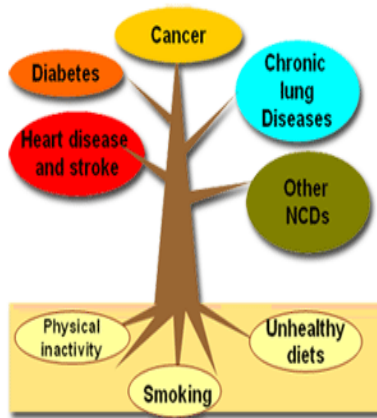


HEALTH AND SOCIAL SERVICES

SECTOR SKILLS PLAN



JANUARY 2015
DRAFT



NAMIBIA TRAINING AUTHORITY

MESSAGE FROM CHIEF EXECUTIVE OFFICER

We are pleased to present you with the Sector Skills Plan (SSP) for the health and social services (H&SS) sector. The purpose of this health and social services SSP is to devise a “roadmap” to create a skilled workforce and to improve firm-level service delivery.

Sector skills planning is a relatively new process for the Namibia Training Authority (NTA). We have therefore adopted a developmental approach to this process. We have aligned the SSP with existing H&SS sector strategies. The development of the *National Health Policy Framework (NHPPF)* has been informed by *Vision 2030*, the *National Development Plan 4*, the *Ministry of Health and Social Services Strategic Plan 2009 –2013*, the *National Human Resources Plan: 2010-2025*, the *Millennium Development Goals* as well as from programme and health sector reviews for inclusive growth and development of the country. The SSP is intended to provide vital intelligence and recommended actions for implementing skills development in the H&SS sector.

Over the last few months we have consulted widely with stakeholders. Many who attended our workshops and focus group sessions participated enthusiastically in the SSP deliberations. We are very encouraged by this, and would like to build strong stakeholder partnerships. The SSP is a living document that should be subject to continuous change and improvement. It should be owned by the sector stakeholders.

We have asked the research team to produce a user-friendly plan that will be easily read, understood and applied. The intention is not to write a thesis or peer-reviewed academic journal, but rather to produce a document that will be used by all interested organisations and individuals. We want practitioners and managers in the workplace to read the document. We will achieve this without compromising the integrity of the research.

The primary target audience are employers, managers, unionists, public policy-makers and planners, researchers, career counsellors and education managers as well as others who have an interest or stake in this sector.

We have made a strong start by putting a workable plan on the table for skills development in the H&SS sector. We are committed to improving the skills of workers and new entrants. Let's join hands and take this sector to new heights.

We hope you contribute to the further development of the SSP in future iterations.

Best wishes!

Ms Ester Anna Nghipondoka
Acting Chief Executive Officer
Namibia Training Authority

ACRONYMS

COSDEC Community Skills Development Centre

H&SS Health and Social Services

HET Higher Education and Training

HPCNA Health Professionals Councils of Namibia

ISC Industry Skills Council

KPF Key Priority Fund

MoHSS Ministry of Health and Social Services

NQA Namibia Qualification Authority

NTA Namibia Training Authority

NTF National Training Fund

SSP Sector Skills Plan

VET Vocational, Education and Training

VTC Vocational Training Centre

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1. SECTOR PROFILE

1.1 INTRODUCTION

The health and social services SSP is a “roadmap” to address skills development priorities in the sector. It focuses on profiling the sector, identifying skills in demand, analysing supply-side education and training provision, determining skills priorities and putting together an action plan for improving the skills profile of the workforce.

The SSP serves as a guiding framework for the NTA, employers, trade unions, training providers, public entities, civil society, international partners and local communities to spell out the priorities for upskilling workers in the H&SS sector.

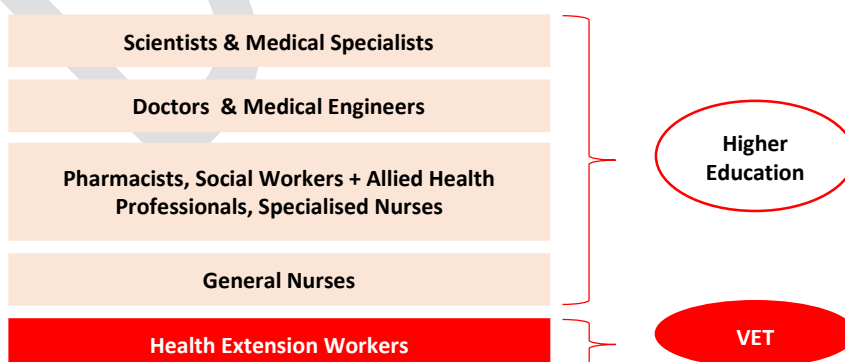
The NTA has established a designated Industry Skills Council (ISC), consisting of sector representatives, to oversee and ensure that the SSP resonates with the skills priorities of the sector.

1.2 VET FOCUS

This SSP is developed under the banner of the NTA which is tasked with the responsibility of arranging an efficient, effective and sustainable Vocational Education and Training (VET) system aligned with the current and future skills needs of the labour market. The NTA seeks to ensure access, equity and quality in VET in the country.

Therefore, this SSP focuses on VET which is the mandate of, and VET levy window for, the NTA. Higher Education and Training (HET) will be mentioned briefly, but only to ensure that the sector is viewed in its totality.

In terms of occupational levels, the SSP will focus on health extension workers, otherwise referred to as auxiliary workers:



It should be noted that although key occupations are in the HET, the SSP will focus on VET.

1.3 SECTOR DEFINITION

The *International Standard Industrial Classification of All Economic Activities (ISIC)*¹ describes the scope of industry coverage for H&SS as follows:

DESCRIPTION
Human health activities
Hospital activities; Medical and dental practice activities; and other human activities
Residential care activities
Residential nursing care facilities; Residential care activities for mental retardation, mental health and substance abuse; Residential care activities for the elderly and disabled; and Other residential care activities.
Social work activities without accommodation
Social work activities without accommodation for the elderly and disabled; and Other social work activities without accommodation
Source: UNO Revision 4, 2008

1.4 SECTOR CHARACTERISTICS

Broadly, the characteristics of the sector are as follows:

- Upon independence, Namibia inherited a fragmented health system based on racial segregation, and marked by a concentration of infrastructure and services in urban areas.
- Since independence, a number of health sector reforms have taken place based on the Primary Health Care approach, and there has been a significant increase in the coverage of various services.
- The country has a large, dispersed and complex health infrastructure network consisting of about 1 150 outreach points, 265 clinics, 44 health centres, 30 district hospitals, 3 intermediate hospitals and 1 national referral hospital, as well as various social welfare service points. The public health sector is structured in a three-tier hierarchy with central, regional and district levels. The central level has devolved authority to 13 Ministry of Health and Social Services (MoHSS) regional directorates and 34 districts.
- Health remains one of the key priorities of the Government, thus receiving a relatively high share of funds from the public purse, and is now the leading priority area for donors, accounting for 79% of all donor disbursements in Namibia.
- Major health development challenges include a high HIV/AIDS prevalence and a concomitant tuberculosis epidemic; a significant burden of malaria; an increasing maternal mortality ratio and stagnating reduction of under-five mortality. Major causes of morbidity among children under five years of age are respiratory diseases

¹ United Nations, 2008, ISIC, Revision 4

and diarrhoea. Child malnutrition is very high, with 29% of children stunted, 17% underweight and 8% wasted.² There is, however, a high antenatal care attendance 95% (for at least 1 visit) and 81% of births occur in health facilities.³

- Skilled human resources are scarce and unevenly distributed between the public and private sector as well as urban and rural areas. 72% of doctors in Namibia are in the private sector and a little less than 50% of the registered nurses.
- The MoHSS is implementing the National Strategic Plan (2009 - 2013), which is in line with other national development policies and frameworks. The country has embarked on a series of public health reforms, aimed at improving access to affordable and quality health care for all Namibians.
- The government mainly provides health services (80%), while private-not-for-profit (7%), and private-for-profit sectors (12%) provide the rest. There is a contractual arrangement between government and private-not-for-profit (faith-based organisations) for financing operating costs⁴.
- There is also active participation of relevant UN agencies, and other national and international health partners in health development⁵.
- The MoHSS is the main implementer and provider of public health services with a four tier system: outreach points (1150), clinics and health centres (309), district hospitals (29) and intermediate and referral hospitals (4).

1.5 MAJOR INDUSTRY ROLE-PLAYERS

Health care in Namibia is a complex mix of public and private elements. The major role-players are the following:

ROLE-PLAYERS		
Government of Namibia	Health Insurance Industry	Training Providers
Ministry of Health and Social Services	Private Health Providers	Patients
Ministry of Gender Equality and Child Welfare	Public Health Providers	Public Health Care Employees and trade unions
Ministry of Agriculture, Water and Forestry	Professional Bodies	Civil Society (NGOs and Faith-based Organisations)
National Planning Commission	International Donors	

² World Health Statistics 2013, WHO.

³ Ibid.

⁴ Republic of Namibia Ministry of Health and Social Services, National Strategy and Action Plan for the Elimination of New Paediatric HIV infections and keeping their mothers alive 2012/13-2015/16

⁵ Ministry of Health and Social Services, National Health Policy Framework, 2010-2020

Civil society is the largest role-player in the H&SS sector. For instance, the Civil Society Foundation of Namibia (CSFN) has 1060 civil society organisations on our database comprising: non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), Welfare organisations, and Not for profit organisations.

The main areas of operation comprise:

- Rural development
- Health and social services (including HIV and AIDS, home-based care, child care and early childhood development, orphans and vulnerable children (OVCs), vulnerable senior citizens)
- Poverty Reduction (incl. Soup kitchens, feeding schemes, OVCs)
- Environment and tourism (conservancies, community game guards, etc)
- Agriculture
- Water and Sanitation
- Energy and Renewable Resources
- Economic and social justice, (including human rights, gender issues)
- Governance and democracy
- Education, training, skills development (with a lot of emphasis on becoming self-employed – home based sewing, cookery, catering, fundamental computing skills, SME management, etc)

1.6 GOVERNMENT POLICIES

Major public policy outlines are the following:

- The ***National Health Policy Framework 2010 – 2020***⁶ emphasises the right of all Namibians to enjoy good health through access to primary care and referral level services according to need so that they can lead economically and socially productive lives.
- ***National Strategy and Action Plan for the elimination of new Paediatric HIV infections and keeping their mothers alive- 2012/13 – 2015/16***⁷ has the following goal: to eliminate new paediatric HIV infections and improve the survival of children and their mothers within the context of HIV infection.
- ***Strategic Plan for Nutrition 2011–2015***⁸ emphasises the need to improve the nutritional status of the Namibian population, with special emphasis on children, women and people living with HIV and TB.

⁶ Ministry of Health and Social Services, National Health Policy Framework, 2010-2020

⁷ Ministry of Health and Social Services, National Strategy and Action Plan for the elimination of new Paediatric HIV infections and keeping their mothers alive- 2012/13 – 2015/16

⁸ Ministry of Health and Social Services, Strategic Plan for Nutrition 2011–2015

- **Vision 2030**⁹ places emphasis on the country to be free of the diseases of poverty and inequality; the majority of Namibians living healthy lifestyles and equal access to a comprehensive preventive and curative health service. The constitution of the Republic of Namibia emphasizes equitable access to basic social welfare and health care as a right of every citizen.
- **Millennium Development Goals:** The following Millennium Development Goals specifically address nutrition: *Goal 1* - Eradicate extreme poverty and hunger; *Goal 4* - Reduce child mortality; *Goal 5* - Improve maternal health; and *Goal 6* - Combat HIV/AIDS, malaria and other diseases.
- **National Development Plan 4 (NDP4)**¹⁰ emphasises the importance to further enhance all citizens' quality of life and provide the economy with a productive workforce. By 2017, it is anticipated that all Namibians will have access to a quality health system, both in terms of prevention, cure, and rehabilitation, characterised by an improvement in healthy adjusted life expectancy from baseline 57 (2011) to 59 in 2017.

1.7 SECTOR CHALLENGES

The sector is faced with the following challenges:

- The main challenge is to continue to provide public funding for securing universal health coverage.
- There are 3 health workers per 1000 people in Namibia, a ratio a bit above the World Health Organisation recommendation. However, this number ignores a shortage in the public sector which has barely 2 health workers per 1000 people.
- The human resource crisis in the Namibian public health sector is characterised by a shortage of health professionals, high vacancy rates for all categories of staff, high attrition rates (mostly due to resignations), lack of a human resources retention strategy, staff burn-out and inadequate capacity at local health academic institutions to produce the required number of needed health workers.¹¹
- Disability is a major concern in Namibia in terms of accessibility, social equality, employment, training opportunities and educational provision.
- HIV/AIDS will continue to be the most important challenge with substantial efforts required to stem the transmission.
- Infectious diseases are still major contributors to the burden of disease, as are the health problems related to pregnancy and delivery and infancy and childhood.

⁹ Office of the President, 2004, Vision 2030

¹⁰ Office of the President, undated, NDP 4

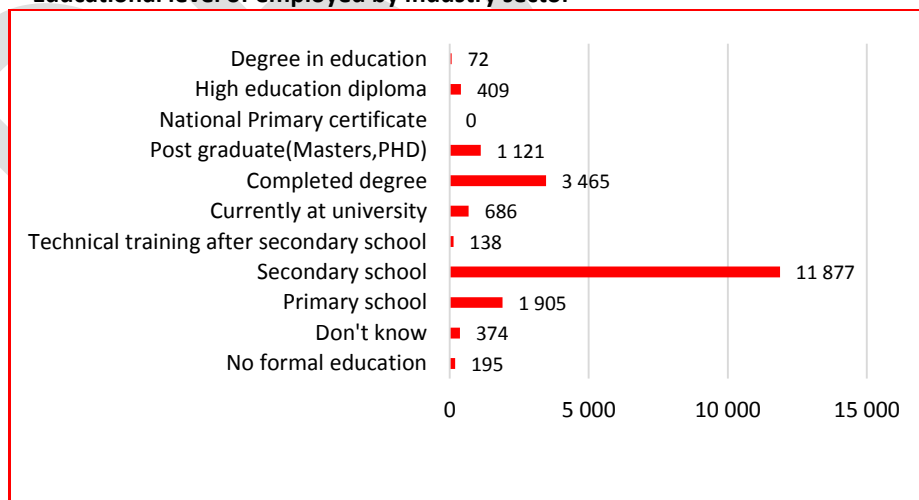
¹¹ Ibid.

- Other challenging factors include: malnutrition, sanitation, education, infrastructure and poverty. For example, stunting, largely due to malnutrition, is a major issue in Namibia, affecting around 30% of under 5s in Namibia.
- Efforts are being made to build capacity and skills of health workers to provide quality essential services to mothers during pregnancy and after delivery.
- Non-communicable diseases and lifestyle related diseases are becoming more common.
- There is a need to build institutional capacity to deliver services efficiently in civil society organisations in areas such as organisational development, finance, marketing, HR, governance, risk and project management, to list a few.

1.8 LABOUR MARKET PROFILE

- There are 20 242 employed workers in the H&SS industry sector which effectively comprises 3.2% of the total employed labour force¹².
- If we look at employment by educational attainment of the H&SS workforce, the figure below reveals the following:

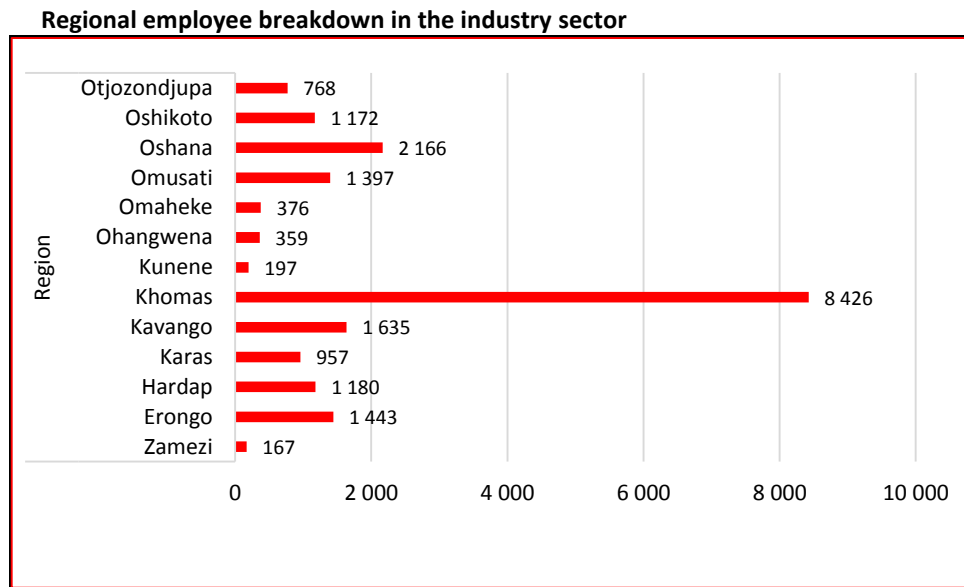
Educational level of employed by industry sector



Source: Namibia Statistics Agency, Labour Force Survey (2012)

¹² Namibia Statistics Agency, Labour Force Survey (2012)

- The regional employee breakdown is reflected in the figure below:



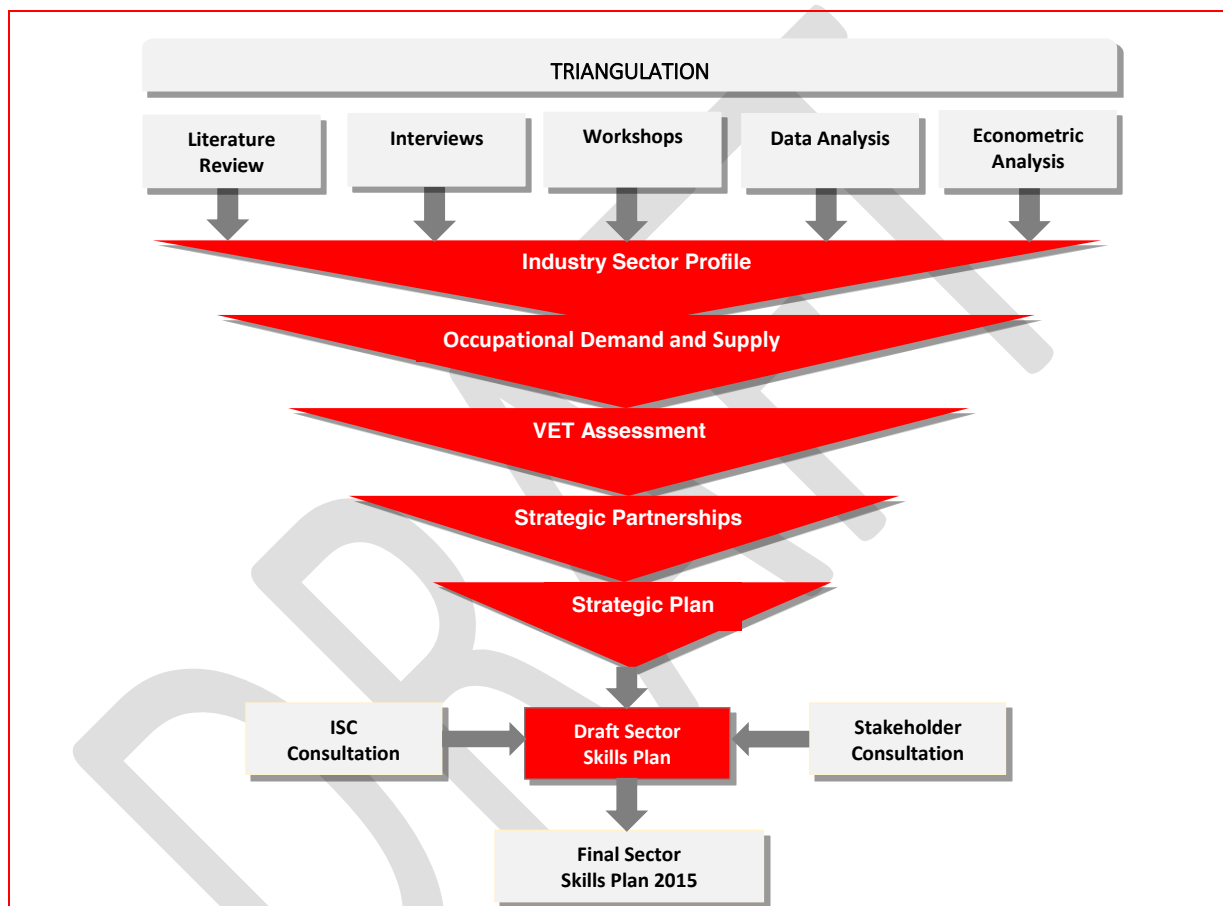
Source: Namibia Statistics Agency, Labour Force Survey (2012)

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1.9 RESEARCH DESIGN AND METHODOLOGY

A well-considered research design, using appropriate methods, is essential to identify and anticipate occupational shortages in designated industries. The design is based on a mixed method approach, which brings together different research methods. This approach uses qualitative and quantitative research techniques.

The research design was set out as follows:



- Multiple data sources were used in order to identify occupational shortages and skills gaps in the labour market.
- Information was gathered on the occupational labour market, demand and supply of occupations, skills gaps, VET assessment and strategic partnerships to develop a strategic plan for the industry sector.
- Stakeholder consultations took place at all stages in the SSP development cycle.

2. SKILLS DEMAND

2.1 INTRODUCTION

This section examines the demand for skills in the H&SS sector. Attention is given to the various types of occupations and training programmes needed in the sector. The purpose of this section is to determine the extent of skills demand for particular occupations and training programmes.

As mentioned earlier, the focus of this SSP is on VET. Where HET issues are discussed, it is intended for completeness of the plan.

The health sector is a personal services industry and such services are both resource- and time-intensive. Effective healthcare services can only be rendered if the sector has adequate skilled human resources with the appropriate skills content. As the demand for health services increases, so too does the demand for human resources in the sector.

In a resource-constrained environment with enormous demands for healthcare, the country needs to develop skills to deliver services cost-effectively. This need will impact directly on the quantitative demand for people in specific occupations and professions and on the skills required of them.

This section provides information on skills demand or skills shortages for 2015 and 2020. These findings are supplemented by interviews, meetings, workshops and a literature study with a view to provide a holistic picture of skills shortages in the industry sector.

2.2 OCCUPATIONS (HET)

Health professionals are the backbone of health and social service delivery. They fall exclusively in the HET band requiring a minimum of 3 to 6 years tertiary education depending on the occupation. Namibia has a critical shortage of human resources at this level in the sector.

The expansion of primary health care has placed a focus on developing a growing professional cadre for the sector. According to the MoHSS¹³, the following training programme has been set up till 2017:

Type of Training	2013	2015	2017	Total
Medical Undergraduates	250	250	250	750
Postgraduate Training	20	30	50	100
Medical Specialists	2	11	12	22
Registered Nurses	270	270	270	810
Specialised Nurses	50	50	50	150
Medical Engineers	50	50	50	150
Medical Technicians	75	75	75	225

Source: MoHSS. 2014. Roadmap

¹³ Ministry of Health & Social Services. 2014. Roadmap. Directorate: Policy, Planning and Human Resource Development, 31 March. Windhoek.

Further discussions with the Health Professionals Councils of Namibia (HPCNA) revealed a need for the following skilled health care practitioners¹⁴:

Occupations
Dentists
Dental specialists
Dental Technicians
Registered nurses
Enrolled nurses
Nursing Assistants
Nursing Educators
Medical practitioners
Medical specialists
Medical technologists
Pharmacists
Physiotherapists
Professional nurses
Radiographers
Financial managers
ICT / IT Managers
Pharmacists
Pharmacist Technicians
Retail Dispensary Assistants
Optometrists
Occupational therapists
Physiotherapists
Radiographers
Speech / Hearing Therapists
Environmental Health Officers
Psychologists
Social Workers
Ambulance Officers and Paramedics
Veterinary specialists
Veterinarians
Dieticians

¹⁴ Interview with the following from HPCNA

2.3 OCCUPATIONS (VET)

Occupations that fall within the VET band are needed in the provision of H&SS. The sector requires well-trained cadres that undertake elementary, but vital, services. Such support workers should possess a basic general knowledge and undertake a limited number of straightforward tasks under direct supervision or according to established protocols or procedures, or systems of work.

Some of the occupations identified at workshops by experts in the sector are indicated below:

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VET LEVEL OCCUPATIONS (HEALTH EXTENSION WORKERS)	Family Medicine	Emergency Rescue Services	Dental Care	Nursing	Healthcare Services	Social Services	Administration
Technical Assistant (Level 5) 18 to 24 Months Diploma Direct Entry from High School or Certificate or RPL	Health Practice Manager <i>(Diploma in Health Practice Administration)</i>	Emergency Care Technician <i>(Diploma in Emergency Care)</i> Paramedic - Advanced Life Support <i>(Diploma in Advanced Life Support)</i>	Dental Technician <i>(Diploma in Dental Assistance)</i> Dental Hygienist <i>(Diploma in Dental Hygiene)</i>	Phlebotomist <i>(Diploma in Phlebotomy Technique)</i> General Nurse <i>(Diploma in General Nursing: Bridging)</i>	Laboratory Technician <i>(Diploma in Laboratory Assistance)</i> Pharmacy Technician <i>(Diploma in Pharmacy Assistance)</i> Health Care Worker <i>(Diploma: Health Care Work)</i> OHSE Practitioner <i>(Diploma Occupational Health, Safety and Environment)</i>	Social Auxiliary Worker <i>(Certificate in Social Auxiliary Work)</i>	Administrative Assistant <i>(Diploma in Administration Assistance)</i>
Health Extension or Support Worker (Levels 1 to 4) 12 Months Certificate Direct Entry from High School or RPL	Health Practice Administrator <i>(Certificate in Health Practice Administration)</i> Medical Rehabilitation Worker <i>(Certificate in Medical Rehabilitation)</i>	Emergency Care Practitioner <i>(Certificate in Emergency Care: Basic or Intermediate)</i> Ambulance Driver <i>(Advanced Driving Skills Certificate)</i>	Dental Assistant <i>(Certificate in Dental Assistance)</i>	Nursing Auxiliary <i>(Certificate in General Nursing: Auxiliary)</i> Enrolled Nurse <i>(Certificate in General Nursing: Enrolled)</i>	Laboratory Assistant <i>(Certificate: Laboratory Assistance)</i> Pharmacy Assistant <i>(Certificate: Pharmacist Assistance)</i> Beautician <i>(Certificate in Beauty)</i> Hair-dresser <i>(Certificate in Hair Dressing)</i> Health Care Worker	Palliative Care Worker (L1 to 3)	Administrative Assistant Receptionist <i>(Certificate in Office Administration Assistance)</i>

VET LEVEL OCCUPATIONS (HEALTH EXTENSION WORKERS)	Family Medicine	Emergency Rescue Services	Dental Care	Nursing	Healthcare Services	Social Services	Administration
					(Certificate: Health Care Work) Community Health Worker (Certificate in Community Health Work) Child and Youth Care Worker (Certificate in Child and Youth Care) Healthcare Cleaner (Certificate in Cleaning) Dietician Assistant (Certificate for Dieticians) OHSE Officer (Certificate: Occupational Health, Safety and Environment)		

3. SKILLS SUPPLY

3.1 INTRODUCTION

This section examines the supply of skills to the H&SS sector. The primary focus will be the types of programmes offered by education and training providers to the sector. Where possible, enrolment and graduate numbers will be provided. The purpose of this section is to determine the adequacy of skills supply to the sector in the context of skills demand considerations.

As mentioned in earlier sections, the focus of this SSP is on VET. Where HET issues are discussed, it is intended for completeness of the plan.

3.2 HEALTH PRACTITIONERS

The HPCNA consists of 5 Councils – namely – Medical and Dental Council, Nursing Council, Social Work and Psychology Council, Allied Health Professions Council and Pharmacy Council.

These Councils have collectively registered 16 008 health practitioners, almost all of which come from HET.

The following health care workers with VET level qualifications are registered with the HPCNA out of the 16 008 members:

VET LEVEL OCCUPATIONS	NUMBERS
Emergency Care Practitioner (Basic)	588
Emergency Care Practitioner (Intermediate)	162
Student Emergency Care Practitioner (Intermediate)	37
Emergency Care Technician	29
Student Emergency Care Technician	30
Environmental Health Practitioner	183
Student Environmental Health Practitioner	48
Medical Rehabilitation Worker	15
Paramedic (Advanced Life Support)	35
Student Paramedic (Advanced Life Support)	33
Pharmacy Assistant	267
Student Pharmacy Assistant	79
TOTAL	1506

3.3 TRAINING PROVIDERS AND PROGRAMMES

Namibian Institutions and their programmes are accredited by the Namibia Qualifications Authority (NQA). As at 11 November 2014, the following institutions offering H&SS related programmes¹⁵ at VET level are accredited by the NQA in terms of the *Institutions or Organisations (Act 29 of 1996) and Government notice 124, August 2006*.

Institution	Programme	NQF Level
DAPP (Development Aid from People to People) Vocational Training School	Diploma in Community Development (ABMA)	4
	Diploma in Community Development (ABMA)	5
International University of Management (IUM)	Certificate of Administration: HIV/AIDS Management	5
Philippi Trust Namibia	National Certificate in Counselling Services (Community Counselling) Engage in Counselling with people on HIV and AIDS	3 Unit Standard
Shadonai Beauty School	Certificate: Basic Nutrition	4
Philippi Trust Namibia	National Certificate in Counselling Services (Level 3) (Community Counselling) Engage in Counselling with people on HIV and AIDS (Unit Standard)	3

The following training providers and H&SS related programmes are registered and accredited on the NTA list of accredited providers and programmes as at May 2013¹⁶.

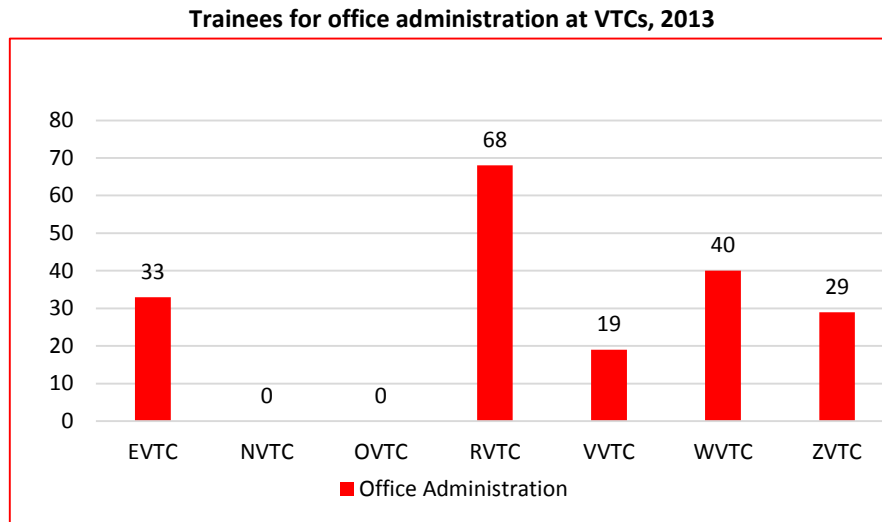
Institution	Programme
Bayteck Fire Namibia	Certificate: Basic Fire Fighting Awareness Certificate: Health and Safety Representative
National Health Training Centre	Certificate: Enrolled Nurse/Midwifery
National Occupational Safety Association of South Africa (NOSA)	Basic Safety, Health and Environmental (SHE) Inspections Safety, Health and Environmental (SHE) Inspections General Health and Safety Training Preliminary Incident Investigation Incident Investigation Instructional Technology in Safety (IT IS) NOSA Auditors course Office Administration Safety representative Training Safety Management training Workplace Risk Assessment

¹⁵ This list excludes support programmes for the health and social services sector such as office administration, business management, IT, etc.

¹⁶ Ibid.

3.4 VOCATIONAL TRAINING CENTRES

- The VET system is implemented with the intention of addressing skills shortages in the country, particularly technical skills at elementary and support levels.
- VET providers in Namibia consist of both state and private institutions.
- The NTA currently oversees the Vocational Training Centres (VTCs). Until a few years ago, vocational training was not yet in the focus of the Ministry of Education and substantially underfunded. Even though this has changed recently, most vocational training is still carried out informally in the enterprises without any formal qualification diploma issued for the learner or quality standards being set.
- Graduates of public and private VET institutions generally transition directly to the labour market.
- In addition, Community Skills Development Centres (COSDECs) graduates also seek employment. However, COSDECs offer mainly unaccredited skills programmes.
- We have examined the business plans (2014-2017) of the 7 public VTCs, namely:
 - Eenhana VTC;
 - Nakayale VTC;
 - Okakarara VTC;
 - Rundu VTC;
 - Valombola VTC;
 - Windhoek VTC; and
 - Zambezi VTC.
- It appears that none of the VTCs cater for core training in the H&SS sector. The only programmes offered can best be described as that of a support nature such as the following: office administration & information communication technology.
- Enrolments at VTCs for office administration is the only programme that is relevant to the H&SS sector. This data for 2013 is supplied by the NTA below:



Source: NTA, 2013

The figure above reveals the following:

- the enrolments at the VTCs is very low, with two colleges not having any trainees in office administration;
- the very low trainee enrolments at level 3 is an indication that the graduate throughput rates is also going to be low, hence the shortage of qualified VET graduates entering the labour market; and
- this situation further exacerbates the present skills shortage in the H&SS sector.

4. SKILLS DEVELOPMENT PRIORITIES

4.1 INTRODUCTION

Based on the findings of section two (Skills Demand) and section three (Skills Supply), this section outlines skills development priorities for the H&SS sector. There are a myriad of challenges facing the sector which will be too numerous to mention. Therefore, the emphasis in this section is to focus on priority skills development challenges.

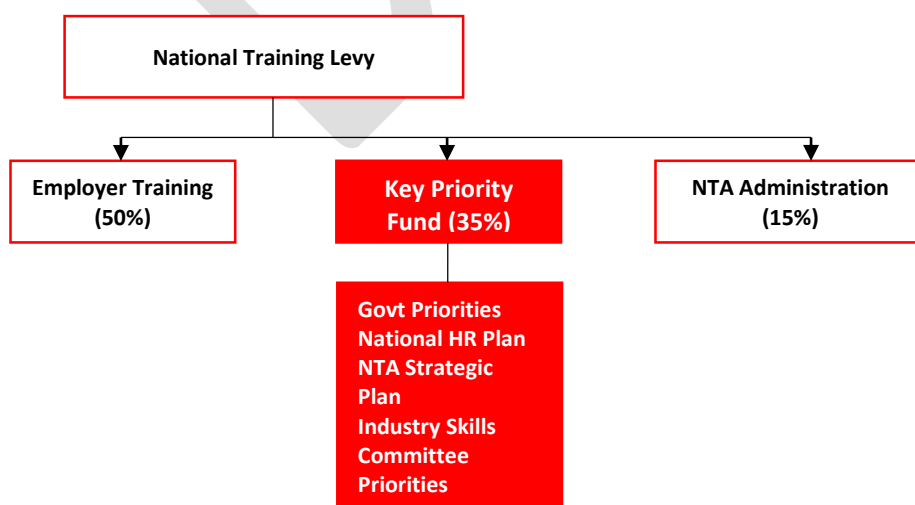
As mentioned in earlier sections, the focus of this SSP is on VET. Where HET issues are discussed, it is intended for completeness of the plan.

4.2 VET LEVY

The VET Act 2008 makes provision for the establishment of a National Training Fund (NTF) which imposes a training levy of 1.5% on employers' total payroll. Employers operating within the borders of Namibia with an annual payroll of N\$ 350,000 or more are subject to the payment of the levy. The fund may only be applied to (Section 26):

- Provide financial and technical assistance;
- Fund VET programmes and projects;
- Fund expenditure incurred by the NTA in the performance of its functions;
- Fund any other expenditure by the NTA or the Board in performing its functions; and
- Fund any other expenditure authorised by the Act.

The NTF works as follows:



- Employers pay levies of 1.5% of their payroll between September and March.
- Employers are reimbursed 50% of their payroll on submission of training evidence in April.
- All unclaimed employer training monies and 35% of National Training Levy are apportioned to the Key Priority Fund (KPF) for sector skills priorities.
- This SSP will inform the KPF to improve the skills base and productivity of the sector.
- Employers are expected to use their employer training levy wisely to benefit employees, since the KPF is earmarked for projects sector-wide.

4.3 SKILLS DEVELOPMENT CHALLENGES

CHALLENGE 1: DEVELOP OCCUPATIONALLY-DIRECTED PROGRAMMES WITH CLEARLY FORMULATED CAREER PATHWAYS

- The VTCs are currently not geared to provide education and training services for the H&SS sector in Namibia. The only programmes they offer are office administration and ICT which is not the core activity of the sector. These institutions do not appear to provide any core programmes needed in the sector at a VET level.
- We therefore propose that VTCs should be encouraged to offer occupationally-directed programmes at the VET level. Such programmes should be part of a career pathway that would enable health care workers to progress to higher levels in the occupational hierarchy.
- It has become necessary to apply a career pathways approach to meeting the needs of low-skilled workers. Traditional Adult Basic Education programmes help individuals improve their basic skills, but may not provide occupationally focused education and training that equips individuals for the labour market.
- As a start, we have identified 13 programmes that should be offered by VET institutions to ensure alignment with the skills needs of employers in the sector:

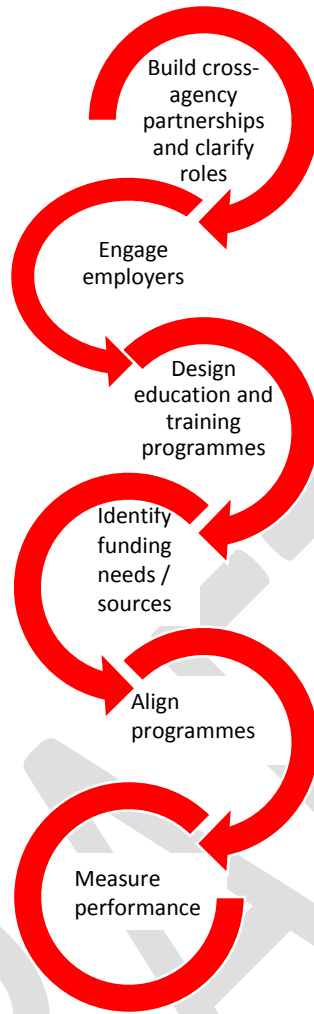
No	Qualification Description	NQF Level	Duration (Years)	Occupation
1	Certificate in Social Auxiliary Work: A Social Auxiliary Worker provides assistance and support to social workers with the promotion of social change, problem solving in human relationships and the empowerment and liberation of people to enhance social well-being under the guidance and supervision of the social worker. Duties can also include administrative work.	4	1	Social Auxiliary Worker
2	Certificate in Occupational Health, Safety and Environment: Provides learners with a broad understanding and knowledge of Occupational Health, Safety and Environment (OHSE) which will enable them to function in a safe and healthy workplace.	4	1	OHSE Officer
3	Certificate in Child and Youth Care Work: The child and youth care professional is responsible for using their expertise to maintain and secure a healthy and safe environment that will help children and youth reach their full potential. The most important function, however, is to take care of the children's emotional needs. Children in children's homes and places of safety need extra love and reassurance to help them recover from their traumatic experiences.	4	1	Child and Youth Carer
4	National Certificate: Community Health Work: Community Development Workers are special public servants who are undergoing training to enable them to enter communities and households, engage with citizens and determine what services are needed, to ensure that these services such as welfare, health, housing, education and training are accessible.	4	1	Community Health Worker
5	Ambulance/Emergency Care Work: An ambulance/emergency care worker resuscitates and stabilises the condition of critically ill or injured persons by applying emergency care. At the scene of an emergency, such a person would examine both the patient and the situation to decide upon appropriate treatment, which includes basic life-support and treatment of wounds and fractures. The patient is transported to hospital by ambulance and receives the necessary care. Basic Ambulance Course + 6 months + Ambulance Emergency Assistant (AEA) course.	n/a	4 weeks + 11 weeks	Emergency Care Worker
6	Certificate in Auxiliary Health Work: The auxiliary health worker is educated in basic patient-care skills such as simple massage, dispensing non-prescription medicines and giving nutritional advice. The auxiliary health worker can either serve the community on a voluntary basis or can work for large hospitals or clinics. Physiotherapists and occupational therapists also require assistants and offer programmes which will equip the worker to undertake basic therapy. In-service training programme (one year) comprising both lectures and clinical practice is available.	4	1	Auxiliary Health Worker
7	Certificate in Dental Assistance: Dental assistants are trained in dentistry techniques to assist dental practitioners. Among other things, the dental assistant will	4	1	Dental Assistant

No	Qualification Description	NQF Level	Duration (Years)	Occupation
	prepare and sterilise dental equipment, meet the patient, prepare them for treatment and assist the dentist by passing the instruments and take and develop X-rays.			
8	Certificate in Disabled Assistance: This course is for people who want to work with people with disabilities in the community and/or in residential facilities. It will focus on activities related to the maintenance of an individual's personal care and/or other activities of daily living. Learners will also develop skills and knowledge in meeting personal care needs, behaviour support, individual health and emotional wellbeing, OHS, the empowerment of people with disabilities and community participation and inclusion.	2	1	Disabled Care Worker
9	Certificate in Auxiliary Nursing: A Nursing Auxiliary performs basic nursing tasks under the supervision of a registered nurse. Among other things, the nursing auxiliary carries out nursing procedures on a less specialised level, takes care of the ill, injured and weak and is involved in health guidance and counselling. A nursing auxiliary or healthcare assistant forms part of a team of professional workers such as nurses, doctors and other medical personnel.	4	1	Auxiliary Nurse
10	Enrolled Nurse: Two year training at a nursing college.	5	2	Enrolled Nurse
11	Certificate for Pharmacy Technicians: A pharmacy technician is one who does pharmacy related work under the direct supervision of a licensed pharmacist. Pharmacy technicians often do the routine tasks associated with preparing prescribed medication and providing drugs to patients. However, licensed pharmacists check all medications before they go to the patient, and only pharmacists may counsel patients on the proper use of medications.	5	1	Pharmacy Technician
12	Certificate in Phlebotomy Techniques: Phlebotomy is the science of drawing blood. The primary function of a phlebotomy technician is to obtain patient blood specimens by veni-puncture or micro-techniques. The phlebotomy technician aids in the collection and transportation of other laboratory specimens, and may be involved with patient data entry. A phlebotomy technician also draws blood for transfusions, donations and analysis.	4	1	Phlebotomy Technician
13	Cleaning and medical waste products Trained to offer cleaning services in a health care environment. Cleaners should also be able to handle medical waste products. In-service training required.	n/a	3 months	Cleaner

- Career pathway-oriented workforce development has the goal of increasing individuals' educational and skills attainment and improving their employment outcomes while meeting the needs of local employers and growing sectors and industries.
- Career pathway programmes offer a clear sequence, or *pathway*, of education coursework and/or training credentials aligned with employer-validated work readiness standards and competencies. This systems approach makes it easier for people to earn industry-recognised credentials (through more flexible avenues and opportunities for relevant education and training) and to attain marketable skills so that they can easily find work in growing careers. These comprehensive education and training systems are particularly suited to meet the needs of working learners and non-traditional students.
- Career pathway programs feature the following characteristics:

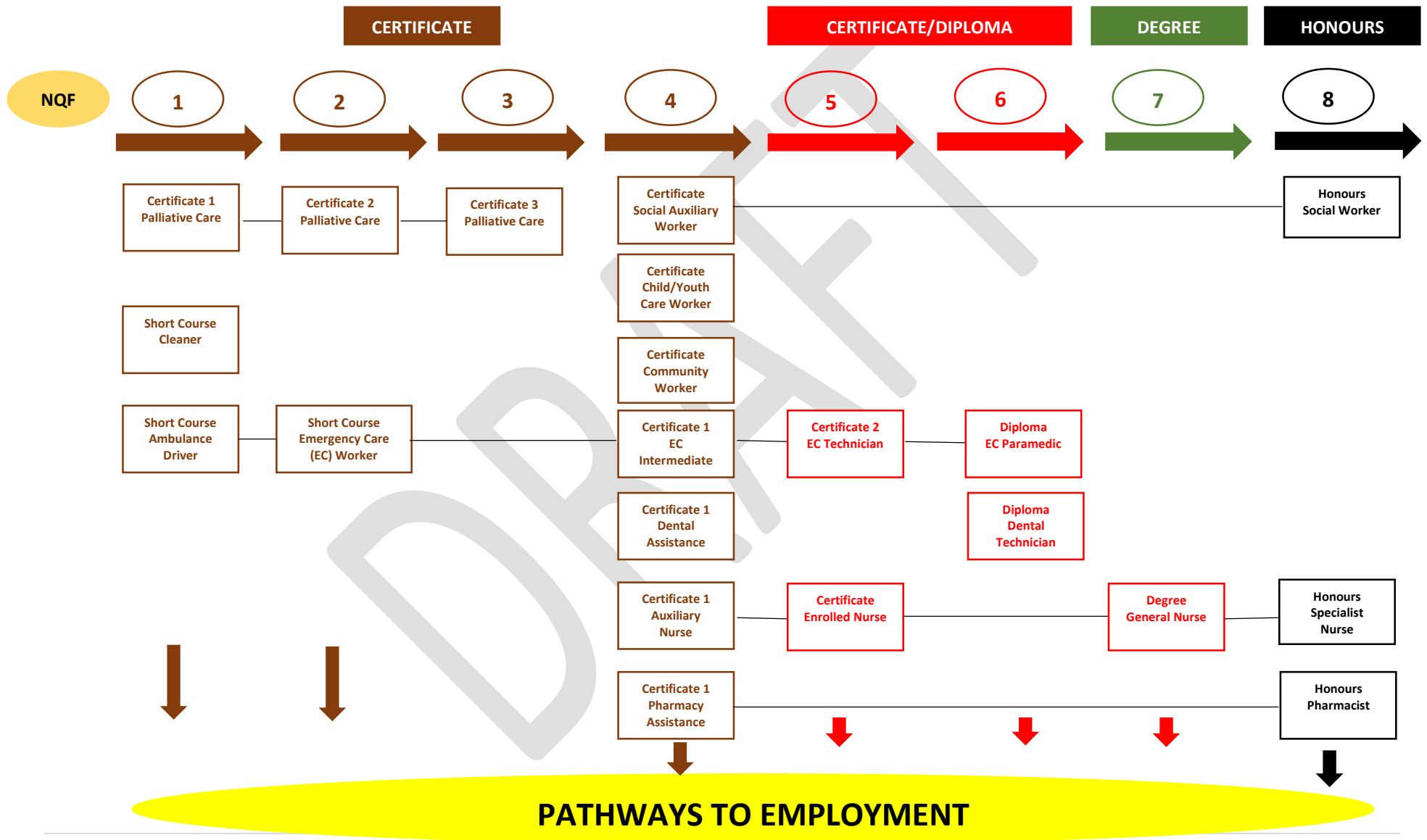


There are *Six Key Elements of Career Pathways* that help to guide ISCs through the key steps necessary for developing a comprehensive career pathways system:



- A proposed career pathway for H&SS workers at VET level is presented below:

H&SS CAREER PATHWAYS

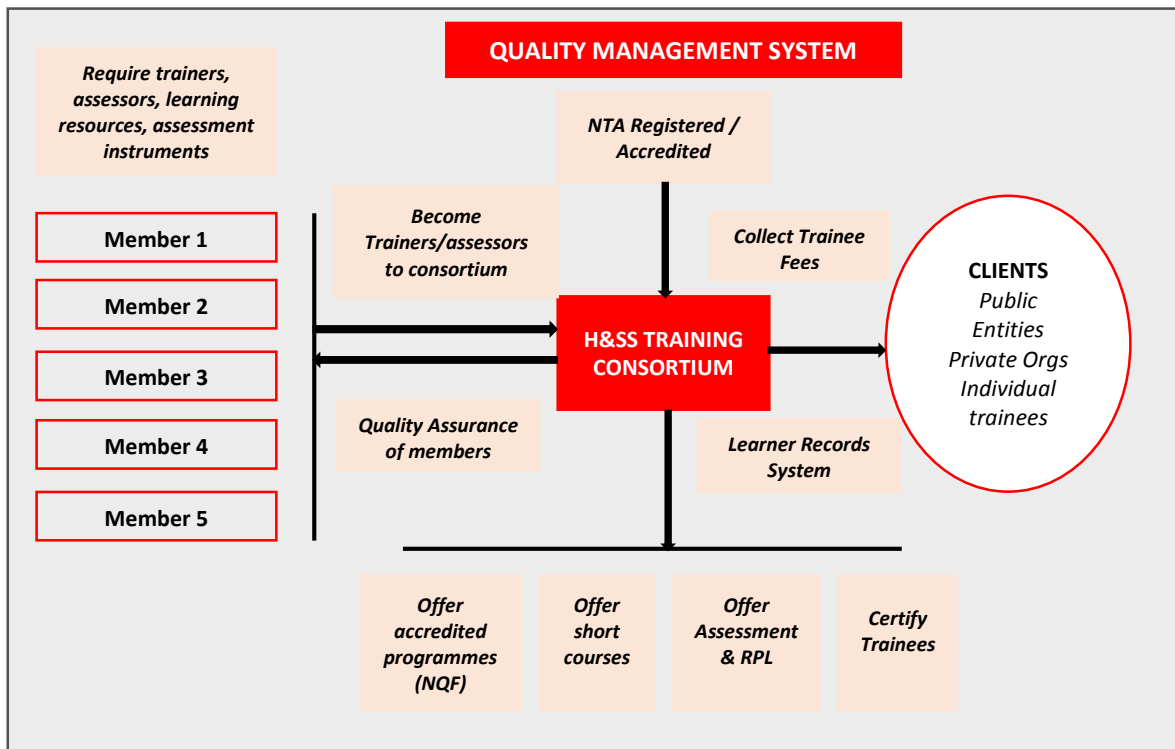


CHALLENGE 2: CREATE A CONSORTIUM OF TRAINING PROVIDERS TO ACCELERATE FORMAL LEARNING AND ACHIEVEMENT OF NATIONAL QUALIFICATIONS

- Most training providers in the H&SS sector offering training are small and medium-sized, including work-based training providers. In addition, there are in the region of about 1200 NGOs operating in Namibia offering training of some sort of the other relating to their primary focus
- A major challenge encountered these small and medium-sized training providers is that they find the requirements for accreditation of learning programmes and registration onerous, time-consuming and costly. Many are finding difficulty grappling with the “new” language of education and training. They are also not in a position to develop training resources, assessment instruments and learning strategies to national standards which requires a high level of expertise in these specialist areas.
- Whilst many NGOs are doing sterling work at grassroots level in building sustainable communities, they simply do not have the expertise and resources to engage with accreditation and registration processes of the regulators such as the NTA and NQA.
- Potential training providers to the sector also require their trainers to undergo assessor, moderator and verifier courses. In addition, “train-the-trainer” and RPL practitioner courses are necessary.
- If national qualifications are not used by the sector, then the progress of the H&SS sector is compromised.
- Partnerships provide a means for the NTA and education institutions to engage directly with stakeholders across traditional boundaries better aligning training programmes and resources. Partnerships help to reduce inefficiencies and streamline state efforts by co-ordinating various projects and braiding various funding streams intended for the same purpose.
- With this challenge in mind, the Civil Society constituency has proposed the establishment of a training consortium that will accommodate training providers who are unwilling, or unable, to seek registration as an education institution and accreditation of learning programmes to national standards due to lack of resources.
- In this business model, the training consortium will be established as a legal entity. It will essentially seek registration and accreditation with the relevant authorities as per application legislation and regulations.
- This implies that the consortium, as a registered training provider, will fulfil accreditation requirements in areas such as: programme design and delivery, staffing, assessment, administration and learner records and infrastructure to achieve accreditation.

- As a registered training provider it will take responsibility for training, assessment and certification of learners.
- Organisations, such as NGOs, in the sector can join the consortium and members.
- The Consortium will seek accreditation for qualifications needed by members.
- Members will be required to have trainers and registered assessors to conduct training and assessment.
- Arrangements should be made for the development of learning resources and assessment instruments between the members and consortium.
- Members of the consortium would be required to contribute to funding the consortium. There are various funding models that can be employed (for discussion at a later stage).
- The consortium will delegate tasks for training and assessment to members, but cannot delegate accountability for maintain standards and holding the accreditation.
- Organisations in the sector that do not want to join the consortium as members can procure the services of the consortium. This would apply to public and private organisations in the sector as well as other sectors that have a need to train according to accredited qualifications held by the consortium.
- It will necessary to discuss this business model with stakeholders before embarking on the establishment of the consortium.

The H&SS Training Consortium is illustrated as follows:



- The benefit of this business model is that it makes national qualifications accessible to organisations that normally would not be able to meet regulatory requirements independently.

CHALLENGE 3: PROMOTE CAREER GUIDANCE AND PLANNING IN EDUCATION INSTITUTIONS

- There is a need to encourage young people to enter the H&SS sector. They should be informed what the sector is about; the various careers pathways that can be pursued; emerging trends; and the many benefits this sector holds for them locally and internationally. A starting point should be to target guidance and career counsellors in secondary and tertiary institutions to promote careers in the sector.

CHALLENGE 4: IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF THE VET SECTOR

- The VET sector has a contributory role to play in transforming H&SS and improve the quality of life for all Namibians. VET institutions should be geared to address occupational shortages in the country, particularly for technical, technological and employability skills.
- In the H&SS sector, most of the entry-level learning paths can be offered at VET Colleges. Currently the VET system is small, underfunded, undifferentiated with poor quality outputs.
- In this respect, it is not meeting the growing needs of students, employers, workers, and marginalised sections of society. Most of the VET institutions are faced with the problem of where demand for places exceeds the supply-side capacity of institutions. There are a large number of young people that should be accommodated in VET institutions and become equipped with the requisite knowledge and technical skills for productive employment and self-employment. In addition to expansion of the VET sector, access should be made for employed workers wanting to enrol on training programmes at VET institutions whilst in employment.
- Equally important is the need to align the VET sector to the country's overall developmental agenda with links to various strategies such as Vision 2030, NDP 4 and the National Human Resource Development Plan. This will enable the VET sector to contribute more effectively to the goal of inclusive growth and development, and contribute to reducing unemployment and poverty.

CHALLENGE 5: BUILDING LABOUR MARKET RESEARCH CAPACITY FOR SECTOR SKILLS PLANNING

- There is a need to build institutional skills research capacity and improve labour market diagnosis in the skills ecosystem to analyse skills imbalances and make decisions based on research evidence.
- The NTA has an important role in conducting industry skills research, gathering statistics and disseminating findings to the public. The NTA should also build research capacity in stakeholder bodies, particularly education institutions to track graduates.
- Its close contact with government agencies, industries and education institutions puts them in a good position to track skills trends, undertake national training needs studies, develop baseline labour market indicators and postulate solutions.

CHALLENGE 6: SUPPORTING WORKPLACE-BASED SKILLS DEVELOPMENT IN THE HEALTH AND SOCIAL SERVICES INDUSTRY SECTOR

- Planning and implementing skills development in the workplace is essential to identifying current and future workforce needs in the H&SS industries.
- H&SS institutions that support skills development of employees are in better position to grow the sector, improve health care services, support job creation and economic development. Skills development motivates employees to do better in the workplace and support industry objectives.
- For policy-makers and education institutions to develop training solutions that meet the needs of the sector, employers should communicate workforce training needs to supply-side institutions.
- This will contribute significantly to building the capacity of the VET sector to deliver training programmes that align to workforce needs and ensure work ready graduates that have both the skills and knowledge required by employers.
- Employers should develop training plans and ensure that workers are trained in the workplace.

CHALLENGE 6: PROMOTING ACCESS FOR PEOPLE WITH DISABILITIES IN THE EDUCATION AND TRAINING SYSTEM AND WORK

- Despite a very progressive legislation and a clear commitment from the government, the majority of people with disabilities (PWD) in Namibia still do not access the same opportunities of leading an independent life as non-disabled people do. Access to employment is extremely rare among people with disabilities: only 10% are employed. Women with disabilities are worse off than men.
- Access to the education system for PWD is low. The Ministry of Education is committed to Inclusive Education, but physical and attitudinal barriers (among teachers, family and the community) prevent disabled children from attending school.
- Access to rehabilitation services, which could help PWDs to access education and employment, is still very low. There is a lack of rehabilitation staff within the Ministry of Health and Social Services (MOHSS), especially in rural areas. Studies show that only 26% of people that have a need for rehabilitation can access this. 67% of PWD expressed a need for assistive devices, although only 17% have access. Similar figures exist for the need for counselling.
- Therefore, improving access to mainstream education and access to employment are priorities to ensure that people with disabilities are able to fully participate in society.

- The disability movement in Namibia identifies low awareness among decision makers and civil society as the root cause of the lack of coordination and prioritisation to offer inclusive education and rehabilitation services.

CHALLENGE 7: DEVELOPMENT OF A NATIONAL QUALIFICATION FOR A HEALTH EXTENSION WORKER

- There is a need for the NTA in partnership with Civil Society and the Ministry of Health to produce a nationally recognised qualification for a **Health Extension Worker**.
- The Health Extension Programme (HEP) in Namibia is part of the Primary Health Care (PHC) that aims to deliver family and community-centered promotive, preventive, rehabilitative and basic curative services. It is designed to ensure access to equitable health services for all Namibians, particularly those living in remote areas of the country. It also aims to empower families and communities to take health actions based on the knowledge, skills, and services gained through the HEP.
- The HEP objectives:
 - To increase access to, and coverage of, promotive, preventive, rehabilitative, and basic curative services with focus on maternal, neonatal and child health and nutrition.
 - To strengthen and expand the continuum and quality of care and support, including bi- directional referral between the community and the health facility (HF).
 - To empower local communities through awareness building and training of Community Based Organizations (CBOs) to promote healthy lifestyles.
 - To promote ownership and participation through the involvement of community members in planning, implementation and monitoring of the HEP.
 - To collect and analyse household (HH) level data for planning, reporting, and decision making.
- HEWs are responsible for the delivery of promotive, preventive, rehabilitative, and basic curative services at family and community level in their catchment villages. HEWs bridge the community with the catchment HF through health education, demonstration of healthy practices, provision of services and referral and linkages. They receive supervision, guidance, supplies and administrative support from their catchment HF.
- The roles and responsibilities of HEWs are described below, divided by thematic components:
 - Maternal, Newborn and Child Health, and Nutrition
 - Disease Prevention and Control

- Hygiene and Sanitation
- Social Welfare and Disability
- Planning, Information Management, Referral and Coordination
- Report writing, supervision and others.

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5. ACTION PLAN

The Action Plan for the H&SS sector is as follows:

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
PRIORITY 1: DEVELOP OCCUPATIONALLY-DIRECTED PROGRAMMES WITH CLEARLY FORMULATED CAREER PATHWAYS				
1.1	Occupations in high demand and skills gaps in the sector should be prioritised to expand access and allocation of resources	<ul style="list-style-type: none"> ▪ Qualifications are mapped to occupations in high demand and career pathways in the sector contributing to improved relevance of training and greater mobility and progression ▪ Qualifications and accredited training programmes for occupations in high demand are developed, if they do not exist ▪ The number of students enrolled for learning programmes related to occupations in high demand are increased annually to meet the demand-side needs of the labour market 	NTA / education institutions/ Employer Bodies/ Labour Unions/ Community Groups/ Government Agencies/ International Donor Agencies	TBA
1.2	Short should be offered to accommodate the skills needs of stakeholders in different sub-sectors of H&SS	<ul style="list-style-type: none"> ▪ Short skills courses geared towards addressing skills gaps (top up skills) are developed ▪ Train-the-trainer / Assessor / moderator/ verifier / RPL practitioner courses 		TBA
1.3	The training needs of civil society should be addressed to build institutional capacity.	<ul style="list-style-type: none"> ▪ Management / finance for non-financial managers / HR / Marketing / Governance / Risk / Project Management 		TBA
PRIORITY 2: ESTABLISH A TRAINING CONSORTIUM FOR THE SECTOR				
2.1	Conceptualise the training consortium comprehensively	<ul style="list-style-type: none"> ▪ Concept paper on training consortium 	All stakeholder in the sector	TBA
2.2	Stakeholder workshops to discuss feasibility of consortium for the sector	<ul style="list-style-type: none"> ▪ Workshops to inform stakeholders of the business model ▪ Solicit feedback ▪ Revise concept paper 		TBA
2.3	Business Plan of training consortium	<ul style="list-style-type: none"> ▪ Business Plan produced 		TBA
2.4	Stakeholder workshop to discuss Business Plan	<ul style="list-style-type: none"> ▪ Feedback solicited ▪ Revision of Business Plan ▪ Implementation of Business Plan 		TBA
PRIORITY 3: PROMOTE CAREER GUIDANCE AND PLANNING IN EDUCATION INSTITUTIONS				
3.1	Develop a Career Guide for the H&SS sector with a particular focus on career opportunities in Namibia.	<ul style="list-style-type: none"> ▪ A Career Guide in H&SS is produced 	VET Colleges, Tertiary Institutions, NTA	TBA
3.2	Train a small group of facilitators to conduct	<ul style="list-style-type: none"> ▪ Number of facilitators trained 		TBA

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
	workshops based on the Career Guide			
3.3	Disseminate Career Guide to all secondary school guidance counsellors and tertiary career counsellors	<ul style="list-style-type: none"> ▪ Career Guide given to every secondary school and all tertiary institutions in Namibia 		TBA
3.4	Arrange workshops in key regions with school guidance counsellors to discuss Career Guide	<ul style="list-style-type: none"> ▪ Number of workshops held with school guidance counsellors to discuss Career Guide 		TBA
3.5	Arrange a workshop with VET institution career counsellors to discuss Career Guide	<ul style="list-style-type: none"> ▪ A workshop held with VET career counsellors on the Career Guide. 		TBA
3.6	Career Guide distributed at Career Fairs	<ul style="list-style-type: none"> ▪ Number of career fairs attended in a year 		TBA
PRIORITY 4: IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF THE VET SECTOR				
4.1.	Expand capacity (institutions and infrastructure) to provide training to address occupations in high demand and skills gaps, enabling improved productivity, economic growth and the ability of the workforce to adapt to changes in the labour market.	<ul style="list-style-type: none"> ▪ An audit of VET institutions earmarked as key providers of industry training is undertaken to establish what improvement, upgrading and expansion is needed. ▪ Approval and funding for such upgrading and improvements are obtained. ▪ An audit of potential institutions to become training providers is undertaken to create the required training capacity to meet occupational demand. ▪ Funding for upgrading and improvements for such institutions is obtained. 	NTA/Ministry of Education/ISC/VTC/COSDECs	TBA
4.2	Expand student access and increase the range of training programmes at existing VET institutions in trades and occupations that are critical in the H&SS sector.	<ul style="list-style-type: none"> ▪ Student intake at existing VET institutions is increased using a range of delivery modes (full-, part-time, distance and blended). ▪ Increase the number of accredited private training providers in the VET sector for national qualifications. 	NTA/Ministry of Education/ISC/VTC/COSDECs	TBA
4.3.	Promote differentiation in the VET sector in terms of programme mix and target population.	Grade 9 learners, employed workers, youth and unemployed adults should be accommodated by VTCs and COSDECs and progressively increased annually.	NTA/Ministry of Education/ISC/VTC/COSDECs	TBA
4.4.	Develop training programmes to grow the pool of VET	<ul style="list-style-type: none"> ▪ An audit to establish the number and profile of existing VET instructors is 	NTA/Ministry of	TBA

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
	instructors and improve the subject knowledge and competencies of existing VET instructors.	<ul style="list-style-type: none"> undertaken to determine capacity constraints. Establish what upgrading and retraining they require to meet CBET and other requirements to be registered as competent instructors with the NTA. Create the capacity to provide train-the-trainer programmes for those trainers requiring retraining and upgrading. Number of new VET and existing VET instructors that underwent training. 	Education/ISC /VTC/ COSDECs	
4.5.	Improve the capacity of VET managers to run institutions effectively and efficiently.	<ul style="list-style-type: none"> Professional development programmes are offered in: leadership, organisational development, performance management, strategy, marketing, finance, human resources, client relationships management and finance. The number of VET managers trained are increased annually. 	NTA/Ministry of Education/ISC /VTC/ COSDECs	TBA
PRIORITY 5: BUILDING LABOUR MARKET RESEARCH CAPACITY FOR SECTOR SKILLS PLANNING				
5.1	Develop a three year H&SS Sector Skills Research Strategy and Implementation Plan (2014-2017) to improve research capacity and outputs to support skills planning	<ul style="list-style-type: none"> Research strategy and implementation plan approved by H&SS, ISC and NTA One H&SS skills seminar per year One tracer study and one employer survey consecutively every two years A H&SS SSP updated annually Number of ISC members and NTA staff receiving research training Number of research partnerships developed Research Committee established 	NTA / education institutions/ Employer Bodies/ Labour Unions/ Community Groups/ Government Agencies/ International Donor Agencies	TBA
5.2	Build research capacity in education institutions to conduct research	<ul style="list-style-type: none"> Guidelines on institutional research to monitor skills demand and manage information is developed Workshops with education institutions to discuss guidelines 	International Donor Agencies	TBA
5.3	Sector skills research is conducted on a regular basis to monitor industry labour market trends, and measure the impact of interventions and funding allocated	<ul style="list-style-type: none"> Research on relevant areas are commissioned and conducted as agreed by the Sector Committee and distributed to stakeholders 		TBA

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
5.4	<p>Establish a working group for early identification of skill needs in the H&SS sector with the following aims:</p> <ul style="list-style-type: none"> ▪ exchanging knowledge and experience on methods and tools; ▪ complementing other research and analysis activities on skill needs in H&SS; ▪ generating research and development projects to cover existing gaps in identifying future skill needs in the sector and transferring them into policy and practice. 	<ul style="list-style-type: none"> ▪ Formation of working group ▪ Outputs of working group 		TBA
PRIORITY 6: SUPPORTING WORKPLACE-BASED SKILLS DEVELOPMENT IN THE HEALTH AND SOCIAL SERVICES INDUSTRY SECTOR				
6.1	The Priority Fund is effectively used to address skills shortages in various industry sectors.	<ul style="list-style-type: none"> ▪ Develop and implement training projects for employees in the sector. ▪ NGOs working in local communities are supported. ▪ Training activities to improve employability and H&SS skills are designed and offered. 	NTA / education institutions/ Employer Bodies/ Labour Unions/ Community Groups/ Government Agencies/ International Donor Agencies	TBA
6.2	Strategic planning in VET institutions and COSDECS are responsive to shortages in the H&SS industry.	<ul style="list-style-type: none"> ▪ The research skills of VET education managers are improved to analyse training needs in the H&SS industry. ▪ VTCs and COSDECS conduct employer surveys and tracer studies annually. 		TBA
6.3	Industry skills research is required to inform sound decision-making, monitor industry trends, and measure the impact of interventions and funding allocated.	<ul style="list-style-type: none"> ▪ Research on relevant areas are commissioned and conducted as agreed by the ISC and distributed to stakeholders. 		TBA

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
PRIORITY 7: PROMOTING ACCESS FOR PEOPLE WITH DISABILITIES IN THE EDUCATION AND TRAINING SYSTEM AND WORK				
7.1.	Awareness raising campaigns with training providers, employers, unions and public entities for people with disabilities (PWD)	<ul style="list-style-type: none"> Meetings with National Federation of People with Disabilities in Namibia (NFPDN) and MoHSS to discuss campaign Number of public intervention for PWD 	NTA / education institutions/ Employer Bodies/ Labour Unions/ Community Groups/ Government Agencies/ International Donor Agencies/ National Federation of People with Disabilities in Namibia (NFPDN) and its member organisations	TBA
7.2.	Workshops with training providers and employers for accommodating PWD in training and providing access to employment (PWD)	<ul style="list-style-type: none"> Meetings with National Federation of People with Disabilities in Namibia (NFPDN) and MoHSS to discuss workshops Number of workshop held. 		TBA
7.3.	Advocacy campaign to increase representation on education structures (NTA) of PWD	<ul style="list-style-type: none"> Inclusion of representatives of PWD on relevant E&T bodies 		TBA
7.4.	Organising a national conference on "Disability – paths to E&T and employment"	<ul style="list-style-type: none"> Meetings with National Federation of People with Disabilities in Namibia (NFPDN) and MoHSS to discuss conference A National Conference held 		TBA
7.5.	Develop a Certificate in Disability Studies which could be used to prepare individuals for working in a variety of disability related jobs, with Ministries, NGO's service providers etc.	<ul style="list-style-type: none"> A feasibility study is undertaken to develop the programme. 		
PRIORITY 8: DEVELOPMENT OF A NATIONAL QUALIFICATION FOR A HEALTH EXTENSION WORKER (HEW)				
8.1	Discussion between NTA and Civil Society on Health Extension Worker	<ul style="list-style-type: none"> Agreement reached on development of qualification for HEW 	NTA/NQA/ Civil society	TBA
8.2	Develop a qualification for Health Extension Worker	<ul style="list-style-type: none"> Development of qualification for HEW. 		TBA