

Namibia

Update on the context and situation of children

In 2022, Namibia had an estimated population of 2.6 million people[1], where 51 per cent are females and 52.5 per cent of households in urban areas, with fast-growing urban informal settlements which lack access to basic services. Namibia has a young population; 42 per cent are children (0-17 years), 13 per cent are under-five, 19 per cent are aged 15 to 24 years. With the right investment on children and youth, this represents an opportunity for a demographic dividend.

The projected medium-term growth averaging 3.0 per cent, remains below pre-COVID levels and National Development Plan (NDP) targets, reflecting the lingering effects of the COVID-19 pandemic and negative spillover effects from the Ukraine war, among other factors. Furthermore, inflation, accelerated to 5.9 per cent in 2022 from average 3.5 in 2021, mainly driven by food inflation at 7.1 per cent[2]. The combined effects of low economic growth and food inflation inevitably worsened the situation of children, most of whom are living in multidimensional poverty.

However, despite the current fiscal consolidation strategy aimed at preserving debt sustainability, the Government is commended for its commitment towards protecting the most vulnerable, including children, by sustaining high levels of social sector spending. In 2022, Social sector spending is estimated at 53 per cent of the 2022/23 total budget[3]. The government is committed to increase the child grant and disability grant from N\$250.00 to N\$350 and N\$1300.00, respectively, in 2023/24. This is in line with the Social Protection Policy objectives of strengthening child grants towards poverty reduction and sustainable development goals (SDGs) progress.

Namibia is a constitutional democracy and has enjoyed political stability since its independence in 1990, which provided a conducive environment for programming and for children to thrive. Worth noting is the recent election of Honourable Netumbo Nandi-Ndaitwah, in November 2022, as the ruling party's (SWAPO) vice president, putting her in line to be the country's first female presidential candidate when the incumbent, H.E. Hage G. Geingob steps down in March 2024. This is seen as yet another giant step by the country towards its gender equality objectives.

Economic progress continues to be undermined by the lingering effects of the COVID-19 pandemic. As of 18th December 2022, Namibia recorded 170,278 cumulative confirmed COVID-19 cases (representing around 7 per cent of the country's total population) and 4,082 total deaths (overall CFR 2.4 per cent), and the recovery rate stood at around 98 per cent. Of the total confirmed cases, 5,742 (3 per cent) have been healthcare workers, while only 28 per cent of the target population has been fully vaccinated against COVID-19[4].

Measles-rubella (MR2) coverage was 56 per cent, a decline from MR1 coverage of 91 per cent, indicating a high drop-out rate and reflecting failure of the health system to reach children the older they get. Oral polio vaccine (OPV3) coverage was 73 per cent[5], reflecting challenges with stock-outs at point of care. The measles outbreak in June 2022 demonstrate that children remain vulnerable to vaccine-preventable diseases.

The combined effects of COVID-19 impact on household income, food price inflation contribute to increased food insecurity. Food insecurity level has been reflected in out-patient where children with wasting has increased by 26 per cent in January to May 2022 comparing the same period in 2021[6]. Children in marginalized communities, especially among the San people, continue to be disproportionately affected by wasting.

The Ministry of Education (MoEAC) continues to prioritize education with more focus on children

from vulnerable and poor communities and those with disabilities. Learners enrolled have increased from 822 574 in 2021 to 839, 579 learners and schools also increased from 1,723 to 1,966[7] in 2022. However, access to quality Early Childhood Development services remains low and almost all regions registered a decline. Only about 1 in 5 children 3 years and above attend ECD centres due to inadequate facilities; less than a quarter of the Educators are qualified due to low institutional capacity and incentives to train and retain Educators at scale.

Namibia, as Pathfinding Country, was part of the Disrupting Harm study which indicated that 9% (20,000 children) of internet using children are subject to online child sexual exploitation and abuse. The findings informed the strengthening of national systems and improved early interventions to safeguard children. Namibia has a high prevalence of HIV. Of all Pregnant mothers attending ANC, almost all (99.5 per cent) know their HIV status and for those testing positive, 99.2 per cent received ante-retroviral therapy in 2022 (an increase from 97.4 per cent in 2021). Despite these achievements, vertical transmission of HIV increased from 3.8 per cent in 2021 to 4.6 per cent in 2022[8].

Many children remain without birth certificates, especially in the northern regions of Kavango West, Zambezi, Ohangwena, and Oshikoto.

The National COVID-19 Response continues to partly boost resource mobilization outcomes for children. In 2022, UNICEF Namibia raised US\$11,071,951- almost half (49 per cent) for humanitarian action- in addition to US\$572,684 carried over from 2021, and utilized US\$10,430,683, against the planned annual resources of US\$5.2 million. In 2022, the country office raised funds from a variety of multi-lateral donors with largest contributions from the Government of Japan (GoJ), UNICEF National Committees (notably German, the UK, Sweden, and Switzerland), end Violence Against Children, UN joint grants (2gether4srh and UBRAF) and received significant financial support through the global Humanitarian Action for Children appeal as well as multiple sources of UNICEF thematic funding. There is an opportunity to expand the current pool to tap into the Private sector locally and regionally to mobilize and leverage resources for children.

[1] National Statistics Agency (NSA) Namibia Population Projection, 2011-2041 (reference for whole of 1st paragraph)

[2] NSA (2022), various Monthly Namibia Consumer Price Index (NCPI) Bulletins

[3][3][3]MoF (Oct 2022), 2022/23 Mid-Year Budget Review and Medium-Term Budget Policy Statement for the 2023/24 - 2025/26 MTEF.

[4] MoHSS & WHO, Namibia COVID-19 situation report no.963 for week 13-18 December 2022.

[5] MoHSS, DHIS2

[6] MoHSS, DHIS2

[7] Annual Education Census Report 2021 (EMIS)

[8] UNAIDS Estimate Report, 2022

Major contributions and drivers of results

UNICEF Namibia Country Programme (2019-2023) is aligned to Namibia's fifth National Development Plan (2017/18-2021/21, extended to 2025) and contributes towards the Namibia United Nations Development Assistance Framework (2019-2023) and UNICEF Global Strategic Plan (2018-2021). The Programme follows an integrated life cycle approach towards programming for children's rights.

In preparation of the next Country Programme and the United Nations Sustainable Development Cooperation Framework, Namibia Country Office (NCO) used 2022 as a year of evidence generation, visioning and prioritization, completing the Mid-Term Review of the current programme, Situation Analysis of Children, the WASH Evaluation, Infection Prevention and Control in maternity facilities, Quality Improvement assessment in 21 of 36 hospitals, and launched the study report on Disrupting Harm to document progress and challenges affecting children. Through the National Statistical Agency, 4 different statistical standards were published with UNICEF's technical support.

UNICEF Namibia achieved results for children through 3 main avenues: 1) strengthening the legal and policy environment to advance children's rights and improve public spending for children (enabling environment); 2) strengthening systems to deliver quality services to women and children, and 3) increasing demand for services and behavioural practices that promote the realization of children's rights. The interventions were implemented from a human rights based approach (including disability inclusion and gender-responsiveness) and were anchored in the UN principles of 'leave no one behind' and 'delivering as one'.

To improve the **enabling environment** for children, several milestones were achieved with UNICEF support, including the launch of Namibia's first ever Social Protection Policy (2022-2030). The Policy will help to improve the coordination of social protection and provides a solid framework by strengthening the child grants through data cleaning and review of the targeting mechanism, as well as creating linkages of beneficiaries with complementary social services such as ECD and nutrition.

In partnership with the World Bank, NCO supported the production and launch of the e-Parliament strategy (2022-2027). Cabinet approved the Sanitation and Hygiene Strategy leading to a more cohesive multi-sectoral approach to improving access to sanitation. To strengthen health systems resilience, the Community-Based Health Care policy and quality assurance guidelines were developed. The policy will improve effective and equitable deployment and retention of community health workers and improve their quality of service. A 5-year National Quality Management Policy and accompanying Strategic Plan and Hospital Quality Standards was launched. With EU funding, the national integrated ECD Policy was revised and aligned with the Child Care and Protection Act (2015) and the Education Act (2020), and anchors ECD on the nurturing care framework.

Through budget analysis, UNICEF generated evidence to advocate for improved allocation and efficiency of public spending for children in health, education, ECD, social protection and WASH. Parliament's capacity was strengthened to improve the quality of debate and budget prioritization for children. Partly due to contribution by UNICEF and partners, social sectors benefiting children continue to receive the highest budgetary allocation at 53% of the total 2022/23 national budget.[1]

MoF with support from the UNICEF, developed a Budget Transparency Action Plan to be implemented in 2023, identifying key issues and specific actions towards improving budget transparency, oversight and public participation for improved budgetary outcomes for children. MoEAC utilized UNICEF's budget analysis on education as key input during the Transforming Education Summit to define key spending priorities and reforms to improve educational outcomes for children, including review of the school grant to ensure equitable allocation. Through EU funding, UNICEF supported the MGEPEW's revision of ECD centers' subsidy guidelines to improve implementation equity and efficiency. A bottleneck analysis on ECD and Pre-Primary budget efficiency was also undertaken, which informed the design of the education budget support from the EU.

Having adopted the community-led total sanitation (CLTS) approach in its sanitation guidelines in 2021 with UNICEF support, the Ministry of Rural and Urban Development for the first time allocated an estimated US\$1.13M to rural councils specifically for CLTS implementation.

Informed by the 2021 Namibia Multidimensional Poverty Index Report, UNICEF supported the National Planning Commission to develop and disseminate Poverty Regional Profiles to 12 regions.

These advocacy efforts strengthened the regional governments' capacity to embed child poverty in their development plans and budgets and influenced advocacy towards an equitable decentralized resource allocation framework, and towards ending child poverty, in line with SDG 1.

A nationwide consultative process on priority actions to transform education was conducted with UNICEF support covering all 14 regions, reaching over 3000 people including children and youth. Results of the consultation informed the agenda for the National Education Conference that produced recommendations for education policy changes. With UNICEF support, Namibia joined the global community at the Transforming Education Summit in September 2022 and co-led the pillar dialogue on 'inclusive, equitable, safe and healthy schools' (together with Italy and SDG4Youth) to advance equity in fulfilling the right to education. Following the summit, President Geingob has committed to champion education transformation, and the GRN has established a high-level taskforce that will plan to operationalize TES recommendations in January 2023, with continued support by UNICEF, UN agencies and partners.

UNICEF **strengthened systems** to advance attainment of children's rights. An assessment of the UNICEF-supported 22 hospitals (63 percent of public hospitals) for **Maternal and Newborn Health Quality Improvement (MNH QI)** showed improved results in 4 of the 5 key maternal and newborn performance indicators over the last 2 years. The MNH QI, including perinatal death audits, was incorporated in the MoHSS National Quality Management Strategic Plan and Hospital Quality Standards published in 2022. This will enable the MoHSS to sustain implementation beyond UNICEF support. UNICEF further supported infection prevention and control assessment in 21 of the 22 hospitals implementing the MNH QI initiative. The assessment found that WASH services in all assessed maternity and neonatal wards did not meet the WHO/UNICEF global standards and need major improvement, which UNICEF will support to implement from 2023 and beyond.

To eliminate vaccine stock-outs and improve the quality of immunization services (thanks to funding from the GoJ and Humanitarian thematic funds), all 36 health districts expanded cold chain capacity and vaccine management through deployment of vaccine management personnel in all districts, procurement of cold chain and ICT equipment, and skills building (984 health workers from all health facilities and sub-national structures gained vaccine management skills). UNICEF's Supply function played a critical role in advancing immunization outcomes, with cold chain equipment procured to the value of US\$1,140,530 (GoJ funds), and the GRN procurement of US\$184,000,000 through Procurement Services, which had remained an underutilized service in recent years. Implementation level of the Effective Vaccine Management Comprehensive Implementation Plan increased from 22 per cent in 2021 to 65 per cent in 2022, and vaccine stock out reduced from 25 per cent to 16 per cent (falling short of the 8% target).

As a step towards integration of COVID-19 vaccination into PHC services (UK Natcom and HAC-A funds), UNICEF supported the MoHSS's first integrated immunization campaign covering COVID-19, immunization for children, nutrition services, birth registration and social grant services in one package. Through this effort, 253,738 under-fives were protected against measles (94 per cent), 242,858 (83.3 per cent) were dewormed, and 286,216 (87 per cent) received Vitamin A supplementation. Additionally, 20,934 adults were protected against COVID-19, while 2258 children received birth certificates, and 891 eligible children were registered to receive social grants (details under the 'Lessons learned and Innovations').

Moreover, the MoEAC rolled-out training on the Integrated School Health and Safety Programme, including on mental health and psychosocial support, to 44,730 learners and 1,659 teachers from 3 of 14 regions, 27 Regional Education Officials, life skills teachers, inspectors of education and 124 hostel management staff.

Through USAID funding and in partnership with the Office of the Prime Minister and the University of Namibia, large-scale micronutrient fortification monitoring for iodine, iron and vitamin A was

strengthened by simplifying a micronutrient module in the annual Vulnerability Assessment and Analysis first tested in 2021. Through ECHO funding, further support to improve micronutrient intake through the community health platform contributed to a Vitamin A coverage increase from 56 per cent in 2021 to 77 per cent in 2022. Majority of community health workers (88 per cent) in regions with marginalized communities were skilled to facilitate early identification of acute malnutrition, treatment retention, effective treatment of diarrhoea, hygiene promotion, linkages to protective services for children exposed to violence, and prevention of sexual exploitation and abuse. This contributed to 25 per cent increase in the average number of children monthly screened for wasting to 38,275, and a 34 per cent increase in treatment of children with wasting (11,085).

To accelerate attainment of elimination status for HIV vertical transmission, MoHSS improved the quality and analysis capacity for data at national level and in 4 underperforming regions with UNICEF support funded by CDC and *2gether4srh*. UNICEF continued to support retention in care for adolescents living with HIV (ALHIV). UNICEF rolled out the standardized curriculum for Teen Clubs in all 14 regions and 54 healthcare workers gained skills on the implementation and effective service delivery through the clubs. Through a UNICEF-supported campaign to improve adolescent retention in treatment called U=U (Undetectable=Untransmittable), over 5,500 adolescents and young people were reached through social media, radio, TV, and community engagements. With UNICEF's contribution, over 11,000 adolescents in Teen Clubs were retained in care with a viral load suppression of over 87 per cent compared to the national average of 77 per cent in their age group.

Thanks to EU funding, MGEPEWS produced the draft 2021 ECD Management Information System (ECD-MIS) survey report that monitors the coverage and quality of ECD centres, while data collection for the 2022 ECD survey was completed. MGEPEWS further improved quality monitoring by incorporating a module to monitor adherence to standards and registration requirements in ECD-MIS. The 15th School Day and 2021 Education Management Information System (EMIS) reports on basic education coverage and quality were launched. UNICEF supported the MoEAC Directorate of National Examinations and Assessment (DNEA) to further strengthen the implementation of the paperless, OpenEMIS system which allows additional support to learners with disabilities.

UNICEF utilized evidence on access barriers to birth registration generated in 2021 to successfully advocate for improving the supply-side of birth registration services, especially on implementing guidelines and the point-of-service experience. UNICEF supported the training on the Child Care and Protection Act (2015) to 58 social workers and 75 police officers and on the Standard Operating Procedures on VAC/GBV to 123 multi-disciplinary teams (magistrates, prosecutors, police, medical doctors, social workers, teachers) in dealing with child victims in a court of law. With UNICEF support, 22,700 child protection IEC materials on MHPSS, OCSEA and PSEA were disseminated and the MGEPEWS piloted the Integrated Case Management Guidelines for children needing support in 3 regions, with the aim to ensure continuum of care and linkages to essential services beyond child protection, to include education, health, and social protection sectors. Following the launch of the Disrupting Harm Study, UNICEF and GRN jointly raised multi-year funding under the end violence against children project (eVAC), which is supporting efforts to address online sexual exploitation of children.

With funding from German Natcom, Swiss Natcom and Global Gender grant for girl empowerment, adolescents and young people benefitted from UPSHIFT, Skills4Girls and Sports for Development, which reached 320, 875 and 1365 young people respectively, helping them to adopt productive and healthy lifestyles. Eighteen adolescents and young people from the first cohort of UPSHIFT pitched their innovations to a panel of judges and 9 of them were awarded seed funding to the total value of US \$18,314 to scale their ideas. UPSHIFT has expanded to three regions in Namibia with an aim to reach 1,000 adolescents and young people from marginalized and vulnerable backgrounds by 2023. School Sports for Development Facilitators (79) were trained in 3 regions reaching 23,773 learners (51 per cent female).

The country office increased its **demand creation**, visibility, and engagement, attracting a total of 8,500 more users to its social media platforms. External relations covered 10 themes with over 1000 social media posts across 3 channels, its highest-ever social media output - bringing visibility to discussions on thematic areas including transforming education, child poverty, child protection, disability-inclusive engagement and participation, early childhood development, and demand creation for immunization. Almost 120,000 Facebook and 6,613 via Twitter followers were reached through social media on the transforming education agenda. The Country Office also responded to over 30 media requests from local media outlets, including community radios.

UNICEF supported Government's mass media Vaccine campaign with 1,500,000 people reached and 10,000 people benefitting from CHWs door-to-door visits. UNICEF supported RCCE interventions for 1,200 refugees and engaged key influencers in the integrated vaccination campaign. Social listening tools were used to analyze content, resulting in 7 vaccine messages adjusted for 3 target groups (adolescents, elderly, 12-17yrs).

Under the RightStart[2] campaign, the 13 ECD-focused episodes of the children's TV series *WakaWakaMoo* were aired on NBC TV, which has a viewership of over 1.7 million. To increase demand for COVID-19 vaccination, a total of 2,210,407 contacts were made through viewership, listenership, print media and engagement on the integrated vaccination campaign and 44,495 people were actively engaged.

UNICEF's investment in capacity of Development Workshop Namibia to expand CLTS resulted in 2,693 households (12,119 people) gaining access to basic sanitation in urban informal settlements, contributing to attainment of open-defecation free status by 7 urban blocks where 5,368 people live. Additional 16 urban blocks and 5 rural communities have self-assessed as ODF and await verification.

UNICEF sustained good governance throughout 2022 by embedding risk management in business processes through the implementation of SOPs, adherence to internal controls and work processes ensuring that UNICEF's core business processes and related guidance are risk-informed and amended accordingly. Management relations with the Staff Association were open and constructive, with active participation of the Staff Association in the quarterly Joint Consultative Committee meetings, and monthly Country Management Team meetings. Key performance indicators score increased from 0.84 in 2021 to 0.87 in 2022, Harmonized Cash Transfer implementation rate at 100 per cent. UNICEF Namibia continued to prioritise its most valuable asset- the staff. A small-sized and limited-budget country office, UNICEF maximised combined expertise of consultants, contractors and a UNV to accelerate implementation in response to the increased workload demonstrated by the doubling in expenditure (US\$10.4M) compared to planned average annual budget (US\$5.2M). The office completed 3 staff recruitments successfully within an average recruitment time of 97 calendar days which is significantly slower than desired. For better efficiency, NCO adopted the Botswana, Namibia, Lesotho and Eswatini hub SOP on individual Special Service Agreements. The country office successfully encouraged utilization of flexible work arrangements in order to improve work-life balance, with 62 per cent of staff utilizing FWA, primarily through flexible working hours and teleworking. As per pulse survey, workplace culture score improved from 62.5 per cent (2021, quarter 4) to 65.6 per cent (2022, quarter 2), continuing a consistent trend of gradual improvement since the survey inception.

[1] MoF (Oct 2022), 2022/23 Mid-Year Budget Review and Medium-Term Budget Policy Statement for the 2023/24 - 2025/26 MTEF.

[2] To learn more about the RightStart campaign, go to www.rightstart.com.na

UN Collaboration and Other Partnerships

UNICEF facilitated One UN through inter-agency coordination groups. UNICEF chaired the UNPAF Social Transformation Pillar overseeing sub-pillars on Health, Education & Social Protection and also chaired and participated in pillar groups for the next UNSDCF, using the opportunity to strategically position child deprivations in the Common Country assessment (CCA). UNICEF participated in the first UN-wide Business Operating Strategy (BOS) review and chaired the Common Finance and HR working groups.

Key milestones under the UNSDG Joint Programme with ILO, UNFPA, UNDP and the Resident Coordinator's Office included finalization of the study on estimating Illicit Financial Flows, joint budget analysis and advocacy, capacity strengthening of Parliament in budget transparency and oversight- culminating in a Budget Transparency Action Plan. UNICEF also collaborated with the International Monetary Fund (IMF) in costing SDG funding requirements for health, education and WASH and further partnered with the World Bank to strengthen the capacity of government in child-sensitive, shock-responsive social protection design.

UNICEF, UNFPA and WHO on MNH QI supported MoHSS in expanding MNH-QI implementation and improving maternal and newborn outcomes, and further collaborated with WHO to support the MOHSS-led integrated vaccination campaign. Partnership between UNICEF, WHO, UNFPA and UNAIDS further accelerated progress towards the elimination of HIV vertical transmission, with UNICEF leading on data. UNICEF collaborated with WHO, UNFPA, UNDP, and Procurement and Supply Management (PSM) to facilitate procurement reforms, vaccine management, and risk communication and community engagement, as well as with WFP on Food Security and Nutrition humanitarian response to COVID-19.

On South-South partnerships, UNICEF's Botswana, Namibia, Lesotho, Eswatini and South Africa (BNLES) hub played a critical role in supporting recruitment of staff and consultants, and for enhancing supply functions for the expanded budget. Through UNICEF support, over 200 children from Botswana, Namibia, Zambia, and Zimbabwe engaged with a network of Heads of States from these countries for a second consecutive world children's day. The network focuses on child rights and initiatives promoting effective governance as an enabler of socio-economic development to deliver quality public services for all children in their respective countries. Through a learning exchange on urban WASH in Brazil supported by UNICEF Eastern and Southern Africa Regional Office (ESARO) and the Government of Brazil, GRN identified urban sanitation and cost recovery (tariff formulation) as areas of future collaboration with Brazil.

UNICEF leveraged collaboration with MoHSS, Global Fund Sub Recipients (SRs) and Prime Recipients (PRs) for revision of National Standards for Adolescent Friendly Health Services, development of a Comprehensive Referral and Linkages Framework for Adolescents and Young People and development of Adolescents and Young Peoples' Engagement Toolkit/Framework.

UNICEF also collaborated with the Global Network of Adolescents living with HIV (Y+) and MoHSS in building the capacity of the Youth Empowerment Group (YEG) in support of adolescents living with HIV, culminating in a youth-led conference attended by 85 adolescents and young people and continued advocacy for the right to participation and meaningful youth engagement on HIV.

UNICEF continued a shared-value partnership with B2Gold which contributes to skills for girls and the UPSHIFT programmes.

Lessons Learned and Innovations

Procurement accounts for almost half of the budget for the MoHSS and has been hampered by

inefficiencies for a long time. Through partnership between Health, Social Policy and Supply, UNICEF Namibia in 2021 supported review of existing analytic work and consensus-building between the Ministry of Finance and the Ministry of Health and Social Services around resolving the bottlenecks and challenges affecting pharmaceutical and clinical supplies procurement. The consensus building process produced 11 recommendations for reform that cut across regulatory framework, public finance management, information systems and procurement processes.

In 2022, the regulatory framework recommendations were incorporated in the revision of the Procurement Act (passed in September 2022), including provisions for pooled procurement, framework agreements and emergency procurement management. Regulations for pooled procurement and framework agreements are currently being developed. In 2022, UNICEF jointly with UNDP seconded a technical expert to the Ministry of Finance as a Project Manager who advises the 2 Ministers responsible for Finance and Health, supports operationalization of the procurement reforms in the Public Procurement Act, and facilitates continued coordination and consensus-building on PFM/procurement challenges and efficiency-enhancing measures through a reference group co-chaired by the 2 Ministries. Upon full implementation, the reforms will help ensure efficient procurement of pharmaceutical and clinical supplies for improved availability and outcomes, including for children. UNICEF's support to procurement reforms in Namibia offers a best practice on how to broker dialogue and find lasting solutions between different Government departments on behalf of children. It is featured as an example of successful brokering in UNICEF's "*Global resource kit for Engaging with PFM challenges in the health sector*", released in December 2022.

Several lessons were drawn for the first integrated COVID-19, childhood immunization, nutrition, birth registration and social protection campaign.

- a) An integrated campaign provides an opportunity to reach unreached children with multiple services, optimizing the value of service to the child and the family. This value addition of integration in delivering basic rights to children in unreached communities is demonstrated by the issuance of birth certificates to 2258 children and the enrolment of 891 eligible children for social grants.
- b) Integration enables resource optimization including the sharing of vehicles, and mutual benefit from demand creation efforts
- c) While there were concerns about the potential spill-over of COVID-19 vaccine hesitancy to resistance of childhood immunization (and indeed few cases of such examples were noted), the turn-out for children was not significantly adversely affected, with the campaign reaching 94 per cent coverage for measles-rubella. However, the high acceptance of childhood immunization did not seem to improve the uptake of COVID-19 vaccination when offered as one package. Far less adults were immunized against COVID-19 than planned, and only slightly more than the average monthly coverage building up to the campaign.
- d) Managing messaging for immunization efforts targeting different age groups and for which acceptance levels significantly differ is complicated. It requires more advance planning than typical, frequent, and consistent communication through all available avenues, and would benefit from additional social and behavioural change expertise in-country for an extended period.
- e) Operational processes for administering and recording COVID-19 vaccination are significantly lengthier and more complex than administering other vaccines to children, which seemed to demotivate both service providers and parents bringing children in some instances.

COVID-19 vaccination risk communication and community engagement to learners was also integrated with messaging on gender-based violence and learner pregnancies. Combining COVID-19 vaccination messages for learners with addressing gender-based violence and learner pregnancies proved to be effective in getting learners to discuss issues affecting them.

Having produced the report on multidimensional poverty in 2021, in 2022 UNICEF customized the report through regional poverty profiles and supported the dissemination of the findings in 12 of the 14 Regions. This customized engagement with sub-national governance structures was key in driving the reform agenda for child-poverty reduction and better budget prioritization. This helped raise awareness on the situation of children in each of the regions and drew the attention of policy makers towards strategies to reduce child poverty in all its dimensions as articulated in SDG1. It was through these advocacy efforts that UNICEF secured commitment from all the 12 regional authorities to include child multidimensional poverty indicators in their regional development plans and inputs to the upcoming NDP6, and to use the tool for budgeting and advocacy.

A continuing lesson is the meaningful involvement and participation of young people and persons with disabilities while consulting on issues of national importance. UNICEF supported the MoEAC to ensure disability-inclusion in national consultations and the national conference for transforming education, specifically through the engagement of sign language translators for this critical intervention to address the learning crisis in Namibia. In addition, leveraging the UNCT sub-pillar on Education and Skills facilitated high collaborative engagement of the UNCT and the GRN on national preparations for the Transforming Education Summit. While the partnership between UNICEF and the MoEAC was instrumental in this process, Government owned the entire process, including excellent planning and coordination of the TES pre-summit meeting in June and the TES in September 2022. UNICEF's assistance maximized our comparative advantages to support the national consultations, the National Conference and TES.

Leveraging cross-sectoral multiple partnerships, UNICEF has facilitated a partnership between Side-by-Side Early Intervention Centre (SbS) and UNAM, resulting in a Memorandum of Understanding to incorporate theoretical and practical disability-inclusion in the pre-service education of cross-sectoral university students. This will contribute to a workforce who understand the rights of children with disability and are proactive in disability-inclusive services to enable fulfilment of these rights.

UNICEF supported the Namibia Institute for Pathology to implement a Medical Drones project that will improve turn-around times for blood tests in order to strengthen early diagnosis and treatment for HIV-infected mothers in 2 regions with hard-to-reach communities, currently delayed by regulatory authorization challenges. UNICEF used the annual review meeting with partners to share new evidence such as WASH evaluation and SITAN report, to advance knowledge on the situation of children and inform future partnership priorities.