

HEALTH CARE AND SOCIAL SERVICES

# SECTOR SKILLS PLAN

## *Namibia*

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NAMIBIA TRAINING AUTHORITY

*May 2015*

*Version 3*

## **MESSAGE FROM CHIEF EXECUTIVE OFFICER**

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

Sector skills planning at the Vocational Education and Training (VET) level 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 HC&SS sector strategies. The development of the *National Health Policy Framework (NHPF)* 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 HC&SS sector reviews of the country. The SSP is intended to provide vital intelligence and recommended actions for implementing skills development in the HC&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, donors and planners, researchers, career counsellors and education managers as well as others who have an interest in this sector.

We have made a strong start by putting a workable plan on the table for skills development in the HC&SS sector. We are committed to improving the skills of workers and new entrants at the VET level. 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!

**Mr Jerry Beukes**  
**Acting Chief Executive Officer**  
**Namibia Training Authority**

## ACRONYMS

COSDEC	Community Skills Development Centre
HC&SS	Health Care and Social Services
HET	Higher Education and Training
HPCNA	Health Professionals Councils of Namibia
ISC	Industry Skills Committee
KPF	Key Priority Fund
MoHSS	Ministry of Health and Social Services
NHTC	National Health Training Centre
NQA	Namibia Qualification Authority
NQF	National Qualifications Framework
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. HEALTH CARE AND SOCIAL SERVICES SECTOR PROFILE

## 1.1 INTRODUCTION

The Health Care and Social Services (HC&SS) sector skills plan (SSP) is a “roadmap” to address skills development priorities in the designated sector. It provides a concise profile of the sector, identifies occupations and skills in demand, analyse training provision, determines skills development challenges and devises an action plan for improving the skills of the workforce.

The SSP is a guide for the NTA, employers, trade unions, training providers, public entities, civil society, international partners and local communities to understand the skills priorities in the HC&SS sector and interventions needed for upskilling employees.


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

## 1.2 VOCATIONAL EDUCATION AND TRAINING FOCUS

This SSP is developed under the banner of the Namibia Training Authority (NTA), which is mandated for establishing an efficient, effective and sustainable Vocational Education and Training (VET) system for Namibia. The NTA seeks to ensure access, equity and quality in VET for all citizens.

This SSP focuses on Vocational Education and Training (VET), which is the remit of, and VET levy window for, the NTA. Higher Education and Training (HET) falls outside the scope of this SSP.

The VET focus is illustrated by the following:



Higher Education & Training	10	Doctoral
	9	Masters
	8	Bachelors (Honours)
	7	Bachelors
	6	Diploma
HET & VET	5	Certificates
Vocational education & Training	4	Certificates
	3	Certificates
	2	Certificates
	1	Certificates

### 1.3 SECTOR DEFINITION

The *International Standard Industrial Classification of All Economic Activities (ISIC)*<sup>1</sup> describes the scope of sector coverage for HC&SS as follows:

DESCRIPTION
<b>Human health activities</b>
Hospital activities; Medical and dental practice activities; and other human activities
<b>Residential care activities</b>
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.
<b>Social work activities without accommodation</b>
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.<sup>2</sup>
- 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.<sup>3</sup>
- Major health development challenges include a high HIV/AIDS prevalence and a concomitant tuberculosis epidemic; a significant burden of malaria; an increasing

<sup>1</sup> United Nations, 2008, ISIC, Revision 4

<sup>2</sup> Ministry of Health and Social Services, National Health Policy Framework, 2010-2020

<sup>3</sup> Ibid.

maternal mortality ratio and stagnating reduction of under-five mortality. Major causes of morbidity among children under five years of age are respiratory diseases and diarrhoea. Child malnutrition is very high, with 29% of children stunted, 17% underweight and 8% wasted.<sup>4</sup> There is, however, a high antenatal care attendance 95% (for at least 1 visit) and 81% of births occur in health facilities.<sup>5</sup>

- 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.<sup>6</sup>
- 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 costs<sup>7</sup>.
- There is also active participation of relevant UN agencies, and other national and international health partners in health development<sup>8</sup>.
- 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).<sup>9</sup>

## 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 Care 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	

<sup>4</sup> World Health Statistics 2013, WHO.

<sup>5</sup> Ibid.

<sup>6</sup> Ministry of Health and Social Services, National Health Policy Framework, 2010-2020.

<sup>7</sup> 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

<sup>8</sup> Ministry of Health and Social Services, National Health Policy Framework, 2010-2020

<sup>9</sup> Ibid.

Civil society is the largest role-player in the HC&SS sector. For instance, the Civil Society Foundation of Namibia (CSFN) has 1060 civil society organisations on its database, comprising: Non-governmental organisations (NGOs), Community-based organisations (CBOs), Faith-based organisations (FBOs), Welfare organisations, and Not for profit organisations.<sup>10</sup>

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 (including 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***<sup>11</sup> 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***<sup>12</sup> 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***<sup>13</sup> 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.

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<sup>10</sup> Civil Society Foundation of Namibia, 2014, database.

<sup>11</sup> Ministry of Health and Social Services, National Health Policy Framework, 2010-2020

<sup>12</sup> 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

<sup>13</sup> Ministry of Health and Social Services, Strategic Plan for Nutrition 2011–2015



- **Vision 2030**<sup>14</sup> 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)**<sup>15</sup> 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 SKILLS DEVELOPMENT CHALLENGES

There are a number of skills development challenges facing the sector at a VET level:

- The sector requires well-trained cadres of workers to play a supportive role in providing HC&SS delivery to the public.
- Historically, considerable attention has been given to education and training at higher education and training levels in the sector, whilst skills development at VET level has tended to be neglected.
- For instance, there are virtually no HC&SS qualifications registered on the National Qualifications Framework (NQF) at the VET level. This, in effect, means that supply-side provision by training providers is not responding to the demand for skills by employers. As a result, occupational skills mismatches are prevalent in the workforce, possibly leading to skills shortages in key support occupations.
- Public vocational training centres (VTCs) are not offering any programmes to support the HC&SS sector. The same situation applies for private VET providers. Therefore, an opportunity exists to enable VET providers to support the sector. This will ease the training load of employers who are compelled to provide training in the absence of support from VET institutions.

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<sup>14</sup> Office of the President, 2004, Vision 2030

<sup>15</sup> Office of the President, undated, NDP 4

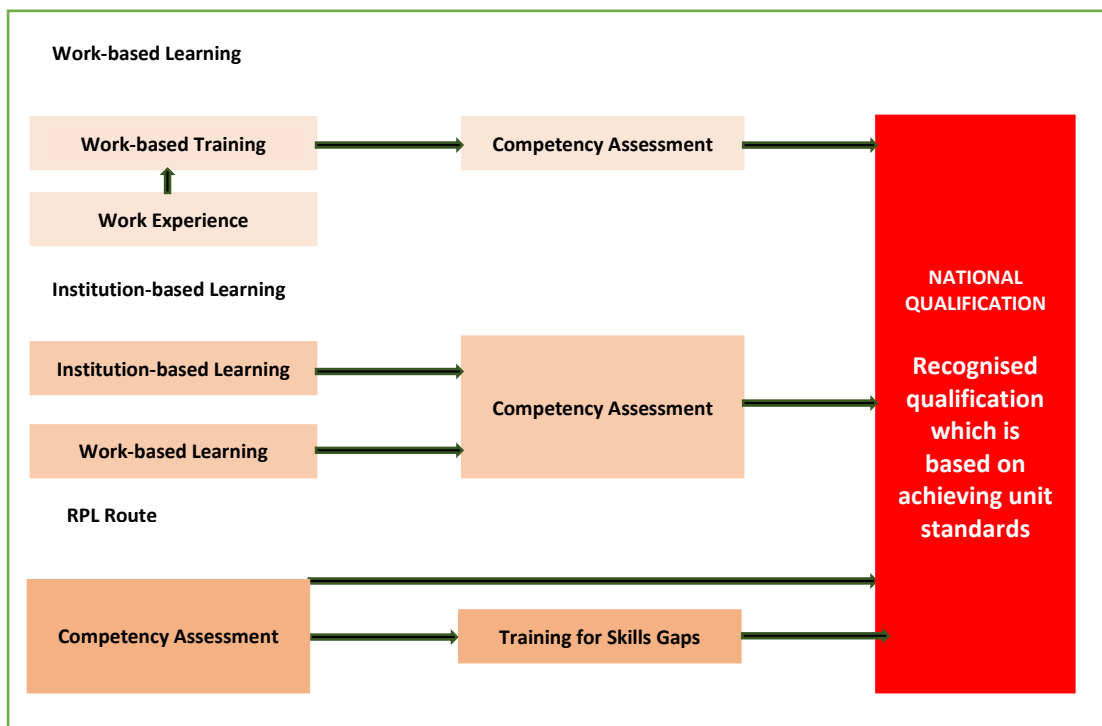
- There are a number of qualifications at VET level that require training and assessment in the workplace. However, the theoretical components could be accommodated by VET providers. This requires a co-operative approach to delivering learning programmes.
- Developing the capacity of VET providers to offer HC&SS qualifications or part qualifications requires a protracted effort from the NTA and stakeholders in the sector. This will include the following:
  - identifying qualifications to be offered;
  - curriculum development;
  - training of instructors;
  - development of learning materials and assessment instruments; and
  - establishing training facilities.
- A key challenge is to create strong working partnerships between VET providers and the HC&SS sector.
- Disability training is a major concern in Namibia in terms of accessibility, social equality, employment, training opportunities and educational provision. VET providers can play a role in providing training in this area of need.
- There is a need to train community development workers, community health workers and early childhood development practitioners in the sector. VET institutions can take on this challenge, provided they work closely with MoHSS and civil society organisations.
- There is a demand for fire and rescue operation personnel. These workers are needed in local authorities such as public fire brigades, heavy industry, like Walvis Bay harbour, airports, mines and in major companies such as Telecom, Transnamib Holdings, Nampower, etc. and various shopping malls.
- The supply of skills is currently done by three Namibian fire and rescue training providers, namely, City of Windhoek, Emergency Management Training and Specialist Services (EMTSS) and ATA International. These providers cannot meet the actual need. The City of Windhoek is the only fully-fledged training centre in the country. Only a few fire stations have small grounds for simulations e.g. Walvis Bay, Swakopmund and Otjiwarongo. It is common practice that most local fire chiefs provide on-the-job training for their staff. A small number of private training providers don't offer full qualifications, rather short courses on basic, advanced (partly) and industrial (partly) firefighting.<sup>16</sup>
- The issue of indigenous or traditional medicine should also be addressed in consultation with their respective community of practice.

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<sup>16</sup>Provet.2014. Report on Training Needs Assessment of Namibia Fire, Rescue and Emergency Services

- Currently, there is a bias towards institution-based training in the national skills system. A key challenge for the NTA is to ensure that work-based training becomes a recognised form of training through a simplified accreditation process. This would necessarily involve granting accreditation to work-based training providers (employers), which play a major role in training in the HC&SS sector. The accreditation of work-based training providers will ensure that workplaces and workers become part of the national skills system.
- There is a need for flexible training delivery modes that enable trainees to use different routes to arrive at national qualifications.

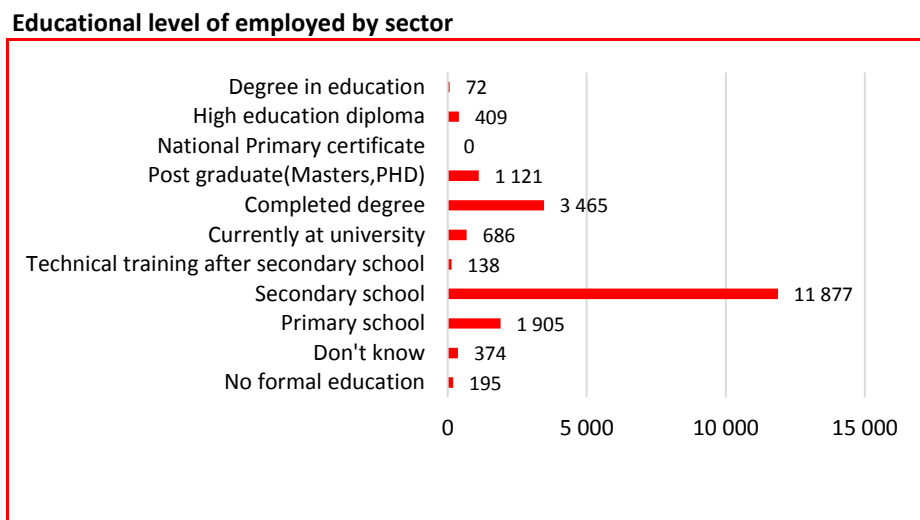
### Proposed Routes to HC&SS Qualifications



- There is a need for providing career guidance in the sector. Currently, school teachers and learners are unaware that occupations exist at VET level in the HC&SS sector.

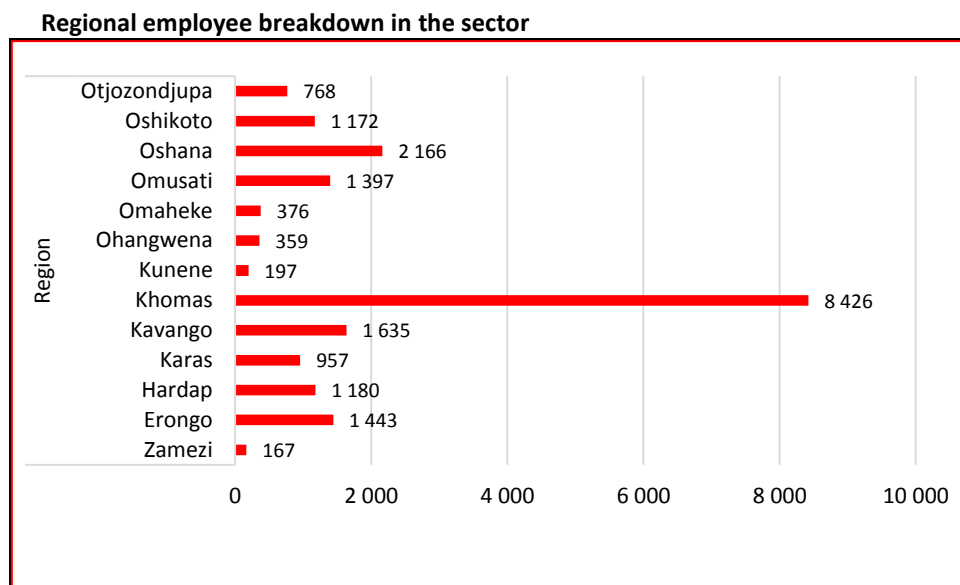
## 1.8 LABOUR MARKET PROFILE

- There are 20 242 employed workers in the HC&SS sector which effectively comprises 3.2% of the total employed labour force<sup>17</sup>.
- If we look at employment by educational attainment of the HC&SS workforce, the figure below reveals the following:



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

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



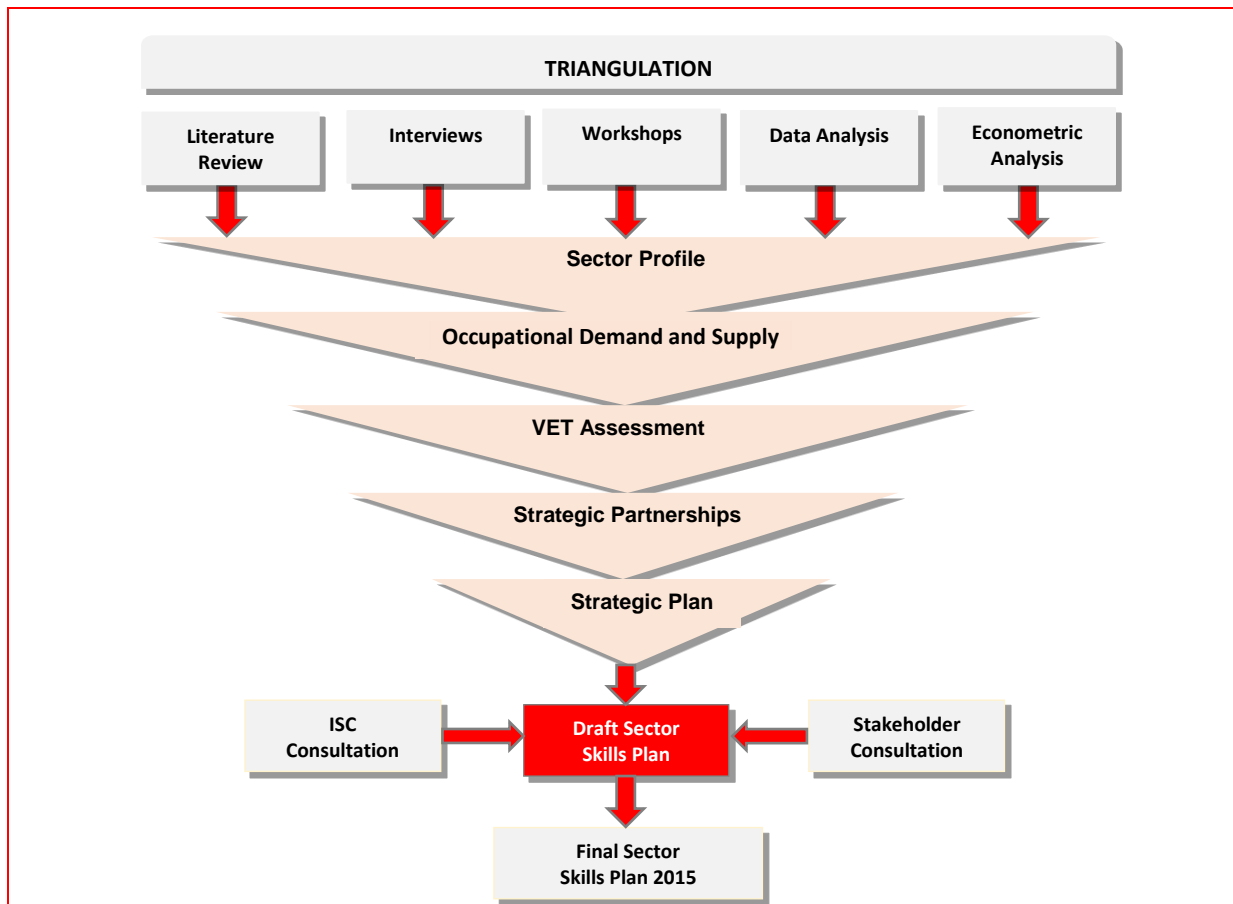
Source: Namibia Statistics Agency, Labour Force Survey (2012)

<sup>17</sup> Namibia Statistics Agency, Labour Force Survey (2012)

## 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 sector.
- Stakeholder consultations took place at all stages in the SSP development cycle.

## 2. SKILLS DEMAND

### 2.1 INTRODUCTION

This section identifies occupations in demand in the HC&SS sector. It also lists short skills programmes required in the sector.

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 HC&SS sector is resource and time-intensive. Effective healthcare services can only be rendered if the sector has adequate skilled workforce. As the demand for health services increases, so too does the demand for skilled people in the sector.

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 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 MoHSS<sup>18</sup>, the following training programmes have 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	25
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*

<sup>18</sup> 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 practitioners<sup>19</sup>:

<b>Higher Education Occupations in Demand</b>
Dentists
Dental specialists
Dental Technicians
Dental Hygienists
Registered nurses
Nursing Educators
Emergency Care Technician
Paramedics - Advanced Life Support
Medical practitioners
Medical specialists
Medical technologists/Technicians
Medical Representatives
Laboratory Scientists
Laboratory Technologists/Technicians
Physiotherapists
Professional nurses
Radiographers
Pharmacists
Nutritionists
Pharmaceutical Technicians
Environmental Officers
Optometrists
Occupational therapists
Physiotherapists
Speech / Hearing Therapists
Environmental Health Officers
Psychologists
Social Workers
Veterinary specialists
Veterinarians
Dieticians

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<sup>19</sup> Interview with the following from HCPNA

### 2.3 OCCUPATIONS (VET)

- Occupations that fall within the VET band are needed in the provision of health care and social services.
- The sector requires well-trained cadres that undertake elementary, but vital services.
- Through wide stakeholder consultations, a number of occupations in high demand in the sector were identified.
- Stakeholders and the Industry Skills Committee for HC&SS took the view that “less is more”. Rather than identify and develop a multitude of qualifications for each and every occupation in the sector, which would require substantial financial resources, time and effort, it was decided to identify occupations in high demand.
- Having identified these occupations, it would be necessary for the sector to develop national qualifications for them.
- At the VET level, 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.
- As they move higher up the NQF levels, their learning, knowledge and skills will become progressively specialised.
- Entry requirements at the VET level should be flexible, since workers are already employed and have acquired knowledge and skills relating to their work. Recognition of prior learning should be a priority for employed workers.
- Currently, people are employed under the designations: Health Care Worker, Health Extension Worker and Community Health Worker (*Certificate in Community Health Work*). An occupational mapping exercise is required to establish job profiles for these occupations and possibly career pathways.
- At public consultations, it was noted, that recognition should be given to traditional or indigenous medicine. There is a need for a community of practice to deliberate on this matter to determine whether unit standards or qualifications are required.
- As far as possible, we have attempted to identify core occupations, rather than support occupations in the sector.
- Some of the core occupations identified at workshops by experts in the HC&SS sector are indicated in the following table:



VET LEVEL OCCUPATIONS	Family Medicine	Emergency Rescue Services	Dental Care	Nursing	Healthcare Services	Social Services
<p><b>NQF Level:</b> 5</p> <p><b>Duration:</b> 12 to 24 Months of Study</p> <p><b>Entry:</b> Direct Entry from High School / Vocational Certificate at NQF Level 4 / RPL</p>	Health Practice Co-ordinator (Certificate in Health Practice Administration)	Call Centre Operator: EM) (Certificate in Call Centre Operations for Emergency Services) Fire and Rescue Worker (Unit standards)		Enrolled Nurse (Certificate in General Nursing: Enrolled)	Laboratory Technician (Diploma in Laboratory Assistance) Pharmacist's Assistant (Diploma in Pharmacist's Assistance) Phlebotomist (Unit Standards) Practitioners in Complimentary Medicine: (Certificate for Complimentary Medicine) OHSE Practitioner (Certificate in OSHE) Data Enumerator (unit standards only)	Early Childhood Development Practitioner (Certificate in ECD Practices)
<p><b>NQF Level:</b> 4</p> <p><b>Duration:</b> 12 Months of Study</p> <p><b>Entry:</b> Direct Entry from High School / Vocational Certificate at NQF Level 3 / RPL</p>		Emergency Care Practitioner (Certificate in Emergency Care: Basic or Intermediate)	Dental Assistant (Certificate in Dental Assistance)		Pharmacy Assistant (Certificate in Pharmacy Assistance) Health Care Worker (Certificate: Health Care Work) Health Extension Worker (Certificate Programme in Health Extension Work) Community Health Worker (Certificate in Community Health Work) (Certificate in Disability Studies) Fitness Instructors (Certificate in Fitness Instruction)	Community Development Worker (Certificate in Community Development Work)
<p><b>NQF Level:</b> 1 to 3</p> <p><b>Duration:</b> 12 Months of Study</p> <p><b>Entry:</b> Direct Entry from Grade 9/ Vocational Certificate/ RPL/ No Entry Requirement for NQF Level 1</p>					Medical Waste Cleaner (Certificate in Cleaning Medical Waste) Medical Rehabilitation Worker (Certificate in Medical Rehabilitation)	Child Care Worker (Certificate in Child Care) Home-based Care Worker (Certificate in Home-Based Care)

### 3. SKILLS SUPPLY

#### 3.1 INTRODUCTION

This section examines the supply of skills to the HC&SS sector. The primary focus will be the types of programmes offered by education and training providers to the sector. The purpose of this section is to assess the adequacy of skills supply to the sector in the context of occupational 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<sup>20</sup>:

VET LEVEL OCCUPATIONS	NUMBERS
Emergency Care Practitioner (Basic)	588
Emergency Care Practitioner (Intermediate)	162
Environmental Health Practitioner	183
Student Environmental Health Practitioner	48
Medical Rehabilitation Worker	15
Pharmacy Assistant	267
Pharmacist's Assistant	79

#### 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 HC&SS related programmes<sup>21</sup> at VET level were accredited by the NQA in terms of the *Institutions or Organisations (Act 29 of 1996) and Government notice 124, August 2006*.

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<sup>20</sup> HPCNA, database 2014.

<sup>21</sup> This list excludes support programmes for the health and social services sector such as office administration, business management, IT, etc.

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
National Health Training Centre (NHPC)	Certificate in Pharmacist Assistant	2

The following training providers and HC&SS related programmes are registered and accredited on the NTA list of accredited providers and programmes as at May 2013<sup>22</sup>.

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

- Based on the occupations in section 2.3 (table), it is evident, that the provision of training is not aligned to occupations in demand, leading to skills mismatches at the VET level.
- Thus, a need exists to steer VET institutions towards addressing the training needs of the HC&SS sector.

<sup>22</sup> Ibid.

### 3.4 VOCATIONAL TRAINING CENTRES

- The VET system is implemented with the intention of addressing skills shortages in the country.
- VET providers comprise of vocational training centres (VTCs), COSDECs, parastatals and private providers.
- Currently there is little provision to offer accredited training in the sector.
- 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 offer HC&SS qualifications.
- There is a need for VET providers to offer HC&SS sector qualifications leading to occupations and employment.
- A key challenge is to create strong working partnerships between VET providers and service providers in the sector.

## 4. SKILLS DEVELOPMENT PRIORITIES

### 4.1 INTRODUCTION

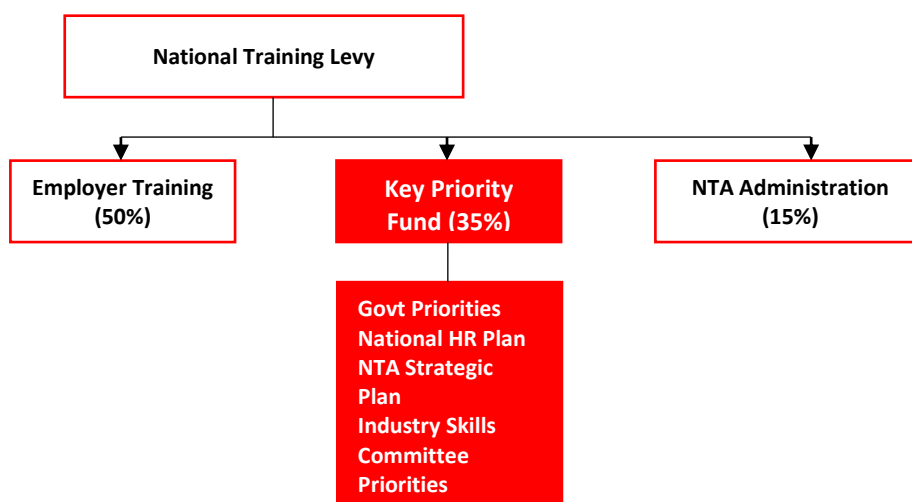
Based on the findings of section two (skills demand) and section three (skills supply), this section outlines skills development priorities for the HC&SS sector. There are a myriad of challenges facing the sector which will be too numerous to mention. Therefore, the emphasis in this section is to focus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

### 4.2 VOCATIONAL EDUCATION AND TRAINING LEVY

The *VET Act 2008* makes provision for the establishment of a National Training Fund (NTF) which imposes a training levy of 1% on employers' total payroll. Employers operating within the borders of Namibia with an annual payroll of N\$ 1million 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% of their payroll annually.
- 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

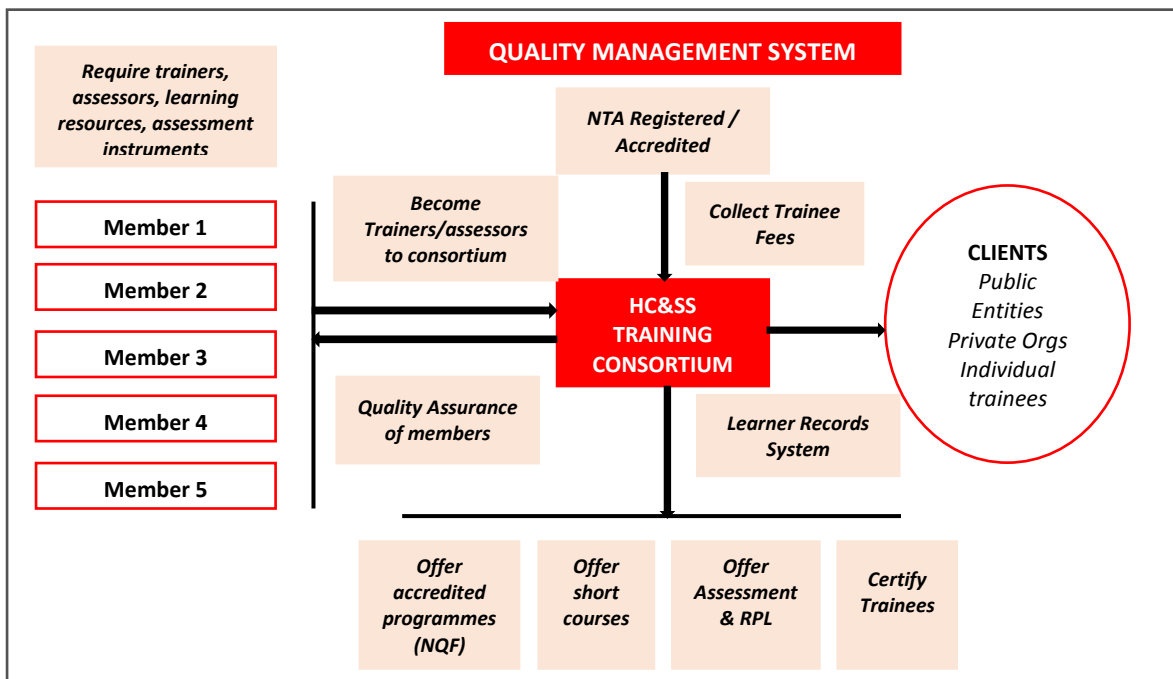
#### CHALLENGE 1: DEVELOP OCCUPATIONALLY-DIRECTED PROGRAMMES IN THE HC&SS SECTOR

- The VET providers are currently not geared to provide education and training services for the HC&SS sector in Namibia. These institutions do not provide any core programmes needed in the sector.
- VET providers should offer occupationally-directed programmes in partnership with service providers in the sector. Such programmes should be part of a career pathway that would enable workers to progress to higher occupational levels.
- 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.

## CHALLENGE 2: ESTABLISH A TRAINING CONSORTIUM IN THE HC&SS SECTOR

- Currently there are in the region of approximately 1200 NGOs operating in Namibia offering training of some sort or the other relating to HC&SS.
- A major challenge encountered by these NGOs is that the requirements for accreditation are onerous, time-consuming and costly. Many are having 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 industry standards which requires a high level of expertise in specialist areas.
- 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 HC&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.
- 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. NGOs in the sector can join the consortium as 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.
- The consortium will delegate tasks for training and assessment to members, but cannot delegate accountability for maintaining 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 be necessary to discuss this business model with stakeholders before embarking on the establishment of the consortium.
- The HC&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.
- A variation to this training model is for the training consortium to act as a facilitator rather than a training provider. Accredited training providers thus join the consortium and offer services to client organisations.



### **CHALLENGE 3: PROMOTE CAREER GUIDANCE TO ATTRACT YOUTH TO THE HC&SS SECTOR**

- There is a need to attract young people to work in the HC&SS sector.
- They should be informed of the following:
  - what the sector is about;
  - what jobs and careers are available in the sector;
  - the various careers pathways that can be pursued;
  - training programmes and providers;
  - opportunities in the sector; and
  - the benefits of working in the sector.
- A starting point should be to target guidance teachers in schools and VET providers to promote careers in the sector.

### **CHALLENGE 4: SUPPORT VET PROVIDERS TO OFFER OCCUPATIONALLY-DIRECTED QUALIFICATIONS IN THE HC&SS SECTOR**

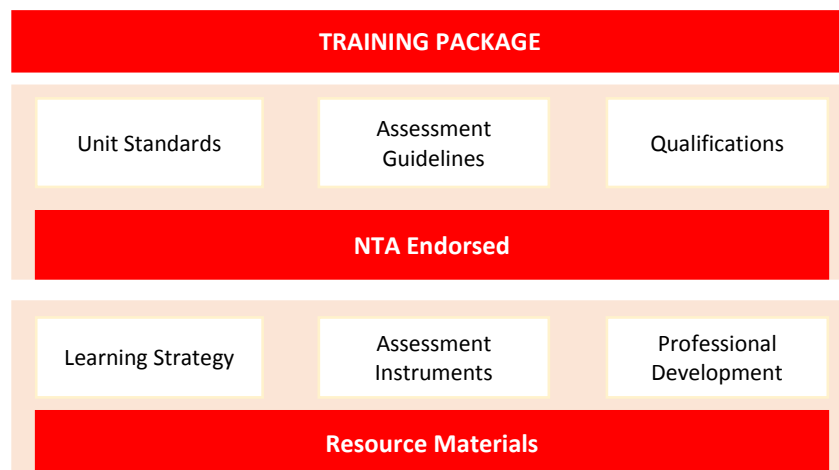
- VET providers are not offering programmes in HC&SS currently.
- The VET sector should provide training in the sector. VET providers should be geared to address occupational shortages in the country.
- VET providers should provide the theoretical component of the qualification, whilst the practical component should be provided by HC&SS organisations. The practical component should be a structured training programme.

### **CHALLENGE 5: CONDUCT SKILLS RESEARCH IN THE HC&SS SECTOR**

- The NTA should conduct industry skills research, gather statistics and disseminate findings.
- 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 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.
- An occupational mapping exercise should be conducted in the HC&SS sector.

## CHALLENGE 6: SUPPORT FIRMS WITH TRAINING IN THE HC&SS SECTOR

- A Training Package should be produced and given to all employers in the sector who want to provide work-based training, possibly in partnership with VET providers. It would consist of the following:



- It is recommended that the Training Package should be obtainable in hard copies, CDs and via the internet.
- Provision should be made for the following training:
  - “Train-the-Trainer Course;”
  - Assessor, moderator and verifier training; and
  - RPL training

## CHALLENGE 7: 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 Care 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** (HEW).
- The Health Extension Programme (HEP) in Namibia is part of Primary Health Care (PHC) that aims to deliver family and community-centred, 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 a 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; and
  - Report writing, supervision and others.

## 5. ACTION PLAN

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

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
<b>PRIORITY 1: DEVELOP OCCUPATIONALLY-DIRECTED PROGRAMMES FOR THE HC&amp;SS SECTOR</b>				
1.1	Qualifications should be developed for occupations in high demand in the sector.	<ul style="list-style-type: none"> <li>National qualifications should be developed (Refer to 2.3).</li> <li>The number of trainees enrolled in national qualifications should be increased annually.</li> </ul>	NTA / education institutions/ Employer Bodies/ Labour Unions/	TBA
1.2	Short courses should be accredited and recognised.	<ul style="list-style-type: none"> <li>Short skills courses are accredited.</li> <li>Train-the-trainer / Assessor / moderator/ verifier / RPL practitioner courses are offered to the sector.</li> </ul>	Community Groups/ Government Agencies/ International Donor Agencies	TBA
1.3	The training needs of civil society should be addressed to build institutional capacity.	<ul style="list-style-type: none"> <li>Management / finance for non-financial managers / HR / Marketing / Governance / Risk / Project Management</li> </ul>		TBA
<b>PRIORITY 2: ESTABLISH A TRAINING CONSORTIUM IN THE HC&amp;SS SECTOR</b>				
2.1	A training consortium should be established in the HC&SS sector	<ul style="list-style-type: none"> <li>Concept paper on training consortium.</li> <li>Workshops to inform stakeholders of the business model.</li> <li>Business Plan produced and implemented.</li> <li>Training providers join consortium.</li> <li>SMME firms join consortium.</li> </ul>	NTA / employer bodies/ training providers	TBA
<b>PRIORITY 3: PROMOTE CAREER GUIDANCE TO ATTRACT YOUTH TO THE HC&amp;SS SECTOR</b>				
3.1	Develop a Career Guide for the HC&SS sector.	<ul style="list-style-type: none"> <li>A Career Guide is produced.</li> </ul>	VET providers NTA	TBA
3.2	Train a small group of facilitators to conduct workshops based on the Career Guide.	<ul style="list-style-type: none"> <li>Number of facilitators trained.</li> <li>Career Guide disseminated to all secondary schools and VET providers.</li> </ul>		TBA

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
3.3	Career Guide distributed at Career Fairs.	<ul style="list-style-type: none"> <li>Number of career fairs attended in a year.</li> </ul>		TBA
<b>PRIORITY 4: IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF THE VET SECTOR</b>				
4.1.	VET providers should offer HC&SS training programmes in partnerships with service providers.	<ul style="list-style-type: none"> <li>Number of VET providers accredited.</li> <li>Number of trainers, assessors and moderators registered.</li> <li>Number of service providers accredited as workplace training providers.</li> </ul>	NTA / training providers /firms / NQA	TBA
4.2.	Expand trainee access to national qualifications in the HC&SS sector.	<ul style="list-style-type: none"> <li>HC&amp;SS training programmes are offered using a range of delivery modes (full-, part-time, distance and blended).</li> </ul>		TBA
4.3.	Develop training programmes to grow the pool of VET instructors and improve the subject knowledge of the HC&SS sector.	<ul style="list-style-type: none"> <li>Workshops are held to improve the knowledge of instructors of the HC&amp;SS sector.</li> </ul>		TBA
<b>PRIORITY 5: BUILDING LABOUR MARKET RESEARCH CAPACITY FOR SECTOR SKILLS PLANNING</b>				
5.1	Conduct research in the HC&SS sector.	<ul style="list-style-type: none"> <li>Conduct an occupational profiling exercise in the sector.</li> <li>Conduct research on implementing a traineeship programme.</li> </ul>	NTA	TBA
5.2	Review and update sector skills plan.	<ul style="list-style-type: none"> <li>SSP is updated annually.</li> </ul>		TBA
<b>PRIORITY 6: SUPPORTING WORKPLACE-BASED SKILLS DEVELOPMENT IN THE HC&amp;SS SECTOR</b>				
6.1	Support service providers with skills development in the sector.	<ul style="list-style-type: none"> <li>Service providers and training providers should have access to a Training Package obtainable in hard copies, CDs and online.</li> <li>Service providers should be given vouchers for made for the following training:</li> </ul>		

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
		<ul style="list-style-type: none"> <li>-“Train-the-Trainer Course”</li> <li>-Assessor, moderator and verifier</li> <li>Training</li> <li>-RPL training</li> </ul>		
<b>PRIORITY 7: PROMOTING ACCESS FOR PEOPLE WITH DISABILITIES IN THE EDUCATION AND TRAINING SYSTEM AND WORK</b>				
7.1.	Awareness raising campaigns with training providers, employers, unions and public entities for people with disabilities (PWD).	<ul style="list-style-type: none"> <li>▪ Meetings with National Federation of People with Disabilities in Namibia (NFPDN) and MoHSS to discuss campaign.</li> <li>▪ Number of public interventions for PWD.</li> </ul>	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"> <li>▪ Meetings with National Federation of People with Disabilities in Namibia (NFPDN) and MoHSS to discuss workshops.</li> <li>▪ Number of workshop held.</li> </ul>		TBA
7.3.	Advocacy campaign to increase representation on education structures (NTA) of PWD.	<ul style="list-style-type: none"> <li>▪ Inclusion of representatives of PWD on relevant E&amp;T bodies</li> </ul>		TBA
7.4.	Organising a national conference on “Disability – paths to E&T and employment.”	<ul style="list-style-type: none"> <li>▪ Meetings with National Federation of People with Disabilities in Namibia (NFPDN) and MoHSS to discuss conference.</li> <li>▪ A National Conference held.</li> </ul>		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"> <li>▪ A feasibility study is undertaken to develop the programme.</li> </ul>		

NO	ACTIVITIES	INDICATORS	PARTIES	DUE DATES
<b>PRIORITY 8: DEVELOPMENT OF A NATIONAL QUALIFICATION FOR A HEALTH EXTENSION WORKER (HEW)</b>				
8.1	Discussion between NTA and Civil Society on Health Extension Worker.	<ul style="list-style-type: none"> <li>Agreement reached on development of qualification for HEW.</li> </ul>	NTA/NQA/ Civil society	TBA
8.2	Develop a qualification for Health Extension Worker.	<ul style="list-style-type: none"> <li>Development of qualification for HEW.</li> </ul>		TBA