

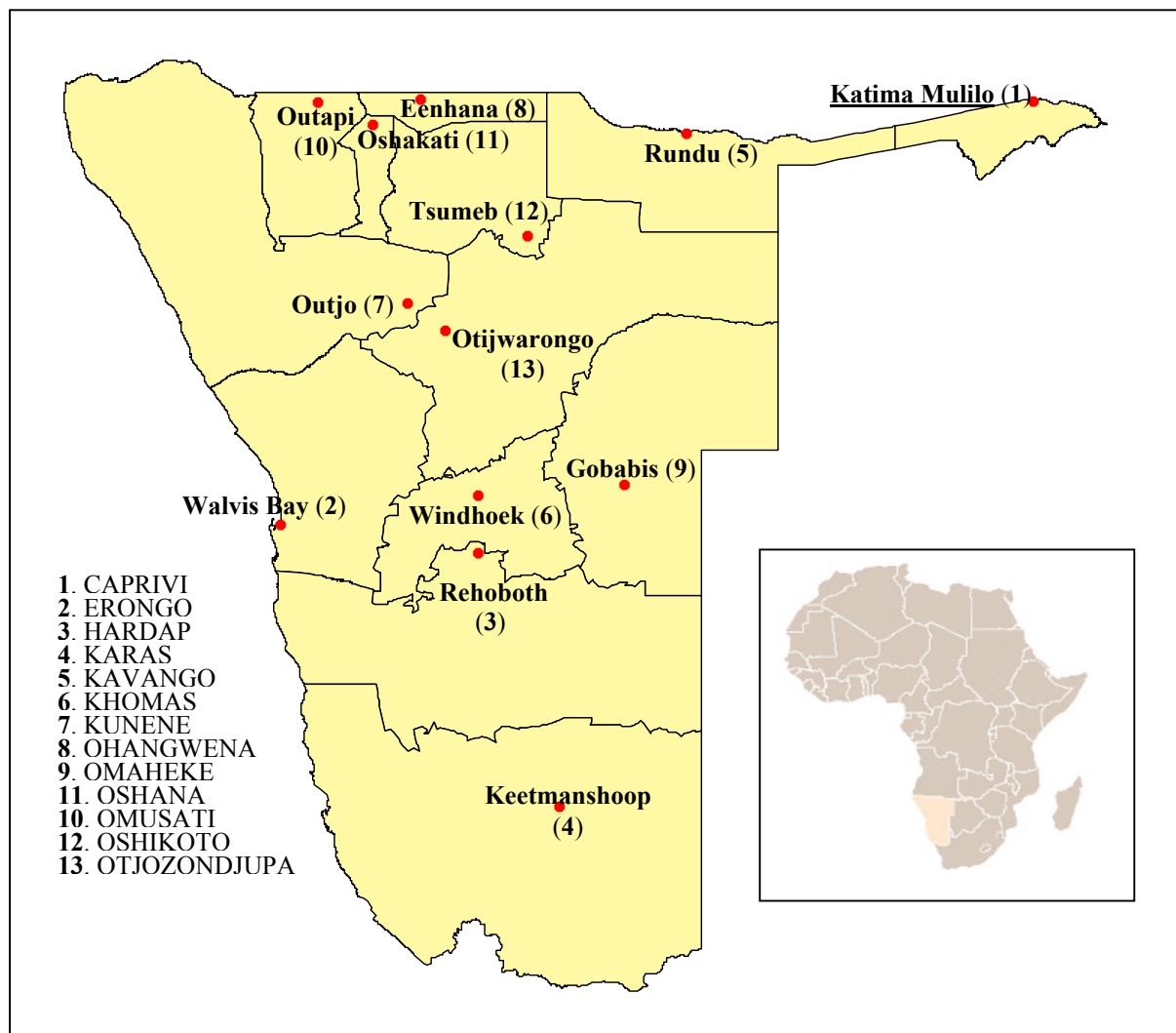
UNITED NATIONS NAMIBIA
COMMON COUNTRY ASSESSMENT
2004

**Government of the Republic of Namibia and
the United Nations System in Namibia**

“It has been said that if the United Nations did not exist, it would have to be invented. And we in Namibia are firm believers in that wisdom. The hard-won Independence of Namibia has strengthened and solidified the faith in the United Nations of the then-oppressed black majority of the Namibian people. We fought a long struggle against a powerful occupationist force. Those were difficult times -- trying indeed to the human mind. But through the African Group of States, and the Non-Aligned Movement in particular, the United Nations kept the legitimate aspirations of Namibia hot on its agenda, culminating in the long-awaited arrival of the women and men of (the United Nations Transition Assistance Group)....The child of the United Nations was born and the international community was watching and sharing in this highly collective, rewarding achievement. Without the United Nations, today's reality in Namibia would have remained a remote possibility.”

President Sam Nujoma¹

MAP OF NAMIBIA



Source: CBS 2003

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FOREWORD OF THE DIRECTOR-GENERAL OF THE NATIONAL PLANNING COMMISSION

The United Nations has played a critical role in the fight for freedom of the Namibian people and in the birth of our free and independent nation. Our freedom is the foundation on which we are building our future. Namibia is proud to be a signatory to the Millennium Declaration. During the Millennium Summit in New York in 2000, our Prime Minister, Theo-Ben Gurirab, as the President of the UN General Assembly, oversaw the drafting of the Millennium Declaration. His Excellency the President of the Republic of Namibia, Dr Sam Nujoma, co-chaired the Millennium Summit. 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 CCA comes just after the completion of the first progress report on the Millennium Development Goals, which documented tremendous progress in the years after Independence in improving access to basic social services in critical areas such as education, health and clean water, especially in the rural areas. However, years of progress in human development and the fulfilment of the full range of human rights is being diminished by the HIV/AIDS epidemic. As the CCA documents, the epidemic, combined with high levels of structural poverty, inequality and food insecurity, as well as the erosion of capacities at all levels of society from the household to the central Government, represents a new type of development crisis – a triple threat – a formidable development challenge; but a challenge that can be overcome.

We know now what it takes to combat the HIV/AIDS epidemic and its many determinants and manifestations. First and foremost among the many facets needed are: visionary leadership at all levels and mobilization of communities, civil society and traditional leaders and; zero-tolerance towards discrimination against women and stigmatization against people living with HIV/AIDS. The Government of the Republic of Namibia remains deeply committed to the fight against HIV/AIDS and the promotion of human rights for all Namibians.

By 2030, we should all be proud to look back knowing that the CCA and the resulting UN Development Assistance Framework served as indispensable tools for Namibia and its partners in the international community to take us towards our long-term Vision for Prosperity, Harmony, Peace and Political Stability. The UN in Namibia remains a true and trusted friend and partner. We warmly welcome the commitment and determination by a more focused and streamlined UN System in Namibia to stand with us in translating our freedom into real choices and opportunities for development.



*Immanuel Ngatjizeko
Director General
National Planning Commission*

FOREWORD OF THE UN RESIDENT COORDINATOR

The preparation of this Common Country Assessment (CCA) for Namibia is a key step in the process of reforms initiated by the UN Secretary General to create a stronger, more focused and more effective United Nations development assistance programme in the country. Although the various agencies comprising the UN System in Namibia serve specific purposes in accordance with their specialised backgrounds and distinct orientations, we are all united in the overall goal of promoting sustainable human development for all Namibians. By establishing a common understanding of the development situation in Namibia, the entire UN System has created a platform for a coordinated and unified approach in our collaboration with the Government and people of Namibia towards the national Vision 2030 and the Millennium Development Goals (MDGs).

This CCA and the preceding progress report on the MDGs was prepared jointly by the Government of Namibia, the UN team, civil society organizations and other development partners through a process of consultation, research and debate. No less than seven thematic groups worked on the human rights based analysis underpinning the CCA with support from national and international experts. I would like to take this opportunity to sincerely thank all those involved in the process, including our regional UN colleagues who provided extensive comments to the first draft analysis. I would in particular like to thank NPCCS and UNICEF for leading us all through the CCA process.

The resulting analysis is a mix between a sense of significant achievement and deep concern. Indeed much progress has been made in the first decade and a half after Independence especially in the areas of health and education. However, as the CCA shows the country is facing a deep crisis as a result of the combined effects of the scourge of the HIV/AIDS epidemic, food insecurity and poverty, and weakening capacities to respond and manage the crisis and development challenges. The next UN Development Assistance framework will be built around a series of joint and partnership driven programmes among the UN agencies to effectively support the Government and its partner in turning the tide against the HIV/AIDS epidemic and the threats it poses.

The UN in Namibia has stood by the country and its people through its most difficult times and we have shared in the celebration during the most glorious moments at the dawn of Independence. We continue to stand by the Namibian people to face these new threats to the nation's future and to turn the challenge of HIV/AIDS into an opportunity for a brighter future.



*Jacqui Badcock
Resident Coordinator
United Nations*

KEY INDICATORS AT-A-GLANCE

Key Demographic Indicators		
	1991	2001
Population	1,409,920	1,830,330
Pop. Growth rate	3.1	2.6
Sex ratio (males per 100 females)	95	94
Urban population (%)	28	31
Avg. household size	5.2	5.1
Total fertility rate (avg. children/woman)	6.1	4.1
Life expectancy at birth (yrs.):		
Females	63	50
Males	59	48
Age composition (%):		
Under 5 years	16	13
5-14 years	26	26
15-59 years	51	52
60+ years	7	7

Key Economic Indicators (In % unless otherwise indicated)		
	1994	2002
GNP per capita (US\$)	1,970	1,463
GDP growth	7.3	3.3
GDP growth, per capita	4.1	0.7
Exchange rate (N\$ per US\$)	3.6	10.5
Inflation	10.8	11.4
Unemployment	19	20.2*
<i>(As a share of GDP:)</i>		
Agriculture sector	7.6	5
Mining sector	10.8	13.1
Manufacturing sector	11.8	9.8
Government services	20.6	19
Central Government Debt**	17.4	25.4
Budget deficit**	1.6	2.7
Foreign Direct Investment	3	6.4
Exports	48.5	44.4
Imports	51.3	46.8
Current account	2.6	3.2
* 2000 **Fiscal Year		

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LIST OF ACRONYMS

AALS	Affirmative Action Loan Scheme	MWACW	Ministry of Women Affairs and Child Welfare
AIDS	Acquired Immune Deficiency Syndrome	NamPol	Namibian Police
ART	Anti-retroviral Therapy	NDP	National Development Plan
BoN	Bank of Namibia	NEPRU	The Namibian Economic Policy Research Unit
CBS	Central Bureau of Statistics	NER	Net Enrolment Rate
CCA	Common Country Assessment	NGO	Non-governmental Organisation
CoE	Colleges of Education	NPC	National Planning Commission
CSO	Central Statistics Office	NPCS	National Planning Commission Secretariat
DHS	Demographic and Health Survey	NPRAP	National Poverty Reduction Action Plan
DOTS	Directly Observed Treatment Short-course	ODA	Overseas Development Assistance
ECD	Early Childhood Development	OECD	Organisation for Economic Cooperation and Development
EMIS	Education Management Information System	OPM	Office of the Prime Minister
EmOC	Emergency Obstetric Care	OVC	Orphans and Vulnerable Children
EMU	Emergency Management Unit	PMTCT	Prevention of Mother-to-Child Transmission
EPI	Expanded Programme on Immunisation	RC	Regional Council
ESPAAG	Education Sector Planning and Advisory Group	REMU	Regional Emergency Management Unit
FAO	Food and Agriculture Organisation	SACMEQ	Southern and Eastern Africa Consortium for Monitoring Educational Quality
GDP	Gross Domestic Product	SACU	Southern Africa Customs Union
GE	Gastroenteritis	SADC	Southern African Development Community
GER	Gross Enrolment Rate	SIAPAC	Social Impact Assessment and Policy Analysis Corporation
GRN	Government of the Republic of Namibia	SMA	Social Marketing Association
HIV	Human Immuno-deficiency Virus	SME	Small or Medium Enterprise
IFAD	International Fund for Agricultural Development	STI	Sexually Transmitted Infection
ILO	International Labour Organisation	SWAPO	South West Africa People's Organisation
IMCI	Integrated Management of Childhood Illnesses	TB	Tuberculosis
IMF	International Monetary Fund	UNAIDS	Joint United Nations Programme on HIV/AIDS
IPPR	Institute for Public Policy Research	UNAM	University of Namibia
ITN	Insecticide-treated Net	UNDAF	United Nations Development Assistance Framework
JSCE	Junior Secondary Certificate Examination	UNDP	United Nations Development Programme
LAC	Legal Assistance Centre	UNESCO	United Nations Education, Science and Culture Organisation
MAWRD	Ministry of Agriculture, Water and Rural Development	UNFPA	United Nations Population Fund
MBESC	Ministry of Basic Education, Sport and Culture	UNHCR	United Nations High Commission for Refugees
MDG	Millennium Development Goal	UNICEF	United Nations Children's Fund
MDGR	Millennium Development Goals Report	UNIFEM	United Nations Development Fund for Women
MET	Ministry of Environment and Tourism	USD	United States Dollar ¹
MFA	Ministry of Foreign Affairs	VCT	Voluntary Counselling and Testing
MFMR	Ministry of Fisheries and Marine Resources	VTC	Vocational Training College
MHETEC	Ministry of Higher Education, Training and Employment Creation	WFP	World Food Programme
MITI	Ministry of Trade and Industry	WHO	World Health Organisation
MLRR	Ministry of Lands, Resettlement and Rehabilitation		
MOF	Ministry of Finance		
MOHSS	Ministry of Health and Social Services		
MOL	Ministry of Labour		
MRLGH	Ministry of Regional and Local Government and Housing		
MT	Metric Tonnes		
MTEF	Medium Term Expenditure Framework		
MTP	Medium-term Programme		
MTPIII	National Strategic Plan on HIV/AIDS (Third Medium Term Plan)		

¹ The 2003 average exchange rate was N\$1=US\$0.133 and US\$1=N\$7.516

EXECUTIVE SUMMARY

The 2004 United Nations Namibia Common Country Assessment (CCA) is a tool for identifying the most critical development challenges facing Namibia. It will be used as the analytic basis for the formulation of the 2006 to 2010 UN Development Assistance Framework (UNDAF), which will guide integrated programming among the UN agencies working in Namibia. The method used is the human rights-based approach to programming, the starting point of which is an assessment of rights that are unfulfilled and their prioritisation on the basis of scope, scale and relevance to national and global development objectives.

The following issues were then given deeper analysis: the high prevalence of the Human Immunodeficiency Virus (HIV); income poverty; environmental degradation; the heavy burden of preventable diseases and conditions; access to senior secondary education; and, the impact of Acquired Immune Deficiency Syndrome (AIDS) on the education sector.

As a result, the following key areas most critical to national development emerged:

- Addressing the multiple impacts of HIV and AIDS through prevention, treatment and care with special attention on the most vulnerable households and communities; especially those caring for orphans;
- Ensuring household food security through economic growth and job promotion while ensuring environmental sustainability and addressing deep income poverty and disparities;
- Strengthening the capacities for governance, at the national, regional and local levels, encouraging the deepening of democracy and ensuring effective delivery of critical social services, especially to the most vulnerable groups.

Related to these three inextricable areas, known as the Triple Threat, are also a number of key cross-cutting issues and root causes that are common to these three areas, including gender inequality, social cultural issues, alcohol abuse and the historical legacy.

In light of these broad areas of potential cooperation, the UNDAF will formulate two or three priority areas for more effective and integrated UN programming. Thus, the UN System in Namibia can better partner with others to focus on the issues most critical to Namibia's development with the collective goals of contributing to the Government's efforts to mitigate the impacts of HIV/AIDS, increasing household food security and enhancing institutional capacities.

Although there is a humanitarian crisis unfolding in Namibia and the surrounding region, this assessment concludes that there are still windows of opportunity available to the Government, the UN System in Namibia and their stakeholders through jointly embracing developmental and organisational opportunities that can combine to soften the impact of the Triple Threat and perhaps avoid it altogether.

1. INTRODUCTION

The 2004 Namibia CCA is an integral part of the national development planning process in Namibia as well as of the global UN reform. The preparation process was used to generate consensus on the nature and causes of the most critical development challenges facing Namibia. The CCA will be the basis to form the UNDAF, which will identify areas where the UN system has a comparative advantage in providing assistance and provide a framework for the UN to respond effectively to national development priorities and objectives. The UNDAF in turn will guide the development of agency-specific and joint programmes to address the critical issues.

1.1 CCA Preparation Process

The CCA process, initiated in February 2004, was linked to other national processes through cross participation in the preparation of Namibia's 2004 Millennium Development Goals Report (MDGR) and reviews of its National Development Plan (NDP) II and National Poverty Reduction Action Plan (NPRAP). The process was done under the umbrella of the National Planning Commission Secretariat (NPCS) and was a collaborative effort generating broad participation from government Ministries (Health & Social Services; Regional, Local Government & Housing; Environment and Tourism; Women Affairs & Child Welfare; Basic Education, Sport & Culture; Higher Education, Training & Employment Creation; Agriculture, Water & Rural Development; Home Affairs; Finance; Foreign Affairs; Land, Resettlement & Rehabilitation; Information and Broadcasting; Justice; Mines & Energy and Labour) and of the resident UN agencies, including FAO, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, WFP and WHO and; non-resident UN agencies, including IFAD, ILO and UNIFEM; as well as civil society organisations; Non-governmental Organisations (NGOs); the University of Namibia (UNAM) and some resident development partners.

Under the overall guidance of an interagency working group led by UNICEF, the CCA process began with the compilation of national and international data into an indicator framework, a synopsis of which is provided in Annex 1. The data was reviewed by six sub-groups in the broad areas of governance and political participation; income poverty and macro-economic trends; environmental sustainability (facilitated by UNDP) and health, nutrition and population; education; and special protection (facilitated by UNICEF). The sub-groups also used the outcomes of the 2001 to 2005 UNDAF midterm review, national assessments undertaken by the United States Agency for International Development and the European Union, Namibia's Vision 2030, NDPII, the Third National Strategic Plan on HIV/AIDS (MTP III) and the MDGR. The NPCS, the UN System in Namibia and its counterparts agreed that the CCA would add value to these antecedents by providing deeper analysis within a human rights context. They also agreed that in all cases the gender dimensions of the issues would be captured in the analysis, the formulation of the UNDAF and ultimately in programming. The process focused on sectors and areas in which the UN has a clear mandate and where the UN System with programmes of cooperation in Namibia are already active in.

The sub-groups identified positive or negative trends and prioritized issues for further analysis by stakeholders at a workshop held in Swakopmund from 8 to 10 June 2004. The participants analysed causality, role pattern and capacity gaps for a deeper understanding of the underlying issues and for designing appropriate interventions in the preparation of the UNDAF. The outcomes of the analyses are the basis of this document.

The sub-group reports were consolidated to form the basis for the five strategic analysis sections in this document. Various drafts of the CCA have been reviewed by the key stakeholders in Government, NGOs, Development Partners and the UN System, with extensive comments given by many agencies and individuals outside the UN System. The main conclusions of the CCA were presented to the Namibian stakeholders and UN agencies at the UNDAF Prioritization workshop, held from 31 August to 3 September 2004. This workshop marked the beginning of the UNDAF preparation with a consensus on the top priorities which should form the basis for action in the UNDAF.

1.2 Human Rights Approach

“All human beings are born free and equal in dignity and rights”.

–Universal Declaration of Human Rights

The development assistance framework of the UN is guided by the full-range of human rights principles: civil and political, economic and social rights. The human rights-based approach to programming incorporates these human rights principles into the programming process. It is also an effective tool for identifying the areas where development programming can have the greatest impact.

The human rights based approach begins with an assessment of rights that are unfulfilled. A causality analysis is then performed to identify the immediate, underlying and root causes of these rights. The third step in the approach is to identify, through a role analysis, the individuals and institutions that have duties in the fulfilment of the specific rights. Gaps in the capacities of these duty-bearers are then identified. The UNDAF will focus on the capacity gaps relevant to underlying and root causes that are common to key rights violations. An important dimension of the human rights-based approach is that the process is as important as the outcome. Therefore, a participatory process has been designed to ensure maximum involvement of stakeholders and national ownership.

This document does not attempt to provide a comprehensive assessment of Namibia’s political, economic and social development nor of the full compliance with the international declarations, treaties and covenants that it has joined. The rights assessed here were chosen for their relevance to the most critical national development objectives. The selection of rights for assessment was based on those critical areas where human rights obligations are still largely unfulfilled and where Namibia could benefit from international assistance. The UN System in Namibia acknowledges at the outset that the GRN has been successful in fulfilling most of the rights of its citizens. The fact that this assessment focuses mostly on areas where rights are unfulfilled should not detract from this important and positive fact.

1.3 National and Millennium Development Goals and Targets

The GRN has put in place a series of national strategic frameworks for guiding development processes and for implementing economic and social development programmes. The overarching framework for the government’s development planning, Vision 2030, aims to transform Namibia from a lower-middle income country to a highly developed nation by 2030. The vision is to be achieved through a series of seven five-year development plans. In NDPI (1995/96 to 1999/00), the key policy objectives were poverty reduction; sustained economic growth; employment creation and the reduction of income inequality. These overall objectives are also included in NDPII (2001/02 to 2005/06), with three new objectives added: economic empowerment; the reduction of regional inequalities; and, gender equality and equity. NPRAP focuses on poverty reduction for 2001 to 2005 in accordance with NDPII and the Public Sector Investment Plan.

Namibia’s 2004 MDG Report (MDGR) will be launched just prior to the completion of this CCA. As such, this CCA has not recreated the assessment of Namibia’s status with respect to the MDGs, but rather is intended for use in tandem with the MDGR.

National and Millennium Development Goals and Targets

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 1-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-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 the 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.

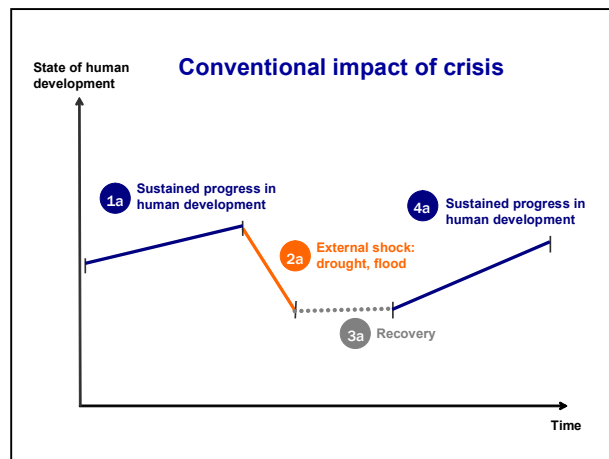
* A new Household Income and Expenditure Survey will be finalised in 2004 which will update the income poverty figures.

Although some of the necessary data is out-of-date or missing altogether it should be recognised that Namibia is making good progress towards several MDGs: achieving universal primary education, promoting gender equality and empowering women and ensuring environmental sustainability, as well as in components of three others. In the area of combating HIV/AIDS, malaria and other diseases, progress is worsening.

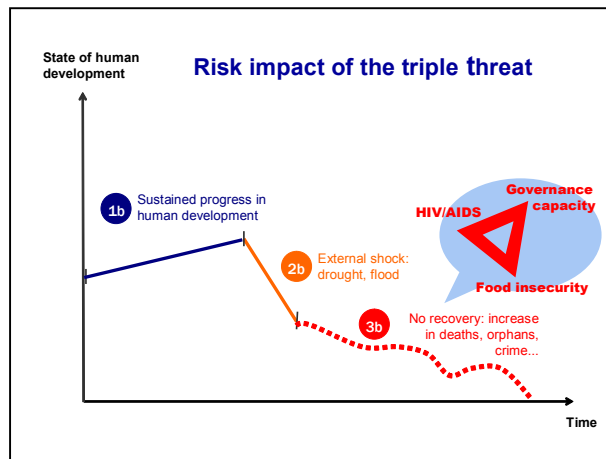
1.4 The Triple Threat

A new kind of humanitarian crisis is emerging in Namibia and its neighbouring countries. It is a complex triad consisting of the HIV/AIDS epidemic, deepening food insecurity and a hollowing out of capacity on national, community and household levels. This triple threat represents a fundamental challenge to the way that Governments, the UN and other partners understand the development process and the impact of humanitarian crisis.

Previously, steady progress in human development (1a) could be interrupted by an external shock such as a drought or a flood (2a). Under normal conditions, households, communities and nations would recover when good rains and good harvests return (3a), and after some time there would be a return to the pre-crisis path of sustained—albeit often painstakingly slow—progress towards improved human development (4a). The net result of the crisis would thus be a temporary delay in development. This was very much the situation after the drought of 1992, which had a devastating impact in large parts of Namibia but from which the nation and its people were able to recover from fairly quickly.



The prospects for recovery after the 2002/03 drought and food insecurity could be bleaker. While overall production levels have improved once the conditions for agriculture improved after nearly three decades of the HIV/AIDS epidemic the capacities of households and governments to manage the crisis and drive the development process have been critically weakened. In this new reality, the process of sustained progress in human development (1b) has been interrupted by the external shock (2b) but instead of a return to recovery the death toll keeps climbing, social indicators keep falling and institutions are increasingly unable to respond effectively. The triple threat represents a real risk for social disintegration and potential collapse. In 2003 UN Secretary General's Special Envoy for Humanitarian Needs in Southern Africa, James Morris, reported on 'Africa's food crisis as a threat to peace and security' to the UN Security Council: "Political structures at the national level in the worst affected countries may gradually just fade away and, along with them, the services and social order they were intended to provide."



This crisis is fuelled by existing poverty and inadequate essential public services and then, as the epidemic worsens, it brings in new patterns of food insecurity, destitution and greater vulnerability. Worse, still, human resources, the principal assets in the fight against this emerging crisis, are eroding at an increasing rate across the region. This crisis obviously also threatens the good progress that is being made on meeting the national and millennium goals and targets throughout southern Africa.

The devastating impact of the Triple Threat on the lives of Namibians and the country's development is truly a great challenge. But where there is a challenge there is an opportunity. Other countries such as Uganda, Brazil and Thailand have shown that the war against AIDS can be won; it is a manageable disease. A humanitarian crisis is unfolding in Namibia and the surrounding region but there are still windows of opportunity available to the Government, the UN System in Namibia and their stakeholders through jointly embracing developmental and organisational opportunities to help soften the impact of the Triple Threat.

1.5 Country Context

Geography

Namibia is a southern African state that shares borders with South Africa, Botswana, Angola, Zambia and Zimbabwe with the Atlantic Ocean to the west. The country covers about 824,116 square kilometres of land² and some 526,000 square kilometres of sea, extending 200 nautical miles.³ Aridity characterises Namibia's topography with two deserts: the Namib along the coast and the Kalahari in the east. Namibia is divided into 13 regions, each managed by a Regional Council (RC) and Governor. The national capital, Windhoek, is situated in the central highlands.

Namibia's renewable natural resources are characterised by low productivity and high variability due to water scarcity, poor and degradable soil, and the resulting low capability of the land to support more intensive forms of agriculture. Unpredictable fluctuations in marine resource availability, highly variable rainfall, rangeland carrying capacity, and rain fed crop production attest to the variable nature of natural resource availability.⁴ Freshwater scarcity is the principal limiting factor for development in the country. Rainfall ranges between 15 and 700 mm, with only 8% of the country (in the northern and north-western regions) receiving more than 500mm per year, the minimum considered necessary for rain-fed agriculture. Namibia's interior rivers are all ephemeral while the country's only perennial rivers are located on the borders, far from areas of high water demand.

Namibia's entire coastal zone (1600 km long) is characterised by low rainfall and limited freshwater resources. The marine environment supports vast populations of fish species with the fishery sector one of the best managed by world standards. Namibia is a country of vast scenic open spaces, relatively uninhabited wilderness areas, and rich biodiversity.

History

At the time of the earliest known migrations into Namibia, hunter-gather San and pastoral Damara communities were already living within modern Namibia's borders. During the 16th century, Owambo communities settled in the area of the Cuvelai System. Simultaneously pastoral Herero groups moved south into north-western Namibia, from where they spread south and east into the central highlands. In the 18th century agricultural Kavango communities moved south to settle in the Kavango River Valley and pastoral Nama communities moved north from the Cape into southern Namibia. In 1793 the Dutch took possession of Walvis Bay, which the British annexed as part of its Cape Colony in 1884.⁵ In the early 1800s, a second wave of Namas, the Oorlams, who were influenced culturally by Europeans in the Cape, moved into southern Namibia, where they assimilated their Nama predecessors. The Basters, descendants of mixed-race communities in the Northern Cape, followed in 1870 to settle in central Namibia. Throughout the 18th century European missionaries and traders lived and worked among the indigenous communities.⁶

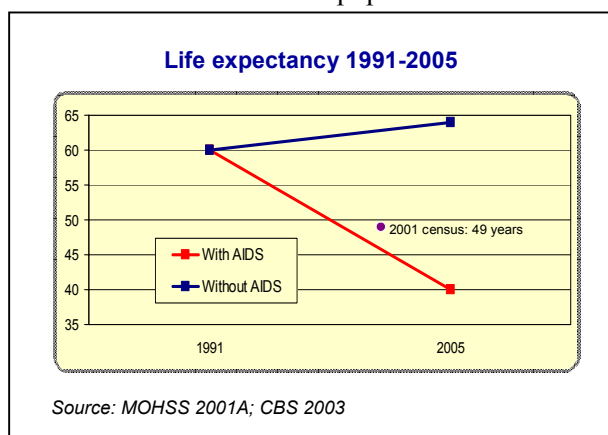
Amidst Europe's scramble for Africa, Germany declared a protectorate in modern Namibia in 1884. Six years later, it established the colony German South West Africa and obtained the Caprivi Strip from Great Britain in a territory swap. After forging a conditional peace with the Witbooi Nama in 1895, the flow of German settlers into central Namibia quickened, resulting in increasing tension with the Hereros and Namas. In 1904 the Hereros and Namas rebelled against the Germans over land and the retaliatory war resulted in the extermination of an estimated 80% of the Herero and 50% of the Nama populations.

In 1915, Germany lost control over South West Africa to the Union of South Africa. The League of Nations issued a mandate to South Africa to govern the territory in 1919. Subsequently, white South African settlers moved into the territory. Following the rise of South Africa's National Party in 1948, it imposed race separation in Namibia under the name "apartheid". In a series of resolutions, the UN General Assembly rejected the legitimacy of South Africa's attempts to formally annex Namibia and called for its withdrawal from the territory.

In 1966 the South West Africa People's Organisation (SWAPO) launched an armed struggle against the South African regime. Other political parties and human rights organisations, both inside and outside Namibia, also worked and supported the liberation struggle. In 1978 the UN Security Council passed resolution 435, which formed the basis for subsequent negotiations throughout the 1980s on Namibia's right to self-determination. South Africa agreed to the full implementation of resolution 435 in 1988 and the next year under the auspices of the UN, Namibia held its first free and fair elections. The Constituent Assembly drafted Namibia's constitution and elected Sam Nujoma, the long-serving head of SWAPO, as the first president of the Republic of Namibia. Independence was formally declared on 21 March 1990, and in March 1994 South Africa ceded its control of Walvis Bay to Namibia.

Demography

Namibia's total population is 1,800,000. It has one of the lowest population density ratios 2.1 persons per square kilometre. More than half of Namibians live in the five north-central regions of Omusati, Oshana, Ohangwena, Oshikoto and Kavango. These regions account for only 16% of Namibia's surface area but 54% of the population.⁷



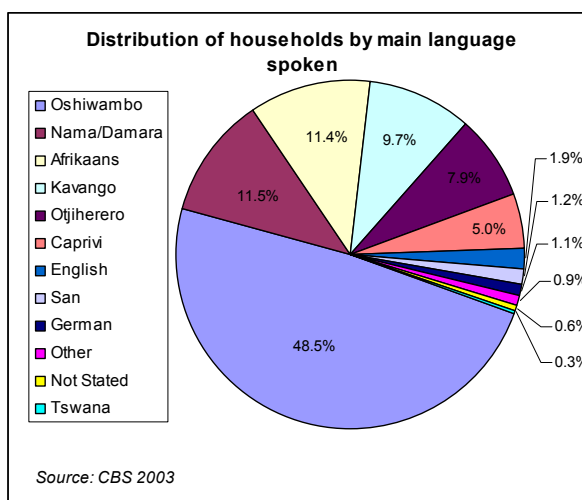
With over 250,000 people, Khomas is Namibia's most populated region, having 93% of its inhabitants living in the capital city of Windhoek. The next largest cities are Walvis Bay (43,600), Oshakati/Ongwediva (39,000) and Rundu (37,000) and all cities and towns are growing rapidly as a result of migration for economic opportunity.

More than 40% of Namibians are younger than 15 years. As a result of improved family planning, the waning of a post-Independence

baby boom and possibly the effect of HIV/AIDS, there has been a significant decline in fertility rates since 1991. Consequently the population zero to four years old is smaller than the number of Namibians aged five to nine years. From age five onwards the population size steadily decreases, an age structure that is typical of countries with relatively high rates of fertility and mortality. While the rural areas have higher proportions of young people and senior citizens, urban areas have proportionally more people of economically active age (15 to 59 years).

AIDS is having a profound impact on Namibian demography. Namibia had a high population growth rate (3.1% per annum) in the decade before Independence, in part because of migration. The negative impact of AIDS on health and longevity has reduced the growth rate to 2.6% per annum. **Likewise, as a result of AIDS Namibia's life expectancy declined from 61 to 49 between 1991 and 2001.** For men it fell to 48 from 59 and for women to 50 from 63.⁸

Namibia has 24 indigenous languages and major dialects, including Oshiwambo, Rukavango, Otjiherero, Damara, Nama, Silozi, Khoisan and Setswana, and three prominent languages of European origin: Afrikaans, German and English. Although English is Namibia's official language, only 2% of households use it as their main language. Afrikaans remains the lingua franca in most of



the southern four-fifths of the nation, while two dialects of Oshiwambo—Oshindonga and Oshikwanyama—are taught in some schools. Some 90% of Namibians identify themselves as Christians.

Economy

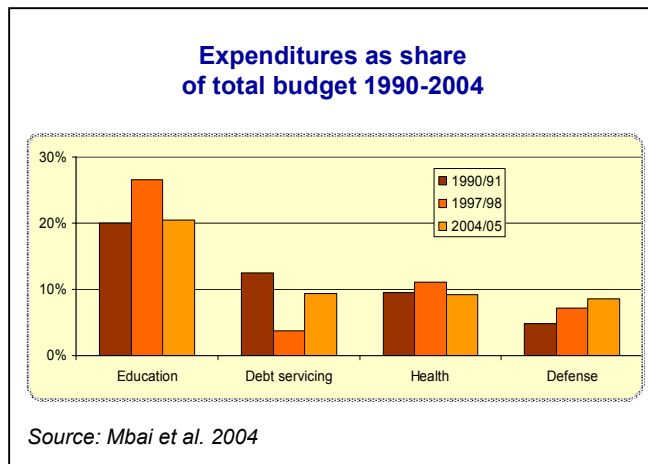
Namibia is classified as a lower middle-income country, with an annual average per capita income of around US\$1,800, ranking 65th out of 175 countries. However, this masks extreme inequalities in income distribution, standard of living, and quality of life. When using the Human Development Index, which combines income with indicators of health and education, Namibia slides to 126th in 2004.⁹ As such, average income as a measure of development is less relevant in Namibia than elsewhere.

Economic growth in Namibia over the past decade has been low and erratic. On average, Gross Domestic Product (GDP) per capita has grown around 1% since 1990. The main economic sectors are mining, fisheries, fish and meat processing and government services. In the near term, annual growth is expected to pick up slightly to 3%-4%, driven mainly by mining and tourism.¹⁰

In 2002, exports accounted for 50% of GDP and imports for almost 80%. Main exports include diamonds (35%), prepared and preserved fish (21%) and metal and uranium ore (9%). Namibia imports most production inputs, intermediate goods (including fuel and lubricants), consumer products and food stuffs mainly from South Africa.¹¹ Over the past decade Namibia has seen a growing surplus on the current account, where a structural trade deficit is more than offset by revenues from the Southern Africa Customs Union (SACU) and tourism receipts. However, the capital account is increasingly in deficit, reflecting large net outflows of pension and life insurance funds that are invested in South Africa. It is a rare paradox for a developing country to have savings exceed investments and thus be a net exporter of capital.

While private capital flows to Namibia have increased, Overseas Development Assistance (ODA) has dropped and the prospects for continued dwindling of international support are cause for concern. That said, the Global Fund for AIDS, Malaria and Tuberculosis (TB) and new US funding mechanisms are welcome initiatives through which to assist the country's fight against HIV/AIDS. However, a number of development partners are gradually reducing their grant assistance to Namibia. The main reason seems to be Namibia's international classification as a lower middle-income country.

Monetary policy is set within the context of the Common Monetary Area and the peg of the Namibia Dollar to the South African Rand. After several years of upward pressure lending rates were cut by 5% points during 2003 mirroring interest rate trends in South Africa. Consumer price inflation ran at 7% in 2003 the lowest level since Independence and significantly lower than in 2002 when food prices rose by 20%.¹² Fiscal policy is set within a three year rolling Medium Term Expenditure Framework (MTEF) with tight targets to ensure macro-economic stability given the economy's high vulnerability to external shocks such as impacts of adverse weather patterns on agriculture and fisheries, and exchange rate volatility on US dollar-denominated exports, especially diamond mining. Government revenues are under pressure because of expected lower transfers from the SACU customs pool and adverse impacts on tariffs of the RSA/EU trade agreement. SACU transfers are projected to fall by N\$1 billion in the three years after 2004/05. As a result, the Government plans to cut back expenditure by no less than 28% between 2002/03 and 2006/07 primarily by curtailing personnel expenditure. Annual budget deficits have averaged 3.2% since Independence but in MTEF 2004/05-2006/07 the budget deficit will be limited to 1.3% of GDP on average. As a result, total expenditure and the debt ratio will both fall to below 30% of GDP by the end of 2006/07.¹³



Namibia is among the eight countries in the world that spend the highest share of GDP on public expenditure in education.¹⁴ Since Independence, the education sector has consistently received the largest share of the total national budget, currently around 20%, relatively unchanged since 1990/91. Namibia is second only to South Africa in sub-Saharan Africa in terms of per capita expenditure in the health sector.¹⁵ In the 2004/05 budget the Health sector commands 9.2% of total expenditures. This share has declined steadily since 2000/01, the same time as the country started to face the

increasing costs associated with the HIV/AIDS crisis.¹⁶ Debt servicing came down significantly after Independence due to cancellation of debt owed to the apartheid regime in South Africa but has been on a steady increase since 1992/93 as an accumulated effect of budget deficits. The Defence sector has almost doubled in size since Independence as measured by the share of resources devoted to the sector from the total national budget and Namibia now finds itself at the higher end of the international spectrum of defence spenders.¹⁷ Between 1991 and 2003, the number of parastatals in Namibia increased from 12 to 45 and Government spending increased from N\$79 million to nearly N\$1 billion either in the form of subsidies for operations or lending and equity participation.¹⁸

Political Development

The first national elections were held in 1989 and the new SWAPO-led government made a decisive break with Namibia's apartheid past and embraced a constitution based on democratic principles in which every Namibian adult has the right to vote. National elections were held again in 1994 and 1999 with continued SWAPO majorities in the National Assembly and leadership of Sam Nujoma. A fourth national election is scheduled for November 2004.

The SWAPO Party remains very popular and there are now five different parties represented in the National Assembly and four other parties held seats in previous assemblies.¹⁹ Opposition parties and the media are both free to openly criticize the ruling party and the Government. Namibia is one of 14 countries of the continent to extend financial support to political parties. The country also has policies in place to decentralise many national functions, over time, to the 13 regions and local authorities.

The government has committed itself to the constitutionally prescribed policies of reconciliation and affirmative action, to promote stability and to maintain business confidence. In this spirit, the constitution provided that bureaucrats holding office at the date of Independence, who were predominantly white, may continue in their positions until they resign, retire or are transferred or removed from office in accordance with the law. With affirmative action, many previously-disadvantaged Namibians have been recruited into the civil service. However, the government faces the challenges of having a relatively large civil service with significant gaps in skills and capacities. The historical legacy of Namibia is a cross-cutting factor that affects every aspect of society and Namibia's performance in meeting national and MDGs. It also affects the preparedness of the country to avert the impact of the Triple Threat. The country has been politically stable since Independence with the exception of the Caprivi uprising in August 1999 when fighting ensued between Government and a number of Caprivians who wanted to secede.

Namibia has been recognized internationally for the progress it has made since Independence, ranked as one of only 11 "free" countries on the African continent by Freedom House.²⁰ According to Transparency International's "2003 Corruption Perceptions Index," Namibia is perceived to be the third "cleanest" country in Africa after Botswana and Tunisia.²¹ On the economic front, Namibia tied for Africa's top spot on the Index of Economic Freedom, published by the Heritage Foundation and

The Wall Street Journal, characterised as “mostly free” along with only eight other African countries.²²

A Note on Data and Information Sources

A wide range of data and information sources form the basis for this CCA. The primary source of data has been the Central Bureau of Statistics (CBS) of NPCS. Other sources of data and research include line ministries, the Bank of Namibia (BoN) and UNAM, as well as several other private and public entities. In general, Namibia has made great strides in developing its own national statistical system in a relatively short period of time and has a wealth of information often of very high quality. However, as in most countries, there are data gaps, incompatibility among surveys and inconsistencies and deficiencies in methodologies. This can result in a break in time series or lack of comparability between data sets.

Though most official statistics are disaggregated by gender, age and geography, sometimes only aggregates and averages are reported. In a few instances different data sources on the same indicator point to trends going in opposite directions. As a rule the CCA uses the most authoritative sources of officially sanctioned data, including the data sets prepared by CBS for the MDG Report. If data problems and ambiguities affect the analysis it is noted in the text and caution is advised.

2. STRATEGIC ANALYSIS

The subsequent sections focus on five areas for strategic analysis within the Human Rights framework: economic rights, right to life and health, right to education, right to protection and civil and political rights. Environmental issues have been mainstreamed in the analysis as a cross-cutting issue interlinked with all aspects of development.

All areas are analysed using the Human Rights based approach which first identifies rights that are unfulfilled and then identifies immediate, underlying and root causes. A role analysis is then performed to determine who the duty-bearers are before deciding through a gap analysis which duty-bearers are not fulfilling their obligations. The top priorities are then identified in the final chapter for possible areas of cooperation between the Government and the UN System in Namibia.

2.1 Economic Rights

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...”

–Universal Declaration of Human Rights

The right to a decent standard of living remains unfulfilled for many Namibians. In 2003, one-third of the population was identified as in need of humanitarian food assistance and the most recent figures show that 40% of Namibians are living below the income poverty line. Among rural households, 80% have access to safe drinking water and 21% have access to basic sanitation; 58% live in houses with thatch or grass roofs, one-third have mud or clay floors, 12% have access to electricity²³, 77% have access to a radio, 22% have access to a telephone and 2% have access to a computer. Just 25% of all households and below 5% of rural ones are using electricity as their main source of energy for cooking.²⁴

Issues Identified

Despite the country’s middle income status large tracts of the population are dependent on low or no wages and subsistence agriculture. The three main manifestations of the unfulfilled right to a decent standard of living were identified as high levels of income poverty, high and rising levels of food insecurity and the related area of biodiversity loss.

High Levels of Income Poverty

Statement of Rights Unfulfilled

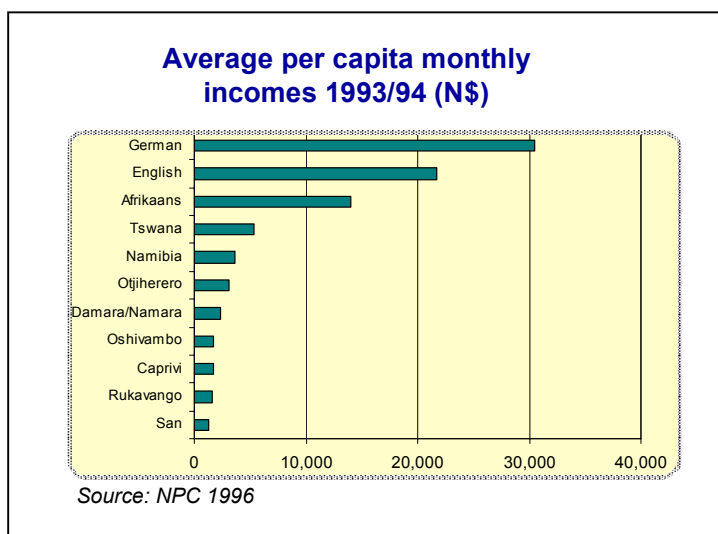
A total of 38% of households in Namibia live in relative poverty and 9% in extreme poverty. Relative and extreme poverty are defined as households spending 60% and 80%, respectively, of their total incomes on food.²⁵ The national medium-term targets for 2006, which are linked to the first MDG to eradicate extreme poverty and hunger, are to reduce relative poverty to 28% and extreme poverty to 4%.²⁶

Causality Analysis

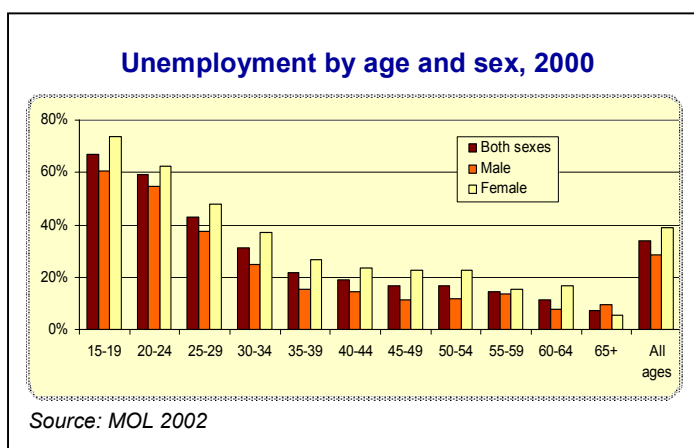
The immediate causes of high levels of income poverty are low incomes from wages and subsistence farming and the inadequate availability of social safety nets. Each of these factors are analysed further below.

Low Incomes

The most recent data, for 1993/94, shows that Namibian households have an annual average per capita income of N\$3,610. Incomes are highest in Khomas regions (N\$11,360) and lowest in Ohangwena (N\$1,070). Average incomes are four times higher among urban households than rural households. German-speaking households have an average income that is 23 times higher than that of San-speaking ones. Households headed by men have double the income of households headed by women.²⁷ The underlying factors to low disposable incomes include:



- A high dependency on subsistence farming of low economic value, the main source of income for 42% of the population. Average consumption in households where subsistence agriculture is the main source of income is half the national average and one-third that of households where the main source of income is from cash wages.²⁸
- Lack of wage employment is a key contributor to income poverty. More than half of Namibians identify unemployment and the lack of job creation as the most important problem facing the country.²⁹ Although employment creation is a key policy objective of the government, progress has been limited. Using a strict definition of unemployment to include those economically active, available for work and actively seeking employment gives a national unemployment rate of 20% in 2000³⁰ more or less unchanged compared to 1991.³¹ Unemployment, especially among youth, is a critical development challenge. In 2000 the unemployment rate for 20-24 year olds was 42%, more than double the national average,³² and significantly higher than the 34% registered in 1991.³³ Relaxing the definition of unemployment, to include those who may be considered economically active and available for work as well as including those who have given up looking for jobs, worsens the picture of the labour market, showing 34% of the total labour force as unemployed. Unemployment in rural areas is higher (36%) than for urban areas (31%); Ohangwena is especially hard hit with an unemployment rate of 58%. Moreover, unemployment for women is significantly higher (39%) than for men (29%). For age groups of adults under 30 the rate of unemployment is higher than 40%, which further highlights the colossal challenge that youth unemployment represents.³⁴



- Many Namibians lack access to credit and financial services which can enable and empower them to manage income and finances, to support new and expanding businesses, and help households through difficult times. 40% of Namibians (almost 80% in rural areas) have no access to banking or insurance services.³⁵
- In 2003 the Small or Medium Enterprise (SME) sector is estimated to account for 11% of total GDP and almost 20% of the labour force.³⁶ The Government has promulgated a national policy for

the promotion of SMEs because it is widely agreed that they are essential vehicles for income and employment creation.³⁷

- The HIV/AIDS epidemic contributes directly to lower incomes by reducing informal and formal sector productivity, increasing costs and diverting scarce resources away from investment purposes.³⁸ The impact of the epidemic on business is increasingly understood. Two companies, NamPower and Namdeb found that 14% and 7%, respectively, of employees tested anonymously were HIV-positive.³⁹ A cost benefit analysis carried out for Namibia Breweries estimated that without an HIV/AIDS workforce programme in place, the productivity value lost due to absenteeism would more than double within three years and the cost of replacing and retraining staff would increase by 56% over five years.⁴⁰
- Additional underlying causes for low incomes are high wage norms limiting incentives to employ more people; high entry barriers to employment like qualifications, especially for youth; and a lack of basic skills needed for the business community.

Social Safety Nets

Namibia is one of the few African countries to maintain social safety nets for vulnerable groups such as senior citizens, orphans, people living with disabilities and war veterans. However, many of those eligible do not receive their entitlements due to a number of reasons including lack of awareness, geographical and social exclusion and limited capacity of the delivery system. It is estimated that one in five of all eligible pensioners are not receiving monthly pensions.⁴¹ Moreover, while social pensions have been increased from N\$250 to N\$300 per month, pension incomes have not kept up with general price increases and in real terms pensions today are 14% lower than in 1990.⁴² In 2003, Cabinet approved the creation of an Orphan Fund with an initial injection of N\$10 million. However, the fund remains low compared to the needs and received no allocation for 2004/05. It is estimated that N\$34 million would be needed annually to assist the 14,150 orphans currently registered, which covers less than 10% of the total orphan population in Namibia.⁴³

Root Causes

The root causes for persistent high levels of income poverty are low economic growth, high levels of income inequality, pervasive gender inequality, incapacity and loss of life due to HIV/AIDS and other diseases, lack of access to and quality of education, and widespread environmental degradation.

Economic growth in Namibia over the past decade has been low and erratic and is just keeping pace with population growth. On average GDP per capita has grown just 1% and is expected to be 3.1% in 2003, 4.4% in 2004 and 4.1% in 2005.⁴⁴ Low economic growth in Namibia is attributable to a combination of factors including high dependency on primary sector production, which is highly susceptible to external shocks; falling productivity; increasing labour costs; the net outflow of private financial capital, especially to South Africa; and the AIDS epidemic; which is estimated to reduce real growth in GDP between 1.0 to 1.5 percentage points.⁴⁵

Inequality in income distribution is a key impediment to translating economic growth into poverty reduction. The richest 7,000 people in Namibia consume as much as the 800,000 poorest. Namibia has a Gini-coefficient of 0.7, a common measure of inequality gauging whether a society is perfectly equal (0) or perfectly unequal (1).⁴⁶ Out of the 125 countries for which data is available, Namibia has the highest score, thus making it one of the most unequal societies in the world.⁴⁷ Namibia's high level of inequality is inextricably linked to the country's apartheid past and to the economy's dependency on resource extraction, which is capital intensive. Thus, the benefits of Namibia's slow economic growth to the poorest, jobless and most vulnerable are very limited. Cutting poverty in half by 2015 would require annual per capita growth rates of 5.5% (compared to the 1% realized in the 1990s). Policies combining the pursuit of economic growth while reducing income inequality would be much more effective for achieving poverty reduction.

There is also an intra-household gender dimension to inequality in Namibia that contributes to income poverty, particularly among women and children. Gender inequality manifests itself in different forms, including differential access to resources, inheritance structures favouring men and women's exclusion from decision-making processes. Female-headed households in rural areas are particularly burdened and vulnerable.

HIV/AIDS and other diseases contribute to income poverty of households and communities by threatening the most economically active adults, children and by burdening households and communities with the costs of medical treatment and required household and community care. The private sector is not adequately addressing the burden on their employees. Lack of access to and quality of education and training act as further constraints for gainful employment and income generation.

Natural resources are the main source of livelihood and survival for the vast majority of Namibians. Unable or unwilling to invest in their local natural resource base for lack of financial and human resources, or because of uncertain access to or insecure tenure of land and natural resources, poor people may not be left with any other option but to overuse their very life support system. Processes of impoverishment and environmental degradation interact in ways that reinforce each other.⁴⁸

Role Analysis

According to the Declaration on the Right to Development: *“States have the right and the duty to formulate appropriate national development policies that aim at the constant improvement of the well-being of the entire population and of all individuals, on the basis of their active, free and meaningful participation in development and in the fair distribution of the benefits resulting there from.”* The government has put in place strategies for creating an enabling environment for development, including: maintaining economic and political stability; the development of legal, financial and physical infrastructure; and incentives for foreign direct investment. The overarching development framework is Vision 2030, with seven medium term NDPs as the envisaged implementation tools. NPRAP has been developed along with a MTEF. These are linked to a Performance Effectiveness Management Programme, which intends to shift government priorities away from a focus on projects lines and resource inputs and toward sector programmes, results and outcomes. Balancing the need for redistribution of existing productive resources with the need for accelerated economic growth that is biased towards the poorest groups is a critical policy challenge. Central to a pro-poor economic strategy is that it targets the poorest by investments in labour intensive sectors, such as agriculture or manufacture, in areas where the poor live, rural areas and urban settlements, and more fundamentally is designed and implemented by the poorest groups themselves. The private sector has a role to play through choosing hiring and training practices that stimulate development, especially for the most excluded groups in society.

Capacity-gap Analysis

The key capacity challenge is to make the national and sectoral development frameworks work for the people. Creating an effective implementation strategy for Vision 2030, based on close multi-sectoral and multi-stakeholder collaboration and coordination, is the foremost priority. Effectively managing the series of national and sector development frameworks and strategies is a key capacity challenge, which could be addressed by strengthening linkages between the Ministry of Finance (MOF), the NPCCS and the Office of the Prime Minister (OPM). The MOF and the NPCCS execute the recurrent and development budgets respectively. As will be explored further below accelerating the decentralisation process, empowering regional and local authorities, as well as communities to take action and implement development policies is critical to bridging the deep structural divisions and inequalities existing in Namibia.

Further stimulating an environment of evidence-based policymaking must be emphasised. A wealth of data is currently being collected by various government agencies, the private sector, and NGOs, but

an overall guiding framework is lacking, the authority of the CBS is not clear to all partners and too often data is not transformed into information, knowledge and policy change. Strengthening capacities specifically for assessing the options for economic growth and employment creation must remain a key priority. Building partnerships, strengthening institutional capacities and allocating scarce resources to the sectors and the geographical areas where the poor live and work must be at the centre of any pro-poor policies.

High and Rising Levels of Food Insecurity

Statement of Rights Unfulfilled

Freedom from hunger is a basic human right but its fulfilment is becoming increasingly complex. Shortage of water resources, low and erratic rainfall and poor soil quality severely constrain productivity and limit more intensive forms of agricultural food production. At the same time, marginally productive lands are susceptible to land degradation⁴⁹ and different parts of the country suffer from regular droughts and floods. Therefore, agricultural output tends to be uncertain and heavy government subsidies are often necessary to prevent hunger and malnutrition.

Causality Analysis

The immediate determinants of food insecurity, both at the household and national levels, are low, variable and uncertain levels of food production mainly caused by water scarcity combined with dry spells and low rainfall and the weakening purchasing power. The effect of HIV/AIDS on household productivity has yet to be measured but given its prevalence among the most economically productive age groups, the impact cannot be ignored.

Low, Variable and Uncertain Levels of Food Production

- In 2001/02, cereal production fell to 64,000 Metric Tonnes (MT), the lowest level since the drought of 1992. Production recovered to 91,000 MT in 2002/03 and is estimated to reach 124,000 by 2003/04.⁵⁰ Namibia has a food production deficit, with a 10 year average self-sufficiency ratio of 34%.⁵¹
- Land capability and agricultural productivity in Namibia is generally low, due to the country's arid climate, low and variable rainfall, as well as poor and easily degradable soils.⁵²
- Namibia's potential for rain-fed agriculture, in particular crop production, is very limited.⁵³
- With HIV prevalence rates highest in regions with the highest populations dependent on rain-fed agriculture as well as in regions with high urban populations, its effects on family productivity are clearly an emerging issue.
- Periodic natural disasters further exacerbate difficult environmental conditions, and cause food production to plummet. With limited coping mechanisms due to HIV/AIDS this often results in humanitarian crises. Dry spells in many communal regions from December 2002 to January 2003 and floods in Caprivi region triggered the recent humanitarian crisis. Long-term global climate change is likely to result in even hotter and drier climatic conditions in Namibia and is expected to lead to more droughts and floods.⁵⁴ Furthermore, it is projected that even in the absence of climate change, Namibia faces absolute water scarcity by 2020.⁵⁵
- Deforestation, biodiversity loss, soil erosion, bush encroachment, and soil salinisation, which are environmental symptoms of land degradation, all reduce agricultural production and food security and lead to economic loss and increased poverty. The costs faced by both communal and commercial farmers from lost output and increased expenditure have been estimated at around N\$100 million per year.⁵⁶

Purchasing Power of Households

- The low income of households is a key underlying cause of food insecurity as noted in the discussion of low incomes above.⁵⁷ In addition, households have seen a rise in food prices, especially in 2002 when prices rose nearly 20%, almost twice as much as the general consumer price index. Prices have since fallen as food production has recovered.⁵⁸
- 68% of families surveyed across the country reported reduced food intake and 43% reported spending whole days without eating. Food deficits are greater in households having children younger than five years and in households headed by women.⁵⁹
- An estimated 46% of rural households derive income from selling surpluses from their subsistence production. This is the most important source of income in rural areas. In Ohangwena, Omusati, Kavango and Caprivi, the figure increase to more than 60%.⁶⁰

Root Causes

Over the years, pastoralism has given way to sedentary forms of pastoral land use. Reduced mobility has made it difficult for herds to track grazing resources putting pressure on pastures and increased risks of overstocking and overgrazing where people and domestic animals settle more permanently.

Lack of marketing infrastructure and low off-take rate in the communal livestock areas – have resulted in overstocking and have put added pressure on communal pasture resources.⁶¹

Access to land is very unequal. Less than 10% of the country's population live and work on freehold farm land with 4,100 farmers owning 6,400 commercial farms of an average 6,000 ha collectively making up some 44% of Namibia's total land surface. By contrast, some 65% of the population, as much as 95% of the country's farming population, live in the communal areas constituting 41% of Namibia's total land area.⁶²

In order to maintain economic and political stability, the Government embarked on two, complementary approaches to address the pre-Independence inequalities in land holdings which are along racial lines. The Affirmative Action Loan Schemes (AALS) and resettlement programmes attempt to redistribute land to the previously disadvantaged but progress has been very slow. The AALS has been more successful with about 8.5% of all land redistribution so far that can be attributed to the scheme, compared to 2% of commercial land for the resettlement programme. According to one estimate, at the present rate of redistribution it will take another 40 years before half of the commercial land is owned by previously-disadvantaged Namibians.⁶³ The poverty impacts of the AALS are expected to be limited and indirect as the programme is designed to assist larger communal farmers and benefits poorer farmers only by freeing up communal land.

In communal areas, land has traditionally been allocated by local traditional authorities but informally granted land access and use rights have often not been effectively enforced. There is a lack of land use planning, which has resulted in economically and ecologically inappropriate land uses. A land-use planning policy was created in 2002 but needs effective implementation and multi-stakeholder collaboration.⁶⁴

A participatory poverty assessment carried out in Ohangwena showed that, on average, better-off households have access to and control more than five hectares of good quality farmland, poor households have five hectares of poor quality land and very poor households have three hectares or less of poor quality land. Local farmers explained the difference by claiming that better off households have more and better land because "they can afford to pay".⁶⁵ A different study carried out in the communal areas of northern Namibia showed that the average land area owned by female-households, widowed by AIDS, was 3.3 hectares, against 3.7 hectares owned by male-headed households where the male is not infected with the virus.⁶⁶

Increasing demand for human activities and mismanagement of the available water resources lead to food insecurity via water scarcity.

The AIDS epidemic is reducing productivity through a loss of indigenous farming skills and increased morbidity and mortality. Households affected by AIDS generally experience more days without food than unaffected ones. In addition, except in the case of inheritance, women's rights to access appear to be weakened by the lack of legal protection.⁶⁷ In addition, it has been projected that Namibia is losing 26% of its agricultural labour force between 1985 and 2020.⁶⁸

Role Analysis

Addressing food insecurity requires a more collaborative and integrated approach across NPCCS, MAWRD, MET, MLRR, MFMR and MITI. It also requires co-opting of MOHSS in issues that concern food hygiene, equitable access to water, safety, nutrition and maternal and childcare practices. Government ministries and NGOs need to work together to eliminate inappropriate economic incentives that have fuelled land degradation. MLRR should work with other ministries, farmers unions and other stakeholders to increase the effectiveness of the land resettlement programme. MLRR, the land boards and other players should work together to raise awareness and inform the public, particularly among poor households and communities, about the new communal land rights and how to apply for and benefit from these rights, and to build capacity among land boards. Government ministries and non-state actors should work together to put in place and implement an effective land use planning system. Furthermore, there is a need to develop an overall AIDS-mitigation strategy for the agriculture sector.

Development assistance to rural development, land reform and sustainable environment has been significant from the EU and various European governments' ODA programmes. The UNDAF for 2001-2005 identified poverty and disparity reduction as one of two most critical issues for UN assistance. The role of the UN in the Poverty Reduction Strategy implementation is a critical aspect of its mandate in the country. However, the development of a cohesive and complementary approach to poverty reduction among development partners and UN agencies to support an equally multi-sectoral collaborative effort across the ministries remains a challenge.

Capacity-gap Analysis

The institutional capacities of the current fragmented approach to the implementation of the Poverty Reduction Strategy need closer analysis. The NPCCS needs to explore with the concerned ministries and development partners the possibility of strengthening integrated programming in the most critically affected regions and to address the growing vulnerabilities identified in the poorer regions. There is a need for MLRR, other ministries, and civil society to create the capacity to develop and implement an effective land resettlement and redistribution programme that is non-confrontational, based on sound social, economic and environmental criteria; entails effective land use planning in order to identify the best land uses in the resettlement areas; provides adequate infrastructure and ongoing support services, and pre- and post-settlement training; and, involves all stakeholders in the planning. There is a need to ensure an integrated water resources management approach between all stakeholders, including water users. The capacity of land boards, in collaboration with the traditional authorities, to effectively, efficiently and equitably administer leasehold and customary land rights in communal areas must be strengthened. The capacity of poor people and communities to understand and benefit from the new communal land tenure rights should be built through awareness raising activities.

The following constraints to building an effective land use planning system needs to be addressed: lack of human resources, institutional capacity, mechanisms to coordinate and cooperate among different role players at different levels, and relevant information and knowledge. There is a need to strengthen the emergency management capacity of Emergency Management Units (EMU) and Regional Emergency Management Units (REMUs), as well as strengthening community coping mechanisms in emergency and crisis situations. The Southern African Development Community (SADC)-led Regional Vulnerability Assessment Committee and UN agencies should assist the government to undertake systematic assessments, mapping and monitoring of the most vulnerable people to ensure appropriate targeting of assistance.

In view of the wide-ranging implications of AIDS, the development partners should assist government to respond to the pandemic using a multi-sector approach to ensure effective linkages with food security, nutrition, agriculture and gender issues.

Continued Biodiversity Loss

Statement of Rights Unfulfilled

Namibia's rich and unique biodiversity – the variety and variability of living organisms and natural environments in which they occur – provides a fundamental and essential life-support system for plants, animals and human beings alike. Continued widespread loss of biodiversity will have lasting adverse effects on the lives and livelihoods of future generations. As ecosystems become less complex food supplies, wood, medicines and livelihood from the tourism industry are all threatened.⁶⁹

Causality Analysis

The immediate causes of continued biodiversity loss are loss of habitat, unsustainable harvesting, pollution and the introduction of alien invasive species.

Loss of Habitat and Illegal Harvesting Practices

- Loss of habitat is the most important direct cause of biodiversity loss.⁷⁰ It results from land clearing, strip-mining activities, and from poor land management. More than 90% of all rural households use firewood as their primary source of energy.
- Harvesting of wild plants and animals is an important part of subsistence economies in Namibia's rural areas but unsustainable practices have intensified under commercial exploitation. In parts of the Caprivi, rural communities rely on wild plants and animals for at least 50% of their sustenance.⁷¹
- Threats to harvesting stem from a lack of control over subsistence fishing, hunting, and other harvesting activities in the communal areas, population growth and increasing human pressure.⁷²
- The open canal section of the eastern national water carrier has caused the death of vast numbers of wild animals. These mortalities include at least 50,000 reptiles per annum.⁷³

Pollution and Invasive Species

- Effects of air, soil and water pollution have begun to have localised effects in some areas. Pesticide residue can threaten many aquatic species.⁷⁴
- Alien invasive plants do occur and must not be allowed to spread.⁷⁵ The economic implications of alien invasive species on Namibian agriculture are potentially significant and could also affect the tourism industry.⁷⁶

Root Causes

Population pressure results in increasing demand for natural resources, as does economic development based on inadequate and sometimes a lack of environmental impact assessments and the unsustainable use of resources. The long-term benefits of protecting nature are seldom considered in economic decision-making. In the absence of other options, poor subsistence communities have no choice but to depend on natural resources for their livelihoods and this leads to increasing rates of soil erosion, deforestation, and over-exploitation of wild plants and animals. There is a lack of secure and exclusive tenure for rural communities. There is insufficient coordination between relevant ministries, including MAWRD, MFMR, MET and MLRR. Global climate change is manifesting in more and stronger natural disasters. Inappropriate policies have prevented the sustainable use of water, land and wildlife including inappropriate livestock subsidies, drought aid, inappropriate price support for commercial maize and wheat producers, unrealistic water pricing policies, and lack of effective land and natural resource tenure in communal areas.

Namibia's protected areas network is limited because national parks and reserves were not designed for biodiversity conservation and the country's ecological diversity is not evenly represented within the 13-14% of the total land area that represents the country's protected areas network. Virtually all wetlands are under-protected. The centre of plant and animal endemism along the Namib Desert are also poorly represented within the existing protected areas system, and there are no proclaimed marine reserves.⁷⁷ There is a lack of biodiversity information, trained human resources and financial resources. Poor coordination and planning hamper progress in improving the information base about biological diversity.⁷⁸ There are also cross-border conservation challenges like animal diseases that require effective cross-border conservation zones and management regimes.

Role Analysis

The Government of the Republic of Namibia (GRN) should review and implement all policies in contributing to land degradation and habitat loss and pass legislation that will be instrumental in ensuring biodiversity conservation and sustainable use. It should increase community awareness about the link between sustainable livelihoods and healthy environments and establish national and community control over unsustainable harvesting practices, encourage secure and exclusive tenure regimes, including effective group land resource tenure regimes. To control pollution, the government should encourage cleaner production and consumption by introducing suitable economic incentives and effective monitoring and enforcement mechanisms. It should provide incentives for improved systems of safer and more effective waste disposal and develop national legislation to prohibit problem alien species. Knowledge and information about Namibia's biodiversity should be strengthened. Other stakeholders, including land owners, natural resource users, private sector companies, and civil society organisations, should contribute to the prevention and control of biodiversity loss by adapting their patterns and practices of natural resource use to make them more sustainable and should work with the government toward improved policies, laws and institutions. Government should develop a long term research and education facility for the management of Namibia's natural heritage.

Capacity-gap Analysis

Namibia lacks the human and institutional resources to monitor, enforce and implement policies and legislation that safeguard conservation and sustainable usage of its rich biodiversity. There is not enough information and knowledge about biodiversity loss and this constrains efforts to build systems to prevent and control further biodiversity loss. The capacity for integrated, inter-sectoral coordination and collaboration at government level and across other stakeholders does not yet exist. There is little experience with the design and implementation of shared cross-border resource management.

Issues Requiring Further Research

- Vulnerability assessments
- Pro-poor economic growth options
- Mitigating the impact of HIV/AIDS on productivity
- Monitoring system
- Public spending patterns and social impact
- SME enabling environments
- Basic service delivery to the poor
- Gender roles
- Land degradation and implications for food insecurity
- An effective land redistribution and resettlement programme
- Water efficient and water saving production technologies
- Relationship between land degradation and biodiversity loss
- Impacts of alien invasive species and pollution
- Policy failures driving biodiversity
- Extending the protected areas

Conclusion

The right to a decent standard of living, thereby allowing people to provide the basic requirements of life for their families, is an essential part of life and should be available to every Namibian. Poverty, food insecurity and biodiversity loss are further compounded by the multiple impacts of HIV/AIDS on productivity and additional financial burdens on families, communities and the economy as a whole. Despite Independence, inequality remains among the highest in the world. Hence, these inter-related issues must be conquered to safeguard the health and wellbeing of Namibians today and into the future.

2.2 Rights to Life and Health

“Everyone has the right to life...” –Universal Declaration of Human Rights

“The States party to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

–International Covenant on Economic, Social and Cultural Rights

The rights to life and health remain unfulfilled for many Namibians. Namibia’s progress toward the MDG to reduce child mortality is slow, and its situation with respect to the other MDGs for the improvement of health, in the areas of trying to reduce maternal mortality and the prevalence of AIDS, malaria and TB, is stagnant or worsening. Due principally to AIDS, between 1991 and 2001 life expectancy at birth declined precipitously from 63 years to 50 for females and from 59 to 48 for males.⁷⁹

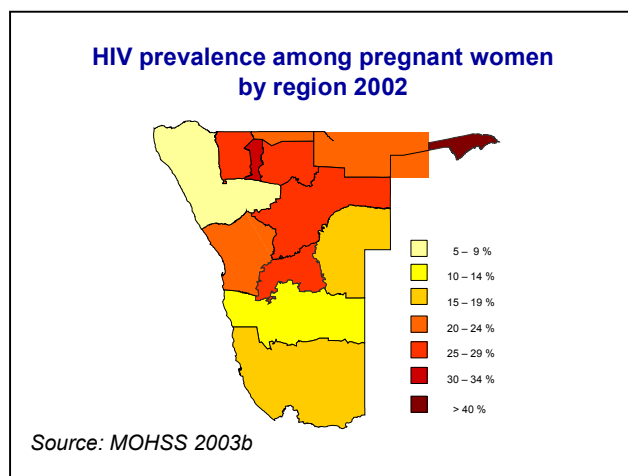
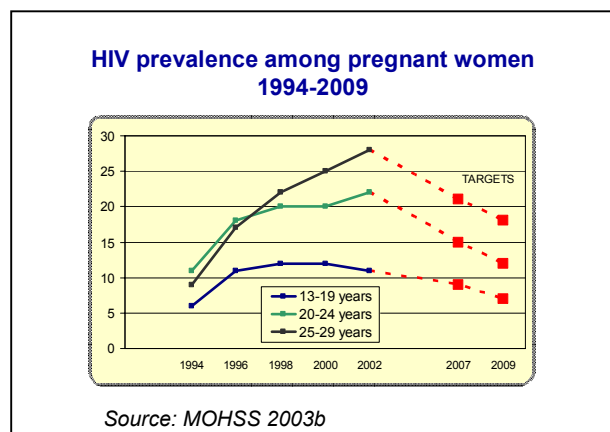
Issues Identified

The key challenges to the fulfilment of rights to life and health in Namibia are: the high HIV prevalence, poor child health and the heavy burden of preventable diseases and high maternal mortality.

High HIV Prevalence

Statement of Rights Unfulfilled

The inability to deal effectively with AIDS is not only Namibia’s foremost challenge to fulfilling rights to life and health, it is a threat to the fulfilment of all human rights in the nation. The 2002 sero-sentinel survey found that 22% of pregnant women were HIV-positive. At 43%, the sero-prevalence was highest in Caprivi. The other most severely affected regions were Oshana (30%), Khomas (27%), Oshikoto (26%) and Omusati (25%). Infection rates continue to rise for all age groups except for 15 to 19 year olds, which fell to 11% from 12% in 2000. The 25 to 29 year age group, having an infection rate of 28%, was the worst affected.⁸⁰ AIDS has been the leading cause of death since 1996. In 1999, AIDS was responsible for 26% of all reported deaths and 46% of deaths among 15 to 49 year olds. By the end of 2003 more than 136,000 HIV cases had been reported.⁸¹ Although the rate of new HIV infections may be slowing down, there are now more people falling ill, dying and leaving behind a rising number of Orphans and Vulnerable Children (OVC).



The immediate causes of Namibia’s high HIV prevalence are high rates of unprotected sex with an infected person and mother-to-child transmission of HIV. Intravenous drug use is not a common problem, the blood supply for transfusions is effectively screened and safe injection practices are in place.

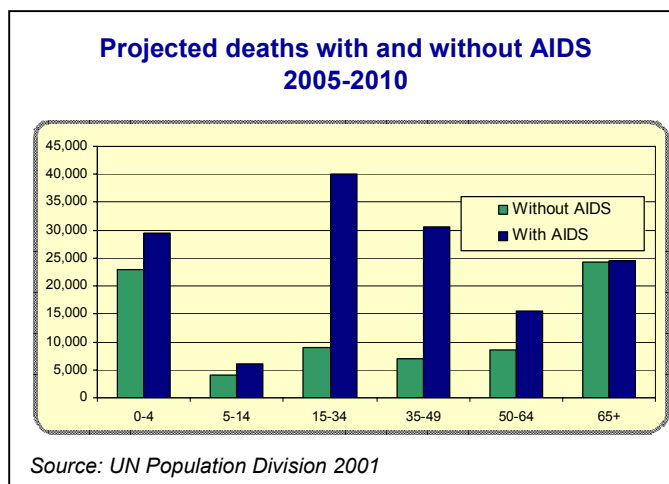
Causality Analysis

The immediate causes of Namibia’s high HIV prevalence are high rates of unprotected sex with an infected person and mother-to-child transmission of HIV. Intravenous drug use is

Unprotected Sex with an Infected Person

Namibians, on average, first have sex at age 18 for men and age 19 for women but a significant group of people, 6% of women and 12% of men, are having sex before turning 15. Almost all Namibians are sexually active before their 20th birthday.⁸² Teenage pregnancy has dropped to 18% in 2000 from 22% in 1992 among 15 to 19 year olds.⁸³ Still, 39% of 19 year olds are either mothers or are pregnant. The use of condoms during all risky sexual interactions would have kept the HIV prevalence low. However, in 2000 only 43% of women and 67% of men reported using a condom during their last high-risk sexual encounter, and only 9% of women reported consistent condom use.⁸⁴ The

underlying causes of HIV transmission through unprotected sex are as follows:



- Many Namibians have multiple sexual partners. In 2000, 17% of unmarried men ages 15 to 59 years reported having sex with two or more partners annually. This rate rises to over 20% in the 20 to 24 year age group and to 25% among 25 to 29 year olds. Almost 20% of married Namibians reported having sex with someone other than their spouses, as did about 30% of married women between the ages of 15 and 20 years.⁸⁵
- The high prevalence in Caprivi is attributable to its transit position bordering Zambia, Botswana and Zimbabwe that have high infection rates.⁸⁶ But issues of stigma and fear are also much higher among Caprivians than among the rest of the country. Only 8% of Caprivi men and 22% of Caprivi women acknowledge knowing someone who has AIDS or died of AIDS compared to a national average of 53% of men. This is surprising given the fact that Caprivi has the highest and longest-running HIV-infection rate.⁸⁷
- The high prevalence of Sexually Transmitted Infections (STIs)⁸⁸ also increases the risk of HIV transmission. In 2002, the HIV prevalence among STI patients was 39% for females and 38% for males.⁸⁹
- Few Namibians know the HIV status for themselves or their partners. Less than 25% of Namibians in the sexually active age group reported having had an HIV test. In rural areas the proportion tested was only about 15%. In Caprivi, only 5% of women and 8% of men reported having had an HIV test.⁹⁰
- Sexual exploitation of women is a common feature. “Sugar daddies” are a widespread phenomenon.⁹¹ Many girls first have sex with a significantly older (10 years or more) partner while most boys first have sex with someone the same age or younger,⁹² about one in six young women have had sex in exchange for money or material rewards⁹³ and among 13 to 19 year old STI patients in 2002, the HIV prevalence was 23% for girls and 6% for boys, suggesting that teenage girls are having sex with older men.⁹⁴ Moreover, about 70% of women in rural areas report that decisions about sex are made mostly by men, which limits the abilities of women to negotiate condom use.⁹⁵
- If a wife refuses to have sex close to 20% of Namibian men agree that a husband has the right to yell at her or have sex with someone else, and close to 7% agree that he has the right to force her to have sex. In Kavango and Ohangwena, over one-quarter of men agree that raping a wife is justified if she refuses sex.⁹⁶
- Many people lack accurate information about HIV/AIDS and do not have condoms when they need them.

- Alcohol, which is commonly abused in Namibia, decreases inhibitions and self-control and thus makes people prone to risky sexual behaviour and committing sexual abuse.

Mother-to-Child Transmission

MOHSS estimated in 2002 that every year 15,400 HIV-positive mothers give birth, leading to HIV infection of some 6,180 infants pre-partum, during labour or through breastfeeding.⁹⁷ Underlying mother-to-child transmission are the mother's ignorance of her HIV status associated with stigma and culture of shame and fear; the cost implications of breast milk substitutes and antiretroviral drugs; and, inadequate provision and uptake of Prevention of Mother-to-Child Transmission (PMTCT) prophylaxis such as nevirapine.

Root Causes

One of the root causes of Namibia's high HIV prevalence is the low status of women. Negative cultural perceptions of the sexual rights of women are compounded by limited access of women to employment and resources resulting in high poverty and economic dependency levels of women. Women often do not have the chance to decide freely when, how and with whom to have sex. Sex in exchange for rewards and security is common across all ages. The stigma and discrimination restricting women to access preventive methods and treatment and the cultural norms that accept people having multiple sexual partners increase female vulnerability.

The 'social forces' of unemployment and connected high mobility – especially of males in search of employment – have contributed to the break-up of family structures and to the accelerated spread of HIV. Various studies have indicated that men feel unable to live up to societal expectations of the male taking care of himself and dependents. Ensuing loss of perspective fuel alcohol abuse, compensatory sexual relationships and violence. Ironically, it is often the wealthier men who have the means to engage in transgenerational, transactional or commercial sex, which are also fuelling the spread of HIV, especially among young girls.

Despite government efforts, the response to the pandemic has been delayed and is currently still suffering from a lack of leadership and commitment at all levels and amongst all stakeholders to make a reality the important programmatic interventions contained in MTPIII, which defines the roles of ministries, NGOs, the private sector and development partners in fighting HIV/AIDS.⁹⁸ There is weak multi-sectoral coordination of HIV/AIDS prevention, care and support. This results in limited access to information while unemployment is taking away hope for the future and limiting options of healthy preoccupations.

Role Analysis

Sexual partners have the duty to know their HIV status, use condoms, be faithful to each other and respect each other's rights. Everyone is responsible for abstaining from sex if they are not in healthy and committed relationships. Mothers have the duty to know their status and to get PMTCT treatment if they are infected and pregnant. Parents have specific responsibilities to provide their youth with a supportive environment with guidance and care. Parents, teachers and health workers are obliged to provide complete and accurate information about HIV prevention and AIDS to youth and their own peers. Family, community and national leaders are obliged to talk about HIV/AIDS, confront harmful cultural practices and beliefs, speak out against stigma and discrimination, encourage healthy relationships and discourage alcohol abuse. They also have the duty to promote proper condom use, HIV testing and treatment.

There is a greater need for involvement of people living with HIV/AIDS at all levels and for an environment to be created where they would be more open to declare their status. The government has the duty to fulfil MTPIII activities. With the growing numbers of development partners joining the fight against HIV/AIDS, coordination will become one of the key priorities for government to avoid

duplication of efforts and loss of resources at the expense of beneficiaries. There needs to be greater coordination among stakeholders for adequate knowledge generation, collation, distribution and documentation, as well as anticipating and preparing for the shortage in skilled human resources. NGO's, faith-based organisations and CBO's are important providers of services that link youth, family and the wider community. They have a role to cater for programmes responding to specific needs of the community and to initiate social change by questioning the negative norms practiced while building the positive value base in the society. The private sector has a role to mobilize funds and to develop workplace HIV/AIDS programmes. The UN partners and the international community have a role to bring in the technical know-how, global perspective, new research and to play a more vigilant and vigorous role in coordinating their efforts for HIV/AIDS prevention and treatment. The government, civil society and the international community are obliged to provide the funds adequate for HIV prevention, testing and treatment and to support all duty-bearers in fulfilling their roles.

Capacity-gap Analysis

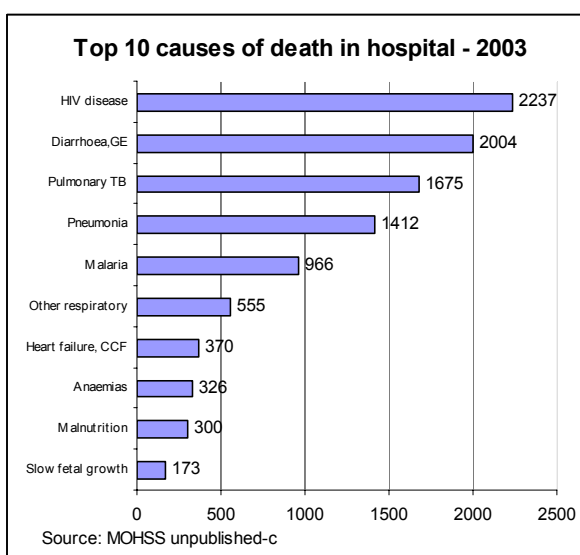
Significant proportions of Namibians, particularly rural women, do not have complete and accurate information about HIV/AIDS. In 2000, 8% of men and 4% of women did not know of AIDS or if it can be avoided; 65% of women and 49% of men did not know that abstaining from sex is a way to avoid HIV; 14% of women and 8% of men did not know that using condoms helps avoid HIV; 24% of women and 11% of men did not know to limit their number of sexual partners; 17% of women and 13% of men did not know that a healthy looking person can have HIV; and 14% of women and 16% of men did not know that HIV can be transmitted to children during pregnancy or delivery.⁹⁹

Irrespective of risk some men believe that they do not have to use condoms and that they have a right to sex, particularly with their wives and in transactional relationships.¹⁰⁰ Girls are conditioned to accept gifts in exchange for love and sex.¹⁰¹ Women lack the power and skills to negotiate condom use. Some people do not have condoms when they are in high-risk sexual situations. Some Namibians believe that having multiple sexual partners is culturally acceptable.¹⁰² Many Namibians are uncomfortable talking about sex, HIV/AIDS.¹⁰³

Many Namibians do not want to get tested for HIV due to stigma and discrimination and the fact that AIDS treatment is still very limited. As of middle 2004/05 the seven state hospitals and five state-subsidised church hospitals providing ART had served about 3,000 patients. MOHSS aims to have 5,000 patients on ART by the end of 2004.¹⁰⁴ Strong interventions must be implemented at all levels to counter the vicious cycle of stigma, discrimination, fear, lack of human rights of women and alcohol abuse.

Voluntary Counselling and Testing (VCT) services are still very limited. As of early 2004 there were six New Start VCT centres in areas of high HIV prevalence. Their monthly number of clients climbed from 200 in February 2003 to 1,000 in March 2004.¹⁰⁵

Many mothers do not have access to PMTCT treatment. As of early 2004 the 12 hospitals providing ART also provided nevirapine to approximately 1,500 clients, accounting for less than 10% of the annual births to HIV-positive mothers per year.¹⁰⁶



Children living with HIV/AIDS are treated in the same way as adults carrying the virus. Children have their needs, very different to those of adults and need special care.

The government, NGOs, the public sector and development partners are short of the skills and resources to fully implement MTPIII. Also, the question still remains whether HIV/AIDS really is a top priority in Namibian society that is often preoccupied with economic challenges such as unemployment. There needs to be more coordination and leadership to encourage healthy lifestyles, behaviours and practices and to translate policies and plans into full-scale action. There is also not enough coordination of information generation and research applicable to Namibia.

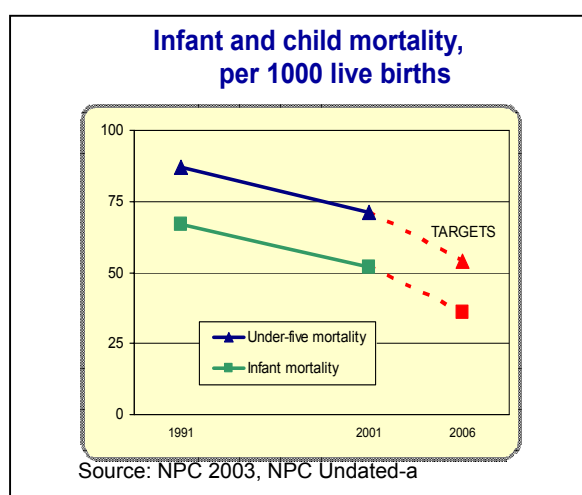
The capacity of the government in coordinating the efforts at the national level is far from adequate. The high turnover of staff, understaffing, results in the need for continuous capacity development training, the workload to manage multiple programmes in the face of increased numbers of deceased workers as an impact of HIV/AIDS is a major roadblock not only in achieving the goals on HIV/AIDS prevention, care and support but also to monitor and sustain the ongoing critical public health initiatives. Barriers still exist in improving and increasing opportunities through community programmes by NGO's, faith-based organisations and civil society at large. The programmes are not occurring at a scale and the various efforts have not come together in a concerted way on HIV prevention or mobilizing people on rejecting harmful traditional practices. Funding through the private sector has still not gained momentum and the rigour in mobilising civil society for 'societal change happen' is still beyond reach.

The UN is still lacking in the level of scale of support and joint efforts in response and the donor community in advocating for funds mobilization. Despite a substantial financial commitment to AIDS by the government and its development partners, it is estimated that Namibia will remain US\$25 million short of the money required to fight the epidemic every year over the next five years,¹⁰⁷ although his calculation does not include recent commitments made by the US and the Global Fund.

Poor Child Health and the Heavy Burden of Preventable Diseases

Statement of Rights Unfulfilled

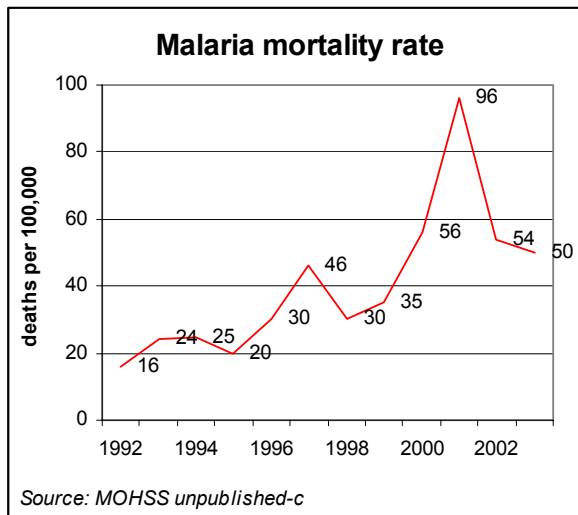
Preventable diseases violate the rights to life and health of many Namibians. Beyond HIV/AIDS, malaria and TB are also preventable obstacles to health rights.



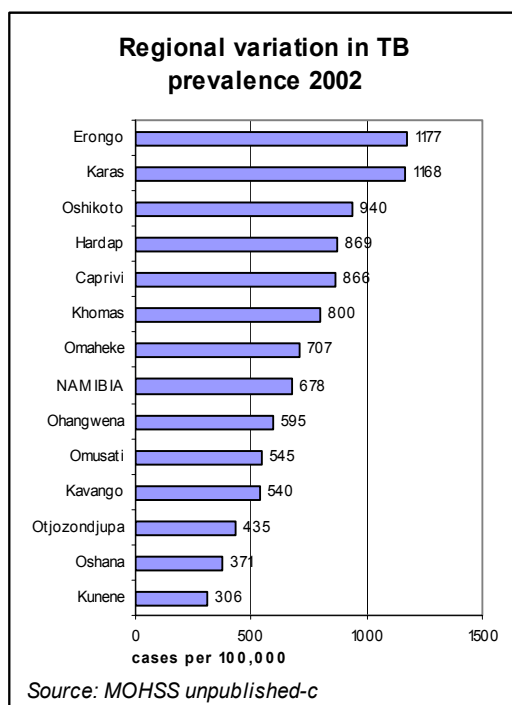
As estimated in 2001, for every 1,000 live births 52 children die before age one and 71 die before age five. These figures marked improvement on the 1991 mortality rates of 67 for infants and 87 for children under five.¹⁰⁸ The rate of improvement, however, is too slow to meet the national targets set in NDPII. MOHSS projects that the impact of AIDS will further slow progress in reducing child mortality. In 2021 infant mortality is expected to be about 60% higher than it would have been without AIDS.¹⁰⁹ The regional differences in child mortality are enormous. Under five mortality ranges from 51 in the central region of Khomas and Erongo to 113 in the northeastern region of Kavango. Rural children are more likely to die than their urban peers.¹¹⁰

Consistent with global evidence that an infant's risk of death is 15 times greater in the first month of life,¹¹¹ in 2000 the neonatal mortality rate was 22 per 1,000 live births, slightly higher than the post-neonatal (one to 11 months) mortality rate of 17. Neonatal mortality was also greater than the death rate of children 12 to 59 months old (child mortality rate), which was 21 per 1,000 children reaching their first birthday. Neonatal mortality was highest in rural areas (28) and in the northern regions of Oshana, Oshikoto, Ohangwena and Omusati. (31).¹¹²

Malaria is the leading cause of illness and death among children younger than five years and the third leading cause among adults. It is the leading cause of health facility visits and consistently the top cause of hospital admissions of children under 13 years, accounting for 25, 28 and 36% in 1999, 2000 and 2001. An average of 400,000 outpatients, over 30,000 inpatients and 764 deaths are registered annually due to malaria. Between 1996 and 2003, the number of malaria cases averaged 238 per 1,000 Namibians and number of deaths averaged 49 per 100,000. Between 1996 and 2001 Kavango led the nation in malaria mortality, its rate averaging 120 per 100,000. The next worst affected regions—(in order) Oshana, Oshikoto, Caprivi, Omusati and Ohangwena—all had mean annual malaria mortality rates between 55 and 84 per 100,000.¹¹³



Namibia is the third worst TB-affected country in the world.¹¹⁴ TB is among the four top causes of hospital deaths. Pulmonary TB caused an annual average of 1,747 hospital deaths between 1999 and 2002 with a high of 107 deaths per 100,000 in 2001. Notification rates for all forms of TB rose from 652 per 100,000 in 2001 to 678 in 2002. Close to 9% of TB patients die before completing their treatment.¹¹⁵



About 30%-40% of people with HIV are also infected with TB. TB is the most common opportunistic infection and cause of death among people with HIV. Increased TB cases in HIV-infected people pose risks of TB transmission to the general population. Hence, prevention of HIV is crucial to control TB. TB and HIV impact on economic development and pose new challenges to health and social systems which increasingly have to address issues such as integrating HIV and TB services, facilitating access to drugs and treatment, and caring for infected people.

In 2002, regional variation in TB notification rates ranged from 306 per 100,000 in Kunene to 1,177 in Erongo. In descending order, Khomas, Erongo, Oshikoto, Ohangwena, Omusati and Kavango reported the highest number of TB cases, accounting for about 70% of the TB burden in the country. Adults aged 25 to 44 show the highest prevalence of TB, while females are more affected in the zero to 24 year age group and males have higher incidence from 25 years onwards.¹¹⁶

Causality Analysis

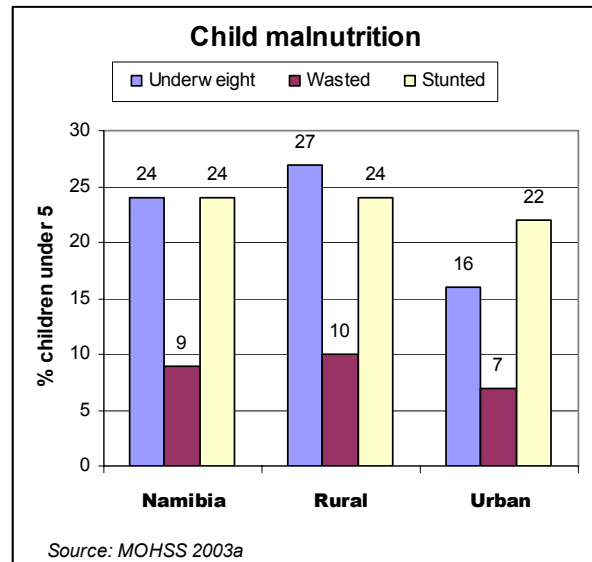
The immediate cause of Namibia's poor child health and the heavy burden of preventable diseases is exposure to diseases.

Exposure to Diseases

HIV, poor nutrition and alcohol abuse are the primary underlying causes of exposure to diseases in Namibia. A related underlying cause is the likely decreasing efficacy of anti-malaria drugs, which MOHSS is currently addressing through treatment policy revision.

As HIV attacks the immune system, it contributes to the preventable disease burden by making HIV-positive people susceptible to infections and thus giving infections the opportunity to spread more widely. The resurgence of TB is a prime case in point. About 30%-40% of TB sufferers are HIV-positive.¹¹⁷

Like HIV, malnutrition is both a preventable condition as well as a causal factor behind susceptibility to other preventable conditions and diseases. Data on adult malnutrition is not available, but judging by the proportion of households spending large shares of their income on food, the level of food insecurity and the high rates of child malnutrition, it is likely a serious problem. In 2000, 12% of babies were born underweight as a result of pre-partum maternal under-nutrition and poor health. Chronic child malnutrition was widespread, as evidenced by the 24% of children under age five who had low height-for-age (stunting). At 9% nationwide, acute malnutrition (wasting) was less severe. Malnutrition was worst in Ohangwena, where 36% of children under age five were underweight, 28% were suffering from chronic malnutrition and 15% showed acute malnutrition. Khomas, Kavango, Omusati and Omaheke also had chronic malnutrition rates above the national average.



Alcohol abuse directly weakens immunity and health. It may cause congenital birth defects in children born to alcohol abusing parents. It contributes to maternal malnutrition and low birth weight in newborn children. At a social level it directly relates to unemployment, reduced household income, decreased cash and food availability, family violence, sexual crimes and abuse and increased risks of HIV exposure.

Lack of Access to Health Services

Health services have improved markedly since Independence but significant numbers are still not getting the care they need, in part because large proportions of the population can only be reached by mobile outreach services. From 1990 to 2002 measles immunisation of infants increased from 57% to 71%.¹¹⁸ Between 1992¹¹⁹ and 2000,¹²⁰ infant DPT3 immunisation coverage rose from 70% to 79%, the percentage of one-year-olds fully vaccinated increased from 58% to 65%, the coverage of maternal tetanus toxoid immunisation improved from 61% to 85%, the proportion of women attending four or more antenatal care visits rose from 56% to 69% and the proportion of mothers receiving skilled attendance at birth increased from 68% to 76%. Between 1996 and 2000, 52% of new mothers did not receive any post-natal care. Emergency Obstetric Care (EmOC), the single most important service to reduce MMR has not been made fully available.

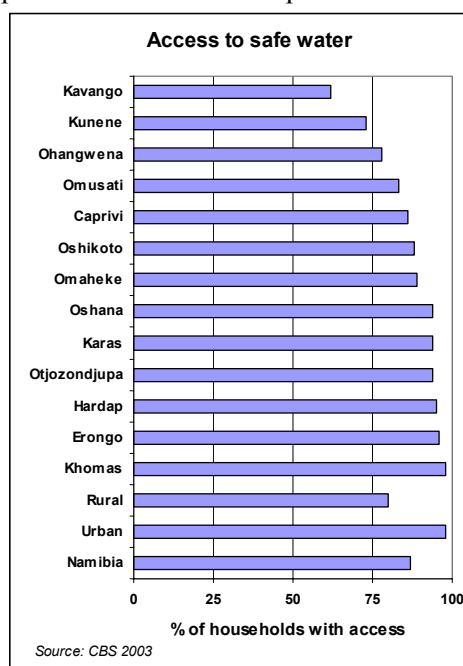
Despite an increase in the proportion of mothers who receive skilled midwifery support, 24% of deliveries still take place at home without professional care. In some regions the home delivery rate is as high as 40%. Integrated Management of Childhood Illnesses (IMCI), a noted approach to enhance the cost-efficiency of health services, was launched in 1990 and is operational in only 12 of the 34 health districts.¹²¹

Underlying the significant gaps that remain in access to healthcare is the inadequacy of government revenue to meet all of the nation's needs immediately. Government's financial commitment to health has been relatively high. However, it has declined steadily since 2000 with its current share of the total budget standing at 9.2% in 2004/05.¹²² This falls short of the 15% pledge made by heads of state during the Organization of African Unity's Abuja Summit in 2000. Close to 75% of the public health sector's expenditures are dedicated to payments to personnel.

Underlying exposure to preventable diseases are environmental and behavioural factors and the risks of childbirth.

Environmental factors exposing Namibians to preventable diseases include the climate, population density and access to safe water and sanitation:

- The northern regions of Namibia have the highest rates of malaria morbidity and mortality, due to high seasonal rainfall and an environmental feature of longstanding, stagnant water. The predominantly seasonal nature of malaria transmission in Namibia (January to June) confers little or no immunity against the disease. While pregnant mothers and young children are most at risk, all ages are affected. The heavy rains in 2001 led to the malaria incidence and death rates to shoot to 408 per 1,000 and 96 per 100,000 respectively.¹²³
- Recurrent floods in Caprivi and droughts in parts of the country are major causes of food insecurity and malnutrition. The very high rates of TB morbidity and mortality in areas like Erongo are partly attributable to the cold and damp climate, which keeps people indoors without adequate ventilation.
- Where populations are dense the risks of contracting vector- and airborne diseases such as malaria, respiratory infections and TB are higher. The malarial northern regions are also Namibia's most densely populated.¹²⁴ High population densities in many rural areas and informal urban settlements also increase risks to water-borne illnesses where the water quality and sanitation are poor.
- Namibia's high morbidity due to gastrointestinal disorders, notably including diarrhoea and high prevalence of and mortality due to malnutrition are caused in part by poor sanitation and water quality. In 2001, 87% of households had access to safe water and 44% used safe sanitation. While the use of safe sanitation was especially low in rural areas (20%), Namibia's arid climate mitigates many of the negative effects of such poor sanitation. The regional variance of households having safe sanitation closely mirrors that of access to safe water.¹²⁵

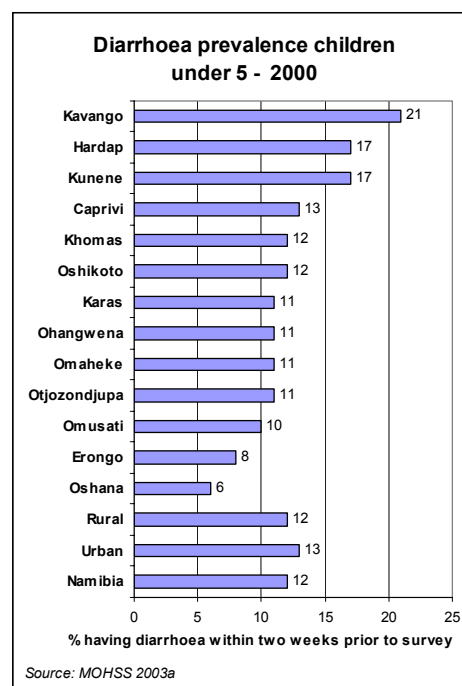


- The negative correlation between the rates of access to safe water and the prevalence of diarrhoea in children younger than five years. The positive correlation between expanding access to safe water and improving health is also evident.

Underlying exposure to preventable diseases are behavioural factors linked to a lack of knowledge of and access to treatment and preventative measures:

- Only 28% of newborns are exclusively breastfed for the first six months of life.¹²⁶
- Only 43% of children younger than five years live in households that do not use salt iodized to at least 15 parts per million with usage lowest in Omaheke. Iodine deficiency can harm the cognitive abilities of children with lifelong consequence.¹²⁷

- Health care was not sought for 47% children showing symptoms of acute respiratory infections, 64% of children with a fever and 49% of children with diarrhoea.¹²⁸
- The use of bed nets is one of the most effective ways to prevent malaria transmission. Among children under five use of Insecticide-treated Nets (ITN), treated or not, remains low at 7%.¹²⁹ The highest ITN use rates are in Kavango (19%) and Caprivi (34%).¹³⁰ Though data on other age groups is lacking, it is likely to be similar.
- About one in six TB patients stop treatment before being cured. The defaulter rate improved, however, from 20% in 1996 to about 14% in 2001. Ten regions show defaulter rates between 10% and 15%, while Khomas, Hardap and Otjozondjupa are above 20%, Ohangwena having the lowest at 5%.¹³¹



Root Causes

The root causes of Namibia's poor child health and heavy burden of preventable diseases are a lack of education, affecting child care, poverty, distances to health facilities, environmental factors and the close connection with HIV/AIDS affecting levels of immunity.

Role Analysis

Families and communities have to ensure that mothers and children receive the necessary prevention and treatment for TB, Malaria and other preventable diseases. MOHSS is responsible for providing healthcare for all Namibians, as well necessary outreach and emergency services. MOHSS and MBESC, in tandem with communities, are responsible for improving health education.

Capacity Gap Analysis

No comprehensive assessment of the impact of AIDS on the health system is available, but it can be assumed its capacity is suffering from similar effects as the education sector, which has been assessed. The AIDS-related increase in morbidity and mortality also increases the burden of care on the health system. MAWRD is short of the resources, skills and staff to ensure food security for all Namibians.

The gaps in combating preventable diseases are similar to those for fighting HIV/AIDS and improving general health conditions. Families and communities often lack the knowledge, money and transport to ensure proper healthcare. MOHSS lacks the resources to construct health facilities and EMUs close to all Namibians. MBESC's current school curricula need to do more to cover preventable diseases in health education. MAWRD is short of the resources, skills and staff to ensure food security. Namibia's Expanded Programme on Immunisation (EPI) is challenged with stagnant growth in coverage, sporadic implementation, measles outbreaks and the fear of wild polio virus spreading from northern neighbours. About half of the health districts have immunisation coverage levels of less than 70%.¹³² Finally, the government lacks the revenue and economic growth to alleviate poverty and fulfil the rights of all Namibians as fast as necessary.

High Maternal Mortality

Statement of Rights Unfulfilled

The low general health conditions violate the rights to life and health of many Namibians. Along with HIV/AIDS, maternal and child health are particularly critical issues facing Namibia.

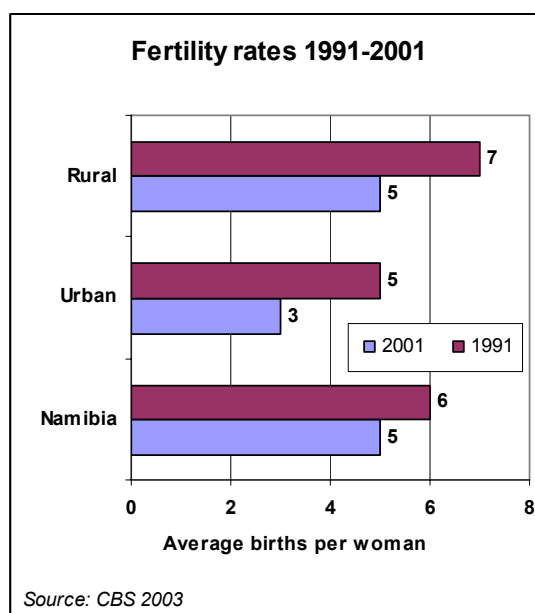
Based upon women's reports of deaths of their sisters related to pregnancy and delivery over the previous 10 years, in 2000 it was estimated that the maternal mortality ratio was 271 per 100,000 live births, an increase from 225 in 1992.¹³³ This technique, known as the sisterhood method, cannot be used to compare current progress in maternal mortality rates. When using a model based on proxy indicators of maternal health to estimate maternal mortality the results show rates of 370 in 1990 and 300 in 2000—higher than the MOHSS estimates but indicative of improvement. Poor and historically disadvantaged regions, including Kavango, Ohangwena, parts of Omaheke, Kunene and Oshikoto, show the weakest proxy indicators of maternal health (total fertility rate and skilled attendance at birth).¹³⁴

Causality Analysis

The immediate causes of the high maternal mortality in Namibia are complications due to pregnancy and childbirth which are aggravated by exposure to diseases, malnutrition, weakened immunities, lack of appropriate care practices, and limited access to health services.

- Only 51% of sexually active women were using any modern method of contraception in 2000.¹³⁵
- There is no reliable data on illegal abortions, but a hospital-based study on abortion found that about 17% of maternal deaths resulted from abortion-related complications.¹³⁶
- Comprehensive data on late-seeking and none-seeking of treatment is not available. In 2000, 14% of women reported that they needed family permission before getting treatment.¹³⁷

Childbirth is inherently risky. The major causes of maternal deaths in Namibia include ruptured uterus, haemorrhage, eclampsia and septicaemia.¹³⁸ Teenage mothers are at increased risk of obstructed and prolonged labour, fistula and pre-eclamptic toxemia, and are twice as likely to die from childbirth as women in their twenties. Fertility rates are useful indicators of the risk of childbirth complications. As shown in the accompanying figure, fertility rates have declined significantly, most likely as a result of improved contraception uptake and the waning of the post-Independence baby boom, which may also be due to the effects of HIV/AIDS. Even so, Namibia's total fertility rate remains high. Teenage girls account for 9% of Namibia's total fertility and women over 40 years of age contribute 11%.¹³⁹ Underlying Namibia's high fertility are the low uptake of contraception; cultural beliefs that women need to prove their fertility before marriage; the norm to have many babies due to low survival expectations, which is particularly strong among the poor and uneducated; and gender roles.



Root Causes

The root causes of high maternal mortality are the increasing HIV prevalence; food insecurity; the lack of education; poverty; unwanted pregnancies; the illegality of abortion; the distance to health facilities; the lack of strong community-based healthcare programmes; the slow growth of GDP and government revenue; negative cultural perceptions of gender roles; and the stigma, discrimination and fear associated with HIV/AIDS.

Role Analysis

Families and communities have the responsibility to ensure that mothers get proper healthcare. MOHSS is responsible for providing accessible healthcare for all Namibians and ambulance services. MOHSS, MBESC and community leaders are responsible for providing health and nutrition education. MAWRD is responsible for helping communities to be food secure. The Parliament has a duty to legislate to ensure women's reproductive rights. Family, community and national leaders are obliged to speak out against negative gender stereotypes, harmful cultural practices and the stigma and discrimination associated with HIV/AIDS. The government, civil society and the international community have a duty to ensure that the relevant ministries are funded adequately and that all duty-bearers have the capacity to fulfil their roles.

Capacity Gap Analysis

Families, communities and community leaders often lack the knowledge, money and transport to ensure that those in need receive proper healthcare. 45% of Namibians live further than one hour from a health facility.¹⁴⁰ In 2000, 46% of women reported having difficulty getting transport to healthcare, 43% said that no health facility was nearby, 37% did not have enough money to pay for health services and 21% did not know where to go.¹⁴¹ EmOC is only available in district and regional hospitals, too far for many pregnant women to reach in time.

Namibia's limited antenatal and postnatal care have little impact in lowering maternal mortality and morbidity because, in many cases, the services are more for infants.

MOHSS lacks the resources to construct health facilities and EMUs close to all Namibians, provide comprehensive health education for all Namibians and provide adequate ambulance services and community outreach. There is also a lack of a strong community-based health programme and the reproductive health policy does not comprehensively cover EmOC. Abortion is illegal except under limited circumstances, and support for legalised abortion remains weak.

Conclusion

Namibia's foremost challenge to improve the wellbeing of the nation is to ensure that the vast majority lead long and healthy lives. With HIV/AIDS raging through the population many Namibians suffer from ailments that can be prevented and treated, improvements in the access, uptake and delivery of key health services are critical areas for heightened attention and support. Community-based health programmes are key strategies to pursue because they can reach households and alleviate the increasing AIDS-related burden on the health system and cost-effectively improve public health.

Ultimately, good health and the sustenance of life are in the hands of all government ministries and sectors, not just that of the MHSS. Just as the impact of HIV/AIDS is felt in the delivery of health services, it is affecting family and community capacities to care for their children, ensure food security, earn income and to be productive citizens. Hence, the centrality of the message that HIV/AIDS is not just a health problem, but a developmental issue needs to be heard and acted upon across the nation.

2.3 Rights to Education

“Everyone has the right to education.”
–Universal Declaration of Human Rights

Namibia is close to achieving the global MDG target of universal primary education by 2005.¹⁴² Moreover, across the education system gender parity has been achieved where enrolment for girls is slightly higher than for boys. There are also concerted efforts being made to improve coordination, planning, spending, monitoring and improving efficiencies and effectiveness across the sector.

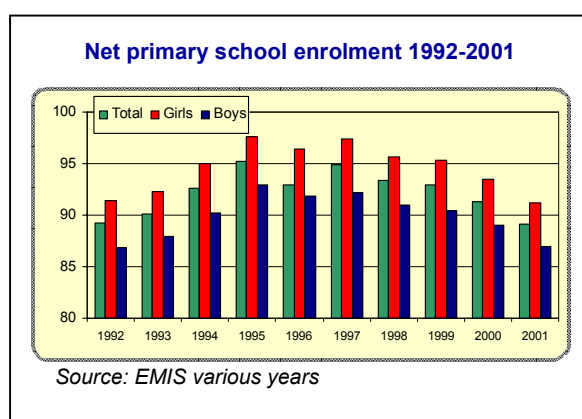
Basic education provision in terms of both learner access and teacher supply improved significantly in recent years, as more teachers are professionally qualified¹⁴³ and sector priorities are set within Medium Term Planning and Expenditure Frameworks that are cognizant of fiscal constraints within the sector. The significant improvements in basic education since Independence will help Namibia meet its target to become a knowledge-based economy by 2030.¹⁴⁴ Notwithstanding, fiscal and other institutional constraints as well as the impact of HIV/AIDS on the education system and families hamper progression and pose a major threat of reversing these gains.

Issues Identified

Access to Primary education is quite good with enrolment trends in Basic Education having increased rapidly since Independence but enrolment reached a peak of 95% in 1995 and then gradually began to decline to 89% in 2001.¹⁴⁵

Endemic in the Primary and Junior Secondary phases are poor quality teaching and poor quality learning and a significant disparity across regions regarding resource allocation.¹⁴⁶ Measures on learner quality and attainment of functional literacy are only objectively assessed at the end of Grade 10, as the Grade 7 semi-external examination results are neither standardized across the board nor published once results are available. This lack of an available diagnostic tool on learner achievement in the Primary phase continues to have implications for performance in Junior Secondary.

The semi-automatic promotion system in Basic Education poses implications for learner achievement of set competencies at specific stages in the various phases. This is partly due to the lack of remedial teaching for those may be identified with learning difficulties. In the absence of an objective external assessment at end of Primary level, learners end up being pushed out by the system as a result of poor performance at end of Junior Secondary level. If Grade 10 results serve as a proxy indicator for quality performance lower down in the system, then almost 50% of learners do not achieve the basic competencies required to progress successfully through Basic Education. There exists great variation in teacher competencies and this has an impact on quality and efficient education delivery. Teacher attrition, coupled by the absence of a formalized relief teacher system, and compounded by the impact of HIV/AIDS, continues to exert pressure on the system's delivery capacity.



Since Independence, enrolment rates have significantly improved. The Primary NER of 89% combined with its 2001 GER of 108% suggests the capacity of its primary schools is adequate for current demand.¹⁴⁷

Internal efficiency and wastage have been prominent, especially in Primary and Secondary levels. No data currently exists that spells out the magnitude of wastage and its underlying causes. Access to Early Childhood Development (ECD) programmes is particularly limited and delineation of roles and responsibilities between key ministries

regarding policy and administrative functions is unclear. In 2001, only 32% of three to six year olds were enrolled in ECD centres. Enrolment rates are higher in regions with dense population

concentrations such as Oshana (48%), Khomas (44%), Omusati (40%), Oshikoto (38%) and Erongo (38%). In contrast, enrolments are very low in other population-dense areas such as Kavango (15%) and Caprivi (14%). Enrolment is higher in urban areas (39%) than in rural areas (30%) and for girls (33%) than for boys (31%).¹⁴⁸

The key challenges are:

- Lack of proper policy and institutional frameworks for ECD service delivery
- Poor performance on internal efficiency indicators in Primary phase
- Inequitable allocation of quality enhancing inputs
- Unequal distribution of education outcomes
- Ineffective capacity of Secondary phase to cater for Grade 10 graduates
- Institutional and human resource challenges
- HIV/AIDS impact on service provision and delivery capacity
- Significant wastage, with particular focus on end of Junior Secondary

No single challenge facing the system can be highlighted and analyzed in isolation therefore low enrolment and wastage in the Secondary phase is the central theme of this chapter. By focusing on secondary education the analysis also covers wastage in the Primary phase, institutional capacity across the sector, internal and external efficiency measures and performance, planning and budgetary constraints, quality enhancing inputs and subsequent quality outcomes, and the impact of HIV/AIDS on the system's delivery capacity.

Low Senior Secondary Enrolment

Statement of Rights Unfulfilled

Almost half of Namibia's children eligible for Senior Secondary school are not enrolled,¹⁴⁹ even though GERs have improved vastly since Independence.¹⁵⁰

Approximately two thirds of learners drop out in the primary level and in the transition to the Senior Secondary phase. Low quality in the Primary phase and the resultant knock-on effect in Junior Secondary compromise Vision 2030.¹⁵¹ There is also increasing evidence that out of school youth are more likely to contract HIV. Hence, access and retention in education is also linked to the protection of the right to life and health for young people.

“Secondary education...shall be made generally available and accessible to all...”

“Higher education shall be made equally accessible to all...”
 –International Covenant on Economic, Social and Cultural Rights

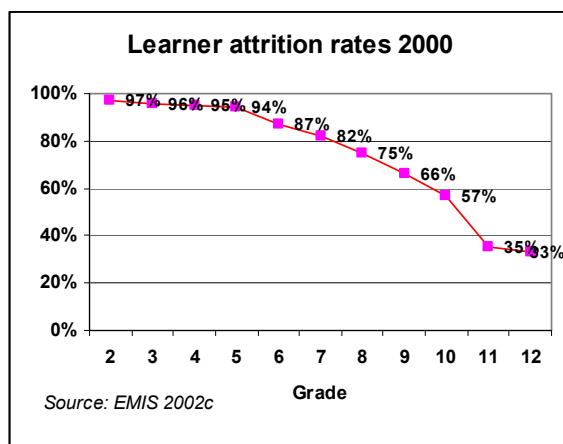
Causality Analysis

This analysis starts off on the premise that the immediate causes of low enrolment in Senior Secondary are rooted in the system's inequitable access and uneven distribution of resources and poor quality outputs.

Inequitable Access and Unequal Distribution of Resources

Underlying learner attrition at the Primary and Junior Secondary levels are a variety of factors including: the inability of parents and caregivers to pay school development fees, which principals are supposed to waive but often do not;¹⁵² the demands for boys to tend to livestock, girls to do domestic chores and both boys and girls to care for the sick or assume the responsibilities of dead family members;¹⁵³ an under-appreciation of the value of education;¹⁵⁴ increasing numbers of orphans¹⁵⁵; and teenage pregnancy.¹⁵⁶ Poor performance is another underlying factor to Primary and Junior Secondary learner attrition because it is seen as a disincentive by some families to continue investing in a child's education.

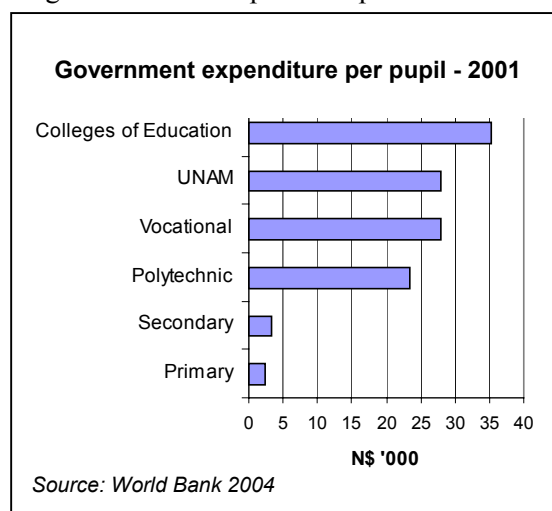
Given that about one-quarter of learners do not survive to grade 8 the capacity of Namibia's Junior Secondary schools appears adequate for current demand. However, in 2001 the Junior Secondary GER was 85%¹⁵⁷, indicating that the current capacity is inadequate for accommodating the entire population of 14 to 16 year olds. As survival rates improve, more Junior Secondary classes will need to be added or the average number of learners per class, 33 in 2001, will rise and will further compromise quality learning environments.¹⁵⁸



The low absorptive incapacity of the Senior Secondary level is an immediate concern given the 31% GER in grades 11 and 12 in 2001.¹⁵⁹ At the class size of 31 in 2001, the grades can accommodate less than a third of the age group.¹⁶⁰ Unlike at the Junior Secondary level the demand currently exceeds the supply. In order to progress to grade 11, learners must pass the Junior Secondary Certificate Exam (JSCE) at the end of grade 10. Each year MBESC adjusts the passing point on the basis of how many learners its Senior Secondary grades can accommodate. In 2001, only 46% of learners who took the exam scored the required

points.¹⁶¹ That combined with the learner attrition induced on the demand-side has led to a survival rate to grade 11 of only about one-third of learners.

From 1994 to 2003 government education spending averaged 28% of total public expenditure and 9% of GDP, although the proportion has declined over time.¹⁶² The overall financial commitment has not been a problem but there are inefficiencies in how education expenditures are allocated. The government is subsidising post-Secondary students at much higher rates than Primary and Secondary learners. Unemployment for those with post-Secondary training is less than 5% and they can therefore be expected to assume debt to pay for their post-Secondary education.¹⁶³ Their subsidies are detracting from improving access to and the quality of Basic Education, which serves some 98% of Namibians in the public education system.¹⁶⁴ Additional inefficiencies lie in the proportion of education spending allocated to wages and salaries, which accounted for 68% of the total between 1994 and 2003.¹⁶⁵



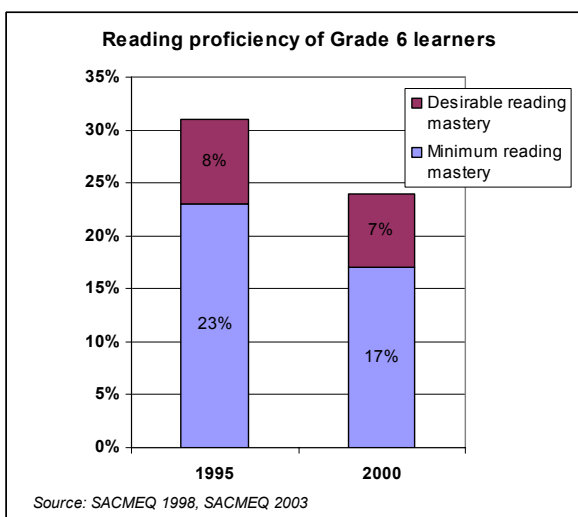
Inequity in resource allocation across the sub-sector reflects the inequitable resource distribution from before the country's Independence.¹⁶⁶ The poorest performing regions, in the North, which educate over approximately 70% of the country's learners, continue to be disadvantaged in terms of resource allocation. Inequitable resource allocation mitigates against learner access, retention, and learner outputs.¹⁶⁷ Significant disparities exist with respect to human resource allocation as is evidenced by learner teacher ratios and numbers of qualified teachers per region. The resultant effect of unequal distribution of resources, especially in the Primary phase, is poor performance and output at Secondary levels.¹⁶⁸ Inequity and quality are interrelated in that resource allocations favour regions with higher numbers of qualified teachers and lower teacher to learner ratios. Teacher placement problems also exist where qualified teachers of different subjects are placed to teach subjects they have not been trained to teach due to a need to fill teacher positions. Furthermore, rural areas are particularly characterized by large class sizes and significant numbers of under or unqualified teachers. These are the regions that are disadvantaged in terms of resource allocations.

The region with the lowest reading proficiency, Ohangwena, has over 13 schools per information centre. In 2001, only 37% of Namibia's schools had telephones and 42% had electricity. The provision of water and sanitation is more widespread, with 67% having improved water sources and 71% having toilets. These measures have improved markedly since Independence. Almost all of the schools in the best performing regions—Khomas, Erongo, Hardap and Karas—have clean water, toilets, electricity and telephones. The four regions with the lowest proportions of schools with basic services all had JSCE pass rates below the national average.¹⁶⁹

Poor Quality Outputs

Quality improvement within the sector has been slow.¹⁷⁰ Poor academic performance varies across regions and it appears as if resource inputs correlate with learner outputs. Thus, regions that are more disadvantaged in terms of resource allocation and availability tend to perform poorer. Moreover, quality enhancing inputs vary considerably across regions as schools continue to rely heavily on school development fund contributions. However, many learners cannot contribute to these funds. As a result, schools continue to face declining resource availability, and need to rely on other measures to provide and sustain quality delivery.

The low quality of Namibia's Basic Education system is evident by various measures. Two surveys on quality of Primary education showed that 69% of grade 6 learners could not read with any level of proficiency in 1995 and 76% could not in 2000. Out of the 14 countries in the region surveyed, Namibia's grade 6 learners ranked 12th in reading and last in mathematics. Namibian grade six teachers came in second to last in mathematics out of 12, but performed comparatively better in reading, coming in sixth. The high failure rate of grade 10 learners on the JSCE attests to quality issues continuing into the Junior Secondary level. Moreover, of the 46% of learners who scored the points required to pass in 2001, most scored just above the failure point.¹⁷¹



Although data on vocational and tertiary education is sparse, indications are that quality issues persist into these levels. Pass rates on the external trade tests given to students completing the four-year programme at state-funded Vocational and Training Colleges (VTCs) have improved considerably since 1998, but as recently as 2002 about half of the course-completers failed. A 2001 survey of 38 enterprises employing trainees of the Windhoek VTC, considered one of the best in the country, found that about half of the employers were dissatisfied with the work quality of the trainees. At the tertiary level, interviews with educators and employers point to the same problems: poor communication, writing, English, mathematics, science and computer skills of students and graduates. These deficiencies are apparent with incoming first year students, necessitating that the institutions focus on remedial skills at the outset.¹⁷²

Underlying poor performance later on in the Basic Education system is inadequate provision for ECD opportunities for 3-6 year olds. Coupled with limited access is the limited numbers of trained ECD caregivers. Rural poverty contributes to the inability of communities to provide adequate ECD facilities. Furthermore, there is inequitable access to primary education.¹⁷³ National figures for NER are not representative of all ethnic groups as over 60% of San children are not attending school, and a significant percentage of children drop out of school before completing end of the Primary cycle.

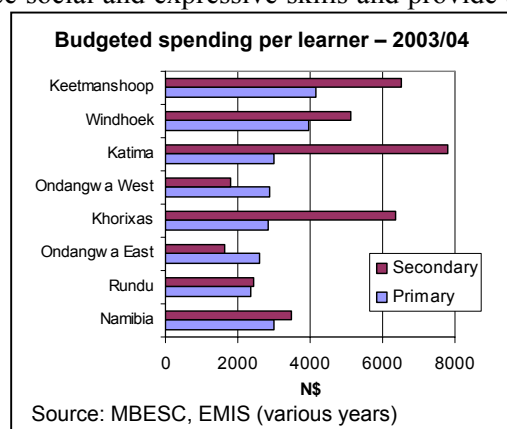
Significant wastage, as evidenced by poor retention, poor progression, low survival rates, and increased dropouts in Secondary contribute to the low level of enrolment at Senior Secondary. Returns on investment in Basic Education have mainly yielded poor returns.¹⁷⁴ The poor performance of learners in Grade 10 examinations is symptomatic of poor performance on internal efficiency measures in Basic Education. Poor learner readiness to progress through the various grades, as evidenced by national statistics, indicates the need for stricter measures of quality control.¹⁷⁵ The poor grade 10 results are a symptom of internal inefficiency and there is a need to improve measures for external assessment of grade 7 learners.

Poor quality enhancing inputs, such as adequate provision of teaching and learning materials, supply of human resources, and insufficient quality monitoring contribute to learners not achieving the requisite level of competencies. Since government resource allocation to schools are limited schools have to rely on additional sources of income to supplement available funds in order to acquire basic instructional materials, such as textbooks.

Teacher attrition hampers continuity and quality learning. The absence of a formalized replacement teacher system complicates the provision of substitute teachers. Overall sub-sector spending has mainly centred on personnel and other overhead costs. As teachers salaries are linked to qualifications huge salary bill expenditures are incurred by government. There are currently no measures in place to redress this large budget expenditure, and as teachers are not inclined to be transferred to other less advantaged region schools with inadequate staff, numbers continue to be under pressure. With declining resource allocations and inability of schools to raise adequate resources from school development funds quality teaching and effective learning throughput will continue to be compromised. The impact of HIV/AIDS on teacher attrition is significant and warrants the institutionalization of measures to address this problem.¹⁷⁶ A vast majority of schools, mostly those in northern regions, continue to face an insufficient supply of adequate teaching and learning resources. Large numbers of unqualified Primary teachers, mostly in northern regions, contribute to inability of learners to achieve requisite levels of competence.

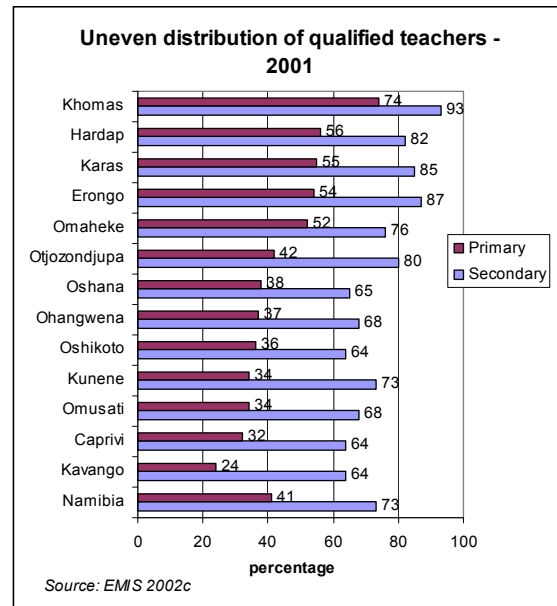
The factors underlying Namibia’s low education quality are manifold:

- Poor pre-natal maternal health, child health and malnutrition, iodine deficiency and improper childcare practices harm the cognitive ability of babies with lifelong consequence.
- It is likely that large proportions of school-age children do not eat enough and thus have difficulties concentrating on their studies. MBESC has a school-feeding programme that is reaching only about one-fifth of learners nationwide.¹⁷⁷
- Due to the low coverage of ECD centres, the vast majority of Namibian children are not prepared for primary school. ECD programmes generally enhance social and expressive skills and provide a base for literacy and numeracy. Only a small minority of centres nationwide have the resources and skills for high quality ECD. MBESC provides a 10-week school readiness programme to all grade 1 children, but this does not provide the level of preparation they need.
- Many parents and caregivers do not have adequate education to support their children academically.
- Education resources are distributed unevenly in favour of formerly advantaged southern regions. Education regions that perform well by national and African standards—Keetmanshoop (Karas and Hardap) and Windhoek (includes Khomas), receive the most financing per primary school learner and higher than average funding per Secondary learner. Over time, these disparities will be corrected as more teachers reach the required level of qualifications.

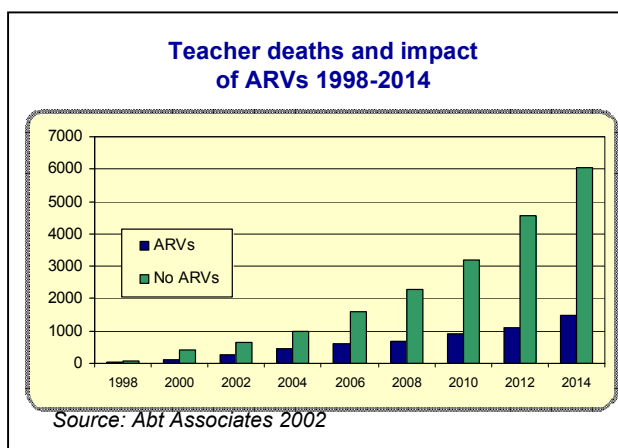


- No region comes close to having enough books for its primary schools, which require seven books per learner for each to have one for every subject. Hardap, Khomas and Ohangwena have the highest textbook to Primary learner ratios, in the range of 3.1 to 3.7. The ratios are better in Secondary schools. All regions except Kunene have enough textbooks to provide one for every learner in each core subject, but the ratios are still far from meeting the demands of every subject.¹⁷⁸

- There are not enough qualified teachers. Although about half of the teachers are qualified about 18% did not complete Secondary school and have not had any teacher training. Qualified teachers are concentrated at the Secondary level. With only 41% of Primary teachers qualified, the essential base needed to succeed in Secondary school is compromised. The high-performing regions have the largest proportions of qualified teachers and academically weak regions have low proportions.¹⁷⁹ About 2,000 teacher trainees per year are enrolled in the three-year course of the Colleges of Education (CoE) and some 600 newly trained teachers start working per year, which represents about 3% of the national teacher corps.¹⁸⁰ This rate is insufficient to keep pace with teacher attrition. Between 2000 and 2001, 8% of all teachers and 7% of qualified teachers left the system.¹⁸¹



- It is likely that the impact of AIDS will quicken teacher attrition rates. In 2002, it was estimated that as many as one in seven educators were infected with HIV nationwide, with the proportion rising to one in four in Caprivi. The death rate of teachers was estimated at 1.4% per year in 2000. Without ARV drugs, the annual death rate would climb to 3.5% by 2010, resulting in the cumulative loss of 3,360 teachers, or 19% of the current teaching corps. Even with the consistent use of anti-retrovirals, an estimated 860 teachers would die by the decade's end.¹⁸²



- As the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) results on teacher competencies suggest, the vast improvements in teacher qualifications have yet to translate into teacher quality. Even among qualified teachers, large proportions lack basic competencies. Many teachers have difficulty interpreting the curriculum, implementing continuous assessment and employing learner-centred methodologies. Moreover, the teacher corps has not overcome apartheid's Bantu education system, which undermined

education for blacks. Many teachers have poor reading, grammar and elicitation skills, a limited vocabulary and difficulty explaining concepts. As a result, teachers are found to teach the textbook and leave out parts of the syllabus they do not understand.¹⁸³

- A significant underlying factor to Namibia's low education quality is that the nation is still transitioning to English as the national language. Many teachers are uncomfortable with the language and learners rarely use it outside of school.
- Education curricula and content do not sufficiently address major development issues or teach practical life skills and knowledge. This includes issues like HIV/AIDS, values and the

environment and necessary practical skills such as how to prevent HIV/AIDS infection and how to behave responsibly in society and in conserving the natural environment. There is a need for further strengthening environmental learning, building on initiatives like the Supporting Environmental Education in Namibia project.¹⁸⁴

Root Causes

The limited provision of ECD is primarily rooted in the failure to delineate functions between the various role players as per policy and institutional provisions. ECD provision is not conceptualized within a holistic framework which caters for children 0-6 years old. There is a need for setting of quality standards and concomitant budgetary and other resource provision to improve access to ECD. It is essential to define and assess institutional capacity for ECD delivery, and then to have in place programmes for capacity development.

The lack of disaggregated data by language groups and gender for the sector directly contributes to its inability to provide for learners marginalized by the system. There are no comprehensive data generation mechanisms at regional level that could identify disparities that could feed into a centralized Education Management Information System (EMIS) for budgeting and planning purposes.

The lack of performance monitoring standards at central level hamper the Inspectorate and Advisory Services (IAS) to affect quality assurance at school level. In light of the ongoing decentralisation exercise, it is essential that IAS be adequately utilized to develop capacity of school authorities and instil a greater sense of responsibility for results.

There is currently no data that explains the reasons for the significant wastage. The absence of this information makes planning of interventions difficult and promotes overlaps at the expense of efficiency. Furthermore, the semi-automatic promotion policy has the potential of pushing learners through the system who have not necessarily achieved the requisite competencies for a particular grade. The provisions of the semi-automatic promotion policy would need to be clearly spelled out and practiced by teachers to ensure that learners who fail do get the necessary remedial attention before being promoted to the next grade.

Role Analysis

Parents and other caregivers are responsible for sending their children to school, paying their school fees, giving them the preparation and resources they need for success, monitoring their performance and being involved with school activities.

The MOHSS, MWACW and MBESC are all jointly responsible for ensuring that children receive integrated ECD and adequate levels of food and health care to allow them to concentrate on their schoolwork. MWACW is responsible for increasing access to and the quality of ECD programmes and supporting OVCs, including street children.

The MBESC must ensure that resources, funds, text books, qualified teachers and all other important components of education are distributed evenly across the regions and among the various levels of the education system. MBESC is responsible for providing adequate provision of places in primary school, training teachers and having enough relief teachers, expanding the capacity of the Secondary grades, providing learning inputs and setting policy and financial frameworks conducive to improving education quality and increasing access for all. MBESC should ensure that the curriculum addresses important life skills, addressing HIV/AIDS, the environment and other practical issues. MBESC and IAS are responsible for providing guidance and quality assurance monitoring at school level.

Teachers are responsible to be present at school and strictly follow the prescribed curriculum. Teachers and school administrators are obliged to act in the best interest of their pupils, give them a quality education, comply with the law and MBESC policy and work with caregivers to improve

performance. MBESC should ensure that all teachers are properly trained in English now that it is the official language of the country. School boards are responsible for active involvement in school management. Community leaders have a duty to encourage school enrolment, prohibit child labour, establish ECD centres, support struggling families and ensure that orphans get proper care.

MOHSS is responsible for increasing access to anti-retroviral drugs and improving the nation's health, including and beyond the combating of HIV/AIDS. The OPM, the trade unions, education ministries and Government Institutions Pension Fund should ensure that all teachers and their dependents become members of the Public Service Employees Medical Aid Scheme. The relevant branches of government, civil society and the international community are obliged to encourage economic growth, alleviate poverty and support all duty-bearers in fulfilling their obligations.

Capacity-gap Analysis

Although policy provisions are relatively clear, there is a lack of definition of roles and responsibilities between the various ministries regarding who is responsible for ensuring that learners are healthy, suitably fed and have access to ECD programmes. There is ineffective implementation of policy provisions that cater for educationally marginalized children and for OVCs in general.

Parents may lack the educational background themselves to help their children with their homework.¹⁸⁵ The inability of parents and caregivers to contribute to school development funds is an increasing problem. Furthermore, many parents depend on their children to work and do not have money to contribute to school-development funds.¹⁸⁶ Learners that cannot pay school fees will not be denied basic education but some parents are not able to ask for a fee waiver. There are sometimes also language barriers between parents and school staff. Community leaders face similar challenges.

Poor management and accountability for results perpetuate poor performance at school level. Devolution of authority to regions in light of the decentralisation exercise does not necessarily mean devolution of sufficient resources. There are vast inequities in resource allocation across and within regions, mostly to the detriment of northern regions.

The MBESC needs to ensure that that funds, skilled teachers and textbooks are distributed evenly across the region, in part because of how these resources are allocated and partially because of inequalities stemming from pre-Independence.

Some teachers and principals do not do their jobs to the best of their abilities, understand the importance of working with parents or follow MBESC policy. Not all teachers speak English well and some rely upon rote learning methods.¹⁸⁷ School boards only control the money they raise from parental contributions, which is usually a very small amount. Often there is inadequate oversight over how school-development funds are spent. There is also a lack of information sharing between school boards and parents, especially on the exemption policy of school development funds.

There are an inefficient number of Secondary school teachers and limited uptake in the CoE, as well no pool of temporary teaching staff to draw from. Support teaching staff is becoming more urgent due to the effect of HIV/AIDS. There are insufficient resources for physical expansion. There is a lack of establishment of National Education Development Fund mechanisms.

There is no policy on quality standard setting and schools not strictly accept their accountability for quality output and effective education delivery. The Inspectorate and Advisory services are not being used effectively for monitoring. School boards are not trained well enough in effective school management, including quality assurance measures.

The ongoing reform process in the education sector is primarily characterized by the development of a sector improvement plan within the framework of a sector wide approach. Sector planning and budgeting processes have also undergone reform in that Government MTEF and Medium term

Strategic Plans have been introduced. This new development has allowed the two education ministries to align sector programmes with resource allocation over the medium term, and subsequent monitoring and measurement of sub-sector performance through nationally defined indicators. There have also been concerted efforts in bringing together various planning documents into one strategic document (the Education Training Sector Improvement Plan) which would guide sector planning, budgeting, and performance monitoring. Government has, in the face of declining resources as indicated in MTEF documents, continued to institute efforts aimed at improving access, quality and equity within the education sector. Because of decentralisation more and more programme management is being transferred to the regions and as a result capacity development needs to be strengthened across the various levels of the system.

The impact of HIV/AIDS on the education system's capacity to deliver quality education is significant given tighter resource constraints. As MBESC continues to face continuous budgetary and resource constraints it will be required to rationalize expenditure, put in place mechanisms for quality assurance in teaching, and maintaining an accepted level of teacher attrition rates in the context of HIV/AIDS. Increased interrupted learner attendance, dropout as a result of the pandemic, coupled with the inability of learners to contribute to school development funds, will require that schools have access to remedial measures for exempting needy learners while maintaining quality with decreased development funds. As a recourse for quality maintenance MBESC need to ensure that schools that exempt needy learners can access the National Education Development Fund to claim reimbursements. In the absence of proper relief teacher mechanisms, access to retro-viral treatment for teachers, access to the National Education Development Fund, and improved performance on internal efficiency measures, the system will not meet the demand for quality service delivery.

The system response to the HIV/AIDS pandemic is not mainstreamed across the system. The HIV/AIDS Management Unit is delegated with the sole responsibility of implementing HIV/AIDS programmes. Apart from centralizing the oversight responsibility there is still the need to mainstream system response across the sector. Within this system response provision would need to be made for a teacher replacement mechanism. The capacity of the system to teach appropriate life skills for HIV prevention also needs urgent attention.

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| <p style="text-align: center;">Issues Requiring Further Research</p> <ul style="list-style-type: none"> • Alcohol abuse among teachers and learners • The causes of learner attrition • Strategies for improving education quality • The quality of and access to post-secondary education |
|---|

Conclusion

Increasing Senior Secondary enrolment will require a focus on health, ECD and improving the access to and quality of Primary education in order to prepare learners for success at that level. The capacity of post-Secondary education must expand in tandem with improvements to Basic Education so that all qualified youth have equal opportunities. Despite Namibia's successes in education since Independence, the sector is under threat due to the effect of HIV/AIDS on teaching staff and on the stability of the lives of learners. Girls are more at risk when parents and other caregivers pass away. The effects of HIV/AIDS are occurring simultaneously with a decrease in real terms of Government funding for education. If Namibia wants to succeed in brining the nation into prosperity, as envisaged in Vision 2030, it needs to do more to deliver quality education for all.

2.4 Rights to Protection

While all Namibians are entitled to physical and social protection, women and children are particularly vulnerable and therefore are entitled to special attention to ensure the fulfilment of their rights.

“Everyone has the right to... security of person.”

“Motherhood and childhood are entitled to special care and assistance.”

– Universal Declaration of Human Rights

Issues Identified

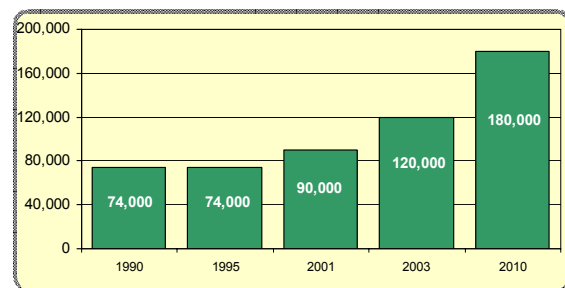
Two critical issues have emerged in the analysis: the increasing vulnerability of children due to HIV/AIDS and the pervasiveness of violence against women and children.

Increasing Vulnerability of Children

Statement of Rights Unfulfilled

The 2001 census counted more than 97,000 orphans up to the age of 15.¹⁸⁸ It is estimated that by 2021 Namibia will have over 250,000 orphans, representing about 10% of Namibia’s total population.¹⁸⁹ Increasing numbers of children are at risk of not getting adequate care, suffering from negative psycho-social effects and, ultimately, not having their rights to education, health, life and a decent standard of living fulfilled. This is particularly true of orphans. Double orphans, who have lost both parents, between the ages 10 to 14 are less likely than non-orphans to be enrolled in school.¹⁹⁰

Estimated number of orphans under 18 years 1990-2010



Source: UNAIDS, UNICEF and USAID 2004

Causality Analysis

The immediate causes of the increasing vulnerability of children are: parental mortality, parents leaving their children in the care of others, poor childcare practices and inability of caregivers and communities to take care of them due to poverty.

Parental Mortality

AIDS is the primary underlying factor of the deaths of parents in relation to the increasing vulnerability of children. It is estimated that in 2004 about two-thirds of all orphans were orphaned by AIDS. The proportion of children orphaned by AIDS is expected to rise to about 80% by 2021.¹⁹¹ The regions with the highest HIV prevalence rates are those which are and will become increasingly more burdened with the care of children affected and infected by HIV and AIDS. These are: Caprivi, Oshana, Otjozonzupa, Karas, Erongo, Kunene, Oshikoto, Erongo, Erongo and Ohangwena. These are also the most populous regions with the bulk of the population in the country.

Parents Not Living with Their Children

Studies have shown a rather unusual pattern of parental care in the country. Only 26% of children under 15 years old are living with both parents.¹⁹² An equal proportion is not living with either parent even though both are alive. Most single parents are mothers. Only 4% of children under age 15 were living with their father alone and 29% were living with their mother alone even though the father was alive.¹⁹³ Underlying the absence of living parents is the prominence of migrant labour due to the concentration of work in cities, mines and seaports; childbirth out-of-wedlock, and paternal delinquency.

Childcare Practices

No national studies of childcare practices are available, but regional studies and child health statistics indicate that this is a problem. A 2003 study of four predominately rural regions found many caregivers misuse medicines; have misconceptions of the purpose and proper timing of vaccinations and treatment; have incorrect beliefs regarding the powers of traditional healers; keep children out of school and cut down on the number of meals per day during difficult times; discriminate against “AIDS babies”; leave young children to care for younger siblings, give forms of alcohol to children on a daily basis, sometimes in place of food; do not encourage children to wash their hands after defecating or urinating; do not register their children at birth; and, do not cognitively stimulate children appropriately, particularly those under three years of age. Male heads of households are especially prone, for financial reasons, to delay bringing a sick child to a medical facility, to invest in safe sanitation facilities or insist on using unsafe water sources, especially during the rainy season.¹⁹⁴ Underlying poor childcare practices are the lack of access to accurate information, language barriers between caregivers and information providers (notably health workers), alcohol abuse, domestic violence, morbidity and mortality of caregivers and income and asset poverty.

The Weakening Capacities of Caregivers and Communities

The AIDS epidemic, by claiming the lives of workers, farmers and caregivers, is eroding food security, institutional capacity and, ultimately, the capacities of extended families and communities to care for the increasing population of OVC. Extended families and communities are caring for OVC and child-headed households are relatively rare.¹⁹⁵ However, the number of child-headed households is on the rise. As of 2000, the majority of orphans were living with their grandparents,¹⁹⁶ who need or will soon require care themselves. Many of the extended families and non-relatives who are caring for orphans are struggling to care for them properly.¹⁹⁷

The Namibian component of a recently completed Rapid Assessment Analysis and Action Planning (RAAAP) exercise, found that among orphaned children interviewed, anxiety regarding continued school attendance looms large and the following reasons were cited: lack of ability to pay school fund contribution, lack of school uniform, having to stay home to care for a sick relative, not having any food to bring to school and feeling disgraced, bullied or made fun of. In extreme poverty, children will experience deprivation, poor growth and health and lower cognitive performance. The trauma of losing a parent, perhaps of serial loss of caregivers, and of emotional and material insecurity takes its toll on children. A number of children in the focus group discussions reported bouts of crying and feelings of estrangement with little opportunity for fun, recreation, a sympathetic adult listener or peer support.¹⁹⁸

Root Causes

The root causes of the increasing vulnerability of children are the stigma associated with AIDS, deepening poverty associated with the burden of HIV/AIDS on the extended families, cultural beliefs and practices not in accordance with proper childcare, the lack of education, perceptions that men are less responsible for children than women, high fertility rates, which particularly affect the vulnerability of the children born to poor and unmarried mothers,¹⁹⁹ and the practice of migrant labour, which is associated with the legacy of apartheid.

Role Analysis

Parents and other caregivers have a duty to properly care for and protect children, and to write wills to ensure that children receive their inheritance. Grandparents and members of the extended family have a familial obligation to care for OVCs. Community leaders and MWACW are responsible for mobilizing community support for OVC. MWACW is responsible for providing orphans or their caregivers with monthly welfare grants as a social safety net. Many fathers do not believe that they

have as much responsibility for their children as the mothers. Government extension workers in particular school staff, health workers and social workers are responsible for ensuring that OVC receive services and get emotional support.

The government, civil society and the international community are responsible for providing enough money to MWACW to support orphans and their caregivers and ensuring that all duty-bearers have the appropriate capacity. The capacity gaps for HIV/AIDS are expanded upon in the Health section but Government, schools and civil society must together combat the stigmas associated with HIV/AIDS. The Ministries of Rural Development, Trade and Industry (Small & Medium Enterprises) and Regional and Local Government all share the responsibility for building the capacity of extended families and communities in the care of orphans through livelihood and productivity development programmes. The private sector needs to provide comprehensive workforce programmes that include a community-based component focused on supporting and enhancing the social environment of the organisation, focusing especially on helping keep family units together.

Capacity Gap Analysis

Many parents, caregivers and community support groups lack the knowledge and resources to provide proper childcare.²⁰⁰ Parents frequently do not understand the importance of wills. Most fathers are not involved in the upbringing of their children and lack parenting skills. Grandparents and extended family members do not always receive enough pension money to be able to support OVCs. Community members do not have legal authority to represent orphans at schools, health centres and other institutions. The complicated procedures governing the distribution of orphan grants and the limited capacity of sub-national social welfare systems preclude many orphans and their caregivers from receiving them.

At the national level, Namibia has a very positive policy environment for OVC and strong legislation in place or on its way. These include: An HIV and AIDS Policy for the Education Sector (2003), OVC Policy (2004), a Policy for Educationally Marginalised Children (2002), HIV/AIDS Charter of Rights, a Child Care and Protection Act and Children's Status Act. In addition, the Third National Strategic Medium Term Plan for HIV/AIDS (MTP3) includes a strong component on mitigating the impact of HIV and AIDS on OVC and their families. Certain legislation is still needed with regard to inheritance in order to protect the property rights of orphans.

Despite this positive foundation, various economic and social factors mitigate the effectiveness of these policies and the implementation of the programme of action for OVC. MWACW does not have enough money to provide all needy orphans with grants and lacks the transportation and staff with the knowledge and skills necessary to implement, monitor and evaluate community-support programmes. Some government extension workers do not waive fees for OVC²⁰¹ and do not have the inclinations or skills to provide psycho-social support. Institutions often do not have enough money to maintain the quality of their services while also serving OVC who cannot pay fees.²⁰² Economic ministries do not recognise their role in OVC care as an integral part of addressing the impact of HIV/AIDS on communities and families. Given the pervasive effects of HIV/AIDS on the economic productivity of families, their capacity to care for the extra burden of OVC has to be recognised. OVC care and support therefore requires a broader view for community capacity development than the current welfare grant approach. The private sector needs to improve the home environments of their employees.

The Disempowerment of Women and Children

HIV Prevention not as simple as ABC for women & girls	
Abstain	44 % of married men agree that beating is justified if wife refuses sex or neglects children. One woman is reported raped every 8 hours.
Be faithful	19 % of married men had one or more sexual partners other than spouse or cohabiting partner.
Condomize	35 % of men say that condoms reduce a man's pleasure. 24 % of men say that a woman has no right to tell a man to use a condom.

Source: MOHSS 2003a; NamPol Unpublished

Women and children are disempowered by their relative lack of physical strength, economic and emotional reliance upon abusers. The study of domestic violence in Windhoek reported that 62% of domestic violence victims never sought help, 48% suffered such violence until they “could not endure more” and 36% until they were badly injured. When they did seek help the majority of victims did not contact formal services but rather sought help from informal sources of support.²⁰⁸ Underlying the disempowerment of women and children is the cultural acceptance of violence against them; traditional views of

power relations among men, women and children; and the lack of education. These capacity gaps are further elaborated below.

Alcohol Abuse

Based on police records, it is estimated that up to 90% of violent crimes in Namibia are alcohol and drug related. According to a 1998 study, 56% of all adult Namibians were current alcohol drinkers and that most drinkers had problematic consumption patterns. The study found that more women (53%) than men (39%) had been lifelong abstainers, while 43% of men and 32% of women had consumed alcohol during the week preceding the interview. The study further showed that 92% of those surveyed agreed that alcohol abusers look after their young children poorly; 20% had broken up with a friend or spouse due to alcohol; and 35% of current drinkers had skipped a meal to drink in the three months prior to the survey.²⁰⁹ Underlying alcohol abuse in Namibia are unemployment, the lack of healthy preoccupations, hopelessness, cheap and pervasive accessibility of alcohol and limited availability of programmes for prevention, treatment and rehabilitation.²¹⁰

Root Causes

The root causes of violence against women and children in Namibia are cultural acceptances of such violence, negative cultural attitudes toward the roles of women and children in relationships that view them as second-class citizens, poverty, slow economic growth and job creation, the lack of education and the inadequacy of policy frameworks and institutional capacities to deal with the violence and alcohol abuse.

Role Analysis

While all people have a duty to respect the rights of others certain institutions have legal and social responsibilities. MWACW is responsible for protecting the rights of women and children. NamPol has a particular duty to protect those most vulnerable to crime and abuse. MOHSS is responsible for health and social education and for counselling and treating alcohol abusers. Family, community and national leaders have a duty to change the apparent acceptance of violence against women. They should also prevent alcohol abuse, especially when it impacts women and children. The government, civil society and the international community are obliged to promote economic growth and job creation and to provide all duty-bearers with the resources and capacities that they need.

Capacity Gap Analysis

Despite a tougher legislation, the Combating Rape Bill, violence against women and children continues to be a very real and present threat for many Namibian women and girls. Significant proportions of male parents and teachers believe that they have the right to violate the personal security of others. Parents and teachers often do not know how to discipline children by non-violent means. Children frequently do not respond to non-violent punishment. Women and children who are abused or raped are often too afraid or ashamed to report the crime to authorities. Alcohol abuse has come to be a social norm, often blamed on a variety of excuses including the legacy of apartheid and disempowerment. MWACW, MOHSS and NamPol are short of the human and financial resources and human capacity needed to fulfil their duties. NamPol only has 15 Woman and Child Protection Units nationwide. Large proportions of Namibians are also geographically dispersed and live far from protection and treatment.

Issues Requiring Further Research

- Access to services for OVC
- Identification of vulnerable children
- The delinquency of fathers
- A national survey of childcare practices
- Child-headed households
- Prevalence and nature of violence against women and children
- Corporal punishment
- The disempowerment of women
- Alcohol abuse and its effects
- Gambling and its effects
- Access to services for disabled Namibians

Conclusion

With an increasing orphan population and indications of increasing violence against women and children, Namibia's challenges to fulfilling rights to protection are on the rise. The foremost protection challenges are to support families, communities and institutions to manage the impacts of AIDS and the associated deepening of poverty; to address negative cultural attitudes toward women, children and the dominance of men; and to systematically tackle alcohol abuse.

2.5 Civil and Political Rights

Considering the degree to which the country was ethnically, racially, culturally and linguistically divided at the time of Independence, Namibia has achieved much in a short time. Since 1990, Namibia has

“Everyone has the right to take part in the government of his (or her) country, directly or through freely chosen representatives. Everyone has the right to equal access to public services in his (or her) country.”

–Universal Declaration of Human Rights, Article 21

had democratic rule based upon a progressive constitution, free and fair elections and the rule of law. As such, civil and political rights are fulfilled for most Namibians.

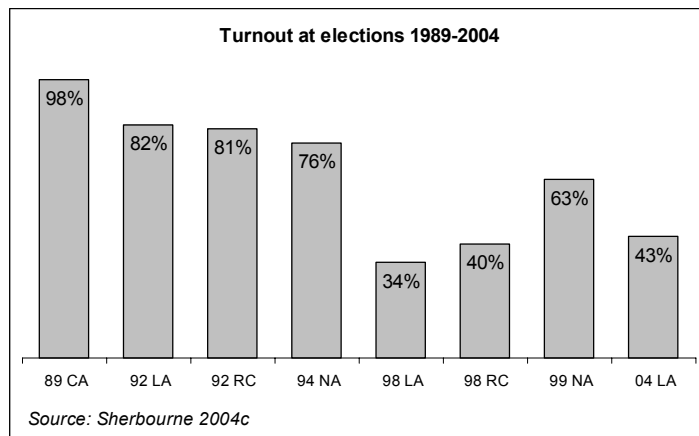
Issues Identified

The Government has implemented many reforms since Independence which have helped give it relatively high levels of legitimacy and popular support.

- When asked in a regional survey how satisfied they are with the way democracy works in their country, 25% of Namibian respondents said “very satisfied” and 44% said “fairly satisfied” compared to averages of 17% and 37% in other Southern African countries.²¹¹
- 30% said Namibia is a full democracy, 30% a “democracy with minor problems” and 29% “a democracy with major problems. 63% of the respondents agree with the phrase “Our present system of elected government should be given more time to deal with inherited problems” and 56% with the following “Democracy is worth having simply because it allows everyone a free and equal voice in making decisions.”²¹²

- 55% of Namibians said “all/most” of the country’s problems can be solved by the government and another 33% said that “some” of them could.²¹³
- When comparing the present Government to the former South African apartheid system, 64% said the government is “more/much more” able to enforce the law and another 12% said “about the same.” 66% said the government is “more/much more” effective in the delivery of services and another 19% said “about the same” as the former system.²¹⁴
- 76% said they have “a lot/a very great deal” of trust in the President, 59% in the ruling party, 15% in opposition parties, 42% in traditional chiefs/leaders, 42% in the courts of law, 47% in Parliament and 31% in local government. When asked which people they thought were involved in corruption, 15% responded affirmatively to the President or officials in his office, 22% to elected leaders, 22% to judges, 30% to Government officials, 28% to border officials and 37% to the police.²¹⁵

Voters register in high numbers during Constituent Assembly (CA), National Assembly (NA), RC and Local Authority (LA) elections and voter turnout, though declining over time, does respond to increased competition and new opportunities. The constitutionally protected rights are respected by government in everyday life. In terms of routinising rights enforcement, horizontal accountability agencies (competitive media, the Ombudsman’s Office, the Office of the Auditor-General, Corruption Commission and the courts) are in place to sustain the rights enforcement and compliance from the government side.



However, three critical challenges to fulfilling civil and political rights for all Namibians have emerged from the analysis: the widening of democracy for all; the slow pace of decentralisation and devolution of powers; and, lack of gender equality and women’s empowerment.

The Widening of Democracy for All

Statement of Rights Unfulfilled

Despite significant progress in securing and protecting the civil and political rights of all Namibians, challenges remain in recognizing these rights for everyone. Lingering ethnic, racial, cultural and linguistic divisions continue to divide parts of the country. The cultural status of minorities such as the San communities in the Omaheke Region and the West Caprivi are of particular concern. Meanwhile, the spread of HIV/AIDS is hampering efforts at making democracy available and accessible to all.

Causality Analysis

Despite Government efforts at national unity and reconciliation there remains a politicization of race and ethnicity. The politics of ethnicity is complex, since it is tied to competition for resources (such as land), issues of citizenship, institutional choice and social capital. Perceptions of ethnic inclusion and exclusion can provide fertile ground to fuel the embers of ethnicity and to mobilize on ethnic grounds.

The principal immediate cause of unfulfilled rights of cultural minorities, such as the San, is the non-recognition by Government of some of their traditional leaders, such as in the case of the West Caprivi. Government has officially recognized the Traditional Authorities of only two of the six broader San groups in Namibia, namely the !Kung and Ju / ‘ hoansi of Tsumkwe Districts West and East respectively.²¹⁶ The other groups continue to struggle to assert their right to recognition of their

traditional authorities, without which the San cannot participate in decision-making on land allocation. The Khwe of West Caprivi fall under a local Humbukush Chief, which makes it difficult for them to put forward and implement their development plans. Although MRLGH, under whose jurisdiction traditional authorities resort, did mandate a high level investigating committee to reinvestigate and finalise the recognition claim by the Khwe Community, the Community is still awaiting a final decision on the matter. The San community living in the N+a Jaqna Conservancy in the Tsumkwe West District have been experiencing various rights violations, ranging from overgrazing of land by other ethnic groups and illegal cutting of trees.²¹⁷

Research into the impact of the AIDS pandemic on the SADC region, the epicentre of the AIDS pandemic, identified key areas of democratic governance that have been influenced by the pandemic.²¹⁸ These include: the electoral system, electoral administration and management, voter participation and voter rolls. Elections provide a key arena for considering the potential impact of AIDS, since they constitute a vital component of democratic governance and have a direct bearing on stability, accountability and public participation. AIDS is also likely to affect the management and administration of elections because the loss of skilled human resources needed to mount and manage elections. AIDS has an impact on the all-important aspect of citizen participation in elections. The burden that comes with AIDS eats into the time and resources of a potential voter. Illness, funerals and orphans all reduce participation in politics. Moreover, politics generally, and elections specifically, may well become a lesser priority as persons and families affected by AIDS struggle for survival. Parties with regional appeal or with a high percentage of younger voters might see their support bases erode more rapidly, with reduced subscription and resultant effect on their ability to compete. Governments are losing personnel, operating costs are increasing and the HIV/AIDS is undermining the turnover of the private sector, thereby negatively impacting employment potential and tax revenues. The epidemic is also putting a considerable burden on regional and local authorities. Sick leave is expected to rise sharply over the 2001-2012 period and payroll costs are expected to rise between 1% and 2% due to HIV/AIDS alone.²¹⁹

Root Causes

The pre-Independence government deliberately tried to physically and socially divide the population across ethnic, racial, cultural and linguistic lines. This was made easier because Namibia is a large country with a very diverse population. At the root of the problem of the unfulfilled rights of small cultural minorities such as the San, is their low social status in society, arising from various other factors including low levels of education, poverty, English proficiency (the official language), the near-absence of community-based San organizations and social disintegration. The root cause of HIV/AIDS threatening the democratic process is the massive impact the disease is having on those who work in politics and on potential voters.

Role Analysis

The Government is committed to national reconciliation and it has a duty to unite the country and not allow divisions of any kind to threaten democracy and the rights of its citizens, especially vulnerable minority groups. Members of cultural minorities have the duty to participate in politics by contesting elections; otherwise they will remain behind in the political process. As citizens, members of cultural minorities also have a duty to educate themselves on their human rights and duties. In relation to political institutions, members of cultural minorities should support political parties that favour and promote their development. Community leaders have a duty to bring human rights issues and concerns to the attention of Government and the broader Namibian public and to build unity between groups so that collectively they can ensure protection of their human rights at local, regional and national level.

Political parties, as duty bearers in relation to cultural minorities, should empower members of such communities through capacity building and leadership training. The national Government, as duty bearer to all citizens, should set appropriate policies that encourage broad citizenship participation in

politics. The Government should also design and implement appropriate capacity building programmes for marginal communities. The NGO sector, civil society and the international community should encourage the Government to design and implement appropriate policies and to assist with capacity building. Political parties have a duty to encourage citizens, especially those from minority and vulnerable groups to take an active part in political life, thereby both blunting the massive effects from HIV/AIDS and making every Namibian feel integral to the political process.

Capacity-gap Analysis

The Government needs to encourage the populace to heal ethnic, racial, cultural and linguistic divisions, embrace national reconciliation and continue towards the type of society envisioned in Vision 2030, while at the same time respecting the varied differences of the Namibian population. Interventions to improve the human rights of communities such as the San should include, establishing and strengthening civic education programmes targeting traditional authorities, local and regional government officials and teachers. These initiatives should be undertaken in close cooperation with government agencies. In addition, there is a need for education and training programmes aimed at developing leadership skills, agricultural skills, primary health care capacity and additional income-generating skills to help soften the effects of HIV/AIDS on the civil and political society.

Slow Process of Decentralisation and Devolution of Powers

Statement of Rights Unfulfilled

Decentralisation has been a major component of policy initiatives in Namibia since Independence. Decentralisation aims to transfer political, administrative, legislative, financial and planning authority from the centre to regional and local authority councils and thereby to ensure that people can participate in democracy at the grass roots level.²²⁰ There are currently 13 regional councils and 46 local authorities, comprised of 17 municipalities, 13 towns and 16 villages.

The two pieces of legislation instituted the introduction and implementation of decentralisation. Following a national consultative process, the government promulgated the National Decentralisation Policy in 1997. This policy offers a good opportunity for increased popular participation, deepening democracy and a transformation of the delivery of services in Namibia. Local and regional governance is a key component in the process of decentralisation. Governance at these levels is a vital pillar for sustaining and deepening democracy.

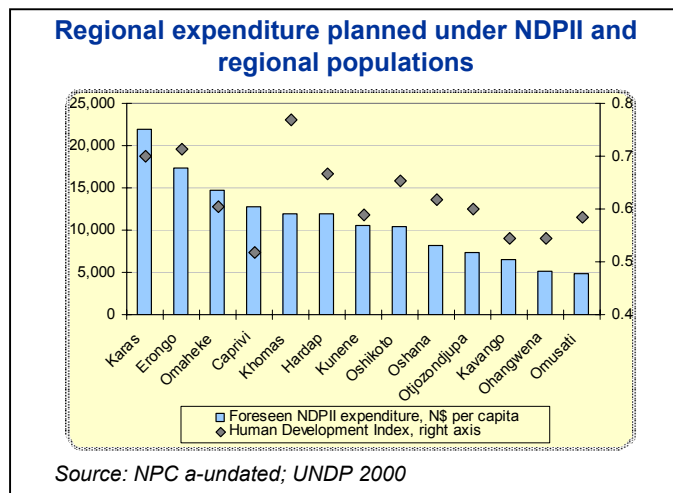
Causality Analysis

Decentralisation is occurring in three phases, the first of which is that a number of functions have been delegated to the RCs, including community-based health care, water, electricity, sanitation and pensions. Over time, the RCs will have full financial and administrative power of these functions. Many public services will eventually be devolved to the regions with a corresponding transfer of staff, resources and assets. Some areas, like national health, will remain centralised. Most RCs and local authorities are successfully delivering public services to their constituents.

The decentralisation process has also been delayed by bureaucracy and diverse and sometimes conflicting guidelines. It is questionable whether the existing legal review mechanism is strong enough to monitor the decentralisation instruments. In addition, the regions have limited revenue bases, which is a condition for decentralisation and devolution of powers. There are other factors at work that undermine decentralisation as a policy and a process. The most important of these include, the reality that Health Districts do not coincide with the 13 administrative regions, the emergence of regional energy distributors in the North and the South of the country, water provision is centralized (as in the case of Katima Mulilo local authority in the Caprivi Region), inefficiency and corruption (as for example in the local authorities of Katima Mulilo, Karibib and Usakos), a culture of non-payment

for services, a heavy debt burden of several local authorities and historical factors, particularly the legacy of apartheid. Regional governments tend to serve a reminder of the separate ethnic homelands established by the apartheid regime.

Actual expenditures by national and regional governments are hard to access and were not available for the CCA process. However, NDPII gives an indication of “foreseen” expenditure to the regions under the Public Sector Investment Programme. Expenditure is foreseen to be N\$17.6 billion from 2001/02 to 2005/06; highest in Khomas with N\$3 billion and lowest in Kunene with N\$700 million. A key overall objective of NDPII is to reduce disparities between regions. Nonetheless The two regions



(Karas and Erongo) that are envisaged to receive the largest share per person also score the highest on the UN’s Human Development Index, a composite measure combining income, educational attainment and abilities, and health for a more comprehensive assessment of development status.

Khomas, by far the richest and most developed region is still among the top five in terms of expenditure. Conversely, the three regions (Kavango, Ohangwena and Omusati) that are foreseen to receive the least share are among the four that

scores the lowest on the Human Development Index, only Caprivi scores lower. This limited analysis suggests a fairer allocation of public expenditure among regions remains a key challenge in the decentralization process. Redirecting expenditure to the poorest and most under-developed regions holds potential for reaching the poorest groups making public expenditures more effective in reducing poverty.

Role Analysis

As duty bearers, officials and politicians at local and regional level have the duty to empower themselves with appropriate knowledge and skills to administer and govern accountably and transparently and to design and implement their development plans. Apart from the legal requirements and provisions contained in the relevant Acts, it is incumbent upon officials and elected politicians to follow all procedures for the proper functioning of local authorities and RCs. Also, elected councillors and officials have a duty to comply with the provisions of their respective Codes of Conduct and Standing Rules.

National Government, as a key duty bearer, has the responsibility for providing a robust policy and legal framework for democratic governance at local and regional state level. In addition, National Government needs to ensure the provision of training and skills development relevant to the effective functioning of local and regional authorities. Political parties, as duty bearers in relation to local and regional authorities, should empower members of such authorities through capacity building and leadership training and encourage citizen participation in local and regional politics. The NGO sector, civil society and other development partners should assist with capacity building and project implementation at local and regional level.

Capacity-gap Analysis

There are weak human and institutional capacities working against the process of decentralisation and evolution of powers in Namibia. The human capacity at the centre is not strong enough; therefore

there is hardly capacity to devolve to the regions. There is also the problem of poor infrastructural services and facilities at the regional level (housing, transportation, communications, water, quality education, medical services, etc.). This contributes to the resistance of some civil servants to move from Windhoek to the regions. Given the bureaucracy and diverse and sometimes conflicting guidelines, the existing legal mechanism appears not to be strong enough to monitor the decentralisation instruments. In essence, the failure of national legal instruments of decentralisation of powers is partly the cause for the slow process of implementation.

The regions have limited revenue bases, which are essential for meaningful decentralisation. This problem can be resolved through trade promotions, creation of economic opportunities and stimulating economic growth. With limited human and financial resources, the regional government is too weak to take on the demands of decentralisation and devolution of powers.

Low Levels of Gender Equality and Women's Empowerment

Statement of Rights Unfulfilled

Namibia has made significant progress since Independence in promoting greater gender equality in rights and opportunities and toward empowering women under NDP II and MDG3. Despite this, two key gender issues remain challenges for Namibia. First, concerns about the gender imbalances found at the elite decision-making level. Second, the cultural and social attitudes toward women and women's roles in Namibia and, the violence against women that remains pervasive in society today.

Causality Analysis

The main immediate cause of lack of gender equality and women's empowerment is associated with limited access to senior level managerial positions:

- Of all the "professional" category jobs in Namibia, 57% are held by women. However, when it comes to "legislators, senior officials and managers" women only account for 30%. Only one-third of employers are women.²²¹
- In 2002/03 women accounted for only 19% of senior management positions in companies with more than 50 employees. The public and financial sectors employ 51% of all female senior managers and 69% of female middle managers.²²²
- Legally binding quotas for women on party lists have enhanced participation of women at local government levels, but participation of women remains weak at regional and national elections.
- Women make up more than 40% of all local councillors with many being mayors, deputy majors and council chairpersons.²²³
- Only 4% of RC representatives are women and only two of the 13 regions have women as governors.²²⁴
- Only 9% of seats in the National Assembly were occupied by women in 1990. This has gradually increased since, but is still only 19%.²²⁵ Two out of 26 (9%) members of the National Council are women.²²⁶ The SADC Declaration on Gender and Development requires that the number of women in politics and decision-making should be at least 30% by 2005.
- In the public service sector as a whole, women make up 29% of the 530 management level positions, 37% of promotions and 20% of new hires.²²⁷

A more difficult area is gender violence, which is rampant and reflects on the status and recognition of equality and rights of women in general in the context of a diverse society in transition from a repressive and oppressive colonial situation to a slow process of development and transformation. Under such transformations values, roles, and behaviours become uncertain and unstable. One of the consequences of such social change is an expression of violence at the personal and family level. Violent aggression such as rape and murder of spouses and girlfriends seems epidemic in Namibia.²²⁸

The rape of young children and old women seems to indicate a targeting of gender violence and anger indicative of such social turmoil in Namibian society. Poverty and alcohol abuse aggravate the situation. The enactment of recent laws on marriage equality, combating of domestic violence, and rape will assist in improving the protection of rights in these respects, but attitudes and behaviour changes more slowly than the law. Also, in rural areas, most women continue to be excluded from decision-making processes, at household and community levels, that affect their lives, even though they have crucial multiple roles and often shoulder greater productive as well as reproductive responsibilities. This gender inequality in rural areas is one of the root causes for rural poverty. The underlying causes for HIV/AIDS have been addressed in the section on the right to life and health.

Root causes

One might attribute lower levels of influence of women in decision-making roles to lower levels of education, interest and attitudes. This is incorrect for two reasons. First, gender equality has long been the norm in the primary school system. In Secondary and tertiary education, however, women continue to have higher levels of enrolment and, as a result, literacy among women is higher than among men.²²⁹ Second, there is no apparent difference in the attitudes of women and men in terms of democratic preferences, satisfaction with democracy, trust in government institutions or in political and civic participation.²³⁰ At the root of the problem of limited participation of women in the political process is the disintegration of the social fabric, arising from a chain of factors including migration, alcohol abuse, AIDS and poverty. Tradition is also an important factor in the relegation of women to a subordinate status in society. The structure of power in traditional society strongly favours men. One solution suggested is education, particularly civic education designed to change the perception of men about gender roles.

Further analysis of the root causes of the problem reveals that, because women bear the heaviest burden of household responsibilities, particularly in the rural areas, they are faced with a role conflict with respect to trying to be involved in politics.

Role Analysis

As duty bearers, women have the duty to participate in politics by contesting elections; otherwise they will remain behind in the political process. In addition, women should accept nominations for positions and participate effectively in political meetings. On their part, citizens should elect women to political positions. In this regard, the group noted that women themselves do not generally favour women in politics and may not favour electing a woman to a position. One additional duty of citizens is to recognize the importance of women in politics and therefore develop an active interest in it. Citizens also have a duty to educate themselves on the rights of women, including the right to participate in politics and get elected to positions. In relation to political institutions, citizens should support political parties that favour the nomination and election of women. And in relation to the national government, citizens have a duty to participate in the formulation and implementation of policies that favour women in politics.

Community leaders have duties to accept, recognize and promote women's rights and ensure the appointment of women as community leaders. Community leaders should act as role models to citizens and educate them on human rights issues. Community leaders have a duty to the national government to get actively involved in the formulation and implementation of policies that favour women in politics.

Political parties, as duty bearers in relation to women, should empower women through capacity building and leadership training. The national Government, as a duty bearer to women, should set appropriate policies that encourage their participation in politics. The government should also design and implement appropriate capacity building programmes for women. The education system has the responsibility for gender education and to eliminate gender biases in the curriculum as well as in the

school environment. The international community has the responsibility to encourage the government to design and implement appropriate policies and to assist with capacity building.

Capacity-gap Analysis

The lack of an empowerment scheme is a factor inhibiting the participation of women in the political process. Such empowerment schemes (such as setting quotas for women) should be initiated by the political parties and actively supported by traditional leaders – otherwise, at the time of nomination of candidates for election, women will always be at a disadvantage. In terms of authority, political parties are not exercising power fairly and responsibly when it comes to women in politics. And in relation to the international community, political parties are not implementing the SADC protocol on women quotas.

Political parties also lack the human resources to articulate the interests of women. Some political parties lack adequate human resources and, therefore are not represented in some of the constituencies. In relation to the national government, political parties lack accountability because they do not have to account for the funds they receive from government. Political parties are unable to make rational decisions on this issue because some members see women as a threat. Political parties tend to avoid negotiating with their own constituency: the citizens of Namibia. In consideration of communities, political parties are unable to take rational decisions because they are highly partisan. Finally, parties do not keep themselves informed and educated about issues relevant to women when dealing with national Government. While political parties communicate generally, the information being disseminated does not filter down to the grassroots level because of language barriers.

Conclusion

Civil and political rights are tantamount to democracies and the democratic process. Namibia has achieved a great deal since Independence in unifying a country that has been divided along ethnic, racial, cultural and linguistic lines for almost a century. National reconciliation is taking shape. But because of the important role that democracy plays in easing inequality it is necessary that more is done to ensure every Namibian, especially minority groups and women, play active and leading roles in the democratic process. More progress can be made despite the heavy impact of HIV/AIDS on the democratic process, governance and the availability of public services.

3. CRITICAL AREAS FOR ACTION AND POTENTIAL AREAS OF COOPERATION

The 1999 CCA identified seven key potential areas of cooperation for the UN System in Namibia. They were human rights, employment-intensive economic growth, capacity building, quality social service delivery, poverty reduction/sustainable livelihoods, the sustainable use of natural resources and containing the threat of HIV/AIDS. The UN System in Namibia subsequently selected poverty reduction and HIV/AIDS as the two key focal areas for the 2001 to 2005 UNDAF. However, in the Mid-Term Review (MTR) of the UNDAF conducted in early 2004, it was found that these broad headings did not provide enough specificity to assess whether UN assistance had the desired results and impacts in these two priority areas.

On the basis of the lessons learned from the 2004 UNDAF MTR, the analysis contained in this document, the government's priorities, the comparative advantage of the UN System in Namibia and the criteria detailed below, four broad potential areas for cooperation have been identified. These areas will be further refined and prioritised during the UNDAF preparation process so that specific outcome areas can be defined in the UNDAF Results Matrix.

Selection Criteria

The following selection criteria were used to identify the key potential areas of UN System in Namibia cooperation:

- The severity of the problem in terms of its actual or potential impact and the numbers affected
- The amenability of the problem to being successfully addressed with UN support
- The potential for longer-term impacts on national goals and priorities
- The most pressing needs of the most vulnerable, excluded and disadvantaged populations
- The lessons and best practices learned from prior interventions
- The opportunities for developing national capacities
- The potential to contribute to addressing the Triple Threat as well as the issues identified in the Report of the Secretary General's Taskforce on Women, Girls and HIV/AIDS

The ultimate factor in the prioritization process is that these issues form a thread across all the various sectors and areas of rights remaining unfulfilled. Hence, underlying and root causes along with the roles and responsibilities of the most critical duty bearers in addressing them as well as their capacity gaps will serve as the basis for prioritizing where actions can be most strategically placed.

Most Critical Challenges Facing Namibia's Achievement of National and International Developmental Goals

While three broad headings have been culled from the analysis that emerge as the most critical issues confronting the nation, each challenge contains sub-issues that deserve closer scrutiny in order to finally arrive at the top priorities for UNDAF attention and potential areas of cooperation.

- The high prevalence of HIV and the multiple impacts of AIDS.
- Increasing household food insecurity and deepening income poverty and disparities.
- Weakening capacities for governance and for delivery of social services.

All the above critical issues and the corresponding potential areas for cooperation are inextricably linked. HIV/AIDS runs through every facet of Namibia's developmental aims, exacerbating existing rights unfulfilled and short-comings of the system. There are also a number of key cross-cutting issues and root causes that are common to these three areas, including gender inequality, social cultural issues, alcohol abuse and the historical legacy.

The High Prevalence of HIV and the Multiple Impacts of AIDS:

Addressing the impacts of AIDS through prevention, treatment and care The actual and potential impacts of AIDS have been well documented in this CCA and other sources. HIV/AIDS is increasing the vulnerability of households, eroding institutional capacities and is Namibia's most pressing threat directly to the fulfilment of rights to life and health and indirectly to the status of all human rights in the nation. Undoubtedly, the UN's efforts to combat the spread of HIV and the impacts of AIDS must be continued and increased; but they need to be approached more strategically in light of the Triple Threat and the funds provided by the Global Fund for AIDS, TB and Malaria and US President's Emergency Plan for AIDS Relief (PEPFAR). The midterm review of the present UNDAF made a number of recommendations that need to be taken into account when discussing the way forward on this issue. In addition, the actions identified in the Triple Threat document need to be integrated into UN country programmes as appropriate. The UN system can make an impact by focusing on community capacity development for HIV/AIDS mitigation, prevention efforts among the younger generations and care and support in the context of achieving MDGs.

Increasing Household Food Insecurity and Deepening Income Poverty and Disparities

Ensuring national and household food security: For reasons analysed in the Economic Rights section, chronic and acute food insecurity are persistent and potentially worsening problems in Namibia. It underlies the high prevalence of HIV, the heavy burden of other preventable diseases and conditions, the weaknesses in the uptake of education, the poor performance of learners in school and all of the manifestations of poverty. It could emerge as a threat to Namibia's stability, particularly in light of the AIDS-related worsening of poverty and the historically inequitable distribution of land. Development Partners and the UN need to support GRN efforts to deal with the issues of food security, land reform and agricultural productivity in a comprehensive and cohesive manner. Efforts must be made to increase household income and agricultural productivity within the context of the AIDS-weakened capacities of families, communities and institutions. The capacities of national and regional emergency response mechanisms must be a particular focus so that the nation can cope with food emergencies caused by droughts and floods and worsened by the impacts of AIDS.

Supporting vulnerable households: Increasing unemployment, especially among youth, and poverty compounded by the impacts of AIDS has reduced earning capacity while increasing expenditure demands at the household level given the significant increase in the orphan population. These conditions make it an urgent necessity to support livelihood programmes that can generate income and employment primarily in the informal but also in the formal sector focussing on the most vulnerable groups such as households headed by women, the elderly and children. The unemployed and income poor are an untapped resource at a time when capacity constraints exist in a number of areas. They have a right to a decent standard of living and a role to play in national development that needs to be articulated.

Promoting economic growth and job creation: Economic growth is essential to increase the government's revenue so that it can deal with the nation's manifold challenges and to empower Namibians with jobs and self-sufficiency. It can lift people from poverty and thus increase hope for the future. The Development Partners and the UN must undertake and support programmes that assist the GRN with maintaining a stable and pro-poor macro-economic policy environment, attracting foreign direct investment and creating jobs.

Ensuring environmental sustainability: Namibia's future is inextricably linked with its environment. Land degradation affects household food security and economic growth. The availability of clean water is a pressing health concern. Namibia's biodiversity is at the heart of its tourism industry and is of global importance. Fisheries are under strain and are an important sector of the economy. Stress on the natural resources is increasing with the growth of Namibia's population, industrialisation and

global climate change. Development Partners and the UN must continue to support efforts to protect Namibia's environment, promote sustainable land uses and expand access to safe water.

Weakening Capacities for Governance and for Delivery of Social Services

Strengthening the capacities of governance institutions to function effectively: As discussed in all sections of the preceding strategic analysis, the capacities of governance institutions to function effectively was a colonial legacy that is now compounded and further eroded by AIDS-related morbidity and mortality. Social service institutions in particular, such as schools, health facilities and special protection units, are faced with an increased burden of clients who are unable to pay for services, need special attention such as psycho-social support and are struggling to care for themselves. The workforce available to businesses is becoming strained as productive skills are lost. In order to help Namibia to deal with these threats, the development assistance framework must focus on capacity development, volunteerism, improving the efficiency of services, the effective distribution of ART and empowering communities to care for themselves.

Sustaining and increasing the efficiency and capacity of the health system: Improving the health and longevity of Namibians is a foremost priority. It is essential for enhancing the capacities of families, communities and institutions with wide-ranging effects on the economy and social wellbeing. The heavy burden of preventable diseases, the increasing demands of HIV prevention and AIDS care and the declining capacity of the health system due to AIDS necessitate urgent action. Skilled health workers are needed; and the system as a whole needs support with information management, planning, monitoring and evaluation. Initiatives to empower communities, especially in remote areas, to provide basic healthcare for themselves are a cost effective way to improve national health and need to be introduced at scale.

Improving access to and the quality of the education system: The impacts of education on improving national wellbeing and expanding opportunities are well-documented. Moreover, education is central to Namibia's goal of becoming a knowledge society by 2030. In order to gain the greatest benefit from the education system, access to education must be expanded and its quality needs to be improved especially given the eroding effects of HIV/AIDS on the system. The UN system can make an impact in advocating for maintaining universal Primary education, expanding Secondary capacity, the equitable distribution of resource inputs and mitigating the impacts of AIDS on education.

Development of the national statistical system: Statistics and information are needed to inform policies and decisions and to monitor progress. They are an essential part of monitoring and evaluation systems to under-pin development policy. The preparation of the third statistical plan for Namibia coincides with the preparation of the UNDAF in 2004. This represents a real opportunity for the UN for joint, comprehensive and coordinated support to gathering, dissemination and analysis of quantitative and qualitative data and information. The aim should be to promote evidence based policy making and results based management that can deliver results in poverty reduction and promotion of sustainable human development.

Cross-cutting Issues and Root Causes

Addressing gender roles, discrimination and power imbalances: Gender issues lay at the root of inequities in wealth and education, domestic violence, rape and the high prevalence of HIV. Negative gender stereotypes are well-entrenched in Namibia and need to be addressed. The UN must encourage Namibian leaders to take a stand against gender discrimination and support efforts to enhance the status of women and to protect women and children.

The inequitable distribution of land and the pace of land reform: Land is a very charged issue in Namibia because a relatively small group of people hold most of the commercial land. The UN must encourage the Government to continue with its policies and programmes to make land available to the previously-disadvantaged. Government should also be assisted with making available the necessary

transfer of skills and access to financial resources which the recipients of the land need to maximise their opportunities.

Social Cultural Issues: Namibia is home to a rich variety of cultures and ethnicities. Principles of the nation building process see women as equal to men, rejects violence and discrimination, protects the minority, respects free speech, values the environment and safeguards the human rights of every individual. The UN must encourage the Government and civil society to build these principles of non-discrimination and full respect of human rights.

Confronting Alcohol Abuse: Alcohol abuse underlies many of the development challenges that Namibia faces. It erodes productivity, leads to crime and violence, increases propensities for risky sexual behaviour, weakens immunity and is an immediate health concern in itself. The entire governmental structure with external support and mobilization of civil society organisations can positively influence Namibian development by promoting responsible alcohol use and supporting treatment for abusers.

3.1 Conclusion

HIV/AIDS and its devastating impact on the lives of Namibians and the country's development are truly the greatest challenge. However, where there is a challenge there is an opportunity. Turning the challenges posed by the Triple Threat in general and the HIV/AIDS epidemic in particular into opportunities for development should be at the core of UN assistance. This assistance must be based on the recognition that while the AIDS epidemic represents a formidable challenge it is one that can be effectively met. Other countries such as Uganda, Brazil and Thailand have shown that the war against AIDS can be won; it is a manageable disease.

Real opportunities for mobilizing communities in the national response are seized every day in partnerships with civil society and community based organizations. Scaling up the experiences of successful programmes and initiatives should be manageable in a country with a relatively small population. Using the process of implementation of Vision 2030 is a real opportunity to address long term and structural issues, essential to address root causes such as profound economic, ethnic and cultural inequalities, gender imbalances and the historical legacy. Here is an opportunity to bolster capacity, social service delivery, governance and the decentralisation process.

For the UN system, in particular, this also presents an opportunity to focus on establishing its continued relevance as a cohesive entity working in unison with the government, civil society and development partners as well as among the UN agencies themselves. It can exploit synergies through interagency collaboration and a multi-sector approach. The UN can strengthen capacity, focus on a human rights based approach, while capitalising on its international network and best practices.

This CCA presents the UN System in Namibia with the opportunity to refocus its collective energies and resources to make a difference in the country's development. The human rights-based approach to programming followed in this analysis has identified the critical development challenges facing Namibia. By focusing the UNDAF on two or three overarching issues emerging from this analysis, the UN can build its programmes over the 2006 to 2010 period around a common conceptual framework with the potential for strongly integrated programmes and complementarity.

Although some of the necessary data is out-of-date or missing altogether it should be recognised that Namibia is making good progress towards three MDGs: achieving universal primary education, promoting gender equality and empowering women and ensuring environmental sustainability, as well as in components of three others.

The Triple Threat is a natural and pressing focus for the UNDAF and subsequent joint programming. All of the critical challenges analysed in this document can be linked conceptually to focus on AIDS, food insecurity and the weakening of institutional capacities, as well as the cross-cutting issues of

gender inequality, social cultural issues, alcohol abuse and the historical legacy. The relationships between the Triple Threat and economics, life and health, education, gender issues, children, civil and political rights, and the environment are direct and reciprocal.

In conclusion, a humanitarian crisis is unfolding in Namibia but there are still windows of opportunity available to the Government, the UN System in Namibia and their stakeholders through jointly embracing the aforementioned developmental and organisational opportunities the impact of the Triple Threat may be softened and perhaps avoided altogether.

ANNEX 1: DEVELOPMENT INDICATORS

INDICATOR	TIME 1	TIME 2	TIME 3	SOURCE
Demography	1991	2001	-	
Population size	1,409,920	1,830,330	-	CSO 1993, CBS 2003
Annual population growth rate	3.1%	2.6%	-	CSO 1993, CBS 2003
Urban population	28%	33%	-	CSO 1993, CBS 2003
Area in square kilometres	823,144	824,116	-	CSO 1993, CBS 2003
People per square kilometre	1.7	2.1	-	CSO 1993, CBS 2003
Males per 100 females	95	94	-	CSO 1993, CBS 2003
Total fertility rate	6.1	4.1	-	CSO 1993, CBS 2003
Life expectancy of males at birth	59	48	-	CSO 1993, CBS 2003
Life expectancy of females at birth	63	50	-	CSO 1993, CBS 2003
Proportion of population under 15 years of age	42%	39%	-	CSO 1993, CBS 2003
Average persons per household	5.2	5.1	-	CSO 1993, CBS 2003
Proportion of population with disability	3%	5%	-	CSO 1993, CBS 2003
Proportion of households getting main source of income from:				
Wages and salaries	-	41%	-	CSO 1993, CBS 2003
Farming	-	28%	-	CSO 1993, CBS 2003
Pension	-	11%	-	CSO 1993, CBS 2003
Business, non-farming	-	9%	-	CSO 1993, CBS 2003
Cash remittance	-	6%	-	CSO 1993, CBS 2003
Proportion of households with access to radio	59%	80%	-	
Income Poverty	1993/94	2004	2006 Target	
Proportion of households in relative poverty	38%	-	28%	NPC 2004
Proportion of households in extreme poverty	9%	-	4%	NPC 2004
Gini-coefficient	0.70	-	0.60	NPC 2004
Share of poorest quarter in national consumption	6%	-	-	NPC 1996
Employment	1997	2000	-	
Strict unemployment	-	20%	-	MOL 2002
Broad unemployment	-	34%	-	MOL 2002
Strict unemployment among 15 to 24 year olds	-	44%	-	MOL 2002
Broad unemployment among 15 to 24 year olds	-	61%	-	MOL 2002

INDICATOR	TIME 1	TIME 2	TIME 3	SOURCE
Broad unemployment of men	-	28%	-	MOL 2002
Broad unemployment of women	-	39%	-	MOL 2002
Macro-economy	1994	2002	-	
GDP constant 1995 prices (millions)	N\$12,204	N\$15,960	-	CBS 2002
GDP per capita current prices	N\$7,479	N\$15,751	-	CBS 2002
Annual CPI inflation	10.8%	11.4%	-	CBS 2002
General government income (millions)	N\$3,762	N\$9,950	-	CBS 2002
General government expenditure (millions)	N\$3,942	N\$10,886	-	CBS 2002
General government net borrowing (millions)	-N\$291	-N\$861	-	CBS 2002
General government budget deficit as proportion of GDP	2.1%	3.2%	-	CBS 2002
Imports as proportion of GDP at market prices	51%	47%	-	CBS 2002
Exports as proportion of GDP at market prices	49%	44%	-	CBS 2002
Diamond exports as proportion of total exports at market prices	32%	47%	-	CBS 2002
Hunger	1992	2000	-	
Prevalence of underweight children under age five	26%	24%	-	MOHSS 2003A
Prevalence of chronically malnourished (stunted) children under age five	28%	24%	-	MOHSS 2003A
Prevalence of acutely malnourished (wasted) children under age five	9%	9%	-	MOHSS 2003A
Education	1992	2001	2006 Target	
Net ECD enrolment (ages three to six)	-	32%	-	CSO 1993, CBS 2003
Net Primary enrolment (ages seven to 13)	89%	94%	95%	NPC 2004
Net Secondary enrolment (ages 14 to 18)	27%	46%	-	EMIS 2002C
Gross Primary enrolment	-	115%	-	EMIS 2002C
Gross Secondary enrolment	-	83%	-	EMIS 2002C
Gross tertiary enrolment	-	8% ('99)	-	WB 2001
Combined gross Primary, Secondary and tertiary enrolment (population ages six to 21 denominated)	-	75%	-	CSO 1993, CBS 2003
Survival rate to grade 5	75%	94%	95%	NPC 2004
Learner to teacher ratio	29	29	-	EMIS 2002C
Learners per classroom	34	31	-	EMIS 2002C
Learners per school library, media or resource centre	1,878	1,284	-	EMIS 2002C
Proportion of qualified Primary teachers	3%	41%	-	EMIS 2002C
Proportion of qualified Secondary teachers	18%	73%	-	EMIS 2002C
Literacy rate among 15 to 24 year olds	88% ('91)	89%	94%	NPC 2004
Adult literacy rate	76% ('91)	81%	-	CSO 1993, CBS 2003
Gender Equity	1992	2001	2006 Target	
Number of girls per 100 boys in primary school	102	100	100	NPC 2004
Number of girls per 100 boys in Secondary school	124	113	100	NPC 2004
Number of girls per 100 boys in tertiary education	162	111	100	NPC 2004

INDICATOR	TIME 1	TIME 2	TIME 3	SOURCE
Number of literate females per 100 literate males ages 15 to 24 years	110 ('91)	106	100	NPC 2004
Share of women in wage employment in non-agricultural sector	-	47%	-	NPC 2004
Proportion of seats held by women in National Assembly	9%	19%	30% ('05)	NPC 2004
Child Mortality and Health	1992	2000	2006 Target	
Infant mortality rate (per 1,000 live births)	67 ('91)	52 ('01)	36	NPC 2004
Under-five mortality rate (per 1,000 live births)	87 ('91)	71 ('01)	54	NPC 2004
Proportion of one year-olds immunised against measles	57% ('90)	71% ('02)	80%	NPC 2004
Proportion of one year-olds given DPT3 immunisation	70%	79%	-	MOHSS 2003A
Proportion of one-year olds fully vaccinated	58%	65%	-	MOHSS 2003A
Diarrhoea prevalence among children under 5	21%	12%	-	MOHSS 2003A
Child Mortality and Health (continued)	1992	2000	-	
Diarrhoea with blood prevalence among children under age five	6%	2%	-	MOHSS 2003A
Proportion of children under age five with diarrhoea given oral re-hydration salts (ORS)	64%	61%	-	MOHSS 2003A
Proportion of children under age five with diarrhoea given increased fluids	11%	15%	-	MOHSS 2003A
Acute respiratory infection (ARI) prevalence among children under age five	18%	18%	-	MOHSS 2003A
Proportion of children under age five with ARI brought to a health facility	67%	53%	-	MOHSS 2003A
Proportion of households using salt iodised to at least 15 parts per million	-	63%	-	MOHSS 2003A
Proportion of children under age five receiving vitamin A supplementation	-	54%	-	MOHSS 2003A
Maternal Mortality and Health	1992	2000	2006 Target	
Maternal mortality rate (per 100,000 births)	225	271	268	NPC 2004
Proportion of births attended by trained health personnel	68%	78%	88%	NPC 2004
Contraception prevalence rate	23%	37%	50%	NPC 2004
Proportion of pregnant women receiving tetanus toxoid immunisation	61%	85%	-	MOHSS 2003A
Proportion of women attending four or more antenatal care visits	56%	69%	-	MOHSS 2003A
Proportion of women receiving postnatal care	-	48%	-	MOHSS 2003A
HIV/AIDS	1994	2002	2007 Target	
HIV prevalence among 13 to 19 year old pregnant girls	6%	11%	9%	NPC 2004
HIV prevalence among 20 to 24 year old pregnant women	11%	22%	15%	NPC 2004

INDICATOR	TIME 1	TIME 2	TIME 3	SOURCE
HIV prevalence among pregnant women	8%	22%	-	MOHSS 2003B
HIV prevalence among STD patients	-	39%	-	MOHSS 2003B
Condom use rate at last high-risk sex among 15 to 19 year old girls	-	52% ('00)	-	MOHSS 2003A
Condom use rate at last high-risk sex among 20 to 24 year old women	-	45% ('00)	-	MOHSS 2003A
Condom use rate at last high-risk sex among 25 to 29 year old women	-	34% ('00)	45%	NPC 2004
Condom use rate at last high-risk sex among 15 to 49 year old women	-	43%	-	MOHSS 2003A
Condom use rate at last high-risk sex among 15 to 59 year old men	-	67%	-	MOHSS 2003A
Proportion of 15 to 24 year olds with comprehensive correct knowledge of HIV/AIDS	-	86%	95%	NPC 2004
Condom use rate of the contraceptive prevalence rate among married women	1%	12%	-	MOHSS 2003A
Estimated direct and partial indirect cost of AIDS as percent of GDP	10% ('99)	12%	16% ('01)	SIAPAC 2002
Tuberculosis	1996	2002	2007 Target	
Tuberculosis treatment success rate	58%	69%	75%	NPC 2004
Proportion of tuberculosis cases cured under DOTS	41%	28%	-	MOHSS-B
Number of notified tuberculosis patients per 100,000 population	-	678	-	MOHSS-C
Number of deaths among notified tuberculosis patients per 100,000 population	-	105	-	MOHSS-C
Malaria	1996	2001	2003	
Malaria cases per 1,000 population	208	408	221	MOHSS-C
Malaria deaths per 100,000 population	30	88	60	MOHSS-C
Proportion of children under age five sleeping under bed nets (insecticide treated and not)	-	7 ('00)	-	MOHSS 2003A
Fever prevalence among children under age five	34% ('92)	19% ('00)	-	MOHSS 2003A
Fevers treated for malaria among children under age five	8% ('92)	14% ('00)	-	MOHSS 2003A
Health System	1998/99	2001/02	-	
Area per fixed health facility (km ²)	3533	3651	-	MOHSS-C
Outpatient visits per capita	2.1	1.6	-	MOHSS-C
Population per doctor	16,632	6,571	-	MOHSS-C
Population per state registered nurse	1,901	966	-	MOHSS-C
Population per state inpatient bed	303	296	-	MOHSS-C
Population per social worker	49,475	34,261	-	MOHSS-C
Environment	1990	2001	2006 Target	
Proportion of total area protected by state	14%	14%	15%	NPC 2004
Proportion of total area protected by freehold conservancies	0%	6% ('00)	9%	NPC 2004

INDICATOR	TIME 1	TIME 2	TIME 3	SOURCE
Proportion of total area protected by communal conservancies	0%	9%	11%	NPC 2004
Proportion land that is:				
Semi-arid	-	58%	-	
Arid	-	34%	-	
Hyper-arid	-	8%	-	
Land covered by forest	-	4,071,400 ha. ('00)	4,792,929 ha.	MET 2003
Proportion of households using wood to cook	-	62%	-	CSO 1993, CBS 2003
GDP per unit of energy use	-	0.27 N\$TJ ('00)	0.45 N\$TJ	NPC 2004
Proportion of rural population with access to safe drinking water	45%	80%	80%	NPC 2004
Proportion of urban population with access to safe drinking water	99%	98%	95%+	NPC 2004
Proportion of rural population with access to basic sanitation	15%	21%	50%	NPC 2004
Proportion of urban population with access to basic sanitation	89%	82%	-	NPC 2004
Proportion of households living in secure tenure	-	76%	-	CSO 1993, CBS 2003
Global Partnership	1991	2001	2005 Target	
Overseas Development Assistance per capita	US\$130	US\$60	US\$90	NPC 2004
Child Protection	1992	2000	2021 Proj.	
Projected number of orphans	28,499	131,120 ('04)	251,054	SIAPAC 2002
Projected proportion of AIDS orphans among orphans under age 15	0%	71% ('04)	79%	SIAPAC 2002
Proportion of households with at least one single orphan under age 15	-	24% ('01)	-	CSO 1993, CBS 2003
Proportion of households with at least one double orphan under age 15	-	3% ('01)	-	CSO 1993, CBS 2003
Proportion of single orphans among children under age 15	-	12% ('01)	-	CSO 1993, CBS 2003
Proportion of double orphans among children under age 15	-	1% ('01)	-	CSO 1993, CBS 2003
Proportion of orphans not living with surviving parent living with grandparent	44%	61%	-	MOHSS 2003A
Proportion of children under age 15 living with both parents	-	26%	-	MOHSS 2003A
Proportion of children under age 15 who are non-orphans and not living with either parent	-	26%	-	MOHSS 2003A
Ratio of school attendance of orphans to non-orphans aged 10 to 14	1	1.02	-	MOHSS 2003A
Ratio of school attendance of double orphans to non-orphans aged 10 to 14	-	0.92	-	MOHSS 2003A
Proportion of children under age five whose births were registered	-	71%	-	MOHSS 2003A

INDICATOR	TIME 1	TIME 2	TIME 3	SOURCE
Domestic Violence	-	2000	-	
Proportion of men agreeing that wife-beating is justified by at least one selected reason	-	44%	-	MOHSS 2003A
Proportion of men agreeing that wife-beating is justified if sex is refused	-	13%	-	MOHSS 2003A
Proportion of men agreeing that raping wife is justified if sex is refused	-	7%	-	MOHSS 2003A
Proportion of men agreeing that yelling at wife is justified if sex is refused	-	23%	-	MOHSS 2003A
Alcohol Abuse	1998	2000	-	
Proportion of men consuming alcohol 15 or more days per month	-	10%	-	MOHSS 2003A
Proportion of men getting drunk 15 or more days per month	-	3%	-	MOHSS 2003A
Proportion of population who are current drinkers	56%	-	-	SIAPAC/ MOHSS 2002
Proportion of current drinkers unable to do something expected in past three months	33%	-	-	SIAPAC/ MOHSS 2002
Proportion of current drinkers who skipped a meal due to alcohol in past three months	35%	-	-	SIAPAC/ MOHSS 2002
Proportion of population who have ever broken up with a friend or spouse due to alcohol	20%	-	-	SIAPAC/ MOHSS 2002

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ANNEX 3: ENDNOTES

¹ UN Chronicle 2000
² CBS 2003
³ Mendelsohn et al. 2002
⁴ NPC 2002e
⁵ Mendelsohn et al. 2002
⁶ Mendelsohn et al. 2002
⁷ CBS 2003
⁸ CBS 2003
⁹ UNDP 2004
¹⁰ MOF 2004
¹¹ CBS 2002
¹² BoN 2004
¹³ MOF 2004
¹⁴ UNDP 2003
¹⁵ UNDP 2003
¹⁶ Mbai et al. 2004
¹⁷ Sherbourne 2001
¹⁸ Motinga 2004
¹⁹ Boer 2004
²⁰ Freedom House 2004
²¹ Transparency International 2003
²² Heritage Foundation 2004
²³ Krugmann et al. 2004
²⁴ CBS 2003
²⁵ NPC 1996
²⁶ A new household income and expenditure survey is being conducted in 2003/04 and will be released in 2005.
²⁷ NPC 1996
²⁸ NPC 1996
²⁹ Keulder 2002
³⁰ MOL 2002
³¹ Central Statistics Office 1993
³² MOL 2002
³³ Central Statistics Office 1993
³⁴ MOL 2002
³⁵ Finscope 2003
³⁶ NEPRU 2004
³⁷ MITI 1997
³⁸ Phororo 2003
³⁹ Phororo 2003
⁴⁰ AIDS BRIEF 2004
⁴¹ MOHSS 2002
⁴² Sherbourne 2004b
⁴³ MWACW 2004
⁴⁴ MOF 2004
⁴⁵ World Bank 2001
⁴⁶ NPC 1996
⁴⁷ A smaller Levels of Living survey (NPC 2001) was con-

ducted in 1999 collecting income poverty and other data. This survey found even higher and deeper level of poverty; 76% of the population below the poverty line and Gini-coefficients of 0.79 and 0.81 depending on the income measure. However, data from this survey has not been fully analysed, only published in an un-weighted form and is generally not comparable to other surveys.
⁴⁸ NPC 2002e
⁴⁹ NPC 2002e
⁵⁰ MAWRD 2004
⁵¹ RoN 2002
⁵² NPC 2002e
⁵³ NPC 2002e
⁵⁴ MET 1998b
⁵⁵ MET 2002
⁵⁶ Quan et al. 1994
⁵⁷ NPC 1996
⁵⁸ CBS 2003
⁵⁹ RoN 2002
⁶⁰ MOL 2002
⁶¹ Krugmann 2001
⁶² FAO 2003
⁶³ Sherbourne 2004a
⁶⁴ Krugmann 2001
⁶⁵ UNESCO and !Nara Consultants 2003
⁶⁶ FAO 2003
⁶⁷ Chiari 2004
⁶⁸ FAO 2003
⁶⁹ NPC 2002e
⁷⁰ NPC 2002e
⁷¹ NPC 2002e
⁷² NPC 2002e
⁷³ NPC 2002e
⁷⁴ NPC 2002e
⁷⁵ MET 1998a
⁷⁶ MET 1998a
⁷⁷ NPC 2002e
⁷⁸ NPC 2002e
⁷⁹ Central Statistics Office 1993 and CBS 2003
⁸⁰ MOHSS 2003b
⁸¹ NPC 2004
⁸² MOHSS 2003a
⁸³ MOHSS 1993 and 2003a
⁸⁴ MOHSS 2003a
⁸⁵ MOHSS 2003a
⁸⁶ UNAIDS, WHO and UNICEF 2002
⁸⁷ MOHSS 2003a

⁸⁸ MOHSS unpublished-c
⁸⁹ MOHSS 2003b
⁹⁰ MOHSS 2003a
⁹¹ See also Shapumba et al. 2004
⁹² Schwarz 2003
⁹³ Schwarz 2003
⁹⁴ MOHSS 2003b
⁹⁵ Schwarz 2003
⁹⁶ MOHSS 2003a
⁹⁷ MOHSS 2004b
⁹⁸ MOHSS 2004a
⁹⁹ MOHSS 2003a
¹⁰⁰ Shapumba et al. 2004
¹⁰¹ Shapumba et al. 2004
¹⁰² Talavera 2002 and Shapumba et al. 2004
¹⁰³ Shapumba et al. 2004
¹⁰⁴ Amathila 2004
¹⁰⁵ SMA for MOHSS 2004
¹⁰⁶ Amathila 2004
¹⁰⁷ UNAIDS 2004
¹⁰⁸ CBS 2003
¹⁰⁹ NPC 2004
¹¹⁰ CBS 2003
¹¹¹ Tinker 2002
¹¹² MOHSS 2003a
¹¹³ MOHSS unpublished-c
¹¹⁴ WHO 2004b
¹¹⁵ MOHSS unpublished-c
¹¹⁶ MOHSS unpublished-c
¹¹⁷ MOHSS unpublished-b
¹¹⁸ NPC 2004
¹¹⁹ MOHSS 2003a
¹²⁰ MOHSS 2003a
¹²¹ MOHSS 2003c
¹²² Mbai et al. 2004
¹²³ MOHSS unpublished-c
¹²⁴ CBS 2003
¹²⁵ CBS 2003
¹²⁶ MOHSS 2003a
¹²⁷ MOHSS 2003a
¹²⁸ MOHSS 2003a
¹²⁹ MOHSS 2003a
¹³⁰ MOHSS 2003a
¹³¹ MOHSS unpublished-b
¹³² MOHSS unpublished-c
¹³³ MOHSS 2003a
¹³⁴ CBS 2003 and MOHSS 2003a
¹³⁵ MOHSS 2003a
¹³⁶ MOHSS 2000
¹³⁷ MOHSS 2003a
¹³⁸ MOHSS 2001b
¹³⁹ CBS 2003
¹⁴⁰ el Obeid et al. 2001
¹⁴¹ MOHSS 2003a

¹⁴² EMIS 2002c
¹⁴³ 45% Primary teachers and
80% Secondary teachers are
professionally qualified
¹⁴⁴ In accordance with Vision
2030
¹⁴⁵ NER: Those learners of
Primary School Age enrolled
in school as a percentage of the
entire population of that age.
¹⁴⁶ SACMEQ 2003
¹⁴⁷ CBS 2003 and EMIS 2002c
¹⁴⁸ CBS 2003
¹⁴⁹ EMIS 2002c
¹⁵⁰ EMIS 2002c
¹⁵¹ SACMEQ 2003
¹⁵² Godana et al. 2002
¹⁵³ Felton et al. 2002
¹⁵⁴ Felton et al. 2002
¹⁵⁵ Godana et al. 2002
¹⁵⁶ Felton et al. 2002
¹⁵⁷ CBS 2003 and EMIS 2002c
¹⁵⁸ EMIS 2002c
¹⁵⁹ CBS 2003 and EMIS 2002c
¹⁶⁰ EMIS 2002c
¹⁶¹ EMIS 2002c
¹⁶² World Bank 2004
¹⁶³ MOL 2002
¹⁶⁴ World Bank 2004
¹⁶⁵ World Bank 2004
¹⁶⁶ State Revenue Fund and
Regional Budget allocations
¹⁶⁷ EMIS 2002c
¹⁶⁸ SACMEQ 2003
¹⁶⁹ EMIS 2002c
¹⁷⁰ SACMEQ 1998
¹⁷¹ EMIS 2002c
¹⁷² World Bank 2004
¹⁷³ EMIS 2002c
¹⁷⁴ World Bank 2004
¹⁷⁵ SACMEQ 1998
¹⁷⁶ Abt Associates 2002
¹⁷⁷ MBESC 2004
¹⁷⁸ World Bank 2004
¹⁷⁹ EMIS 2002c
¹⁸⁰ World Bank 2004
¹⁸¹ EMIS 2002c
¹⁸² Abt Associates 2002
¹⁸³ World Bank 2004
¹⁸⁴ MBESC 2003
¹⁸⁵ SACMEQ 2003
¹⁸⁶ Godana et al. 2002
¹⁸⁷ World Bank 2004
¹⁸⁸ CBS 2003
¹⁸⁹ SIAPAC for MOHSS and
UNICEF 2002
¹⁹⁰ MOHSS 2003a
¹⁹¹ SIAPAC for MOHSS and
UNICEF 2002

¹⁹² MOHSS 2003a
¹⁹³ MOHSS 2003a
¹⁹⁴ Remmelzwaal 2003
¹⁹⁵ SIAPAC for MOHSS and
UNICEF 2002
¹⁹⁶ MOHSS 1993 and 2003a
¹⁹⁷ SIAPAC for MOHSS and
UNICEF 2002
¹⁹⁸ UNICEF et al 2004
¹⁹⁹ MOHSS 2003a
²⁰⁰ Remmelzwaal 2003
²⁰¹ Godana et al. 2002
²⁰² Godana et al. 2002
²⁰³ MOHSS and WHO 2003
²⁰⁴ MOHSS 2003a
²⁰⁵ MOHSS 2003a
²⁰⁶ NamPol unpublished
²⁰⁷ LAC 2001
²⁰⁸ MOHSS and WHO 2003
²⁰⁹ SIAPAC for MOHSS and
UNICEF 2002
²¹⁰ UNDP 1999
²¹¹ Afrobarometer 2004
²¹² Afrobarometer 2004
²¹³ Afrobarometer 2004
²¹⁴ Afrobarometer 2004
²¹⁵ Afrobarometer 2004
²¹⁶ WIMSA 2004
²¹⁷ WIMSA 2004
²¹⁸ Chirambo 2004
²¹⁹ SIAPAC for USAID 2003
²²⁰ MRLGH 1997
²²¹ MOL 2002
²²² Motinga et al 2003
²²³ Keulder 2003
²²⁴ Keulder 2003
²²⁵ NPC 2004
²²⁶ Keulder 2003
²²⁷ PSC 2004
²²⁸ UNODC 2003
²²⁹ NPC 2004
²³⁰ Keulder 2002