

Meeting Targets and Maintaining Epidemic Control (EpiC) Project

Cooperative Agreement No. 7200AA19CA00002

NAMIBIA SOCIAL SECTOR WORKFORCE LANDSCAPE ANALYSIS NARRATIVE REPORT

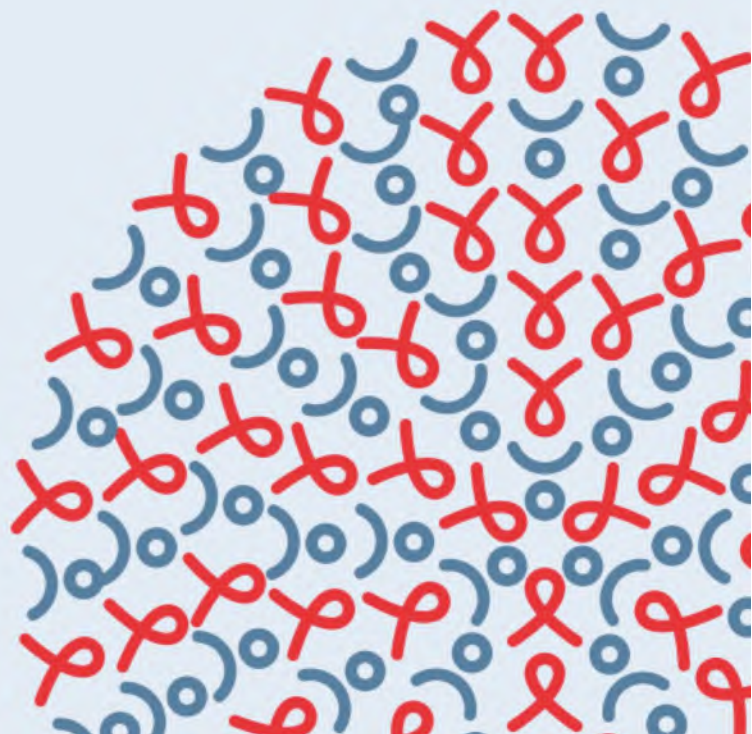
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Introduction

The Meeting Targets and Maintaining Epidemic Control (EpiC) project, through its partner, Open Development, is supporting PEPFAR and USAID to identify opportunities within Government of the Republic of Namibia (GRN) structures to implement and sustain critical HIV service delivery for children, adolescents, youth, and parents/caregivers as currently provided through the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) and orphans and vulnerable children (OVC) programs. From July to September 2023, Open Development conducted a landscape analysis of the GRN staffing structures across relevant Ministries – the Ministry of Sport, Youth & National Service (MSYNS), the Ministry of Education, Arts & Culture (MoEAC), and the Ministry of Gender Equality, Poverty Eradication & Social Welfare (MGEPESW) – as well as the Ministry of Health & Social Services (MHSS).

This is a summary report of the staffing landscape analysis.

Process and Methodology

The first step was to gain an understanding of the workforce that PEPFAR – through DREAMS and OVC programming implemented through Reach Namibia by Project Hope Namibia and IntraHealth Namibia - and the GRN are engaging to reach children, adolescents, youth and their caregivers. This involved obtaining job descriptions from Reach Namibia for relevant service delivery staff and interviewing project staff to understand their mandate, challenges and coordination with the GRN. The next step was to understand what services the GRN was providing for children, adolescents and youth, along with the associated cadres by reviewing relevant Personnel Administration Measures (PAM) to understand the role of different cadres, interviewing key directorate staff in the relevant Ministries, and conducting a thorough literature review of GRN policies and reports.

Once information from both sides was obtained, the information was analyzed to identify the alignment, gaps, opportunities and recommendations for how to optimize USAID's support to both GRN and civil society to provide quality HIV services to children, adolescents, youth and their caregivers. Preliminary analysis showed considerable alignment in broad activity areas between PEPFAR and the GRN. However, the current intensity of some individual PEPFAR activities and the large number of PEPFAR funded individuals in community cadres serving children, adolescents and youth, are not analogous in government.

LENS OF ANALYSIS

Equitability - Is there a difference between how activities are offered? For example, how do we maintain youth responsive relationships in schools and clinics where staff is limited and therefore overburdened?

Accessibility - Is there a difference in where activities are offered? For example, how do we reach specific children and youth most vulnerable to HIV and the impact of HIV while addressing all children in the system?

Effectiveness - Is there a difference in who implements the activities? For example, how do we ensure a sufficient and trained staff complement for the work in a fiscally constrained environment and current hiring freeze?

Sustainability - Is there a difference in how sustainable the activities are? For example, where are the opportunities over the next two to five years to strengthen the social service work force in Namibia in order to maintain epidemic control and reach universal health?

Figure 1: Lens of Analysis using dimensions of quality for youth responsive services.

To understand the human resource component, PEPFAR funded cadres were mapped to GRN funded cadres to understand alignment of roles, responsibilities and qualifications. This was followed by comparing activities and staff supported by PEPFAR with services and cadres supported by GRN. The dimensions of quality for youth responsive services - equitability, accessibility, effectiveness, sustainability (Figure 1) - were used as an analysis lens to understand to what extent PEPFAR activities and GRN services are aligned, with a particular focus on the workforce. This led to individual recommendations on how to optimize human resources, where to engage other actors, and what is needed to create an enabling environment for continuity of these critical services.

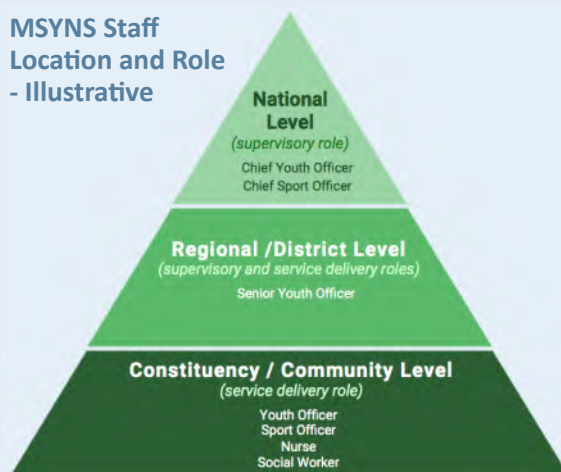
The following sections provide additional detail for each of the four relevant Ministries.

Ministry of Sport, Youth & National Service (MSYNS)

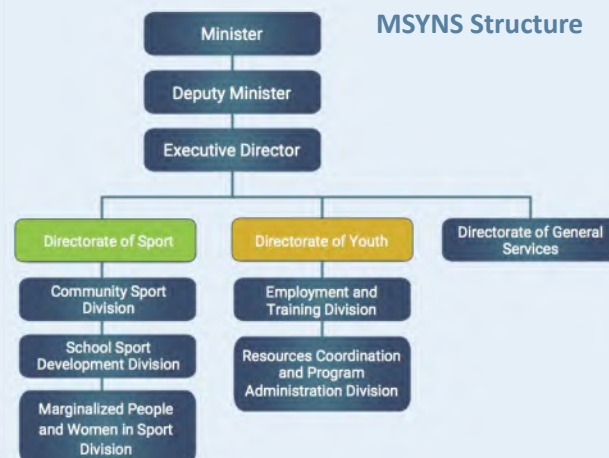
The Ministry's objectives align well with those of USAID and PEPFAR. THE Ministry has regional level cadres -- Youth Officers, Social Workers and Nurses -- to implement programs on sexual and reproductive health (SRH), gender-based violence (GBV) prevention, and economic strengthening for youth (see call out box).

Call Out Box: MSYNS Staffing Structures

MSYNS Staff Location and Role - Illustrative



MSYNS Structure



Youth Officer

Youth Officers are a key cadre currently supported through the Mission's G2G agreement to support, mentor and train out-of-school youth on comprehensive sexuality education, sexual and gender-based violence, and financial literacy. Where possible, they operate out of Multi-Purpose Youth Resource Centers (MPYRC) providing vocational and life skills support to out-of-school youth.

Nurse and Social Worker

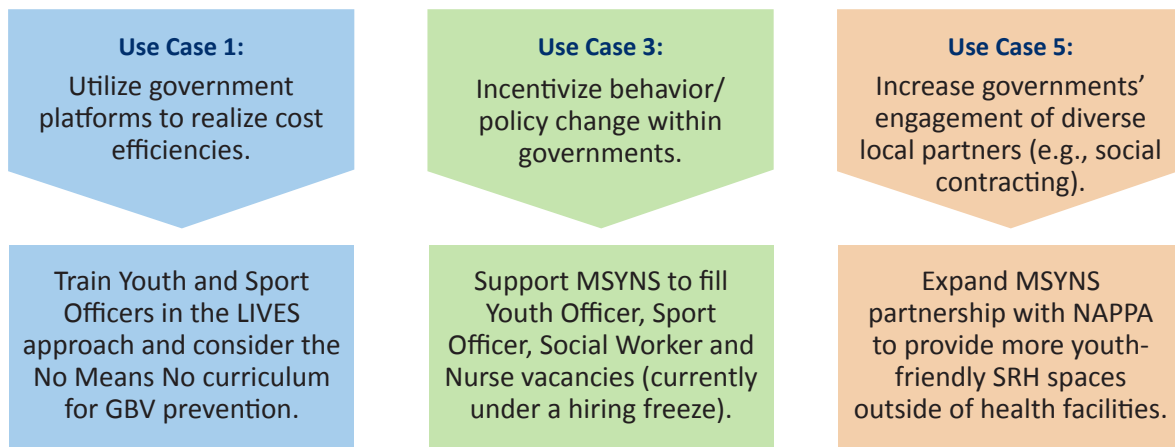
Every Region has a Social Worker position as well as a Nurse to provide health and emotional wellness support to youth.

Sport Officer

Sport Officers are an underutilized cadre with great potential to reach out-of-school adolescent boys and young men in gender norms and violence prevention activities.

The Ministry does not have its full complement of Social Workers, with only two out of 14 positions filled. Due to the hiring freeze, the Ministry has not been able to advertise for and fill these vacancies. MSYNS partners with the Namibia Planned Parenthood Association (NAPPA) to offer youth responsive services in several clinics. This service is highly valued by the adolescent and youth who prefer NAPPA clinics, with staff trained in youth-friendly services. USAID/Namibia has a Government-to-Government (G2G) agreement with the MSYNS to train their Youth Officers in HIV and violence prevention and financial literacy, optimizing their youth empowerment platforms. Additional use cases for how G2G could advance the engagement of the MSYNS to sustain HIV interventions with youth are outlined below.

Top Three Recommendations by G2G Use Case



Ministry of Education, Arts & Culture (MoEAC)

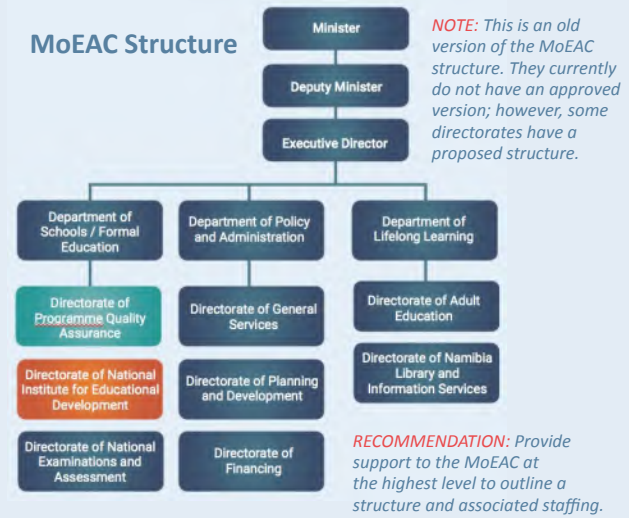
The MoEAC has an average annual expenditure of 20.7 percent of the total government budget, providing free basic education (Grades 0-12) for over 755,000 children and adolescents. Namibia has high primary and secondary school enrolment and a number of very progressive policies and guidelines for example: menstrual health management, safe schools, learner pregnancy, and addressing violence. However, not all of these guidelines have been rolled out to the relevant cadres such as School Counselors and Senior Education Officers for Health and Wellness. The MoEAC has dedicated Life Skills Teachers and a curriculum for life skills-based HIV and violence prevention and sexuality education. There are many schools which are too small (<250 learners) to qualify for a Life Skills Teacher or with too few Life Skills Teachers for the large number of learners. This staffing situation, combined with some parental and community resistance to open conversations about sexuality and contraception, may limit the positive impact of life skills education. The recently revised Education Act of 2020 mandates that ECD for children under 5 years of age also move to the MoEAC, but the actual move has been postponed for further preparation and study. Illustrative use cases for how G2G could advance the engagement of the MoEAC to sustain HIV interventions with youth are outlined below.

Call Out Box: MoEAC

MoEAC Staff Location and Role - Illustrative



MoEAC Structure



Life Skills Teachers

About 15 years ago MoEAC started the My Future my Choice and the Window of Hope curricula as after-school programs to address HIV prevention and the needs of OVC. Later there was a push to have a stand-alone subject in the school timetable called Life Skills which would address psycho-social issues as well as HIV and violence. Window of Hope and My Future My Choice materials were incorporated into this broad Life Skills subject. Life Skills is mandatory for all learners from Grade 4 – 11, two periods a week. The curricula and delivery have been assessed and revised at various times.

Physical Education (PE) Teachers

PE Teachers have received training in Sports for Development. Materials are available for Grades 0-12 that include messaging on gender norms, safety, self-awareness, and social assets. This is a new program with no assessment available yet but does offer a pathway for reaching more adolescent boys.

Regional School Counselors

Every region has at least one Regional School Counselor. Their role is to support Life Skills Teachers and to act as a first line of referral for psychological and behavioral issues. The current job specifications require a Teacher qualification, though the Ministry has suggested a Social Work or Psychology qualification would be preferable. They are approaching the Office of the Prime Minister (OPM) to have this adjusted.

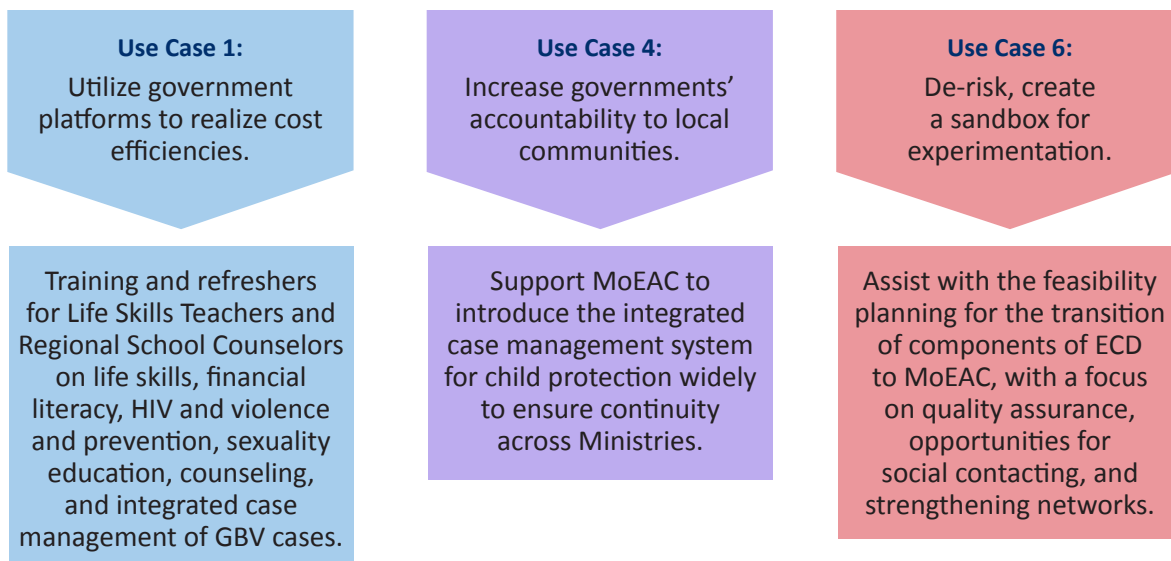
Senior Education Officer for School Health and Wellness

This was a position that was originally filled by Peace Corps volunteers but has migrated to a position on the staff establishment. There is one Officer for every region, corresponding to the Regional AIDS Committee on Education (RACE). They work in conjunction with the Regional School Counselors and the HIV/AIDS Management Unit (HAMU) to mainstream HIV and AIDS prevention activities into the education workforce.

Senior Education Officer for Early Childhood Development (ECD)

In recognition of MoEAC's current and future role in ECD, there is a Senior Education Officer at the national level focusing on ECD. MoEAC has a pre-school year, Grade 0, for five-year-olds at all government schools and contributes to training of pre-primary educators outside the formal government system. There are several donor-supported programs for ECD in the country, giving some degree of support to the over 5,000 ECD workers (Educators) in the informal sector.

Top Three Recommendations by G2G Use Case



Ministry of Gender Equality, Poverty Eradication & Social Welfare (MGEPEWSW)

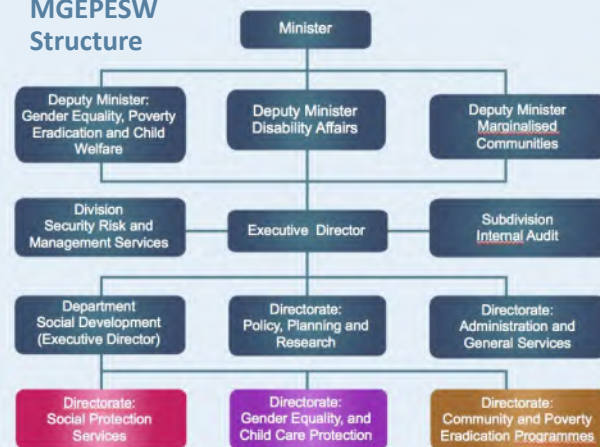
The MGEPEWSW is responsible for Namibia's well-established social protection programs, its newly articulated child protection system (Child Care and Protection Act), and gender equality, poverty eradication and community development programs, including ECD. MGEPEWSW is also responsible for the GRN's universal pension scheme of approximately N\$1400/month for those over 60 years of age, a grant for eligible vulnerable children of N\$350/month and a child disability grant of N\$1400/month. More than 600,000 people are benefiting, of which over 300,000 are children. MGEPEWSW has a cadre of Community Liaison Officers based at regional and constituency offices, in addition to Social Workers at regional level. The Child Care and Protection Act made provision for Social Auxiliary Workers, but this cadre has not yet been incorporated into the staff establishment (see call out box). The Ministry reports that their Social Workers are overwhelmed with multiple responsibilities including child trafficking, violence against children, custody and maintenance cases, many of which entail significant time in court and on administrative duties, leaving little time for counseling or prevention activities. Illustrative use cases for how G2G could advance the engagement of the MGEPEWSW to sustain HIV interventions with youth are outlined below.

Call Out Box: MGEPSW

MGEPSW Staff Location and Role - Illustrative



MGEPSW Structure



Social Worker

Social Workers serve in several ministries. Those associated with MGEPSW are responsible for children and adolescents under the age of 18. Under the Child Care and Protection Act, Social Workers have many and diverse legally mandated tasks, including removal of children and placement in residential care facilities or in temporary shelters, custody investigations, response to violence against children, and addressing psycho-social needs.

Community Liaison Officer (CLO)

This cadre provides a link between communities and development activities, including income generating activities, providing advisory services for community development and offering assistance in communities. Some CLOs are early childhood development trainers and specialists.

ECD Educarer

Educарers are not permanent staff on the establishment, and only a fraction (approximately 1,300 out of a total of 5,000) receive a small government stipend for their work.

Top Three Recommendations by G2G Use Case

Use Case 2:

Strengthen government systems and capacity using a “learning by doing” approach.

Support a workload analysis of MGEPSW Social Workers (and related cadres) to determine main activities performed, validate accreditation and registration of Social Workers, and align PAMs to ensure job descriptions are appropriate.

Use Case 4:

Increase governments’ accountability to local communities.

Assist MGEPSW to align the staff establishment to existing policies (e.g. Child Care and Protection Act which calls for Social Auxiliary Workers).

Use Case 5:

Increase governments’ engagement of diverse local partners (e.g., social contracting).

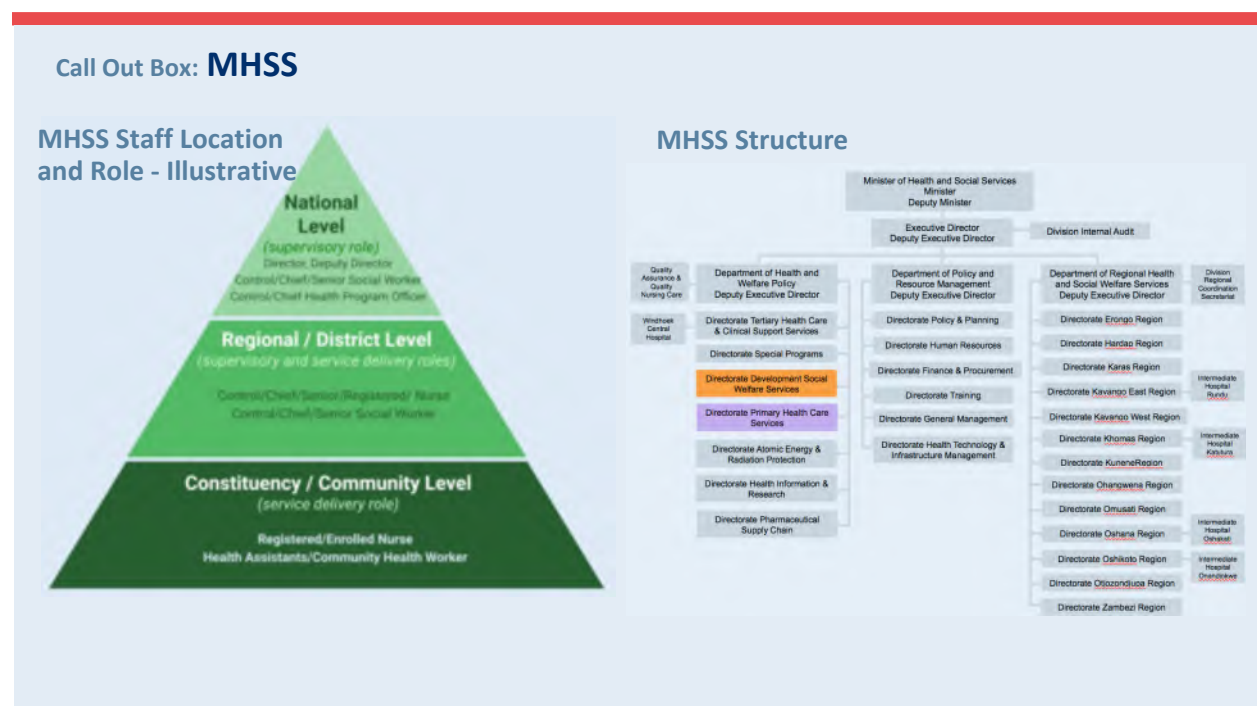
Assist local organizations to become registered as child protection agencies to fulfill some statutory duties, currently undertaken by MGEPSW Social Workers.

Ministry of Health & Social Services (MHSS)

The MHSS is mandated to provide integrated, affordable, accessible, and quality health and social welfare services that are responsive to the needs of the Namibian population. To ensure effective service delivery of public healthcare and social services in the country, the Ministry is constituted of 12 national directorates, 14 regional directorates, 36 districts and constituency/ community level, where community health-based care is provided at various health centers and clinics throughout the country (see call out box). School Health is a sub-division of Family Health in the Primary Health Care (PHC) Directorate and is responsible for School Health Policy and chairs the Task Force.

The MHSS has several policies, strategies and guidelines regulating and guiding planning, management and resource allocation, as well as coordination with partners. The National Strategic Framework (NSF) for HIV and AIDS Response aims to reach over 90 percent of adolescent girls with a combination strategy for HIV prevention and SRH interventions. The combination prevention strategy for adolescents and youth includes peer- or mentor-based HIV prevention sessions, life-skill-based education in school, access and initiation to PrEP, economic empowerment interventions, SRH/FP/SGBV services, and HIV services delivered at health facilities, schools and at the community level. The Ministry embraces the social contracting policy and has experience in outsourcing to local NGOs. The MHSS developed a parenting curriculum to improve parental empowerment and competencies, increase positive parenting practices and children's behaviors, and mental and social well-being of parents; however, it is unclear where this training will sit or who will deliver it.

Potential areas to engage MHSS on social services for children, youth, adolescents and parents/caregivers are listed below by use case.



Nurse

Nurses are often referred to as the backbone of PHC because of their critical role in health promotion, disease prevention, and treatment. In addition to PHC in health centers, clinics, and community outreach services, Nurses are also at the district, intermediate and referral hospitals, and they are at service delivery entry points.

Health Assistant / Community Health Worker (HA/CHW)

The MHSS used the Ethiopian model of Health Extension Workers to expand the cadre, initially training over 1,000 CHWs and providing a stipend. However, of the total 4,307 HA/CHW, donor funded positions comprise almost half. With support from partners, the MHSS is formalizing the cadre by registering the curriculum and accrediting qualifications. This will also help enable recognition by the Health Professions Council of Namibia. Health Assistants previously had a narrow scope of responsibilities; however, this has been broadened to include work at the facility and community level, inter alia: HIV prevention, ART adherence, family planning and contraception, growth monitoring, water, sanitation, hygiene, and assessment of malnutrition for children under 5.

Social Workers

The bulk of GRN Social Workers are in MHSS district, intermediate and referral hospitals and are responsible for those over the age of 18. Their main work includes: counseling (premarital counseling, marriage enrichment, alcohol and drug abuse, sex work, bereavement counseling, stress management, trauma counseling, and pre-trial assessments, effective parenting skills groups, domestic violence, elder abuse, and active aging).

Top Three Recommendations by G2G Use Case

Use Case 1:

Utilize government platforms to realize cost efficiencies.

Assist the Directorate of Developmental Social Welfare Services to revise and strengthen MOUs with MoEAC and CSOs on parenting training curriculum through school health and community-based programs.

Use Case 2:

Strengthen government systems and capacity using a “learning by doing” approach.

Support formalization of the Community Health Worker cadre in MHSS and finalize the process of incorporating temporary CHWs into the staff establishment to be able to execute their functions proficiently.

Use Case 5:

Increase governments’ engagement of diverse local partners (e.g., social contracting).

Advocate for broader implementation, facilitate active participation and understanding of the procedures/requirements of the Social Contracting Policy in order to enable outsourcing of community level interventions. Social contracting for parent training using the new curriculum would be a good option.

Coordination

There are a variety of coordination mechanisms throughout the GRN currently that aim to ensure seamless implementation of HIV services for children, adolescents and youth. These include (1) **Memorandums of Understanding** (MOU) between Ministries - MHSS and MoEAC to jointly plan, coordinate, mobilize resources and implement school health related activities; and the yet-to-be-finalized MOU between MHSS and MGEPSW to harmonize the roles and responsibilities of Social Workers; (2) **Task Forces** - the National Permanent Task Force on OVC chaired by the MGEPSW, and the Regional School Health Task Force co-chaired by MHSS and MoEAC to oversee the integrated school health program; and (3) **Committees** - the National AIDS Executive Committee (NAEC) chaired by MHSS and oversees the NSF; Health, Social Welfare and Gender Sector Steering Committee chaired by MHSS and overseeing sector responses; the High Level Gender Advisory Committee chaired by MGEPSW; and Regional and Community AIDS Coordinating Committees (RACOC/CACOC) under the auspices of the Ministry of Urban and Rural Development which support community planning and service delivery, facilitate and coordinate regional level response, and facilitate HIV service demand creation.

There are opportunities to support and strengthen cross-cutting coordination mechanisms through partner support and potential G2G agreements, as they are an integral part of the GRN's layered approach to children, adolescent and youth HIV service delivery and maintaining epidemic control through both partner support and G2G agreements.

Key Takeaways and Opportunities

Given the complex nature of the GRN layered approach, several recommendations require an integrated approach that spans multiple Ministries. Outlined below are four major takeaways and associated opportunities (Figure 2) for continued engagement with the GRN and partners.

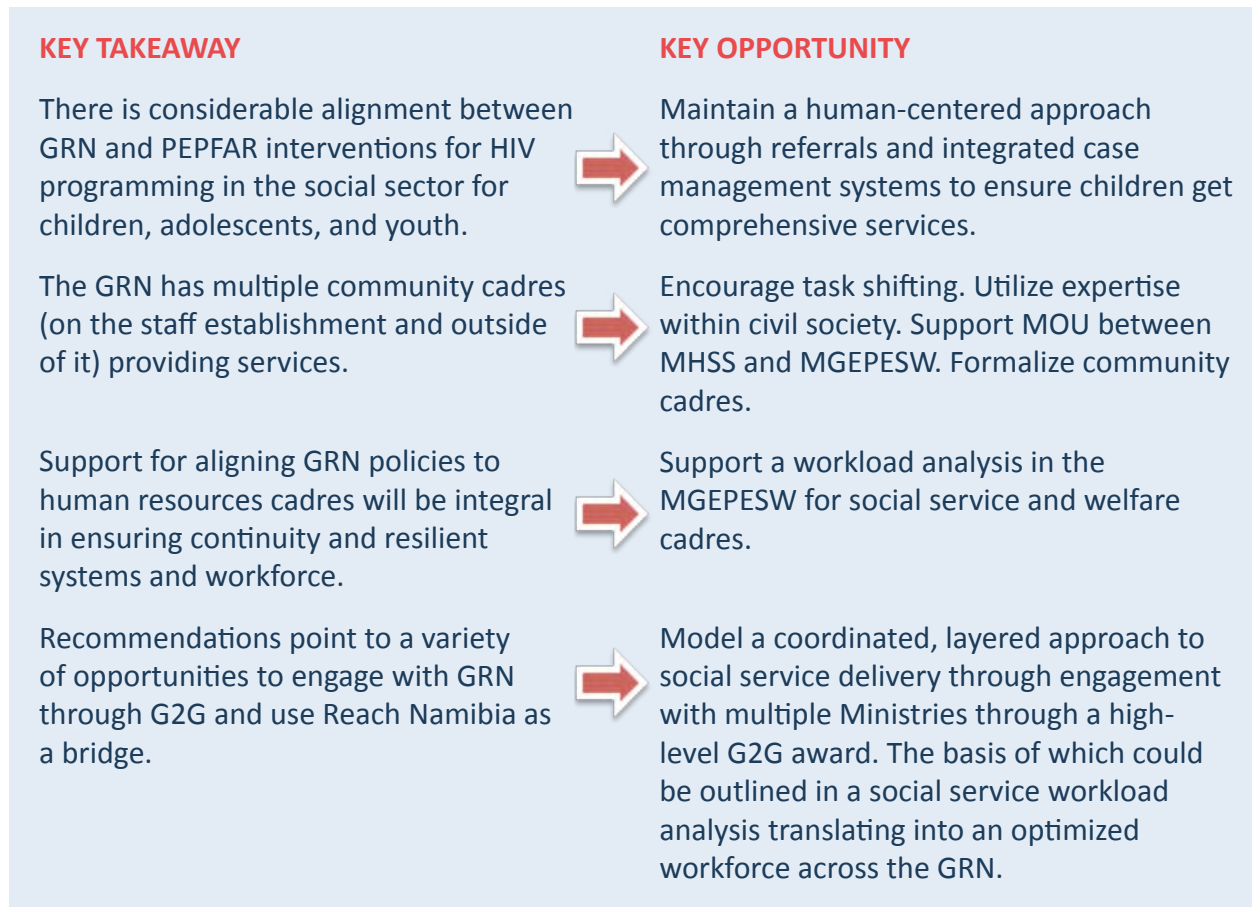


Figure 2: Key takeaways and opportunities.