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**Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Namibia**

Proposed UNFPA assistance: \$5.5 million: \$3.5 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2006-2010)

Cycle of assistance: Fourth

Category per decision 2005/13: B

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

	Regular resources	Other	Total
Reproductive health	1.9	1	2.9
Population and development	0.5	-	0.5
Gender	0.8	1	1.8
Programme coordination and assistance	0.3	-	0.3
Total	3.5	2	5.5

## **I. Situation analysis**

1. Namibia has an estimated population of 1.8 million. The total fertility rate is 4.1 births per woman, and the contraceptive prevalence rate is 37.8 per cent. Namibia has made progress towards several Millennium Development Goals (MDGs), including universal access to primary school education. However, the high HIV prevalence rate (21.3 per cent in 2003), which is responsible for a growing number of vulnerable and orphaned children, is undermining such achievements. As the 2004 common country assessment (CCA) indicates, the combination of HIV/AIDS, food insecurity and weakened institutional capacity constitutes a triple threat within the humanitarian crisis in Southern Africa.

2. HIV/AIDS has had a profound impact on the demography of Namibia. The negative effects of the disease on health and longevity have reduced the annual population growth rate from 3.0 per cent in the 1980s to 2.6 per cent in 2001. AIDS has been the leading cause of death since 1996. Life expectancy declined from 61 years to 49 years between 1991 and 2001. Although the spread of the pandemic appears to be slowing, many people are still ill and dying. In 2004, the HIV infection rate was 19.9 per cent among pregnant women. The high incidence of unprotected sex is a major cause of the high HIV prevalence rate. In 2000, only 43 per cent of women and 67 per cent of men reported using a condom during their last high-risk sexual encounter.

3. Young people below the age of 15 make up more than 39 per cent of the population. Six per cent of females and 12 per cent of males are sexually active before the age of 15, and almost all Namibians are sexually active before the age of 20. Although the teenage pregnancy rate has dropped, 39 per cent of 19 year olds are mothers or are pregnant.

4. The low status of women is contributing to the spread of HIV/AIDS. About one in six young women have had sex in exchange for

money or material rewards. Gender-based violence and alcohol abuse are also major concerns.

5. The maternal mortality ratio increased from 225 deaths per 100,000 live births in 1992 to 271 deaths per 100,000 live births in 2000. Twenty-four per cent of deliveries take place at home without skilled attendants. In some regions, the home delivery rate is as high as 40 per cent. Between 1996 and 2000, 52 per cent of new mothers did not receive post-natal care.

6. Despite the middle-income status of the country, large segments of the population receive low wages and are engaged in subsistence agriculture. A recent survey indicated that 40 per cent of Namibians are living below the poverty line. Youth unemployment may be as high as 60 per cent, which could lead to alcohol abuse, an increased sense of hopelessness and risky sexual behaviour. Large parts of the country are subject to recurring natural disasters such as droughts and floods.

## **II. Past cooperation and lessons learned**

7. The third country programme for Namibia was approved in the amount of \$12.5 million (\$3.5 million in regular resources and \$9 million from other sources). The programme focused on preventing HIV/AIDS among young people.

8. The programme established a UNFPA presence in the area of adolescent reproductive health and adopted a multisectoral approach to combat HIV/AIDS. The emphasis on sociocultural research as a starting point to promote behavioural change expanded the knowledge base and will continue under the proposed programme. The programme initiated joint programming and partnerships with the United Nations Children's Fund (UNICEF) in the area of adolescent reproductive health and mobilized additional resources from bilateral sources. The programme supported the 2001

Namibian population and housing census and promoted policy dialogue that resulted in a plan of action to implement the population policy.

9. Lessons learned during the third country programme include the need to: (a) increase involvement in national poverty reduction efforts that address gender issues and the needs of poor women and men; (b) ensure that closely related outputs are integrated into a single intervention and not implemented as separate projects (for example, ensuring that community mobilization is an integral part of reproductive health and HIV prevention interventions); (c) ensure that coordination mechanisms are agreed and in place prior to the start of the programme; (d) address gender issues more vigorously, particularly in a context where gender inequality is fuelling the spread of HIV/AIDS; and (e) accompany contraceptive supply efforts with accurate and timely information about the demand for female condoms.

### III. Proposed programme

10. In accordance with the UNFPA multi-year funding framework, 2004-2007, the proposed programme consists of three components: reproductive health, population and development, and gender. It reflects the 2004 CCA and the 2006-2010 United Nations Development Assistance Framework (UNDAF) and addresses key national priorities and development challenges outlined in the second national development plan and Vision 2030 (the long-term development plan of Namibia). The programme also reflects consultations with government counterparts and stakeholders and draws on the experiences and lessons learned from previous country programmes.

#### *Reproductive health component*

11. This component will focus on HIV prevention, impact mitigation and the provision of high-quality reproductive health services, including essential obstetric care in selected intervention areas. UNFPA interventions will focus on 24 underserved health districts in the

Caprivi Region. The component will also support national and regional youth networks on population and development, particularly for advocacy to prevent HIV.

12. A key strategy will be community education and mobilization to create a demand for high-quality reproductive health services and to promote healthy reproductive behaviour. Social mobilization efforts will target all segments of the population, including political and religious leaders, elders, parents and young people. Community education and mobilization initiatives will focus on young people and their health needs, in order to achieve behavioural results. The success of UNFPA-supported community mobilization and education interventions will depend upon people's knowledge and understanding of recommended health behaviours.

13. The expected outcomes of the reproductive health component are: (a) reduced high-risk behaviour among vulnerable groups through interventions that address underlying causes; (b) increased access, utilization and provision of comprehensive, high-quality reproductive health services, including HIV prevention, treatment and care, and voluntary counselling and testing (VCT); (c) strengthened national and regional capacity for humanitarian and emergency response management; and (d) strengthened institutional and community capacity for effective delivery and utilization of critical services in health and education.

14. Output 1: Young people participate in and have access to HIV/AIDS information, life skills and opportunities in 24 health districts. This output will be achieved through: (a) behavioural change communication approaches that identify behavioural issues amenable to communication solutions; and (b) strengthened interpersonal communication and counselling skills of health providers. UNFPA will focus on in-school and out-of-school young people in 24 health districts. Joint programming with the

World Health Organization (WHO) and UNICEF will be undertaken.

15. Output 2: Increased availability of comprehensive, high-quality HIV prevention and youth-friendly health services and care, including VCT and sexual and reproductive health services. In line with the government plan for VCT, the programme will support: (a) the training of VCT community counsellors; (b) integrated VCT; the prevention of mother-to-child transmission plus antiretroviral treatment; and reproductive health services in underserved areas; and (c) community mobilization aimed at reducing the stigma associated with testing.

16. VCT services will be designed to ensure a continuum of support, care and treatment after testing. Other activities will include: (a) training service providers to provide high-quality, adolescent-friendly services and address domestic and gender-based violence; and (b) strengthening national capacity to coordinate the procurement, management and distribution of reproductive health commodities.

17. Output 3: Strengthened capacity to address reproductive health needs in emergency settings. This will be achieved by: (a) developing and implementing protocols and training manuals; and (b) sensitizing government officials and health staff on reproductive health issues in emergency settings.

18. Output 4: Increased availability of high-quality maternal care services, including essential obstetric care, in two thirds of intervention areas. This output will focus on reducing maternal mortality by providing essential obstetric care in underserved rural areas. Key activities include: (a) training service providers in essential obstetric care and safe motherhood services; (b) strengthening the referral system for essential obstetric care services; and (c) empowering communities to improve maternal health through male

involvement and collective action to address high-risk pregnancies. Joint programming with WHO and UNICEF to support the Government in implementing a national road map for accelerating the attainment of the MDGs related to maternal and newborn health in Africa will be undertaken.

#### *Population and development component*

19. The outcome of this component is as follows: strengthened national statistical system to ensure effective development and application of tools for evidence-based policymaking. This component will seek to forge a better understanding of the linkages between population dynamics, poverty, and the demographic and socio-economic causes and consequences of the HIV/AIDS epidemic. It will help to formulate and implement national policies and programmes aimed at mitigating the consequences of the epidemic, alleviating poverty and bringing about gender equality and equity. The programme will support the implementation of the national poverty reduction strategy and will also support national and regional networks of parliamentarians, the media and faith-based organizations on population and development.

20. Output 1: Improved availability and utilization of age- and sex-disaggregated data for planning, implementing, monitoring and evaluating the poverty reduction strategy and development plans. UNFPA will achieve this output by: (a) helping the national planning commission secretariat, in collaboration with UNDP, to undertake and complete regional poverty profiles for 10 regions by the end of 2008; (b) introducing, by the end of 2007, in collaboration with UNDP and UNICEF, the *DevInfo* database; and (c) strengthening national capacities to collect, analyse, disseminate and utilize population-related data for policy and decision-making.

#### *Gender component*

21. The gender component is designed to address gender inequalities that contribute to the spread of HIV/AIDS. The component will support national and regional networks of women parliamentarians on population, gender and development.

22. The expected outcomes of the gender component are: (a) strengthened commitment and leadership of the Government and other stakeholders to create an enabling environment for scaled-up multisectoral responses; (b) improved income-earning and access to food for vulnerable households; and (c) increased awareness of and capacity for protecting the rights of children, women and other vulnerable groups.

23. Output 1: Increased level of knowledge and commitment to an expanded HIV/AIDS response, gender issues and women's empowerment among national and local leaders. This will be achieved through: (a) advocacy and awareness raising for national, traditional, religious and local leaders, and elders on how gender inequality fuels the epidemic as well as on the need for more resources and opportunities for women to combat the disease; and (b) the completion of poverty profiles that will generate information on the plight of poor women and result in policies and programmes that address their needs.

24. Output 2: Strengthened capacity to integrate gender issues into HIV/AIDS policies and programmes. The output focuses on reducing the HIV prevalence rate by empowering women to attain equality in the family, workplace and community. Specific activities include: (a) ensuring that gender concerns are adequately reflected in the national HIV/AIDS policy; and (b) reviewing policies and laws and identifying areas of interface between HIV/AIDS and gender.

25. Output 3: Strengthened community capacity in the Caprivi Region to address

livelihood issues, food security and nutrition to respond to the impact of HIV/AIDS. This output will be achieved through a joint programme with UNICEF, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations World Food Programme (WFP) in the Caprivi Region. The initiative will empower women, particularly female heads-of-households and women suffering from HIV/AIDS, and girls by: (a) increasing access to high-quality reproductive health information and services, including VCT, the prevention of mother-to-child transmission, essential obstetric care and HIV/AIDS; and (b) increasing income-earning capacity through skills training in traditional and non-traditional areas, including those required to access markets and microcredit schemes.

26. Output 4: Communities mobilized against gender-based violence, and women and girls aware of their rights and how to access available services. This output will be achieved by: (a) simplifying and translating laws into local languages and disseminating them among local and traditional leaders; (b) involving men and boys in interventions to reduce gender-based violence and to empower women; (c) addressing entrenched ideas about masculinity and male and female roles; and (d) supporting the enforcement of the domestic violence and rape acts.

#### **IV. Programme management, monitoring and evaluation**

27. Key partner ministries and non-governmental organizations will implement the programme using the national execution modality. The programme will forge partnerships with other United Nations agencies to maximize the impact of development efforts and will emphasize joint annual work planning as well as quarterly and annual reviews.

28. The Ministry of Health and Social Services will coordinate the reproductive health component;

the Ministry of Women's Affairs and Child Welfare will coordinate the gender component; and the national planning commission will coordinate the population and development component. The lead ministry for each programme component will organize quarterly and annual reviews, which will also form part of the annual UNDAF review process.

29. Monitoring and evaluation will be undertaken in accordance with UNFPA guidelines and the UNDAF monitoring and evaluation framework. The programme will seek to establish a strong monitoring and evaluation culture within the country office and among counterpart agencies. A planning and monitoring officer funded from the regional programme will provide monitoring support. The programme will use available data and commission further data collection, if necessary. Programme outcomes will be evaluated during the fourth and fifth years of the programme. A resource mobilization strategy will also be developed.

30. The UNFPA country office in Namibia consists of a representative, an assistant representative, two national programme officers, a finance associate and two administrative support staff. Programme funds will be earmarked for two national programme posts and two administrative support posts, within the framework of the approved UNFPA country office typology. The UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

31. In order to strengthen institutional capacity, a request has been made for an international programme officer for HIV/AIDS, a national programme officer, an operations manager and one support staff member. National project personnel will also be recruited to strengthen programme implementation.

## RESULTS AND RESOURCES FRAMEWORK FOR NAMIBIA

<p><b>National priority:</b> (a) reduction in incidence of HIV infection; (b) economic growth, employment creation, economic empowerment and reduction in poverty; (c) improved reproductive health and maternal health and reduced maternal mortality; and (d) promotion of gender equality and equity</p> <p><b>UNDAF outcome:</b> by 2010, (a) strengthened HIV/AIDS response; (b) improved livelihoods and food security; and (c) strengthened capacity of the Government and civil society institutions to deliver and monitor critical health, education and special protection services</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome 1:</u> Reduced high-risk behaviour among vulnerable groups through interventions that address underlying causes</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>By 2010, the proportion of young boys and men aged 15-34 using condoms increases from 66% to 80%</li> <li>Decrease in adolescent fertility rate from 18% to 16%</li> </ul> <p><u>Baseline:</u> 2000 demographic and health survey (DHS); CCA/UNDAF</p> <p><u>Outcome 2:</u> Increased access, utilization and provision of comprehensive, high-quality reproductive health services, including HIV prevention, treatment and care, and VCT</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>By 2009, the number of VCT centres increased from 6 to 45</li> <li>Increase in contraceptive prevalence rate from 37.8% to 58%</li> </ul> <p><u>Baseline:</u> 2000 DHS; CCA/UNDAF; third medium term plan</p> <p><u>Outcome 3:</u> Strengthened national and regional capacity for humanitarian and emergency response management</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Legal framework for disaster management formulated</li> <li>Vulnerability assessments conducted</li> </ul> <p><u>Outcome 4:</u> Strengthened institutional and community capacity for effective delivery and utilization of critical services in health and education</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>By 2010, proportion of maternal deaths reduced by 30% in intervention areas</li> </ul> <p><u>Baseline:</u> 2000 DHS; CCA/UNDAF</p>	<p><u>Output 1:</u> Young people participate in and have access to HIV/AIDS information, life skills and opportunities in 24 health districts</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Increase in condom use in intervention areas among 15-34 age group</li> <li>Decrease in the number of teenage pregnancies in intervention areas</li> </ul> <p><u>Output 2:</u> Increased availability of comprehensive, high-quality HIV prevention and youth-friendly health services and care, including VCT and sexual and reproductive health services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Increase in % of people aged 15-34 in intervention areas utilizing reproductive health services</li> <li>By 2008, increase in trained VCT community counsellors from 72 to 502</li> </ul> <p><u>Output 3:</u> Strengthened capacity to address reproductive health needs in emergency settings</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Government officials and providers sensitized</li> <li>Protocols and training manuals developed and utilized</li> </ul> <p><u>Output 4:</u> Increased availability of high-quality maternal health care services, including essential obstetric care in two thirds of intervention areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Increased proportion of births attended by skilled birth attendants in intervention areas</li> <li>Increase in the number of skilled birth attendants in intervention sites areas</li> </ul>	<ul style="list-style-type: none"> <li>WHO; UNICEF; UNESCO; Joint United Nations Programme on HIV/AIDS</li> <li>UNICEF; WHO</li> <li>WHO; UNICEF</li> <li>WHO; UNICEF</li> </ul>	<p>\$2.9 million (\$1.9 million from regular resources and \$1 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome 1:</b> Strengthened national statistical system to ensure effective development and application of tools for evidence-based policymaking</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Integration of population and gender issues into the implementation of the national development plan and the national poverty reduction strategy and action plan</li> </ul> <p><u>Baseline:</u> National poverty reduction strategy; CCA/UNDAF</p>	<p><b>Output 1:</b> Improved availability and utilization of age- and sex-disaggregated data for planning, implementing, monitoring and evaluating poverty reduction strategy and development plans</p> <p><u>Output indicators:</u></p> <p>Regional poverty profiles for 10 regions available by the end of 2008; reproductive health and gender issues in the context of HIV/AIDS integrated into poverty monitoring and analysis; introduction of <i>DevInfo</i> database by the end of 2007; increased number of users and organizations accessing data from the Central Bureau of Statistics</p>	<ul style="list-style-type: none"> <li>UNDP; UNICEF</li> </ul>	\$0.5 million from regular resources
Gender	<p><b>Outcome 1:</b> Strengthened commitment and leadership of the Government and other stakeholders to create an enabling environment for scaled-up multisectoral responses</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>National HIV/AIDS policy with a strong gender perspective developed</li> <li>By 2009, relevant law reforms pertaining to reproductive health and gender issues completed</li> <li>By 2010, 80% of national gender action plan implemented</li> <li>Rape act and domestic violence act enforced</li> </ul> <p><u>Baseline:</u> CCA/UNDAF</p> <p><b>Outcome 2:</b> Improved income-earning and access to food for vulnerable households</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Increased income of female-headed households in Caprivi Region</li> </ul> <p><u>Baseline:</u> CCA/UNDAF; regional poverty profile for Caprivi Region</p> <p><b>Outcome 3:</b> Increased awareness of and capacity for protecting the rights of children, women and other vulnerable groups</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Reduction from 44.4% to 20% in the proportion of men who believe wife beating is justified</li> </ul> <p><u>Baseline:</u> 2000 DHS</p>	<p><b>Output 1:</b> Increased level of knowledge and commitment to an expanded HIV/AIDS response, gender issues and women's empowerment among national and local leaders</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Increased number of constituencies recognizing the pivotal role of gender in combating HIV and expressing support for allocating greater resources to women's empowerment</li> </ul> <p><b>Output 2:</b> Strengthened capacity to integrate gender issues into HIV/AIDS policies and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>By 2007, review of policies and laws and identification of key areas of interface between HIV/AIDS and gender completed</li> <li>National gender action plan developed</li> </ul> <p><b>Output 3:</b> Strengthened community capacity in the Caprivi Region to address livelihood issues, food security and nutrition and to respond to the impact of HIV/AIDS</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Increased number of women in the Caprivi Region accessing reproductive health information and services</li> <li>Increased number of women accessing markets and microcredit schemes</li> </ul> <p><b>Output 4:</b> Communities mobilized against gender-based violence, and women and girls aware of their rights and how to access available services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Change in men's and women's attitude towards gender-based violence in intervention areas</li> <li>Prevention of gender-based violence integrated into community policing activities in intervention areas</li> <li>Increase in number of law enforcers trained in preventing gender-based violence</li> </ul>	<ul style="list-style-type: none"> <li>United Nations agencies</li> <li>United Nations agencies</li> <li>UNICEF; FAO; UNESCO; WFP</li> <li>UNICEF; UNESCO; UNDP</li> </ul>	<p>\$1.8 million (\$0.8 million from regular resources and \$1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>