

NAMIBIA 2004 Millennium Development Goals



**Office of the President
National Planning Commission**



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National Planning Commission**

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Foreword

Namibia was proud to serve as President of the UN General Assembly during the Millennium Summit in New York in 2000. The Summit was a landmark occasion that brought together an unprecedented number of nations to form a global consensus on the challenges facing humanity and, more importantly, on what needs to be done to overcome these challenges. The resulting Millennium Declaration, subsequently signed by all UN member states including Namibia, says: “We will spare no effort to free our fellow men, women and children from the abject and dehumanising conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want.”

The finalisation of this first report on Namibia's national progress towards the Millennium Development Goals (MDGs) coincides with the launch of the country's long-term Vision 2030, which will guide us towards a future of Prosperity, Harmony, Peace and Political Stability. The MDGs form a critical part of our nation's efforts to monitor progress towards the realisation of this Vision. This report shows that since our Independence in 1990 we have made many great achievements; for instance, in providing education and healthcare, water and sanitation, and managing our economic and natural resources. However, the most important achievement, the liberation of our people, is not easily captured in data and numbers. The value of freedom is hard to measure. For all Namibians, freedom is priceless.

Nonetheless, many challenges remain in the fight against poverty, hunger and inequality, and above all, in combating the HIV/AIDS pandemic. As this report fully documents, the single greatest challenge in meeting the MDGs in Namibia is to win the war against poverty and HIV/AIDS. The report explains that while Namibia may be classified as a middle-income country, it is faced with great disparities inherited from more than a century of colonial rule. Our Vision 2030 and the Millennium Declaration are built on the spirit of partnership. I call on all Namibians and our neighbours and partners around the world to rally behind our Vision, build on our freedom and make our dream of a prosperous Namibia tomorrow come true.



Theo-Ben Gurirab
Prime Minister of the
Republic of Namibia



Preface

This is the first progress report on the Millennium Development Goals (MDGs) for Namibia. The report recapitulates human development and poverty reduction as the overall development goals for the country. During the launch of the Millennium Declaration, the Government of the Republic of Namibia was not just one of the signatories among the 147 governments present; our Prime Minister, Theo-Ben Gurirab, also oversaw, as President of the UN General Assembly, the drafting of the Millennium Declaration. His Excellency, the President of the Republic of Namibia, Sam Nujoma, was co-chairing the Millennium Summit with the President of Finland. This was a great privilege for Namibia.

This report sets out the national progress in achieving the eight MDGs based on national targets tailored to Namibia's development circumstances. It reflects our commitment to working towards achieving all the goals in order to eliminate world poverty, and to cooperating with other governments and international institutions as part of a broader global campaign. The report highlights the progress made and the challenges faced in meeting the MDGs, which are directly linked to our Vision 2030. These results will feed into the review of the Second National Development Plan and the National Poverty Reduction Strategy, which are the strategic instruments that will take us towards further progress in achieving the objectives of Vision 2030 and the Millennium Declaration.

The findings of the report give ground for both concern and optimism. Much progress has been made, for instance, in providing access to healthcare, education and other basic needs, as well as promoting sustainable development. However, the escalating HIV/AIDS epidemic threatens to set back years of progress and undo many of our achievements since Independence. If we are to make continued progress towards the MDGs, we must succeed in turning the tide against HIV/AIDS. It is our hope and conviction that with determination and hard work, political and social stability, and institutional good governance prevailing in Namibia since Independence in 1990, we can continue to build a prosperous and peaceful future for all Namibians.

Lastly, I would like to acknowledge with thanks the support from government ministries, civil society organisations, UN agencies and other development partners throughout the preparation of this report and especially during the consultative workshop held in Swakopmund in February 2004.



Immanuel Ngatjizeko
Director General
National Planning Commission



Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BTP	Build Together Programme
DOTS	Directly Observed Treatment Short Course
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
FAO	United Nations Food and Agriculture Organisation
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illnesses
LDC	Least Developed Country
MDGs	Millennium Development Goals
N\$	Namibian Dollar
NDPII	Second National Development Plan
NPCS	National Planning Commission Secretariat
NPRAP	Namibia Poverty Reduction Action Plan
NEPAD	New Partnership for African Development
NGO	Non-governmental Organisation
OECD	Organisation for Economic Cooperation and Development
PMTCT	Prevention of Mother-to-Child Transmission
PRS	Poverty Reduction Strategy
SADC	Southern African Development Community
SWAPO	South West Africa People's Organisation
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
US	United States
US\$	United States Dollar
WFP	World Food Programme
WHO	World Health Organisation

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Introduction

Namibia is proud to have played a key role in the formulation of the Millennium Declaration, with the President and Prime Minister as co-chair of the Millennium Summit and President of the General Assembly, respectively. The Millennium Declaration, which has been adopted by all UN member states, sets out within a single framework the key challenges facing humanity; it outlines a response to these challenges, and establishes concrete measures for assessing performance through a set of interrelated goals on development, governance, peace, security and human rights. The eight Millennium Development Goals (MDGs) are to:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

Each of the goals is associated with a series of time-bound targets and a number of indicators to assist the systematic monitoring of global and national progress made against the Millennium Declaration. The Declaration also defines the roles and responsibilities of key actors: namely, national governments to achieve the goals and targets; international

organisations to marshal their resources and expertise in the most strategic and efficient way; and citizens, civil society organisations and the private sector to rally behind global and national campaigns towards achieving the MDGs.

The Government of the Republic of Namibia is implementing the Millennium Declaration and systematically monitoring the MDGs within the context of national and sectoral development frameworks. The MDG campaign forms part of the national process of strengthening policies that can mobilise all Namibians and the international community behind the grand Vision for the year 2030, through which Namibia will enjoy “Prosperity, Harmony, Peace and Political Stability”.

This report is organised into eight chapters, one for each of the MDGs. Each chapter reviews the status and trends in terms of progress, the main challenges and opportunities in reaching the goal, and the supportive environment, as well as outlining priorities for development partners. From the global framework of the Millennium Declaration, national targets and indicators have been developed to ensure that the MDGs are firmly rooted in the national development milestones of Vision 2030 and the objectives of the Second National Development Plan (NDPII).

While the report does advocate certain changes in policies, it does not make elaborate policy recommendations. This is done in the context of other ongoing national processes, such as the National Poverty Reduction Action Plan (NPRAP) and NDPII. The MDG report serves as a foundation for continued debate on the challenges and opportunities in realising Vision 2030.

Status at a Glance

GOAL	1992	2003	2006 target	Progress towards target
1. Eradicate extreme poverty and hunger				
Proportion of households living in relative poverty	38 %	-	28 %	Lack of data*
Proportion of households living in extreme poverty	9 %	-	4 %	Lack of data*
2. Achieve universal primary education				
Net primary school enrolment	89 %	92 %	95 %	Good
Survival rate for Grade 5	75 %	94 %	95 %	Good
Literacy rate, 15-24 years	89 %	89 %	94 %	Slow
3. Promote gender equality and empower women				
Primary education (girls per 100 boys)	102	100	100	Good
Secondary education (girls per 100 boys)	124	113	100	Good
Tertiary education (girls per 100 boys)	162	111	100	Good
Proportion of seats held by women in National Assembly	9 %	19 %	30 %	Slow
4. Reduce child mortality				
Infant mortality (per 1000 live births)	67	52	36	Slow
Under-five mortality rate (per 1000 live births)	87	71	54	Slow
Proportion of one-year-old children immunised against measles	63 %	72 %	80 %	Good
Underweight among children under five	26 %	24 %	17 %	Slow
5. Improve maternal health				
Proportion of births attended by trained health personnel	68 %	75 %	88 %	Good
Contraceptive prevalence rate	21 %	37 %	50 %	Good
6. Combat HIV/AIDS, malaria and other diseases				
HIV prevalence among 13-19 year old women	6 %	11 %	9 %	Worsening
HIV prevalence among 20-24 year old women	11 %	22 %	15 %	Worsening
TB treatment success rate	58 %	69 %	75 %	Good
7. Ensure environmental sustainability				
Proportion of rural households with access to safe drinking water	45 %	80 %	80 %	Good
Proportion of rural households with access to basic sanitation	15 %	21 %	50 %	Slow
Freehold land	5 %	6.1 %	8.5 %	Slow
Registered conservancies	0 %	4.9 %	10.9 %	Slow
8. Develop a global partnership for development				
Per capita overseas development assistance to Namibia (in US\$)	130	60	90	Worsening

Note: The table provides a quick overview of progress on selected targets for each of the eight MDGs. The data is grouped to represent the closest year to 1992, 2003 and the medium-term targets for 2006. The last column assesses progress against the medium-term target. Good means that if the rate of progress seen since the early 1990s continues then the target will be met. Slow means that progress since the early 1990s has been positive but is not strong enough to reach the 2006 target. Worsening means that the situation has deteriorated since the early 1990s.

* A new Household Income and Expenditure Survey will be finalised in 2004 which will update the income poverty figures.

Development Context



Namibia is one of the youngest and most stable democracies in Africa. The country gained independence on 21 March 1990, after more than a century of colonial oppression and prejudice. It is a large country of 824,000 km², spanning 1,440 km at its widest point and 1,320 km at its longest. The population stands at 1.8 million and is growing at 2.6 per cent annually. Close to 40 per cent of the population is below 15 years of age. The urban areas of Erongo and Khomas, the latter of which includes the capital Windhoek, are growing rapidly due to emigration from rural areas. However, north-central Namibia remains the most populous area of the country, with the Oshana, Oshana and Oshikoto regions accounting for more than 40 per cent of the total population. Namibia's rich and diverse culture is reflected in the 25 languages or major dialects spoken in the country.

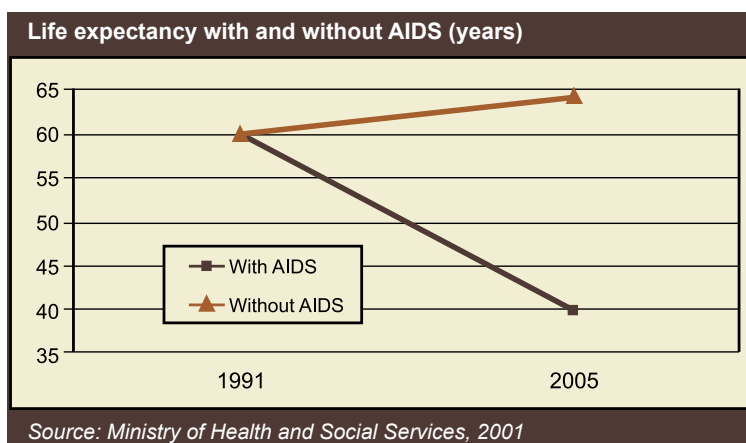
International agencies classify Namibia as a lower middle-income country, with an annual average per capita income of around US\$1,800. In terms of income alone Namibia performs quite well on a global scale, ranked 65 out of 175 countries. However, when using the Human Development Index, combining income with other capability measures such as health and education, Namibia slides 59 places to a rank of 124. To a greater degree than in most countries, income is a poor measure for development in Namibia. The country still bears the consequences of the economic and social infrastructures it inherited from the apartheid system of colonial South Africa. Inequality in the distribution of income and assets is among the highest anywhere (UNDP, 2003).

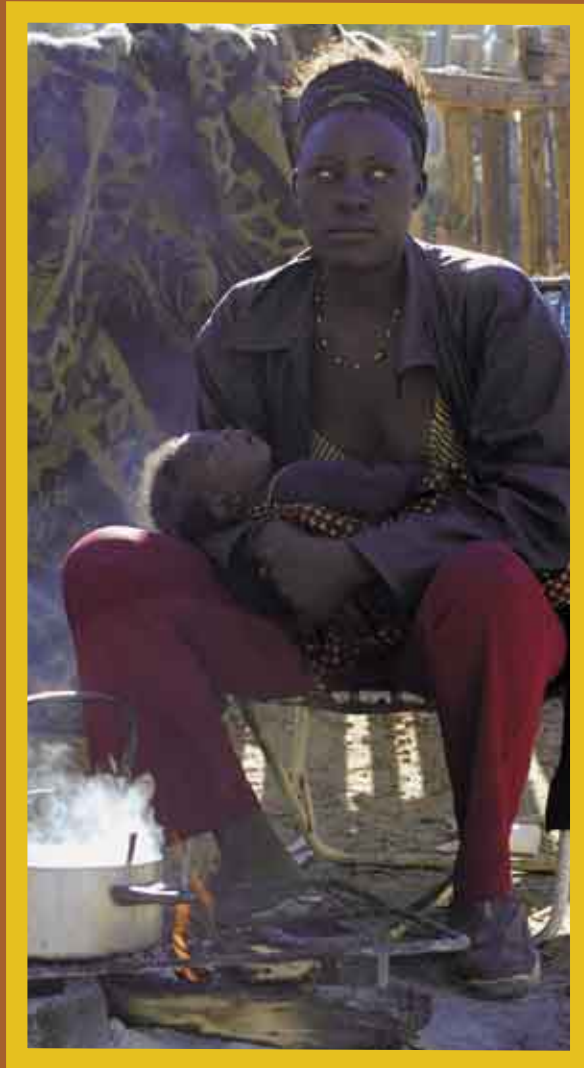
The people of Namibia are also suffering from one of the severest HIV/AIDS epidemics in the world. About one in five pregnant women are infected with HIV and the devastating consequences of the epidemic are felt in every community. According to Ministry of Health and Social Services (2001) life expectancy in Namibia is expected to be nearly 25 years lower by 2005 because of AIDS. On average, a person can expect to live only 40 years.

Namibia is generally hailed as one of the least corrupt societies in Africa and a beacon of social and political stability. At Independence the country adopted a multiparty system; today there are six political parties. The ruling party is the South West Africa People's Organisation (SWAPO), while a coalition between the Democratic Turnhalle Alliance and the United Democratic Front forms the official opposition. National and regional elections are to be held in 2004, which will also see the people choose their new leader after founding President Sam Nujoma.

Namibia is among the eight countries in the world who spend the highest share of GDP on public expenditure in education and is second only to South Africa in sub-Saharan Africa in terms of per capita expenditure in the health sector (UNDP, 2003). Since Independence, the Government has pursued free-market principles to promote commercial development and job creation to bring disadvantaged Namibians into the economic mainstream. The economy has grown on average 3.5 per cent per year in real terms in the decade after 1992 – or just over one per cent per capita. This has not been sufficient to create enough jobs, especially for the large number of youths who enter the labour force every year. According to Ministry of Labour (2002) youth unemployment is 40 per cent or double that of the general population.

Namibia's climate ranges from semi-arid to hyper-arid. Rainfall varies from 600 mm annually in the north-east, to less than 10 mm in the Namib Desert. The country is endowed with rich natural resources such as diamonds, zinc, marine life and natural beauty, and these form the basis for the national economy. A large part of the population depends on small-scale agriculture for employment. Namibia is a small open economy, with close links to South Africa through trade, the Southern African Customs Union and the Common Monetary Area. The country is expanding and diversifying its trading relationships with Europe and USA.





GOAL 1

**Eradicate
Extreme Poverty
and Hunger**

GOAL 1

Eradicate Extreme Poverty and Hunger

INDICATOR	1993/94	2003	2006 target	Progress towards target
Proportion of households living in relative poverty	38 %	-	28 %	Lack of data*
Proportion of households living in extreme poverty	9 %	-	4 %	Lack of data*
Gini coefficient	0.70	-	0.60	Lack of data*

Sources: National Household Income and Expenditure Survey 1993/94 and NDPII, NPC.

Note: A household lives in relative poverty when it devotes more than 60 per cent of total incomes to food expenses. Extreme poverty is when the household devotes more than 80 per cent of total incomes to food expenses.

* A new Household Income and Expenditure Survey will be finalised in 2004 which will update the income poverty figures.

STATUS AND TRENDS

Poverty is a phenomenon of multiple dimensions. Human poverty is about deprivation of the most essential capabilities, including leading a long and healthy life, being knowledgeable, having an adequate standard of living, and participating in community life. It is about more than just lack of income; nonetheless income and money are extremely important for accessing basic amenities such as food, shelter and clothing. Using money as the measure of poverty in Namibia, a total of 38 per cent of the country's households in 1993/94 were found to live in relative poverty; and nine per cent were found to live in extreme poverty. A new survey is being finalised in 2004 to assess progress in this area against the national targets; this survey will also reveal changes in Namibia's extreme historical inequalities.

In Namibia a privileged few have more than plenty, while the majority have very little. The most recent figures show that the richest 7,000 people spend as much as the 800,000 poorest: this makes Namibia one of the most unequal countries in the world. Eighty-five per cent of poor households are located in rural areas, making their living from subsistence farming, primarily in the northern and north-eastern communal areas. Regions such as Oshana, Oshana-Namaland and Erongo are the worst off, but pockets of poverty are also found in the southern regions where income inequality is higher.

The gap between average rural and urban incomes, and the perception of better job opportunities in urban areas, fuels emigration from rural areas to the country's major cities. This in turn leads to increases in urban poverty as well. Poverty is higher among historically and traditionally disadvantaged groups. For example, the per capita income in a household where the mother tongue is German is 23 times higher than in a household where the main language is San. The per capita income in female-headed households is on average half that in households headed by a male.

CHALLENGES AND OPPORTUNITIES

Sustainable reduction in income poverty requires a two-pronged strategy, focusing on strong economic growth rates, as well as greater equality in the distribution of this growth. The key challenge for Namibia is to sustain real economic growth, with a deliberate bias towards the poorest and most vulnerable groups. Raising economic growth will require continued strengthening of the country's attractiveness as a destination for foreign capital, technology and tourism, and continued improvements in productivity across a more diverse range of industries and markets. To make economic growth pro-poor means focusing on job creation especially in the rural sectors and improving access of the poorest to productive assets including credit and land. The Green Scheme and integrated agro-aquaculture programmes are some examples of current national initiatives.



The HIV/AIDS epidemic is probably the single greatest challenge to human development in Namibia; it has severe negative impacts on the incomes of individuals, families and communities. For instance, AIDS-related illness reduces the ability to work, earn money or teach children essential farming skills, while at the same time there is a need for more money for medicine, food and, all too often, funerals. Breaking out of poverty becomes even more difficult. A combination of recurrent droughts and food insecurity, the escalating HIV/AIDS epidemic, and high levels of structural poverty is severely affecting large areas of the country.

SUPPORTIVE ENVIRONMENT

Poverty reduction has been the overarching policy goal in Namibia since Independence. Vision 2030 envisages Namibia as a high-income country, with equal access to productive resources and employment opportunities, that allows all Namibians a life well above the poverty level. The Poverty Reduction Strategy (PRS) focuses on: equitable and efficient delivery of public services; agricultural expansion and strengthening food security; and strengthening non-agricultural and informal sectors. In implementing the PRS, the NPRAP identifies programmes, projects and services that focus on poverty reduction

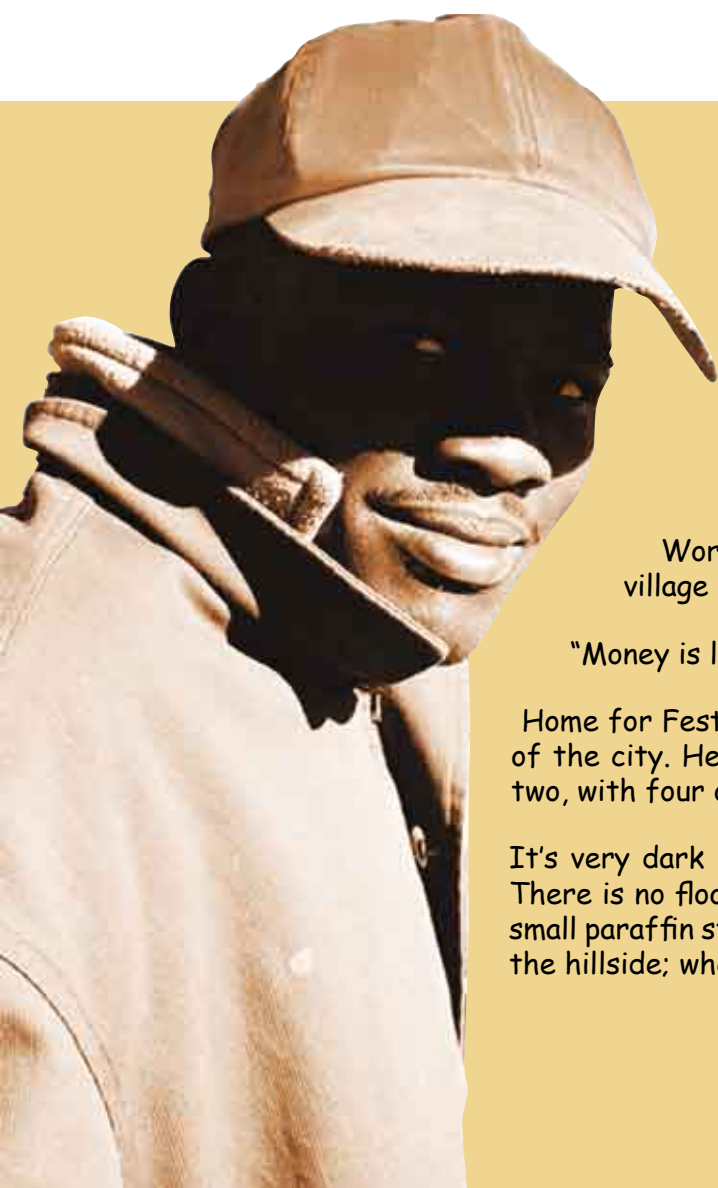
in accordance with NDPII and the Public Sector Investment Programme.

Through the Medium-term Expenditure Framework and the annual budget, the Government seeks to promote poverty reduction by stimulating economic growth, investing in social sectors, and funding social safety nets, as well as through programmes and projects funded by the development budget. Namibia is one of the few countries on the African continent to maintain a social safety net for vulnerable groups such as senior citizens, orphans, people living with disabilities, and war veterans. Moreover, in 2003, the Government set up a national drought aid scheme, and allocated N\$220 million for general food distribution, food-for-work programmes, and support to vulnerable children, pregnant and lactating mothers, the elderly and households affected by HIV/AIDS. The scheme targets a total of 640,000 people, about one third of the total population.

The Government remains committed to expediting the national land reform programme, using a range of means including state purchasing and resettlement, expropriation, and support through the Affirmative Action Loan Scheme. The reform programme will continue in full accordance with the Constitution and through an efficient and fair process of transparency, legality and dialogue.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Market access and trade promotion to boost national production and exports, foreign exchange earnings, and economic diversification. Foreign direct investment in priority sectors such as manufacturing, infrastructure, tourism, agriculture and fisheries will not only create jobs and boost economic growth in the short term, but will also have longer-term impacts such as transfer of knowledge and technology.
- Access to cheap capital in terms of concessional loans and overseas development assistance in key development sectors remains necessary. Namibia may have a high national average income, but development partners must learn to acknowledge that income in isolation is not the most appropriate measure for development in Namibia.
- Provision of technical assistance for institutional strengthening, and especially capacity building, is critical and will become more so as the devastating impacts of HIV/AIDS on all sectors, the civil service and private businesses worsen.
- Financial and technical assistance is needed to implement the national emergency relief programme for both food and non-food items, to bring immediate relief to the poorest and most vulnerable, especially those affected by the HIV/AIDS epidemic.



Money is life

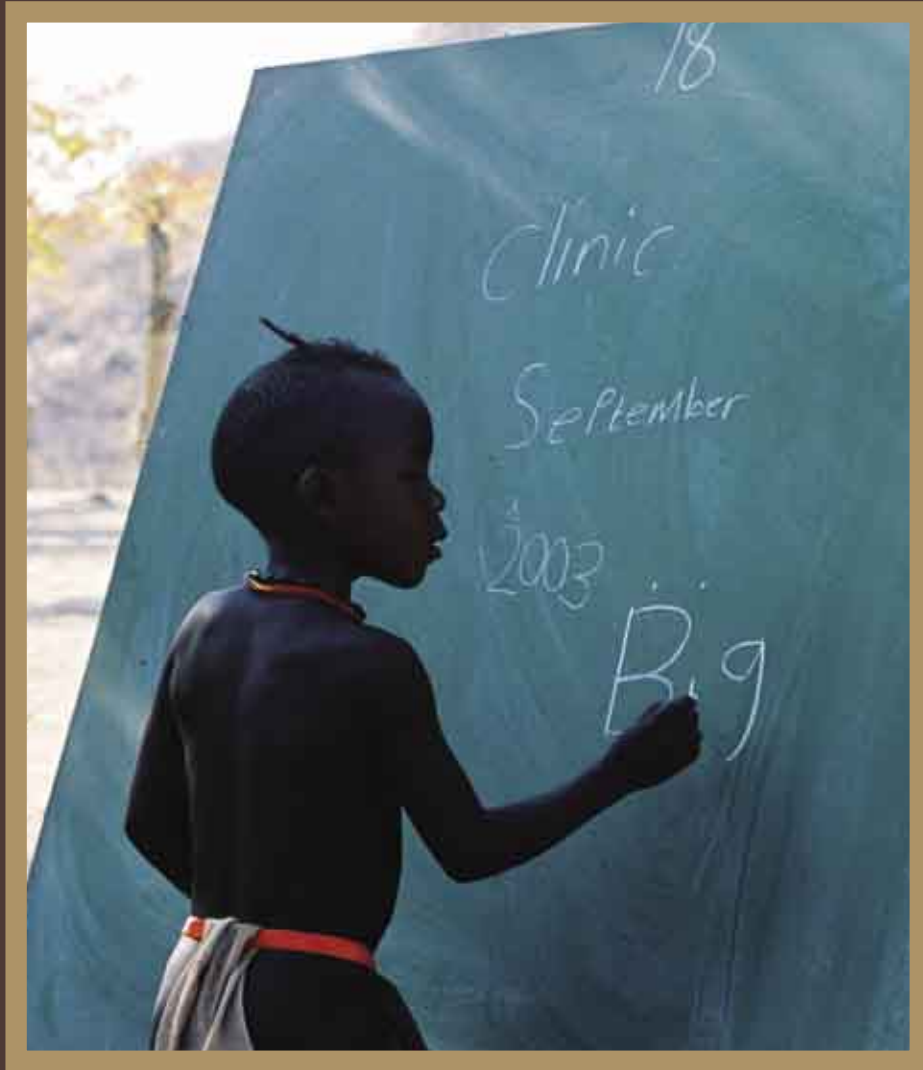
Festus has plans, big plans. He wants a house. He also wants to get married and have a family. But first he wants a job.

Work is what has brought Festus to Windhoek. He left his village with just enough money to get to the city.

"Money is life; you can't survive without money."

Home for Festus is Babylon location, outside Katutura, on the very edge of the city. He shares his home, a corrugated zinc shack, 10 metres by two, with four others.

It's very dark inside the house, as there are no windows or electricity. There is no flooring, just the ground beneath your feet. The kitchen is a small paraffin stove. When they can't get paraffin, they use firewood from the hillside; when there is no wood, then "you sleep without eating".



GOAL 2

Achieve Universal Primary Education

GOAL 2

Achieve Universal Primary Education

INDICATOR	1992	2001	2006 target	Progress towards target
Net primary school enrolment	89 %	92 %	95 %	Good
Survival rate for Grade 5	75 %	94 %	95 %	Good
Literacy rate, 15-24 years	89 %*	89 %	94 %	Slow

Sources: EMIS, Ministry of Basic Education, Sports and Culture; 2001 Census and NDPII, NPC.

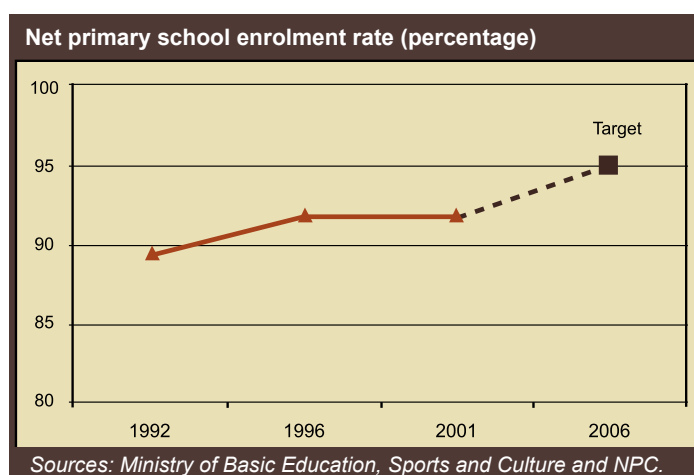
Note: The 2001 net primary school enrolment rate has been calculated using the base population from the 2001 Census.

* = 1991

STATUS AND TRENDS

Since Independence there has been great progress in making education free and accessible for all. The total number of learners in primary school has increased by 16 per cent; 92 per cent of 7-13 year olds, the official primary school age, are in school. Primary school enrolment rates in Namibia are higher for girls than for boys. Evidence from around the world tells us that educating girls is key to development as it leads to better nutrition in families, better health and more freedom and welfare. The effectiveness of Namibia's primary schooling system has also improved over the past decade. The survival rate or the share of Grade 1 learners that reach Grade 5 has been increasing steadily, from 75 per cent in 1992 to 94 per cent in 2001.

Generally, the survival rate for girls has been slightly higher than that of boys. However, despite the enrolment rates and improved efficiency of the primary schooling system, the literacy rate for 15-24 year olds has been stagnant. In 2001 a total of 89 per cent of youths aged 15-24 years old were considered literate, which is the same as in 1991. Generally, the literacy rate among 15-24 year olds is higher for females than males. As with enrolment rates, there are significant regional disparities in literacy rates. For instance, in Kunene and Otjozondjupa, overall enrolment rates are less than 50 per cent and literacy in Kunene is just 57 per cent for those over 15. A total of 81 per cent of all adults (above 15 years) were considered literate in 2001 compared to 76 per cent in 1991.





CHALLENGES AND OPPORTUNITIES

Since Independence, the Ministry of Basic Education, Sports and Culture has built many new schools to accommodate primary school learners. Despite improvements in access to better school facilities, drop-out rates are a cause for concern. Even though the reasons for dropping out at the primary school phase have not been fully investigated, indications are that poverty and hunger, and teenage pregnancy, play a key role. Furthermore, the impact of HIV/AIDS on education cannot be underestimated; for example, on teachers and their capacity to deliver quality education, and on young girls who are increasingly expected to tend the sick at home and earn an income.

Although the policy framework is in place, greater effort is needed to provide quality education for children of marginalised groups such as the San, Ovahimba, farm workers, and those living under extreme poverty. Access to primary schooling among the poorest is limited by various factors, including availability of schools within reasonable proximity, the required contributions to the School Development Fund, as well as normal costs of attending school. Access may also vary during the year because of weather patterns. There is inequitable distribution of qualified teachers among the regions, as well as inequity in the provision of classrooms, textbooks and other school resources, although much has been done in an attempt to narrow the gap. For instance, in Kavango only about 40 per cent of schools are equipped with basic facilities such as water supply. While a small percentage of privileged children continue to enjoy a high standard of

education, the majority of children in Namibia do not receive an education of such quality. Moreover, some research suggests that high expenditure on education has not translated into a corresponding improvement in learner outcomes, measured in terms of life skills, literacy and numeracy. Regional disparities regarding learner performance are also significant.

SUPPORTIVE ENVIRONMENT

- Education is considered a key development objective as reflected in Vision 2030, National Development Plans and the NPRAP.
- Key sectoral policy frameworks are in place, including the Education for All National Plan of Action 2001-2015, and the policy document Towards Education for All by the Ministry of Basic Education, Sports and Culture, as well as the Early Childhood Education Policy and the National Policy on HIV/AIDS for the Education Sector.
- The supportive environment and the Government's commitment to education is reflected in the large amount of financial resources allocated every year. The Government spends nine per cent of GDP and more than 20 per cent of the national budget on education.
- The achievements in the educational sector are based on a strong partnership between the Government, civil society, community and faith-based organisations, and to some extent the private sector.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

The education sector in Namibia would benefit from increased international donor assistance. The priority areas are:

- Support towards increasing the number of trained teachers to improve the quality of education, especially as the HIV/AIDS epidemic takes its toll on the availability of qualified teachers.
- Special support for orphans and vulnerable children, especially those affected by HIV/AIDS.
- Strengthening early childhood education.
- Science and maths education, especially for girls.
- Technical and vocational education and training.
- Support for greater access to non-formal education for out-of-school youth and adults.
- Supply of Information and Communication Technology solutions in primary schools as tools and means for learning.

Educating communities

Demetrius Dalla is a driven man. His life has a focus and contentment that many people would covet, and he has immense pride in his work.

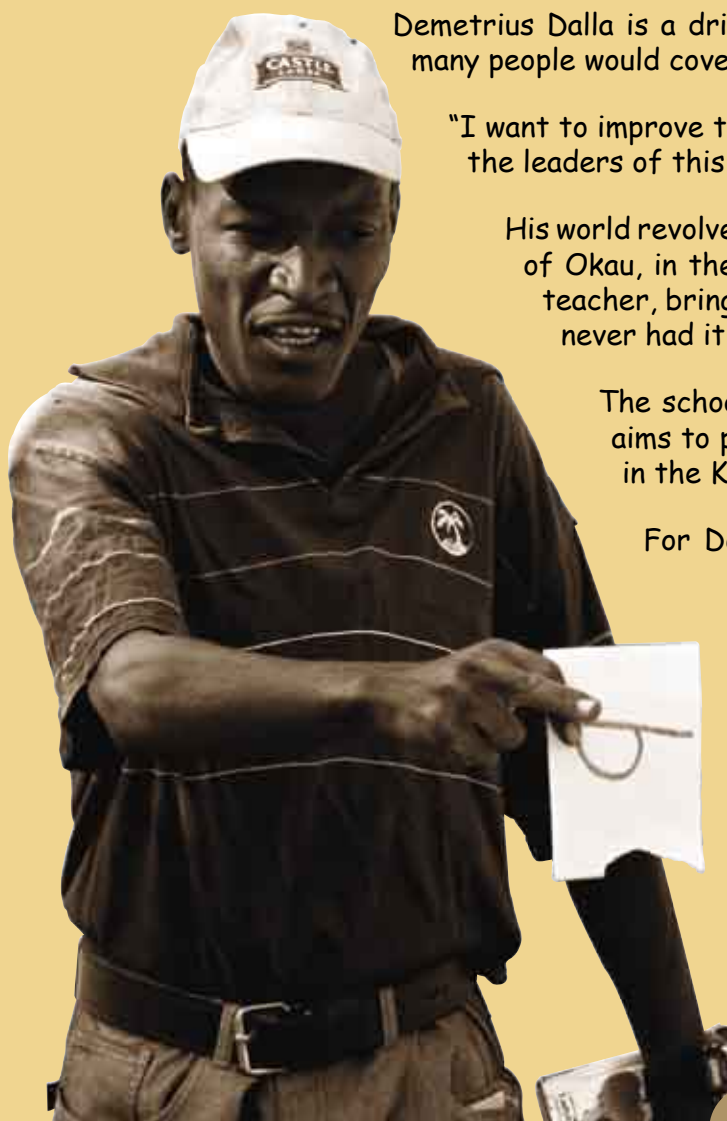
"I want to improve the knowledge of my learners. I want them to become the leaders of this country in the future."

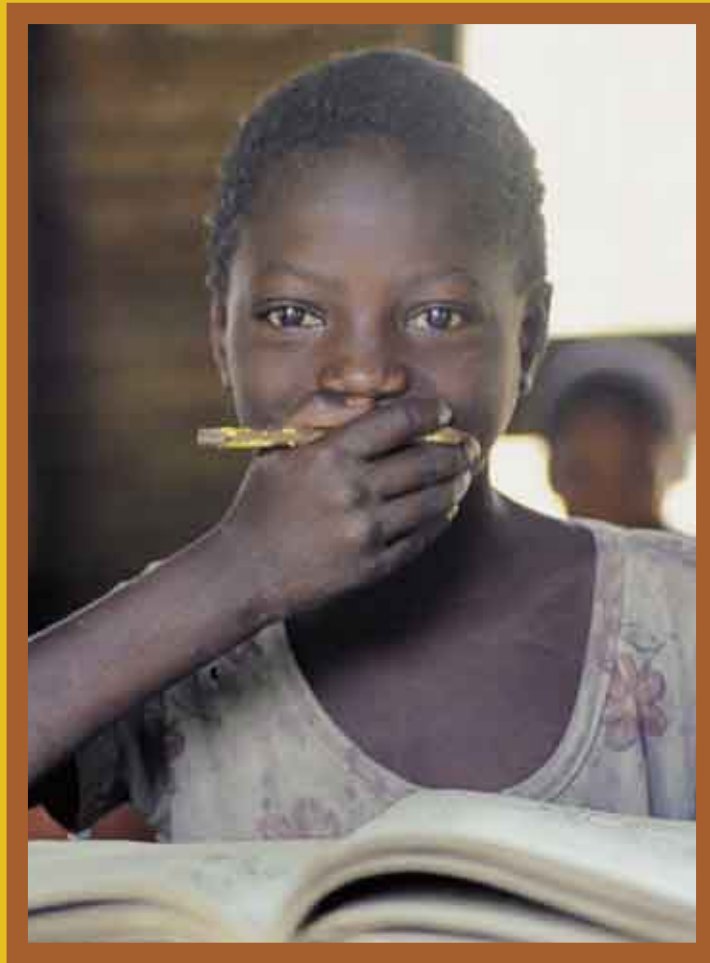
His world revolves around the 23 children of the tiny Himba community of Okau, in the remote Zebra Mountains. Dalla is Okau's first ever teacher, bringing primary education to a part of the world that has never had it before.

The school is part of the Ondao mobile school project, which aims to provide access to education for marginalised children in the Kunene.

For Demetrius Dalla the importance of providing primary education, despite the personal hardships involved, is not in doubt.

"Universal primary education is a good idea. People now have knowledge - and they can count. When they go to a shop, they don't have to ask the prices - they can read."





GOAL 3

**Promote
Gender Equality and
Empower Women**

GOAL 3

Promote Gender Equality and Empower Women

INDICATOR	1992	2001	2006 target	Progress towards target
Ratio of girls to boys in:				
Primary education (girls per 100 boys)	102	100	100	Good
Secondary education (girls per 100 boys)	124	113	100	Good
Tertiary education (girls per 100 boys)	162	111	100	Good
Ratio of literate females to males (15-24 years)	110*	106	100	Good
Share of women in wage employment in non-agricultural sector	-	47%	-	Lack of data
Proportion of seats held by women in National Assembly	9 %	19 %	30 %**	Slow

Sources: EMIS, Ministry of Basic Education, Sports and Culture; administrative records, Ministry of Higher Education, Technology and Employment Creation; National Assembly; 1991 and 2001 Census, NPC.

* = 1991; ** = 2005

STATUS AND TRENDS

Gender equality is about extending freedoms, choices and opportunities to both men and women. The primary education system in Namibia is characterised by free access and gender equality. At Independence, girls were in the majority in the nation's schools at all levels. This has gradually improved since; however, especially when it comes to secondary education, girls continue to outnumber boys. For every 100 boys in secondary school, there are 113 girls; there are great disparities between regions though, especially in Kunene where enrolment for girls is much lower. When it comes to tertiary education, such as the University of Namibia and the Polytechnic, there seems to have been great progress in achieving gender equality between 1990 and 2000, although women still outnumber men at the highest levels of learning.

One key reason for the much greater access for girls and young women to education at Independence is the legacy from colonial times when a great number of young boys were absorbed by the South African army or fought against oppression in the liberation movement. The higher educational attainment

among girls in primary and secondary school has also led to higher literacy among young girls compared to boys. Ninety-two per cent of girls aged 15-24 years are literate in Namibia, compared to 87 per cent of boys of the same age. Again large regional disparities prevail, and again Kunene stands out: levels of literacy in Kunene are about 25 per cent lower than in Khomas or Erongo. It should be noted that these figures do not take into account the substantial number of Namibian students studying abroad.

While women are doing relatively well in terms of education, the picture is less encouraging when it comes to translating education into good jobs and influence in society. While women hold more than half of professional jobs in general, they account for just one third of higher level positions such as legislators, senior officials and managers. Moreover, only nine per cent of seats in the National Assembly were occupied by women in 1990. This has gradually increased since, but is still only 19 per cent. The Southern African Development Community (SADC) Declaration on Gender and Development requires that the number of women in politics and decision-making should be at least 30 per cent by 2005.



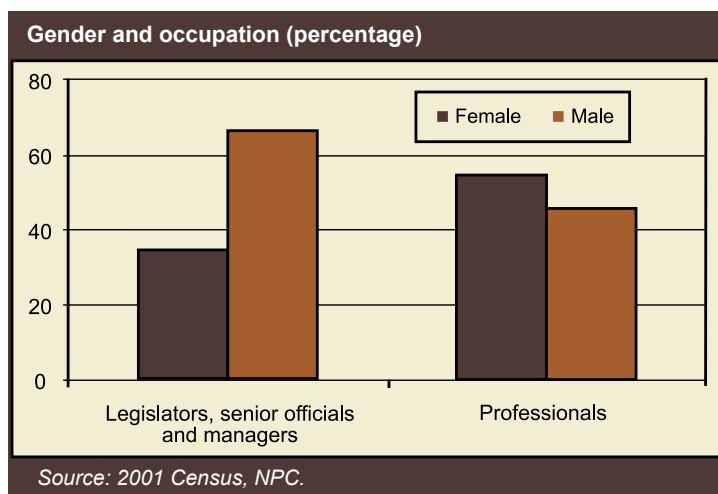
CHALLENGES AND OPPORTUNITES

The Namibian Government acknowledges that the empowerment of women and the improvement of their social, educational, economic and political status is vital for sustainable development in all spheres. There are challenges, however; these include:

- Persistent cultural beliefs and stereotypes against equality. There is a need for broad-based change in negative attitudes towards gender equality for both men and women. Namibia needs all its people to pull the country forward towards Vision 2030.
- While women generally have had and still 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. Otherwise this is a denial of basic opportunities and a waste of economic resources.
- Women are not helpless victims who depend on the charity of men. Women must therefore do whatever is in their power to take charge of their own lives, and constantly to work for change and empower themselves.
- The greatest expression of discrimination against women is still within their own home. Almost half of men in Namibia believe that wife-beating is justified if she neglects the children, argues with the husband, or refuses sex. Violence against women and children remains a key challenge: there is a need to stimulate,

educate and empower women, children and men to exercise their rights against the evil of violence.

- Reduce the spread of HIV/AIDS infections: through education, improved healthcare and empowering women to protect themselves against unsafe and unwanted sex.



SUPPORTIVE ENVIRONMENT

The Government has committed itself, and made strong efforts, to address gender disparities, thereby promoting gender equality and the empowerment of women. In addition, the Government has enacted various legal instruments, and has signed and ratified numerous international legal instruments which promote gender equality. These automatically become national law. Key international frameworks are: the Convention of the Rights of the Child; the Convention on Elimination of all Forms of Discrimination against Women; the Beijing Platform of Action;

and the SADC Declaration on Gender and Development. The key national frameworks include: the Constitution; the National Gender Policy; the National Gender Plan of Action; the Affirmative Action Act; the Combating of Rape Act; the Combating of Domestic Violence Act; and the Maintenance Act. In addition, the National Gender Mainstreaming Programme, the Children Status Bill, the Married Person's Equality Act, the Child Care and Protection Bill, and Inheritance Bill are being finalised.

Finishing her education

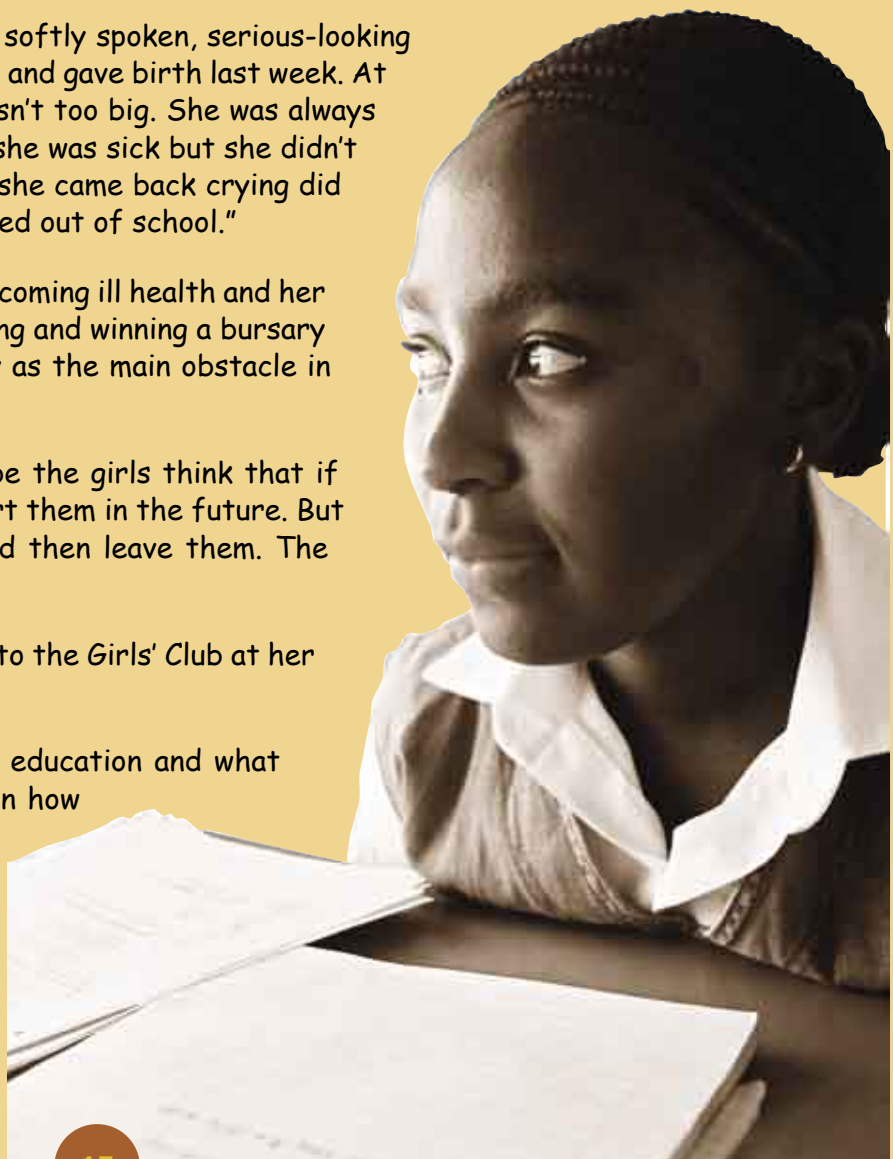
"It happens every year," explains Helena, a softly spoken, serious-looking student. "One of my classmates dropped out and gave birth last week. At first, we didn't know anything. Her belly wasn't too big. She was always quiet and sleeping in class; we asked her if she was sick but she didn't say. Only when the Principal called her and she came back crying did we know there was a problem. She was chased out of school."

Helena's own story is a successful one - overcoming ill health and her family's poverty, her focus is on matriculating and winning a bursary for university. She sees teenage pregnancy as the main obstacle in the way of girls completing their education.

"Teenage pregnancy is a big problem. Maybe the girls think that if they get involved with boys, they will support them in the future. But it's not true; they make them pregnant and then leave them. The girls don't come back to school."

Helena attributes much of her own success to the Girls' Club at her school, of which she is an active member.

"In the club we discuss the importance of education and what we can achieve in life with it. We also learn how as girls we can protect ourselves against pregnancy and HIV."





GOAL 4

**Reduce
Child Mortality**

GOAL 4

Reduce Child Mortality

INDICATOR	1992	2000	2006 target	Progress towards target
Infant mortality rate (per 1000 live births)	67*	52**	36	Slow
Under-five mortality rate (per 1000 live births)	87*	71**	54	Slow
Underweight among children under five	26 %	24 %	17 %	Slow
Stunting among children under five	28 %	24 %	19 %	Slow
Wasting among children under five	9 %	9 %	6%	Slow
Proportion of one-year-old children immunised against measles	63 %	72 %	80 %	Good

Sources: 2001 Census and NDPII, NPC; Health Information System in Ministry of Health and Social Services.

Note: The infant mortality rate is the probability of a child dying between birth and its first birthday. The under-five mortality rate is the probability of a child dying between birth and its fifth birthday. Children are stunted when they are too short for their age; and they are wasted when their weight is too low for their height. The figures relate to 'moderate' stunting, wasting and being underweight for age.

* = 1991; ** = 2000

STATUS AND TRENDS

The health of the youngest Namibians improved during the first decade after Independence. Mortality among children under five years of age fell from 87 deaths per 1000 live births in 1991 to 71 deaths in 2001. Mortality among infants fell from 67 deaths per 1000 live births in 1991 to 52 deaths in 2001. Infant and under-five mortality has reduced by an average of 2.5 and two per cent annually, which is significant progress but still too slow to meet the national targets. Moreover, projections from the Ministry of Health and Social Services (2001) show that the impact of HIV/AIDS will slow progress further. In 2021, for instance, infant mortality is expected to be 60 per cent higher than it would have been without AIDS. Infant and under-five mortality is highest in the rural areas of Namibia, especially the Kavango, Oshikoto and Caprivi regions, and lowest in urban areas, especially in the capital region of Khomas, and Omusati and Erongo. National efforts in the Expanded Programme on Immunisation (EPI) have made progress in fighting measles. The proportion of one-year-old children immunised against measles

fluctuated around an average of 67 per cent between 1992 and 2000.

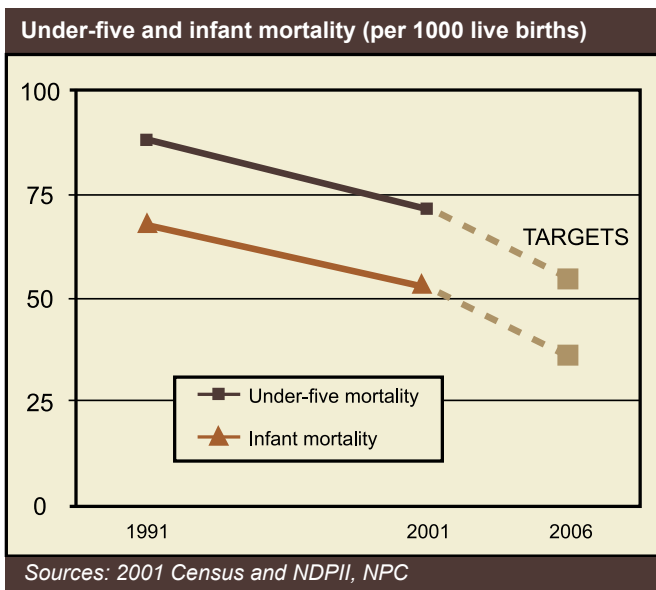
In Namibia, diarrhoea, malaria, pneumonia, malnutrition and HIV/AIDS are the main causes of mortality in children under five years of age. Increases in diarrhoea and especially pneumonia, which has increased five-fold in the decade after 1992, are of great concern. The spread of HIV/AIDS appears to be undermining the preventive efforts of the Ministry of Health and Social Services in reducing diarrhoea and pneumonia-related deaths. This highlights that HIV/AIDS prevention should be considered a priority in maternal and child health services. An estimated 24 per cent – or close to one in four – of all children under five years of age were underweight in 2000, compared to an estimated 26 per cent in 1992; and 24 per cent of children were too short for their age (stunted) in 2000, compared to 28 per cent in 1992. In both 2000 and 1992, an estimated nine per cent of children were considered to be underweight for their height (wasted). In other words, on both chronic and acute measures of malnourishment, the last decade saw little real improvement for the youngest population groups.

CHALLENGES AND OPPORTUNITIES

- How to increase routine immunisation coverage through improved access to health services; provision and maintenance of cold-chain equipment; provision of adequate and quality vaccines; and introduction of auto-destruct syringes remain major challenges, especially considering the size of the country and the spatial distribution of settlements.
- How to match knowledge with practice on the part of mothers and caretakers to increase the number of children receiving more fluids, breastfeeding and food during diarrhoea and other illnesses.
- Intersectoral collaboration and partnerships with the private sector, community-based organisations and development partners, in terms of financial support contribute to the successful implementation, and health and nutrition activities, at national, regional and community levels. This requires that all sectors have a common understanding of the nature of the health problems and their sector-specific roles and responsibilities.
- The HIV/AIDS pandemic makes it difficult for a single intervention to reduce mortality, and it also contributes to the deterioration of nutritional status in all age groups. A particular challenge is to reach orphans and vulnerable children.
- Recurrent droughts and occasional floods in Namibia are severe impediments to improved nutritional status. 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.
- The major challenges to improving child health and reducing child mortality include sustaining the national momentum in EPI, Integrated Management of Childhood Illness (IMCI), nutrition and other child health programmes at all levels. This requires translating political commitment into concrete actions and making additional financial resources available.
- Access to safe drinking water and basic sanitary conditions can prevent childhood

infections, including diarrhoea and malnutrition which are the leading causes of child mortality.

- Early detection and correct treatment of illnesses including malaria, malnutrition and pneumonia are crucial for child survival.
- The Health Service Delivery System provides an opportunity to integrate primary healthcare programmes such as IMCI and Health Promoting Schools.



SUPPORTIVE ENVIRONMENT

- Primary healthcare delivery structures in the form of facilities, manpower and programmes are in place. These include: prevention and management of diseases such as HIV/AIDS and malaria; EPI; the Control of Diarrhoea Diseases Programme; the Control of Acute Respiratory Infections Programme; and the promotion of nutrition.
- Policy and guidelines, including the Namibia Essential Medicines' list, facilitate the implementation of primary healthcare in Namibia.
- Strong partnership with developmental and civil society organisations, who participate in and facilitate national, and sometimes district, training courses and build national and district capacity in the long run.

- Inter and intrasectoral collaboration and coordination with ministries such as the Ministries of Women Affairs and Child Welfare, Information and Broadcasting, and Agriculture, the National Planning Commission, as well as the Red Cross and NGOs, ensure that there is a combined effort towards alleviating poverty, which is the main cause of ill health and malnutrition.
- Food security and nutrition initiatives are implemented in a supportive environment, with facilitating factors that include national measures such as the Baby-mother-friendly Initiative Policy and Guidelines, the Food and Nutrition Policy, the Reproductive Health Policy, and IMCI, which include promotion and support of food and nutrition in their strategies and action plans. The National Health Bill strongly supports food security and nutrition through the inclusion of regulations on infant and young child nutrition to regulate the unethical marketing of artificial feeding products.
- Measles surveillance system and control guidelines are in place.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Rolling out of IMCI to all regions.
- Technical and financial assistance for promotion of nutrition interventions in HIV/AIDS.
- Support operational research.
- Capacity development of all staff, specifically in areas such as programme management, planning and monitoring and evaluation and research.
- Strengthen capacities of health workers and committees to carry out active disease surveillance at all levels, including for measles.



Saving young lives

Sister Teresia has nursing in her blood. Her mother was a volunteer nurse at the hospital in Mariental. Witnessing the satisfaction her mother got from helping the sick made Teresia follow in her footsteps. She has been the enrolled nurse at the small clinic in Stampriet for the last 11 years. For most of the time she has worked on her own.

Since she was trained in IMCI two years ago, she has seen the infant mortality rate in her district go down, and has noticed that the community is showing a far greater interest in health education than ever before.

"Ignorance among the people was always the big problem. Now they listen and act on our advice."

She credits this behaviour change to IMCI: "Before IMCI, if a mother came to the clinic with a child with an ear problem, we just used to treat the ear. The immediate problem might clear up, but the reasons for it would go untreated. Now we start at the top of the head and go right down to their toes. We also screen the mother, and ask about immunisations."



GOAL 5

Improve Maternal Health

GOAL 5

Improve Maternal Health

INDICATOR	1992	2000	2006 target	Progress towards target
Maternal mortality ratio (per 100,000)	225	271	268	Insufficient data
Proportion of births attended by trained health personnel	68 %	75 %	88 %	Good
Contraceptive prevalence rate	21 %	37 %	50 %	Good

Sources: Namibia Demographic Health Surveys 1992 and 2000, Ministry of Health and Social Services.

STATUS AND TRENDS

After the introduction of the Safe Motherhood initiative in 1991, maternal and child healthcare services have been provided through the primary healthcare system. Mothers are provided with antenatal care during pregnancy, safe delivery healthcare services during labour, and postnatal care services after delivery. Family planning services are also part of the reproductive health programme, which is available to all Namibians. Family planning services help prevent unintended high-risk pregnancies which may contribute to maternal mortality.

Since Independence, maternal mortality appears to have increased from 225/100,000 live births in 1992 to 271/100,000 live births in 2000. However, it should be noted that there are great uncertainties related to the data on maternal mortality and it should therefore only be considered indicative. On average, women in Namibia today have four children, compared to six in 1991. The decline in fertility is due to several factors, including 'normalisation' after

a baby boom around Independence time, the impact of family planning education, and also the negative consequences of HIV/AIDS.

Complications related to pregnancy and childbirth, such as haemorrhages, eclampsia and septicaemia, are some of the leading causes of maternal deaths. HIV/AIDS is also contributing considerably to maternal morbidity: currently more than one in five pregnant women are HIV positive. In addition, poor nutritional status, limited access to services and late referrals are some of the indirect causes of maternal mortality. However, other indicators of maternal mortality show improvements over the decade after Independence. About 75 per cent of deliveries were assisted by a trained person in 2000 compared to 68 per cent in 1992. Traditional birth attendants continue to play a significant role in deliveries. The contraceptive prevalence rate, critical for birth control and preventing sexually transmitted diseases such as HIV/AIDS, has also increased from 21 per cent in 1992 to 37 per cent in 2000.

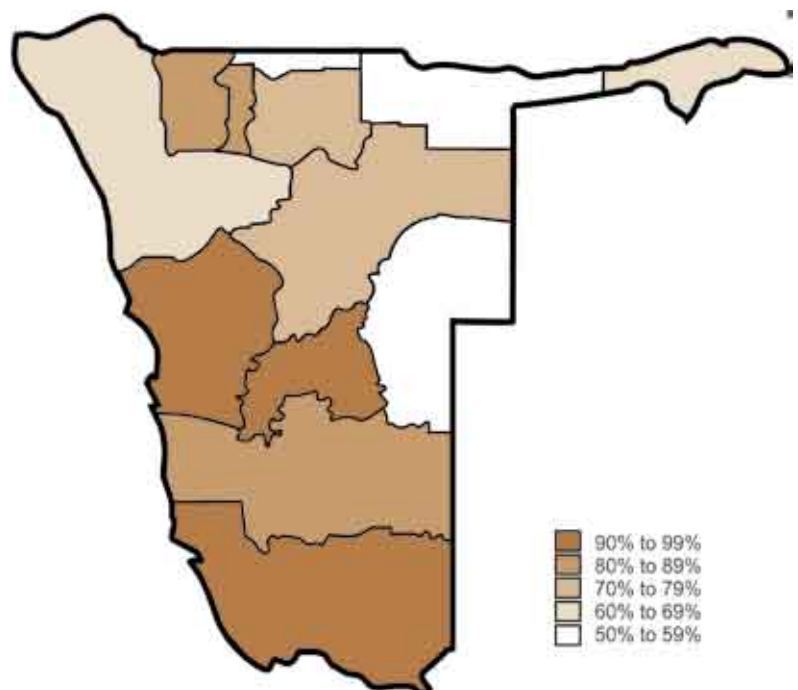


CHALLENGES AND OPPORTUNITIES

- The poor socio-economic status of women and limited community involvement, combined with long distances and the sparsely distributed rural population, are big challenges that still need to be addressed. These factors are contributing to women not utilising health facilities where skilled attendants are available.
- Transport to reach service points and also to provide outreach services is a major challenge.
- Lack of skilled and qualified health personnel, especially in outlying areas, is still a serious problem which contributes negatively to pregnancy outcomes.
- The HIV/AIDS epidemic is one of the biggest challenges as it is reversing the efforts to improve maternal health.
- There is commitment to implement programmes that will improve maternal health such as scaling up antenatal care coverage, skilled attendance at delivery, and training in obstetric care for nurses and doctors.

- In view of this the role of traditional birth attendants needs to be revised and the necessary training provided in order to identify complications during pregnancy.

Proportion of births attended by trained health personnel



Source: Namibia Demographic Health Survey 2000, Ministry of Health and Social Services.

SUPPORTIVE ENVIRONMENT


The Government of Namibia is committed to improving maternal health. This is evidenced by the development and launch of the Population Policy for Human Development, as well as the National Reproductive Health Policy which emphasises maternal health. The Ministry of Health and Social Services has also adopted the Adolescent Friendly Health Services approach in its public health facilities to improve access for young people to sexual and reproductive health information and services, and to reduce unwanted pregnancies and HIV infections among the youth. Acknowledging the important role of traditional birth attendants, there is a need to continue to develop, train and collaborate with this important resource for improving maternal health.

The introduction of anti-retroviral (ARV) drugs as well as the prevention of mother-to-child transmission (PMTCT) of HIV/AIDS will contribute significantly to the reduction of maternal and child morbidity. There is a strong partnership among stakeholders, who are willing to share and participate in all activities aimed at improving maternal health.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Support is needed at all levels in capacity building of health personnel in reproductive health in general, and essential obstetric care in particular.
- Development of implementation guidelines on maternal health, as well as the establishment of a maternal audit system, is one of the big priorities.
- Strengthening the communication and referral system to minimise delays in accessing prompt essential information and services is another priority.
- There is a need for support in combining efforts to address the HIV/AIDS epidemic through the introduction of PMTCT and other related approaches, as well as addressing young people's sexual and reproductive health issues.
- Support is needed in developing a national communication strategy targeting the community regarding maternal health, HIV/AIDS and adolescent sexual and reproductive health.
- Support is also needed in operational research, e.g. the application of process indicators to determine needs in emergency obstetric care, and the use of a maternal audit.

Safe deliveries in Ohangwena



Lukas Katenda is as far removed from the stereotype of a midwife as you can imagine; for a start, he's a man. And far from presenting a traditionally gruff, battle-hardened exterior to his patients, his obvious enthusiasm for his job extends to an exemplary, sympathetic bedside manner.

"I like maternity; I just find it interesting. I always feel proud when I am attending an expectant mother... I like talking to them, telling them about matters like family planning and hygiene. They are always asking questions and I like to help them."

Lukas comes from the village of Onamutai in Oshana. At 25, having completed his nursing training and qualified as a midwife, he has chosen to work in Ohangwena, the region in Namibia with not only the highest population, but also the highest fertility rate. In Ohangwena, women have on average 6.5 children each, compared with a national average of 4.2. Clearly, for a Namibian interested in safe motherhood, Ohangwena is the place to be.



GOAL 6

Combat HIV/AIDS, Malaria and Other Diseases

GOAL 6

Combat HIV/AIDS, Malaria And Other Diseases

HIV/AIDS AND TUBERCULOSIS

INDICATOR	1994	2002	2007 target	2009 target	Progress towards target
HIV prevalence among 13-19 year old pregnant women	6 %	11 %	9 %	7 %	Worsening
HIV prevalence among 20-24 year old pregnant women	11 %	22 %	15 %	12 %	Worsening
Condom use at last high risk sex among 25-29 year old women	-	45 %**	45 %	55 %	Lack of data
Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	-	86 %**	95 %	99 %	Lack of data
TB treatment success rate	58 %*	69 %	75 %	85 %	Good

Sources: HIV Sentinel Surveys 1992 to 2002; DHS 2000; HIS, Ministry of Health and Social Services.

* = 1996; ** = 2000

STATUS AND TRENDS

Namibia is facing an HIV/AIDS crisis of devastating proportions. The HIV/AIDS epidemic is considered the single most important threat to sustainable human development and meeting the medium and longer-term goals of the Millennium Declaration and Vision 2030. In 1986 the first four cases of HIV/AIDS were reported; by the end of 2003 a cumulative total of more than 136,000 HIV/AIDS cases had been reported. In 2002 an estimated 22 per cent of pregnant women tested were infected with HIV, compared to 15 per cent in 1996 and four per cent in 1992. In 2002 the prevalence of HIV was highest in Katima Mulilo, where 43 per cent of pregnant women were found to be infected. In only one of the 21 testing sites nationwide, Opuwo, was the prevalence found to be less than 10 per cent. Compared to 2000, the prevalence was higher in two out of three testing sites.

AIDS has been the leading cause of death since 1996. According to projections from the Ministry of Health and Social Services, around 24,000 people will die from AIDS-related illness in 2005: that is 66 people every day, almost three every hour, or one person every 20 minutes. In some parts

of the country between 50 and 70 per cent of hospital admissions are AIDS related. The HIV/AIDS epidemic has already reduced the average life span of a newborn Namibian by more than a decade. Average life expectancy in the decade between 1991 and 2001 has been reduced from 59 to 48 years for men, and from 63 to 50 years for women. Again according to projections by the Ministry of Health and Social Services, a young girl will have a 25 per cent likelihood of dying from AIDS-related illness before she turns 30, even if she is HIV negative on her 15th birthday.

The HIV/AIDS epidemic has a particularly disturbing impact on children. After heterosexual intercourse, mother-to-child transmission – during pregnancy, birth and breastfeeding – is the most common mode of HIV transmission. Moreover, another result of the epidemic is the growing number of orphans: by 2005 there will be an estimated 100,000 orphans in Namibia. Children are also being relied on increasingly as income earners and caregivers for sick family members.

The epidemic is being accelerated by:

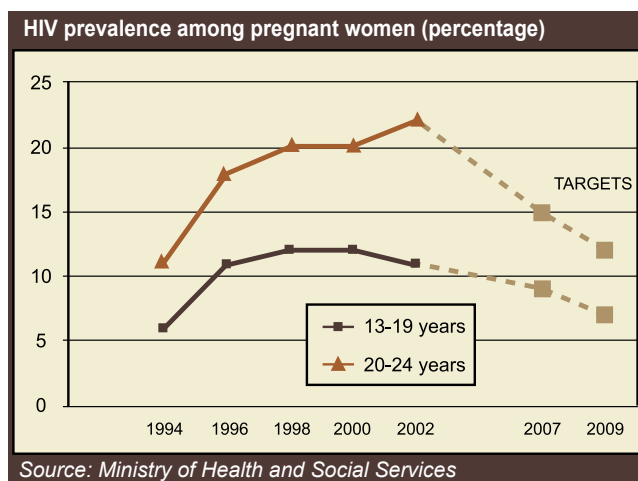
- The high prevalence of other sexually transmitted diseases, which increases the risk of infection during unprotected sex.



- Poverty, which may force some people to barter sexual favours for money or food. Depressive prospects of a future in poverty may lead some people to disregard the longer-term risks of unprotected sex today.
- Widespread alcohol and substance abuse, which increases the risk that people will be engaged in or forced to have unprotected sex.
- Gender inequalities, which make it difficult for women to say no to unprotected sex.
- High mobility of people in the country and across its borders, which facilitates the spread of HIV.
- The practice of intergenerational sex between younger women and older men.
- Cultural practices and disintegration of traditional family structures.
- Ignorance of how to protect against transmission.

When HIV develops into full-blown AIDS, the immune system is gradually weakened, leaving the person vulnerable to opportunistic diseases. The most common of such diseases is tuberculosis (TB), and as the HIV epidemic has accelerated, so too has the TB epidemic. Ten per cent of all deaths in Namibia are due to TB, making it one of the most common causes of reported deaths. Notification rates for all forms of TB have risen from 629/100,000 in 1996 to 712/100,000 in 2002. The number of notified TB patients has gradually increased from 9,600 in 1996 to 13,000 in 2002. The distribution of TB in the country varies between regions: the five regions with the highest TB figures, in order of increasing severity, are Erongo, Karas, Oshikoto, Hardap and Caprivi. In some areas as many as 80 per cent of TB patients are also infected with HIV.

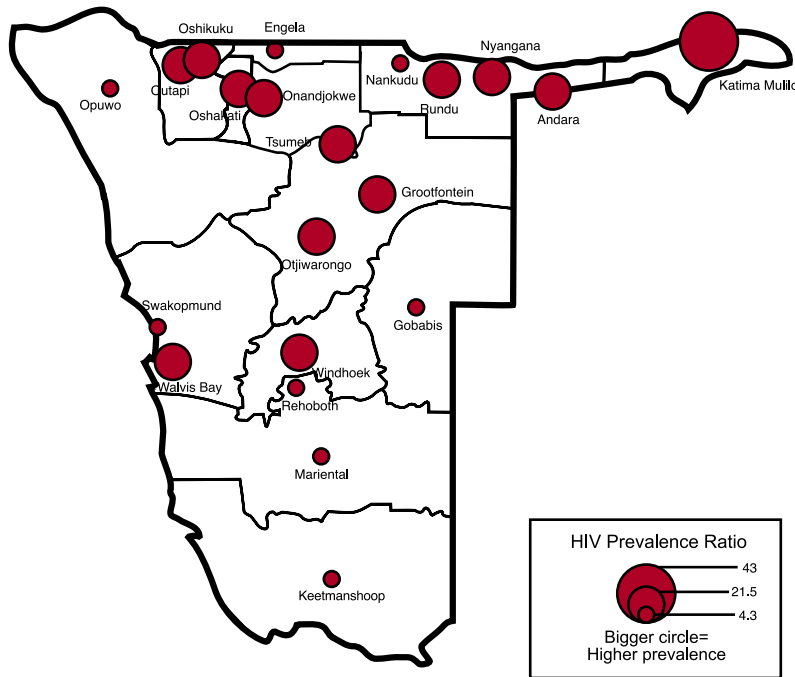
The age group most affected by TB in Namibia is 25-44 years. Although females are more affected in the younger age groups under 24, there is a considerable increase of TB among males in the age group 25 years and above. Obviously, this age range represents the sexually active population which is also that most affected by HIV/AIDS in Namibia.



CHALLENGES AND OPPORTUNITIES

- The central challenge in the fight against HIV/AIDS is to mobilise all of society – Government, faith-based organisations, people living with HIV/AIDS, the private sector, civil society, communities, families, individuals – in scaled up efforts to prevent further spread of the disease; provide treatment, care and support for those infected; and mitigate the impacts of the epidemic on human development.
- Availability of cheap and effective drugs to prolong the lives of people living with AIDS and prevent mother-to-child transmission provides a tremendous opportunity for preventing and mitigating the impacts of the epidemic. Making the drugs available for the large affected population is a continuing challenge.
- There is appreciation across all of society that an effective response to the epidemic is one that focuses on HIV/AIDS as not just a health sector problem, but a development challenge that requires a multi-sectoral approach.
- Shortage of trained human resources. Rotation of staff causes interruption of treatment, as well as over-reliance on expatriates for services that require frequent orientation on national guidelines and policies. The need to build up national capacity is crucial.

HIV prevalence among pregnant women 13 years and above in regional sentinel sites



Source: Ministry of Health and Social Services

- Communication and social mobilisation interventions require expansion.
- Namibia is committed to TB prevention and control, and had already adopted the WHO-recommended strategy for Directly Observed Treatment Short Course (DOTS) by 1995. The implementation of the DOTS strategy, however, still needs strengthening. Access to TB treatment is being improved through the decentralisation of services and involving the communities in the provision of treatment. However, services for people with TB/HIV are still very limited. Although treatment for opportunistic infections is available, comprehensive strategies on TB/HIV collaborative activities are still in the early phases of development through the TB and HIV/AIDS strategic plans.



There is a need for continued education and awareness training on TB among the general population. The association between TB and HIV/AIDS results in a double stigma if not addressed well through education. This may have a negative impact on health-seeking behaviour, as well as completion of

treatment. The development of a long-term strategy for TB and TB/HIV is of major strategic importance to the programme.

- Capacity for research in the programme is limited due to a lack of competence, experience, and supportive and facilitating mechanisms to conduct quality research. As a result major programme-related research topics remain unanswered, making research a priority area of the programme.

SUPPORTIVE ENVIRONMENT

The political leadership of Namibia, from the President His Excellency Sam Nujoma and the high level National AIDS Committee down to local government structures, is deeply committed to combating HIV/AIDS in accordance with international commitments such as the Abuja Declaration and UNGASS. A range of policy initiatives are underway or in place to support the national fight against HIV/AIDS. The Government of Namibia is in the process of finalising a stand-alone national policy. The Namibian Constitution sets out a Bill of Rights that addresses issues of HIV/AIDS and human rights. The Namibian HIV Charter of Rights and a Code on HIV/AIDS in Employment have been compiled defining the legal and human rights of people living with HIV/AIDS.

The Third Medium-term Plan under the National Strategic Plan on HIV/AIDS has been finalised to guide the national programme from 2004 to 2009. The plan has five components: 1) creating an enabling environment, e.g. through sustained leadership, commitment and policy reform; 2) prevention with interventions targeted at service providers, young people, vulnerable populations and the general public; 3) access to treatment, care and support services, including a national programme to provide ARV treatment; 4) impact mitigation to strengthen community capacities to respond, and provide services and care; 5) effective coordination and management, capacity development, monitoring and evaluation, and surveillance and research.

The Global Fund for AIDS, TB and Malaria will provide financial assistance to support implementation of the Third Medium-term Plan, as well as national TB and malaria

initiatives, to the tune of N\$800 million. Recent years have seen the creation of a variety of anti-HIV/AIDS initiatives from different sectors, including churches, labour unions, voluntary organisations and community-based organisations. In particular, groups representing people living with HIV/AIDS need to be involved not only as meaningful participants in policy and programme discussions, but also in the organisations and agencies that implement the programmes. The private sector formed a Namibia Business Coalition to support the national campaign. So far 50 of Namibia's largest companies have signed up and many have or are in the process of implementing HIV/AIDS policies and work place programmes.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Financial and technical support to Medium-term Plan implementation, monitoring and review.
- Technical assistance to the finalisation of national policies.
- Coordination of stakeholders and partners.
- Support to the generation and sharing of national and international best practices that can be implemented and scaled up in Namibia.
- Support to the design of programmes that address the triple threat of food insecurity, HIV/AIDS and weakening governance systems.
- Support to capacity building, strengthening and replenishment, e.g. through national and international volunteer programmes across the civil service and civil society.
- Support to the strengthening of national monitoring systems and capacity for assessing and reviewing the socio-economic impacts of the epidemic on the national economy, civil service delivery and households.
- Support to national and international research initiatives.

Caring Beauty

Beauty Situnda is 25 and has always lived in the village of Kalimbeza. In July 2003 she became a volunteer Home-based Care Provider for her village. She is energetic, sympathetic, cheerful and positive; her smile always lights up company. The Home-based Care kit, which is at the centre of Beauty's work, provides two basic medicines that all patients seem to require: Panado, for the splitting headaches that sufferers are plagued with; and Oral Rehydration Salts for their almost constant diarrhoea. There is also Betadin cream for their sores, bandages, a thermometer, sterile gloves, plastic aprons and sheets, scissors, gauze and swabs for washing wounds. Beauty's is one of the 79 kits that the Red Cross has distributed in the region.

Beauty is keen to stress that her medicines are only available for her clients, who are all infected with HIV and are designated "terminally ill". There is simply not enough medicine for everyone in the village who needs it; only the dying get this minimal comfort.

But Beauty's services go far beyond dressing wounds and handing out Panado. One of the main purposes of Home-based Care is to give out health education; not just to the patient, but also to the family that act as care-givers, and to the community. One third of her time is given over to health awareness. For the other days of the week which she works, she visits her patients. These home visits can involve many duties: spiritual counselling, fetching water, preparing and cooking food, washing clothes and cleaning the house - in fact, any job that patients need doing but cannot manage themselves.



MALARIA

STATUS AND TRENDS

Malaria is a major public health problem in Namibia. It is the leading cause of illness and death among under-five year olds, and the third leading cause among adults. About one million people – more than half the population – live in malarial areas. There are about 400,000 outpatient cases, over 30,000 inpatient cases, and between 400-1,100 deaths due to malaria each year.

Malaria transmission is seasonal, occurring mainly between January and May, in the north-east and north-west of the country. Malaria is also reported in the central regions and occasionally in the south of the country. Areas where malaria transmission occurs are also some of the poorest in Namibia; hence the burden of malaria is likely to be greatest among the poor, as well as being an important cause of poverty in northern Namibia. The predominantly seasonal nature of malaria transmission in northern Namibia confers little or no immunity against the disease. All ages are affected, with pregnant mothers and young children most at risk of severe cases. Malaria epidemics occur periodically, especially after heavy rains such as in 1997 and 2001.

- Low coverage of spraying operation due to inadequate equipment for its successful implementation.
- Low coverage of insecticides and treated nets due to limited availability and affordability of nets and netting materials.
- Weak community-based malaria control approaches.

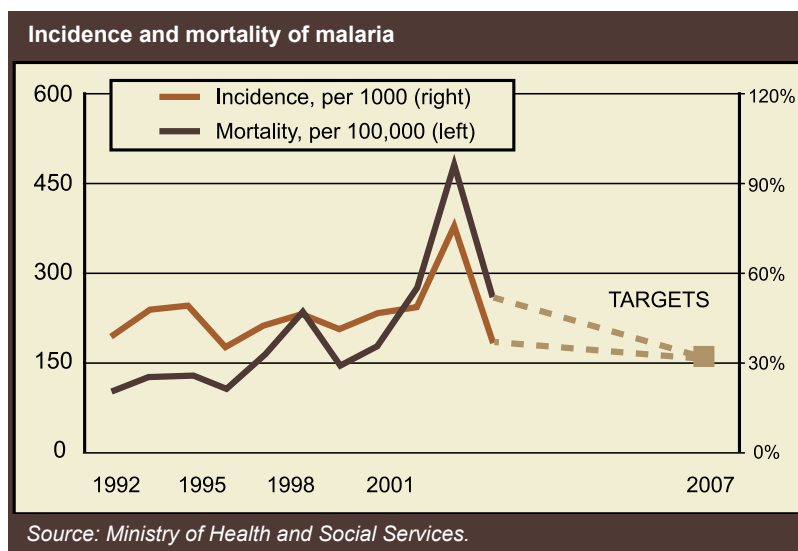
SUPPORTIVE ENVIRONMENT

- Availability of National Policy and Strategy of Malaria Control.
- IMCI is operational for improving early diagnosis and prompt management of malaria.
- Roll Back Malaria Initiative has been adopted to mobilise partners and the community to participate and support the malaria control.
- Namibia has been approved for N\$44 million from the Global Fund on AIDS, TB and Malaria for the national anti-malaria programme.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

As part of the overall strategy to alleviate poverty and reduce the burden of malaria in Namibia, investment in the malaria control efforts is necessary from Government and its partners. The major priorities for development assistance are:

- Human resource development to strengthen the implementation capacity of the malaria control programme at national, regional and district levels.
- Procurement of equipment to increase spraying coverage and quality.
- Scaling up the use of insecticide-treated nets for the vulnerable groups, considering availability and affordability.
- Operational research, including the stratification of malaria according to the burden of the disease.



CHALLENGES AND OPPORTUNITIES

- Shortage of skilled human resources at all levels in the health system, which impedes the implementation of the anti-malaria activities in the affected regions and districts.



GOAL 7

Ensure Environmental Sustainability

GOAL 7

Ensure Environmental Sustainability

ENVIRONMENTAL MANAGEMENT

INDICATOR	1990	2001	2006 target	Progress towards target
Land area protected to maintain biological diversity, as percentage of all land:				
Protected areas	13.6%	16.8 %**	15.1%	Good
Registered conservancies	0.0 %	4.9 %	10.9 %	Slow
Freehold land	5.0 %	6.1 %	8.5 %	Slow
GDP per unit of energy use	-	0.27 N\$TJ*	0.45 N\$TJ	Lack of data

Source: Ministry of Environment and Tourism.

Note: Table excludes other state land managed for biodiversity protection, e.g. tourism concessions and non-proclaimed wildlife areas.

* = 2000; ** = 2004

STATUS AND TRENDS

Namibia's natural environment is truly extraordinary. The country's abundant natural resources are a backbone of the national economy, fisheries and mining in particular. Approximately 43 per cent of Namibia is now allocated as freehold land; 39 per cent as communal land; and 18 per cent as government land. The majority of the population are dependent on the land in some way, especially for extensive cattle, goat and sheep farming. About 3,000 km² – or less than one per cent of all land – is cultivated each year, mainly for maize, sorghum and millet. However, the arid and semi-arid nature of the country coupled with recurrent droughts and flooding, especially in the northern areas, make for difficult conditions for the large part of the population dependent on subsistence agriculture. With the decision by Cabinet to proclaim the Sperrgebiet as a national park, 16.8 per cent of Namibia will be protected areas. The 2006 target will therefore be exceeded in 2004. Registered conservancies make up a further 4.9 per cent. Namibia is home to the oldest desert in the world, the largest canyon in the Southern Hemisphere, the sand dunes at Sossusvlei, the desolate Skeleton Coast and the Etosha National Park. A million tourists visit the country every year.

CHALLENGES AND OPPORTUNITIES

Apartheid policies focused on wildlife conservation and exploitation of minerals such as uranium, diamonds and copper. Since Independence the main challenge for Namibia has therefore been to introduce the principles of sustainable development and natural resource management. As a developing country located in an arid region where drought and high climatic variability are endemic, and where great demands are placed upon the natural resources, Namibia is considered particularly vulnerable to the effects of climate change. Marine fisheries are greatly influenced by the Benguela current, which poses a great challenge to resource management. Desertification threatens sustainable economic development because it reduces productivity, including water supply, limits opportunities for other forms of land use, alters natural habitats and threatens biodiversity. The manifestations of desertification in Namibia are deforestation, soil erosion, bush encroachment, reduced soil moisture-retention, loss of biodiversity, and soil salination. This results in economic losses and escalating poverty for the majority of the population through declining agricultural production and reduced food security. These



in turn lead to greater vulnerability towards the accelerating HIV/AIDS epidemic, human migration, rapid urbanisation and an increased dependence on government support and importation of food. Poverty, food insecurity, environmental degradation and HIV/AIDS form a vicious circle, which is a key challenge to sustainable development.

The potential of Namibia's tourism sector is enormous. The country offers a wide range of unique and exciting natural and manmade experiences that can, if planned and managed effectively, continue to attract increasing numbers of tourists. Namibia is committed to a sound conservation and development strategy, which will ensure that its attractions are not over-utilised and/or damaged.

SUPPORTIVE ENVIRONMENT

The national Community-based Natural Resource Management programme has contributed greatly to empowering people to act collectively in pursuit of their developmental goals, to gain access to resources and to build capacity. The programme is demand-driven, and the current high level of demand is placing significant pressure on both Government and NGOs to provide the necessary support. Additional opportunities are available to expand both the

programme and the support base by working closely with other government institutions such as agriculture, inland fisheries, water, rural development, and by synchronising and harmonising approaches to make optimal use of both the financial and human resources available. If the programme continues to grow at its present rate, and if the capacity to support and sustain this growth were available, by 2030 some 70 per cent of the communal areas – about 20 million ha – could be within conservancies, and the programme could be earning some N\$800 million per year.

In Namibia, environmental protection is enshrined in the Constitution and sustainable development is a corner stone of Vision 2030. The integration of the principles of sustainable development into national policies is further supported by various key international and national legal instruments and policy documents, including Namibia's Green Plan, the Agricultural and Drought Policies, and the National Land Policy. Additional operational frameworks include the Nature Conservation Ordinance, the Nature Conservation Amendment Act, the Game Product Trust Fund Act, the Namibia Tourism Board Act, the Forest Act, the Marine Resources Act, the Aquaculture Act and the Namibia Environmental Investment Fund Act. In draft form are the Environmental Management and Assessment Bill, the Parks and Wildlife

Management Bill, the Integrated Pollution Control and Waste Management Bill, and the Access to Genetic Resources Bill.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Strengthen the technical, institutional and organisational capacity of national environment agencies.
- Conservation and management of biological diversity within the coastal regions of Namibia.
- Support to establish a fully functional climate change programme, and to develop a comprehensive policy and set research and priorities.
- Boost available funds for maintenance and improvement of Namibia's natural capital.
- Analyse options for further optimising the socio-economic benefits from natural resources.
- Technical assistance to strengthen collection, maintenance and analysis of environmental statistics.
- Enhance biodiversity conservation through improved information and the policy environment. Extending the protected areas network and improve environmental and economic management.
- Support Government programmes to reverse land degradation through afforestation, combating of bush encroachment and planning for sustainable land use.
- There is increasing attention towards meeting transboundary conservation and resource-sharing challenges through cooperation with neighbouring countries on planning and managing shared river basins, ecosystems and migratory species.

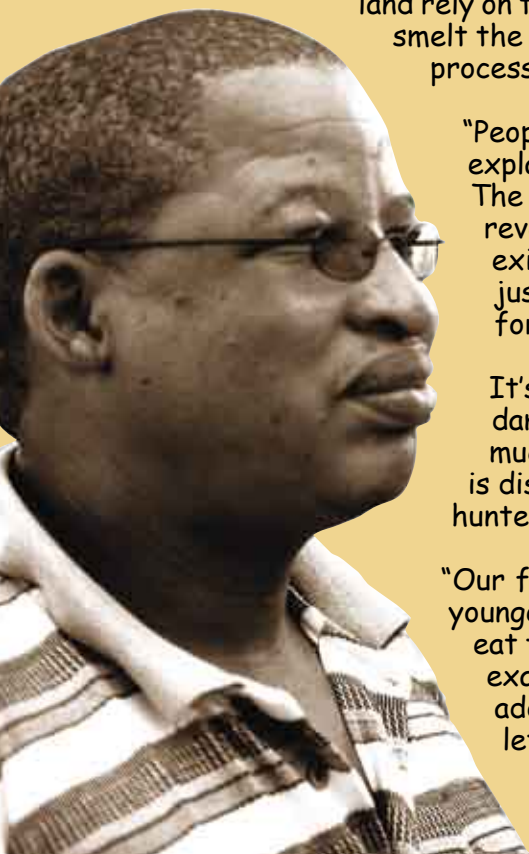
Elephants in the bush

Kxao Moses looked down at the ruins of the water hole with the air of a boxer who had just received another painful blow from his opponent. Deep in the Nyae Nyae Conservancy, just a few kilometres from the border with Botswana, lies the village of Nꞑama. The villagers in this remote and parched land rely on the water hole for survival; unfortunately for them, migrating elephants smelt the water and helped themselves, destroying the pump and the pipes in the process.

"People want water; their livestock want water. And elephants want water," explains Kxao, the manager of the Conservancy. It's a tough balancing act. The Conservancy need the wildlife in order to attract tourists and generate revenue from hunters, but that very same wildlife can make their own existence even more precarious. For Kxao, the elephant/water conflict is just one more obstacle, unresolved and unwieldy, in the path to survival for his people, the Ju/'hoansi.

It's a curious relationship - respect tinged with deep regret at the damage these huge beasts can cause. Kxao believes that elephants have much in common with humans, and refuses to eat the elephant meat which is distributed amongst the Ju/'hoansi by the safari company after a trophy hunter has made a kill.

"Our forefathers used to hunt them with the poisoned arrow, but we in the younger generation believe they are like humans. The way they behave - they eat the same veld fruits that the Ju/'huansi gather. They seem to know the exact plant by smell; the roots, the berries - we share the same food." He adds with a wry smile, "And when you watch them at the water point, they let the kids drink first and then the women - just like humans."



WATER AND SANITATION

INDICATOR	1991	2001	2006 target	2015 target	Progress towards target
Proportion of rural population with access to safe drinking water	45 %	80 %	80 %	87 %	Good
Proportion of urban population with access to safe drinking water	99 %	98 %	+95 %	100 %	Good
Proportion of rural population with access to basic sanitation	15 %	21 %	50 %	65 %	Slow
Proportion of urban population with access to basic sanitation	89 %	82 %	-	98 %	Worsening

Sources: Census 1991 and 2001, NPC.

STATUS AND TRENDS

At Independence 43 per cent of the rural population in Namibia had access to clean and safe water, e.g. through pipes or bore holes. Since then the Government has improved water supply to rural communities through the provision of new, and the rehabilitation of existing, boreholes and the development of pipelines. As a result the proportion of the population in rural areas with access to safe water has almost doubled. In urban areas, access to safe water is now almost universal. There is significant regional variation though: in the capital region of Khomas 98 per cent of households have access to safe water, while in Kavango only 62 per cent of households have access.

Progress in provision of basic sanitation has been slower. In 1991 just 15 per cent of the rural population had access to basic sanitation such as flush toilet or a ventilated improved pit latrine. Ten years later that share has increased to 21 per cent, or one in five. The gap between urban and rural areas is wide: access to basic sanitation is four times higher in urban areas. Again Khomas ranks highest with almost 80 per cent of households having access to basic sanitation, while in Ohangwena only 10 per cent do. The reduction in access to basic sanitation in urban areas since 1991 is a result of growing informal settlements in the country's cities.

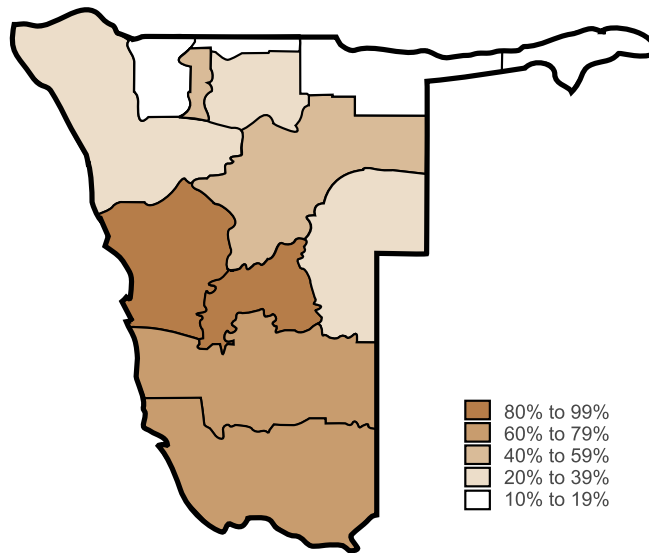
In light of rapid migration from rural areas the Government has sought to improve access to urban land, and there are incentives to invest in and develop land through the systematic proclamation of smaller towns and the adoption of the National Housing Policy. The self-help Build Together Programme (BTP) launched in 1992 provides low interest

rate loans to individuals. BTP has managed to redress approximately three per cent of Namibia's housing backlog per annum.

CHALLENGES AND OPPORTUNITIES

- Providing access to safe water and basic sanitation is severely complicated by the size of the country, its arid climate and the dispersion of the population. A particular challenge is to provide for the additional water needs of people and families affected by HIV/AIDS.
- Ensuring adequate protection of watersheds, aquifers and freshwater ecosystems, fish and other aquatic and wetland-related resources.
- Promoting high value-added economic uses of water: for instance, nature-centred low-impact tourism and irrigating high value crops, and the importation of water-intensive goods and services.
- Providing incentives to encourage more water-efficient irrigation technologies such as drip irrigation. Continuing to embrace vigorous water-demand management approaches and mechanisms that encourage more efficient water use and re-use.
- Promoting urban environmental programmes. In 1982 just 11 per cent of Namibia's population were living in urban areas; in 2002 some 40 per cent were urban, and by 2030 about 70 per cent are expected to be urban. To date very little investment has been made in urban environmental issues.

Population with access to basic sanitation



Source: 2001 Census, NPC.

SUPPORTIVE ENVIRONMENT

The fundamental importance of water in Namibia has been recognised by the Government. The Ministry of Environment and Tourism commissioned a series of State of the Environment reports, the first of which was on the subject of water. This has provided a baseline on the most important information relating to water, its quantity distribution and uses in the country.

Government has instituted a Namibia Water Resource Management Review, whose remit is to look at the whole water sector in Namibia and where it might be improved. This has led to a new Water Policy for Namibia, which contains far-reaching recommendations with the potential to transform radically water management in the country.

The new Water Act proposes that management of water resources will be done on a catchments basis by basin management committees. These committees are to be composed of all affected stakeholders. This should improve both efficiency and equitable allocation of water by empowering people to manage and control this fundamental resource. Social and environmental/ecological sustainability must be ensured concomitantly through a variety of appropriate mechanisms. These include: cross-subsidisation for the poorest people in society; placing a value on the ecological goods and services that wetlands provide; and incorporating the concept of environmental flows and reserves in all legislative processes affecting the environment. The need to ensure

sustainability is a legal requirement under Article 95 of the Constitution.

The Government of Namibia is committed to the principle of adequate shelter for all and sustainable human settlement development. As a result, a National Housing Policy was formulated and approved by Cabinet in 1991. The Ministry of Regional, Local Government and Housing has formulated several strategies, policies, and legislation within the framework of the Habitat Agenda regarding efficiency, effectiveness, adequacy and affordability of housing for all. Several schemes have been implemented, including alienation schemes for old municipal houses, BTP for low-income groups, and the establishment of the National Housing Enterprise to provide housing for low and middle-income households.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- In order for the Government to contribute effectively to housing provision for low-income groups and rural communities towards Vision 2030, about N\$6 billion is required for the next 25 years to benefit about 300,000 households at N\$20,000 for each unit.
- Support to optimising benefits from water use, at both local and national levels.
- Support to water research and developing water harvesting methods.
- Support to integrated water management at basin/catchments levels.



GOAL 8

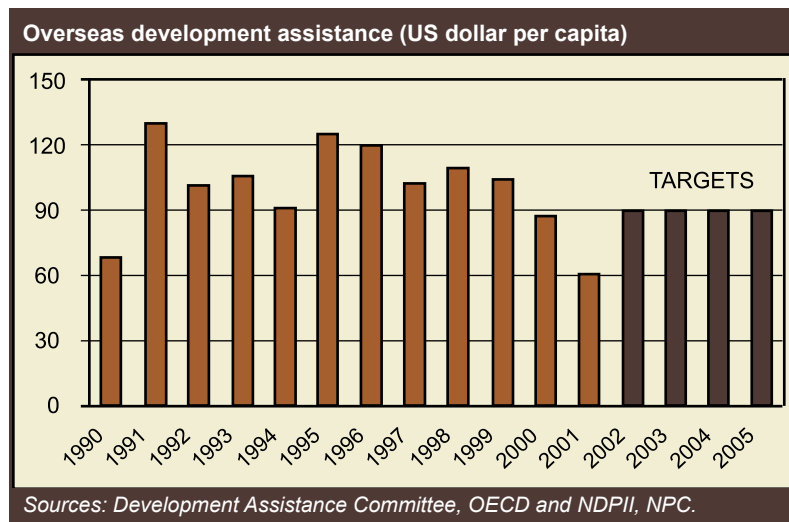
Develop a Global Partnership for Development

GOAL 8

Develop a Global Partnership for Development

Namibia knows the value of global peace and co-existence. The country is committed to the ideals of the UN Charter, the Millennium Declaration, which Namibia played a leading role in crafting, and other key international treaties and conventions. Namibians are committed to the ideals of NEPAD and regional initiatives to promote peace and prosperity in Africa. Namibia is an active member of SADC, the Southern Africa Customs Union and the Common Monetary Area – because no country in isolation can provide for its people and economic and political cooperation brings benefits for all equal partners. The economy is open and investor friendly, the infrastructure is well developed and new developments are being pursued to make Namibia a transport hub of southern Africa. Namibia is a beacon of political and social stability in Africa in a free and peaceful region. The society is one of the least corrupt in Africa, the business climate is flourishing and its legal and financial frameworks are enabling. The country's natural beauty, rich culture and friendly people make it a favourite tourist destination.

Critical challenges such as poverty, inequality and HIV/AIDS are being addressed by an effective and impartial civil service and a vibrant civil society. The Government is committed to open and free markets, and its economic policies are prudent. International support to implementing the Millennium Declaration and meeting the MDGs, in the form of technical and financial assistance, market access, foreign direct investments, technology transfers and other partnership arrangements, is critical. Namibia has seen increased inflow of foreign direct investment in recent years, owing to the establishment of new ventures including textile and leather manufacturing, zinc processing and diamond cutting. These ventures have created thousands of new jobs and clearly demonstrate Namibia's potential for employment creation through foreign direct investment. Namibia has great potential to position itself strategically to take advantage of initiatives such as the Africa Growth and Opportunities Act and opportunities of free-trade agreements with the European Union.



While private capital flows into Namibia have increased, overseas development assistance has dropped and the prospects for continued international support to Namibia are worrisome. Overseas development assistance to Namibia peaked right after Independence with support to the tune of US\$130 per capita; however, since then support has more than halved to US\$60. In NDPII, Namibia looked to international development partners for funding of US\$780 million over the period 2001/2-2005/6, approximately US\$160 million per year. That corresponds to an annual average of around US\$90 per capita, which is well below the most recent levels of assistance.

The outlook for development assistance in Namibia is uncertain. The Global Fund for AIDS, TB and Malaria, as well as new US

funding mechanisms, are welcome initiatives to assist in the country's fight against HIV/AIDS. However, a number of development partners have been gradually reducing their grant assistance to Namibia. The main reason seems to be Namibia's international classification as a lower middle-income country. As this report argues, income alone is a poor measure for development anywhere, and especially in Namibia with its extensive inherited structural inequalities. Development partners are therefore encouraged to grant Namibia a status commensurable with its special development circumstances. This would entail improving access to concessional lending and making available meaningful levels of international development assistance.

Small fish in a global pond

Salome Bandlouw-Isaacs has a dream. She would like every child in Lüderitz to have a computer. "We are so backwards in Lüderitz; if we can produce brighter children, it will be a big advantage for us. These days, everybody needs to learn about computers. Imagine if we can at least give each classroom a computer..." She has a plan to make her dream come true. She wants to use Lüderitz's natural assets to help future generations of the town's citizens. But it's not the diamonds or any of the other valuable minerals that are found in this remote corner of the country that she has her eyes on; it's not even the big fish that are caught here; the means to realising Salome's dream is an eight-legged creature with a tail - the rock lobster. Salome and a group of women from Lüderitz run a small fishing company that sells the fish to Japan where they are eaten at weddings as a sign of good fortune.

Through an international partnership Salome hopes to get some extra help. She has applied to the African Development Foundation for a loan to buy a new boat. This American organisation works with NGOs, CBOs and SMEs to reduce poverty through small, local, self-help, private sector development projects. If approved, Salome's company will get an interest-free loan, saving the crippling interest repayments that commercial banks would charge. It will transform the business into a truly global partnership: a small boat in Lüderitz, purchased with American capital, generating profits from Japan, ploughed back into Namibian development.

But the re-investing of funds is not limited to the loan. The company also runs a soup kitchen for the poor, donates food to the local old-age home and cash to the local primary school. "If we can share in our good fortune," says Salome, "so be it."



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Millennium Development Goals

By 2015 all UN member states, including Namibia, have pledged to:

Eradicate extreme poverty and hunger

Achieve universal primary education

Promote gender equality and empower women

Reduce child mortality

Improve maternal health

Combat HIV/AIDS, malaria and other diseases

Ensure environmental sustainability

Develop a global partnership for development

Director General / National Planning Commission / Government Office Park / Luther Street

Private Bag 13356 / Tel: + 264 61 283 4111 / Fax: +264 61 22 6501