

**ADEA WORKING GROUP ON  
EARLY CHILDHOOD DEVELOPMENT**

**NAMIBIA COUNTRY CASE STUDY**



**REVIEW OF NAMIBIA'S  
EARLY CHILDHOOD DEVELOPMENT POLICY  
AND ITS IMPLEMENTATION**

**JUNE 2001**

**ASSOCIATION FOR THE DEVELOPMENT OF EDUCATION IN AFRICA  
(ADEA)**

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**FINAL REPORT**

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## ACRONYMS

ADEA	the Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
CA	Community Activator
CBO	Community Based Organisation
CLO	Community Liaison Officer
CCLO	Chief Community Liaison Officer
DAPP	Development Aid People to People
DCD	Directorate of Community Development
DHS	District Health Supervisor
ECD	Early Childhood Development
ECPD	Early Childhood Protection and Development
ECW	Early Childhood Worker
EMIS	Education Management Information System
EPI	Extended Programme of Immunisation
GRN	Government of Namibia
IMR	Infant Mortality Rate
HIV	Human Immuno-deficiency Virus
NECDC	National ECD Committee
MBESC	Ministry of Basic Education, Sport and Culture
MBEC	Ministry of Basic Education and Culture
MEC	Ministry of Education and Culture
MoF	Ministry of Finance
MoHSS	Ministry of Health and Social Services
MRLGH	Ministry of Regional and Local Government and Housing
MWACW	Ministry of Women Affairs and Child Welfare
NDP	National Development Plan
NGO	Non-Governmental Organisation
NIED	National Institute for Educational Development
NPC	National Planning Commission
PRA	Participatory Rural Appraisal
TOT	Training of Trainers
TRC	Teacher Resource Centre
UNAM	University of Namibia
WGECDC	Working Group on Early Childhood Development

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We also thank Kate Torkington, Margaret Irvine and the case study colleagues from Mauritius and Ghana on the ADEA Working Group on ECD and for their valuable insights and comments. Finally, our thanks to ADEA for funding this study and enabling Namibia to review its progress.

## ***EXECUTIVE SUMMARY***

*This case study reviews and analyses the Namibia's Early Childhood Development (ECD) policy, the process of its formulation and progress made towards its implementation.*

### ***The Process of Policy Formulation and Adoption***

*In late 1992, shortly after Namibia's Independence, the government with UNICEF support, organised a National Conference on Early Childhood Protection and Development. Participants represented a very broad base of government departments and non-governmental organisations actively involved in ECD. This laid the foundation stones for a holistic, cross-sectoral ECD policy, which recognised the need to re-enforce and support family and community responsibility for young children's development. A multi-sectoral Task Force was established and was given the responsibility of drafting an ECD policy. It spent several years debating the policy content before an external consultant developed a draft document. Sufficient time was allowed for feedback and government and NGOs debated it until consensus was reached. It was passed by Cabinet in 1996.*

### ***A Review of the Policy***

*Namibia's ECD policy re-affirms holistic child development principles. It recognises:*

*The variation in children's stages of development and learning styles;*

*The importance of the traditional family unit and social structure;*

*That the environment should promote physical, social, emotional and cognitive development;*

*That learning does not begin with formal schooling; and*

*The importance of children being active participants in their development and learning.*

*Two of the main principles underlying the policy's approach are "The primary responsibility for the support of a child's healthy growth and development lies with the family...The State will strive to assist families with the support they need"(p27). The policy recognises the need for a cross-sectoral approach involving parents, communities, NGOs and various government agencies, with the lead coming from ministries responsible for community development, education and health. It promotes a variety of approaches rather than one national model while striving for equity and quality. It also highlights the co-ordinating mechanisms to do this cross-sectoral work, notably the inter-ministerial National ECD*

*Committee (NECDC), multi-sectoral Regional ECD Committees and the appointment of ECD Co-ordinators in the key ministries and from the NGOs who should liaise together.*

### **Main Achievements**

*Namibia's ECD policy is an important achievement in itself. Government has honoured its commitment in providing two national ECD Co-ordinators, ECD Trainers and Community Activators to implement the policy. It has continued to support the decisions made by the National ECD Committee, with the exception of those referring to the ECD Trust Fund.*

*Communities have been mobilised and hundreds of ECD facilities have been established across the country. Several new approaches have been piloted and evaluated. Guidelines to establish and register ECD centres have been developed and are used by Community Activators. A manual for early childhood workers/carers (ECW), consisting of 11 modules across the spectrum of ECD topics including HIV/AIDS has been used to train 654 ECWs. Training of national facilitators is underway to introduce early socialisation issues and community and family counselling.*

*A few Regional Councils have been motivated by the Chief Community Liaison Officers (CCLOs) to establish an ECD committee as a sub-committee of the Regional Development Co-ordinating Committee. These committees have assisted the CCLOs in distributing small amounts of material assistance to parents committees and ECD facilities from the lead ministry's budget for ECD.*

### **Main Constraints**

*The adoption of the policy was not followed by a succession of implementation plans containing objectives, targets and activities against which progress could be monitored and plans adjusted. This was largely due to the lack of knowledge and capacity in the lead ministries (first Ministry of Regional and Local Government and Housing (MRLGH) and then Ministry of Women Affairs and Child Welfare (MWACW). In addition the overall co-ordinating body the National ECD Committee (NECDC) gradually became staffed by lower level management. There has been no regional representation on the NECDC that would provide opportunity for more effective monitoring of ECD programmes, caregivers, grants etc. This absence of key members rendered the main mechanism for cross-sectoral co-ordination virtually ineffectual. In practice, agencies implementing the ECD policy have continued to operate sectorally, communicating 'vertically' between national to local level,*

*rather than 'horizontally' with local colleagues. Hence workers on the ground have found it difficult to work as a team and share resources such as transport and funds.*

*Funding mechanisms laid down in the policy to develop quality ECD programmes have not been put in place. Although partners did meet annually to discuss their ECD activities (prior to the change in lead ministry), they did not produce detailed annual joint implementation plans, targets and budgets. Five years after Cabinet adopted the policy, the ECD Trust Fund is still not in place. No alternative or additional methods of funding have been explored as stipulated in the policy. Only N\$3.6 million was allocated to 13 regions in 1999 for small grants to ECD facilities through the MRLGH and a further (undisclosed) amount in February 2001.*

### **Conclusions**

*Past and present lead Ministries, MRLGH and MWACW have been constrained by the need to pay attention not only to ECD but also to other priority government policies. Decentralisation and programmes concerned with community mobilisation and capacity building, income generating activities and gender have competed for the attention of senior officers. The impact of the shift of ECD to a new ministry and Minister and the questioning of the Trust Fund management and restructuring that resulted, has further slowed implementation of the ECD policy.*

*Several recent developments give hope for improvement. The lead Minister is very committed to ECD and has allocated a record N\$11 million to it. The ECD Co-ordinators are meeting regularly. A new GRN/UNICEF strategic programme (2002-2004) is in its final draft which is building on the successful approaches piloted in the last programme. The National NGO Association is playing a proactive role in advocating the needs of caregivers and young children at national level and is looking at ways of building capacity at constituency and regional levels.*

*The MWACW, as the lead agency for ECD, has a mandate that strongly supports the care and development of children. It needs to play a stronger role in leading and co-ordinating the other stakeholders and making the National ECD Committee effective. The Regional Development Co-ordinating Committees also need to mobilise line ministry officials to work together. Major challenges remain to put into practice the progressive vision for an integrated approach to ECD, which aims to deliver services, and promote health, growth and development of children in a holistic manner.*

## **1 BACKGROUND TO THE CASE STUDY**

### **1.1 The Policy Studies Project**

One of the main aims of the Association For The Development of Education In Africa (ADEA) is to develop a consensus between ministries and agencies on approaches to the major issues facing education in Africa. One of these issues is early childhood development (ECD) which the ADEA Working Group on Early Childhood Development (WGECD) is addressing. It has confirmed the importance of a holistic approach to ECD focused on the needs of children from birth into school age. It has recognised that in most African countries, the organisation of government is on a sectoral basis which makes the cross-sectoral, holistic approach more difficult to achieve. Furthermore, there is a lack of real commitment by national governments demonstrated by low funding priority for very young children and few examples of partnership between State, communities, NGOs and other ECD providers.

It was decided that the WGECD would take as its primary focus the development and strengthening of national comprehensive and integrated policy frameworks which encourage private (NGO) initiative and which facilitate the creation of partnerships and community involvement in ECD. The work was planned to start with country case studies documenting and analysing the processes by which some countries in Africa have come to the formulation and implementation of a cross-sectoral ECD policy. Namibia, Ghana and Mauritius were selected for the first set of case studies as each was known to have a cross-sectoral policy focused on the holistic development of young children.

The three case studies and the results of an Africa-wide survey of ECD policy structures and frameworks were included in a Meta-analysis workshop held in Mauritius in May 2001. The objective of this workshop was to draw out and elaborate the lessons learnt for policy development and implementation, for advocacy and for capacity-building, which may assist other countries, and particularly African countries, in developing their own holistic ECD policy. It gives Namibia an opportunity to take stock of its achievements in ECD and to examine how it can strengthen the implementation of the policy.



The Namibian team comprised of the ECD Co-ordinator from the Ministry of Women Affairs and Child Welfare (Adelheid Butkus-Ndazapo), The ECD Project Officer from UNICEF (Judy Matjila) and two independent consultants (Auriol Ashby and Dhyani Berger).

## **1.2 Generic Terms of Reference (ToR) for the three case studies**

1. To examine the underlying vision and politics and situation of children in the country which initiated and guided the policy development process.
2. To review and analyse the process of policy development.
3. To critically examine the policy document with particular reference to the basic principles of holistic ECD.
4. To identify the strategies and mechanisms proposed or already in place for implementing the ECD policy.
5. Where applicable, to take stock of progress in the implementation of policy measures including the impact on children and their families and to identify obstacles encountered.
6. To draw conclusions based on the findings of the study.

### **Additional Country-specific ToR for Namibia**

- A1. Assess the underlying vision and principles of the policy against the current situation – are the vision and principles still appropriate?
- A2. Assess if structures identified in the policy exist and how they are functioning.
- A3. Make recommendations to strengthen the policy if found appropriate

## **1.3 Methodology**

The Namibian team started the process very late and had to concentrate the research and debate into a very tight timeframe. A desk study of minutes of meetings, development plans and reports was quickly followed by semi-structured interviews with key actors in the policy formation process and those active in policy implementation.

Regional level input was received from officers in both the key implementation ministries – The Ministry of Women Affairs and Child Welfare and the Ministry of Basic Education

Sports and Culture. An in depth focus group discussion was held with 5 ECD Training Officers from various regions on the implementation of ECD training.

The National ECD Committee met twice to give input and to review the first draft of the case study. They have expanded and endorsed the recommendations enclosed herein.

### 1.4 General Profile on Namibia

Independence from South Africa in 1990  
 Colonised by Germany in 1885  
 Under South African rule from 1906  
 Under Apartheid from 1946  
 Human Development Index:1998 107  
 out of 174 countries  
 % of households living in poverty 34%  
 Inequalities: Gini Co-efficient 0.7  
 5% of population control 71% of GDP

Area: 824 295km<sup>2</sup>  
**Population** projection for 2000: 1.8 mil  
 Population density(1997) 1.7/ km<sup>2</sup>  
 Rural population: 67%  
 The average fertility rate per woman 5.4  
 (rural women 6.3, and urban 4.0 areas)  
 Namibian population growth rate:  
 1991 3.1%  
 1999 2.2 %

Life expectancy at birth of women:  
 1991 62.8  
 1996 66.2  
 2011 40.0 (CBS 2000)  
 2021 47.0 (if there is no change  
 to the current trend in HIV)

Pop. below 20 years of age by 2006 51%

#### Age distribution of learners in schools:

AGE	ENROLMENT
05	437
06	19448
07	40551
08	46098

Source: EMIS, MBESC (Aug 2000)

#### Access to potable water:

2000 rural Namibians 75%

#### Nat. Dev't Plan 1 (1995-2000) priorities:

- Poverty reduction
- Reviving and sustaining economic growth
- Employment generation
- Reducing inequalities of income distribution

**Objectives for NDP 2** as for NDP1 plus:  
 reduce regional development inequalities,  
 promote gender equality and equity  
 promote economic empowerment.

Sources: CBS (1999), Regional Database (NPC 2000), (Iithete 2000)

## 2 SITUATIONAL ANALYSIS CONCERNING ECD

**TOR 1** To examine the underlying vision and politics and situation of children in the country which initiated and guided the policy development process.

**Additional TOR 1:** Assess the underlying vision and principles of the policy against the current situation – are the vision and principles still appropriate?

### 2.1 The Underlying Vision, Politics and Situation in 1996

#### 2.1.1 Equity, Access and Democracy

At Independence, the SWAPO-led government inherited a country which had been at war for more than twenty years, with thirteen different ethnic groups receiving widely different levels of service. The previous regime had denied basic human rights to the vast majority of Namibians yet a minority enjoyed a high standard of living, education and healthcare. Before independence some 4,000 children were enrolled in pre-primary classes spread over one-tenth of the schools which offered primary education. These classes were initiated by different ethnic educational administrations. (GRN 1999).

The new government adopted four goals Towards Education for All: access, equity, quality and democracy (GRN 1993). It acknowledged the importance of early childhood development but faced with all the other pressing social inequalities it decided that ECD, below primary school entry at 7 years, could no longer be provided for by the state. In order to provide a bridge to formal education, a ten week bridging syllabus was made part of the grade 1 syllabus.

The principles of equity, access, quality and democracy are enshrined in the Namibian Constitution and was a central pivot of the first National Development Plan (1995-2000). Namibia was also an early signatory of the UN Convention on the Rights of the Child and the OAU – African Charter on the Rights and Welfare of the Child.

#### 2.1.2 Community Based Responsibility

One of the key principles of the policy is that parents and the family are the first and principle educators and they and the community as a whole have primary responsibility for the support of a child's healthy growth and development.

Some debate took place in the early years as to which ministry should assume responsibility for supporting ECD programmes. The principles of holistic early childhood development were very strong and there was little support for ECD to remain in the hands of the Ministry of Education. It was decided that ECD programmes would be best developed under the auspices of communities with assistance from the ministry responsible for community development – at that time the Ministry of Regional and Local Government and Housing (MRLGH). Hence local and regional government are seen as key stakeholders to the policy.

It was also realised that supporting communities to develop ECD programmes would build capacity for other aspects of community development. Some key skills which government wanted to foster were strengthening communities to:

- define their own needs,
- seek solutions,
- develop their own resources,
- create ownership and accountability,
- encourage unity and strength within the community,
- empower people to make decisions in relation to all aspects of their lives.

The strategy of promoting the formation of parents committees of ECD programmes was developed to this end. The government officers at the fore-front of promoting ECD programmes are the Community Activators of the lead ministry.

### **2.1.3 Recognition of the Contribution of NGOs**

The importance of the work of Non-Governmental Organisations (NGOs) is recognised and stated as a principle of the ECD policy: *“NGOs have made significant contributions to ECD programmes. Their experiences, skills and knowledge shall be maintained and built upon”* (p29). NGOs have had a long history of providing programmes for young children, dating back to the early missionaries. These have been mostly in the form of kindergartens, pre-schools and some day care centres and crèches. Various Churches including Lutheran, Catholic and Anglican have provided some financial, material and training support. The Council of Churches of Namibia (CCN) supported these initiatives by running a Childrens’ Desk which, among many functions, coordinated the training of ECD Workers. Other NGOs, such as the Red Cross, Development Aid

People to People (DAPP) and S.O.S. Children's Village have also established ECD programmes or provided services to local ECD programmes.

The policy assigns NGOs various roles and responsibilities at national, regional and local levels. In addition *"The creation of a National ECD NGO Association should be encouraged. ...An ECD Co-ordinator shall be selected by the NGOs ... and shall work with the ECD Co-ordinator positions in MRLGH and MBEC"*. (p54).

#### **2.1.4 The Role of the State**

The policy makes it clear that *"the state through partnership shall ensure to the maximum extent possible, the survival and development of the child. To do this the State will strive to assist families with the support they need so that they can carry out their responsibilities during the child's earliest years. This can be accomplished through a variety of ECD approaches, including the education of parents and/or caregivers and/or direct care and education to the child in formal and non-formal centres, in the neighbourhood and in the home. It can also include enabling programmes such as maternity and paternity leave"* (p28). Although the stated principle is to ensure the survival and development of the child, the examples given to achieve this are limited to those which involve training, education and care in formal and informal centres. However, later in the Policy, the roles and responsibilities of a large number of ministries are detailed and it is clear that the state has a much larger role to play.

## **2.2 Current Situation of Young Children**

### **2.2.1 Meeting Physical Needs**

Progress has been made since Independence in the provision of health care, clean water, sanitation and primary schooling. However, many Namibian households continue to be vulnerable to chronic food insecurity due to low grain production, drought, low incomes and limited off farm employment opportunities (University of Namibia et al, 1995). The table below illustrates this progress but shows that the involvement of all government sectors in addressing the needs of ECD is still appropriate today.

**Table showing status of various physical needs indicators**

<b>Determinants of ECD</b>	<b>Indicators of status</b>	<b>Description of status</b>
Food and nutritional status	Food availability Nutrition status	Variable. Some areas, between 1995-2000 indicate 37% of children have moderate and severe wasting or stunting. (UNICEF, 2001)
Health	Disease – morbidity/mortality	65-80% of children immunised against TB, DPT, Polio, Measles between 1997-99. IMR declined from 67 per 1000 live births to 56. ('95-99) Under 5 mortality declined from 89 to 70. ('95-99)
Clean water and sanitation	Water points	In 1999, 100% urban, 65% rural areas had safe water. 96% urban and 17%rural had safe sanitation (UNICEF, 2001).
Economic status	Wealth-poverty	34% of households living in poverty; 13% households in extreme poverty
Safety, security	Political stability, peace	Generally good except in Caprivi and Kavango regions

On average, advances have been made in improving the health status of children. Primary Health Care services such as immunisation and growth monitoring have been strengthened. Government has shown commitment by funding 100% of EPI routine immunizations. However, the main causes of death in first five years are still preventable: - diarrhoea and malnutrition, acute respiratory diseases, malaria and measles. Gross differences in conditions for children remain and are increasing in different geographical areas.

The need to strengthen the role of the Ministry of Health and Social Services in implementing the ECD policy is apparent. Regional Councils are responsible for the distribution of Vulnerable Feeding Programmes and they are seeing the need to link in with ECD programmes on the ground. (ECD NGO Study Tour May 2001).

In the last two years, in both Caprivi and Kavango regions, there has been a dramatic deterioration in conditions for children, their families and communities due to political unrest and the war in Angola which has extended across Namibia's borders.

### **2.2.2 HIV/AIDS**

A significant challenge to the ECD programme (not mentioned in the policy) is the HIV/AIDS pandemic. Namibia ranks as one of the seven most highly HIV/AIDS infected countries in the world. The average age of death due to AIDS is 38 years and given the concentration of the pandemic in youth and young adults, the anticipated direct and indirect costs are extremely high. In 1999, it was estimated that there are between 150-180,000 people living with HIV and AIDS in Namibia out of a total population of just under 1.8 million. (UNICEF 2000).

Children in Namibia are increasingly threatened by HIV/AIDS in a number of ways:

- Infant and child mortality will increase at least 20%

- Many infants will be born HIV positive

- At least 15% of children live with families with a member who is HIV-positive and are exposed to other infectious diseases and trauma associated with caring for ill family members

- Namibia is the country with the highest increase (400% from 1984-97) in the number of children orphaned by AIDS. Estimates project the number of orphans (children who have lost their mothers or both parents) to be 123,000 by 2001 (Namibia Human Development Report, 1997, UNDP with UN Team).

- The loss of breadwinners has increased poverty levels within families and communities.

The first multi-sectoral national conference on orphans and vulnerable children was held in May 2001 where experiences of orphan care programmes were shared and policy drafted. It was agreed that AIDS orphans should not be treated differently to other orphans and vulnerable children. All stakeholders have realised that ECD care-givers will play an increasing role in the lives of many orphans and vulnerable children.

### **2.2.3 Domestic Environment**

The policy mentioned that many young children are brought up without the traditional supports found within the extended family system. It mentioned the increase in female headed households, that more than 50% of women between 15-49 years never marry and 40% of women become pregnant before they are 20 years old.

The situation today remains very similar. The burden of responsibility for child rearing has been shown to fall heavily on women and their knowledge, attitudes and condition are paramount. Over 50% of infant deaths occur in the first month of life and causes are related to the health and nutrition of the mother.

Children in female headed households are at greater risk of malnutrition, poor health and restricted access to education. Many pregnant women have no one to help them in their work. With economic pressure for women to continue working, mothers in fatherless homes wean their children sooner than in male –headed households (Oppong 1993) resulting in increased levels of under-nutrition and illness.

Violence within the domestic environment has received considerable publicity over the last few years, exposing a prevalence of violence against women and children and the chronic problem of alcoholism. This is not mentioned in the policy but has to be recognised as a serious impediment to ECD. Links with agencies addressing these problems have to be part of an ECD strategy.

#### **2.2.4 Conclusions**

Political support for the principles of family and community based ECD, with government providing support in a wide range of capacities, still holds and is reflected in NDP2 for the next 5 years. Although immunisation, primary health care, the provision of safe water and the numbers of children attending primary school have improved, other aspects of young children's lives in rural and marginalised communities have remained unchanged, largely due to poverty. The rapid spread of HIV/AIDS is beginning to make a significant impact on family structures and on reducing family incomes. Its impact on the increased need for orphan care and increased poverty at community/family level cannot be underestimated. War and political unrest in Caprivi and Kavango regions are having a serious impact on the status of children, even threatening their survival. These issues and the widespread violence that children witness and experience in their own homes and communities are not addressed by the policy.



### 3 THE PROCESS OF FORMULATING NAMIBIA'S ECD POLICY

TOR 2. To review and analyse the process of policy development.
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#### 3.1 The National Conference on Early Childhood Protection and Development (ECPD)

The National Conference on Early Childhood Protection and Development (ECPD) held in May 1992, organised jointly by the Ministry of Local Government and Housing and the Ministry of Education and Culture with assistance from UNICEF marked the first step towards the development of an ECD policy for Namibia. The conference drew participants from a wide spectrum of government and non-government agencies, pre-school centres and others. It threw a spotlight on the importance of ECD.

The Conference examined what changes were needed to strengthen existing ECPD programmes, what should be the standards and guidelines for day care facilities and pre-schools and staff qualifications. It discussed how to achieve parental and community involvement. The role of different government agencies and co-ordination measures between government, NGOs, churches and private sectors were considered, as were training, curriculum and material requirements. The Conference made recommendations on policy, organisation and management, health and safety, information, curriculum and materials development and training and equipment needed.

Two themes were highlighted as priorities: the need for training and for parental/community involvement. At that conference the decision was made to have an ECD policy and to establish a Task Force to follow-up the work. Other recommendations included:

- 1 Ministry of Education (MEC) should create a headquarters team to co-ordinate training and community development. MEC should deploy well trained and experienced primary teachers.
- 2 A co-ordinating committee on training and community development should liaise with the Task Force on ECPD.
- 3 Local pre-schools associations should link up in a national association as an advisory body on ECPD
- 4 Training bodies to be co-ordinated by MEC
- 5 Local people should be involved in all steps to build national capacity

### **3.2 The Task Force and Policy drafting**

The first Guidelines for ECPD together with a manual to support the work of caregivers and teachers of young children were produced at a workshop a few months later (Ministry of Education and Culture Oct 1992). Participants were from Ministry of Education and Culture, Ministry of Local Government and Housing, churches and various childhood education centres and kindergartens.

The workshop reviewed the ECPD situation in Namibia, identifying principles that should shape the guidelines and a manual. Guidelines were then developed and the care-givers manual reviewed and redrafted. Plans were made to test these at pilot homes/centres in different regions and conditions throughout Namibia and to prepare teachers and parents to give feedback. A schedule for completion and responsibilities were agreed. Training needs at four levels were discussed in quarterly forums: Training of Trainers (TOT), educators, teachers and caregivers, parents, mothers, Community mobilisation. A plan of action and schedule for development of a training programme was agreed upon.

Only in 1994 (ECD policy p25) was the Inter-ministerial Task Force created as it took a long time to decide who should be on it. It was comprised of:

- MRLGH - the Director and two Deputy Directors of Community Development,
- MEC - the Director for Education Programme Planning, a senior education officer and a primary school teacher,
- MoHSS – a Chief and Senior Social Worker,
- The Council of Churches (the NGO representative) and
- UNICEF.

Of major significance was the Task Force's recommendation to move responsibility for ECD from the Ministry of Education to the relatively new Directorate of Community Development (in the Ministry of Regional and Local Government and Housing – MRLGH)). The rationale behind this move was to locate ECD in the environment of the whole child, the community and family, rather than it being seen as just preparation for education.

The Task Force drew up the key issues for the policy to address. Eventually, a consultant was hired and fired and another one was finally appointed who drafted the policy. She was given a list of people with whom to discuss issues and she drafted the policy which was then circulated for feedback.

### **3.3 Policy Adoption**

The draft policy was debated intensely, particularly by the NGOs which had a long history of providing ECD Programmes in Namibia and which provided some training and support to ECD facilities and workers. The NGOs had established an informal ECD Forum which met on several occasions to consider the policy. One of their burning concerns was to ensure that the setting of standards did not exclude those most in need – the rural, poorly resourced ECD facilities.

Consensus was reached on the Task Force and the policy was finally accepted by Cabinet in late 1996. At that time, the decentralisation process towards regional government had not yet started and it was not thought necessary to debate it in Parliament or in the regions.

To summarise, the need for a policy was agreed upon by a wide spectrum of people. This laid the foundation stones for a holistic, cross-sectoral approach which recognised the need to re-enforce and support family and community responsibility for young children's development. Although the policy was drawn up quite rapidly by a consultant in consultation with a Task Force, it was then debated by government and NGOs working in the field until consensus was reached. It was passed by Cabinet in February 1996.

## **4 REVIEW OF THE POLICY**

TOR 3 To critically examine the policy document with particular reference to the basic principles of holistic ECD.

### **4.1 Definitions of Policy and Plans**

A policy on ECD should establish an overall sense of direction, the goals to which government and the greater community should aspire, and it should set principle strategies to obtain these goals. A policy on ECD should contain:

- a vision, core values and beliefs in terms of ECD
- guiding principles
- broad strategies
- the roles and responsibilities of key implementation partners

Once the policy is adopted, government and its partners should formulate plans to fulfill its ECD policy. The plans should include short and medium term objectives, activities and targets. The implementation of these plans needs to be monitored and evaluated to check that the policy is adhered to and that progress towards its goals is happening. A good policy can be appropriate for many years, but plans will always be reviewed and revised at regular intervals.

## 4.2 The ECD Policy's Goal and Objectives

The policy does not clearly state a goal. After a long preamble on the importance of the early years, child development principles and the then current ECD provision in Namibia, it states the objectives followed by the approach. Within the approach it states “...*the end goal being community-based sustainable ECD programmes, accessible to all young children and their families, particularly those in rural areas and those living in difficult circumstances.*” (p27)

There is no goal or objective to promote the holistic development of the child, although it is implicit in the preamble. There is no confirmation of the fundamental belief in every child's “inherent right to life, ...survival and development” (Convention of the Rights of the Child Article 6). The need for quality ECD provision is listed seventh as a strategy: “*systems shall be put into place to ensure quality*” (p32).

The Objectives of the policy are: (slightly shortened)

*“To speak directly on the issue of young child development and to make the public more aware of... the importance of ECD provision.*

*Clarify the role of government in the provision of and support of ECD services*

*Consolidate and systematise existing laws, programmes and activities related to ECD for the maximum benefit of all children...*

*Bring together the sectors involved in ECD programming, providing them with a framework within which to take action and allowing for the coordination of efforts*

*Clarify the roles, responsibilities and the relationships between ...partners*

*Mobilise and allocate resources for ECD programmes within government and from others.*

*Provide guidelines and standards for those wishing to develop quality ECD programmes.”*

The lack of a clear goal and these rather weak objectives give little guidance to stakeholders and implementers on what they should be trying to achieve.

### 4.3 The basic principles of ECD Provision

The basic principles of holistic ECD which guide the WGECD are:

For children to reach their fullest potential, attention must be given equally to all dimensions of development - emotional, social, cognitive, physical and spiritual;

These five aspects of a child's development are inter-dependant and of equal importance;

The critical stage of ECD begins before birth and continues into the early years of formal schooling;

For maximum development of children as much attention should be given to the support of parents/caregivers and the family, as to provision for children per se;

Quality of provision for young children is as important as quantity;

Involvement of the community is essential for the development of ECD initiatives;

Respect for traditional approaches to child-rearing and community development and the incorporation of them into new ideas and approaches is essential;

National government commitment is essential for the development and expansion of ECD policies. The implementation of distinctive and cross sectoral ECD policies based on a commitment to holistic ECD, with adequate funding, is likely to be the most effective.

### 4.4 Review of the Policy's holistic principles

The section of Namibia's policy which deals with child development principles is very comprehensive and is well expressed, giving explanations and examples:

24. *The child's development cannot be compartmentalised into health, nutrition, education, social and emotional variables. All are interwoven in a child's life.*

25. *Early childhood experiences for children, at whatever age, should be holistic, developed around the child's developmental abilities... Specifically:*

***Development begins pre-natally and learning is occurring at birth....Therefore, attention to the developmental and learning needs of children should begin with pre- and post-natal interventions and be continued thereafter.***

***Development has several inter-related dimensions. These include physical, cognitive, social, spiritual and emotional development, each of which influence the other and all of which are developing simultaneously. Progress in one area affects progress in others...***

***Development proceeds in predictable steps and learning occurs in recognized sequences, within which there is a great deal of individual and social variability in children's rates of development and styles of learning. It is important for adults to use methods that fit***

*with the child's growth pattern, not only in the cognitive area, but also in the affective, perceptual and motor areas...*

***Development and learning occur continuously as a result of the child interacting with people and objects in their environment.*** *The role of adults (at home and in other settings) in supporting children's learning is to provide children with opportunities to play with concrete objects, to make choices, explore things and ideas, experiment and discover. ...Increasing family income, upgrading health and sanitation in the community, and enhancing the social and political milieu will affect children's growth and development.*

***Children are active participants in their own development and learning.*** *Learning and related development involves the child's construction of knowledge, not an adult's imposition of information...Therefore interventions should include opportunities for children to learn by doing, to be engaged in problem-solving, and to develop language and communication skills. ECD programmes should not put undue emphasis on rote memorisation and learning the 3 Rs...Emphasis should be on **how to learn** (i.e. positive attitudes to learning and thinking skills) rather than **what to learn.** (p18-21)*

From the above, it can be seen that the policy embraces all the principles of holistic child development. Principles underlying Namibia's **approach** to ECD are also similar to the WGECD. The policy puts emphasis on family and community involvement:

*"The primary responsibility for the support of a child's healthy growth and development lies with the family" (p27).*

*"ECD programmes will be developed in collaboration with the community" (p28).*

*"ECD programme models shall build on the strengths of communities. These include: traditional family units and social structure that can be mobilised; rich traditional practices that are supportive of children's growth and development;..(p30)*

*"It is essential that quality not be lost as a result of increasing coverage" (p32).*

There is recognition that families will need support from the state: *"The State will strive to assist families with the support they need so that they can carry out their responsibilities during the child's earliest years" (p29).*

To conclude, the policy does emphasise the key principles of holistic early childhood care and development. The problem lies in fulfilling the WGECD's last principle referring to implementation and funding. Many families and communities have been unable to fulfil their responsibilities largely due to their level of poverty. The enormous strain that AIDS is causing in many parts of the country is making communities' role more difficult. In practice too, the state has not been able to assist parents in ECD to a satisfactory level.

#### 4.5 To identify the Strategies and Mechanisms for implementing the ECD Policy

TOR 4. To identify the strategies and mechanisms for implementing the ECD policy

Strategies should provide broad guidelines on **how** to implement the policy and ideas about what the policy should look like in practice.

The policy states “*at the core of the strategies is the desire to mount effective and sustainable programmes. The main strategies will include the following:*

- i. Programmes shall be integrated in conceptualisation, planning, service delivery, evaluation and promotion;*
- ii. ECD programme models shall build on strengths of communities;*
- iii. ECD programmes shall be developed to provide equity in access;*
- iv. Coverage shall be achieved by combining a variety of approaches rather than developing a single national model for all;*
- v. Complementary strategies shall ...function simultaneously at different levels, focusing respectively on the child, caregivers, and national institutions and policies;*
- vi. ECD programmes shall reflect diversity (depending on local and regional needs and resources ...and individual variation in childrens’ needs);*
- vii. An inter-governmental view shall be taken and ways shall be sort to involve children, youth and adults in ECD Programmes;*
- viii. Systems shall be put in place to ensure quality;*
- ix. Cost effective, programmes shall be promoted. Increasing access...affordability and sustainability are key issues;*
- x. A Trust Fund shall be established to provide funding for ECD Programmes;*
- xi. Monitoring, assessment and evaluation shall be incorporated into programmes from the outset.”(p29-34).*

The first strategy, to integrate programmes, is the cornerstone to implementing the policy. The policy creates several mechanisms to achieve this:

- a National ECD Committee to oversee the development and implementation of the policy. Its members shall be from named relevant ministries and some key NGO representatives and their roles and responsibilities are detailed.

ECD Co-ordinators will be appointed within the Directorate of Community Development and within the Ministry of Basic Education and they will work together with the NGO Co-ordinator; Regional ECD Committees will be established under the Regional Councils.

The second, fourth, fifth, sixth and seventh strategies emphasise the desire to build on families' and communities' commitment to ECD and to respond to distinct needs by offering a range of diverse programmes.

Strategies eight and nine, refer to the need for affordable models which increase access and provide quality programmes.

Establishing a Trust Fund (strategy ten) reflects the government's view that *“philosophically and practically the full responsibility for funding these programmes should not fall on the Government...but should also come ...from national foundations/businesses, international donors and individuals (p34).*

The last strategy recognises the need for monitoring and assessments from the outset. *“Programmes are only effective and sustainable when they include the capacity to analyse strengths and weaknesses and to adjust programmes accordingly” (p34).*

Thus the policy lays out the strategies and some key mechanisms for policy implementation. The very detailed roles and responsibilities of each key partner are clearly defined to assist in the policy's implementation.

## 5 IMPLEMENTING THE POLICY

TOR 4. (Additional) Assess if structures identified in the policy exist and how they are functioning.

TOR 5. Where applicable, to take stock of progress in the implementation of policy measures including the impact on children and their families and to identify obstacles encountered.

Progress in implementation of the Early Childhood Development policy will be examined at national, regional and local level, with particular attention to the mechanisms and structures established to plan and execute ECD policy. The study examines the role partner agencies have played in building capacity within organisations and communities to support and guide ECD



interventions which foster a healthy and stimulating environment for growth and development of children. It highlights major constraints encountered at each level.

## **5.1 Implementation of Policy at National Level**

### **5.1.1 Lead Ministry (MRLGH/MWACW)**

With the establishment of the National ECD policy in 1996, the Ministry of Regional and Local Government and Housing (MRLGH) was mandated as the lead agency for overseeing the implementation of the policy. This followed a government decision to make ECD a community based programme rather than part of the government education programme. The Directorate of Community Development within MRLGH took on the major responsibility for carrying out the policy.

As specified by the policy, an ECD Co-ordinator was appointed in that Directorate to develop an ECD programme within the lead ministry and liaise with ECD Co-ordinators in the MBESC and the National ECD NGO Association (the latter post was only established in April 2000). The aim was to implement a multi-sectoral strategy to integrate services necessary for a holistic approach to ensuring children's health, growth and development.

Considerable progress was made in the first few years. The MRLGH spearheaded training of community development field workers to mobilise communities and parents to initiate and manage ECD activities. The Directorate developed guidelines for establishing ECD centres specifying standards, regulations as well as a registration system for ECD facilities. It took part in the development of an ECD curriculum and contributed to an ECD manual to guide community liaison officers (CLOs) and community activators (CAs) in their fieldwork. By 1999, one top-level trainer and 29 community liaison officers had been trained as trainers and 60 community activators had attended ECD courses.

However, mechanisms do not exist to jointly plan and link the training conducted by the lead ministry (MRLGH/MWACW) with training by MBESC and MoHSS. There are insufficient funds for senior trainers to follow up training and evaluate performance of trained CLOs and CAs on the job. Trainers based at national level have few opportunities to monitor the extent to which new attitudes and skills are applied or to check that their training is relevant to the local situation.

In late 1999, a new ECD Co-ordinator within the MRLGH was recruited from the Erongo Region but she received only limited guidance and support from her superiors to assume all responsibilities effectively and move the programme forward. Then in early 2000, the Directorate of Community Development was moved from MRLGH into a new ministry, the Ministry of Women Affairs and Child Welfare (MWACW), which was created by the President to spearhead gender and development. The move caused major administrative disruption and not unexpectedly affected staff morale at all levels.

The pros and cons of shifting from a ministry concerned with regional and local government to one focusing on women and child affairs are yet to be fully assessed. There is a danger of reinforcing attitudes that children are only a women's affair. However, the natural commitment by women to children as their primary caregivers could raise the profile of ECD and increase initiative and action. According to the second National Development Plan (NDP2), the main tasks of the MWACW are to co-ordinate, facilitate, implement and provide guidance to all gender and children's affair networks.

### **5.1.2 National ECD Committee (NECDC)**

The National ECD Committee, a continuation of the Inter-Ministerial Task Force formed to establish the policy, was created to oversee the development and implementation of the National ECD Programme. It was to be the top co-ordinating mechanism charged with responsibility for implementing the ECD policy.

The Committee has met and deliberated since 1996, with participation from agencies specified in the policy. Membership according to the policy should include representatives at **Director level** from four ministries: MRGLH/MWACW, MBESC, MoHSS and Ministry of Finance (MoF). (These ministries were all involved in policy formulation). Other members are the National Planning Commission (NPC), National Chamber of Commerce and Industry, National ECD NGO Association and University Faculty of Education. Representation from Regional ECD Committees was also specified. The Ministry of Home Affairs, Ministry of Environment and Tourism and the Ministry of Foreign Affairs, Information and Broadcasting, were to act in an advisory capacity.

According to the policy, the NECDC was to meet quarterly, chaired by the lead agency with sub-committees formed as required. Its roles and responsibility according to the policy can be summarised as follows:

1. Advocacy and public education,
2. Policy and legal review and modification,
3. Establishment of agency responsibilities,
4. Monitoring and co-ordination of implementation.

The Committee has been an inter-agency forum on ECD and provided an opportunity for partners to share information about ECD efforts in different sectors and develop common goals. However, it does not appear to have actively fulfilled most of its responsibilities for guiding and monitoring the implementation of the national ECD policy. The Committee has no strategy or programme in regard to advocacy and public education. Nor has it undertaken a review of relevant laws and legislation. Some progress, however, has been made on identifying monitoring indicators (Iithete 2000) but no monitoring strategy linked with specific data collection has been developed. The Committee has not developed Terms of Reference beyond roles specified in the policy document, or further articulated the responsibilities of members. Not all member agencies understand the relevance of their involvement in ECD. No guidelines for setting agendas, reporting, monitoring and evaluating progress against policy goals have been developed or put into practice. Nor has a multiple agency co-ordination plan been developed to enable integrated ECD service delivery which will serve the holistic vision of child health and development in the policy. The Committee does not appear to have been presented with, or requested from any of the partners, implementation plans that can be systematically monitored, such as a result-oriented programme framework with clear targets and measurable indicators.

During 1999 and 2000, much of the Committee's time was spent in overseeing the development of the ECD Trust Fund (see below). The committee has met irregularly and, although members of the four key ministries were specified at director level, very often, lower level personnel attended who are not able to make decisions. The participation of other ministries besides those responsible for community development, education and finance has been sporadic. The MoHSS has not attended for more than a year and never at Director level.

A disappointment is the fact that this national ECD Committee has never met to discuss and approve the ECD component in the latest national development plan for 2001-2006 (NDP2). It should have been the role of all partners too bring their draft plans to the committee to ensure that the ECD policy is being adhered to and implemented.

The degree of authority held by the Committee is a key issue when considering mechanisms for addressing recommendations made by the Committee to partner ministries. It is not clear, for example, whether the Committee can instruct a Ministry to budget for ECD and has the authority to follow it up. The need for authority emphasises the importance of NECDC members being at Director level so as to be senior enough to communicate and negotiate at higher administrative levels.

### **5.1.3 Funding Mechanisms**

The Children's Trust Fund was one mechanism detailed in the ECD policy to raise and distribute funds for local ECD Programmes. Although considerable work has been done by the NECDC, the fund is not yet operational.

There has been much discussion concerning the ECD Trust Fund during NECDC meetings. The deeds of trust have been drafted, trustees have been nominated and have accepted their role. However, it is thought that the Minister is not satisfied with the spectrum of nominees (not enough government representation) and with an NGO being responsible for administering largely government funds.

Meanwhile, on the ground, ECD programmes are starved for funds to improve the quality of provision. Two hundred representatives from ECD facilities nation-wide met for their Association's AGM in October 2000. They pleaded for:

- Government assistance with allowances and salaries
- Funding towards buildings, basic infrastructures and materials
- Training for ECD workers.

The delay in setting up a Trust Fund has retarded the growth and development of quality ECD. The assumption that communities can provide significant support for ECD programmes is not realistic, particularly in the most disadvantaged rural populations. They may indeed be able to

provide the bare essentials, but if the facilities and quality of care are to be at an acceptable standard, resources are needed for upgrading, training and regular support.

The NECDC had the mandate to explore **alternative mechanisms of funding** and could have sought more donor funding as well as called for expanded budget lines within partner ministries, particularly to support capacity building within agencies as well as communities. The heavy dependence on UNICEF for training funds seems to have limited contributions from other agencies.

#### **5.1.4 Ministry of Basic Education, Sports and Culture (MBESC)**

The MBESC has responsibility for training and certification of early childhood workers (ECWs). As specified in the policy, an ECD Coordinator was appointed to oversee the Ministry's ECD activities. She has planned and coordinated early childhood worker training, development of curriculum guidelines for a variety of ECD activities for children 0-6 years old, and guided production of a handbook on locally made play materials for young children. The MBESC has also supported ECD by introducing a bridging pre-primary curriculum for a 10-week transition period when children first enter primary school.

The National Institute for Educational Development (NIED) has recently collaborated with other partner agencies on the design of new curricula from ECD training. Accredited courses of two weeks, six weeks and one year are currently being designed. Currently only a six-week course is being run by regional ECD Trainers (from MBESC) based at Teacher Resource Centres (TRCs) in the regions. These ECD Trainers have been trained together with community liaison officers and community activators from MRLGH/MWACW, and a few NGO workers.

The trainers based at TRCs have carried out some but not all of the roles specified in the policy. They have been able to:

- Operationalise curricula by running training courses;
- Develop early childhood corners at some teachers resource centres;
- Develop training materials;
- Report and make annual evaluations (to a limited extent).

Trainers run usually one, occasionally two phased six week courses of 20-30 trainees per year, depending on their other responsibilities and funds available. In more populated regions the

number of potential trainees far outstrips the funds available. By 2000 at least 621 ECWs had been trained out of an unknown number, estimated at 4000.

Some MBESC trainers collaborate with field workers from MRLGH/MWACW, MoHSS and NGOs, and give joint training. However, there is limited formal joint planning of ECD interventions by different partners at community level.

The Ministry of Basic Education has no budget line for ECW training and has remained heavily reliant on UNICEF to meet the costs of accommodation, food and travel for the participants. (Under current regulations, Government cannot cover these for non-government employees unless they are 'hidden' in workshop costs). Funding is considered inadequate by the trainers and they are concerned about the possible phasing out of national level UNICEF funding for training. They have not been able to fully meet their obligations to the programme, being constrained by shortage of funds and transport to evaluate training and to supervise and support ECWs once they have returned home.

The morale of the MBESC trainers is low, as they have not received the financial remuneration they expected. Only 7 out of 11 of those trained remain as ECD trainers, as others have taken advantage of more attractive jobs. Most trainers have other teaching responsibilities besides ECD. The MBESC has not replaced those who resigned in Khomas and Caprivi Regions. Nor has it been able to establish posts as ECD trainers with the Public Service Commission or upgrade the salary of trainers to reward them for their additional skills and responsibilities. It is not clear why this issue was not raised and acted on by the National ECD Committee.

The key link person between field and national level is the ECD Coordinator, who, like her counterpart in the MWACW, is not at a decision-making level and has not been able to address these issues at policy and administrative level. This has had a negative impact on the performance and sustainability of ECD training efforts and hence the quality of care provided to children.

With the termination of pre-primary support by MBEC in 1992 and the lead in ECD being taken up by the Community Development Directorate, it appears as if the MBESC has lost some of its commitment and feeling of responsibility to allocate sufficient personnel and resources to ECD. The fact that posts for National ECD trainers have, after seven years, not yet

been established suggests that leadership in education no longer considers ECD an important sphere within its mandate.

### **5.1.5 MoHSS**

MoHSS is responsible for health inputs into ECD programmes. However, there seems little formal programming linkage between the MoHSS and partner agencies at national, regional and local level. The policy states that an *'appropriate structure will be created to assure input from MoHSS at the national, regional and local levels in programme implementation'* (p.50, policy). This has not happened.

The Ministry has been responsible for developing guidelines for the delivery of health components to young children, but there is no formal mechanism for health workers to share these guidelines with partners, and hence to contribute substantially to the training of ECWs. Nor is there planning to link health interventions with the work of community development staff, ECD staff and other parent and community involvement efforts.

A priority for the Ministry has been building capacity of health personnel to handle disabilities. 140 community health workers have been trained to conduct disability surveys and to detect health problems early in young children. 40 nurses have been trained in screening children for hearing impairment. Information on the number of these workers who have conducted surveys and the extent to which they have acquired cooperation from other ECD workers is not readily available.

With hindsight, the policy failed to recognise the need to direct the health ministry to assign personnel to co-ordinate with other partners. Although the MoHSS is represented on the NECDC by a Director, no MoHSS post of ECD Co-ordinator was specified in the policy. Links between MoHSS and those involved in ECD from community development and education seem to be weak. Teamwork between health and other key sectors involved in ECD service delivery needs to be strengthened and structured, particularly at family and community level.

### **5.1.6 Ministry of Finance**

According to the policy, the Ministry of Finance should be a key partner with participation on the NECDC at director level. It *should "play a lead role in creating a structure for the allocation of funds for ECD"* and will *"provide guidance in the creation of alternative funding*

*strategies*” (page 51). A Director from the MoF has regularly attended the NECDC and given guidance on the ECD Trust Fund. However, the MoF has not played a leading role in helping partner agencies adequately fund ECD obligations. It has not provided guidance in the creation of alternative funding strategies. It has not guided the NECDC members to make comprehensive and timely budget submissions.

### **5.1.7 The National ECD NGO Association**

The NGO sector is considered a principal partner to be active on the NECDC as well as at regional and local level. In response to the ECD policy, some NGOs and church organisations formally established this Association in 1997. UNICEF also helped to kick start the Association through funding a small capacity building team which helped to establish the organisation’s administrative, financial and organisational base. The Association has two full time staff and a paid up membership of more than 600 ECD facilities. The 1900 ECD facilities on the Association’s database receive a 36-page booklet every three months. Last year, its constitution was widened to accept CBOs as equal members to bigger NGOs and church organisations.

The Association’s National Co-ordinator and its new Executive Committee are dynamic and experienced in ECD provision. Some of its leadership is skilled in diplomacy and politics and has already played a leading role in the tripartite co-ordination of ECD with government and donors. The Association is planning to build organisational capacity at constituency and regional level to give more direct support to its members and to regional government as it assumes more responsibility in the decentralisation process.

The Association was mandated by the National ECD Committee to administer the proposed ECD Trust Fund, which will be overseen and managed by the Trust’s own Board of Trustees. The reasoning was to give private sector and international confidence that the funds were being well managed and used by eligible ECD facilities most in need.

### **5.1.8 Other Members of National ECD Committee**

The policy specifies some advisory members on the NECD Committee. The interests and potential responsibilities of these members have hardly been elaborated by the policy.



### **Ministry of Home Affairs**

This Ministry was to serve in an advisory capacity to “*ensure the safety, security and protection of young children by providing guidelines to be used by ECWs in their work with children and their families*”. Given the dangerous security situation in Caprivi and Kavango, it appears that this Ministry should be actively advising the MWACW in measures to assist children in these regions. There has been no mention of these problems at NECDC meetings as there is no regional representation present.

### **Ministry of Environment and Tourism**

This Ministry is also mandated to serve in an advisory role, to ensure that ‘*young children are made aware of environmental issues, and that the environment is a safe place for young children*’ (p.52). Although, in theory this makes sense, in practice this Ministry does not have the mandate to assess the environment in ECD facilities. It does, however, have an environmental education programme which could contribute to ECW training and children’s education. Some officers in this ministry question the relevance of its participation in ECD.

### **Ministry of Information**

This Ministry is not specified by the policy as a key partner. However, it has participated in the NECDC, although no specific responsibilities have been agreed on. This is a shortcoming, given one role of the Committee is to advocate for and educate the public about ECD.

### **Other Agencies**

Representatives from several other agencies are on the Committee. The Faculty of Education at the University of Namibia has provided the Committee information on ECD from research and has developed indicators for monitoring ECD. Other members are the National Planning Commission and the National Chamber of Commerce and Industry but their roles are not specified and they have not attended. Representation from Regional ECD Committees is also specified but is absent as the NECDC is unsure how to get ‘fair’ representation as only a few regions are beginning to co-ordinate ECD programmes.

### **5.1.9 Summary of Constraints at National Level**

The move of the Directorate of Community Development from MRLGH to MWACW has caused disruptions in administration, lack of job descriptions, other personnel matters and later a lack of vehicles for the field which have affected the pace of policy implementation.

There is a lack of human and organisational capacity in the Directorate of Community Development to administer the NECDC effectively and fulfil the role of lead agency.

Monitoring mechanisms have not been developed.

There is no joint multi-sectoral planning and programming to counteract ministerial tendency to plan and operate 'vertically' (except the GRN/UNICEF Programme of Co-operation 1997-2001 where one of the six components was ECD)

Weak support for and participation on NECDC by key ministries, reducing the authority exercised by NECDC.

The ECD Co-ordinators are not at a sufficiently high level to make decisions or to communicate with senior administrative personnel.

There is no ECD Co-ordinator in the Ministry of Health which is a primary partner in ECD.

The Children's Trust Fund is not yet established.

There has been insufficient funding of government commitments to service ECD and dependence on donor funds for training. No budget line in MBESC to support its major ECD responsibility of training of ECWs. MWACW also lacks funds to follow up and evaluate training.

No ECD trainer posts in MBESC have been established, so appropriate remuneration is not possible.

## **5.2 Regional Level Implementation of Policy**

### **The Decentralisation Process**

Since Independence, the government has put energy and resources into preparing the regions for decentralisation so that programming resources and decision making are transferred from national to regional level. The first step was the establishment of Regional Councils, with one Councillor representing one of the 5-10 Constituencies in each region. These councils now have a staffing structure and some personnel trained in public administration and financial management. Very few ministerial directorates have decentralised their staff and those that have, still budget and administer their resources via their line ministry rather than the Regional

Councils. The Directorate of Community Development (DCD) was the first to be decentralised and their officers have been based at the regional councils for many years. However, with no budget and authority over line ministry staff, the Regional Councils have found it difficult to play a significant role in regional development. They are now demanding vociferously to be given more responsibility.

As part of the second National Development Plan, the Councils each developed Regional Development Plans for 2001-2006. 11 out of 13 regions included a programme on ECD which requested infrastructural support and regular subsidies for ECD facilities and the training of at least one care-giver at each ECD facility by 2006.

A National Workshop was conducted in 1999 to sensitise regional governors, councillors and ECD partners at local, regional and national levels, and to mobilise resources to support the implementation of ECD Programmes. However, although the workshop report states that action plans and co-ordination strategies were worked out during the workshop, there is little evidence of follow up based on these plans in most regions.

To date, only one out of the thirteen regions has established a functioning Regional ECD Committee as stipulated by the policy. In some other regions, there are a few active constituency and local ECD committees, although they cover only parts of regions. Regional Councillors have expressed concern about attending too many committees and one region has added ECD to the Regional Emergency Management Unit committee.

The Chief Community Liaison Officers (CCLOs) from the Community Development Directorate are primarily responsible for working with regional councils to establish and develop capacity of regional ECD committees and assure that mechanisms are in place to implement policy. The CCLOs, community liaison officers (CLOs) and community activators (CAs) have, as stipulated in the policy, mobilised communities to establish ECD activities and registered facilities. They have collected some data on the numbers of centres and young children. The workload on these staff at regional level is of concern. A number of regions are short-staffed in DCD and are unable to cover their workload in promoting ECD, community mobilisation, capacity building and income-generating activities.

Without regional technical committees to provide a mechanism for cooperation, collaboration between the lead agency and MBESC trainers to follow up and evaluate training has been difficult. Community Development personnel have had access to vehicles until recently and could have assisted MBESC trainers to make follow up to visit ECWs who have been trained. Trainers from some regions questioned why community development funds for ECD were not being used to support training of ECWs. Since MBESC has been dependent on UNICEF to fund training, some MBESC trainers proposed affiliation with MWACW with the expectation that they could access funds more easily.

### **Summary of Constraints at Regional level**

Lack of awareness and understanding of policy at regional level.

Few Regional and local ECD committees and technical working groups have been formed.

No tradition of cross-sectoral co-ordination and joint planning by GRN ministries.

There is not yet a strong NGO voice at regional level, except in a few regions.

Lack of funds to support ECD efforts as the Children's Trust Fund has not yet been instituted.

Competing demands for community development funds. Money for community development has to be used for income generation, community mobilization as well as ECD. In some regions, funds allocated for ECD by the MRLGH in 1999 have not been accounted for separately from community development as a whole.

Limited supervision and support of trained ECWs. Trainers in regions have no transport to evaluate and supervise trained ECWs and no forum to negotiate assistance by partner agencies.

Lack of transportation has become an even greater problem, as vehicles were withdrawn from Community Development (MWACW) staff and returned to MRLGH. This has meant that DCD staff only have access to government pool vehicles, which will further reduce the amount of fieldwork done by community development staff and their ECD colleagues in MBESC.

To summarise, few regional councils have provided a forum for cross-sectoral development planning for ECD. In practice, agencies implementing the ECD policy have tended to operate sectorally, communicating 'vertically' between national to local level, rather than 'horizontally' with local colleagues. Hence workers on the ground have found it difficult to work as a team and share resources such as transport and funds.

### 5.3 Community Level Implementation

The policy states that ECD programmes shall build on **the strengths** (and supportive traditions) of **communities and that an inter-generational** view shall be taken and sought to involve children, youth and adults. The policy highlights the need to reach and provide for children with special needs. The unprecedented increase in orphans as a result of the HIV/AIDs pandemic has escalated the number of children, families, foster families and centres needing additional support.

Mechanisms to Develop ECD programmes at community level were detailed in the policy (p.37):

*The creation of ECD programmes begins with parents and the community;*  
*A needs assessment can be facilitated by a community activator, a community liaison officer or an NGO;*  
*The most appropriate ECD programme approach is agreed upon by a Parents Committee (e.g. centre-based, home-based, home visiting, parent education);*  
*The Parents' Committee recruits the early childhood worker (ECW);.*  
*Training of the ECW is applied for through the Regional ECD Committee and is likely to be done by the MBESC trainers;*  
*On-going supervision of and in-service training of ECWs will be provided by leading partners –MBESC, community development staff and NGOs;*  
*The parent committee can apply for assistance to support ongoing costs of the programme from the Children's Trust Fund, the private sector, or a 'matching grant' from other sources.*

In practice, ECD services have often been started differently from the process envisaged by the policy. Although community and parent groups have been mobilised to set up ECD services and activities, it is usually individuals who establish a facility as an income generating activity. This has presented new challenges for government and NGO workers to register, assist and raise the quality.

The number of bureaucratic and geographical constraints is so great that the government cannot respond to and support the desired community initiated process. Community activators have to cope with isolated, spread out communities with only a few government vehicles at their disposal. ECD is not their only programme to support, but one of several.

It is unlikely that many proposed ECD initiators ever see the six-page official registration form, which would anyway be daunting and rather threatening to poorly resourced facilities. Many communities or private individuals, set up facilities to meet the need as far as they can, with

little or no knowledge of the support links. The DCD has effectively mobilised communities to support such facilities and most have a Parent's Committee in place.

The National ECD NGO Association advocates all members to register with Community Development (MWACW) to ensure their eligibility for any government material support that might be available.

Accurate data is not available on the actual number of ECD facilities, the number of children in these programmes and the quality of care. Since independence, 3346 ECD facilities have registered with government, although others with no toilet facilities exist but cannot be registered. It is not known how many of these still exist.

The policy calls for a diversity of approaches to meeting ECD needs, taking into account different socio-cultural and economic situations. The majority of ECD services are centre based, but other approaches are being piloted by NGOs and some CLOs, with UNICEF funding. ACORD is formulating training modules with the NECD NGO Association for caregivers and parents on different aspects of socialisation and on caring for orphans. A beginning has been made towards developing community-based programmes in disadvantaged San communities. Participatory rural appraisals (PRAs) have been conducted in 18 communities to identify needs for marginalised groups. Home visiting initiatives have been started with funding from UNICEF in 1998 with the training of 16 home visitors in eight communities, drawing on information from PRAs.

ECD services receive no regular subsidy from the government and rely entirely on fees paid by parents for income. Many parents pay as little as N\$10/month (US\$1.3) towards childcare. From this income, the ECWs are paid and sometimes food and materials bought for the children. A significant number of ECWs do not complete all phases of the training as they find or seek more lucrative income generating activities elsewhere.

### ***Summary of Constraints at Community Level***

Vast geographical regions and scattered communities

Few poorly resourced support staff with limited mobility

Undeveloped teamwork between staff from different partner agencies (community development, health and education)

Lack of awareness and understanding of policy and assistance available from government and NGOs

Communities and parents lack committee and management skills

Poverty limits contribution made by families and communities

Without reliable salaries, ECWs lack incentives to stay in ECD.

Communities have become aware that ECD facilities can benefit their children and new ones are opening every month. The challenge is now to overcome the constraints and find mechanisms and funding to provide training and monitoring so that the quality of ECD provision is raised.

#### **5.4 Progress in Monitoring and Evaluation**

At policy formulation, it was realised that data was not readily available for monitoring and evaluating progress in implementation. Although accurate data on the number and quality of ECD centres is difficult to collect, the guidelines and standards as well as certification process developed by the government and the data base kept by the NECD NGO Association are important sources of information for establishing baseline data and monitoring progress. Recently a study was undertaken by the University of Namibia to identify suitable indicators to monitor progress towards quality ECD (Iithete et al 2000). Indicators proposed by the study are:

1. Actual enrolment as % of relevant age group
2. Parental education
3. Past enrolment: % of new entrants in the first year of primary with pre-school
4. Number of children per teacher/caregiver
5. Teacher qualification
6. Quality of physical environment
7. Curriculum or interaction
8. Political will –policy and financing
9. Costs /expenditure per child
10. Average expenditure per child by family on ECD for children under 6

Some of these have been incorporated into NDP2. (NPC 2001)

**Table on Targets and Performance Indicators from NDP2 (table 36.1)**

<p>80% of all children, including orphans and vulnerable children (OVCs) have access to quality day care.</p>	<p>Number of children and OVCs enrolled in ECD centres- facilities.                  Number of trained ECD caregivers.                  Number of ECD centres supported per Region.                  Number of children per teacher/caregiver.                  Number of ECD parents’ committees.                  Number of new ECD centres established by communities.                  Number of parents/guardians reached by parent education programmes</p>
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A new initiative, lead by the Office of the Prime Minister and supported by the Ministry of Finance, is the introduction of performance indicators. MoF intends to link future budget allocations on how well Ministries have performed in meeting their objectives. A Health and Democratic Survey is currently being conducted and the 10-year census will be conducted this year, both of which will provide useful data for ECD programming.

**5.5 National Development Plan 2001-2006 (NDP2)**

Continued Government commitment to strengthen implementation of the ECD policy is reflected in the draft of the National Development Plan (NDP2), which specifies that the MWACW will:

- Review and promote National ECD standards and guidelines to ensure the quality in centres/kindergartens.
- Promote and ensure capacity building of National and Regional ECD trainers.
- Budget for ECD programmes and advocate for additional funding from international agencies and the private sector.
- Ensure co-ordination between Ministry of Basic Education, Sports and Culture, and other main partners involved in ECD activities.
- Set-up National and Regional ECD gender desegregated database to monitor the enrolment rate.
- Promote cost-effective ECD programme.
- Provide material and equipment support.
- Ensure that ECD advocacy messages get greater attention of public and private sector, women and fathers’ groups.
- Conduct parents’ education programmes in ECD.
- Train parents committees in the management of ECD programmes.
- Ensure the registration of ECD centres and issue registration certificates



These activities sound promising but a recent evaluation of nine ECD interventions in Namibia which are supported by UNICEF and the Bernard van Leer Foundation has highlighted the urgent need for capacity building in the MWACW. “No matter how much primacy GRN/UNICEF gives to ECD, unless it has effective and accountable structures to work through at the national and regional level, the programme will always run on half measures and may never reach its full potential” (Remmelswaal 2001)

## **5.6 Findings on ECD by the Presidential Commission on Education (1999)**

Government commitment to strengthen the implementation of the ECD policy was recommended by the Presidential Commission on Education in 1999.

- Continued implementation of the ECD policy
- All partners roles and responsibilities to be widely publicised and understood by local communities
- Guidelines for running ECD centres to be widely disseminated
- Urgent establishment of the Trust Fund
- Each ministry that is part of the NECDC should have a budget line for ECD from which it should provide a subsidy to the Trust Fund
- NGOs should receive support from the Trust Fund
- The Trust Fund should prioritise children who are marginalized, poor or with special needs
- Parents education and training should be supported
- Training of ECD workers should be expanded
- Registration of ECD facilities should be enforced vigorously and used for establishing a training network between such institutions.

These recommendations are still very relevant today.

## **6 CONCLUSIONS**

Namibia’s ECD policy provides a foundation for holistic child development and lays out strategies and mechanisms for implementing cross-sectoral approaches. The policy emphasises the paramount importance of providing young children with developmental opportunities as well as a secure and healthy environment. Some gaps in the policy have been identified – such as a clear mission statement and achievable, relevant objectives. Some amendments to the policy are suggested in the Recommendations section below.

Community Activators have successfully mobilised communities and many ECD facilities have been established across the nation, with only limited support from government, NGOs

and churches. Increased coverage has been achieved but the quality of these programmes is very variable. Data collection and analysis has not been comprehensive but it is likely that less than 20% of ECD care-givers have received some form of training.

Implementation of the policy has been slowed by a number of factors. Strategies specified in the policy have not been translated into practical implementation guidelines. There has been no cross-sectoral implementation plan and mechanisms established to support, guide and monitor the policy. Other constraints have been a change in the lead ministry three years after inception of the policy; poorly co-ordinated roles and responsibilities of partner agencies; and inadequate funding and other resources, which have slowed capacity building efforts.

The practical mechanisms needed to enable integration and interagency teamwork has not been worked out to overcome the sectoral and vertical nature of government ministries. This has affected both national and regional government's ability to implement the cross-sectoral policy.

The National ECD Committee, as the key organ established to oversee implementation of the policy, has fulfilled its role. It has not co-ordinated implementation plans, set up funding mechanism, monitored progress or publicly advocated the importance of ECD.

All committee members should carry some responsibility for this; however, the ultimate responsibility for this committee rests with the lead Ministry, for the first few years the MRLGH and more recently the MWACW.

The lack of adequate funds and resources being available at community level needs addressing. Inadequate line ministry implementation plans and budgets, no Children's Trust Fund in place and no alternative funding sources planned has been the biggest failure of the policy's implementers. This coupled with the assumption that many communities had the resources to set up and maintain ECD services has slowed the growth of quality ECD. Problems with accessing funding have meant that inequalities in access to services have not been substantially changed. Marginalised and rural communities have limited resources to establish and improve facilities and train workers.

## 7 RECOMMENDATIONS

### I All Main Partners should consider the following recommendations:

1. **ECD Co-ordinators should be appointed at Director level in the MWACW, MBESC and in the MoHSS to serve in a multi-sectoral Directorate, to ensure proper co-ordination and implementation of the ECD policy.** The directorate, dedicated to ECD, is not a high price for a programme, which is aimed at improving the growth and development of an estimated 530 295 children from 0-8 years old (Iithete 2000).
2. **Director-level membership of the National ECD Committee should be re-instated so that it can fulfil its mandate of overseeing the development and implementation of the ECD policy.** Its role should be:
  - Policy and strategy formulation
  - Policy monitoring
  - Co-ordination of Ministerial implementation plans and ECD budgets
  - establishing overall support structures for ECD,Terms of reference should be developed for its membership. Smaller sub-committees should be set up and tasked to meet on specific issues as the need arises. The Committee should establish communication mechanisms to facilitate inter-agency teamwork at all levels, providing a constructive alternative to ministerial tendencies to operate 'vertically'.
3. **The four main partners (the MWACW, MBESC, MoHSS and NECD NGO Association) should jointly plan and agree on their ECD budget line submissions annually.** Within MWACW, the budget line for ECD, should to be allocated separately from Community Development.
4. **Regional Development Co-ordinating Committees should establish cross-sectoral mechanisms to oversee the implementation of the ECD policy at regional and local level.** At the political level, councillors should ensure an equitable and accountable distribution of resources to ECD facilities. At the technical level, Chief Community Liaison Officers (CCLOs), ECD Trainers, District Primary Healthcare Supervisors and NGO representatives should develop shared and co-ordinated plans of activities.

5. **The lead agency, through the National ECD Committee, should organise a multi-sectoral strategic programme planning exercise involving key partners.** Key issues to be urgently addressed include:

The development of an integrated training strategy to ensure coverage of 80% of ECD facilities within 5 years

The establishment of funding priorities and mechanisms for local level ECD programmes

The establishment of cross-sectoral co-ordinating mechanisms at regional and local levels to improve support to young children and their families

This joint planning exercise should become an annual event for agreeing on strategies, activities, targets, budget allocations, timing and responsibilities. Plans should be monitored and reported annually to the NECDC by all ECD partners.

6. **The ECD policy should be amended** to include the following:

- i. The Ministry of Health and Social Services shall appoint an ECD Coordinator based under Primary Health Care, at an appropriate level to allow decisions to be made.
- ii. Changes to institutional structures e.g. lead ministry - MWACW
- iii. A mission statement, clear goals and objectives.
- iv. An up-dated situation analysis to reflect the impact of HIV/AIDS on ECD;
- v. Ensure that government allocates sufficient funds on the recurrent budget to honour its commitments and ensure that funding mechanisms are put in place to raise and sustain quality ECD provision.
- vi. Emphasise the 0-3 age group as critical for certain inputs
- vii. Clarify the links between pre-school and Grades 1 and 2
- viii. Emphasise issues of parenting
- ix. Identify positive cultural values to be strengthened, while promoting diversity.

## **II Ministry of Women Affairs and Child Welfare (MWACW)**

7. **The MWACW should establish the ECD Trust Fund in line with the policy.** The Board of Trustees should approve a system for awarding grants, monitoring use and accounting for the money spent. Funds should be distributed to the regions and the capacity of Regional ECD Committees should be built to ensure appropriate regional funding criteria and full accountability. The lead agency should undertake a capacity

building programme for regional leaders and officers in grant allocation, management, accounting and proposal writing.

8. **The MWACW should establish accurate data-collection procedures and regular monitoring of ECD facilities in the regions;**
9. **The MWACW should review job descriptions of CCLOs, Community Liaison Officers (CLO) and Community Activators (CA) to clearly reflect their roles in implementing the ECD policy.**

### **III Ministry of Basic Education Sports and Culture (MBESC)**

10. **The MBESC should develop an integrated training strategy to ensure coverage of 80% of ECD facilities within 5 years.**
11. **The MBESC needs to clarify and strengthen its contribution to ECD by:**
  - establishing posts in the MBESC for ECD trainers at regional level
  - covering full training costs of ECD care-givers training
  - provide adequate resources for ECD trainers to monitor and support care-givers in the field;
12. **The MBESC, in collaboration with MWACW, should evaluate the effectiveness of the training of ECWs by trainers at Teachers Resource Centres and of Community Activators trained by MWACW staff.** This will provide guidance to strengthen training and other strategies that will improve delivery of ECD services. The respective roles of MBESC and other partners in training ECWs needs to be revisited and clearer implementation strategies agreed on.

### **IV Ministry of Health and Social Services (MoHSS)**

13. **The Ministry of Health and Social Services should consider appointing an ECD Co-ordinator based under Primary Health Care, at an appropriate level to allow decisions to be made.**

14. **With the start of the 2002 UNICEF country programme, the national ECD programme should build links with health workers through UNICEF's Integrated Management of Child Illness strategy, which has a strong ECD component.**

#### **V National ECD NGO Association**

15. **The NECD NGO Association should facilitate and build the capacity of NGO representation at Constituency level and on Regional ECD Committees to strengthen advocacy, monitoring, and the accountability of funding disbursements.**

## APPENDIX 1

### PEOPLE CONSULTED

Mrs Mundjua	Deputy Director	MRLGH
Adolphine Mashimba	Deputy Director	MWACW
Adelheid Butkus-Ndazapo	ECD Coordinator	MWACW
Hope Tait	ECD Coordinator	MBESC
Elise Stephanus	National Trainer	MWACW
Francina Soul	National Trainer	MWACW
Tesfaye Shiferaw	Programme Officer, Health,	UNICEF
Detlef Palm	Programme Officer, ECD	UNICEF
Deedee Yates	Task Force member	Council of Churches
Johanna Henry	Pre-school teacher	Windhoek International School

### NATIONAL ECD COMMITTEE (ADDITIONAL TO ABOVE)

Shamani Shikwambi	ECD Coordinator	NECD NGO Association
Mr Basson	Director	MoF
Loine Inkono	Officer	MFAIB
Judy Matjila	Programme Officer, ECD	UNICEF

### FOCUS GROUP DISCUSSION

Klaudia Shivute	ECD Trainer	MBESC, Ondangwa East
Hilya Nangula Ngonga	ECD Trainer	MBESC, Ondangwa West
Magdalena Abrahams	ECD Trainer	Keetmanshoop (Hardap Reg.)
Anastasia Neumbo	ECD Trainer	Khorixas (Kunene Region)
Ernestine Shehama	ECD Trainer	Mariental (Hardap Region)

## APPENDIX 2 LIST OF REFERENCES

**Adkisson, S.** 1995, Children in Namibia, Reaching Towards the Rights of Every child, United Nations Children's Fund (UNICEF).

**Bruce, T.** 1987, *Early Childhood Education*, Hodder & Stoughton.

**Central Bureau of Statistics.** 2000, Populations Projections 1991 – 2021, Namibia. National Planning Commission.

**GRN.** 2000, Namibia Water Resources Management Review, Equitable, Efficient and Sustainable Water Resources Management and Water Services, White Paper, Government of the Republic of Namibia.

**GRN.** 1999, Presidential Commission on Education, Training and Culture.

**GRN.** 1999, National Early Childhood Development Policy, Minister of Regional, Local Government and Housing.

**GRN.** 1997, ECD Refresher Course for National Trainers, Harmony Center. Ministry of Regional, Local Government and Housing Ministry of Education and Culture.

**GRN.** 1993, Toward Education for All: A Development Brief for Education, Culture and Training, Windhoek, Gamsberg Macmillian.

**Inter-Ministerial Standing Committee, The National Programme of Action for Children.** April 1996, National Programme of Action for the Children of Namibia, National Planning Commission of Namibia.

**Iithete, I. et al.** 2000, In Search of Early Childhood Care and Development (ECCD) Indicators, A Contribution to the EFA 2000 Assessment – The Namibian Case, University of Namibia (UNAM).

**Landers, C.** 1992, UNICEF Policy Review - Towards a Comprehensive Child Development Approach, Education Cluster, Programme Division, UNICEF, New York.

**Ministry of Women's Affairs and Child Welfare.** 2001, National Report on Follow Up to the World Summit for Children, National Program of Action for Children, Ministry of Women's Affairs and Child Welfare.

National Planning Commission. (NPC) June 2001, **Second National Development Plan, Final Draft, GRN.**

**National Planning Commission.** 1995, Chapter 36, Gender and Development, Volume 1 National Development Plan. Government of Namibia.

**Opping, C.** 1993, ILO Standard Setting Policy Studies and Technical Cooperation on Relating to Population Issues and Women.



**Remmelzwaal, C.** 2001, Evaluation of Early Childhood Development projects in Namibia, UNICEF.

**United Nations Development Programme.** 1999, Human development in Namibia, Windhoek UNDP.

**UNICEF.** 2001, The State of The World's Children 2001- Early Childhood, UNICEF.

**UNICEF.** June 2001, Draft Strategy for the GRN-UNICEF Programme of Cooperation 2002-2005 UNICEF.

**UNICEF Namibia.** 2000, Ensuring the Rights of Orphans to Adequate Early Childhood Care Funding Proposal, Government of Namibia and UNICEF.

**UNICEF.** 1999, IMCI Integrated Management of Childhood Illness; Household and Community Component; A Resource Manual on Strategies and Implementation Steps, Eastern and Southern African Regional Office.

**UNICEF.** 1997, Education and Early Childhood Development (YE 802) Report of the Annual Review, Government of Namibia/UNICEF.

**UNICEF.** 1993, Towards a Comprehensive Strategy for the Development of the Young Child - An Inter-Agency Policy Review. Education Cluster, Programme Division, UNICEF House, New York.

**UNICEF.** 1992, Report of the Workshop for the Development of Guidelines for the Early Childhood Protection and Development Programme (ECPD), Ministry of Local Government and Housing.

**UNICEF.** 1992, Report of the National Conference on Early Childhood Protection and Development. Ministry of Local Government and Housing, Ministry of Education and Culture, UNICEF, Windhoek, Namibia.