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UNITED NATIONS POPULATION FUND

Final country programme document for Namibia

Proposed indicative UNFPA assistance:	$8.5 million: $5 million from regular resources and $3.5 million through co-financing modalities and/or other, including regular resources
Programme period:	Five years (2014-2018)
Cycle of assistance:	Fifth
Category per decision 2007/42:	A

Proposed indicative assistance by core programme area (in millions of $):

Strategic plan outcome area	Regular resources	Other	Total
Maternal and newborn health	1.7	1.4	3.1
Young people's sexual and reproductive health and sexuality education	1.1	1.0	2.1
Gender equality and reproductive rights	0.6	0.5	1.1
Data availability and analysis	1.0	0.6	1.6
Programme coordination and assistance	0.6	-	0.6
Total	5.0	3.5	8.5

I. Situation analysis

1. Namibia is classified as an upper middle-income country with an annual per capita income of over $5,293. However, the country suffers from a high level of income inequality, with a Gini coefficient of 0.59. According to the *Human Development Report 2013* Namibia ranks 128 out of 186 countries, with a human development index rating of 0.608. Unemployment is also high at 36.9 per cent. Nineteen per cent of households are classified as poor and 10 per cent as severely poor. The female-headed household poverty level is 22 per cent, compared to 18 per cent for male-headed households.

2. In 2011, the population of Namibia was 2.1 million, according to the national Namibia 2011 Population and Housing Census, of which 57 per cent resided in rural areas, compared to 67 per cent in 2001. Population density is 2.1 people per km^2 with an annual population growth rate of 1.5 per cent compared to 2.6 per cent in 2001. With 66 per cent of the population below the age of 30, Namibia is predominantly young, and average life expectancy is 62.6 years.

3. The national total fertility rate declined from 4.2 in 2000 to 3.6 in 2006, and was higher in rural areas (4.3) than in urban areas (2.8) in 2006. The national contraceptive prevalence rate is 46.6 per cent of women aged 15 to 49. Unmet need for family planning is 3 per cent for women aged 15 to 49, and 7 per cent for married women. However, the occurrence of 'baby dumping' – abandoning an infant without care and exposing the child to danger or death – reported regularly in local media, depicts that unmet need for family planning and unwanted pregnancies persist.

4. The national Demographic and Health Survey of 2006-2007 showed an increase in the maternal mortality ratio from 271 in 2000 to 449 per 100,000 live births in 2006-2007. However, estimates from the World Health Organization, United Nations Children's Fund, World Bank and UNFPA produced jointly in 2012 indicate that the maternal mortality ratio has stabilized at 200 per 100,000 live births between 1990 and 2010. Even though 81 per cent of deliveries occur in health facilities (93 per cent in urban and 72 per cent in rural areas), maternal mortality is high as a result of limited availability and poor quality of emergency obstetric care services. Thirty-seven per cent of all maternal deaths result from HIV/AIDS, while complications due to teenage pregnancies account for 10.1 per cent. The national teenage pregnancy rate is 15.4 per cent but varies by region, with Caprivi at 29.7 per cent and Otjozondjupa at 26 per cent.

5. The estimated HIV prevalence rate for the general population is 13.4 per cent, although among pregnant women aged 15 to 49 the rate is 18.2 per cent. HIV prevalence among young pregnant women aged 15 to 24 decreased from 26.6 per cent in 2006 to 16.3 per cent in 2012. Sixty-seven per cent of all new infections are among women. The drivers of the epidemic include multiple concurrent partners, intergenerational sex and low and inconsistent condom use. The national HIV/AIDS framework recognizes sex workers as a key population at higher risk for the HIV infection.

6. In terms of education, girls tend to remain in school longer than boys in secondary education; girls having a 79 per cent retention rate up to grade eight and boys 76 per cent.

7. Namibia has a gender policy and gender-based violence plan of action, although implementation remains a challenge, and girls and women continue to face gender-based violence. In 2006-2007, 35 per cent of women and 41 per cent of men aged 18 to 49 justified beating as an acceptable way for a husband to discipline his wife. Such sociocultural norms, which undermine women's decision-making power, contribute to women's poor health outcomes, such as maternal mortality and HIV infection.

8. Namibia conducts regular censuses and household surveys, and collects data through the Health Information System. However, limited analysis of socioeconomic and demographic data and weak monitoring and evaluation systems were identified as key barriers for evidence-based planning and decision-making. The establishment of the Namibia Statistics Agency in 2011 has provided a platform for better coordination in the production of high-quality statistics. However, the capacity of the agency needs strengthening in order to produce, analyse, disseminate and promote the use of population statistics for decision-making.

9. Since 2008, Namibia has experienced recurrent floods and droughts that have affected 60 per cent of the population in seven northern regions. The national response has focused on shelter and prevention of waterborne diseases, while sexual and reproductive health and protection concerns, including gender-based violence, are not adequately addressed.

II. Past cooperation and lessons learned

10. Under the fourth country programme, 2006-2013, UNFPA provided support at the national and regional levels (Oshikoto, Otjozondjupa and Caprivi). In maternal health, through its activities, UNFPA strengthened the capacity of 437 nurses in emergency obstetric care and seven medical doctors in anaesthesia, and equipped district hospitals in intervention regions to perform caesarean sections. The organization also helped to establish national and regional maternal peri/neonatal death review committees, which still need further technical support to institutionalize maternal death review.

11. In collaboration with other United Nations organizations, UNFPA supported the launch of the Campaign on Accelerated Reduction of Maternal Mortality in Africa; the development, costing and implementation of the Roadmap for Accelerating the Reduction of Maternal and Neonatal Morbidity and Mortality and the National Strategy and Action Plan for the Elimination of New Paediatric HIV Infections and Keeping their Mothers Alive. Through the Office of the First Lady, support for maternity waiting homes in remote districts reduced the number of complications due to ‘first delay’ – or delay in deciding to seek care – but still needs further strengthening.

12. Twenty-five per cent of all nurses were trained on adolescent-friendly health and family planning service delivery. Thirteen per cent of households in intervention areas were sensitized on sexual and reproductive health issues, including HIV/AIDS, and 450,000 male and 220,845 female condoms were distributed. A rapid assessment was conducted and a pilot study is ongoing by the Ministry of Health and Social Services with support from UNFPA and the Joint United Nations Programme on HIV/AIDS to support the integration of sexual and reproductive health and HIV services.

13. The revised national gender policy now stipulates the importance of men’s involvement in successfully addressing gender and sexual and reproductive health challenges, including in humanitarian settings. In collaboration with other United Nations organizations, UNFPA helped to develop gender-based violence and national gender action plans, and train 66 facilitators as trainers on men’s engagement. The organization also helped to develop a gender equality, sexual and reproductive health and rights framework for faith-based organizations and a gender-based violence module for tertiary institutions. In addition, UNFPA assisted in setting up regional protection working groups to address sexual and reproductive health, gender-based violence and HIV/AIDS issues in disaster risk regions.

14. UNFPA worked closely with the Namibia Statistics Agency to conduct the Namibia 2011 Population and Housing Census and the 2006 and 2013 Demographic and Health Survey, and to establish NamInfo, a national database

system for monitoring human development. However, continued staff training is needed in the production and utilization of high-quality statistics. UNFPA also trained regional planners in result-based management principles, and supported studies in the areas of youth migration, gender-based violence, programme and policy integration of sexual and reproductive health and HIV/AIDS issues, maternal mortality and cancers of the reproductive system.

15. Lessons from the fourth country programme indicate that: (a) strengthening the capacity of service providers and involving community organizations in programming ensure effective implementation and ownership; (b) strengthening monitoring and evaluation systems is essential for programme management; and (c) South-South cooperation is an effective and efficient strategy to enhance national capacity.

III. Proposed programme

16. UNFPA and the Government formulated the fifth country programme, 2014-2018, through a multi-stakeholder consultative process. The programme is aligned with United Nations Partnership Framework, 2014-2018, national development plan four, 2012/2013–2016/2017, sectoral strategic plans and the revised UNFPA strategic plan, 2008-2013.

17. This country programme contributes to four UNFPA strategic plan outcomes to improve quality of life and reduce inequalities for the achievement of universal access to sexual and reproductive health. In order to maintain gains achieved during the previous country programme, UNFPA will provide upstream support at the national level and targeted interventions for marginalized, indigenous groups, and vulnerable rural and urban communities in four of the country's thirteen regions (Caprivi, Oshikoto, Otjozondjupa and Ohangwena).

Maternal and newborn health

18. Output 1: By 2018, the capacity to provide high-quality, emergency obstetric and newborn care and family planning services at the national level and in selected intervention areas, including in humanitarian settings, is strengthened. UNFPA will work to achieve this output by advocating for leveraging national resources to implement the Campaign on Accelerated Reduction of Maternal Mortality in Africa and the Road Map for Accelerating the Reduction of Maternal and Neonatal Morbidity and Mortality by: (a) strengthening the reproductive health commodity security system; (b) institutionalizing maternal death reviews; (c) scaling up maternity waiting homes; (d) strengthening knowledge and the skills of health workers; and (e) enhancing the capacity of health facilities to provide emergency obstetric care services.

Young people's sexual and reproductive health and sexuality education

19. Output 1: By 2018, young people's capacity to demand sexual and reproductive health and HIV services is strengthened. UNFPA will work to achieve this output by: (a) advocating for youth leadership and participation in sexual and reproductive health and HIV/AIDS programming through youth networks and organizations; (b) strengthening national capacity for comprehensive sexuality education programming for young people; and (c) supporting social and behaviour change in attitudes towards family planning and HIV prevention, in particular preventing women from getting infected by HIV and preventing unintended pregnancies among women living with HIV.

20. Output 2: By 2018, national capacity to facilitate linkages and integration of HIV and sexual and reproductive health service provision, particularly for young people and sex workers, is enhanced. UNFPA will work to achieve this outcome by: (a) supporting the revision of

policies, plans, guidelines and curricula to ensure HIV and sexual and reproductive health integration; (b) strengthening the comprehensive condom programming system; and (c) supporting skills-building programmes for health workers on the provision of (i) integrated sexual and reproductive health and HIV services; and (ii) adolescent-friendly health services.

Gender equality and reproductive rights

21. Output 1: By 2018, the capacity of government institutions and civil society organizations to prevent and respond to gender-based violence, including in humanitarian settings, is strengthened. UNFPA will advocate for and support the implementation of the national gender-based violence and gender action plans by: (a) supporting civil society and faith-based organizations to promote men's involvement; (b) sensitizing communities to address sociocultural barriers for improved uptake of health services; and (c) advocating for a multi-sectoral response to gender-based violence.

Data availability and analysis

22. Output 1: By 2018, the capacity of the Namibia Statistics Agency in production, dissemination and utilization of high-quality, disaggregated statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings, is enhanced. UNFPA will work to achieve this output by: (a) providing technical support to the national statistical system, including training and research institutions and the National Statistics Agency; (b) strengthening NamInfo, health information and vital registration systems; (c) advocating for national and regional decision-makers to effectively utilize statistics to inform policies and plans; and (d) producing monographs on key population issues based on the Namibia 2011 Population and Housing Census, and the Demographic and Health Survey, 2013.

IV. Programme management, monitoring and evaluation

23. The National Planning Commission will provide oversight and coordination of the programme and monitor implementation through the United Nations Partnership Framework, 2014-2018.

24. UNFPA will approach the Government, private sector, other United Nations organizations and development partners for possible co-financing of the programme. UNFPA will promote joint programmes in key areas of the programme, based on common areas identified in the Delivering-as-One process.

25. The UNFPA country office will review the current office typology in line with the cluster approach and will allocate resources accordingly. The country office will seek technical assistance, including through South-South cooperation, in strategic areas with support from the regional office.

26. National execution continues to be the preferred implementation arrangement for UNFPA, and the programme will use the harmonized approach to cash transfers. UNFPA will select implementing partners based on their ability to deliver results and their accountability frameworks, and will continuously monitor partner performance and periodically adjust implementation arrangements.

27. In the event of an emergency, UNFPA may, in consultation with the Government, re-programme funds to respond to emerging issues within the UNFPA mandate.

RESULTS AND RESOURCES FRAMEWORK FOR NAMIBIA

National priority: By 2017, all Namibians have access to a quality health system in terms of prevention, cure and rehabilitation, and the country is characterized by an improvement in the 2011 baseline figure of 57 for a healthy adjusted life expectancy to 59

United Nations Partnership Framework outcome: (a) by end of 2018, Namibia will have accountable and well-coordinated multi-sectoral mechanisms to prevent, control, eliminate and eradicate priority diseases and conditions and address socioeconomic determinants of health. *Indicator 6.2*: HIV prevalence among pregnant women aged 15 to 24 (*Baseline*: 8.9 per cent in 2012; *Target*: 5 per cent); and (b) by end of 2018, Namibia will have upstream policy advice and implement policies to ensure developed health systems to deliver quality, accessible, affordable, integrated and equitable health services. *Indicator 7.1*: maternal mortality ratio (*Baseline*: 200/100,000 in 2012; *Target*: 100/100,000); *Indicator 7.2*: health workers/population ratio in the public sector (*Baseline*: 2.0; *Target*: 2.5)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Maternal and newborn health Outcome indicators: • Number of reported annual maternal deaths in health facilities *Baseline*: 629; *Target*: 300 • Proportion of births attended by skilled birth personnel *Baseline*: 81 per cent; *Target*: 90 per cent	Output 1: By 2018, the capacity to provide quality, emergency obstetric and newborn care and family planning services at the national level and in selected intervention areas, including in humanitarian settings, is strengthened	Output indicators: • Number of health workers skilled in emergency obstetric and newborn care, including family planning services, in intervention areas *Baseline*: 437; *Target*: 1,500 • Number of health facilities providing emergency obstetric and newborn care services in intervention areas, as per national protocol *Baseline*: 2; *Target*: 12 • Percentage of women with obstetric complications that are attended to in a health facility *Baseline*: 18.2 per cent; *Target*: 28 per cent	Ministry of Health and Social Services; World Health Organization; United Nations Children's Fund; United Nations High Commissioner for Refugees; Namibia Red Cross Society; regional councils	$3.1 million ($1.7 million from regular resources and $1.4 million from other resources)
Young people's sexual and reproductive health and sexuality education Outcome indicators: • Contraceptive prevalence rate among young people (aged 15 to 24) *Baseline*: 39 per cent; *Target*: 47 per cent • HIV prevalence rate among youth (aged 15 to 24) *Baseline*: 8.9 per cent; *Target*: 5 per cent	Output 1: By 2018, young people's capacity to demand sexual and reproductive health and HIV services is strengthened	Output indicators: • Comprehensive sexuality education strategy and corresponding action plan available *Baseline*: no; *Target*: yes • Number of youth-serving organizations with skilled staff to implement comprehensive sexuality education in intervention regions *Baseline*: 0; *Target*: 10 • Number of young people skilled as peer educators and participating in sexual and reproductive health programming in intervention regions *Baseline*: 225; *Target*: 725	Ministry of Youth, National Service, Sports and Culture; National Youth Council; Namibia Planned Parenthood Association; Ministry of Education	$2.1 million ($1.1 million from regular resources and $1 million from other resources)
	Output 2: By 2018, national capacity to facilitate linkages and integration of HIV and sexual and reproductive health service provision, particularly for young people and sex workers, is enhanced	Output indicators: • Proportion of nurses skilled to provide adolescent sexual and reproductive health and HIV services *Baseline*: 25 per cent; *Target*: 50 per cent • Proportion of health facilities providing integrated sexual and reproductive health and HIV services according to national guidelines in intervention regions	Ministry of Health and Social Services; The Joint United Nations Programme on HIV/AIDS; World Health Organization;	

		Baseline: 20 per cent; *Target*: 50 per cent • Proportion of service delivery points without stock-outs of condoms within the last six months in intervention regions *Baseline*: 80 per cent; *Target*: 100 per cent	Namibia Planned Parenthood Association	
Gender equality and reproductive rights Outcome indicator: • Percentage of people who justify beating as an acceptable way for a husband to discipline his wife, disaggregated by sex *Baseline*: 35 per cent (females) and 41 per cent (males); *Target*: 25 per cent (females) and 31 per cent (males)	Output 1: By 2018, capacity of government institutions and civil society organizations to prevent and respond to gender-based violence, including in humanitarian settings, is strengthened	Output indicators: • Standard operating procedures for the provision of integrated gender-based violence services available *Baseline*: no; *Target*: yes • Number of national institutions with skilled staff to provide integrated gender-based violence, HIV and sexual and reproductive health services, as per protocols *Baseline*: 0; *Target*: 6 • Number of community members sensitized to address sociocultural barriers perpetuating to gender-based violence *Baseline*: 5,750; *Target*: 11,500	Ministry of Gender Equality and Child Welfare; Ministry of Safety and Security; Ministry of Health and Social Services; Namibia Planned Parenthood Association; UN-Women; United Nations Development Programme	$1.1 million ($0.6 million from regular resources and $0.5 million from other resources)
National priority: Driven by improved monitoring and evaluation mechanisms as well as improved accountability, supported by appropriate reward/sanction schemes and entrenched culture of performance management in the public sector, the execution rate of NDP 4 has improved significantly **United Nations Partnership Framework outcome**: By 2018, functional monitoring and evaluation, and statistical analyses systems are in place to monitor and report on progress. *Indicator 1*: Availability of credible core integrated sex-disaggregated socio-economic statistical datasets that meet regional and international standards (*Baseline*: Not fully available, nor integrated in 2013; *Target*: Available); *Indicator* 2: Time between completion of survey/census field work and production of survey reports and micro-dataset (*Baseline*: Namibia Household Income and Expenditure Survey- 18 months and Census 2011- more than 24 months; *Target*: 12 months)				
Data availability and analysis Outcome indicator: • Number of national systems for data production and dissemination operational *Baseline*: 3; *Target*: 10	Output 1: By 2018, capacity of national statistical system in production, dissemination and utilization of high-quality disaggregated statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings, is enhanced	Output indicators: • Number of professionals of the national statistical system with skilled staff in high-quality data collection, analysis and dissemination *Baseline*: 145; *Target*: 300 • Number of government staff at national and regional levels with skills to use NamInfo, health information systems and vital registration *Baseline*: 390; *Target*: 1,000 • Number of monographs based on the Namibia 2011 Population and Housing Census and the 2013 Demographic and Health Survey produced and disseminated *Baseline*: 0; *Target*: 8	National Statistics Agency; Ministry of Health and Social Services; Ministry of Home Affairs and Immigration; University of Namibia; Polytechnic of Namibia; United Nations Development Programme; United Nations Children's Fund	$1.6 million ($1 million from regular resources and $0.6 million from other resources) Programme coordination and assistance: $0.6 million from regular resources