households with access to clean and safe drinking water increased from 45% in 1991 to 72.4% in 2006. The target that 87% of households living in rural areas should have access to safe drinking water by 2015 is likely to be achieved. The proportion of households in rural areas that have access to basic sanitation increased from 15% in 1991 to 24% in 2006. However, access to basic sanitation is worsening for the people living in urban areas. The proportion decreased from 89% in 1991 to 86.2% in 2006. The targets of 98% and 65% access to basic

sanitation for families in urban and rural areas respectively are unlikely to be achieved by 2015. There are regional disparities in access to basic sanitation in Namibia. For example, Khomas region ranks highest with almost 80% of households having access to basic sanitation, while it is lowest in Ohangwena and Caprivi regions with only 10% of households that have access to basic sanitation

Namibia uses access to secure land tenure as a proxy for assessing improvement of livelihoods of slum dwellers. Although Namibia is one of the first countries to introduce secure tenure in informal settlements through the Flexible Land Tenure System (FLTS) which allows for flexible land titles in cities and towns more needs to be improved regarding security of land tenure, rights to adequate housing and access to credit and basic services such as water and sanitation and roads.

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

The Namibian Government continues to vigorously engage in regional and international economic cooperation and groupings for mutual benefit, as the country strives to effect structural transformation towards sustainable economic growth and development. The Government recognizes that regionally integrated markets are crucial for small economies like Namibia to be able to grow and develop in the face of intensified economic globalization. This is primarily because such co-operation is fundamental for Africa's economic integration in particular and eventually the integration of Namibia into the world economy in general. Hence, in order to create an economic space for industrialization, economic growth, poverty reduction and sustainable development, the Namibian Government adopted global partnerships and regional economic integration as a vehicle for overcoming the constraints of a small local market and as a means to facilitate the structural transformation of the country's economy. Therefore, Namibia's involvement in the regional integration initiatives is a strategic response to the growing demand for market enlargement and risk cover against economic marginalization.

Namibia has diplomatic relations with most countries in the world. Namibia advocates for peace and good neighbourliness and hence has successfully taken part in several peace-keeping missions. International and regional economic exchange and co-operation is also actively pursued. Foreign direct investments are welcomed and are actively pursued by an investment code which offers a range of incentives to foreign investors.

Namibia is actively involved in trans-boundary natural resources issues to enhance benefits derived from these resources. The people in Namibia have adopted use of modern communication technology such that the proportion of cellular phone subscribers has risen from 31 per cent in 2006 to 55 per cent in 2010 while countrywide cell phone population coverage is now 96 per cent. The advent of mobile phones has contributed to global decline in the demand for fixed-line hence there has been only a slight increase in fixed telephone lines from 6.8 per 100 people to 7.1 per 100 people in 2010, representing a 4 per cent rise. Achievement of the Millennium Development Goals is considered as one of the core targets of all her economic and social policies for the benefit of the Namibian people.

Namibia maintains relations with existing donors, notably the EU, USA, Germany and Spain amongst others. The inflow of aid more than doubled during the first 10 years of Independence, before dropping significantly for three years. Foreign assistance was high in 2006. The target of aid inflow has been met in most years and is likely to be met in the years to come, specifically when one looks at the figure for 2006.

Moreover, access to concessional loans of the World Bank's International Development Agency (IDA) is barred. The reason for this is Namibia's classification by the World Bank group and the International Monetary Fund as a "lower middle income" as opposed to a "poor" country, and some development partners apply this characterization similarly to their assistance. However, this measurement tool is based on a single criterion, namely annual GDP per capita – which, at around US\$3000, is indeed not low in international comparison. But this hides the challenges the country continues to face that were discussed in the previous seven chapters.

TABLE A. THE QUANTITATIVE INDICATORS AT A GLANCE

| GOALS AND INDICATORS | BASELINE | STATUS | TARGET (2015) | TARGET / GOAL ACHIEVABLE? |
|---|----------------|----------------|---------------|---------------------------|
| 1. ERADICATE EXTREME POVERTY AND HUNGER | | | | |
| Poor HH (including severely poor HH) % of all HH | 38 (1993/94) | 27.8 (2003/04) | 19 | Possible |
| Severely poor HH, % of all HH | 9 (1993/94) | 4 (2003/04) | 4.5 | Likely |
| Poverty Gap Ratio | - | 8.9 (2003/04) | 4.5 | possible |
| Share of poorest decile in national consumption | - | 1.07 (2003/04) | 0.54 | possible |
| Children under five, Malnourished, stunted, in % of all children Under five + | 28.4 (1993/94) | 29 (2006/07) | 14.2 | Likely |
| 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION | | | | |
| Net enrolment ratio in primary education (%) | 89 (1992) | 97.4 (2008) | 100 | Likely |
| Proportion of pupils starting grade 1 who reach last grade of primary [survival to grade 8] (%) | 59 (1992) | 72 (2007) | 100 | Possible |
| Literacy rate of 15-24 years-olds, women and men (%) | 89 (1991) | 94.2 (2006) | 100 | Likely |
| 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN | | | | |
| Ratio of girls to boys in: | | | | |
| -Primary Education (girls per 100 boys) | 102 (1992) | 97.5 (2009) | 100 | Likely |
| -Secondary Education (girls per 100 boys) | 124 (1992) | 116 (2009) | 100 | Achieved |
| -Tertiary Education (girls per 100 boys) | 162 (1992) | 88 (2006) | 100 | Possible |
| Share of women in wage employment in the non- agricultural sector (%) | 44 (1997) | 48 (2008) | 50 | Likely |
| Proportion of seats held by women in national Parliament (%) | 9 (1992) | 25 (2010) | 50 | Possible |
| 4. REDUCE CHILD MORTALITY | | | | |

| | | | | |
|---|--------------------------|----------------------------|----------------------------|----------------------------------|
| Under-five mortality rate (deaths per 1,000 live births) | 83.2 (1992) | 69 (2006/07) | 28 | Unlikely |
| Infant mortality rate (death per 1,000 live births) | 56.6 (1992) | 46 (2006/07) | 19 | Unlikely |
| Proportion of one- year-old children immunised against measles | 75.7 (1992) | 83.8 (2006/07) | 85 | Likely |
| 5. IMPROVE MATERNAL HEALTH | | | | |
| Maternal Mortality Ratio (deaths in 100,000 live births) | 225 (1992) | 449 (2006/07) | 56 | Unlikely |
| Proportion of births attended by skilled health personnel (%) | 68 (1992) | 81 (2006/07) | 95 | Possible |
| Contraceptive prevalence rate (%) | 23 (1992) | 47 (2006/07) | 100 | Likely |
| Adolescent birth rate reduced by 100% (%) | 22 (1992) | 15 (2006/07) | 0 | Possible |
| Antenatal care coverage (at least one visit and at least four visits 4) (%) | 56 (1992) | 70 (2006/07) | 100 | Likely |
| Unmet need for family planning (zero % unmet need) (%) | 24 (1992) | 7 (2006/07) | 0 | Likely |
| | | | | |
| GOALS AND INDICATORS | BASELINE | STATUS | TARGET (2015) | TARGET / GOAL ACHIEVABLE? |
| 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES | | | | |
| HIV | | | | |
| HIV prevalence among population aged 15 -24 Years (%) | 14.2 (ANC) (2006) | 10.6 (ANC) (2008) | 5 | Possible |
| Condom use at last high –risk sex for 15-49 years | | | | |
| • Women ² (%) ** | - | 66 (2006/07) | 85 | Likely |
| • Men (%) | - | 74 (2006/07) ³ | 90 | Likely |
| Alternative indicator Condom use with non- cohabiting partner (15-49) | | | | |
| • Women (%) | 51 (2000) | 62.1 (2006/07) | N/A | |
| • Men (%) | 66 (2000) | 78.4 (2006/07) | N/A | |
| Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS | | | | |
| Women (%) | 38.9 (2000) ⁴ | 64.9 (2006/07) | 90 | Unlikely |
| Men (%) | 50.7 (2000) ⁴ | 63.4 (2006/07) | 90 | Unlikely |
| Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years | 0.92 (2000) ⁴ | 1.0 (2006/07) ⁴ | 1.0 | Achieved |
| Proportion of population (Adults and Children) with advanced HIV infection with access to ARV drug (%) | | | | |
| • Adults (%) | 56 (2006/7) | 88 (2009/10) | 100 | Likely |
| • Children (%) | 88 (2006/7) | 100 (2009/10) | 95 | Achieved |
| MALARIA | | | | |
| Malaria mortality per 100,000 population | 31 (1996) | 9.6 (2008) | Halt and begin to Reverse | Achieved |
| Proportion of children under 5 sleeping under insecticide-treated bed nets (ITNs) | 10 (2000) | 34 (2009) | Universal coverage by 2010 | Not achieved |
| Incidence of Malaria in 1,000 Population | 207 (1996) | 62.2 (2008) | Halt and begin to Reverse | Achieved |
| TUBERCULOSIS | | | | |
| TB cases notified per 100,000 population | 640 (1999) | 634 (2009/10) | <300 | Unlikely |

| | | | | |
|--|-----------------|------------------------------|----------------------|----------------------------------|
| % TB cases treated successfully | 58 (1996) | 82 (2008/09) | 85 | Likely |
| Death rates (%) associated with TB | 8 (2001) | 6 (2008/9) | <5 | Likely |
| 7. ENSURE ENVIRONMENTAL SUSTAINABILITY | | | | |
| Land area protected to maintain biological diversity, as percentage of all land | | | | |
| • Protected Areas | 14 (1990/93) | 18 (2006) | 20 | Likely |
| • Communal Conservancies | 0.0 (1990/93) | 14 (2006) | 15 | Likely |
| • Freehold land Conservancies | 5 (1990/93) | 6 (2005) | 10 | Unlikely |
| • Community forests (ha) | 0.0 (1990/93) | (13)* 455,325ha (2006) | 4,075,300 | Likely |
| Proportion of households with access to safe drinking water (percent) | | | | |
| • Urban | 99 (1991) | 99.0 (2006) | 100 | Likely |
| • Rural | 45 (1991) | 72.4 (2006) | 87 | Likely |
| Proportion of households with access to basic sanitation (percent) | | | | |
| • Urban | 89 (1991) | 86.2 (2006) | 98 | Unlikely |
| • Rural | 15 (1991) | 24.4 (2006) | 65 | Unlikely |
| GOALS AND INDICATORS | BASELINE | STATUS | TARGET (2015) | TARGET / GOAL ACHIEVABLE? |
| 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT | | | | |
| Official development assistance to Namibia (per Capita US\$) | 80 (1990) | 88 (2006) | 90 | |
| Internet users, per 100 population, 16 years | - | | - | |
| Cell phone subscribers, per 100 population, 16 years and older | 31 (2006) | 55 (2010) | - | |
| Telephone lines, per 100 households | 6.8 (2006) | 7.1 (2010) | - | |
| | | | | |

*= number of Conservancies.

Note: Table A, presents a quick glance at the achievements on targets for each of the eight MDGs. The data presented is the closest to 1993 and 2010 and the mid-term targets for 2006. The last column describes progress towards the 2015 targets against the baseline.

DEVELOPMENT CONTEXT

Namibia is situated on the Atlantic south-western coast of Africa covering an area of about 825,000km². It borders with Angola and Zambia to the north, Botswana and Zimbabwe to the east and South Africa to the south. Namibia is the driest country south of the Sahara and has a hot dry climate with low and highly variable inter-annual rainfall that ranges in average from 25mm in the southwest to 700mm in the northeast (Mendelsohn, *et al.*, 2002). Most rains fall in summer months (November to April) with the exception of the southwest which receive winter rains (May – July). Namibia's climate is also greatly influenced by the Benguela cold, nutrient-rich, north-flowing upwelling current that has created one of the most productive marine ecosystems in the world, an important reservoir of marine fisheries for Namibia (Barnard *et. al*, 1998). The distribution and diversity of wildlife, especially plants, in Namibia is greatly influenced by the rainfall gradient. Vegetation is tallest and most lush in north-east and becomes progressively more sparse and shorter in the west and south (Mendelsohn, *et al.*, 2002). Three major vegetation types dominate Namibia, namely savannah, woodlands and desert. Water is scarce and droughts frequent. Most rivers are ephemeral; a few that are perennial are located in the northern part of the country.

The Namibian economy depends heavily on its natural resources that include mineral deposits such diamonds, uranium, copper, zinc and gold, wildlife, fisheries and woodlands, a large area of arid rangeland and a small area of arable land (2%). Protected areas make up about 14% of Namibia's land surface. The scenic beauty and wildlife attract many tourists annually resulting in the tourism contributing up to a third of Namibia's foreign exchange earnings.

Namibia has a population of about 2 million people and growing at about 3% per annum. The population structure is relatively youthful with about 42% under 15 years and only 4.5% over 65 years. The average life expectancy has declined from 61 years in 1991 to about 48 years mainly due to HIV/AIDS. Up to about 17% of children under the age of 18 are orphaned, only living with at least one parent (NDHS, 2006). Namibia has skewed population dispersion with 60% of the population living in the north central and north eastern regions of the country. About two thirds of the population live in rural areas and engaged in subsistence farming and livestock production.

The overall development goals of the Government of the Republic of Namibia for 2030 is that Namibia will be prosperous and industrialised, developed by her human resources and shall enjoy peace, harmony and political stability. Sustainable development is the cornerstone on which strategies for realising the objectives of Vision 2030 hinge. Namibia's National development goals are enshrined in her constitution and the country implements its development agenda through medium-term national development plans (NDPs). Namibia set the theme for NDP3 as "*Accelerating economic growth through deepening rural development*" to be addressed during 2008-2012. This affirms the commitment of the Government to improve the living standards of the people of Namibia, especially the rural population, which accounts for about 61% of the total population.

Several factors pose challenges for Namibia to achieve her development goals and these include but are not limited to poverty and inequality, human health and welfare including HIV/AIDS, land issues such as inequitable access to land and low productivity. There is also a need to improve access to existing knowledge and generation of new knowledge while regarding issues that affect sustainable development, limited human resources and capacity, limited water resources, unsustainable natural resource management and loss of wildlife and biodiversity, gender equality and women's empowerment needs to be addressed.

Despite relatively high poverty levels currently estimated at 28% of households, a high unemployment rate of 36.7%, an HIV/AIDS prevalence rate of 17.8% and a largely skewed income distribution with a Gini-coefficient of 0.6, Namibia pursues sound economic policies that have contributed to a relatively stable growing economy. Up to 2008, the economy was growing at an average rate of 5.2%, but in 2009 it contracted by 0.8%, due to the impact of the global financial and economic meltdown. In order to address some of the many challenges, mainly poverty reduction, Namibia is implementing poverty reduction programs such as the land reform program (that is based on the principle of "willing buyer, willing seller"), decentralisation, monthly social pension to the elderly aged 60 years and above, social grants to all vulnerable children and the targeted food aid to schools and orphanages as well as the promulgation of the national policy for disaster risk management and development of national climate change policy to mention but a few. Implementation of these programs testifies to the efforts and commitment by the Government to address socio-economic development challenges in order to raise the living standards of the people of Namibia.

INTRODUCTION

Namibia, as a UN member country, signed the Millennium Declaration of 2000 and committed to make all effort to achieve the eight Millennium Development Goals (MDGs) by 2015. These 8 MDGs are as follows:

1. To eradicate extreme poverty and hunger
2. To achieve universal primary education
3. To promote gender equality and empower women
4. To reduce child mortality
5. To improve maternal health
6. To combat HIV/AIDS, malaria and other diseases
7. To ensure environmental sustainability
8. To develop a global partnership for development

This report provides a summary of achievements attained under each Millennium Development Goal as at 2010 and outlines some challenges encountered during the period under review. The report also highlights some interventions that are implemented to address the challenges. The production of this 3rd Namibia MDG progress report coincided with the mid-term review of Namibia's Third National Development Plan (NDP3). Hence most information in this report was extracted from Mid-term review reports of the NDP3 Thematic Working Group submissions. Data for most indicators of the MDGs are obtained from the National Household and Income and Expenditure Survey (NHIES) and the latest NHIES was conducted in 2009/2010 with the data analysis due for completion by the end of 2010. In the absence of the most recent NHIES data, we have used some information from the 2003/2004 NHIES data, where the most up to date data on specific indicators were not available.

This report has used the qualitative assessment to indicate the likelihood of Namibia achieving goals and targets for each MDG as described below. Assessment of progress towards targets was conducted by using the characterisation "likely", "possible", "unlikely", or "achieved". Judgements about whether an achievement is likely, possible or unlikely were mainly based on the following factors: the observable trend; a change in trend for better or worse; whether an earlier target has been met; the distance from the final target, and the existing policy framework. For example: an improving trend, the earlier target having been met, no break in the trend of the worse, no greater distance to the final target than previously to the earlier target, as well as a conducive policy framework led to a qualification of "likely". By contrast, "unlikely" indicates that extraordinary additional steps will have to be taken to achieve the target.

This report is structured as follows: The first section presents development context of Namibia, this section provides an overview of the climatic, physical setting and the socio-economic situation in Namibia as well as the performance of the economy and the challenges still being faced by the country in achieving the Millennium Development Goal while the second section highlights the quantitative indicators at a glance: the table that provides a snapshot of all indicators and what has been achieved against the 2015 targets for each MDG. The third section presents the introduction: This forms the basis, background and conditions under which efforts

were made to achieve MDG goals. The section also introduces the Millennium goals and describes these goals with reference to NDP3.

For each Millennium goal in this report, a brief introduction is provided, followed by the target for the MDG. A table under the status and trend section provides quantitative indicators which highlight the progress towards achievement of targets from the baseline (the date for this is given in brackets), the original reference year for each MDG indicator and the current status (the date in brackets reflect when the latest value of respective indicator was obtained). A summary of achievements under each indicator in the table is provided, highlighting the significant trends and the assessment of the likelihood of meeting the target, given the trend of progress towards respective target. The section on Challenges and Opportunities highlights the factors or situations that adversely affect achievement of each respective MDG and also factors or opportunities that may be seized to address or accelerate achievement of each goal. The section on Interventions provides supporting evidence of interventions and effort of the Government of Namibia including policies which are being implemented or planned to accelerate the progress towards achievement of the MDGs. The structure of the MDG8 does not follow the structure of the other 7 as described below because of its different nature.

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

In the past, Namibia used the food consumption ratio to define the poverty status of households. A household which spent 60% or more of its total consumption on food was regarded as “poor”, and a household that spent more than 80% on food was regarded as “severely poor”. This measurement criterion defined poverty in relative rather than absolute terms. Namibia however has adopted the use of absolute poverty line which reflects some fixed level of resources needed to sustain life and health (NPC Poverty Bulletin, March 2009). Under this approach, the poverty line is set by computing the cost of a food basket enabling a household to meet a minimum nutritional requirement. This minimum requirement is an international daily calorie intake set at a food basket that gives 2100 kilo calorie per day for an adult person to function normally. This bundle of food is then scaled up to include basic non-food items that every human being needs, for example shelter, health service and fuel for cooking etc. Households that consume and spend in excess of this threshold are considered non-poor and households that spend less than the threshold are considered poor.

The high Gini-coefficient of 0.6 in 2003/04 reveals that there is still high inequality between the rich and the poor in Namibia. The majority of the rural people in Namibia are poor subsistence farmers or workers earning inadequate wages to meet their basic needs, yet many more are vulnerable to poverty because of economic insecurity, environmental instability and pandemics such as HIV/AIDS which kill large numbers of people at productive working age (NPC Poverty Bulletin, December 2009). In turn this increases caring responsibilities of those left behind, plunging them into further poverty.

Poverty in Namibia is concentrated in rural areas with 38.2 per cent of rural households considered poor compared to 12 per cent of urban households. The highest incidence of poverty is found in Kavango, Ohangwena and Oshikoto (all with poverty rates over 40 per cent) regions.

Poverty rates in Oshana, Erongo and Khomas on the other hand are well below the national average. Similar disparities can be found for different language groups with the most vulnerable groups being Khoisan (59.7 per cent), Rukavango (54.4 per cent) and Nama / Damara (42.2 per cent).

TARGET 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day (Poor and severely poor households for Namibia)

TARGET 1B: Achieve full and productive employment and decent work for all, including women and young men

TARGET 1C: Halve, between 1990 and 2015, the proportion of people who suffer from Hunger

STATUS AND TREND

TABLE 1: ERADICATE EXTREME POVERTY AND HUNGER

| INDICATOR | Baseline | Status | Target (2015) | Target achievable? |
|---|----------------|----------------|---------------|--------------------|
| Poor HH (including severely poor HH) % of all HH* | 38 (1993/94) | 27.8 (2003/04) | 19 | Possible |
| Severely poor HH, % of all HH* | 9 (1993/94) | 3.9 (2003/04) | 4.5 | Likely |
| Poverty Gap Ratio | - | 8.9 (2003/04) | 4.5 | possible |
| Share of poorest decile in national consumption | - | 1.07 (2003/04) | 0.54 | possible |
| Children under five, Malnourished, stunted, in % of all children Under five + | 28.4 (1993/94) | 29 (2006/07) | 14.2 | Likely |

SOURCES: * Central Bureau of Statistics (CBS) (1996) & (2006), ** National Planning Commission (NPC) (2001) & (2008), *** CBS (2007), +MoHSS (2008a). *HH: Households.

It is evident from Table 1 that the proportion of poor households has decreased from 38% in 1993/94 to 27.8% in 2003/04. The target of 19% set for 2015 is possible to achieve. When the criteria of absolute poverty is used, that is the cost of a food basket and basic non-food items (Cost of Basic Needs Approach), the proportion of severely poor households, increased to 14% from the traditional definition of poverty based on food consumption ratio which showed a decline from 9% in 1993/94 to 4% in 2003/04. In view of different figures obtained using the two poverty criteria, we should aim to halve the 14% to 7% (or 4.5% if the old system is used) for proportion of the poor households by 2015. The Government should therefore aggressively implement pro-poor programmes to lift poor and severely poor households out of poverty by 2015. The main source of data on poverty is the Namibia Household Income and Expenditure Survey (NHIES). The last 2 NHIES were carried out in 1993/94 and 2003/04 while data for the NHIES 2009/10 is being processed and analysed. Once completed, the NHIES 2009/10 will provide the most update data on poverty status and trends. The other source of data on poverty is the Participatory Poverty Assessment (PPAs), a qualitative assessment conducted at community level after every five years.



Figure 1. GDP Growth rate (%) 2001- 2009

Source: 2009 Preliminary National Accounts report

The Namibia economy grew at average rate of 4.5% between 2001 and 2009 with growth in the range of -0.8 and 12.3 per cent implying wide fluctuations (Figure 1). Despite the observed positive growth in GDP, other indicators reveal that more effort needs to be devised to improve the plight of the poor. A Gini-coefficient is used to measure disparity in income and hence used commonly to indicate relative poverty. A Gini-coefficient value of 0 indicates a complete equal distribution of income while value of 1 represents a complete unequal distribution. Namibia's Gini-coefficient has improved from 0.7% in 1993/94 to 0.6% in 2003/04 implying a reduction in the disparity between the rich and the poor. Although the Gini-coefficient has slightly improved the gap between the 'have' and 'have not' is still worrisome. To close this gap, ordinary people need access to productive resources in order to improve their income especially at household level. Improved access to by ordinary people to resources such as land can result in increased food and cash crops as well as livestock production, the situation that contribute towards achievement of MDG1 and Vision 2030. According to the 2008, Review of Poverty and Inequalities report, the share of poorest decile in national consumption was 1.07 in 2003/04, implying that the rich consume considerably more than the poor. The wide gap between the rich and poor in Namibia is further revealed by the high poverty gap ratio of 8.9 in 2003/04.

In Namibia unemployment rate (broad concept) remains high, rising from 34.5% in 1997 to 36.7% in 2004. If current trends of unemployment continue, it is unlikely that there will be full and productive employment and decent work for all by 2015. Unemployment rate in the country was worsened by the 2008/9 global financial and economic crisis which reduced economic and employment opportunity particularly in the mining Sector, resulting in a decline in demand for minerals.

Table1 reveals that the proportion of under-five children that were malnourished and stunted increased from 28.4% in 1993/94 to 29% in 2006/07, representing a slight increase of 0.6%. By 2015, it is likely that the proportion of under-five children that will be malnourished and stunted will be equal to or less than 14.2%. The observed decline in malnourished and stunted children is

due, in part to the increasing level of mother's education and increasing number of mother breastfeeding their children for the required period. However, orphans and vulnerable children could be at risk of being malnourished and stunting as they are not getting the required care.

CHALLENGES AND OPPORTUNITIES

- Poverty takes many forms such as lack of food, shelter, starvation and poor education among others. Although the poor understand poverty and the measures that can be implemented to address it, for instance, access to and control over productive resources, especially land; basic social services, access to markets for their products as well as being in charge of their own affairs at the local level. The major challenge however, is to translate this knowledge into action that will yield significant reduction in poverty among the rural poor.
- One of the challenges faced by the subsistence agriculture sector is the need to raise low productivity in order to increase income levels with the view to improve food security for the broad mass of the population in order to contribute to poverty reduction. The decline in employment in the rural areas, coupled with the relatively poor performance of subsistence agriculture have resulted in an overall increase in rural poverty. Hence, there is need to help the poor to access agricultural land and other resources such as forest products through land reform and collaborative management schemes.
- The root causes of persistently high levels of low income include high levels of income inequality, pervasive gender inequality, incapacity and death due to HIV/AIDS and other diseases, lack of access to productive assets and quality education, and vulnerability to environmental degradation and natural disasters. In addition, high level of school dropout has resulted in many young people being unemployed, hence the Ministry of Education has the role to play in reducing high levels of school dropouts.
- Furthermore, the average economic growth rate of 4.5% in recent years means that the economy is doing fairly well. The challenge however is to transform this growth into employment in order to reduce poverty.
- Persistent exposure to natural disasters, such as floods and drought in many parts of the Country has exacerbated poverty and suffering amongst the poor. The enactment and implementation of the National Disaster Risk Management policy will go a long way to address the issue of disasters and their effects on poverty reduction.
- The Government has the major challenge to effectively implement long-term measures to stimulate socio-economic growth through implementation of the NDP3 goals in the medium term and the Vision 2030 in the long term.
- Relevant Ministries, private sector and civil society should take advantage of the well Established Community Based Natural Resources Management (CBNRM) Programme that have also been extended to forest (community forests) and management of water resources (Community water based committees) to create employment and income opportunities.
- The decentralisation policy offers great opportunity for regional and local authorities and local communities to initiate and undertake interventions to address poverty and unemployment.
- There is need to fully exploit the potential that exists in the labour-intensive sector of small and medium-sized enterprises, including informal businesses to create additional employment opportunities and hence contribute to poverty reduction. In 2001, the informal

economy was estimated to be employing about 132, 607 people, representing about 4% of the 2000 labour force. The programme to improve feeder roads to rural and remote areas should be promoted and given more funds and support because it offers opportunity to facilitate access to markets and provision of other services.

- The worth of local / indigenous knowledge regarding resources should be exploited to create jobs or unearth income generating opportunities that can be enhanced to help solve the challenge of poverty and hunger.

INTERVENTIONS

- The multidimensionality of poverty suggests that only a cross-sectional, coordinated and integrated strategy can achieve substantial poverty reduction. The elements of such a strategy should include a mix of employment policies, cash transfers and targeted support for vulnerable groups of the population who are not reached by mainstream services such as the San people and the Himba.
- A number of Ministries and development partners are running programmes to reduce poverty such as low cost housing in the rural areas, social welfare services, rural water supply and title security.
- The Participatory Poverty Assessments (PPA) was carried out between period 2003 and 2006 in the thirteen regions involved local communities to gauge their views on poverty.. These assessments also served to unravel perceptions of local communities regarding poverty and main factors that must be addressed at community level in order to reduce poverty. Similarly, the vulnerability and livelihoods assessment carried out in rural parts of the country and the enactment of Poverty Reduction Strategy are living testimony of the commitment of the Government to intensify efforts and implement interventions that will reduce poverty. These community based approaches to poverty reduction should yield more fruits because local communities themselves take the lead in poverty reduction interventions with support from the Government, Development partners and Non-Government organisations (NGOs) and Community Based Organisations (CBOs).
- Through the PPAs local people in the Regions identified the following factors as causes of poverty:-Unemployment and lack of income, lack of cooperation among the communities, remoteness and lack of access to quality services, poor quality of education and health services, lack of proper roads, unsafe drinking water, food insecurity, lack of proper sanitation facilities, alcohol and drug abuse, corruption, crime and violence.
- One major outcome of PPAs was engagement of the local people in generating ideas of income generating initiatives and their involvement in monitoring these poverty reduction initiatives. In addition, the recommendations from PPAs were mainstreamed in the formulation and implementation of National Development Plan III, thus influencing poverty agenda of the country directly to fund pro-poor programmes and projects.
- Community Action Plans (CAPs) were developed and key actors would be instrumental in tackling the problems in the community who were identified. A challenge to Government is how to implement and fund interventions identified in CAPs at every community level given the limited amount of resources.
- The implementation of the VAT zero rating on basic commodities such as food, due to the

global economic crisis to mitigate effects of rising food prices and increases access to these basic foodstuffs by the poor households is a welcome intervention.

The involvement of the local communities in identifying and prioritizing their development needs shall further be consolidated when the Rural Development Policy enters into effect. There is a strong linkage between rural development and poverty reduction, to this end, Government recognizes that rural communities should be at the forefront of solving problems that relate to poverty reduction.

- The Government through the Ministry of Gender Equality and Child Welfare is supporting livelihood initiatives by local communities to generate income through projects such as vegetable gardens. These offer needed opportunities for vulnerable groups to access not only adequate nutrition, but also improving small scale trade that enable them to generate income at household level and provide employment opportunities for local people.

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

INTRODUCTION

Universal primary education is enshrined in the constitution of Namibia. “ *Primary education shall be compulsory and the State shall provide reasonable facilities to render effective this right for every resident within Namibia, by establishing and maintaining State schools at which primary education will be provided free of charge. Children shall not be allowed to leave school until they have completed their primary education or have attained the age of sixteen...* ” (Article 20 of the Constitution of Namibia).

A strong high quality education and training system is the major source of supply of a qualified, productive and competitive labour force for any country in the world; Namibia is no exception in this regard. Achievement of MDGs to a large extent depends on a population that is educated. Education is the key to obtain formal employment as well as a vehicle to equip the population to create their own employment and also for others. It is therefore not difficult to see how education contributes to both reduction of poverty, hunger and starvation as well as to socio-economic development. Furthermore, education gives a good foundation for life-long learning and is especially important for women to have knowledge about nutrition and hygiene to improve the health of their families. Education also puts women in a stronger position to take part in decision-making and considerable progress has been made in making education accessible to all.

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

STATUS AND TRENDS

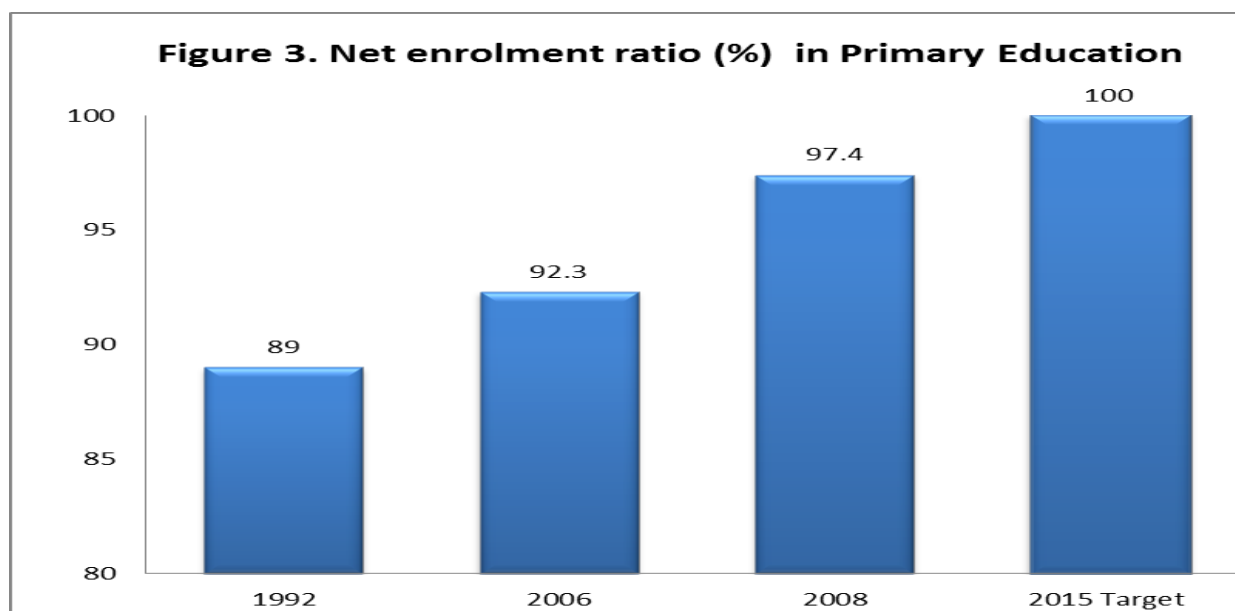
Table 2. Primary Education

| Indicator | Baseline | Status | Target (2015) | Target achievable? |
|---|-----------------|----------------|----------------------|---------------------------|
| Net enrolment ratio in primary education (%)* | 89 (1992) | 97.4 (2008) | 100 | Likely |

| | | | | |
|--|--------------|------------------|-----|----------|
| Proportion of pupils starting grade 1 who reach last grade of primary [survival to grade 8] (%)* | 59 (1992) | 72 (2007) *** | 100 | Possible |
| Literacy rate of 15-24 years-olds, women and men (%) | 89 (1991) | 94.2 (2006) | 100 | Likely |

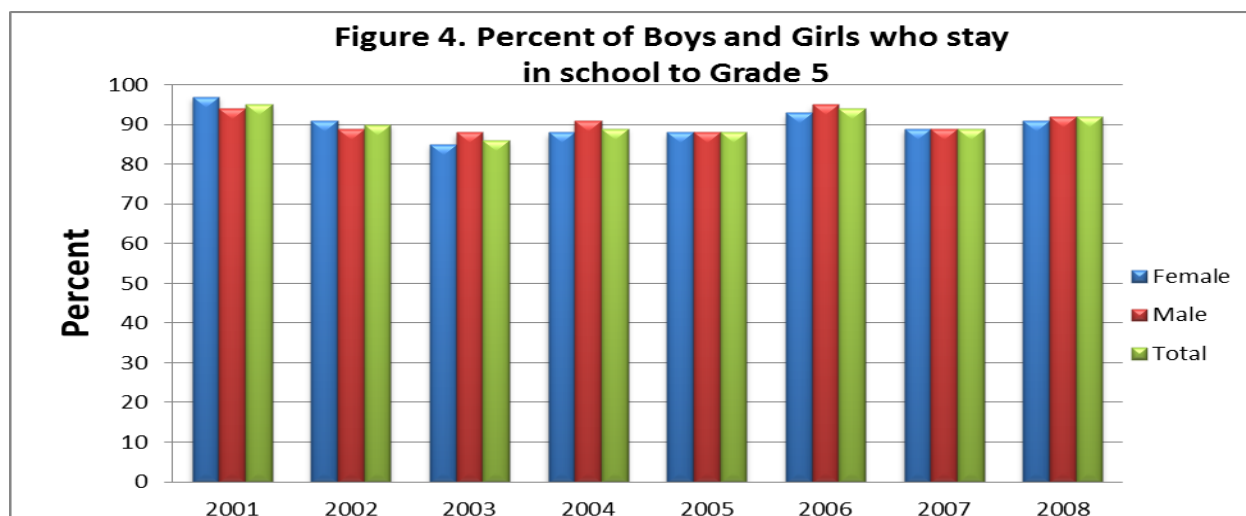
Sources: * =Ministry of Education, Sports and Culture (2002a) and Ministry of Education (MoE) (2008a), ** = National Planning Commission (1994) and (2003), ***=EMIS 2008

Namibia is on course to attain 100% net primary school enrolment by 2015 if the observed trend of increase in net enrolment from 89% in 1992 and 97.4% in 2008 (Figure 3) will be maintained.



Source:

The increase in enrolment in primary education (Figure 3) is mainly attributable to sector policies such as the Education and Training Sector Improvement Programme (ETSIP) and nationwide improvement of physical facilities at schools to address the problem of access. The school feeding program being implemented by the Ministry of Education as a strategy to improve school nutrition of the pupils is contributing to survival rate of pupils in school. In order to reach the target of 100% enrolment, it is imperative that the Government improve access to and quality of primary education for children from poor households most of who live in remote rural areas. The increase in literacy rate for 15-24 year-olds from 89% in 1991 to 97.2% in 2006 is a welcome achievement (Table 2). The target of 100% by 2015 is likely to be achieved. The survival rate to grade 8 increased from 59% in 1992 to 72% in 2007. It is possible that Namibia will attain the target of 100% survival to grade 8 by 2015.



Since the mid-1990s over 93% of all eligible children in Namibia have enrolled in primary school. Of the enrolled children, between 86% and 95% (Figure 4) of them completed Grade 5, the year in which a learner is expected to read, write and add up at basic levels and be able to do so for the rest of his or her life. This is referred to as functional literacy (EMIS, 2009). While enrolment has increased, it is vital to comment on the quality of education attained by these pupils when they exit Grade 5 or 8. In Southern Africa, quality of education attained is measured through the Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ), a consortium composed of 15 countries. The 2000 evaluation of reading scores of grade 6 learners placed Namibia in 13th position ahead of only Zambia and Malawi but was ranked last for mathematics (SIAPAC, unpublished) . Linguistic challenges have been blamed for poor literacy in Namibia. The 2000 SACMEQ measure of performance for teachers reading scores ranked Namibia in 7th position amongst the 15 member countries and last in Mathematics skills. There is a link between performance of teachers and the pupils they teach.

Namibia has made considerable progress in making education accessible to all and in ensuring that those that enrol survive to grade 8, thus contributing to increasing literacy rate. In order to improve the quality of teachers, the Ministry of Education has since 2000 increased the number of teachers that are trained such that to date, 96% of teachers have had formal teacher training (SIAPAC, unpublished). In addition, the number of teachers with more than two years of tertiary education before taking teachers training has increased from 55% in 2002 to 80% in 2009. Namibia has invested a lot of resources into education and is amongst the top eight countries in the world that spends the highest share of the public expenditure on education with an average of about 25% of the national budget allocated to education annually.

CHALLENGES AND OPPORTUNITIES:

- The need to improve the quality of education in Namibia still remains a challenge. The Government needs to address issues such as number of suitably qualified teachers, provision

of adequate and good quality teaching and learning facilities such as classrooms and efficiency of classroom use, laboratories and school stationery.

- The high poverty rate means that the majority of children at school going age are poor hence most likely hungry, poorly nourished and dressed and it also means that most poor parents cannot afford some school requirements because of unreliable sources of income. The long distances travelled to school may discourage some children to continue with school, hence all these factors may contribute to high rates of school drop-out. The sparse population dispersion is another challenge for Government to construct school to reach children in remote areas. Educating rural people will contribute to reduction in poverty in the long-term. The above reveal the linkage between poverty reduction and universal access to education. Government in collaboration with communities and private sectors should collectively identify ways to address those factors that contribute to school dropout. For example, where there are signs of malnourished children, Government should provide food e.g milk and bread during school break to the vulnerable children. The private sectors can assist through provision of school uniforms to the needy.
- The Government is therefore challenged to increase public expenditure on education with the poor being the target group. However, there is a limit to how much Government can increase public funding to schools because of other equally important and competing demands from other sectors. The Government therefore should expand the source of funding and cast wider the net of partnership in provision of primary education to entice greater participation of private sector, communities, civil society, parents etc. In some regions, communities have constructed schools and houses for teachers and the only contribution they requested from Government were teachers and their salaries. Such commitment, by local communities, helps them to have the sense of ownership and also contributes to sustainability of education in a particular village or region.
- HIV/AIDS is another factor that impedes the achievement of universal education. In 2007, about 121,102 orphaned children enrolled in school while 126,357 were enrolled in 2008, accounting for 21.2% of total learners in 2007 and 21.9% in 2008. Orphaned children face challenges of food shortage, school expenses and social issues that negatively affect their performance and their survival to higher grades (classes) at school.
- Although the national learner-teacher ratio for Namibia is below the target set for primary and secondary level, the competence levels of pupils and teachers is low and skills of pupils that leave school is below expectation with low competencies also hugely manifested at regional scale. The Government needs to take corrective actions to address these concerns if Namibia is to achieve high quality universal education and achieve this Millennium Goal.
- The current practice of involving parents (e.g. in school boards, parent-teacher associations or committees, fundraising activities for schools) in contributing to the education of their children in order to improve their learning outcome should be encouraged and promoted. It is an opportunity that should be exploited to increase enrolment, improve quality of education and survival rate of learners.
- There should be deliberate effort and support to address various issues of the marginalised and vulnerable children in society. The education policy (school fees being set by school management board) review is an opportunity to accommodate problematic issues such as orphans, vulnerable and marginalised children as well as previously disadvantaged communities such as the San community.

INTERVENTIONS

- The commitment of the Government to provide universal education especially at primary school level is evident in the number of relevant policies that have been promulgated. The Vision 2030 and National Development Plans recognise the pivotal role education plays in development. Other Policy frameworks that are implemented to address the education challenges include but are not limited to Early childhood Education Policy, Education for All Policy, National Plan of Action 2001-2015 and the National Policy on HIV/AIDS for the Education Sector.
- The Education and Training Sector Improvement Programme (ETSIP) was developed in 2005 to meet the challenge of improving the relevance, quality, efficiency and effectiveness of the education sector in the country. The general objective of the proposed sector programme is to assist the Government to achieve the MDGs 1 and 2¹ and meet the challenge of ensuring equality of education.
- The number of schools offering pre-primary grades is being increased to enhance the preparedness of learners before entering formal school.
- There are currently 202 school hostels in the country with a total of 224,276 pupils, mainly primary school level, benefitting from the school feeding programme and the feeding programme has exceeded its target of 200 000.
- Supporting of orphans and vulnerable children (OVC) should continue.
- As part of the efforts to training of teachers and management of schools to contribute to quality of teaching, Ministry of Education should continue to encourage and support teachers to upgrade their qualifications and should encourage running of subject matter workshops and refresher courses for teachers.
- The introduction of incentives in the form of allowance to teachers in rural areas is a worthwhile intervention and should be explored and implemented.

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

INTRODUCTION

The Government of Namibia, through the constitution, Vision 2030, National Development Plans, and other policies including the National Gender Policy, has committed to improve the status of women in the society. Gender equality is about extending freedoms, choices and opportunities to both men and women. Women are empowered when they participate in decision making at national, regional, community and even household level. Education is essential for women to know their rights and to obtain formal work and increase their income level.

TARGET 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015

STATUS AND TRENDS

Table 3. GENDER EQUALITY AND EMPOWER WOMEN

| Indicator | Baseline | Status | Target | Target achievable? |
|--|---------------|-----------------|--------|--------------------|
| Ratio of girls to boys in: | | | | |
| -Primary Education (girls per 100 boys)* | 102 (1992) | 97.5 (2009) | 100 | Likely |
| -Secondary Education (girls per 100 boys)* | 124 (1992) | 116 (2009) | 100 | Achieved |
| -Tertiary Education (girls per 100 boys) | 162 (1992) | 88 (2006) | 100 | Possible |
| Share of women in wage employment in the non- agricultural sector (%) | 44 (1997) *** | 48 (2003/04) ** | 50 | Likely |
| Proportion of seats held by women in national Parliament (%) | 9 (1992) | 25 (2010) | 50 | Possible |
| | | | | |

Sources: *= Ministry of Basic Education and Culture (1996), Ministry of Basic Education, Sports and Culture (2002a) and Ministry of Education (2008a), *** = National Planning Commission (1994) and (2003), ** = Ministry of Labour and Social Welfare (2001) and (2006).

Namibia has made considerable progress towards gender equality and women empowerment as evident from Table 3 above and Figure 5.

Education is essential for the improvement of the status of women and to enable them to fully participate in, contribute to and benefit from the developmental processes of the country. In 2009, there were 97.5 girls for every 100 boys in primary school and 116 girls for every 100 boys in secondary school and 88 girls for every 100 boys at tertiary level. It is likely to achieve equal numbers of girls and boys in the primary education while it is possible to have equal numbers of boys and girls at the tertiary level by 2015. The ratio of literate females per 100 males between the ages 15 -24 ranged from 106 in 1994 to 103 in 2007.



The share of women in wage employment in the non- agricultural sector increased from 39% in 1992 to 49% in 2000 and decreased slightly by 2% to 47% in 2003/04. The 2015 target of equal proportion of male and females in wage employment in the non-Agricultural sector is likely to be met.

Women's participation in decision-making is an important step towards women's empowerment. Namibia became the first SADC Country to ratify the SADC Protocol on Gender and Development in October 2009. The Protocol calls for a minimum target of 50% women representation in politics as well as decision making positions to be achieved by 2015, augmenting further the AU Solemn Declaration on Gender Equality in Africa which Namibia is party too. In 2008, women representation in Parliament constituted 31%, increasing from 7% in 1992. This figure however, decreased to 25% after the National Assembly elections in 2009. Measures to provide for increased women representation in politics are being implemented to ensure that the target of 50% set for 2015 will be achieved, and that women will increase their share of the parliamentary seats during the upcoming Regional Elections to be held in November 2010.

The representation and participation of women in decision-making at Parliament and managerial levels in Namibia varies considerably. For instance, as of mid-July 2010 there were only 5 female Ministers out of 22, 5 Deputy Ministers out of 20, and only 7 female Members out of 26 at National Council. Women are under-represented on Regional Councils, where only 13 out of 107 councillors are female, and there are only 3 women amongst the 13 Regional Governors. Women, however, are well represented on Local Authority Councils where they constitute 45% of all Councillors. There are however only 8 females out of 30 mayors but at the Deputy Mayor level, the ratio is almost 50/50.

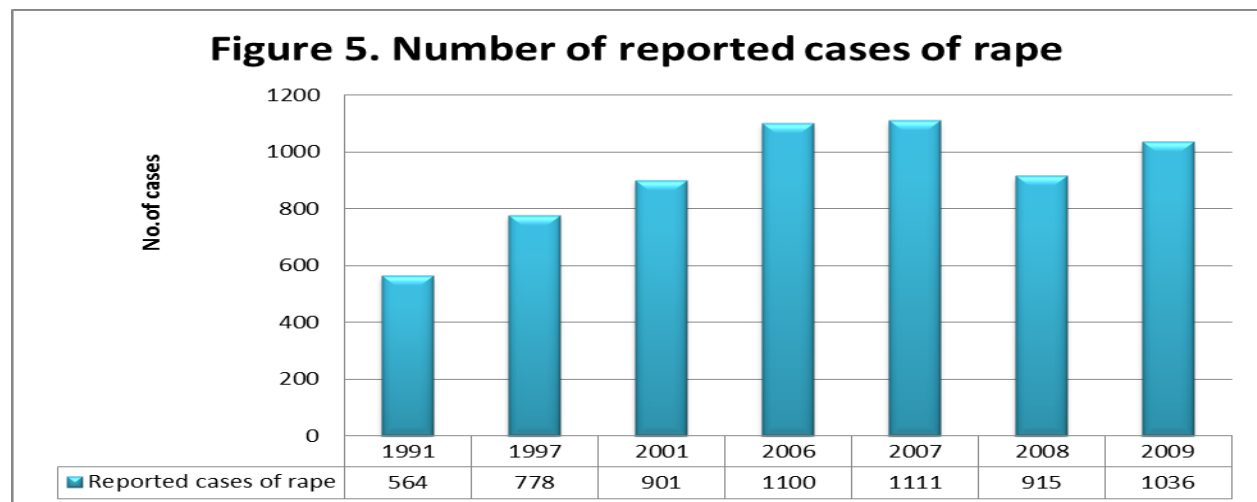
Gender based violence which takes many forms is a social ill in Namibia that hinders achievement of Gender equality. In 2008, the Ministry of Gender Equality and Child Welfare with support of MDG-Fund conducted a KAP study to investigate traditional and cultural practices that perpetuate or militate against gender-based violence (GBV). The key results revealed that GBV is rampant and still tolerated in general in most societies. The study revealed that the proportion of those subjected to physical abuse was 34% (40.5% women, 27.6% males) while those subjected to mental abuse were 59% (59.5% females, 58.5% males) and those who have experienced both physical and mental abuse were 69.3% (69.7% females and 68.9% males). Amongst those interviewed, married women are significantly more likely to have been subjected to GBV than single women regardless of age. The study recommended building capacity of traditional and religious leaders, law enforcement and the community at large to address GBV in their own communities.

CHALLENGES AND OPPORTUNITIES

- The promulgation of the National Gender Policy was a major milestone in the efforts to attain gender equality and empowerment Namibia. The major challenge is implementation of the policy, to mainstream gender in all sectors of the society. Although gender

mainstreaming is underway in various sectors there is a need to accelerate the process in order to realise gender equality and women empowerment.

- Namibia has cultural beliefs that vary from region to region and culture to culture. Some of the cultural beliefs such as those held by patriarchal societies have perceptions and stereotypes that view women as subordinates and under the control of men. These beliefs manifest in GBV that is on the increase in Namibia. For instance, there has been an increase in reported cases of rape or attempted rape per region from 564 in 1991 to a peak of 1111 reported cases in 2007. GBV hinders the achievement of gender equality and women empowerment. The challenge is to remove the deep seated beliefs / stereotype that women are subordinates in order to bring them at par with men so that women can equally access productive resources and make decision.



Source: MGECW (2010).

Domestic violence is one of the social ills haunting the Namibian society with rape and passion killings forming a large percentage of GBV cases. It should be noted that oftentimes, fewer domestic violence cases are reported than the actual number. This means that domestic violence is a problem which touches many more people in Namibia than our statistics show.

- Beside the fact that women have greater access to education, a key challenge for the country is to translate high levels of educational attainment into greater opportunities for women in the labour market in general and in particular when it comes to decision-making positions.
- The Government, civil society, faith based organisations, community based organisations and Non-Government organisations should invest in extensive broad-based efforts to change the following attitudes that threaten achievement of gender equality and empowerment.
 - Reduce negative attitude towards gender equality for both men and women.
 - Change the socio-cultural attitude which attaches less value to the education of the girl child
 - Address socio-cultural values and practices such as early marriage, especially for rural girls
 - Discourage cultural practices such as inheritance of widows, cleansing of widows and initiation practices that hinder women empowerment

- Poverty hinders women empowerment because it is also closely linked to low education levels. Being poor and with low education contributes to a person's vulnerability, especially if they are not aware of their human rights. Education is thus an important tool in order to achieve women's empowerment.

INTERVENTIONS

- The Constitution of Namibia recognises women and men to be equal and has outlawed all discriminatory practices.
- Namibia is a signatory to the Convention on Elimination of all Forms of Discrimination against Women, and SADC Protocol on Gender and Development, an indication of the Government's commitment to work towards women's empowerment.
- The 1997 National Gender Policy was revised to include emerging issues such as women and peace, climate change and HIV and AIDS, and to capture aspirations of newly ratified international and regional instruments such as the MDGs, AU Women Protocol, SADC Gender and Development Protocol, AU Solemn Declaration on Gender Equality in Africa and the policy was adopted by Parliament in March 2010.
- The Government of Namibia has prioritised Gender equality as reflected in the Third National Development Plan where gender equality is national goal with clear indicators and targets to be achieved within the Plan period.
- Gender mainstreaming into all relevant laws, policies and programmes is underway and is guided by the National Gender Policy the National Gender Plan of Action. To this effect gender analysis of various sector programmes and policies as well as development of sector specific gender mainstreaming guidelines/ strategies has been undertaken in Education, Health, and Agriculture sectors. In addition Gender responsive budget analysis has also been implemented, targeting the same institutions as well as the Ministry of Finance and National Planning Commission Secretariat.
- The establishment of the Women and Child Protection Units (WCPU) in the country has helped increase the detection of rape and sexual offences.
- The Government with financial assistance from USAID/Namibia conducted a rapid assessment study on human trafficking in Namibia in April 2009. The aim of the study was to investigate the extent of human trafficking in Namibia. Eight regions namely; Khomas, Ohangwena, Oshikoto, Caprivi, Kavango, Karas, Erongo and Omaheke were included in the study and one of the recommendations from the study is that a national awareness media campaign on human trafficking should be undertaken.
- Based on the human trafficking study as well as the Knowledge, Attitude, Practice and Behaviour (KAPB) on cultural factors that may drive or protect Namibians against GBV, Namibia is running a three year national campaign on Zero Tolerance for GBV including human trafficking starting July 2009.
- Namibia's signatory to the Convention on Elimination of all Forms of Discrimination against Women, and SADC Protocol on Gender is an indication of the Government's commitment to work towards women's empowerment.

All effort should be made to effectively implement the many laws and policies that have been developed and enacted to support gender equality and women's empowerment. A few are listed below:-

- Married person's Equality Act (No. 1 of 1996)..
- Combating of Domestic Violence Act (No 4 of 2003).
- Combating Rape Act (No 8 of 2000),
- Affirmative Action (Employment) Act (No 29 of 1998)
- Education Act (No. 16 of 2001)
- The national Agriculture Policy (October 1995).
- Agricultural (commercial Reform Act (No. 6 of 1995)
- Communal Land reform Act (No. 5 of 2002).
- Cooperatives Act (No 23 of 1994).
- The Government with its partners is currently developing a National Gender Based Violence Plan of Action and a Monitoring and Evaluation Plan. The enactment of the policy on management and prevention of learner pregnancy policy (MoE) also reveals the Government's commitment to address gender equality issues. This policy will help address ways in which girls can be helped not to get pregnant so they can be in school but also help deal with / manage girls that have fallen pregnant.
- In Namibia, the civil society contributes to addressing gender equality and women empowerment through establishment of Gender-related non-Governmental organisations. A few examples of gender focused NGOs include the Namibia National Women's Organisation (NANAWO) which is working on gender issues and the Legal Assistance Centre which is a driving force behind gender-specific law reforms. Sister Namibia focuses on women's rights, and aims to eliminate patriarchy and to encourage gender equality. Namibian Men for Change and White Ribbon Campaign is the first male-driven initiative addressing gender issues in Namibia. In addition, the Namibia Planned Parenthood Association (NAPPA) established a GBV clinic in Windhoek, in January 2010 aimed to provide counselling and other GBV related services mainly to young people and victims of sexual abuse.

MDG 4: REDUCE CHILD MORTALITY

INTRODUCTION

Children are the future leaders, if they grow into healthy, productive adults that contribute to the socio-economic development of the country. This justifies the need to reduce disabilities and deaths among infants and children and ensure their survival. The proportion of infants and children fully immunised against vaccine preventable diseases and those that survive to their fifth year are good indicators of the overall level of children's health.

TARGET 4A: Reduce by two- thirds, between 1990 and 2015, the Under-5 mortality rate.

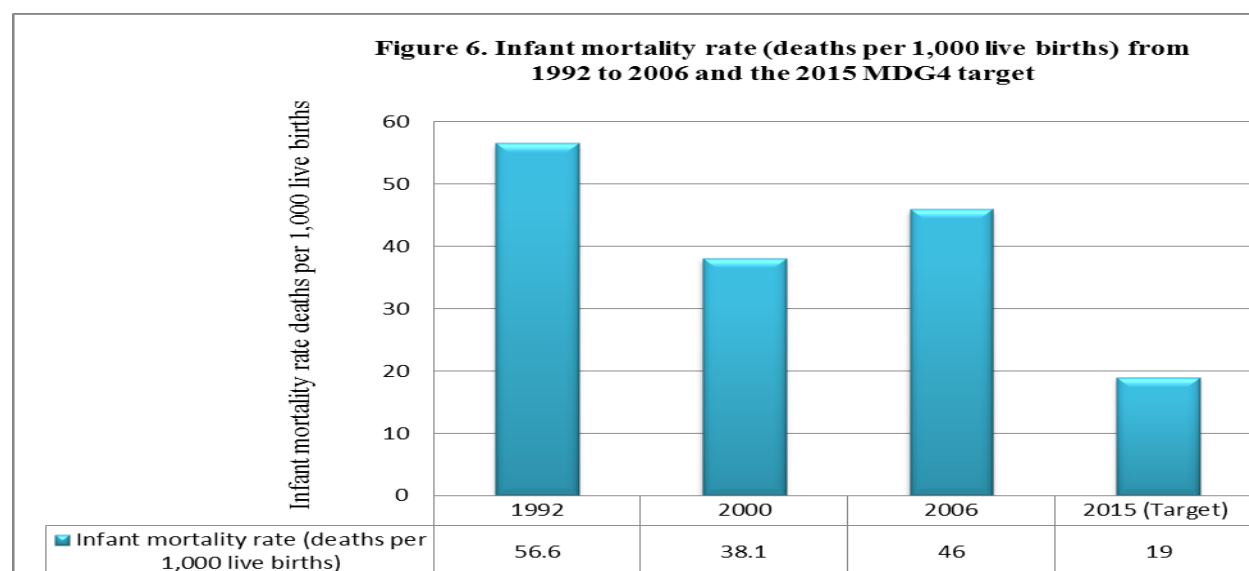
STATUS AND TREND

TABLE 4: CHILD MORTALITY

| Indicator | Baseline | Status | Target (2015) | Target Achievable |
|--|-------------|----------------|---------------|-------------------|
| Under-five mortality rate (deaths per 1,000 live births) | 83.2 (1992) | 69 (2006/07) | 28 | Unlikely |
| Infant mortality rate (death per 1,000 live births) | 56.6 (1992) | 46 (2006/07) | 19 | Unlikely |
| Proportion of one- year-old children immunised against measles | 75.7 (1992) | 83.8 (2006/07) | 85 | Likely |

Source: Ministry of Health and Social Services (MoHSS) (1993), (2003) & (2008a).

Although the under-five mortality decreased from 83.2 deaths per 1,000 live births in 1992 to 69 deaths per 1000 live births in 2006, the target of 38 deaths per 1,000 live births may not be attained.



Source: MoHSS Demographic Health Survey, 2006/07

Similarly, the infant mortality rate (death per 1,000 live births) decreased from 56.6 deaths per 1,000 live births to 46 in 2006/07. However Namibia is unlikely to reduce infant mortality to attain the 2015 target of 19 infant deaths per 1,000 live births.

Many factors contribute to infant and under five year old mortality including nutrition. A baby needs good feeding in order to grow. Stunting reflects a long-term deficiency in proper nutrition (MoHSS, 2008) and can contribute to mortality. In Namibia, the proportion of children that are moderately to severely stunting was 40% in 2006/07 (NDHS) Poor nutrition is associated with poverty levels in that provision of or access to sufficient basic food such as maize meal or mahangu and even supplementary foods such as fruits and vegetables are beyond the reach of many poor people.

The proportion of children that are immunised against measles has increased from 76% in 1992 to 84% in 2006/07 (Figure 6). There is however low coverage of measles in Kavango region (55%) and Kunene Region (60%). Regional variation in the rates of coverage is caused by various factors, for example, in Kavango, levels of severe poverty are high and place serious constraints on mothers from such households to pay the costs of follow up visits to the antenatal clinics to complete the set of vaccinations for measles. In Kunene, the limitation imposed by poverty is coupled with remoteness and hence distance of most households to the nearest health facilities.

The MoHSS is however making great effort to increase vaccination coverage evident from campaigns in introducing new vaccines against meningitis, pneumonia and hepatitis. The target of immunizing 85% of children with measles vaccine by 2015 is likely to be achieved if concerted efforts are made to remove barriers that hinder mothers to have their children vaccinated against measles and other diseases. There is evidence that the number of children that are fully immunized rises with increase in the mother's level of education and income. Hence improving literacy levels and reducing poverty will positively contribute to increased immunisation of children.

CHALLENGES AND OPPORTUNITIES

- All stakeholders ranging from Government, private sector, civil society should aggressively address and overcome the challenge of poverty and unemployment because these impact on the nutritional status of households and their ability to access and provide for primary health care to reduce infant and child mortality. Improving household income will contribute to better nutrition level of children and access to health facilities.
- The HIV/AIDS pandemic is another challenge that reduces immunity for infected children and orphans. It also reduces the ability and options of infected parents especially mothers to provide sufficient food and medical and other care that are needed for their infants and children.
- Recurrent droughts and occasional floods in Namibia are severe impediments to improved nutritional status and the predicted impacts of climate change will worsen this situation. Hence implementation of national climate change policy of Namibia will help address the problem.
- Emergency programmes on food security and nutrition are needed to prevent deterioration in the health and nutrition situation of the most vulnerable in the population.
- Improving coordination among various sectors in interventions in drinking water supply, sanitation and hygiene will exert a positive effect to reduce infant and child mortality.
- The sparse distribution of population in Namibia poses a challenge for the Government to set up clinics and health centres to ensure people do not travel long distances to the nearest health centre. This is also compounded by the requirement of a threshold or minimum number of people for which a clinic or health centre can be established.

INTERVENTIONS

- Child health is promoted through implementation of various policies and programmes including the following: extended programme on Immunisation (EPI), supply of Vitamin A for children by health centres.
- The Government in its current development programme (NDP3, 2008-2012) has a goal on making quality health service accessible and affordable to all. To this end, it plans to employ the following strategies:
 - Making quality health care accessible, affordable and equitable;
 - Prioritizing improved access to health care and health facilities in previously under-served regions; and
 - Targeting more resources towards the poor in rural and urban areas.
 - Orientation of the public health service towards the provision of primary health care (including reproductive health services), with predominant focus on community health,
- Ministry of Health and Social Services efficiently responds to outbreak in diseases to which infants and children are susceptible i.e. Polio, cholera and swine flu outbreak. The Ministry also runs a programme that focuses on prevention among children. A good example is the annual National Immunization Day (NID).
- Coverage of child survival services must be increased by encouraging women to breast feed their children at least for the first six months and thereafter, continue until the child is two or more years but with additional food. HIV infected mothers with babies should be given formula milk.
- Health and hygiene practices such as hand washing with soap which is most effective and inexpensive way to prevent common diseases such as diarrhoea which contributes to child mortality must be promoted.
- Neonatal care services including the creation of neonatal resuscitation care in maternal units should be scaled up.
- Prevention of mother to child transmission of HIV programmes to eliminate chances of transmissions should be scaled up.
- Sexually Transmitted Infections (STI) / HIV/AIDS, malaria and nutrition services must be integrated into obstetric care.
- Strategic actions from the Maputo Plan of Action that are relevant to child mortality issues must be fully implemented (AU, Maputo Plan of Action 2006).

MDG 5: IMPROVE MATERNAL HEALTH

INTRODUCTION

Good maternal health reflects on the quality and access of maternal health care and it also offer evidence regarding the health status of women at reproductive age and that of their children. To policymakers and donor agencies, maternal health can be useful barometer concerning the health status of the female population, and also of socio-economic conditions in general.

The Government of the Republic of Namibia has over the years provided sexual and reproductive health services including maternal and neonatal health care to the Namibian people.

The Government with the support from several development partners has implemented numerous safe motherhood strategies in various regions and districts of the country. But despite all these good efforts, maternal and neonatal mortality has continued to rise (MoHSS, Road Map 2010).

TARGET: 5A: Reduce by three quarters, the Maternal Mortality Ratio between 1990 and 2015.

5B: Achieve, by 2015, universal (100%) access to reproductive health

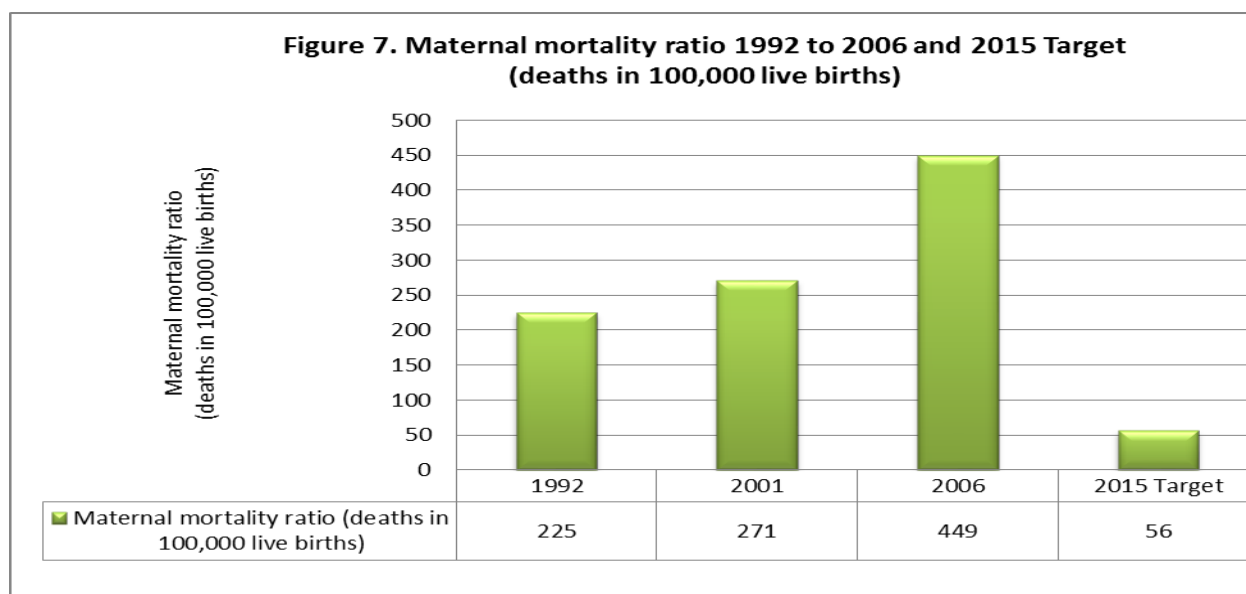
STATUS AND TRENDS

TABLE 5: MATERNAL HEALTH

| Indicator | Baseline | Status | Target (2015) | Target achievable |
|---|------------|---------------|---------------|-------------------|
| Maternal health | | | | |
| Maternal Mortality Ratio (deaths in 100,000 live births) | 225 (1992) | 449 (2006/07) | 56 | Unlikely |
| Proportion of births attended by skilled health personnel (%) | 68 (1992) | 81 (2006/07) | 95 | Possible |
| Universal access to reproductive health | | | | |
| Contraceptive prevalence rate (%) | 23 (1992) | 47 (2006/07) | 100 | Likely |
| Adolescent birth rate reduced by 100% (%) | 22 (1992) | 15 (2006/07) | 0 | Possible |
| Antenatal care coverage (at least one visit and at least four visits 4) (%) | 56 (1992) | 70 (2006/07) | 100 | Likely |
| Unmet need for family planning (zero % unmet need) (%) | 24 (1992) | 7 (2006/07) | 0 | Likely |

Sources: Ministry of Health and Social Services (MoHSS) (1993), (2003) & (2008da).

The Maternal Mortality Ratio (MMR) has increased from 225 deaths per 100,000 live births in 1992 to 449 deaths per 100,000 live births in 2006 (Figure 6). The majority of deliveries in Namibia occur at health facilities.



Source: MoHSS Demographic Health Survey, 2006/07

More than 75% of maternal deaths occur during childbirth and within 72 hours after delivery, therefore care during childbirth and in the first 72 hours after delivery should be addressed in Namibia. The major causes of maternal mortality are haemorrhage, infection, eclampsia, obstructed labour and unsafe abortions which account for more than 70% of the total maternal deaths in the world. Basically there are three delays that contribute to the high maternal & newborn mortality, these are:

- Delay in decision-making to seek care (due to lack of understanding of complications, lack of trust in the health care delivery system, acceptance of maternal death as norm, low status of women, socio-cultural barriers to seeking care etc.)
- Delay in reaching care (due to lack of transportation & communication, barriers to access service including physical, cultural and financial barriers, etc.) and
- Delay in receiving care (due to lack of skilled personnel, supplies, equipment, blood transfusion services, etc.).

The HIV/AIDS epidemic has contributed to the increased maternal mortality ratio in Namibia (EmOC Assessment, 2006). The MDG target 2015 of reducing maternal mortality to 56 deaths per 100,000 live births is unlikely to be achieved if the current increase in MMR is not halted and reversed.

Table 5 reveals that the coverage of antenatal care improved from 56% in 1992 to 70% in 2006. At this rate of coverage, the target of 100% set for 2015 is likely to be achieved. Furthermore, there was an increase in the proportion of births attended by trained health personnel from 68% in 1992 to 81% in 2006. It is possible that by 2015 ninety five (95%) percent of births in Namibia shall be attended to by skilled health personnel. There is need to look closely at why the increase in proportion of births attended to by trained health personnel has not translated or contributed significantly to reduction in the MMR. One area is to assess the effectiveness of care received at health facilities after birth and the follow up on care at home.

The contraceptive prevalence rate doubled from 23% in 1992 to 47% in 2006 (Table 5). This is a significant increase and indicates that the 100% target for 2015 is likely to be achieved. The proportion of unmet needs for family planning decreased by 71% from 24% in 1992 to 7% in 2010 suggesting that it is likely that all family planning needs shall be met by 2015. Following the same trend, there were much fewer adolescent births in 2006 (15%) than in 1992 (22%) representing a 32% decrease. It is possible that by 2015, there will be no adolescent births in Namibia if effective interventions are developed, implemented and sustained.

CHALLENGES AND OPPORTUNITIES

- The combined impact of HIV/AIDS and poverty in Namibia is severely undermining Government's efforts to reduce maternal mortality. With low immunity due to HIV/AIDS and poor nutrition due to poverty, most women succumb to diseases such as malaria and tuberculosis. The Government therefore needs to strengthen and improve programs and activities that will address the challenges which directly or indirectly affect maternal mortality. The strategies should include improving the educational, socio-economic and nutritional conditions of poor families but more especially women and girls.
- The EmOC assessment of 2006 has revealed that out of the 34 district hospitals, only four (11.8%) provide Comprehensive Emergency Obstetric Care that includes blood transfusion and emergency operation (caesarean section) for mothers that need it while none of the lower level health facilities provide Basic Emergency Obstetric Care.

The reasons among others for not providing basic and comprehensive obstetric care services are lack of skilled health workers, restrictive scope of work for nurses and nurse midwives not being allowed to provide basic emergency obstetric care, anaesthesia as only doctors can administer the service, as well as the fact that essential medicines including ergometrine, oxytocin, MgSO₄ and others are not available at lower levels of the health care delivery system.

INTERVENTIONS

Policies, strategies and programmes aimed at ensuring maternal and reproductive health are in place. These include:

- Reproductive Health Policy.
- Road Map for accelerating the reduction of maternal and neonatal mortality, revising the scope of practice of health professionals (nurses and midwives) and task shifting.
- Improving and expanding Primary Health Care (PHC) services particularly Maternal and Child Health (MCH) services in the rural areas:-
- Improving the capacity of health care providers and design strategies to retain them.
- Ensure the availability and maintenance of essential medicines and equipmentt at all MCH centers.
- Promoting and increasing public and private financial investment in health care.
- Strengthening male involvement in sexual and reproductive health.

- Research for evidence based policy and program design and implementation.
- Improving technical support to strengthen health planning and management both at central and peripheral levels and improve data management and analysis at all levels.
- Improving referral system to respond to maternal emergencies Institutionalize regular monitoring and evaluation at all levels of the health care delivery system.
- Adolescents Friendly Health Clinics providing a wide range of reproductive health services have been established with the aim to address the slow path in reducing maternal mortality, i.e. NAPPA AFHS clinics, the Multi-Purpose Youth Centres, etc.
- Build capacity of all categories of Reproductive Health service providers, namely: Traditional Birth Attendants (TBAs), Nurses, Midwives, etc) to facilitate effective integration of sexually transmitted infections (STI) /HIV/AIDS into Reproductive Health (RH) service delivery.
- Strengthen integration of RH / HIV/AIDS and provide family planning as a component of maternal, new born and child health service package
- Raising the level of family planning uptake, especially long-term methods and reduce the prevalence of unmet need to contraceptives.
- Compilation and dissemination of data on the magnitude and consequences of unsafe abortion.

MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

1. HIV/AIDS

Namibia recognises that HIV/AIDS is not merely a health concern but a development issue and challenge and as a result, responses to the HIV/AIDS epidemic have evolved from purely health problem of a bio-medical nature involving mainly the Ministry of Health and Social Services (MoHSS) to being embraced as a developmental issue that requires a multi-sectoral response. HIV/AIDS has significantly contributed to reduction of life expectancy at birth from an average of 62 years in 1991 to 49 years in 2001 and has left many families economically vulnerable. The epidemic has also affected livelihoods, economic and demographic features of many individuals and has left about 155,000 children orphaned. It has therefore increased the burden of responsibility on children to put food on the table. HIV and tuberculosis are closely interlinked; most HIV positive people are also likely to be infected with TB (2nd MDG report). Therefore, monitoring the HIV epidemic is particularly important to inform policy-makers of the challenges and needs facing a large proportion of the people of Namibia.

TARGET 6A: Have halted by 2015, and begun to reverse the spread of HIV/AIDS

6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

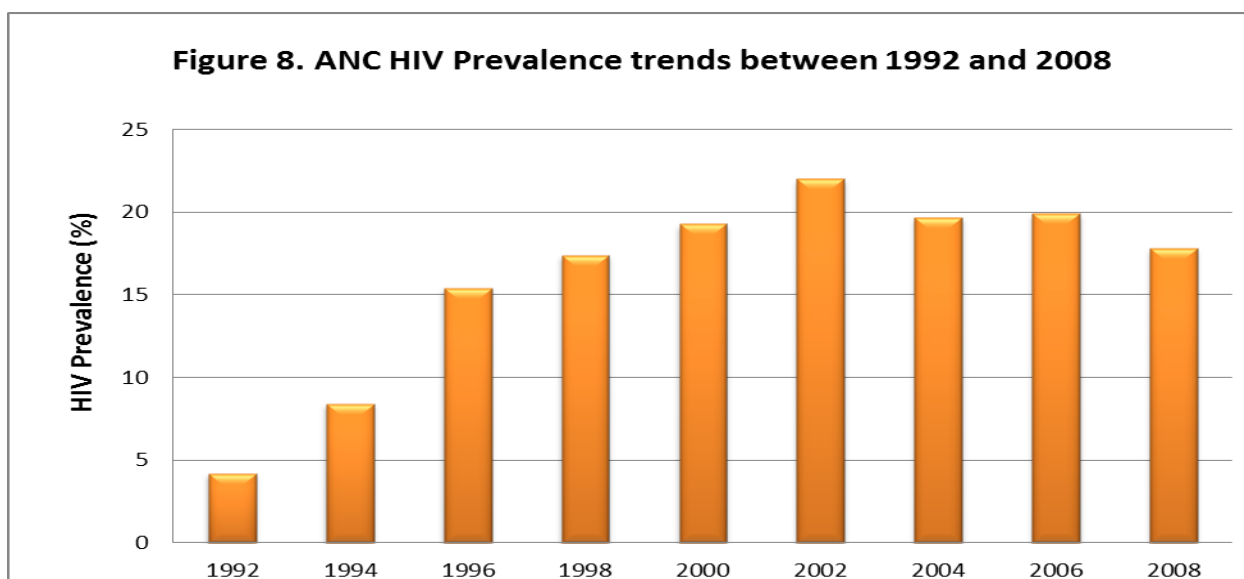
STATUS AND TRENDS

TABLE 6.1: HIV/AIDS

| Indicator | Baseline | Status | Target (2015) | Target achievable |
|--|--------------------------|-------------------------|------------------|-------------------|
| HIV prevalence among population aged 15 -24 Years (%)*** | 14.2 (2006) | 10.6 (2008) | 5 | Possible |
| Condom use at last high –risk sex for 15-49 years age group | | | | |
| Women ² (%) ** | - | 66 (2006/2007) | 85 | Likely |
| Men (%) | - | 74 (2006) ³ | 90 | Likely |
| Alternative indicator Condom use with non- cohabiting partner (15-49) | | | | |
| Women (%) | 51 (2000) | 62.1 (2006/2007) | N/A | |
| Men (%) | 66 (2000) | 78.4 (2006/2007) | N/A | |
| Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS | | | | |
| Women (%) | 38.9 (2000) ⁴ | 64.9 (2006) | 90 | Unlikely |
| Men (%) | 50.7 (2000) ⁴ | 63.4 (2006) | 90 ⁵ | Unlikely |
| Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years | 0.92 (2000) ⁴ | 1.0 (2006) ⁴ | 1.0 | Achieved |
| Proportion of population (Adults and Children) with advanced HIV infection with access to ARV drug (%)*** | | | | |
| Adults (%) | 56 (2006/7) | 88 (2009/2010) | 100 ⁴ | Likely |
| Children (%) | 88 (2006/7) | 100 (2009/2010) | 95**** | Achieved |

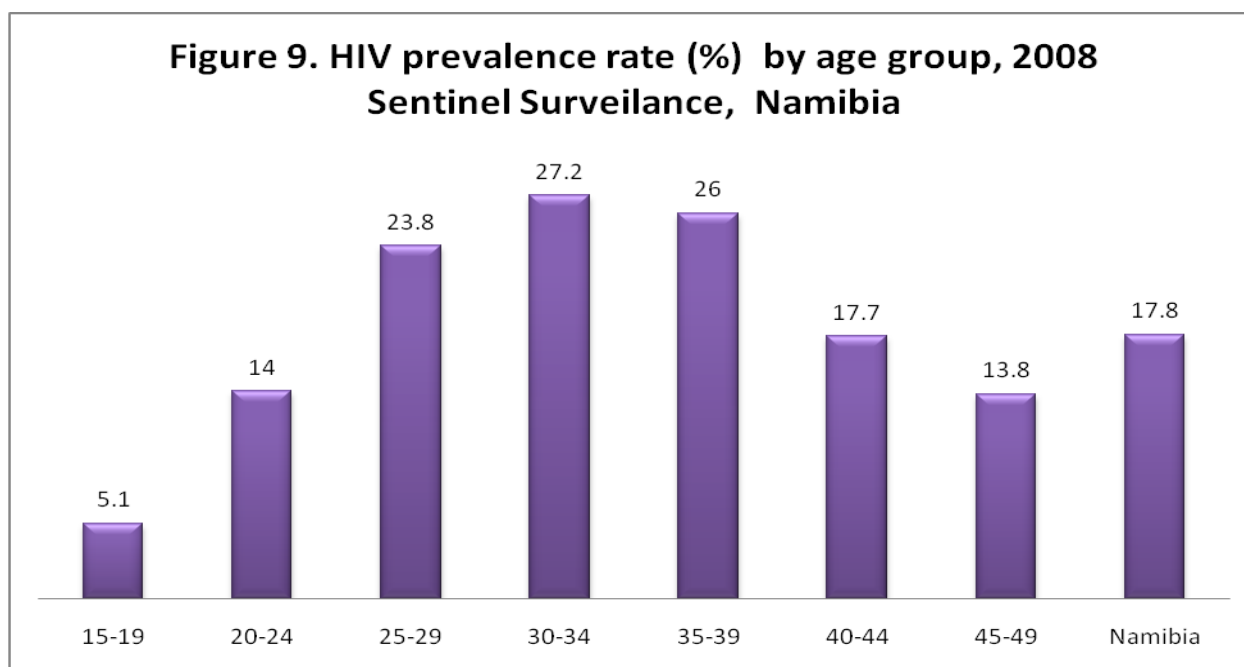
Sources: * = Ministry of Health and Social Services (MoHSS) (1995), (2001) and (2007) ** MoHSS (2003) and (2008a), *** MoHSS (2008b), **** 2015 targets set using CD4 350, 1= HIV prevalence rate in pregnant women, 2= Higher risk sex refers to sexual intercourse with a partner who is neither the spouse nor live-in partner of the respondent, 3= MoHSS National TB and HIV Targets June 2008. 4=DHS (2000), 5 = MoHSS, The National Strategic Plan on HIV/AIDS, Third Medium Term Plan (MTPIII) 2004-2009, 6=ANC (Antenatal Clinic). 2006/7 and 2008/9 Estimates and Projections of the Impact of HIV/AIDS in Namibia (MoHSS)

Available data from the National HIV Sentinel Surveys indicate that HIV prevalence among pregnant women attending Antenatal Clinic (ANC) rapidly increased from 4.2% in 1992 to a peak of 22 % in 2002 (Figure 8) before it declined to 17.8% in 2008.



Source: MoHSS HIV Sentinel Survey (2008c)

Namibia has registered a reduction in the HIV prevalence among pregnant women aged 15 to 24 years attending ANC from 14.2% in 2006/07 to 10.6% in 2008 (Table 6.1). This indicates a reduction in the annual number of new infections. It is therefore possible to achieve the target of 5% HIV prevalence amongst pregnant women by 2015. Detailed inspection of the prevalence of HIV/AIDS amongst pregnant women reveals significant variation in the prevalence by age (Figure 9). HIV/AIDS prevalence showed a normal distribution pattern. It was low in the 15-19 year old (5.1%) and in the 45-49 years old age class (13.8%) and highest in the 30-34 year old age class (27.2%) (Figure 9).



Source: MoHSS HIV Sentinel Survey (2008c)

There was an increase in condom use at last high-risk sex (sex with a non-regular, non-cohabiting partner) among adults aged 15 to 49 years from 51% to about 62% in women and from 66% to about 78% in men over the six-year period from 2000 to 2006. The proportion of the population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS was 39% among women and 51% among men in 2000 and increased to 65% for women and 62% for men, respectively. Effective awareness interventions need to be developed and implemented if Namibia is to raise the proportion aged 15-24 years that will have comprehensive correct knowledge of HIV/AIDS to 90% of the population of this age group.

The proportion of the population with advanced HIV infection who have access to antiretroviral drugs has increased from 56% in 2006 to 88% in 2010 (Table 6.1). The target of 100% set for 2015 is likely to be achieved. The proportion of children with advanced HIV infection with access to ARV drug increased from 88% in 2007 to 100% in 2010. The target of 95% for children with advanced HIV infection receiving ARV drugs has been met and should be sustained. There has also been a rapid scale up of the ART program with the number of adults and children receiving HAART from 33,591 (53% in need- CD4 200) in March 2007 to 75,681 (90% in need-CD4 200) in March 2010. Although access to AIDS treatment has expanded, there is a need to continue expanding such treatment. Half of those living with HIV are women. Prevention measures are failing to keep pace with the spread of HIV. Some factors that contribute to spread of HIV include but are not limited to the following behavioural factors:- multiple and concurrent sex partnerships, intergenerational sex, alcohol use and abuse, the decline importance of marriage in society increases the vulnerability to HIV infections, transactional sex (sex in exchanged for food, money, gifts and other favours), high levels of population mobility and migration. Care of orphans is an enormous social problem, which will only get worse as more patients die of AIDS.

Approximately 6100 persons died of AIDS related causes in 2008/2009 in Namibia. This is a reduction from an estimated 11,100 deaths per year in 2003/2004 before the roll out of ARVs. The ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years was 1.0 in 2006 (Table 6.1) indicating that orphans are getting equitable access to education when compared to non-orphans.

CHALLENGES AND OPPORTUNITIES

- A review of the health systems indicate that current levels of human and infrastructural resources are insufficient to support the increased coverage of People Living With HIV (PLWHIV), both within the Pre-ART and the ART clinics. This shortfall of resources will become even more significant if additional emphasis and focus is directed at quality of service delivery to PLWHIV. Opportunities for more efficient service delivery should be provided through stronger linkages with the private health sector. However the lack of an established coordination system for the two sectors has resulted in both sectors operating separately and independently of each other. This challenge needs to be addressed.
- Sexually transmitted infections (STIs) continue to pose a major health challenge in Namibia.

More effort should target convincing people to know their HIV status despite stigmatisation when one is known to be HIV positive. There is a need to ensure that linkages between HIV/AIDS and Sexual Reproductive Health is addressed and integrated in all programmes.

- There are major gaps in basic human rights, equal legal and social protection, and access to services for vulnerable groups and those infected and living with HIV/AIDS. Education and public awareness should be improved in order to orient health personnel and community leaders to the social and human rights perspectives in providing services and care to people living with HIV/AIDS.
- Lack of focus and targeting on key epidemic drivers and most at risk population groups such as sex workers, Men who have Sex with other Men (MSM) and prisoners. Focus has targeted readily available funding and not necessarily on what drives the epidemic. There is need to strengthen the co-ordination and co-operation among Government institutions, NGOs and donors in respect to information generation, interventions, surveillance and care provisions to target interventions where they will be most effective. It is noted that while most NGO's focus on HIV/AIDS treatment, as there is large amount of funds available for treatment, very few NGO's focuses on prevention.
- Although prevention funding has increased over the years, the overall investment in prevention activities is not yet commensurate with the need given that prevention is a national priority in the fight against HIV and AIDS.
- Sustainability of the National HIV response after withdrawal of donor funding will be a challenge without a sustainability strategy.
- Strengthening capacities of concerned institutions and improving management of interventions programmes at various levels with regard to operational planning, timely implementation, monitoring, supervision and evaluation. In addition, the capacity of PLWHIV should be strengthened.
- Although awareness campaigns and HIV/AIDS interventions have increased recently, there is little change in the sexual behaviour of many people. The increase in incidences of new infections testifies to this. There is need to facilitate the translation of knowledge and awareness into sustained behavioural changes for the prevention of HIV/AIDS. Strategic information on HIV in Namibia is limited due to the absence of bio-behavioural population based surveys of the general and most at risk populations.
- The increase in establishments of Shabeens in an attempt to generate income contributes to HIV infections because once drunk, the ability to make right decision including whether to abstain from sex or to use a condom decreases. In addition, high alcohol consumption contributes to gender based violence.
- Namibia's Government budgeting process provides an opportunity to set aside funding for HIV/AIDS, gender and poverty responses. There are windows of opportunity that can be exploited to link HIV/AIDS, gender and poverty. For example, NPC coordinates the approval process of capital projects. It is mandatory that each capital project proposal should incorporate gender, HIV/AIDS, environmental sustainability and partnerships. Capacity and resources to monitor actual implementation of these requirements is inadequate and in some cases nonexistent yet this is an opportunity to mainstream and link HIV/AIDS, gender and poverty reduction. Involvement of and coordination with other sectors such as the civil society and other ministries e.g. Ministry of Regional Local Government Housing and Rural

Development (MRLGHRD) would facilitate monitoring of HIV/AIDS and gender mainstreaming.

INTERVENTIONS

- The Namibian Constitution acknowledges the importance of human rights through the Bill of Rights. Furthermore, the Namibian HIV Charter of Rights and the Code on HIV/AIDS define the legal rights of people living with HIV/AIDS.
- The political leadership of Namibia is committed to combating HIV/AIDS, as seen in the Third Medium-term Plan under the National Strategic Plan on HIV/AIDS and NDP3.
- Prevention of new HIV infections and treatment of people living with HIV/AIDS is a top national priority. Namibia is receiving assistance from the Global Fund for AIDS, TB and Malaria. Other bilateral agencies that contribute to HIV/AIDS prevention include UNFPA; UNICEF and UNAIDS, just to mention a few.
- A National Policy on HIV/AIDS has been developed to serve as a guide for all sectors in their response to the epidemic, focuses mainly on creating an enabling environment free of discrimination and stigma for HIV positive people, on prevention, and on treatment and care.
- A National Male HIV conference was held in 2008, the first of its kind in Namibia aimed to provide a platform where male leaders could contribute to fight against the pandemic.
- A national Blood Policy was published in 2007 and emphasized on the need for adequate and safe blood supplies to all who may need it is emphasised. Even before the policy was enacted, Government took great care and effort to provide safe blood supplies.
- A comprehensive programmes targeting vulnerable groups was conducted in the National Defence Force, the police and to some extent in prisons as well as commercial sex workers and san communities.
- There is need to strengthen the provision of life skills HIV based education in primary and secondary schools by establishing life skills HIV based education as stand-alone examinable subject in schools, incorporating the subject in the core curriculum in schools and training teachers on life skills HIV and AIDS based education
- The after-school voluntary life skills programmes / extra-curricular activities: My Future My Choice and Windows of Hope have been rolled out nationwide through the Ministry of Education in order to target behavioural change at young people.
- There are many private HIV/AIDS initiatives from different sectors such as churches, voluntary organizations, community-based organizations and the private sector. For instance churches take the youth for retreats for HIV/AIDS counselling. In an effort to curb the epidemic, spending on HIV activities have increased. During financial year 2008/09, US\$ 194 million was spent on HIV/AIDS activities nationally while Government's contribution to HIV/AIDS spending has been approximately 50%. External funding is mostly from development partners such as GFATM and PEPFAR, GTZ, UN Agencies and private donors. The private sector tends to mobilise their own resources to support private sector workplace HIV and AIDS programmes. But dependence on a few funding agencies poses a serious risk in the event that one of the partners stops or reduces its funding significantly. This calls for a comprehensive sustainability strategy.

- Supporting feeding programmes for babies with HIV-infected mothers and for HIV-positive people in need of ARV treatment would help babies to remain HIV-negative, and people living with HIV to live healthier and longer lives.
- In 2006, 92% of women who started antenatal care (ANC) took an HIV test and 79% of the pregnant women who delivered knew their HIV status. Of all the HIV positive mothers who delivered in 2006, 64% took ARV prophylaxis. These numbers show that there is room for improvement in getting more pregnant women tested for HIV, and also if found to be positive, to ensure that ARV treatment is taken.
- The availability of male and female condoms and the number of prevention programs promoting condom use should be increased so that HIV transmission may be reduced through improved and consistent use of condoms, particularly among high risk population and those whose use is currently low
- The opportunity for HIV Counselling and Testing HCT should be expanded so that people test, receive and know their HIV status results.
- ART coverage as well as the service provision environment including human resource and infrastructure capacities need to be improved

2. MALARIA

Malaria is caused by the Plasmodium falciparum parasite and is transmitted by the Anopheles mosquito. Malaria is endemic in most northern parts of Namibia. It is however reported in central regions and occasionally in the south of the country. Malaria burden is greatest in the north where the majority of the poor live. The disease is one of the main health problems in the world, killing up to 3 million people annually and affecting more than 60% of the population in Namibia (2nd MDG report). The prevalence of Malaria in Namibia is relatively low and is largely of a seasonal nature, with a peak transmission period a between January and May, coinciding with annual rainfall patterns. All age groups and susceptible to malaria though pregnant women and children are most at risk of severe cases.

TARGET: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

STATUS AND TRENDS

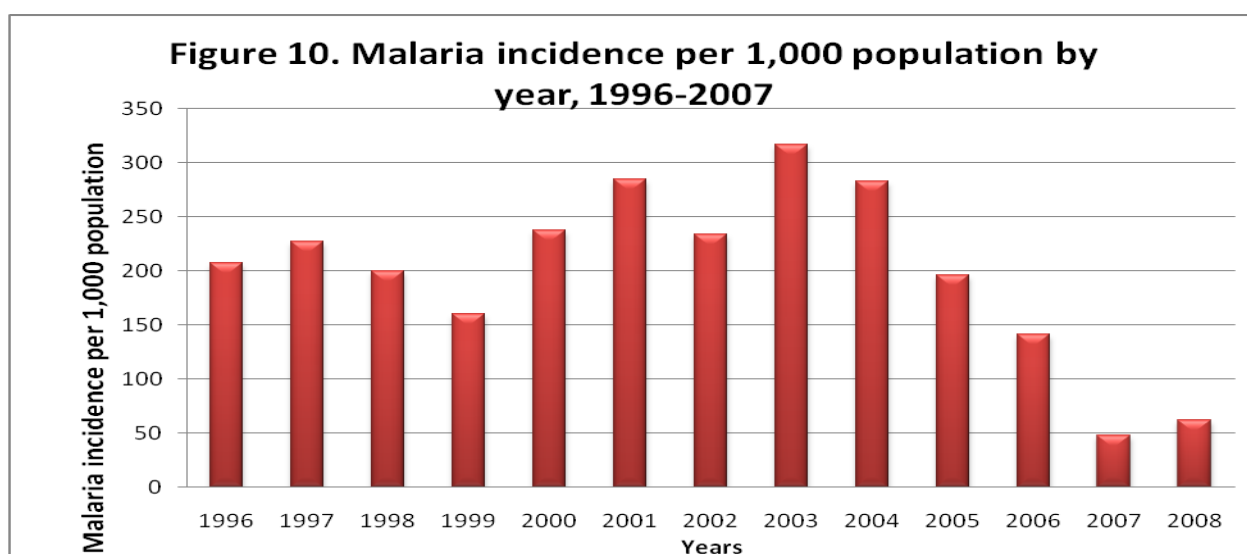
TABLE 6.2 MALARIA

| Indicator | Baseline | Status | Target (2015) | Target Achievable |
|---|-------------|----------------|----------------------------|-------------------|
| Malaria mortality per 100,000 population | 31 (1996) | 9.6 (2008) | Halt and begin to Reverse | Achieved |
| Proportion of children under 5 sleeping under insecticide-treated bed nets (ITNs) | 10 (2000)** | 34 (2009) *** | Universal coverage by 2010 | Not achieved |
| Incidence of Malaria in 1,000 Population | 207 (1996) | 62.2 (2006/07) | Halt and begin to | Achieved |

| | | | | |
|--|--|--|---------|--|
| | | | Reverse | |
|--|--|--|---------|--|

Source: MoHSS-NVDCP Report (2008a). **DHS Report, MIS-Report 2009,
*** Malaria Indicator Survey Report 2009

The reduction in the incidence of malaria (Table 6.2, Figure 10) from 207 cases per 1,000 population in 1996 through 238 in 2000 to a low of 62.2 cases per 1000 population in 2006/07 is a success story for Namibia. Similarly, the malaria mortality rate dropped significantly from 31 per 100,000 population in 1996 to 9.6 per 100,000 population in 2008 (Table 6.2). There is a need to scale up effort for preventive and control interventions such as indoor house spraying, introduction of effective antimalarial medicine for the treatment of malaria, provision of insecticide treated contributed to the observed downward trend in incidence of malaria in the population. Although the proportion of children under 5 that sleep under insecticide –treated bed nets increased from 10% in 2000 to 34% in 2009, more needs to be done in order to achieve the target of universal coverage by 2010.



Source: MoHSS (2008a)

CHALLENGES AND OPPORTUNITIES

- With the sustained decline in incidence and mortality of malaria, the country has made a decision to move towards eliminating malaria by 2020. This will have a substantial resource implication. These include:-
 - funds to scale up malaria interventions
 - Increase human capacity and expertise in the various programme areas at national, regional and district levels.
- The World Bank's classification of Namibia as an upper middle income country is likely to pose a significant challenge in mobilizing resources from external sources such as the Global Fund.

- In addition, cross-border collaboration with neighbouring malaria endemic countries will be critical.

INTERVENTIONS

- The main priorities of the Ministry of Health and Social Services is eliminating malaria by 2020 and measures that will be scaled up to achieve this objective include the reduction of the mosquito population through spraying houses and distributing insecticide treated nets (ITNs) in affected areas, larviciding and provision of prompt and effective treatment.
- The technical and financial support from the local and international development partners is critical in realising the elimination of malaria objective.

3. TUBERCULOSIS

Poor nutrition, poverty and living in poorly ventilated houses that are overcrowded contribute to contracting and transmission of tuberculosis (TB). It is now established that the incidence of TB is closely associated with HIV/AIDS perhaps due to lowered immunity. Many people that die of AIDS also have TB and vice versa.

TARGET 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases (TUBERCULOSIS in this case)

STATUS AND TRENDS

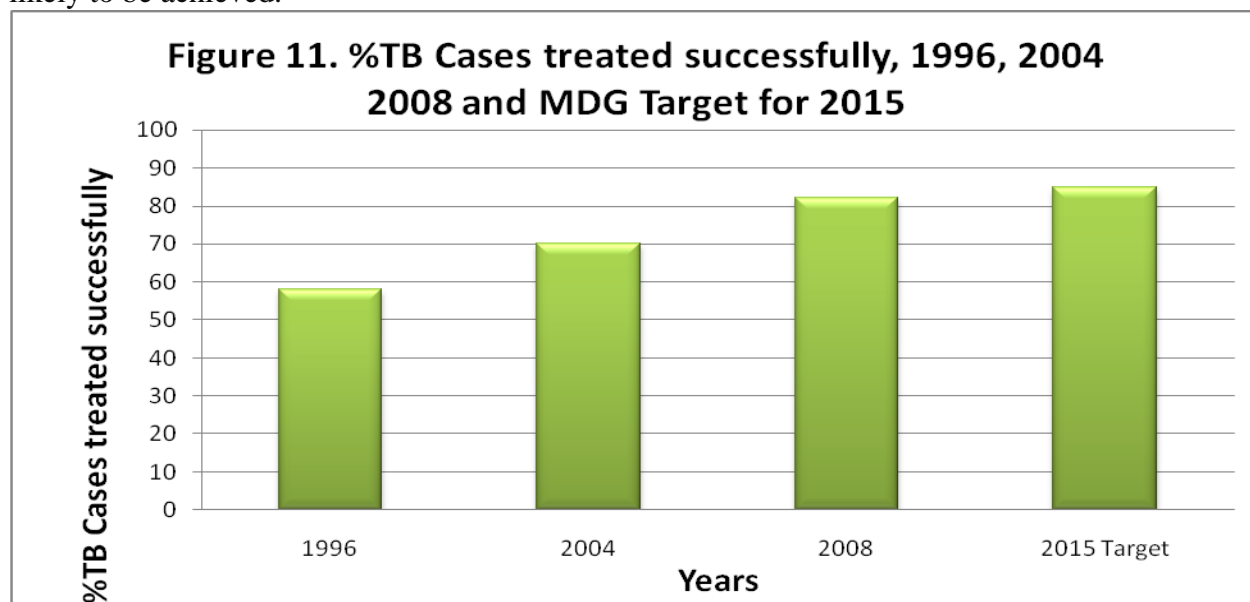
TABLE 6.3 TUBERCULOSIS

| Indicators | Baseline | Status | Target (2015) | Target achievable? |
|--|------------|------------|---------------|--------------------|
| TB cases notified per 100,000 population | 640 (1999) | 634 (2009) | <300 | Unlikely |
| Proportion of TB cases treated successfully(%) | 58 (1996) | 82 (2008) | 85 | Likely |
| Death rates associated with TB(%) | 8 (2001) | 6 (2008) | <5 | Likely |
| | | | | |

Sources: MoHSS, NTLP ANNUAL REPORT 2009-2010.

The number of TB cases notified per 100,000 population rose from 640 in 1999 to 822 in 2004 and declined to 634 in 2009. At this rate, it is unlikely that the target of less than 300 cases per 100,000 population by 2015 will be achieved. Considerable progress has been made regarding treatment of TB cases. The proportion of TB cases that have been successfully treated has increased steadily from 58% in 1996 to 82% in 2008 (Figure 11). The target of 85% successful

treatment of TB cases is likely to be achieved by 2015. The death rate due to tuberculosis was 8% in 2001 compared to 6% in 2008. The target of less than 5% mortality rate target for 2015 is likely to be achieved.



Source: MoHSS, NTLP ANNUAL REPORT 2009-2010

CHALLENGES AND OPPORTUNITIES

- The introduction of Fixed Dose Combination (FDC) resulted in marked improvement in compliance to TB medicines. This together with improved use of Directly Observed Treatment (DOT) has resulted in good treatment success rates. However, more needs to be done in raising awareness and strengthening DOT at community level.
- DOT points offer a promising opportunity to increase HIV outreach. TB patients keep regular contacts with these DOT centres. The centres provide the opportunity to extend services to provide counselling and treatment to HIV/AIDS patients at a low additional costs. This will be a perfect opportunity to improve TB/HIV collaborative activities and hence addressing MDG no. 6.
- Although public and private involvement is already highly commendable, as is the co-operation and collaboration between the MoHSS and DOTS supporters, there is room for programme expansion, especially beyond urban areas. The involvement of Namibia Business Coalition on AIDS (NABCOA), an organisation which primarily works on HIV prevention at the workplace, in TB activities is another opportunity to improve private public partnership against TB/HIV. NGOs, private businesses and individuals could support a functioning system by contributing to the establishment, improvement and management of DOTs centres in terms of finance, materials or just time spent in helping out.
- High prevalence of HIV 17.8% (ANC Surveillance, 2008) is a great challenge for TB control since TB is the commonest opportunistic infection among people living with HIV.

- Drug resistant TB is another challenge for the NTLP and since the inception of the programmatic management of drug resistant TB (PMDT) in 2008, a steady increase in cases of drug resistant TB has been observed. Mapping of drug resistant TB cases has shown revealed that some areas such as the Tsumkwe constituency of the Otjozondjupa region have particularly high rates of drug resistant TB, which the Ministry has especially targeted for intervention.
- Namibia has a long standing challenge of shortage of human resources especially in doctors, pharmacist and laboratory assistants and has relied on foreign nationals in filling key positions in the Ministry. The introduction of the National School of Medicine at the University of Namibia is an opportunity to address this challenge in the future.

INTERVENTIONS

- National TB Control Programme (NTCP) is instrumental intervention against TB detection, and treatment. Since early detection is imperative to limit infections, MoHSS has dedicated health workers that routinely diagnose the symptoms of TB when individuals visit health facilities and validate results through laboratory tests. If confirmed, the TB patient is registered with the DOTS programme.
- The Government has clearly demonstrated that it is committed to controlling and eliminating TB by 2015. The epidemic is declining, albeit from high levels. Even though the reviewed NTCP was only established about four years ago, its success is encouraging. Activities of TB prevention and cure are supported by various information and awareness campaigns, such as the ‘TB is not an issue – use a tissue’ campaign.
- A number of NGOs and faith-based organisations assist the NTCP, especially through the DOTS efforts. In the Ohangwena and Omusati region are supported the Red Cross is present, while in Otjozondjupa the DOTS programme is supported by Health Unlimited. TB CAP monitors the Erongo region. CoHeNa is present in the Omaheke and Hardap region, while Penduka is an active NGO in the Khomas region. In the Kavango region TB patients are supported by the Johanniter, a faith-based organization. The global fund is supporting the MoHSS in the Oshikoto, OShana, Karas, Caprivi and Kunene region.

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

INTRODUCTION

Namibia’s development philosophy is characterized by the integration of environmental sustainability in its national planning. Namibia recognises that sustainable utilisation of natural resources is a prerequisite for the sustained generation of income and creation of employment. The sixth objective of Vision 2030 is to:-

“Ensure the development of Namibia’s natural capital and its sustainable utilization for the benefit of the country’s social, economic and ecological well-being” (Vision 2030).

Namibia's commitment to environmental sustainability is further evident in identifying environmental sustainability as one of the Key Results Areas that have specific indicators, targets, programs with specific outcomes and outputs in NDP3 (2008-2012).

The Namibian economy is heavily dependent on its natural resource base with the majority of the population reliant on natural resources, especially land, and biological resources such as vegetation, wildlife and fisheries for their livelihood therefore the achievement of MDG 7 will go a long way towards alleviating poverty and achieving sustainable development.

TARGETS

MDG7 has three global targets, each of which has specific indicators that are used to measure progress towards achievement of environmental sustainability.

TARGET 7A. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

TARGET 7B. Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

TARGET 7C. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

TARGET 7D. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

STATUS AND TRENDS

TABLE 7 INDICATORS FOR ENVIRONMENTAL SUSTAINABILITY

| Indicator | Baseline | Status | Target (2015) | Target achievable? |
|---|---------------|------------------|-----------------|--------------------|
| Land area protected to maintain biological diversity, as percentage of all land* | | | | |
| *Protected Areas | 14 (1990/93) | 18 (2006) | 20 | Likely |
| *Communal Conservancies | 0.0 (1990/93) | 14 (2006) | 15 ** | Likely |
| *Freehold land Conservancies | 5 (1990/93) | 6*** (2005) | 10 ** | Unlikely |
| *Community forests (ha) | 0.0 (1990/93) | 455,325ha (2006) | 4,075,300 ***** | Likely |
| Proportion of households with access to safe drinking water (percent)**** | | | | |
| Urban | 99 (1991) | 99.0 (2006) | 100 | Likely |
| Rural | 45 (1991) | 72.4 (2006) | 87 | Likely |
| Proportion of households with access to basic sanitation (percent) **** | | | | |
| Urban | 89 (1991) | 86.2 (2006) | 98 | Unlikely |
| Rural | 15 (1991) | 24.4 (2006) | 65 | Unlikely |

*source: Ministry of Environment and Tourism (MET) (2008).

**Target suggested by MDG technical committee (2008).

***Ministry of Environment and Tourism

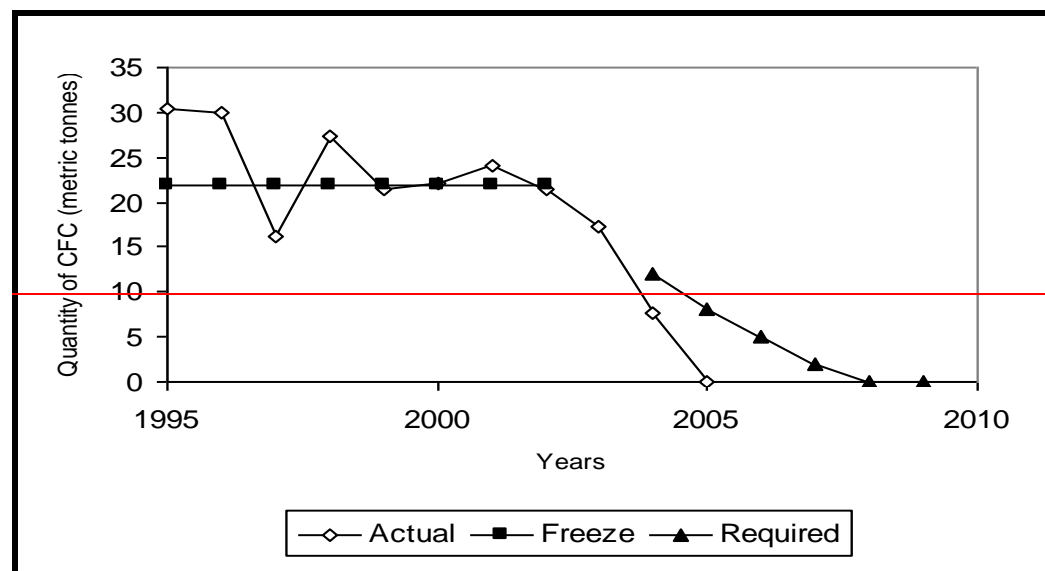
****National Planning Commission 2010

*****Ministry of Agriculture Water and Forestry (2010)

Sustainable environmental management

Namibia has made good progress in increasing the proportion of land set aside as protected areas from 14% in 1990/93 to 18% by 2006 (Table 7) and similarly, registration of new conservancies has increased to about 14%. As at mid-2010, 59 communal conservancies have been registered. Thirteen (13) community forests were gazetted in 2006, while 40 have been identified to be brought under formal management, covering a total of 1,593, 633 ha. The targets for the total land to be set aside for protected areas and communal conservancies are likely to be achieved by 2015. The national medium-term target to transfer land to freehold has not been met. This is partly because freehold conservancies are not established by law and hence there is no legal requirement to establish freehold conservancies. The national target of 10% for 2012 is unlikely to be achieved.

One indicator of progress towards achievement of MDG7 is reduction in level of consumption of ozone-depleting chlorofluorocarbons (www.undp.org/mdg/goallists.shtml). Under the Montreal Protocol, Namibia is obliged to reduce substances that deplete the ozone layer called Ozone Depleting Substances (ODS) and only consume about 21.9 metric tonnes of ODS by 1997.



Namibia has attained the goal of reducing consumption of CFC (Figure12). The Import and Export Control Act of 1994 (Act No. 30 of 1994) that prohibits importation into Namibia of ODS in compliance with the obligation under the Montreal Protocol has facilitated reduction of ODS and in particular CFC. In order to achieve such significant reduction, Cabinet has approved a request from the Ministry of Trade and Industry for an incentive scheme to subsidise (about 60%) the conversion cost to Namibian companies that intend to convert their refrigeration installations from CFC based technologies to non CFC based technologies. Such progress,

however, has challenges as due to financial constraints, conversion of refrigeration in Government institutions has been slow.

Sustainable access to safe drinking water and sanitation

Most Namibians living in urban areas have access to safe drinking water. From 1991 to 2006, about 99% of households in urban areas have had access to safe drinking water. It is likely however that by 2015, all households in urban areas will have access to safe drinking water. The proportion of rural households with access to clean and safe drinking water increased from 45% in 1991 to 72.4% in 2006 (Table 7). The target that 87% of households living in rural areas should have access to safe drinking water is likely to be achieved.

The proportion of households in rural areas that have access to basic sanitation increased from 15% in 1991 to 24% in 2006 (Table 7). However, access to basic sanitation is worsening for the people living in urban areas. The proportion decreased from 89% in 1991 to 86.2% in 2006. The targets of 98% and 65% access to basic sanitation for families in urban and rural areas respectively are unlikely to be achieved by 2015. In urban areas, the decrease in the proportion of residents with access to sanitation may partly be due to the high rural-urban migration and the formation of informal settlements on the outskirts of cities and towns. Poverty in rural areas is one of the driving forces for the high rate of urban migration. Poor people move to urban areas to obtain employment. There are regional disparities in access to basic sanitation in Namibia. For example, Khomas ranks highest with almost 80% of households having access to basic sanitation, while it is lowest in Ohangwena and Caprivi regions with only 10% of households that have access to basic sanitation.

Sustainable shelter for all

Namibia uses access to secure land tenure as a proxy for assessing improvement of livelihoods of slum dwellers and is one of the first countries to introduce secure tenure in informal settlements. The Flexible Land Tenure System (FLTS) allows for flexible land titles in cities and towns. Flexible land titles have the objective to formalize security of tenure in a way. The measure especially targets the residents of informal settlements and survey standards were adapted to accommodate this specific clientele.

CHALLENGES AND OPPORTUNITIES

Sustainable environmental management

- Namibia needs to seize the opportunity to exploit its diverse wildlife and scenic landscape for Tourism as it has a great potential to contribute both to the GDP as well as poverty reduction for local communities, who can be employed in the industry but also enter into eco-tourism ventures.

Through the CBNRM, legislation was passed in 1996 that allows communities to form conservancies, giving them conditional use rights over wildlife. The conservancy approach has been successful in Namibia and has led to an increase in wildlife; generation of income

for local communities; creation of new jobs; and acquisition of new skills. The challenge is to sustain benefits from CBNRM but also to improve the benefits at household level.

- Considering the significance of agriculture to livelihoods in Namibia, and the threat of climate change, the sustainable management of land is critical to secure the provision of basic needs. The high demand for land often results in the over-utilisation of available land and land-cover. Over-utilisation, usually observable by deforestation, desertification or bush encroachment, reducing productivity of the land that, in turn, can lead to further over-utilisation in order to compensate for reduced productivity.
- A long-term challenge for Namibia's environmental sustainability is the threat of global climate change, which is predicted to significantly impact on Namibia and may increase the ecological and the economic vulnerability of the country. Development of the national Climate Change Policy and its subsequent implementation after enactment is a welcome intervention.
- Mining is a threat to environmental sustainability, not only in terms of visual destruction, but also pollution and loss of biodiversity. The major challenge is to balance the increasing economic benefit from the mining industry with environmental concerns. Mining corporations, Government and the civil society have a responsibility to ensure environmentally sensitive extraction of natural resources. Adherence to and compliance with the provisions and requirements of the Environmental Management Act (EMA) will contribute to environmental sustainability. Effective implementation of and compliance with the Namibia EMA are a challenge.
- In terms of sustainable utilisation of natural resources and environmental sustainability, other challenges include how to:-
 - Promote diversification of livelihood options, e.g. promote game ranching;
 - Establish and strengthen local level monitoring of natural resources to avoid over-exploitation of consumptive natural resources; and
 - Provide funding opportunities to enable local communities to diversify their livelihood options, thus relieving pressure on natural resources.

Sustainable access to safe drinking water and sanitation

- Currently, the Namibian water sector is still guided by the outdated Act No. 54 of 1956. The Act does not adequately address sanitation issues and has not been effective to facilitate and guide effective water conservation efforts. At present, the new Water Resources Management Act of 2004 is under review while the Water Supply and Sanitation Policy (WASP, 1993) was reviewed and led to development and adoption of the revised Water and Sanitation Sector Policy (WSASP, 2008). The Cabinet approved the implementation of WSASP in 2008, and mandated the Directorate of Water Supply and Sanitation Coordination (Former Directorate of Rural water Supply) within the Ministry of Agriculture, Water and Forestry to take over rural sanitation and national overall coordination of the sector. The WSASP recommended the development of the National Sanitation Strategy Plan for 2010/11-2014/15 (NSSP-2009) which was approved by Cabinet in 2009.
- The increase in rural-urban migration that has led to mushrooming of informal settlements around towns and cities in Namibia e.g. in Windhoek poses challenge to the municipal authorities to provide access and adequate safe drinking water and basic sanitation as funds are insufficient to meet the demands for housing and sustainable shelter. In addition, the

migrants seldom have sufficient income to buy a plot or house, and again are seldom eligible for loans with which to acquire property. Basic sanitation and drinking water are rarely available, resulting in unhygienic living conditions. The Government, private sector, and the civil society are challenged to implement interventions that would reduce rural-urban migration through activities that local communities can undertake in rural areas to alleviate poverty and reduce unemployment.

- Although access to safe water is likely to be achieved by 2015 for the rural and urban populations, respectively, the challenge to Government is the extent to which the high rate of access translates into improved living conditions for the rural people and the urban poor, who live in 'informal settlements' in most of the big cities around the country.
- It is very expensive and very difficult to supply basic sanitation and safe drinking water in rural and remote areas because of the sparse dispersion and low population density. But appropriate strategies can be developed to address these issues.
- Mining activities, agriculture, tourism and a growing population require increasing amounts of water, which is mainly extracted from groundwater. The increasing demand on Namibia's underground water resources is a threat to the country's water reserves since management and replenishment of the reserves is a difficult task, dependent in part on surface water and rainfall.
- Climate change is likely to affect access to safe and adequate drinking water and provision of basic sanitation and this will hinder progress towards achieving the targets for the MDG as follows:-
 - Predicted increase in the frequency of extreme events, such as drought due to unreliable and unpredictable precipitation will pose a major challenge to achieving access to safe drinking water. Droughts may create poor hygiene conditions and lead to increased health problems
 - Namibia's variable and unpredictable rainfall threatens the potential for improved water and sanitation provision. The current prediction of climate change is that rainfall in Namibia is likely to decrease with a change in the rainy season patterns, resulting in shorter rainy seasons and longer dry periods (INC, 2002, IPCC, 2007)
 - The change in rainy seasons due to climate change leading to longer dry periods would affect the provision of sanitation especially in the urban settlements, where the urban poor struggle for basic sanitation services. This would put pressure on the cost of services provision as the Local Authorities (LA) maybe required to control or ration water during periods of shortage.
- The linkage between access to safe drinking water, sanitation and health implies that failure to provide basic sanitation and safe drinking water have far-reaching consequences for the health status of the population. Drinking water is often contaminated due to poor sanitation.
- The sanitation situation analysis carried out prior to the sanitation strategic Plan reveals a general skill gaps and deficit in the field of sanitation in various key stakeholders in both the technical and softer capacity building aspects. This is to ensure that sanitation meets the requirements of health and hygiene for the whole population in an acceptable, affordable and sustainable manner.

Sustainable shelter for all

- The Government of Namibia has the challenge to provide secure land tenure system to contribute to reduction of the high Gini-coefficient. Secure land tenure will allow local especially the marginalised poor and the vulnerable including women to invest and use the land to diversify their livelihoods.
- Government also has the challenge to provide access to credit and basic services for the majority of Namibians.

INTERVENTIONS

- Namibia's response to environmental sustainability is guided by implementation of a suite of national policy instruments and international agreements. These include but are not limited to the following:-Vision 2030, NDP3, Forestry Act, Environmental Management Act, Human Wildlife Conflict Policy, Water Act no. 54 of 1956, Water and Sanitation Policy of 2008, NamWater Act no. 12 of 1997, The White Paper on Water, 2000 and the Water Resources Management Act No. 24 of 2004, National Biodiversity Strategy and Action Plan, United Nations Convention to Combat Desertification (UNCCD), Convention on Biological Diversity (CBD), United Nations Framework Convention on Climate Change (UNFCCC) and other protocols such as the Kyoto and Montreal Protocols, SADC Biodiversity Strategy, NEPAD among others.
- CBNRM) programme is a rights-based policy and legislation that was founded on the premise that if resources have sufficient value to local people and they are allowed exclusive rights of use, management and benefit, it would create incentives for people to use resources sustainably (NACSO, 2007). CBNRM is an important strategy and intervention of the Government of Namibia that contributes to environmental sustainability and sustainable development. Through its three main pillars, namely natural resource management, enterprise development and institutional development (Long, 2004), CBNRM is successful because it not only empowers local communities to manage their own natural resources but it also aims to benefit them at conservancy and household levels. The benefits are obtained through many activities including employment through tourism and the conservancy, income generation through sale of crafts and other products, access to meat from community harvesting, joint venture tourism and camp sites.
- For forest protection, the gazetting of community forest regulations in 2006 was an important Step as by devolving management rights to communities, stakeholders are empowered to sustainably manage their forests with significant incomes earned through commercial use of firewood, timber, poles, medicinal plants (devil's claw) and wood carvings.
- The development and implementation of National Climate Change Policy, Strategies and Action Plans is a welcome intervention that will address climate change adaptation and mitigation in Namibia and it should guide pursuance of low energy development path, when adopted.
- Through the Directorate of Water Supply and Sanitation Coordination under the Ministry of Agriculture, Water and Forestry the Government is making all efforts to provide infrastructure to supply water in most areas of the country.
- Alongside the same format as the CBNRM structure, Community water based committees

are charged with the responsibility to manage water resources at the community and local level. This is expected to contribute to improving maintenance of infrastructures access and supply of safe drinking water to communities and hence contribute to MDG7 water indicators.

- The objective of providing safe water and basic sanitation to the entire population is supported by the National Housing Policy which aims to make decent housing available to all Namibians by also including ultra-low and low income households. The Shack Dwellers Federation of Namibia (SDFN), the Decentralised Build Together Programme (DBTP), NGOs and Community Based Organisations (CBO) provide plot and house loans to low income households.
- Provision of ventilated improved latrines (VIP) contribute to sanitation services at household level for local communities. With regard to urban sanitation, in 2000 the City of Windhoek introduced a Development and Upgrading Strategy and established a Water and Sanitation Committee to oversee efficient provision of water and sanitation to informal settlements. The aim is to establish the most efficient toilet facilities for the informal settlements, such that only four households at most would be allowed to share public toilets, which would reduce the number of households significantly. If that goal is achieved, sanitary conditions of the informal settlements in Windhoek would improve relatively leading to improved health.

MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

INTRODUCTION

Namibia recognises that socio-economic development and improvement of standards of living for all Namibians cannot be realised without engagement with and participation of development partners including UN agencies and other development partners. To this end, Vision 2030 aims among other, to achieve stability, full regional integration and democratized international relations, the transformation from an aid-recipient country to that of a provider of development assistance and to transform Namibia into an industrialized country of equal opportunities, which is globally competitive, realizing its maximum growth potential on a sustainable basis, with improved quality of life for all Namibians. Integration of two Key Results Areas (KRA) in NDP3, namely KRA8; Regional and International Stability and Integration and KRA4; Competitive Economy reveal the seriousness with which Namibia takes the importance of forging global partnerships in economic and social development.

STATUS AND TRENDS

TABLE 8 INDICATORS FOR GLOBAL PARTNERSHIP FOR DEVELOPMENT

| Indicator | Baseline | Status | Target (2015) | Target achievable ? |
|--|-----------------|---------------|----------------------|----------------------------|
| Official development assistance to Namibia (per Capita US\$) | 80 (1990) | 88 (2006)* | 90 | |

| | | | | |
|--|------------|--------------|---|--|
| Internet users, per 100 population, 16 years | - | | - | |
| Cell phone subscribers, per 100 population, 16 years and older | 31 (2006) | 55 (2010)** | | |
| Telephone lines, per 100 households | 6.8 (2006) | 7.1 (2010)** | - | |

*= NPC, 2008, **= NPC, 2010 (NDP3 mid-term Review Report)

Namibia actively participates in international cooperation and is a member of over 46 international organisations and has diplomatic relations with most countries in the world. In Africa and the Southern Africa Region, Namibia is a member of the African Union (AU) and of the Southern African Development Community (SADC). Namibia is a signatory to the New Partnership for African Development (NEPAD) initiative as well as the SADC Free Trade Area that was launched in August 2008 and hosts the Secretariat of the Southern African Customs Union (SACU), the SADC Parliamentary Forum and the SADC Tribunal. The country has successfully taken part in several peace-keeping missions, for example to Angola, Liberia and East-Timor and also served as military observers in Sudan / Darfur and Cote d' Ivoire. Namibia believes in and advocates for greater African and Southern African regional co-operation and integration. The country signed the Convention on Cluster Ammunitions adopted in the Diplomatic Conference in Dublin in 2008 and as member of SADC, Namibia sent observers that oversaw the presidential run-off elections in Zimbabwe, parliamentary elections in Angola and Swaziland, and presidential by-elections in Zambia.

The Government continues to vigorously engage in regional and international economic cooperation and groupings for mutual benefit and strives to effect structural transformation towards sustainable economic growth and development. The Government recognizes that regionally integrated markets are crucial for small economies like Namibia to be able to grow and develop in the face of intensified economic globalization. This is primarily because such co-operation is fundamental for Africa's economic integration in particular and eventually the integration of Namibia into the world economy in general. Hence, in order to create an economic space for industrialization, economic growth, poverty reduction and sustainable development, the Government adopted global partnerships and regional economic integration as a vehicle for overcoming the constraints of a small local market and as a means to facilitate the structural transformation of the country's economy. Therefore, Namibia's involvement in the regional integration initiatives is a strategic response to the growing demand for market enlargement and risk cover against economic marginalization.

Namibia has concluded double taxation agreements with a number of important trading partner countries and welcomes direct foreign investments and actively pursues these by an investment code which offers a range of incentives to foreign investors with companies from South Africa, Europe, North America and China leading as foreign investors. To strengthen African and international South – South Cooperation, Namibia as part of SACU has concluded preferential trade agreements to promote trade with some African, Asia and Latin American countries in 2008. Besides being a member of SACU, the country is part of the Common Monetary Area (CMA) together with Lesotho, South Africa and Swaziland.

Figure 1 below indicates that the country's economy has been growing positively over the last 9 years with growth rates averaging at about 4.5%. Even though some years, the country's growth rate exceeded the SADC development targets, the performance falls short of the required rate to lift the poor households out of poverty. One major challenge is to implement programmes that will improve the economic performance by particularly addressing the structural weaknesses of the economy. Skills and institutional capacity development must be enhanced and accelerated in order to adequately address the supply side constraints faced by the economy thereby promoting sustainable growth path to achieve economic emancipation. The need to maintain a high growth rate sufficient to create gainful employment and generate increased income that would address poverty cannot be overemphasized.

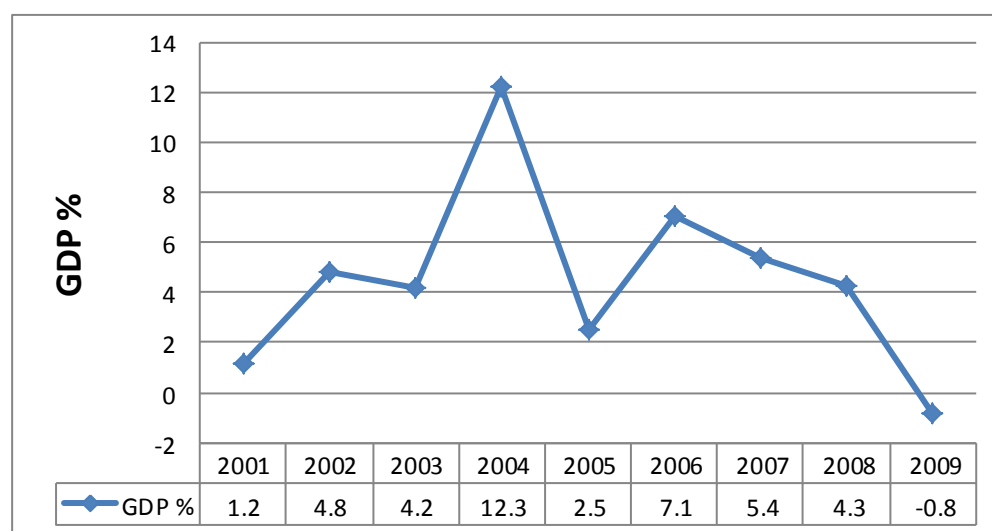


Figure 1. % Changes in GDP growth rates between (2001-2009)

Source: 2009 Preliminary National Account report.

Namibia is actively involved in trans-boundary natural resources issues. To cite a few examples, Namibia is a member of Trans Frontier Conservation Area (TFCA) initiatives that are expected to produce substantial socio-economic and environmental benefits from shared resources, as well as the Orange-Sengu Basin Commission (ORASECOM) and the Okavango Basin Commission (OKACOM) that aim to manage shared rivers and equitable allocation of water.

Namibia considers the achievement of the Millennium Development Goals as one of the core targets of all her economic and social policies for the benefit of the Namibian people. This is well documented in the country's guiding long-term development plan, the "Vision 2030". In addition, most indicators of MDGs have been integrated into the Third National Development Plans. Namibia is a signatory to UN Environment Conventions including the United Nations Convention to Combat Desertification (UNCCD), Convention on Biological Diversity (CBD), United Nations Framework Convention on Climate Change (UNFCCC). The Government of the Republic of Namibia recognises the vital role played by NGOs, CBO and Faith based organisations in economic development of the country and has adopted a friendly stance towards them.

The level and extent to which a population of a country is able to communicate internationally serve as good proxy for the global partnership. The proportion of cellular telephone subscribers has risen from 31% in 2006 to 55% in 2010 while countrywide cell phone population coverage is now 96% (Table 8). The advent of mobile phones has contributed to global decline in the demand for fixed-line with demand increasing slightly from 6.8 per 100 people in 2006 to 7.1 per 100 people in 2010, representing an increase of 4%.

Namibia's policies, as mentioned above, are oriented towards making a contribution to global partnership, peace and prosperity. Furthermore, the fruitful relations with development partners and their commitments to the country are acknowledged as valuable factors for accelerating the country's economic and social development. Namibia signed the Paris Declaration in 2007 and it is hoped that this will improve the effectiveness of Aid. The aid received to implement the NDP3 is a welcome development. However, the total volume of per capita official development assistance received by Namibia fluctuates greatly and is thus difficult to plan. The inflow of aid more than doubled during the first 10 years of Independence, before dropping significantly for three years. The target of aid inflow has been met in most years and is likely to be met in the years to come, specifically when one looks at the figure for 2006. This is low when compared with other African countries.

Namibia's access to concessional loans of the World Bank's International Development Agency (IDA) has been reduced due the country's classification high middle income country. Due to this classification some development partners apply this characterization to their assistance. However, this classification is based on a single criterion, namely annual GDP per capita – which, at around US\$3000, is indeed not low in international comparison. But this measure however, hides the challenges the country continues to face that were discussed in the previous seven chapters.

CHALLENGES AND OPPORTUNITIES

- Remoteness of most local communities raises the cost of establishing and installation of telecommunication infrastructure thus inhibiting penetration into remote areas.
- In some UN organizations a growing awareness of the necessity to treat countries such as Namibia differently has been observed for instance, UNCTAD with its programmes of bolstering entrepreneurial capacity and entrepreneurship is a good example. Another example is the Joint Integrated Technical Assistance Programme (JITAP) which plays an important role in enabling countries to strike better bargains in international trade negotiations.
- A concern for Namibia is the sustainability of development programmes which have been initiated with support from development partners. Moreover, an efficient absorption of the external funds needs increased national capacity for monitoring and evaluation.
- In addition to foreign aid and expertise that is needed, Namibia need access to developed countries' markets for most of its products, as without such access, the possibility to compete successfully in the international economic arena remains limited.

- The playing field sometimes is not levelled when it comes to global trade agreements. For instance the ongoing standoff regarding the Economic Partnership Agreement (EPA) with the European Union to adhere to the World Trade Organisation rules is a case in point.
- The recent financial and economic crisis is likely to adversely affect aid to developing countries and Namibia is not an exception. It is therefore important that developed countries do not reduce support to developing countries that are off track in achieving some of the MDGs.
- The global demand for Namibia's export was affected by the recent global economic crisis and there is a need to position the country in a way that will enable resilience to future crisis.
- The impact of global economic and financial crisis is also likely to reverse gains/progress made towards meeting MDG targets.

INTERVENTIONS

- The international community and Aid agencies should prioritise countries that are off track in achieving MDGs so that they are assisted to progress toward achievement of the MDGs
- There must be regular exchange visits among countries to learn best practices.

MDGS AND CLIMATE CHANGE IN NAMIBIA

Climate change is an added stressor that will affect achievement of all MDG goals in Namibia. It is predicted that Namibia, the driest country south of the Sahara will experience increases in temperature of between 2 and 6 degrees Celcius (INC, 2002) while rainfall is expected to be variable and may decrease in the Northwest and Central regions of Namibia. A shortened rainy season is also predicted (Karuaihe *et al*, 2007). Potential evaporation is predicted to increase at a rate of about 5% per degree of warming due to increase in temperature. It is also predicted that droughts and floods will be frequent in different parts of the country with predicted rise in sea level of up to 30cm (INC, 2002). Climate change is likely to adversely affect many aspects of socio-economic development and in turn affect achievement of MDGs in Namibia.

MDG1: Eradication of extreme poverty and hunger.

Reduced agriculture livestock and food production due predicted droughts or greater aridity in the central inland areas of Namibia or floods in the North eastern Region is likely to affect the poor and vulnerable. Crop failure and low livestock production due to climate change will lead to food insecurity and hence make the poor poorer but also reduce the impacts of pro-poor growth and poverty reduction strategies and interventions. Climate change will contribute to poverty through reduced income opportunities. The poor and vulnerable lack the coping mechanisms to compensate for reduction in basic needs or decreased access to resources (SIAPAC, unpublished). Climate change will require shift to use of drought resistant crop varieties, drought resistant breeds of livestock and shift from livestock to game farming. For example, when rains come late, local communities in Namibia grow Okashana, the short maturing variety of

Mahangu that has been bred in response to the predicted short rainy season. Namibia may lose between 1% and 4.8% of GDP over the next 20 years (Reid, et.al., 2008) due to climate change.

MDG2. Universal Primary Education.

Although links to climate change are less direct, it is not hard to link impacts of climate change to primary education. Impacts of climate change leading to loss of livelihood assets (social, natural, physical, human and financial) may reduce opportunities for full time education in many ways. For example, flooding on Mariental due to burst of Hardap dam in the south in 2006 caused so much devastation including disruption of schools. The 2009 floods in Namibia caused an estimated N\$1.1 billion in damage and an added N\$637 million loss. It was reported that an estimated 700,000 people were affected, with 50,000 internally displaced. A total of 328 schools were damaged and education of about 94,000 learners was disrupted. The lives and schooling of internally displaced children were interrupted for several months as they waited for the water to recede and reconstruction of their schools and homes to be completed.

MDG3. Promote gender equality and women empowerment.

Climate change in Namibia is likely to indirectly affect attainment of gender equality through its impacts on agriculture productivity and depletion of natural resources. Women are most vulnerable during crisis situations because of their low average earning power and higher levels of poverty, high vulnerability in female-headed households, and higher concentration of poor households in environmentally fragile and marginalised areas. Should climate change deplete or reduce water resources and other natural resources such as forest and other resources as predicted, women will spend more time to fetch water as well as fire wood. This will reduce available time for them to participate in decision making processes and income generating activities. However, the increase in establishment of conservancies will have positive effects. Income levels from conservancies may increase household income and reduce the burden for women to undertake income generating activities (DFID *et al.*, 2002; Abeygunwardena *et al.*, 2003).

MDG 4, 5 and 6. Reduce child mortality, improve maternal health, combat major diseases including HIV/AIDS, Malaria.

Climate change is likely to result in declining quantity and quality of drinking water, a prerequisite for good health. It will also exacerbate malnutrition, an important source of ill health amongst children by reducing natural resource productivity. Reduced water availability, droughts, higher temperature, combined with poor nutrition, will increase the susceptibility of most children and the poor to diseases such as malaria and respiratory infections. These will be most prevalent in flood- or drought prone areas of Namibia, respectively. Children and pregnant women are particularly susceptible to vector and waterborne diseases. Anaemia, resulting from malaria is responsible for up to a quarter of maternal mortality (DFID *et al.*, 2002; Abeygunwardena *et al.*, 2003). Climate change impacts whether flooding or drought is likely to affect access to safe drinking water and sanitation. On average, poor households travelled a distance of about 1.1 km to nearest drinking water unlike the non-poor households and that fewer poor households (7.3%) have flush toilets connected to a sewer compared to non-poor house-

holds (44.5%). About 83.4% of the severely poor and 81.8% of the poor used bush toilet compared to 42% of the non-poor. The lack of access to safe sanitation and availability of safe drinking water near homes increases the risk of children and the elderly to become ill.

MDG7. Ensure Environmental Sustainability.

Predicted variable rainfall and short rainy season is likely to significantly affect Agriculture with potential loss of between 20% and 50% productivity in the livestock sector especially amongst small stock farmers in Southern Namibia. Climate change is predicted to cause spatial shift in dominant vegetation types in some ecosystems such that grassy savannah may be replaced by a more arid-adapted desert and arid shrub land vegetation type (Midgley, *et al.*, 2004). Predicted increase in woody shrub and tree cover in most of north eastern Namibia, especially by 2008, will lead to extensive bush encroachment due to rising CO₂ levels. Bush encroachment reduces grazing land for livestock and grazing and browsing wildlife, although there is an opportunity for short-term employment for de-bushing (Karuaihe *et al.*, 2007). In areas that shall become drier, some plants may die and reduce watershed protection and lead to soil erosion during the rainy season. Reduction in biomass production due to inadequate water may negatively affect forest products such as building materials, fuel wood and carvings. Forests that are dry will become more vulnerable to forest fires that are predominantly man-made.

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