Ministry of Gender Equality, Poverty Eradication and Social Welfare

DW DEVELOPMENT WORKSHOP

2024

KNOWLEDGE, ATTITUDE AND PRACTICE STUDY OF EARLY CHILDHOOD DEVELOPMENT IN NAMIBIA

With financial support from INTER TEAM

Carried out by Development Workshop Namibia in partnership with the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW), and with financial support from InterTeam.

All photos supplied by Development Workshop from ECD centres and activities across Namibia

2024

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FOREWORD

The Government of the Republic of Namibia has long recognised the importance of the early years of our children's lives. The Fifth National Development Plan (National Planning Commission, 2017) emphasises that investment in this critical developmental window is pivotal in ensuring maximum return. The Harambee Prosperity Plan II (Office of the President, 2021) calls attention to children's unequal access to early childhood development (ECD) centres, and educarers being underqualified.

Due to its multi-sectoral nature, the ECD mandate in Namibia is shared across the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW), Ministry of Education, Arts and Culture (MoEAC) and Ministry of Health and Social Services (MoHSS). In order to assist with improved coordination, an Integrated Early Childhood Development (IECD) Framework was developed in 2017, laying out a multi-faceted approach to supporting children through their early years, engaging parents, training educarers, and enhancing ECD centres (Ministry of Gender Equality and Child Welfare, 2017).

Though much progress has been made since Independence in 1990 to advance the development and protection of young children in the country, there are still some areas in which children's rights remain unfulfilled. To address this, the three Ministries, coordinated by the National ECD Steering Committee, launched the Right Start Campaign (MGEPESW, 2019). This campaign aims to increase national awareness of the importance of ECD, using simple messages and tips to improve the early experiences of Namibia's youngest citizens. The campaign covers all domains of the globally recognised Nurturing Care Framework (WHO, UNICEF & World Bank Group, 2018), detailing a holistic approach to early childhood development – health, nutrition, responsive caregiving, security and safety, and early learning. The campaign has been active for five years, working with a range of stakeholders to improve the understanding of ECD across all levels of society, from the Parliament all the way down to individual households.

Despite this coordinated effort across Government, there remain some key challenges preventing each Namibian child from getting the best possible start in life. One of the key findings of the present study is that geographical inequalities make a major difference for ECD. Children living in rural areas and in informal settlements face some of the biggest challenges, while parenting knowledge, attitudes and practices also differ regionally.

ECD has the potential to positively transform Namibia in one generation, and the rich information presented in this report will be important in framing our future interventions in these areas, and in defining the focus of the Right Start Campaign for the coming five years.

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Acting Executive Director
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ACKNOWLEDGEMENT

Development Workshop Namibia (DWN) works alongside the Government of the Republic of Namibia to holistically address early childhood development (ECD), land, sanitation and infrastructure challenges faced by people living in Namibia's informal settlements. DWN's ECD programme puts the child at the centre, working through parents, family, ECD centres and teachers, within the broader community and across the whole ECD system (see Figure 1). DWN aims to ensure that children gain a better start with enhanced safety, development and wellbeing through improved care, resources and structures at ECD centres and at home.

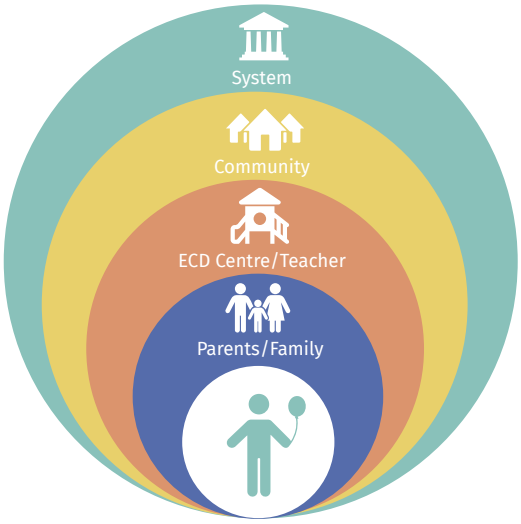

Figure 1: DWN's child-centred programming model, based on the Social Ecological Model (UNICEF, n.d.)

DWN is human-centred and data-driven. Our team listens to and works with educarers to address their challenges and needs, while measuring results frequently to enable timely programme adjustments. For example, pre- and post-training quizzes are used to gauge the educarers' understanding of the training materials, leading to adjustments in the curriculum to close any remaining learning gaps and support further development. Parents and educarers are also regularly asked for their feedback on the programme and interventions.

As a partner in the Right Start Campaign, a central part of our work is to provide information and skills to adults who are in the position to give children the best possible start. I am therefore delighted to present this knowledge, attitude and practice (KAP) study, the first of its kind in Namibia. This study, based on a household survey carried out at the end of 2023 across eight regions, supplemented by interviews and focus groups, shows the prevailing trends amongst Namibia's parents of 0-6-year-olds. We encourage all stakeholders in the field of ECD, including parents, educarers, non-governmental organisations, multilateral organisations and government, to use this report in providing appropriate support to ensure that Namibian children can get the best possible start in life.

I would like to thank participating specialists for their collaboration, and the many parents who were willing to share intimate details of their family lives. I would also like to thank the MGEPESW for their partnership on this study, enabling us to gain a much fuller perspective of the rural areas in Namibia. InterTeam is recognised for financing the project and providing human resources, as well as their continued support to ECD in Namibia. Our ECD work would not be possible without the support of our donors, including MTC, the Finnish Embassy, Comundo, Minderoo Foundation, Capricorn Foundation, Pupkewitz Foundation and Twin Hills Trust.

Thank you also to our enumerators, the MGEPESW Community Liaison Officers and DWN's Community Outreach Workers for their hard work and dedication to collect large amounts of data over a short period and at a high standard.

Jessica Brown
Early Childhood Development Programme Director
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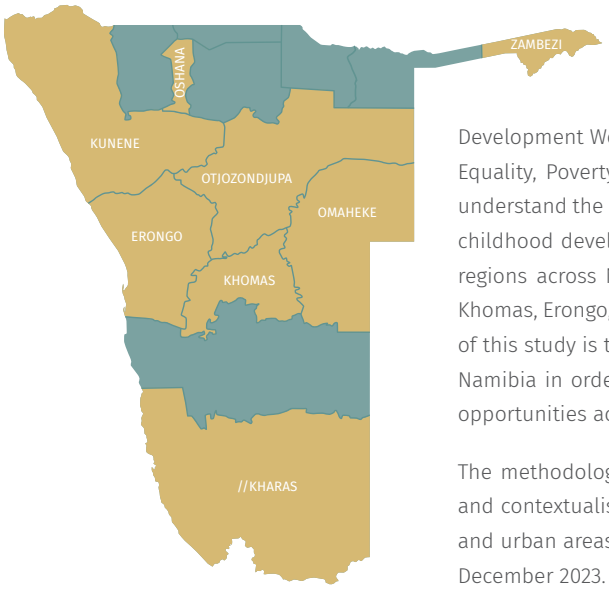
ABBREVIATIONS

CLO	MGEPESW Community Liaison Officer
CDC	Centers for Disease Control and Prevention
DWN	Development Workshop Namibia
ECD	Early childhood development
Educarer	Teacher and carer in ECD centre
FGD	Focus Group Discussion
IECD	Integrated early childhood development
KAP	Knowledge, attitude and practice
KI	Key Informants
MGEPESW	Namibia's Ministry of Gender Equality, Poverty Eradication and Social Welfare
MoEAC	Namibia's Ministry of Education, Arts and Culture
MoHSS	Namibia's Ministry of Health and Social Services
NGO	Non-Governmental Organisation
NSA	Namibia Statistics Agency
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY



Development Workshop Namibia (DWN), in collaboration with the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW), undertook a study to understand the knowledge, attitude and practice (KAP) of households related to early childhood development (ECD). This KAP study was based on data collected in eight regions across Namibia in urban and rural areas. The study regions are //Kharas, Khomas, Erongo, Omaheke, Otjozondjupa, Oshana, Kunene and Zambezi. The purpose of this study is to improve the understanding of parenting practices and attitudes in Namibia in order to tailor ECD interventions to help strengthen child development opportunities across the country.

The methodology drew from existing literature to guide the direction of the study and contextualise findings. The study is based on 587 household surveys from rural and urban areas across the eight study regions, mostly conducted in November and December 2023. DWN collected urban surveys while MGEPESW staff collected surveys in the rural areas. The study also draws from nine key informant interviews. Focusing on Oshakati, Katima Mulilo and Windhoek, 12 interviews and seven focus group discussion (FGDs) were held with parents. The FGDs were the final step of data collection after the analysis of the other data was complete, with key findings being presented to parents to provide further depth and nuance.

The priority findings and recommendations from the study are summarised in Table 1.

Table 1: Summary of key findings and recommendations

AREA	KEY FINDING	RECOMMENDATION
All	The profiles of parents change considerably between different groups of parents in Namibia, according to where they live and whether or not they are employed.	Interventions should be tailored to reflect the needs of different groups of parents, in order to have the greatest possible impact.
Responsive care-giving	Fathers are less engaged than mothers in parenting, especially when it comes to factors beyond providing for basic needs.	Fathers should be encouraged to take a more active role in their young children's lives, whether or not they are in a relationship with the mother. Messaging could include promoting the joys of fatherhood, and the positive impact of a strong father-child bond for both parties. This could be part of parental training.
	Children with disabilities are often excluded from ECD centres, which may be linked to social stigma.	Information should be shared to tackle stigma around disability, to ensure that all children can access ECD centres and achieve their potential. Parents and ECD teachers need information and skills to best support children with disabilities.

AREA	KEY FINDING	RECOMMENDATION
Responsive caregiving	Orphans and non-biological children are reportedly treated differently to biological children. This may be particularly true when it comes to soft factors like affection and nurturing – as opposed to meeting basic physical needs such as food, shelter, healthcare.	Parents should be informed that all children require loving relationships regardless of familial bond, and how these promote development. Neglect should be highlighted as unacceptable in communities, and reporting should be encouraged.
Opportunities for early learning	Parents typically understand the role of ECD in terms of school preparation, and underestimate the importance of early stimulation and play. This applies to care at home, as well as ECD selection priorities. As such, around one in five of respondents reported that children should start at the ECD centre aged five or six years, which is later than the recommendation.	The value of early years education and its preparatory role for healthy development should be emphasised, in line with messaging about learning through play, for both parents and educarers. This should take place alongside efforts to reinforce the quality of ECD centres in Namibia. Parents should be supported to recognise quality in an ECD centre, and how to advocate for quality.
	Namibian parents are focused on good educational and financial opportunities for their children as they grow.	Messaging should capture this point and link positive early childhood experiences with later learning potential, educational outcomes and earning opportunities.
Safety and security	Beating young children is extremely common in Namibian families, with around half of parents reporting this response to misbehaving children.	There is a need for renewed efforts in campaigning to prevent violence against children. Parents should be encouraged to avoid beating their children, and to understand the repercussions of violence on children's development. Furthermore, violence in childhood should be linked to the epidemic levels of violence that we see in Namibia, and alternative, culturally-appropriate non-violent techniques for behaviour management should be taught to parents.
Good health	It was reported that many mothers drank alcohol and smoked during pregnancy.	Parents must be educated on the risks of drinking alcohol and smoking cigarettes during pregnancy. Key moments of engagement with the health service during pregnancy (such as antenatal appointments) should be used to reinforce these messages.
	Access to toilets varies considerably between different regions, and in some places, children are excluded from toilet access.	Households should be encouraged to build toilets and informed of the consequences of open defecation, with support provided by government or NGOs where possible.
Nutrition	In most households surveyed, the children were exclusively breastfed for at least six months. However, this was lower in some locations, such as rural areas, and in // Kharas and Otjozondjupa regions.	This positive practice should be recognised and reinforced. In areas with lower breastfeeding prevalence, reasons should be explored and parents should be educated about child nutrition, and the benefits of breastfeeding where possible.
Information sources	Parents access information in a variety of ways, with variations by region and settlement type. However, the greatest influence on parenting seems to be direct family.	Interventions should consider media options to reach parents directly, as well as working at a grassroots level to reach community leaders and elders with accurate information that can then be passed on to families.

1. INTRODUCTION

The earliest years of a child's life, from conception to school-going age, is a period of unprecedented brain development. Children who receive nurturing care, protection, health services, good nutrition, stimulating play and learning opportunities develop a strong cognitive, language, physical, social and emotional foundation for life. Evidence shows that children benefiting from quality early childhood development (ECD) services have improved lifelong educational outcomes, better lifelong earnings, better health and wellbeing and healthier relationships than their peers who do not (Elango, García, Heckman, & Hojman, 2015).

Despite being classified as an upper middle-income country, Namibia battles significant poverty and inequality. Namibia's Gini coefficient, which measures inequality, is 59.1 (World Bank, 2015), making it one of the most unequal countries in the world, with 43% of the population living in multi-dimensional poverty (NSA, 2021). Just 29% of children aged 0-4 attend ECD centres (MGEPESW & UNICEF, 2018). Health and nutrition in young children is also a concern, with 24% of children under five years in Namibia being stunted (WFP & National Planning Commission, 2022), and Namibia has one of the highest rates of open defecation in the world (WHO & UNICEF, 2021), exposing children to life-threatening diseases.

While education is highly valued in Namibia, there remains a lack of understanding about the importance of ECD. ECD starts at home, but currently parents and families also tend to make decisions that prioritise the adults or older children, and often vital practices that promote optimal development are neglected. Added to this, Namibia has epidemic levels of violence across all areas of society, with 33% of girls and 41% of boys experiencing physical violence before age 18 (MGEPESW, NSA & International Training and Education Center for Health at the University of Washington, 2020). As a result of these compounded challenges, too many children in Namibia are missing out on critical ECD opportunities, which is reflected in the education data showing that 15% of children failing and repeating grade one (MoEAC, 2022). Many go on to fail and/or drop out of school later, creating a cycle of poverty and inequality.

While there is ample anecdotal data, there has been a shortage of detailed information about ECD practices in Namibian households, to adequately inform tailored interventions. Consequently, Development Workshop Namibia (DWN) collaborated with the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW) to undertake a study of knowledge, attitude and practice (KAP) related to ECD, among Namibian households. The study was financially supported by InterTeam. This KAP study – the first of its kind in Namibia – was based on data collected in eight regions across Namibia in the urban and rural areas. The study regions are //Kharas, Khomas, Erongo, Omaheke, Otjozondjupa, Oshana, Kunene and Zambezi.

The results of this study will improve understanding of parenting practices and attitudes in Namibia, allowing tailored ECD interventions to help strengthen children's development opportunities across the country. This report details the methodology, findings and emerging recommendations from this study.

A short visual summary of the findings is available, as well as an oline visual presentation of the key data.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2. METHODOLOGY

2.1 RESEARCH QUESTIONS

This study aims to assess parents' and community members' knowledge, attitude and practice with regard to early childhood development in line with the core components of ECD as represented in the Nurturing Care Framework (WHO, UNICEF & World Bank Group, 2018). The research questions, organised according to the Nurturing Care Framework component, are presented in Table 2.

Figure 2: Components of nurturing care, from Thrive Coalition (https://www.thrive-coalition.org/the-case-for-ecd) and based on (WHO, UNICEF & World Bank Group, 2018)

Table 2: Research questions

COMPONENT OF NURTURING CARE	RESEARCH QUESTIONS
Responsive caregiving	Are parents providing emotionally warm caregiving, for example when their children are upset? What is the role of fathers in parenting? Are the needs of children with disabilities being addressed? Do parents consider the needs of girls and boys differently, or biological and non-biological children?
Opportunities for early learning	How do parents think about and value the early years? How do parents think about play? Is the importance of reading acknowledged by parents, and do they have access to books? What are parents' considerations around ECD centres? How do parents think about their children's futures?
Safety and security	What is the prevalence of beating of children, and what are the beliefs around this? How are cases of abuse addressed?
Good health	How are parents taking care of their young children's health, including in pregnancy? Do families access safe sanitation?
Adequate nutrition	What is the quality of nutrition during pregnancy? Are babies being exclusively breastfed? Are parents aware of the nutritional needs of young girls and boys?

In addition to the above, the KAP also sought to find out where parents access their parenting information, to target future messaging on these topics.

2.2 RESEARCH METHOD DESIGN

Data includes secondary sources as well as a primary data collection including both qualitative and quantitative methods (see Table 3). In this report, people answering the survey are known as "respondents", while those engaging in the interview and focus group discussions are referred to as "participants".

Table 3: Research methods

PRIMARY/ SECONDARY	RESEARCH METHOD	QUALITATIVE/ QUANTITATIVE	RESEARCH PARTICIPANTS	PURPOSE
Secondary	Literature review	Both	(not applicable)	Guide direction of study, inform questions, interpret and contextualise data
Primary	Key informant interviews (KIIs)	Qualitative	Educarers, community leaders, religious leaders, ECD specialists, Ministry officials	Define survey; provide nuance and depth
Primary	Survey	Quantitative	Randomly sampled parents	Obtain a large body of data on parenting KAPs
Primary	Parent interviews	Qualitative	Parents	Provide nuance and depth
Primary	Focus group discussions (FGDs) with parents	Qualitative	Parents	Validate findings, provide further explanation

2.2.1 Design of quantitative survey

The backbone of the data presented it this report is the quantitative survey. The academic literature and qualitative data are used to provide nuance and contextualise the findings within the Namibian or global context.

The survey questions were co-created by DWN and MGEPESW, based on the Nurturing Care Framework (WHO, UNICEF & World Bank Group, 2018). The questions covered recognised issues identified in the literature, such as financial investment into the early years (Elango, García, Heckman, & Hojman, 2015) and nutritional factors (WHO, UNICEF & World Bank Group, 2018). The questions were also built on the experience of DWN and MGEPESW regarding the challenges with parental practice in Namibia, such as the treatment of orphans and non-biological children in the home. Some questions also emerged from the interviews, such as gender roles for parents and children in the home.

2.2.1 Design of qualitative interviews and focus group discussions

The key informant interviews were structured around the research questions. However, the questions were open and allowed for key informants to contribute more generally on the themes raised.

Similarly, the parental interviews were based on the research questions, although final questions were adjusted in line with emerging findings from the key informant interviews. As noted above, the key informant and parent interviews were critical for informing the direction of the survey questions.

FGDs were the final piece of data to be collected. As such, they were used to validate the research findings, and provide depth and nuance. While keeping the initial research questions in mind, they explored emerging trends from the data, such as finding out why so many mothers are reported to be drinking alcohol and smoking cigarettes during pregnancy, or how the mother and father's roles are defined.

The literature review, KIIs, parent interviews and FGDs were conducted by DWN. The survey was conducted by DWN in the urban areas and by the MGEPESW Community Liaison Officers (CLOs) in the rural areas.

2.3 SAMPLING

The literature review draws from academic papers and grey literature published by governmental and non-governmental sources. Search terms included early childhood development, parenting, nutrition and others, with references being used to identify additional sources not initially emerging from directly identified sources, where relevant.

Key informants were selected from DWN and MGEPESW's network of community leaders, educarers and other specialists. Efforts were made to ensure a mix of positions and roles relating to ECD, as well as a geographic spread across different areas in the country. Interviews were continued until "saturation", where no new themes were emerging from interviews. KIIs were centred on KAPs in the informal areas.

Similarly, parents were also selected through DWN's ECD programming. The interviews and FGDs focused on Oshakati, Katima Mulilo and Windhoek, to paint a picture from different regions in Namibia. While the survey incorporated rural and urban areas, the interviews and FGDs focused on KAPs in the informal urban areas, of adult parents of 0–6-year-olds.

Parents, as defined generally in the ECD sector and in this survey, means a primary caregiver who looks after the child for most of the time. The parent is not necessarily the biological parent. Adult means a person over 18 years of age.

Parents, as defined generally in the ECD sector and in this survey, means a primary caregiver who looks after a child most of the time. The parent is not necessarily the biological parent. Adult means a person over 18 years of age.

Following data collection and analysis, FGDs were carried out with parents of 0-6-year-olds living in informal urban areas, in order to validate key findings and provide nuance and depth.

Qualitative research methods – the interviews and FGDs – give depth and nuance, but are not representative data. Furthermore, these methods focused on the informal settlements rather than rural or formal areas. Meanwhile, the survey is designed to be strongly indicative of the eight sampled Namibian regions, and representative of the sampled towns. From each region, one town and three rural areas were selected.

2.3.1 Survey sampling

The survey sampling methodology followed a stratified, paired cluster design based on regions in Namibia. This design was selected to disaggregate and directly compare urban and rural areas, where it was hypothesised that differences in parental KAP may occur, and for logistical purposes to avoid travelling to rural locations for a small number of surveys.

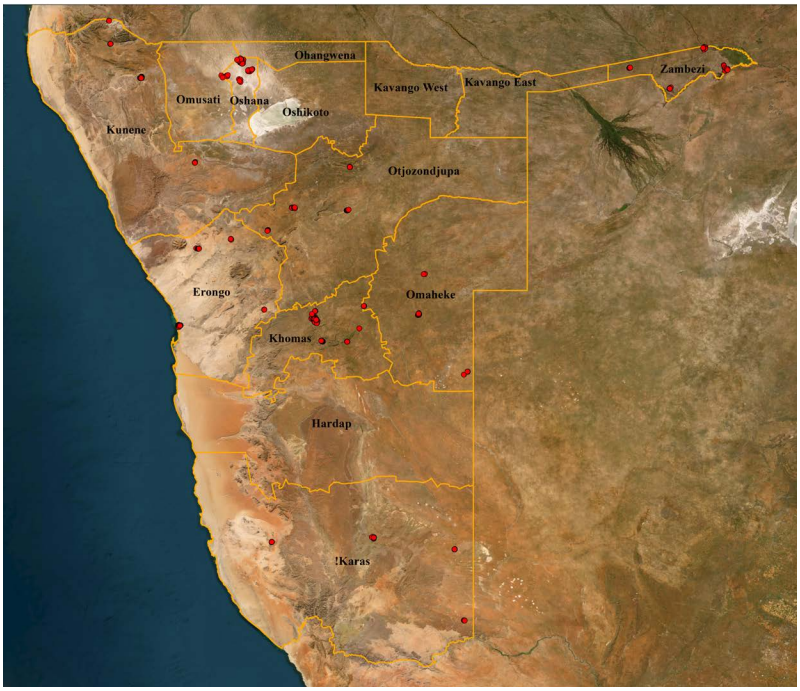


Figure 3: Spatial distribution of surveyed households.

Of the 14 regions of Namibia, eight were selected due to their geographical spread, presence of a relatively large town, and DWN representation and networks (see Figure 3 for a map of surveyed households). The first step in defining the sampling effort was to define population numbers (in terms of household number) in the target regions (Table 4). This was based on the last census data (NSA, 2013), with projections for 2023 population sizes applied using the growth ratios identified in the latest demographic survey (NSA, 2017).[1] Regional average household sizes (NSA, 2017) were then applied to identify the approximate number of households in each area. Although household size is likely significantly different between urban and rural areas, in the absence of specific data, the regional average was applied. The household numbers were then used to identify particular regions (particularly towns) where sampling effort must be increased to capture representative opinions.

Table 4: Approximate population households in survey locations

REGION	URBAN (TOWN) / RURAL AREA	PROJECTED POPULATION 2023[2]	PROJECTED HOUSEHOLDS 2023[3]
Erongo	Rural	29,864	9,576
	Urban (Swakopmund)	56,893	18,242
//Kharas	Rural	50,381	15,479
	Urban (Keetmanshoop)	24,025	7,381
Khomas	Rural	25,833	7,407
	Urban (Windhoek)	416,910	119,541
Kunene	Rural	84,633	18,246
	Urban (Opuwo)	8,978	1,936
Omaheke	Rural	55,595	15,770
	Urban (Gobabis)	20,499	5,815
Oshana	Rural	113,518	26,721
	Urban (Oshakati)	40,395	9,508
Otjozondjupa	Rural	78,096	20,119
	Urban (Otjiwarongo)	31,229	8,045
Zambezi	Rural	76,236	20,747
	Urban (Katima Mulilo)	31,914	8,685

For surveys, the unit of measurement was the household. An initial question about the gender of the head of household was asked and included in the analysis. However, it was assumed that the respondent spoke for the entire household, and therefore details on the gender of respondent were checked for potential contrasting trends, but excluded from further analyses.

Sample sizes for each rural and urban area within the regions were then selected (Annex F). These took into account desired sample size to enable comparisons between rural and urban areas and research practicalities. For example, it was assumed that a minimum of six surveys could be collected in a day (allowing for travel time). Sampling guidance for enumerators was kept clear and repetitive to ensure smooth data collection in the absence of a research specialist in the field locations during the short data collection window in November to December 2023.

For urban areas, both formal and informal areas were included, to enable a comprehensive picture – since both are common in Namibian towns, and conditions are different (Table 5). In most towns, 12 surveys were collected in each of the formal and informal areas (total 24). Due to the larger populations of Swakopmund and Oshakati, 18 surveys were collected in each of the formal and informal areas (total 36). For the same reason, the sample included 12 surveys in each of Windhoek's nine urban constituencies, across formal and informal areas (target of 108, 107 collected). While the surveys were classified into formal or informal, these classifications were based on the overall predominance of informal vs. formal characteristics of each area (Table 5), since there is some fluidity.

1 While the 2023 census data has since been published (NSA, 2024), it was not available during research design and data collection. Although there is variation between the predictions in this study compared to the census populations, the overall trends are similar and the selected sampling strategy remains appropriate.

2 Appling growth ratios identified by NSA in 2016 using NSA population data collected in 2011 and 2016 (NSA, 2013) (NSA, 2017)

3 Applying regional average household sizes from NSA in 2016 (NSA, 2017)

Table 5: Simplified comparison of formal and informal settlements in Namibian towns, from (Weber & Mendelsohn, 2017)

TOWN CHARACTERISTIC	FORMAL AREAS	INFORMAL AREAS
Services available	Well-serviced e.g. water, electricity, sewerage	Lack of basic services such as electricity and sewerage
Construction materials used	Permanent materials, such as bricks or blocks	Temporary materials, such as corrugated iron
Security of tenure	Land is legally owned	Not eligible for freehold title so no formal tenure security
Physical arrangements and location	Organised layouts and centralised within the town	Disorganised layouts on the edge of formal areas
Environmental challenges	Services, infrastructure and organisation limit vulnerability to environmental challenges	Vulnerability to environmental challenges related to degradation, improper waste removal and water source pollution

For rural areas, three villages per region were chosen to account for potential heterogeneity in the responses of participants across the vast regions. Within each village, the basic sample size was again 12 (total 36 for each region's rural area). The villages were initially proposed by the research team, discussed with MGEPESW and finalised during trainings in the region involving DWN staff and volunteers and MGEPESW CLOs who know their regions well. Selected villages were distributed across the region, considering geographical factors and presence of different ethnic groups.

Throughout data collection, some differences in the number of surveys occurred and were adjusted appropriately (see Annex F). The final survey sample therefore included 587 surveys: 300 urban (informal = 128; formal = 172); 287 rural. For rural areas, enumerators were provided with a map to ensure data collection stayed within the boundary of the village. Due to the size of urban areas, three or four sections per urban area were selected, with enumerators instructed to sample three to six houses from each section. This approach balanced representativeness and practicality (avoiding walking throughout the constituency). The global positioning system (GPS) coordinates were collected on the survey, and analysed prior to validation, to ensure even distribution across the sampled locations – see Annex E for a map of survey locations.

Survey respondents had to be adults (over 18 years) and parents of one or more child aged 0-6 years. They had to be capable of giving their informed consent, which required fluently speaking a common language with the enumerator. If two adults from the same household wanted to participate, their responses were combined to ensure that one survey was taken per household. Where a household did not have at least one respondent meeting these criteria, it was excluded from the survey.

2.4 RESEARCH ETHICS

All enumerators were thoroughly trained in an in-person session prior to data collection. During this session, rural survey locations were discussed and refined. Enumerators practised translating the survey into local languages, and settled together on common phrasing where there was ambiguity. The survey was extensively piloted during the sessions, with adjustments (to ensure appropriateness and clarity) being made prior to the final data collection. The in-depth training helped ensure that an appropriate research approach was taken, to ensure informed consent would be secured, and to generate comparable data across the survey locations. During data collection, the DWN regional representative supported DWN and MGEPESW colleagues, with backstop support provided at distance.

Ethical research was practised, with only competent adults being able to participate in the research, and no non-household members were allowed to listen to surveys or interviews to ensure confidentiality. Respondents provided their informed consent and were informed of the identity of the enumerator, the purpose of the research, and their right to withdraw at any time. No personal data is included in the analysis or reporting. The enumerators identified themselves and wore visibility (including t-shirts and badges). No research respondents were paid for their involvement.

2.5 METHODOLOGY LIMITATIONS

While this methodology aims to provide a comprehensive picture of the sampled areas, there are some limitations. The survey covers eight of Namibia's 14 regions, so it is not representative of the whole country. While urban survey data is representative of sampled towns, rural survey data and qualitative data are indicative. Only one town was selected per region, meaning that urban data can be used to understand the specific town but not necessarily others in that region. Thus, comparisons between urban and rural data and other disaggregation are identified as trends found through this study, and are indicative (rather than representative) more generally. Similarly, no statistical tests were applied.

In the Kunene region, the rural data was collected using a previous version of the survey. This affects data analysis on a few questions. In some cases, the rural Kunene data can be re-coded in line with the updated survey since responses were similar. In other cases where the question or response were too different, rural Kunene is excluded from analysis. This is highlighted in relevant analyses. Furthermore, there is one missing survey in Kamanjab, rural Kunene.

The KAP – in qualitative and quantitative methods – excluded parents under the age of 18 years, due to ethical concerns. A specific study could be considered on these groups and how they might be different from sampled parents, potentially working through organisations engaged in youth work.

Due to the sampling approach, the unit of measurement for quantitative data is the household. However, this has some limitations. For example, while in the training it was made clear to enumerators that this survey seeks to capture both male and female KAPs on ECD, the majority (81%) of principal respondents were female. Around a quarter (24%) of surveys had two respondents[4], of which a similar proportion (78%) were female. This bias could be linked to perceptions of women with regard to the care of young children, and who was at home during the weekdays during data collection. Furthermore, the sex of the principal respondent may affect data, for example male respondents were much less likely to support an absence of the father's support to the mother during pregnancy (7% compared to around a quarter in the overall data). Due to the unit of measurement being the household, a detailed disaggregation by sex of the primary respondent was not conducted, which may have resulted in missed sex differences in KAP data, especially for more personal and opinion-based areas. Qualitative data may also be affected by a gender bias, especially interviews and FGDs with parents, with a total of 39 female and 25 male participants in qualitative methods.

Previous research shows that respondents may give a particular version of reality based on an interpretation of what is sought by the researcher, or a feeling of shame or embarrassment (USAID, 2022). While efforts were made to mitigate against this bias – through the consent statement detailing the purpose of the research and ensuring confidentiality, and through trained enumerators – it may have affected some responses.

DWN's KAP study team collaborated to pool knowledge and ensure rigorous research methods were applied as far as was feasible. Furthermore, statistical expertise was provided through an external specialist, although weaknesses are the responsibility of DWN alone.

4 This data was not captured for rural Kunene (see above).

2.5 METHODOLOGY LIMITATIONS

2.6.1 Qualitative methods

Table 6 shows the sex distribution amongst participants in the qualitative research.

Table 6: Sex distribution amongst qualitative research participants

METHODOLOGY	FEMALE	MALE	TOTAL PARTICIPANTS
Key informant interviews	7	2	9
Parent interviews	8	4	12
Focus group discussions	24	19	43 participants 7 FGDs

Key informants were asked about the geographical remit of their professional knowledge and understanding of ECD in Namibia (see Table 7). Five of the eight regions of study are covered, as well as three ECD specialists who work across the country.

Table 7: Region of specialism of KIs

Key informants were asked about the geographical remit of their professional knowledge and understanding of ECD in Namibia

REGION OF SPECIALISM	NUMBER OF KIS
Namibia	4
Katima Mulilo	1
Opuwo	1
Oshakati	1
Otjiwarongo	1
Swakopmund	1
Total KIs	**9**

For the parent interviews and FGDs, all participants were adult parents of children aged 0-6 years. These were carried out in three focus towns: Katima Mulilo, Oshakati and Windhoek – see Table 8 for more information.

Table 8: Number of parent interviews and FGDs in each town

TOWN	PARENT INTERVIEWS	FGDS
Katima Mulilo	4	2
Oshakati	4	2
Windhoek	4	3

2.6.2 Surveys

While in the training it was made clear to enumerators that this survey seeks to capture both male and female KAP on ECD, the majority (81%) of principal respondents were female – and the remainder (21%) being male. Around a quarter (24%) of surveys had a second respondent[5], of whom a similar proportion (78%) were female. This could be linked to perceptions of women with regard to the care of young children, and who was at home on the weekdays during data collection. Nonetheless, the unit of measurement is the household and the questions relate to the KAP within the household as a whole.

The age distribution of the principal and secondary survey respondents was similar (Figure 4), although there were more second respondents in their 60s (17% of second respondents and 7% of principal respondents).

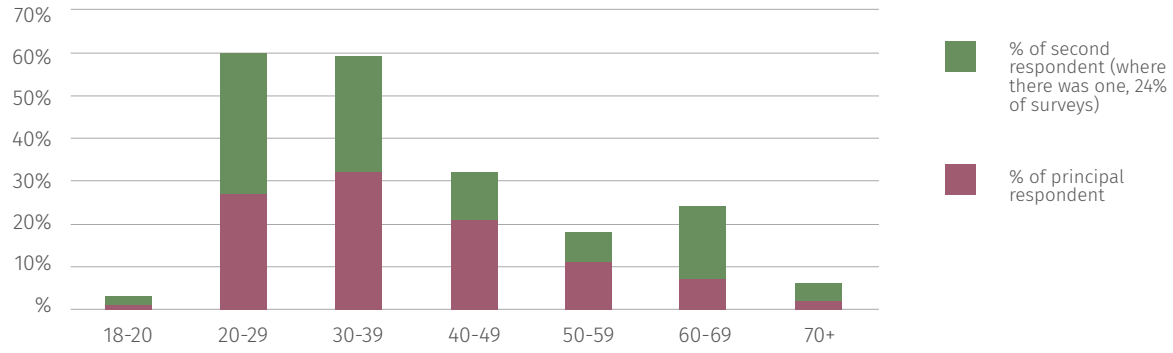
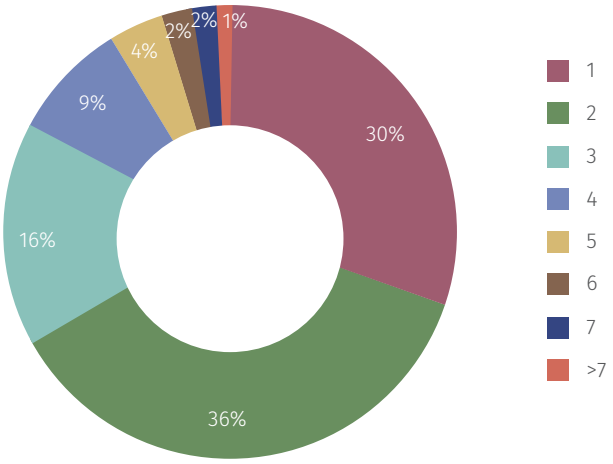


Figure 4: Age groups of principal and secondary respondents

A small minority (2%) reported that their household is led by female and male members together. The remaining respondents reported fairly equal split between female- and male-headed households (50% and 48% respectively). //Kharas region showed a different pattern, with 68% male-headed and 30% female-headed households (2% dual-headed). The head of the household is measured in Namibian surveys (e.g. (NSA, 2017)), and respondents are always able to identify the household head. In South Africa, household heads were associated with senior age and highest household earning (Posel, 2001). This study also found that female-headed households were more economically vulnerable than male-headed. Accordingly, it was decided to include this question in the survey, and to disaggregate by sex of head of household, as an indicator of income and vulnerability.

The survey only considered parents of 0–6-year-olds. The majority (83%) of respondents reported they lived with (for most or all of the time) one to three ECD-aged children, with an overall average of 2.4 0-6-year-olds per household (see Figure 5). The lowest regional average number of children per household was found in Khomas, with 2.0 ECD-aged children per household surveyed, with the highest regional average of 3.2 being found in Otjozondjupa.



The majority (83%) of respondents reported they lived with (for most or all of the time) one to three ECD-aged children

Figure 5: Respondent households (%) by number of children aged 0-6 years staying in the household for most or all of the time

5 This data was not captured for rural Kunene due to use of a previous survey version in this area (see the Limitations section for more information).

A small majority (57%) reported that there is one or more person employed in the household, with 43% not having an employed person in the household. The number of households with one or more employed members varied significantly in the different regions, from 35% in Zambezi to 85% in //Kharas (see Figure 6). Notably, 68% of male-headed households reported that one or more member was employed, which fell to 45% amongst female-headed households, reflecting the above study from South Africa (Posel, 2001).

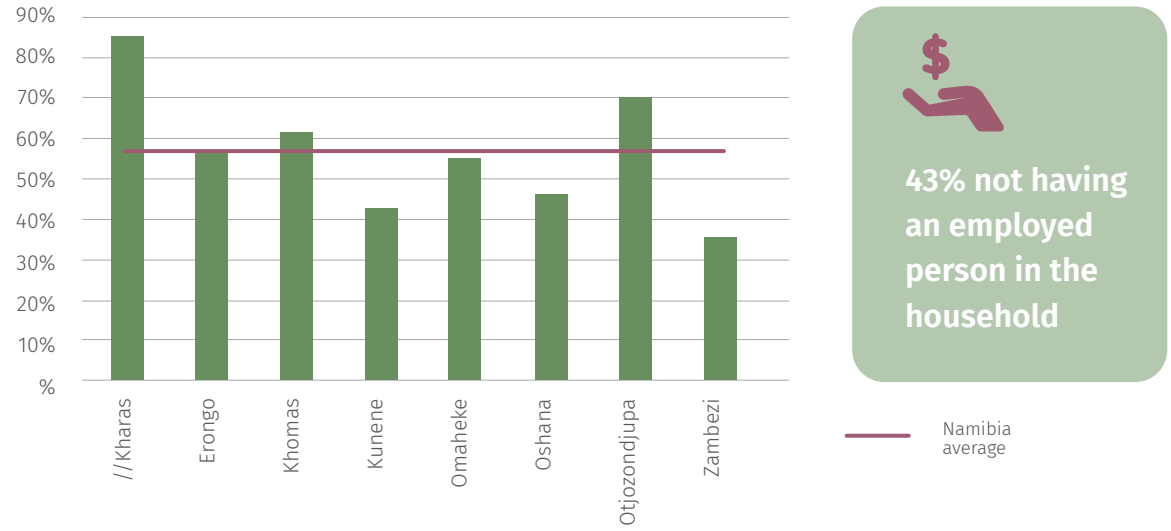


Figure 6: Households with one or more member employed by region. Percentage calculated as a portion of households by region.

3. FINDINGS

This section will explore different emerging themes from the study, structured to reflect the Nurturing Care Framework (WHO, UNICEF & World Bank Group, 2018) and research questions. Finally, specific findings from Khomas are explored, taking advantage of the large body of data collected in this region. The findings are based heavily on the quantitative data from the surveys, while the interviews and FGDs are used to add nuance to the findings.

Where there is an important difference between different respondent groups – such as between different regions or settlement types (rural, urban-formal and urban-informal) – these are highlighted. In the absence of disaggregation, it can be assumed that the variations are not significant. Readers are encouraged to explore the quantitative findings in more detail through the online dashboard, or to download datasets (Annex E).

It is noted that the questions typically refer to "child/children". However, enumerators were trained to identify early in the survey whether the parents had one or more ECD-aged children at home, and then use the appropriate singular or plural term thereafter.

Where respondents were invited to provide more than one response, the results are marked "multiple select" in the coming chapter. Where this is not written, it can be assumed that the respondent was limited to a single response.

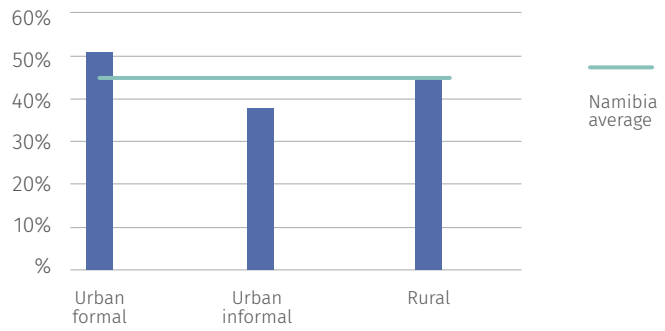
3.1 RESPONSIVE CAREGIVING

3.1.1 Emotionally warm

Showing physical affection is a central part of nurturing parenting (WHO, UNICEF & World Bank Group, 2018). However, less than half of respondents (45%) reported that the children in the household were hugged by themselves or another household member in the past week. Variations are noted between different settlement types, with cuddling more common in formal areas (see Figure 7). Regionally, parents in Oshana were least likely to report having hugged their children in the last week (11%), while those in Omaheke were most likely (68%) (see Figure 8).

Parents in Oshana were least likely to report having hugged their children in the last week (11%), while those in Omaheke were most likely (68%)

Cuddles by settlement type



> **"Sometimes he can sleep in my bed with me just to show him mummy loves him so much"**
> **Survey respondent, woman**

Figure 7: In the last week, someone in the household gave the child/ren a cuddle (% households by settlement type)

Cuddles by region

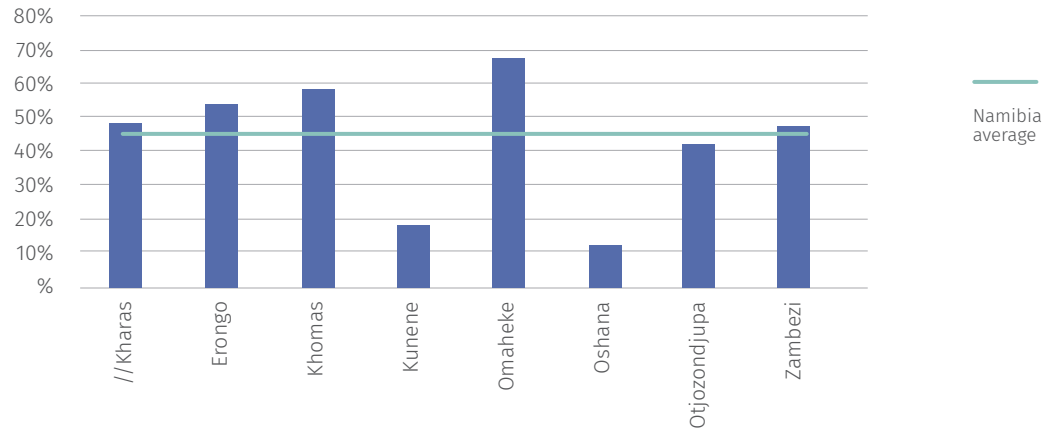


Figure 8: In the last week, someone in the household gave the child/ren a cuddle (% households by region)

Sensitive, responsive, predictable and loving care is the foundation for child development (WHO, UNICEF & World Bank Group, 2018). Parents reported positive responses to their children when they are upset, with the vast majority (84%) reporting that they comfort their children, or ask what they need to feel better (see Figure 9). This type of response was reflected in eight of 12 interviews with parents. A third (33%) of respondents reported opting to give their child a treat, like a sweet.

Responses to upset child

> **A third (33%) of respondents reported opting to give their child a treat, like a sweet.**

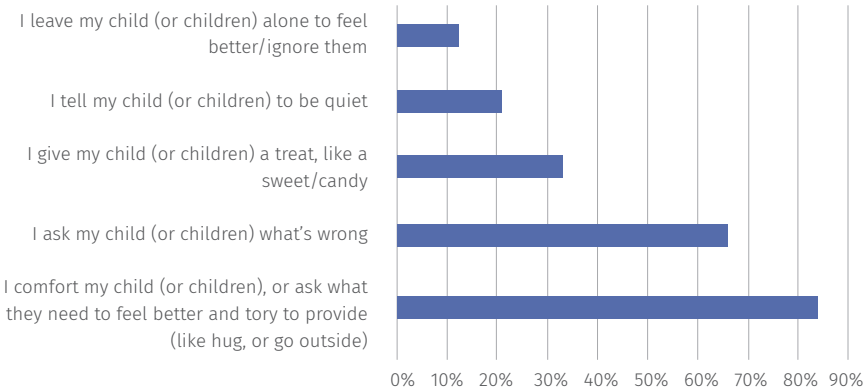


Figure 9: If your young child (or children) is upset, what do you usually do? (% households, multiple select)

A majority of parents (56%) reported expressing their love for their children by meeting their basic needs (see Figure 10). This echoes the interviews and FGDs where some parents emphasised a focus on providing for children.

"All you need to do is to take great care of the kid, feed them and protect them." FGD, woman

A similar percentage (57%) of parents reported that they show their affection by playing with the child, and half (50%) reported giving their children physical affection. Over a third of parents (35%) reported regularly declaring their love to their children, and giving special gifts or treats is also common (33%). Around a fifth of parents (22%) reported allowing their children to join them on trips as an expression of love.

"Sometimes he can sleep in my bed with me just to show him mummy loves him so much" Survey respondent, woman

"All you need to do is to take great care of the kid, feed them and protect them." FGD, woman

Expressions of love

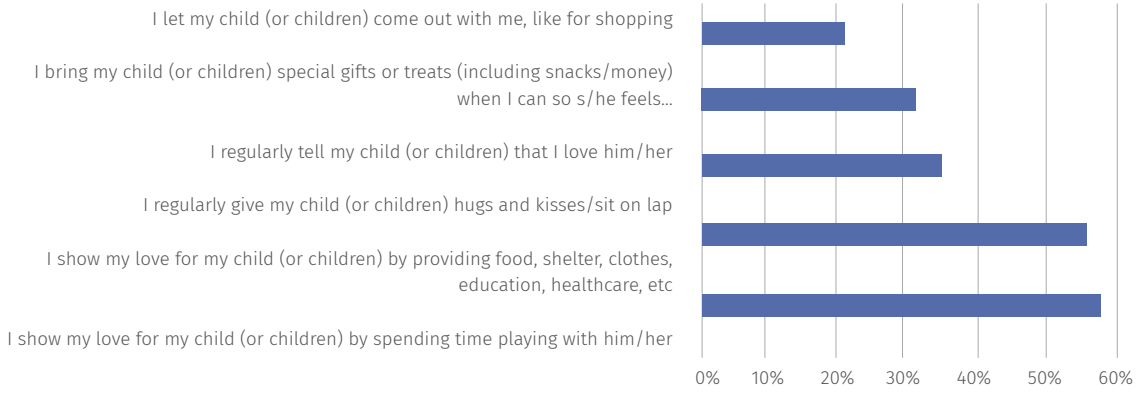


Figure 10: How do you express your affection/love for your child (or children)? (% households, multiple select)

3.1.2 Role of fathers

Policy documents emphasise the important role of fathers in their young children's development (UNICEF, 2017). Evidence shows that children who have an actively involved father demonstrate developmental and behavioural advantages, including improved cognitive development, reduced delinquency in boys, improved emotional stability and greater lifelong earnings (Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008), (Choia, Kim, Capaldi, & Snodgrass, 2021).

When probed in validation FGDs, across all discussions, participants declared that children need both their parents. When asked about the role of the father during pregnancy for the children in the household, fathers were reportedly more likely to support the mother financially than emotionally (72% and 68% respectively, see Figure 11). Fathers were reported to have less of a financial and emotional role during pregnancy in rural areas (66% and 62% respectively). Fathers' support was reported as higher in households with one or more member employed, where 78% of households reported financial support and 72% emotional support, compared to 65% and 62% (respectively) where no members employed. Between regions, fathers were least likely to be reported as financially and emotionally supportive in Kunene (63% and 59% respectively), with Khomas reporting the highest levels of supportive fathers (82% and 74% respectively).

Father's role in pregnancy

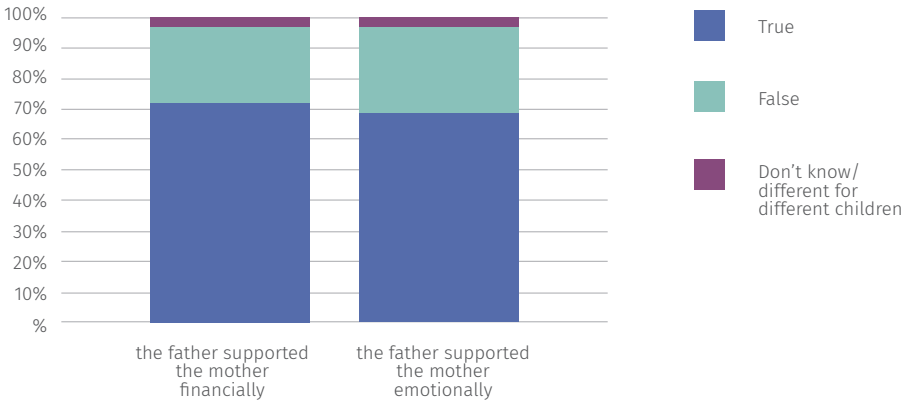


Figure 11: Statement – during pregnancy (% households agreeing)

The trend of fathers' support being primarily financial is likely to be carried out beyond pregnancy into childhood, with a slight majority (53%) of respondents agreeing that the father's main role in parenting is to provide financially. However, there is some variation among regions, with just 29% of respondents agreeing with this statement in Erongo, up to 75% in Kunene (see Figure 12). The trend for fathers to have more of a financial role and mothers to conduct more of the caring work was reflected in interviews and FGDs, although several parents also emphasised that fathers had a stronger disciplinary role at home. One parent interviewee suggested that fathers should be granted parental leave in Namibia.

Roles of mothers and fathers in parenting

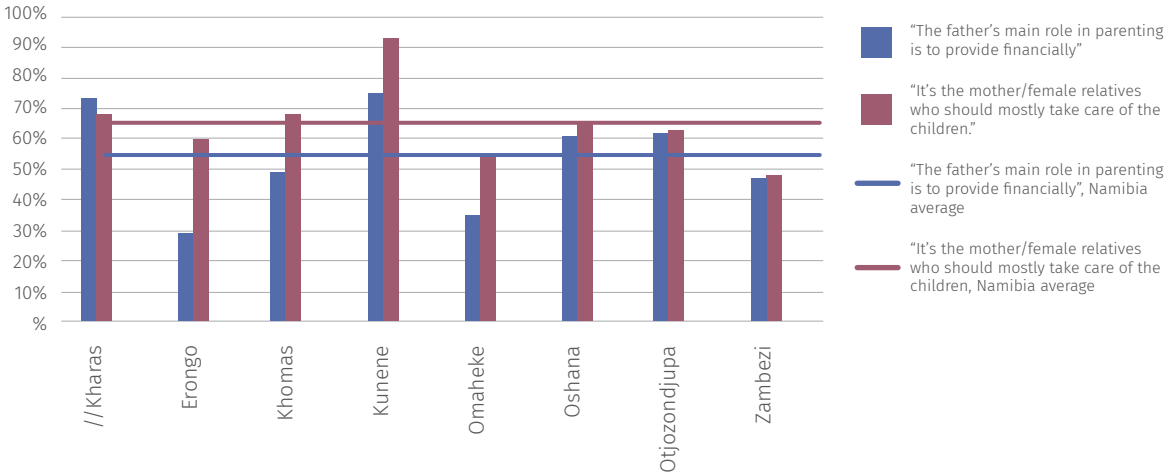


Figure 12: Statements about the roles of mothers and fathers (% households agreeing), by region

In terms of caregiving, the majority of respondents reported that the mother (65%) carried out most key caregiving activities (feeding, bathing, educating, playing) with the 0-6-year-olds in the household in the past week[6]. Other female adults in the household were also commonly involved (9%), to the same degree as both male and female adults together (9%). Just 6% reported that it is the father or other male adults who led the childcare, at the same proportion as other children in the household (6%). That said, fathers/male adults were reported to have done most of the caregiving in the past week in 12% of households in Khomas region. These findings are reflected in the majority agreement (65%) to the statement "it's the mother/female relatives who should mostly take care of the children" (see Figure 12). Regional variations exist, with maximum levels of agreement in Kunene (93%), and minimum levels in Zambezi (48%).

6 Kunene rural is excluded from the analysis as the options were different and not possible to merge with the other data. Nonetheless, the vast majority (31/35) of Kunene rural respondents selected "me" in the previous version of the survey. Of these, 28 are female respondents, likely to be either mothers or other female relatives, in line with the data from the other regions.

3.1.3 Gendered parenting

Global goals for girls' and boys' development are equal (UNICEF, 2022), although it is found that beliefs about sex differences are ingrained and influence parenting practices from the early years. It is reported below (see section 3.5.3 Nutrition) that parents may feed their ECD-aged children different quantities of nutritious food according to their sex. In this study, the majority of parents (67%) reported that it's true that girls and boys must be raised differently, for example with different games and chores (see Figure 13). KIs commonly reported that girls and boys play together. On the other hand, a sizeable minority (40%) found it false that it's good for girls and boys to play together, rising to above half in rural areas (53%). A third of respondents (33%) found it true that if the mother hugs her son, he will become soft. Households in Kunene region appear to hold more conservative gender views around parenting, for example with 93% agreeing that it's the mother/female relatives who should mostly take care of the children, and 85% agreeing that girls and boys must be raised differently. The view that mothers hugging their sons may make them soft seems particularly prevalent in Zambezi region (62%), although this region is generally less conservative on the remaining gender questions e.g. 72% reported that girls and boys should play together.

Raising girls and boys

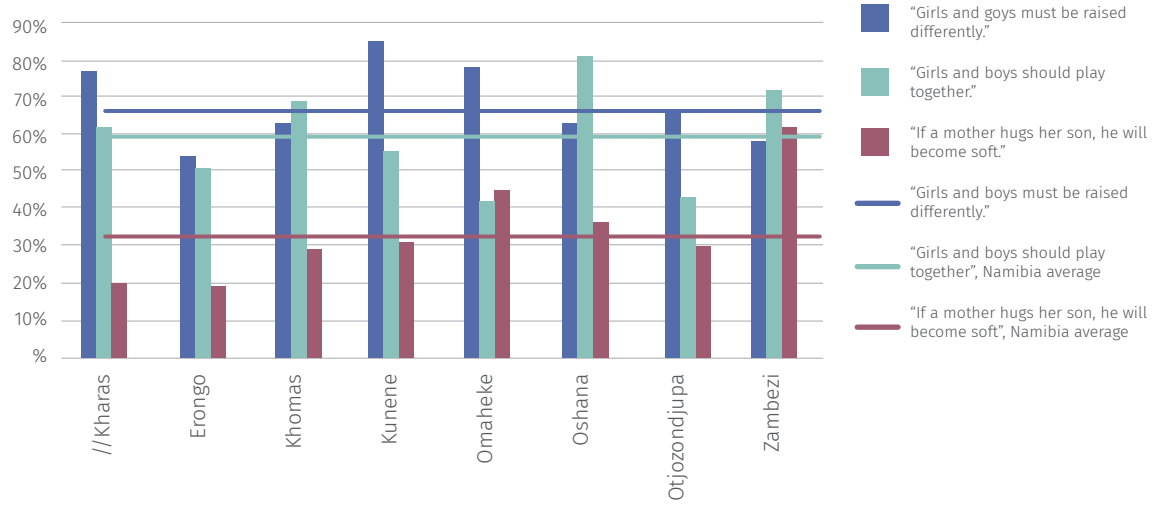


Figure 13: Statements about raising girls and boys (% households agreeing), by region

3.1.4 Needs of children with disabilities

The Government of Namibia calls for inclusive early childhood development, with children with disabilities learning alongside other children (MoEAC & UNICEF, 2017). The vast majority (90%) of parents reported that it was true that it's good for non-disabled children to play/learn with disabled children. Agreement with the statement was lowest in Erongo region (79%). On the other hand, it was previously recorded that 87% of children with disabilities aged 0-4 years are not attending ECD centres, with the lowest attendance in rural areas (NSA, 2016), and less than 1% of children enrolled in ECD centres have a disability (MGEPESW & UNICEF, 2018). This trend of children with disabilities not attending ECD centres – as well as parents not seeking diagnosis or support – was reinforced in the FGDs with parents, who cited issues of shame.

> **"Parents with a child with a disability are afraid of the reaction of the community." FGD, man**

"Parents with a child with a disability are afraid of the reaction of the community." FDG, man

3.1.5 Treatment of orphans

The particular needs of orphans and vulnerable children is recognised by the Government of Namibia, with a dedicated policy (Ministry of Education, 2008). Almost two thirds (65%) of respondents said it was true that step-children/orphans are treated the same as biological children. However, agreement was much lower in //Kharas and Erongo regions (40% and 35% respectively). In interviews and FGDs with both key informants and parents, it was raised that orphans are frequently discriminated against in the household. The blame for this maltreatment was commonly attributed to women, but this is likely to do with gendered parenting roles in that men are providing while women are responsible for providing the love and care (see 3.1.2 Responsive caregiving).

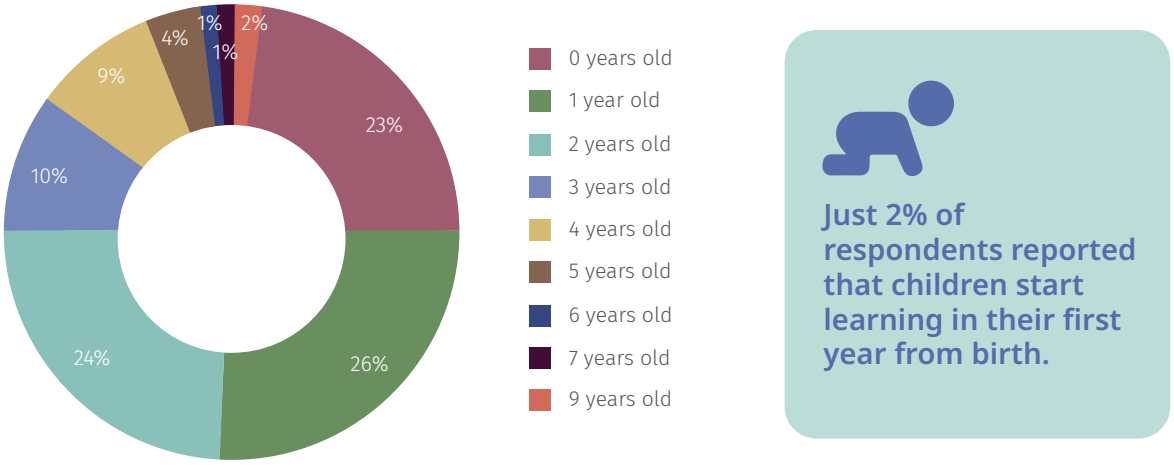
"It is more difficult for women [to treat non-biological children the same as biological children]. Men only buy food and clothes. Women always prefer their own child." FGD, man

3.2 OPPORTUNITIES FOR EARLY LEARNING

3.2.1 Valuing the early years

The literature shows that babies from their first moments, with some memories forming while still in the uterus (WHO, UNICEF & World Bank Group, 2018), (Krueger & Garvan, 2014). However, just 2% of respondents reported that children start learning in their first year from birth. Just under half (49%) of respondents reported that children started learning aged 1-2 years (see Figure 14). The overall average reported age that children start learning was 2.7, with 2.4 being the average from respondents from formal areas. Regional variations were observed, with the lowest regional average age where children start learning found in Kunene (1.9), up to 3.3 in Omaheke. In interviews and FGDs, parents do recognise that early childhood is an important phase, where it was emphasised that parents must keep children healthy and safe during this period.

Ages that children start learning, as reported by households



Just 2% of respondents reported that children start learning in their first year from birth.

Figure 15: Ages Age (years) when respondents report that children start learning (% households)

When children are able to exercise autonomy and decision-making from an early age, their development will benefit in areas such as problem solving, communication and confidence (UNICEF, 2018). In half of the eight surveyed regions, the largest proportion of parents reported that children should start making decisions about their own lives from 12 to 18 years (Erongo, Khomas, Omaheke and Zambezi). See Figure 15 for overall distribution across respondents.

Children's decision-making

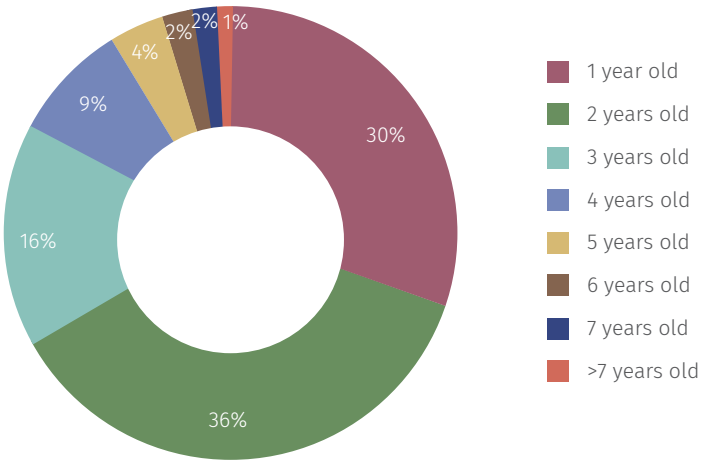


Figure 15: Ages when respondents report that children should start making decisions about their own lives e.g., food they eat, clothes they wear, how they spend their time (by % households)

It has been shown that investing in children earlier has a higher financial return compared to investments later in childhood (Elango, García, Heckman, & Hojman, 2015). This perspective may be shared by a high proportion of respondents (45%), who reported that if they had N$ 1,000, they would spend the most on the ECD-aged children followed by 7-15-year-old, followed by child aged 16 years and over (see Figure 16). That said, over a third (36%), would do the exact opposite, with the oldest having the most money spent on them. This latter trend – spending more on the older children – was the most commonly selected option in the //Kharas, Omaheke and Otjozondjupa regions.

Prioritising expenditure between children
1 = 0-6 years, 2 = 7-15 years, 3 = 16 years+

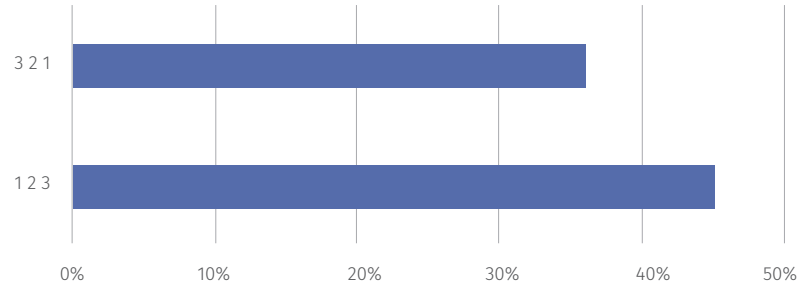


Figure 16: How respondents report that they would divide N$ 1,000 between children of different ages

3.2.2 Role of play

"There is nothing that a child can get from playing" Parent interview, woman.

When asked about the activities the respondent or another household member did with the child, 58% reported that someone in the household played with the child/children (see Figure 17). Meanwhile, less than half of respondents (47%) reported that the children did educational activities (such as counting, reading and colouring) with someone in the household. These activities are critical components of responsive care and early learning, helping to give children the best start (WHO, UNICEF & World Bank Group, 2018). Variations were found among different settlement types, with playing more common in rural areas, while educational activities with children was more common in formal areas.

Play and educational activities

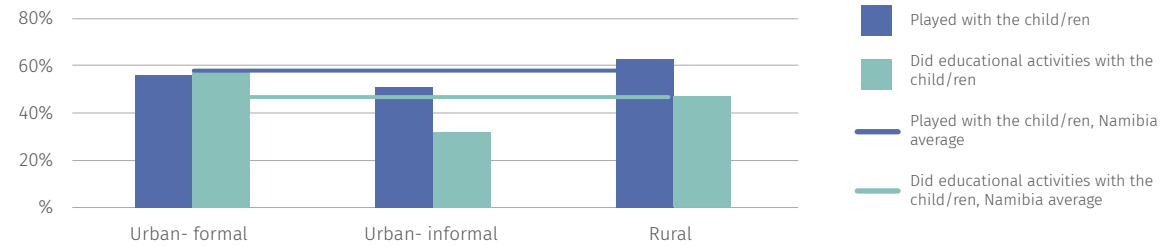


Figure 17: Households reporting playing and carrying out educational activities with children in the past week, by settlement type

In the FGDs, parents expressed supervising their kids' games for safety, but generally not getting involved. These findings indicate that parents do not understand the importance of play in children's development.

3.2.3 Reading and books

A study taking place in Khomas region found that children accessing books at home and at their ECD centre exhibited increased advantages compared to those without (Henok, 2014), echoing similar results from South Africa (Vally, Murray, Tomlinson, & Cooper, 2015). The Namibian IECD strategy (Ministry of Gender Equality and Child Welfare, 2017) emphasises the importance of literacy, especially for learners aged 2-8 years. Reflecting the literature, 90% of respondents agreed that reading for babies is important for their language development. Nonetheless, almost half (43%) of parents reported not having any children's books or picture books at home (57% do have, see Figure 18). Parents from formal areas were much more likely to report having books at home (70% of respondents from formal areas), as were respondents from households with at least one member employed (61%). Large variations are observed between the different regions, from 42% of Kunene households reporting having children's books or picture books, up to 72% in Oshana.

Children's books at home

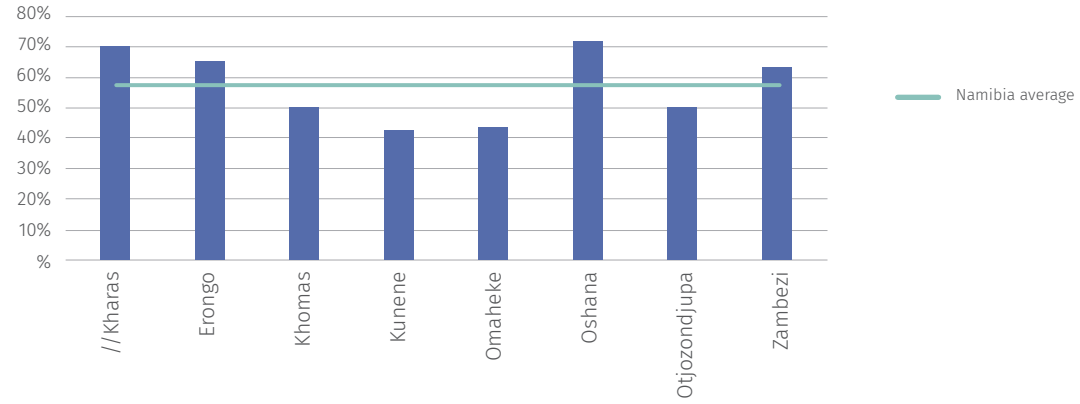


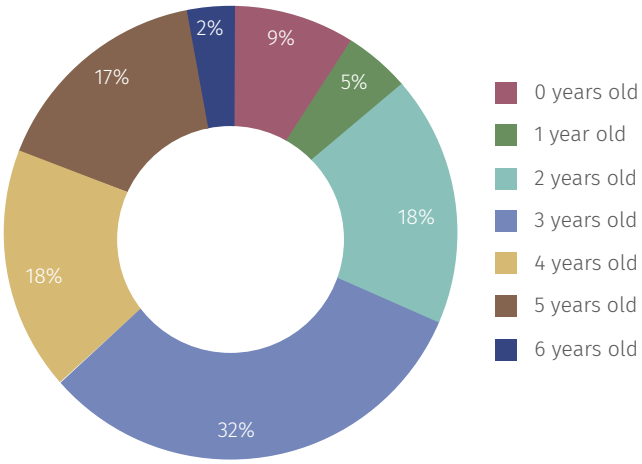
Figure 18: Parents reporting having children's books/picture books at home (% households, by region)

3.2.4 ECD centre starting age, and centre quality

Global good practice recommends that children should have at least two years of pre-school education (from age three years) before starting in grade one (UNICEF, 2019), and some academics argue that earlier is better, especially if the conditions at home do not allow for socialisation and stimulating nurturing care (OECD, 2020). Namibia's high grade one repetition rates (MoEAC, 2022) are an indication of children starting school without the required school readiness levels, due to inadequate ECD and early learning opportunities. It is acknowledged that the benefit of attending ECD centres is impacted by centre quality, which is known to be variable in Namibia (Office of the President, 2021).

Just a quarter (25%) of Namibia's children aged 0-5 years attend an ECD centre (NSA, 2017). In this study, a third (32%) of respondents reported that children should start attending ECD centres at three years old, and further third (35%) reported that they should start aged four or five (see Figure 19).

When children should start at ECD centre



Namibia's high grade one repetition rates (MoEAC, 2022) are an indication of children starting school without the required school readiness levels, due to inadequate ECD and early learning opportunities.

Figure 19: Age reported that children should start at ECD centre (by % households)

Regional average age at which households reported that children should start at ECD centres was lowest in Kunene (1.7) and highest in Omaheke (3.9). Comparing between different settlement types, parents in informal areas reported a slightly later start than parents from rural areas, see Figure 20.

When children should start at ECD centre by settlement type

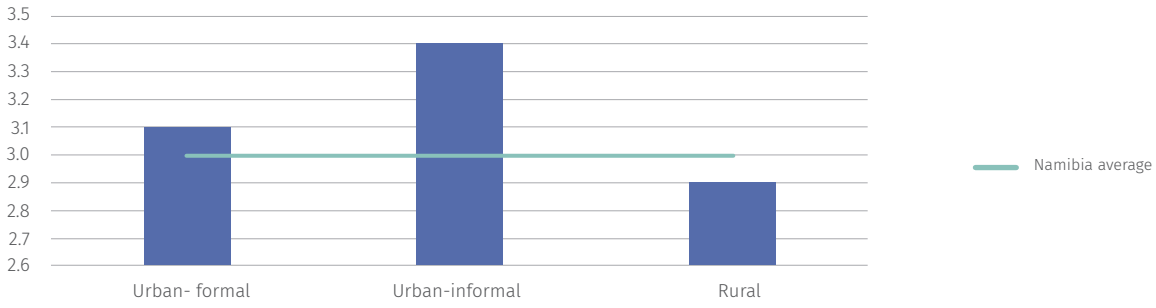


Figure 20: Age at which respondents report that children should start at an ECD centre, by settlement type

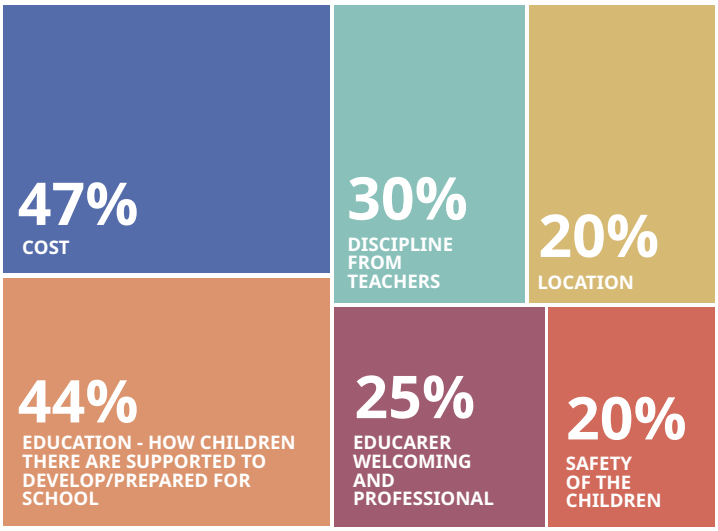
Best practice guidance states that ECD centres should be play-based, child-centred and should offer developmentally appropriate practices which are teacher-supported and child-led (WHO, UNICEF & World Bank Group, 2018). However, these factors seem less important in informing parents' choices in Namibia where practical realities are key, with cost and location considered by 48% and 30% of households respectively[7] (see Figure 21).

While almost all the key informants suggested that parents' focus in ECD selection is on childcare rather than child development, parental interviews showed that parents were in fact very interested in ECD to prepare their children for school, particularly reading, writing and counting. Parents were also interested in the social skills, discipline, spoken language and hygiene that would emerge from ECD attendance. This echoes survey findings that parents were reportedly keen that their children are supported to develop/prepared for school (44%). However, just 7% reference play at the centre, indicating that parents undervalue the importance of play in children's development.

"[When selecting an ECD centre,] I compared the activities taught in the school with those in the ECD centre. If they are the same, I think the centre is good." Parent interview, man

Other reported considerations of parents in selecting an ECD centre included good discipline (31%), educarer being welcoming and professional (25%) and child safety at the centre (20%).

Factors considered by parents when selecting a kindergarten/ECD centre/pre-school for their child



"[When selecting an ECD centre,] I compared the activities taught in the school with those in the ECD centre. If they are the same, I think the centre is good." Parent interview, man

Figure 21: Factors considered by parents when selecting a kindergarten/ECD centre/pre-school for their child, by % households mentioning each factor (multiple responses possible)

3.2.5 Parental aspirations

When asked about their hopes and dreams for their children as they grow, parents reported being keen that their child gets a good education (50%), and linked to that, that they get a well-paid job that enables them to be financially independent (39%) (see Figure 22)[8]. Parents reported concern for their children's safety and health (46%), and that they are happy (37%). Just under a third of parents (32%) reported wanting their children to be able to support the parents when they grow up.

7 Enumerators were trained to ask this question openly, and select the corresponding responses. It was possible to select multiple responses to this question.

8 Enumerators were trained to ask this question openly, and select the corresponding responses. It was possible to select multiple responses to this question.

Parent's aspirations for their children

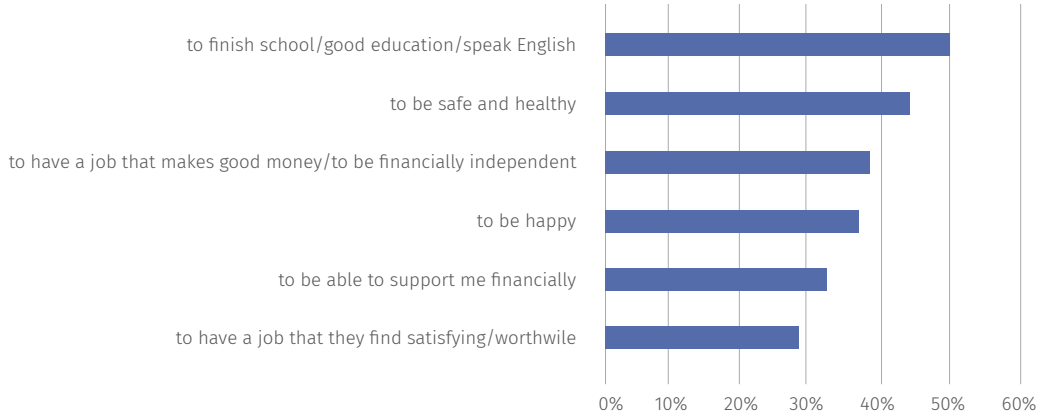


Figure 22: Parents' aspirations for their children, by % households

Respondents were asked an open question about what they would change, if they could, about the way they raise their children. Echoing parent's hopes for their children, the most commonly reported themes were their financial circumstances – wanting to provide their children with a better life – and about providing them with a good education and books.

3.3 SAFETY AND SECURITY

3.3.1 Violence in the home

For almost a third of the households (32%), it was reported that the mother was exposed to stress or violence during pregnancy (see Figure 23). This was higher in households in rural areas (39%), and where no members are employed (36%). There were variations between the regions too, ranging from 15% of households in Oshana reporting that the mother was exposed to stress or violence during pregnancy, up to 45% in //Kharas.

Stress and violence in pregnancy

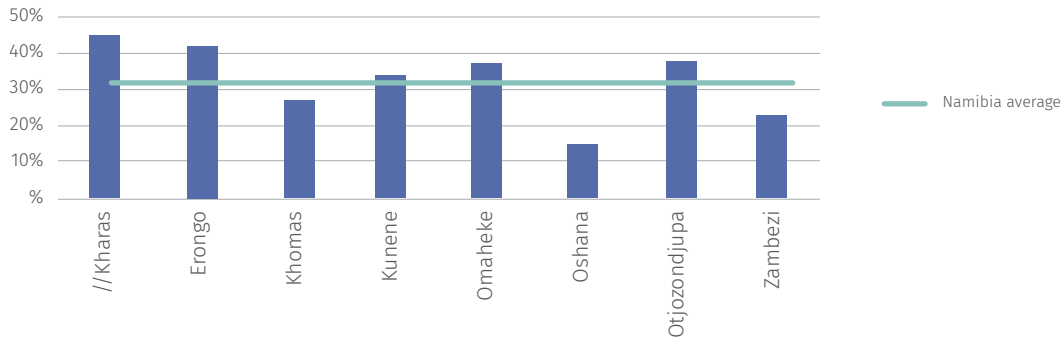


Figure 23: Households reporting that during pregnancy, the mother was exposed to stress or violence, % households by region

The literature shows that the use of violence to discipline children induces fear and stress which can impede their emotional, mental and social development (WHO, UNICEF & World Bank Group, 2018). Nonetheless, it is documented that beating is a common method of discipline amongst older children in Namibia (MGEPESW, NSA & International Training and Education Center for Health at the University of Washington, 2020). When it comes to misbehaviour, negative discipline (beating or shouting) was reported in this survey to be commonly used (49% and 21% respectively) by parents (see Figure 24).[9] A small minority of parents reported making the child leave the house (3%) or not feeding children (2%). However, the most common reported response was to explain to the child why not to do the behaviour (72%).

Usual responses to child misbehaviour

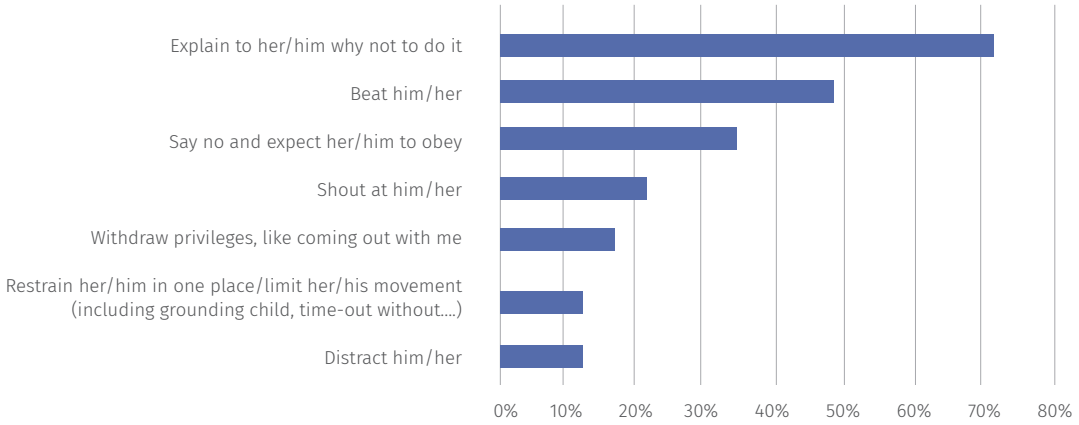


Figure 24: Reported usual responses to child misbehaviour, by % households

Echoing parents' negative discipline habits, 57% of parents said it was true that "children learn best when they fear the punishment". Between the regions, agreement with this statement was lowest in Zambezi (22%), and highest in Khomas (69%). Similarly, 61% of parents said it was true that "beating children when they are young is a way of correcting behaviour before it's too late".[10] Nonetheless, 70% of respondents reported that the following statement was false "if you ask children their opinion, they won't respect you".

Considering differences between different settlement types, parents in informal areas may be more prone to beating their children, with 59% reporting beating in response to misbehaviour, and 63% agreeing that "children learn best when they fear the punishment" (compared to national averages of 49% and 57% respectively).

> **"Other parents beat their children. I beat mine too, but only gently." Parent interview, man**

Physical punishment was raised consistently across the interviews and FGDs by key informants and parents alike. Many parents expressed concern around this practice, although others expressed that there was an acceptable level of beating.

"The parents in the community use a lot of violence." Parent interview, woman

"Other parents beat their children. I beat mine too, but only gently." Parent interview, man

9 Enumerators were trained to ask this question openly, and select the corresponding responses. It was possible to select multiple responses to this question.

10 Note that this question was not asked in Kunene rural.

3.3.2 Neglect and abuse

A theme commonly raised in interviews and FGDs with parents was that many children are neglected, for example being left without adult supervision, which was often linked to addiction in the parents (such as drinking or gambling). Since neglect was not thoroughly explored in the survey, this could be an area for further research.

"Many parents don't have time for their children. Parents go on the bars/ shebeen and leave their children behind without food." Parent interview, woman

Parents were asked how child abuse is dealt with in their community[11]. The most common responses were that the police would be called (53%) or that the case would be referred through the governmental systems (53%). Over a third (37%) explain that such cases are managed within the family.

"Many parents don't have time for their children. Parents go to the shebeen [bar] and leave their children behind without food" Parent interview, woman

3.4 GOOD HEALTH

3.4.1 Health in pregnancy

Children's opportunities start being shaped from the moment of conception (WHO, UNICEF & World Bank Group, 2018), and in Namibia it is recommended that women attend healthcare appointments at least four times during the pregnancy (MGEPESW, 2019). The vast majority of parents (96%) reported that this guidance was followed for the child/ren in the household (see Figure 25). The majority (84%) also reported that the mother got sufficient rest during the pregnancy, although this was lower in households with no members employed (76%). Furthermore, in terms of child health, almost all respondents (99%) agreed that it's good for children to get immunised.

Less positively, in a quarter (25%) of households, the mother was reported to have drunk alcohol and/or smoked tobacco while pregnant. This rose to 32% in both //Kharas and Kunene regions. This number varies according to settlement type, from 14% in urban – formal areas, 23% in urban – informal areas, to a third (33%) of households in rural areas. In the FGDs, many parents were aware of the dangers of smoking and drinking during pregnancy, although the knowledge was incomplete, for example with parents believing that certain alcohol was fine. Alcohol consumption and smoking during pregnancy are linked to poorer outcomes for children (Barker, et al., 2018) and risks of disability and developmental delays (CDC, 2023a) (CDC, 2023b).

"At the hospital they tell us that if you take hard things (strong alcohol) it will burn the baby in the stomach. And you will give birth to a child with burnt skin. If you only drink light things (for example, cider), it will have no effect on the unborn baby." FGD, woman

Health behaviour in pregnancy

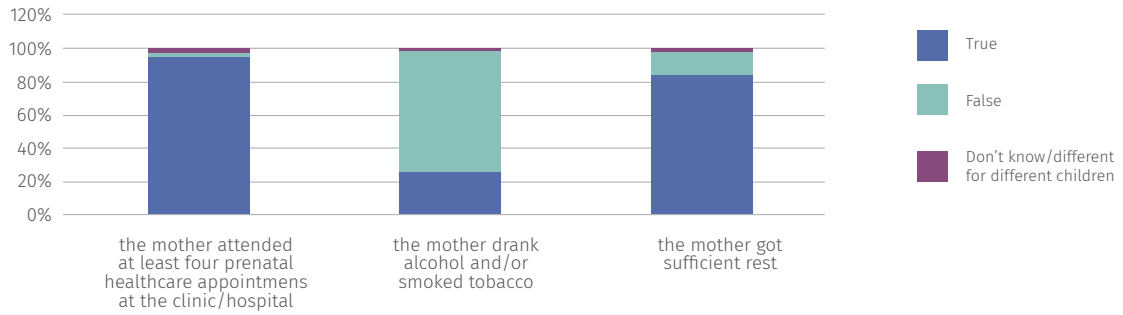


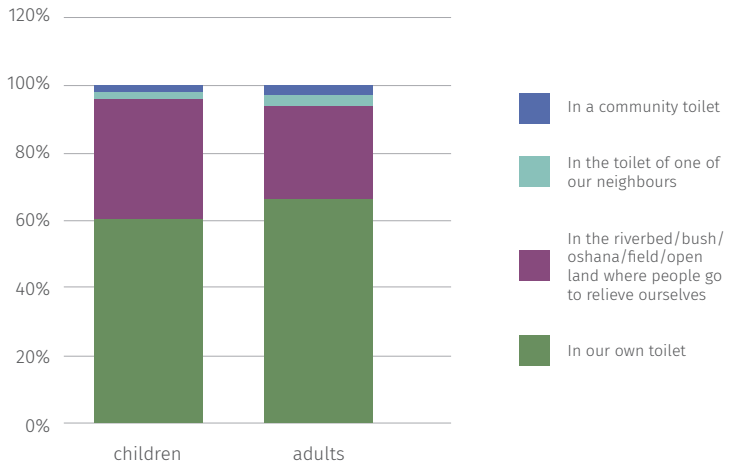
Figure 25: Reported health behaviours during pregnancy (% households)

11 It was possible to select multiple responses to this question.

3.4.2 Safe sanitation

Across Namibia eight years ago, it was reported that almost half (46%) of households had no toilet access (NSA, 2017), which this survey found to have fallen to 36% (see Figure 26). The majority of survey respondents reported that they use their own toilets. It was reported that 39 households (7%) have access to toilets which are used by adults but not by children. When asked the reasons for this, parents reported that the toilet is closed for children's safety, and that the toilets are dirty and it's better for the children not to use them.

Sanitation for children and adults



Across Namibia eight years ago, it was reported that almost half (46%) of households had no toilet access (NSA, 2017), which this survey found to have fallen to 36% for children and 28% for adults.

Figure 26: Where it is reported that children and adults in household go to relieve themselves (by % households)

The majority of households (73%) reported that they use their own, a neighbour's or community toilet. This was most likely to be a flush toilet connected to a main sewerage system (53% of all households surveyed), see Figure 27. Around one in six households (16%) reported that they use a pit latrine.

Toilet type

The majority of households (73%) reported that they use their own, a neighbour's or community toilet.

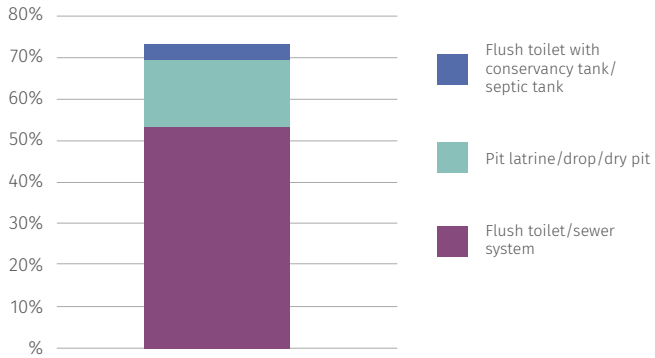


Figure 27: Type of toilet households use. % is of total households, with remaining 27% not accessing toilets

Sanitation responses vary considerably between regions (Figure 28). Most notably, households' access to their own toilet is particularly low in Zambezi and Kunene regions, and highest in //Kharas. A minority of children are accessing household toilets in Oshana, compared to the adults (40% and 74% respectively). Amongst those with toilets, this was unlikely to be a flush toilet connected to a sewer in Oshana (31%), whereas almost all toilets were reported to be this type in //Kharas (98%).

Access to own toilet

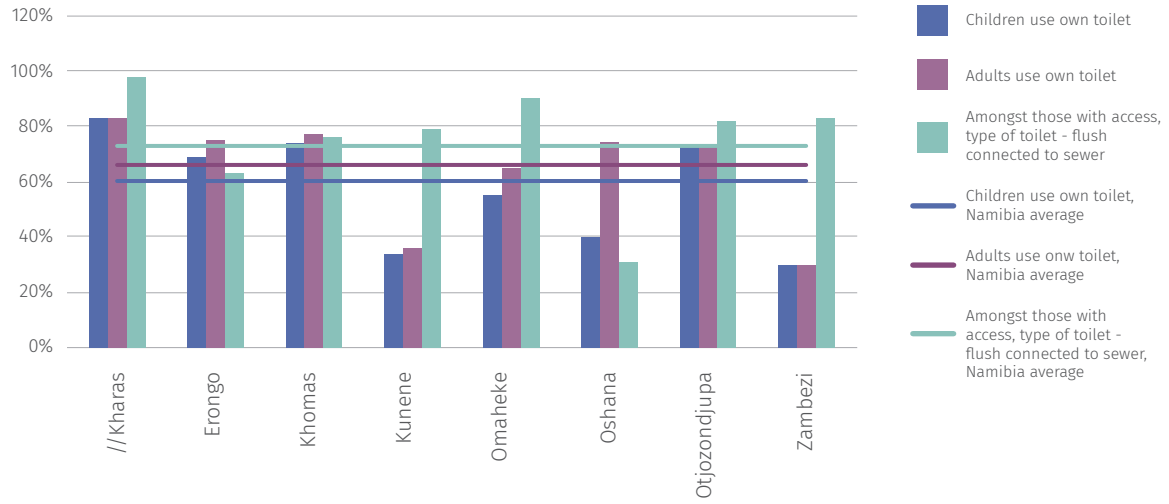


Figure 28: Children and adults' access to toilets, and access to flush toilet amongst those with access to a toilet, by region (% households)

Sanitation also varies between different settlement types, with urban-formal generally enjoying better services, followed by rural areas, with urban-informal areas trailing behind – see Table 9. Similarly, households with one or more member employed reported better services than those without e.g. 81% of households with one or more member employed reported having access to a flush toilet connected to a sewer, which fell to 58% amongst households with no employed members.

Table 9: Children and adults' access to toilets, and access to flush toilet, by settlement type (% households)

SANITATION ACCESS BY SETTLEMENT TYPE (% HOUSEHOLDS)	OVERALL AVERAGE	URBAN-FORMAL	URBAN-INFORMAL	RURAL
Children use own toilet	60%	94%	36%	50%
Adults use own toilet	66%	95%	41%	60%
Amongst those with access, type of toilet - flush connected to sewer (this is a subsection)	73%	93%	36%	69%

Amongst the respondents reporting that they do not yet have their own toilet (193 households, 33%), the most commonly-mentioned reasons were money, with 63% stating different financial reasons (see Figure 29). Key informants reflected these findings, with several stating that there is a general recognition amongst parents that open defecation is unsafe, but that the challenge is around financing toilets. Other survey respondents not yet having their own toilet complained of not being connected to water (10%), or toilets being the responsibility of the authorities (10%). Reasons given for not yet having a toilet varied by region, for example in //Kharas, respondents indicated they did not want to build a toilet because they might move/be forced to move (40%), whereas in Oshana and Otjozondjupa, a minority of respondents indicated that they are not interested in building a toilet because they are fine using the bush (16% and 6% respectively).

Reasons why no household toilet yet

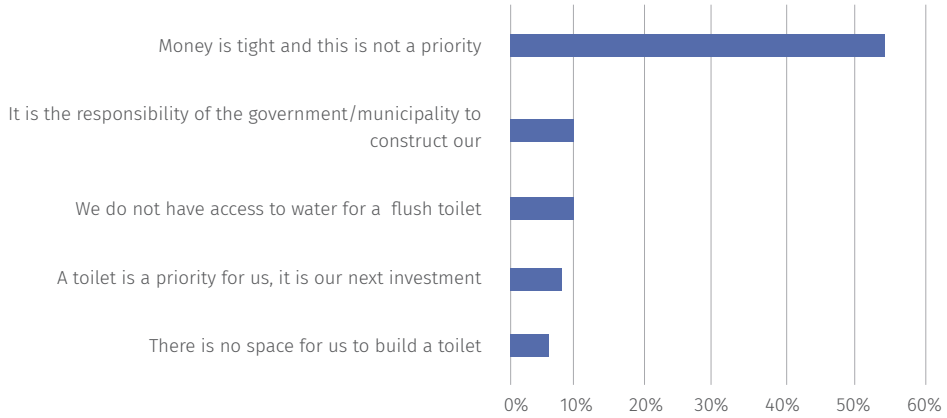


Figure 29: Amongst those who do not yet have access to a toilet, principal reason (% households)

3.5 NUTRITION

3.5.1 Pregnancy nutrition

Considering pregnancy nutrition data from different settlement types, it was reported that mothers in urban-formal areas were much more likely to have eaten healthily during the pregnancy compared to rural areas (91% compared to 71%), or where one or more household member is employed (85% compared to 75%) – see Figure 30.

Healthy eating during pregnancy

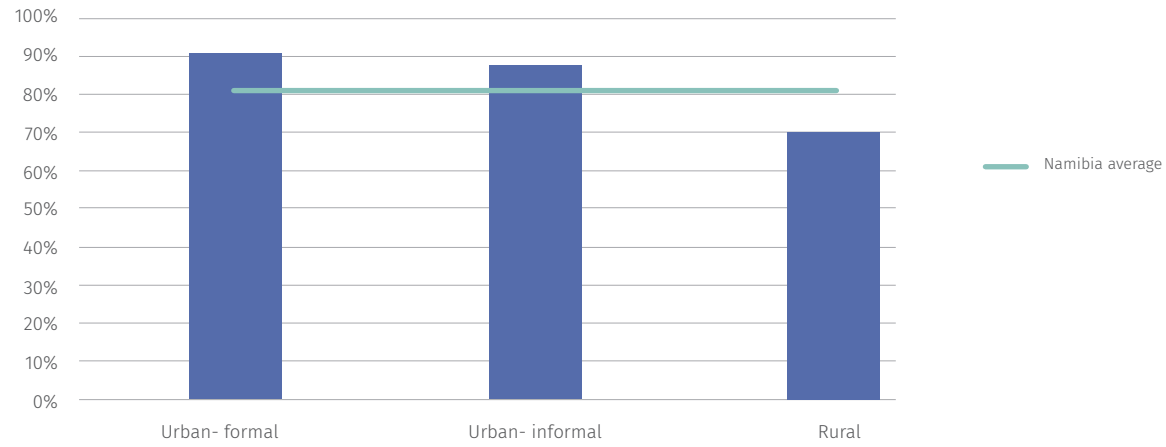


Figure 30: Households reporting that during the pregnancy for this child (or children), the mother ate healthy food, by settlement type

12 Healthy food was defined in the survey as vegetables as well as protein such as meat, fish, beans.

In the majority (80%) of households, children were exclusively breastfed during the first six months"

3.5.2 Breastfeeding practice

It is recommended that all babies are exclusively breastfed for six months (WHO & UNICEF, 2003). "In the majority (80%) of households, children were exclusively breastfed during this period, according to respondents, see Figure 31. Breastfeeding was most commonly reported in urban-informal and least common rural areas (91% compared to 73%). Rates of breastfeeding also varied between the different regions, ranging from 60% in //Kharas to 93% in Zambezi.

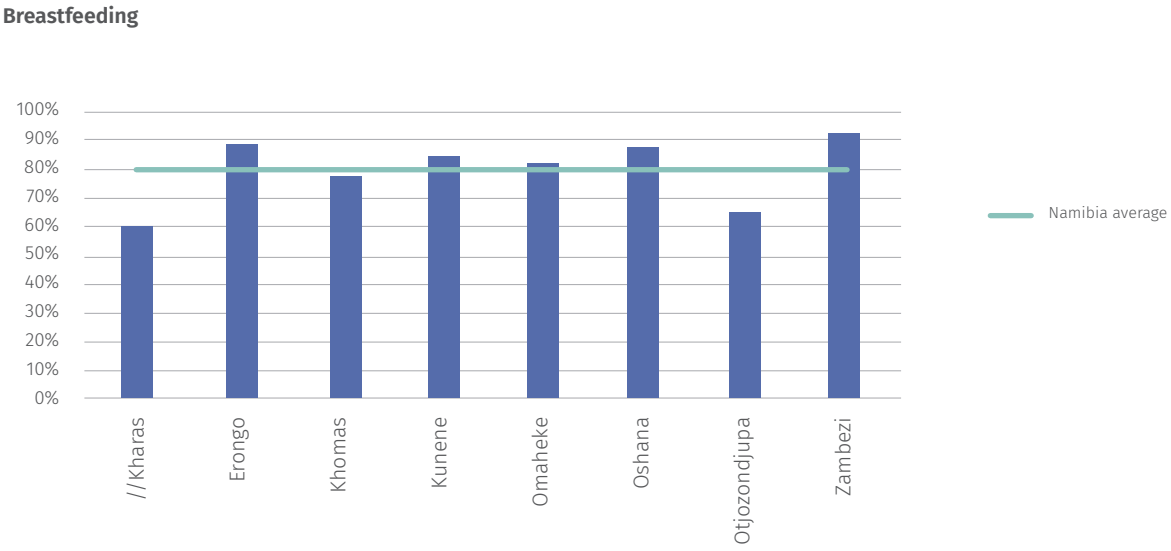


Figure 31: Children exclusively breastfed for 6 months (% households by region)

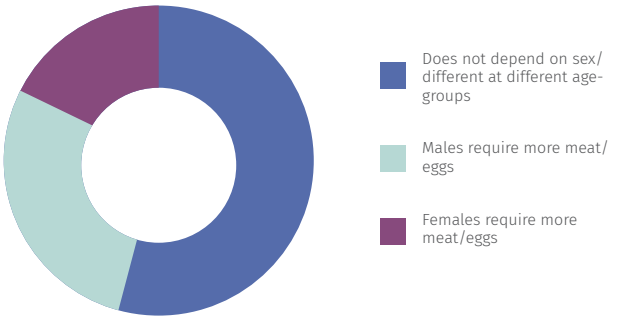
3.5.3 Nutritional needs of young girls and boys

When asked who most requires meat or eggs, when there is a limited amount, over half of respondents (55%) said that first priority would be ECD-aged children, followed by older children, with adults last. A further quarter (26%) prioritised in the opposite direction: starting with adults, followed by children aged 7-17 years, and finally the ECD-aged children. This question may have been interpreted by some as the volumes, rather than who most requires it, although the enumerators were trained on this point.

When asked whether male or female children and adults require more meat and eggs, more than half (55%) reported that it does not depend on the sex or it is different for different age-groups, see Figure 32[13]. A significant minority (28%) stated that males require more, with the remaining 18% stating that females require more meat and eggs. The largest proportion of parents in //Kharas and Khomas regions reported that males need more meat/eggs compared to other responses. This data indicates that some parents will be feeding ECD-aged children differently according to their sex, for example giving boys more than girls, as well as failing to meet pregnant women's heightened nutritional needs.

13 In the survey deployed in Kunene rural, there was no "Does not depend on sex" option. Therefore, the above final data merges this response with "It is different for different age groups" to more accurately reflect the perspectives of all respondents.

Gendered nutritional needs



Over half of respondents (55%) said that first priority would be ECD-aged children, followed by older children, with adults last.

Figure 32: Household responses to the question "Do male or female children and adults require more meat and eggs?" by % households

3.6 ACCESS TO INFORMATION

The importance of communicating to parents through appropriate media is emphasised through the Right Start campaign (MGEPESW, 2019). The most common source of parental information across the board was family, which was also reflected in interviews and FGDs with parents. That said, respondents also mentioned educarers/teachers (27%), church (25%) and healthcare professionals (22%), as well as radio, television and other media, see Figure 33.

"All we know is from our parents, we were not exposed other information." Rural survey respondent

Sources of parenting information

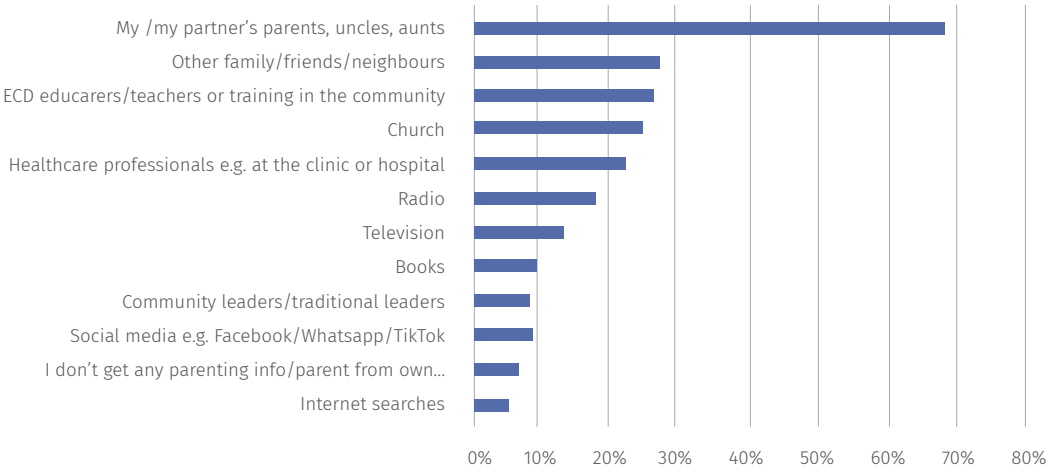


Figure 33: Sources of parenting information, by % households. Respondents were invited to select multiple sources

Dominant parenting information sources varies according to settlement types and region. Urban-informal households more likely to report using the radio (30%), while those in rural areas were more likely to mention the church as a source of information (30%). Between regions, television as a parenting source was cited in //Kharas (30%), while Khomas respondents were more likely to mention social media (17%). The church was a top information source in Zambezi and Omaheke regions (65% and 40% respectively), while radio emerged as a leading source in Oshana, Kunene and Otjozondjupa (39%, 36% and 27%).

3.7 KHOMAS REGION DATA

Annex E links to a source of disaggregated data, which readers are encouraged to download and explore. This includes survey data disaggregated into settlement types – rural, urban-formal and urban-informal, by region, and by whether or not someone in the household is employed. There is a further dataset with responses from the Khomas region. It is noted that the Khomas region was the only region with a sample size large enough to be able to extract meaningful statistics within these disaggregated characteristics. This section highlights the key findings from the Khomas region.

3.7.1 Khomas metadata

Employment status varied according to settlement type. In rural areas, just 31% of households report having one or more member employed, rising to 53% in urban-informal areas and 81% in urban-formal areas. Consequently, trends amongst households with no members employed are observed in rural and urban-informal areas. In rural areas, it was reported that there are more female-headed households: 67% compared to the overall average of 50%. Female-headed households were also more represented among households with no members employed, with 63% of Khomas households with no members employed being headed by females, compared to 55% nationally.

3.7.2 Responsive caregiving in Khomas

Emotionally warm: Compared to national trends, Khomas urban-informal respondents, and households with no employed members, were more likely to report regularly telling their children that they love them (42% and 41% respectively, compared to 35% national average). Parents in urban-informal areas were less likely to have given the child/ren a cuddle in the past week (36%), compared to 45% national average. By contrast, parents in rural areas were particularly likely to report having given the child/ren a cuddle (72%).

Role of fathers: Khomas fathers were reportedly more supportive – financially and emotionally – than the national average, with the highest rates in male-headed households (e.g. 93% supported the mother financially during the pregnancy, compared to 72% nationally). It was reported that in 83% of rural households, mothers/female adults did most of the caregiving in the last week, compared to 74% national average. On the other hand, Khomas fathers or other male adults were reported to have done most of the caregiving at double the national average (12% compared to 6%), which mostly seems to be driven by fathers in urban-formal areas in Khomas (17%).

Gendered parenting: Households with one or more member employed, as well as those living in urban-informal areas, were more likely to agree with the statement “girls and boys should play together” (76% and 69% respectively, compared to 60% nationally). However, this was less-commonly stated by rural households (42%). Households from urban-informal areas were particularly likely to agree that “if a mother hugs her son, he will become soft” (42% compared to 33% nationally).

3.7.3 Opportunities for early learning in Khomas

Valuing the early years: When prioritising expenditure between children of different ages, the most commonly selected order was the 0–6-year-olds as the highest priority, followed by children aged 7-15 years, followed by children aged 16 years and above (45%), in line with the national average. However, in rural areas, respondents were most likely to prioritise in the opposite direction, i.e. starting with the oldest children and then 7–15-year-olds, then 0–6-year-olds (64%, almost double the national average of 36%).

Role of play: Regarding the activities done by caregivers with their young children in the last week, the data varied according to settlement type. Parents in rural areas were much more likely than the national average to report having played with children (83% compared to 58%), while parents in informal areas were less likely (50%). Parents in urban-informal areas were less likely to report having engaged in educational activities with their children in the past week (36%, compared to 47% national average).

ECD centre starting age, and centre quality: Khomas parents reported that children should start at an ECD centre slightly later than the overall average (3.2 compared to 3.0 years). Comparing between different settlement types, the age was oldest in urban-informal areas (3.7 years).

3.7.4 Safety and security in Khomas

Violence in the home: In terms of negative discipline, Khomas parents in general were likely to agree with the statement “children learn best when they fear the punishment” (69% compared to 57% nationally). Agreement was particularly high in rural areas (92%). To the statement “if you ask children their opinion, they won’t respect you”, respondents from female-

headed households were particularly likely to agree (42% compared to 24% amongst male-headed households, and 30% national average).

Neglect and abuse: When responding to cases of abuse, members of households living in urban-informal areas reported that the village headman/traditional authority is engaged to a greater degree than in rural and urban-formal areas (17% compared to 1% and 3% respectively, against 17% national average).[14]

3.7.5 Good health in Khomas

Health in pregnancy: Mothers from households with no members employed were less likely to be reported to have received sufficient rest during the pregnancy (68% compared to the 84% national average). It was reported that mothers in formal areas were much less likely than the national average to have drunk alcohol or smoked cigarettes during the pregnancy (15% compared to 25% national average). Meanwhile, it was reported that mothers in rural areas commonly engaged in these behaviours (42%), and were also much more likely to have been exposed to stress or violence during the pregnancy (56% compared to 32% nationally).

Safe sanitation: While Khomas region's sanitation indicators are slightly better than the national averages, huge variation exists between different settlement types. For example, access to the household's own toilet in urban-informal areas is reported at 39% for children and 47% for adults, compared to 60% and 66% averages nationally. Furthermore, households with at least one member employed were also more likely to use their own toilet e.g. adults in 88% of households.

3.7.6 Nutrition in Khomas

Pregnancy nutrition: During pregnancy, Khomas mothers were reported to have eaten healthy food[15] more commonly than the national average (89% compared to 81%). Between settlement types, this was particularly high amongst informal settlement residents (94%) and male-headed households (94%).

Breastfeeding practice: Breastfeeding in Khomas reportedly differs according to settlement type, with the lowest rates in rural areas (53%), followed by formal areas (85%), and with 92% of respondents from informal households reporting that children were breastfed exclusively for at least six months, compared to the national average of 80%.

Nutritional needs of young girls and boys: While in Namibia overall, when parents were asked who should receive greater priority for nutritious food, the largest portion reported that it does not depend on the sex (36%). However, in Khomas, the largest group of respondents reported that males require more meat/eggs (31%). This trend was reflected amongst parents from urban-formal areas (43%), male-headed households (31%) and households with one or more members employed (34%).

3.7.7 Access to information in Khomas

In terms of the channels accessed by parents to learn about parenting, the national trend of mainly depending on their own/their partner's parents, uncles, aunts prevailed in Khomas (53% compared to 68% nationally). That said, Khomas parents were more likely to draw from social media sources, especially in urban-formal areas (26%, compared to 9% nationally). Radio was mentioned more often by parents in informal areas (33%, compared to 19% national average).

Parents from households with no employed members, and those in rural areas, cited amongst their main aspirations for their children that they become a religious person/believe in God/go to church (29% and 47% respectively, compared to 9% nationally). Note that there is strong overlap between these populations, with just 31% of rural Khomas households having one or more employed member.

In terms of the channels accessed by parents to learn about parenting, Khomas parents were more likely to draw from social media sources, especially in urban-formal areas.

14 It was possible to select multiple responses to this question. It is noted that in urban areas, the "village headman/traditional authority" is likely to have been interpreted as community leadership.

15 Healthy food was defined in the survey as vegetables as well as protein such as meat, fish, beans.

4. RECOMMENDATIONS

The recommendations emerging from this report have been co-conceived by DWN and MGEPESW in response to the results of this study. The recommendations are centred on sharing information with parents. These are intended to complement other efforts to improve ECD service provision focused on the delivery of quality education, health and social services for ECD-aged children.

Table 10: Full list of key findings and emerging recommendations

AREA	REF.	KEY FINDING	RECOMMENDATION
All	0	The profiles of parents change considerably between different groups of parents in Namibia, according to where they live and whether or not they are employed.	Interventions should be tailored to reflect the needs of different groups of parents, in order to have the greatest possible impact.
Responsive caregiving	1.1	When their children are upset, most parents reported comforting their child and responding to their needs.	This is a positive response, and should be reinforced.
	1.2	Around half of parents do not regularly hug their children.	The role of physical affection as part of forming a loving bond with the child should be emphasised to parents. Messaging must be culturally adapted, and recognise existing practice such as carrying young children using a cloth wrapped around the caregiver.
	1.3	Fathers are less engaged than mothers in parenting, especially when it comes to factors beyond providing for basic needs.	Fathers should be encouraged to take a more active role in their young children's lives, whether or not they are in a relationship with the mother. Messaging could include promoting the joys of fatherhood, and the positive impact of a strong father-child bond for both parties. This could be part of parental training.
	1.4	Girls and boys are socialised differently from an early age, with different chores and games.	Gendered childrearing practices should be prevented from impeding children's development. ECD and pre-primary curricula should emphasise gender equality and normalise non-gendered practices.
	1.5	Children with disabilities are often excluded from ECD centres, which may be linked to social stigma.	Information should be shared to tackle stigma around disability, to ensure that all children can access ECD centres and achieve their potential. Parents and ECD teachers need information and skills to best support children with disabilities.
Responsive caregiving	1.6	Orphans and non-biological children are reportedly treated differently to biological children. This may be particularly true when it comes to soft factors like affection and nurturing – as opposed to meeting basic physical needs such as food, shelter and healthcare.	Parents should be informed that all children require loving relationships, regardless of familial bond, and how this promotes development. Neglect should be highlighted as unacceptable in communities, and reporting should be encouraged.

AREA	REF.	KEY FINDING	RECOMMENDATION
Opportunities for early learning	2.1	Just 2% of parents reported that learning starts at age 0 years. This may be linked to the above focus of parents on school-type learning (reading, writing, counting).	Parents should be informed about early brain development, and its links to later educational opportunities.
	2.2	Parents typically understand the role of ECD in terms of school preparation, and underestimate the importance of early stimulation and play. This applies to care at home, as well as ECD selection priorities. As such, around one in five of respondents reported that children should start at the ECD centre aged five or six years, which is later than the recommendation.	The value of early years education and its preparatory role for healthy development should be emphasised, in line with messaging about learning through play, for both parents and educarers. This should take place alongside efforts to reinforce the quality of ECD centres in Namibia. Parents should be supported to recognise quality in an ECD centre, and how to advocate for quality.
	2.3	Around half of parents do not regularly play with their children, and around half do not regularly do educational activities with their children.	The importance of engaging with children for their development should be emphasised to parents.
	2.4	Almost half of parents (45%) would prioritise ECD-aged children in their spending decision, which is a positive finding. However, over a third of parents reported that they would prioritise expenditure for older children – despite the fact that investing in the early years provides the greater return.	More understanding should be shared with parents on the early years, and the returns on early investment to later benefit the child and the family.
	2.4	While parents understand the value of reading, the availability of books at home is limited, especially in rural and urban-informal areas.	Parents should be supported with access to books for their children and encouraged to start reading to them from an early age.
	2.5	Namibian parents are focused on good educational and financial opportunities for their children as they grow.	Messaging should capture this point and link positive early childhood experiences with later learning potential, educational outcomes and earning opportunities.
Safety and security	3.1	Beating young children is extremely common in Namibian families, with around half of parents reporting this response to misbehaving children.	There is a need for renewed efforts in campaigning to prevent violence against children. Parents should be encouraged to avoid beating their children, and to understand the repercussions of violence on children's development. Furthermore, violence in childhood should be linked to the epidemic levels of violence that we see in Namibia, and alternative, culturally-appropriate non-violent techniques for behaviour management should be taught to parents.
	3.2	Around a third of households reported that the mother was exposed to stress or violence during pregnancy.	The role of a healthy pregnancy for children's development should be emphasised to parents. It's possible that protection services should be strengthened. Antenatal care sessions should be used to provide parents with information and support, and used to identify at risk mothers requiring referral to protection services.
	3.3	Over a third of households reported that child abuse is managed within the family.	The need to speak up about child abuse should be shared widely to break taboos, but this must go hand-in-hand with strengthened services such as social worker, police, GBV units and governmental systems to respond to abuse cases in a way that supports the child.
Good health	4.1	It was reported that many mothers drank alcohol and smoked during pregnancy.	Parents must be educated on the risks of drinking alcohol and smoking cigarettes during pregnancy. Key moments of engagement with the health service during pregnancy (such as antenatal appointments) should be used to reinforce these messages.

AREA	REF.	KEY FINDING	RECOMMENDATION
Good health	4.2	Access to toilets varies considerably between different regions, and in some households, children are excluded from toilet access.	Households should be encouraged to build toilets and informed of the consequences of open defecation, with support provided by government or NGOs where possible.
Nutrition	5.1	In most households surveyed, the children were exclusively breastfed for at least six months. However, this was lower in some locations, such as rural areas, and in the // Kharas and Otjozondjupa regions.	This positive practice should be recognised and reinforced. In areas with lower breastfeeding prevalence, reasons should be explored and parents should be educated about child nutrition, and the benefits of breastfeeding.
	5.2	The importance of young children accessing nutritious food is not always recognised, and there is some indication of males being prioritised when distributing food.	Messaging should consider highlighting the importance of complete nutrition for development. Infant and young child feeding guidance should be widely shared.
Information sources	6	Parents access information in a variety of ways, with variations by region and settlement type. However, the greatest influence on parenting seems to be direct family.	Interventions should consider media options to reach parents directly, as well as working at a grassroots level to reach community leaders and elders with accurate information that can then be passed on to families.

5. REFERENCES

Barker, M., Dombrowski, S. U., Colbourn, T., Fall, C. H., Kriznik, N. M., Lawrence, W., . . . Stephenson, J. (2018, May 5). Intervention strategies to improve nutrition and health behaviours before conception. Lancet, 391(10132), 1853–1864.

CDC. (2023a). *Alcohol use during pregnancy*. Retrieved March 5, 2024, from Centers for Disease Control and Prevention: https://www.cdc.gov/ncbddd/fasd/alcohol-use.html

CDC. (2023b). *Smoking, pregnancy and babies.* Retrieved March 5, 2024, from Centres for Disease Control and Prevention: https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html#:~:text=Smoking%20doubles%20your%20risk%20of,and%20your%20baby%20in%20danger.&text=Smoking%20raises%20your%20baby's%20risk,of%20her%20mouth%-20(palate).

Choia, J., Kim, H., Capaldi, D. M., & Snodgrass, J. (2021, September). Long-Term Effects of Father Involvement in Childhood on Their Son's Physiological Stress Regulation System in Adulthood. *Developmental Psychobiology, 63*(6).

Elango, S., García, J. L., Heckman, J. J., & Hojman, A. (2015). *Early Childhood Education.* National Bureau of Economic Research. Cambridge, Massachusetts: National Bureau of Economic Research. Retrieved September 28, 2023, from Heckman Equation: https://www.nber.org/system/files/chapters/c13489/c13489.pdf

Henok, P. (2014). *Literacy practices at home and in preschool in the Khomas education region in Namibia.* Windhoek, Republic of Namibia: University of Namibia. Retrieved March 5, 2024, from https://repository.unam.edu.na/bitstream/handle/11070/853/henok2014.pdf?sequence=1&isAllowed=y

Krueger, C., & Garvan, C. (2014). Emergence and retention of learning in leary fetal development. *Infant Behavior and Development,* 162-173.

MGEPESW & UNICEF. (2018). *ECD-MIS Survey 2018: Report on Early Childhood Development Centres in Namibia.* Windhoek, Republic of Namibia: MGEPESW.

MGEPESW. (2019). *Right Start: National integrated early childhood development campaign strategy 2019-2023.* Windhoek, Republic of Namibia: MGEPESW.

MGEPESW, NSA & International Training and Education Center for Health at the University of Washington. (2020). *Violence against Children and Youth in Namibia: Findings from the Violence Against Children and Youth Survey, 2019 (Full Report).* Windhoek, Republic of Namibia: Government of the Republic of Namibia.

Ministry of Education. (2008). *Education Sector Policy for Orphans and Vulnerable Children.* Windhoek, Republic of Namibia: Minstry of Education. Retrieved March 4, 2024, from https://www.npc.gov.na/publicpolicy/education-sector-policy-for-orphans-vulnerable-children/

Ministry of Gender Equality and Child Welfare. (2017). *Towards Integrated Early Childhood Development service delivery in Namibia: A framework for action.* Windhoek, Republic of Namibia: Ministry of Gender Equality and Child Welfare. Retrieved February 15, 2023, from https://www.rightstart.com.na/wp-content/uploads/2020/01/IECD-Framework-web-full.pdf

MoEAC & UNICEF. (2017). *Telling the Integrated Early Childhood Development Story.* Windhoek, Republic of Namibia: MoEAC. Retrieved from https://www.rightstart.com.na/wp-content/uploads/2020/01/ECD-Telling-the-Story.pdf

MoEAC. (2022). *Education Statistics: Education Management Information System.* Windhoek, Republic of Namibia: MoEAC. Retrieved March 5, 2024, from https://moe.gov.na/wp-content/uploads/2023/09/EMIS-2022-REPORT-ONLINE.pdf

National Planning Commission. (2017). *Namibia's Fifth National Development Plan (NDP5).* Windhoek, Republic of Namibia: Namibia Planning Commission. Retrieved February 16, 2023, from https://www.npc.gov.na/national-plans/national-plans-ndp-5/

NSA. (2013). *Namibia 2011 Population and Housing Census [PUMS dataset].* Windhoek, Republic of Namibia: NSA. Retrieved February 15, 2023, from https://nsa.nsa.org.na/wp-content/uploads/2021/09/Namibia-2011-Population-and-Housing-Census-Main-Report.pdf

NSA. (2016). *Namibia 2011 census: Disability report.* Windhoek, Republic of Namibia: NSA. Retrieved February 16, 2023, from https://nsa.nsa.org.na/new_publications/namibia-2011-disability-report/

NSA. (2017). *Namibia Inter-censal Demographic Survey 2016 Report.* Windhoek, Republic of Namibia: NSA. Retrieved February 16, 2023, from https://nsa.nsa.org.na/new_publications/2016-namibia-intercensal-demographic-survey-nids/

NSA. (2021). *Namibia multidimensional poverty index (MPI) Report.* Windhoek, Republic of Namibia: NSA. Retrieved March 18, 2024, from https://nsa.nsa.org.na/wp-content/uploads/2021/09/MPI-.pdf

NSA. (2024). *2023 Population & Housing Census: Preliminary Report.* Windhoek, Namibia: NSA. Retrieved March 25, 2024, from https://nsa.nsa.org.na/new_publications/2023-population-housing-census-preliminary-report/

OECD. (2020). *Education at a Glance 2020: OECD Indicators.* Paris, France: OECD Publishing. Retrieved March 5, 2024, from https://www.oecd-ilibrary.org/docserver/69096873-enpdf?expires=1710758981&id=id&accname=guest&checksum=332E072E2343A233F03AABEDBDE984AC

Office of the President. (2021). *Harambee Prosperity Plan II: 2021-2025.* Windhoek, Republic of Namibia: Office of the President. Retrieved February 16, 2023, from http://hppii.gov.na/wp-content/uploads/2021/03/HPP2.pdf

Posel, D. R. (2001). Who are the heads of household, what do they do, and is the concept of headship useful? An analysis of headship in South Africa. *Development Southern Africa, 18*(5), 651-670.

Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Pædiatrica, 97,* 153-158.

UNICEF. (2017). *UNICEF'S programme guidance for early childhood development.* New York, USA: UNICEF. Retrieved February 16, 2023, from https://www.unicef.org/documents/unicef-programme-guidance-early-childhood-development

UNICEF. (2018). *Learning through play: strengthening learning through play in early childhood education programmes.* New York, USA: UNICEF. Retrieved from https://www.unicef.org/sites/default/files/2018-12/UNICEF-Lego-Foundation-Learning-through-Play.pdf

UNICEF. (2019). *A World Ready to Learn: prioritizing quality early childhood education.* New York, USA: UNICEF. Retrieved from https://www.unicef.org/media/57926/file/A-world-ready-to-learn-advocacy-brief-2019.pdf

UNICEF. (2022). *UNICEF Strategic Plan 2022–2025.* New York, USA: UNICEF. Retrieved February 21, 2024, from https://www.unicef.org/reports/unicef-strategic-plan-2022-2025

UNICEF. (n.d.). *Brief on the social ecological model.* UNICEF. Retrieved February 21, 2024, from https://www.unicef.org/media/135011/file/Global%20multisectoral%20operational%20framework.pdf

USAID. (2022). *Guidance Note: Participatory Evaluation.* USAID. Retrieved September 28, 2023, from https://usaidlearninglab.org/resources/participatory-evaluation-guidance-note

Vally, Z., Murray, L., Tomlinson, M., & Cooper, P. (2015, August). The impact of dialogic book-sharing training on infant language and attention: A randomized controlled trial in a deprived South African community. *Journal of Child Psychology and Psychiatry, 56*(8), 865-873.

Weber, B., & Mendelsohn, J. (2017). *Informal settlements in Namibia: their nature and growth.* Windhoek, Republic of Namibia: Development Workshop Namibia.

WFP & National Planning Commission. (2022). *The Social and Economic Impact of Child Undernutrition in Namibia.* Windhoek, Republic of Namibia: National Planning Commission. Retrieved March 5, 2024, from https://www.nafsan.org/wp-content/uploads/2022/06/COHA-NAMIBIA_SUMMARY.pdf

WHO & UNICEF. (2003). *Global Strategy for Infant and Young Child Feeding.* Geneva, Switzerland: World Health Organization. Retrieved September 28, 2023, from https://www.who.int/publications/i/item/9241562218

WHO & UNICEF. (2021). *Progress on household drinking water, sanitation and hygiene 2000-2020: Five years into the SDGs.* Geneva, Switzerland: WHO & UNICEF. Retrieved March 18, 2024, from https://www.who.int/publications/i/item/9789240030848

WHO, UNICEF & World Bank Group. (2018). *The Nurturing Care Framework for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential.* Geneva, Switzerland: WHO. Retrieved September 28, 2023, from https://nurturing-care.org/ncf-for-ecd

World Bank. (2015). *DataBank: Gini index.* Retrieved March 5, 2024, from The World Bank: https://databank.worldbank.org/source/jobs/Series/SI.POV.GINI

7. ANNEXES

ANNEX A: KEY INFORMANT INTERVIEW SCHEDULE

1. How do parents understand the role of the early years of children's lives?

   Hint: how is ECD understood and valued?

2. How would you describe how parents relate to their children, and any challenges you see?

   Hint: showing affection in home, discipline, violence, role of fathers

3. When young children (aged 0-6 years) are at home, what types of activities do they do?

   Hint: To what degree are parents engaged in children's activities? Do parents talk to their children? Do children sit alone, do they play? If they play, what types of games?

4. If a child is upset, what are some common ways that parents react?

   Hint: telling child off for making noise/being upset? Dialogue around child's emotions? Caring for the child's needs, helping them find something that makes them feel better.

5. Is open defecation practised? If so, what are the reasons for this, beyond the absence of toilets?

6. When parents are selecting an ECD centre for their child, what do they usually look for?

   Hint: proximity to home/work, cost, vs. child: educarer ratio, play-based learning, classroom management/positive discipline, child-centred ECD

7. What do parents want for their children?

   Hint: child grows up healthy / to have a good job / be a supportive partner / be a nurturing parent

8. Who/what influences parental practices?

   Hint: Common parenting myths e.g. spare the rod, spoil the child / hugging kids makes them soft / if you ask for their opinion, they won't listen to you... Key information sources? Power dynamics, mother/mother-in-law. Word of mouth in the community. WhatsApp shares.

9. Do you have other observations to share regarding early childhood development in the community?

ANNEX B: SURVEY QUESTIONS

Consent statement:

Development Workshop (DW) and the Ministry of Gender are working together to collect data.

DWN is a non-governmental organisation which works in Namibia to help young children (aged 0-6 years) through kindergartens/early childhood development centres and families, with the goal that children receive a better start with enhanced safety, development and wellbeing.

We are interested in talking to adult parents (mothers, fathers, or someone taking care) of children aged 0-6 years, who live with their young child (or children) for some or all of the time.

Our questions are to understand better the challenges and opportunities in parenting. We encourage you to be as open as possible in your responses, to help us better frame our interventions. We will not collect your name in the form, and no

personal data will be used when we write up our results.

Participating in this survey is not a guarantee of receiving any information from DWN on ECD in the future. You will not receive any money or food in exchange for your participation in the survey. The survey should only take around 20 minutes, but you are free to end the survey at any time.

On the basis of the above, are you an adult (18 years or over) parent/caretaker of one or more children aged 0-6 years who you live with some/all of the time, and do you consent to participate in this survey? Yes/No

» Childcare at home

At what age do you think that children start learning? (answer in years)

Please ask this question openly, and see what the respondent comes up with - and fit their response to the options. If they give an age range, select the lowest age. _____

At what age do you think children should start making decisions about their own lives? For example, the food they eat, the clothes they wear/how they do their hair, how they spend their time and with whom?

Please ask this question openly, and see what the respondent comes up with - and fit their response to the options.

5 years or less	
6 to 11 years	
12 to 18 years	
Later/when the child moves out	

If you have N$ 1,000 to spend on three children, one aged 0-6y, one aged 7-15y, and one aged 16y+, how would you divide the money? Rank them from the one that you spend the most on to the one that you spend the least on.

Move the age group who would have the most spent on them to the top.

0-6 years
7-15 years
16 years +

If you have a limited amount of meat or eggs, who do you think most requires this nutrition?

Ask the question openly and arrange the options accordingly. Click on the categories to move them, with the most prioritised category at the top.

Adults
Children aged 7-17 years
Children aged 6 months to 6 years

Do male or female children and adults require more meat and eggs?

Ask the question openly and select

Females require more meat/eggs	
Males require more meat/eggs	
It is different for different age groups (e.g. children the same, adult males need more than females)	
It does not depend on the sex	

When this child (or children) was born, was s/he exclusively breastfed for at least 6 months?

Please ask this question openly, and see what the respondent comes up with - and fit their response to the options. Question is for the

specific child or children for which the parent looks after. Exclusive breastfeeding involves just milk from the breast or expressed. It does not include formula, water, porridge or any food.

Yes	
No	
It was different for different children	
I don't know	

During the last week, which of the following activities did you or a member of the household do with the child (or children)?

Read out all the options and select all that apply.

Bathe theme	
Do educational activities together (e.g. counting, reading, colouring)	
Give them a cuddle/hug	
Help them eat/feed them	
Play with them	
I don't know/none of these	

Who did most of these above activities with the child (or children)?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

Mother	
Father	
Other female children in the household	
Other male children in the household	
Other female adults in the household (including nanny)	
Other male adults in the household	
Both male and female adults together	

If your young child (or children) is upset, what do you usually do?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

I leave my child (or children) alone to feel better/ ignore them	
I ask my child (or children) what's wrong	
I ask my child (or children) what s/he needs to feel better, and try to provide it, like a hug or to go outside to run around	
If my child (or children) was upset by another child, I will punish the other child	
I tell my child (or children) to be quiet	
I give my child (or children) a treat, like a sweet/ candy	
I send my child (or children) to another adult in the home who deals with the child/children when they're upset	
I comfort my child (or children), or ask what they need to feel better and try to provide (like hug, or go outside)	
I add on/shout at child (or children)	
Sometimes, I need to hit/beat my child (or children) to make them quiet	
Other (please specify)	

If other, please provide _____

How do you express your affection/love for your child (or children)?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

I show my love for my child (or children) by providing food, shelter, clothes, education, healthcare etc	
I show my love for my child (or children) by spending time playing with her/him	
I regularly tell my child (or children) that I love her/him	
I regularly give my child (or children) hugs and kisses	
I bring my child (or children) special gifts or treats (including snacks/money) when I can so s/he feels loved	
I let my child (or children) come out with me, like for shopping	
I let my child (or children) choose what they want to do	
I think that showing affection spoils the child so I don't do it	
Other (please specify)	
Sometimes, I need to hit/beat my child (or children) to make them quiet	
Other (please specify)	

If other, please provide _____

If your child (or children) is misbehaving, what do you usually do?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

Beat her/him	
Distract her/him	
Explain to her/him why not to do it	
Ignore her/him	
Restrain her/him in one place / limit her/his movement (including grounding child, time-out without distractions)	
Say no and expect her/him to obey	
Shout at her/him	
Withdraw privileges, like coming out with me	
Child/children must spend time outside, sometimes sleep outside	
Do not feed child e.g. for one meal/whole day	
Other (please specify)	

If other, please provide _____

Do you have children's books/picture books at home? Yes/No

» During the pregnancy for this child (or children)... - please answer true or false to the following statements

	True	False
the father supported the mother financially		
the father supported the mother emotionally		
the mother attended at least four prenatal healthcare appointments at the clinic/hospital		
the mother drank alcohol and/or smoked tobacco		
the mother regularly ate healthy food (vegetables and protein)		
the mother was exposed to stress or violence		
the mother got sufficient rest		

» Sanitation

In your household, when children need to relieve themselves, where do they go?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

In our own toilet	
In the toilet of one of our neighbours	
In a community toilet	
In the riverbed/bush/oshana/field/open land where people go to relieve ourselves	

In your household, when adults need to relieve themselves, where do they go?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

In our own toilet	
In the toilet of one of our neighbours	
In a community toilet	
In the riverbed/bush/oshana/field/open land where people go to relieve ourselves	

(asked when children use different system to adults) Since children use a different system to the adults, can you explain the reasons for this in your household?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

When children defecate outside, it is not harmful like for adults	
The toilet is closed for children's safety (e.g. they might fall in)	
The children make the toilet dirty/damage the toilet	
The toilets are dirty and it's better for the children not to use them	
The toilets are too far away for children to use	
We pay for the toilet, so we don't want to pay for the children	
The children are not at risk and it's not shameful for children to defecate outside	
Other (please specify)	

If other, please provide _____

(when selected that used own/neighbour/community toilet) Since you indicated that your household visits a toilet, what type of toilet is it?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

Flush toilet/sewer system	
Flush toilet with conservancy tank/septic tank	
Pit latrine/drop/dry pit	
Flying toilet/defecate in plastic bags/bucket system	
Does not wish to answer	

(where don't select that adults/children use own toilet) Since you don't have your own toilet yet, can you outline the principal reason why not?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

We are not interested in building our own toilet - we are fine using the bush	
Money is tight and this is not a priority	
A toilet is a priority for us, and it is our next investment	
It is the responsibility of the government/municipality to construct our toilets for us	
There is no space for us to build a toilet	
The neighbours will complain about the smell	
We might move/be forced to move, so we don't want to invest in a toilet	
Toilets are not allowed according to the municipality	
We do not have access to water for a flush toilet	
Other (please specify)	

If other, please provide _____

» Information sources

Please answer true or false to the following statements, according to your beliefs:	True	False
it's good for girls and boys to play together		
children learn best when they fear the punishment		
if you ask children their opinion, they won't respect you		
beating children when they are young is a way of correcting behaviour before it's too late		
reading to babies is important for their language development		
it's the mother/female relatives who should mostly take care of the children		
the father's main role in parenting is to provide financially for the children		
if the mother hugs her son, the child will become soft		
if a boy is raised by the mother/female relatives only, then he might turn out gay		
if the father hugs his son, the child might turn out gay		
girls and boys must be raised differently (e.g. different games, chores)		
it's good for children to get immunised		
it's good for non-disabled children to play/learn with disabled children		
step-children/orphans are treated the same as biological children in the home in my community		

Where do you get information to inform your child's development and parenting?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

My/my partner's parents, uncles, aunts	
Other family/friends/neighbours	
Church	
Community leaders/traditional leaders, including village headman	
ECD educarers/teachers or trainings in the community	
Healthcare professionals e.g. at the clinic or hospital	
Television	
Radio	
Social media e.g. Facebook/WhatsApp/Tiktok	
Books	
Internet searches	
I don't get any parenting information/I parent from my own experience	
Other (please specify)	

If other, please provide _____

» Priorities and concerns

When selecting a kindergarten/ECD centre/pre-school for your child, what factors do you consider?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

Connections - knowing the ECD owner	
Cost	
Discipline from teachers - there is good discipline	
Discipline from teachers - they don't beat the children	
Educarer is welcoming and professional	
Education - how children there are supported to develop/prepared for school	
Food for the children is nutritious	
Language of instruction (e.g. English)	
Location - close to home/work	
Location - the ECD centre should be in the formal settlement	
Opening hours are long enough	
Play is possible at the centre	
Qualifications of the educarers	
Religion practised at the centre	
Safety of the children is ensured at the centre	
Size of centre/how many adults	
Structure and facilities of the building (e.g. brick, toilet)	
Surrounding area of centre (e.g. no shabeens)	
I'm not interested in sending my children to ECD centres	
Other (please specify)	

If other, please provide _____

At what age do you think children should start kindergarten? _____

Ask question openly, and complete in full years. If they give an age range e.g. 2-3 years, select the lowest age. If the parent does not think that children should go to kindergarten, ask them what age children should enter school.

What do you most want for your child (or children)?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

to be safe and healthy	
to have a job that makes good money	
to finish school/get a good education/speak English	
to grow up to help me in my work (including farm work)	
to be happy	
to have a job that they find satisfying/worthwhile	
to be able to support me financially	
to be a religious person/believe in God/go to church	
to be a supportive partner	
to be a nurturing parent	
I have no particular hopes for my child (or children) for the future	
Other (please specify)	

If other, please provide _____

What would you change, if you could, regarding the way that you raise your child (or children)?

If the respondent doesn't have an answer, you can skip to the next question.

In your community, if a child is abused, what usually happens?

Please ask this question openly, and see what the respondent comes up with - and fit their responses to the options. You can give them a few examples if they can't think of anything on their own.

It is managed within the family	
It is resolved with the village headman/traditional authority	
It is resolved with the church	
The police are called	
It is referred to the social worker/Ministry of Gender/Ministry of Health	
Nothing happens	
I don't know/never heard of a case	
Other (please specify)	

If other, please provide _____

» Respondent

Sex of principal respondent: Female / Male / Other/prefer not to say

Age of principal respondent

18-20	
20-29	
30-39	
40-49	
50-59	
60-69	
70+	

Is there a second respondent? Yes/No

Sex of second respondent: Female / Male / Other/prefer not to say

Age of second respondent

18-20	
20-29	
30-39	
40-49	
50-59	
60-69	
70+	

How many children aged 0-6 years stay in your household for some or most of the time? _____

What is the sex of the head of household: Female / Male / Our household is led by male and female members together

In the household, is there one or more person employed? Yes/No

Employed meaning regular employment, not self-employment.

Does the respondent have anything else you'd like to share on the topic of early childhood development, before we close?

Note for enumerator: after this question, you can let the respondent leave - but please finalise the end questions before closing.

Which region?

Windhoek	
Katima Mulilo	
Oshakati	
Gobabis	
Karibib	
Omaruru	
Keetmanshoop	
Oniipa	
Opuwo	

Which village/location/constituency? (drop down pops up according to region selected)

For the enumerator, name of person tapping answers on phone/tablet. (drop down pops up according to region selected)

For the enumerator, name of person asking questions. (drop down pops up according to region selected)

Location (wait until accuracy is less than 5 metres) Latitude and longitude

ANNEX C: PARENT INTERVIEW SCHEDULE

1. How are the early years of children understood by parents in your community?
   Hint: do parents think this phase is important? How?

2. How do parents in your community relate to their children, in terms of affection (showing love), discipline, and discussion around emotions?
   Hint: are there different roles for mothers and fathers, or other relatives/guardians?

3. When young children (aged 0-6 years) in your community are at home, what types of activities do they do?
   Hint: Are the parents involved?

4. If a child is upset, what are some common ways that parents in your community react? Why?
   Hint: telling child off for making noise/being upset? Dialogue around child's emotions? Caring for the child's needs, helping them find something that makes them feel better.

5. If parents in your community send their children to a kindergarten/ECD centre, what are they looking at when choosing a centre?
   Hint: Want to understand level of comprehension of the importance of the early years. proximity to home/work, cost, Vs child: educarer ratio, play-based learning, classroom management/positive discipline, child-centred ECD

6. How do parents in your community make decisions about how they parent, who/what influences them?
   Hint: parent how I was parented; role of church, education/health service providers, media/social media?

7. Do you have other observations to share regarding early childhood development in the community?

ANNEX D: FOCUS GROUP DISCUSSION SCHEDULE

1. At what age do you think that children should start at the ECD centre and why?
   Hint: get specific on the why – to prepare for school/to be with other kids...?

2. Our research found that when choosing an ECD centre, many parents will look at the knowledge of children at the centre. Can you explain the types of knowledge you think that an ECD-aged child should have, and why you think this is important.
   Hint: get specific information e.g. know days of week by age five years because.....

3. We want to know more about what happens when a young child has a disability in your community. Do parents seek or avoid getting a diagnosis? Does the child still go to ECD centre? Do the parents seek specialised help for the child?
   Hint: any kind of disability, mental, physical, sensory

4. Many young children in Namibia are raised by people who are not their biological parents. Are these kids treated differently to biological kids? In what ways?
   Hint: Get detail on this question

5. Do you think that if the mother drinks alcohol or smokes during pregnancy, it can hurt the child? In what way can it hurt?
   Hint: ask in non-judgemental way, get to understand if there is an understanding of the impacts. Break down into alcohol and cigarettes separately.

6. Do you think that children need both their parents equally? In what ways? If this doesn't happen, what are the causes for parents not both being involved?
   Hint: this is not a question about the parents staying together – coparenting is possible even if not sharing a household. Get to understand how people perceive the different roles, and what prevents both parents being active.

7. Do you have other observations to share regarding early childhood development in the community?

ANNEX E: ONLINE VISUAL PRESENTATION OF KEY DATA

Follow the link to access an online visual presentation of key data, as well as data available for download. This includes disaggregated data by region and by settlement type. It also includes data specific for Khomas region.

https://dw-namibia.org/ecd-kap-study.php

ANNEX F: SURVEY LOCATIONS

Region	Stratification	Constituency (urban) | Village (rural)	Planned surveys	Final surveys	Variation explanation
Erongo	Rural	Uis	12	12	
Erongo	Rural	Otjimbingwe	12	12	
Erongo	Rural	Omatjete	12	12	
Erongo	Urban	Swakopmund - formal	18	18	
Erongo	Urban	Swakopmund - informal	18	18	
//Kharas	Rural	Aroab	12	12	
//Kharas	Rural	Ariamsvlei	12	12	
//Kharas	Rural	Aus	12	12	
//Kharas	Urban	Keetmanshoop - formal	12	12	
//Kharas	Urban	Keetmanshoop - informal	12	12	
Khomas	Rural	Groot Aub	12	12	
Khomas	Rural	Mix settlement	12	12	
Khomas	Rural	Dordabis	12	12	
Khomas	Urban	John Pandeni	12	12	
Khomas	Urban	Katutura Central	12	12	
Khomas	Urban	Katutura East	12	12	
Khomas	Urban	Khomasdal North	12	12	
Khomas	Urban	Moses ǁGaroëb	12	16	Additional to compensate for deficit in Tobias Hainyeko
Khomas	Urban	Samora Machel	12	12	
Khomas	Urban	Tobias Hainyeko	12	8	Deficit made up with additional in Moses ǁGaroëb
Khomas	Urban	Windhoek East	12	12	
Khomas	Urban	Windhoek West	12	12	
Kunene	Rural	Kamanjab	12	11	Mistakenly one short
Kunene	Rural	Epupa	12	12	
Kunene	Rural	Okanguati	12	12	
Kunene	Urban	Opuwo - formal	12	12	
Kunene	Urban	Opuwo - informal	12	12	
Omaheke	Rural	Omitara	12	12	
Omaheke	Rural	Epukiro	12	12	
Omaheke	Rural	Aminuis - corridors	12	12	
Omaheke	Urban	Gobabis - formal	12	12	
Omaheke	Urban	Gobabis - informal	12	12	
Oshana	Rural	Okatana	12	12	
Oshana	Rural	Eheke	12	12	
Oshana	Rural	Uuvudhiya	12	12	
Oshana	Urban	Oshikati - formal	18	22	Additional to compensate for deficit in informal area
Oshana	Urban	Oshikati - informal	18	14	Deficit made up with additional in formal area
Otjozondjupa	Rural	Kalkfeld	12	12	
Otjozondjupa	Rural	Otumboromboonga	12	12	
Otjozondjupa	Rural	Kombat	12	12	
Otjozondjupa	Urban	Otjiwarongo - formal	12	12	
Otjozondjupa	Urban	Otjiwarongo - informal	12	12	
Zambezi	Rural	Omega III	12	12	
Zambezi	Rural	Sangwali	12	12	
Zambezi	Rural	Ngoma	12	12	
Zambezi	Urban	Katima - formal	12	12	
Zambezi	Urban	Katima - informal	12	12	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