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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Namibia

Proposed indicative UNFPA assistance:	\$11 million: \$3.2 million from regular resources and \$7.8 million through co-financing modalities or other resources
Programme period:	Five years (2025-2029)
Cycle of assistance:	Seventh
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2029

I. Programme rationale

1. Namibia has retained its upper middle-income status and reputation for peaceful coexistence and political stability. The mainstay of Namibia's economy remains the extractives industry as the greatest contributor to gross domestic product (GDP) within its export-driven economy. Namibia has aspirations of being a prosperous and industrialized nation; however it faces challenges that could hinder its socio-economic transformation and the well-being of its population. The country ranked as the second-most unequal country in the world, with a Gini index of 57.6 in 2021.¹ Over 43 per cent of Namibians experience multidimensional poverty,² with the population in rural areas (59 per cent) and female-headed households (46 per cent) disproportionately affected.

2. The country has recorded a 43 per cent population increase between 2011 and 2023,³ from 2.11 million to 3.02 million individuals, representing an annual growth rate of about 3 per cent. At this rate, the population is expected to double by 2050. This demographic shift intensifies socio-economic strains, particularly given that 71.1 per cent of Namibia's population is under the age of 35, with 34.1 per cent falling within the critical 15-to-34-year age group. While the youthful demographic presents opportunities for development, it also requires increased investment in education, employment, and empowerment, including provision of sexual and reproductive health services, necessitating a tailored and sustainable approach.

3. The total fertility rate in Namibia stands at 3.3, with a higher rate (4.2) in rural areas, compared to urban areas (2.9); the regions of Ohangwena (5.3), the Kavango (4.6), Omaheke (4.6), Kunene (4.5), and Zambezi (4.2) have recorded the highest fertility rates. Additionally, unemployed women with disabilities have a higher fertility rate (4.2), compared to employed counterparts (3.6), both surpassing the national average.

4. The maternal mortality ratio declined from 2000 to 2020, from 450 deaths per 100,000 live births to 215 per 100,000 live births. However, achieving the Sustainable Development Goal (SDG) target of 70 per 100,000 live births requires an annual rate of reduction of 10.6 per cent, exceeding the current annual rate of 7.8 per cent. Insufficient access to skilled birth attendance and emergency obstetric care, particularly in rural areas, contributes to maternal mortality resulting from haemorrhage and hypertensive disorders in pregnancy. Home births are prevalent in rural areas, with regions such as Kavango (26.6), Kunene (25.8), Omaheke (23.8), Zambezi (14.1), and Omusati (13.8) reporting the highest rates. The primary obstacle to delivering in health facilities is the physical distance and lack of transport, accounting for 73.7 per cent of the affected population.

5. Teenage pregnancy remains a significant concern, with a national prevalence rate of 19 per cent among girls aged 15-19 years.⁴ Rural areas exhibit higher rates with Kunene (38.9), Omaheke (36), Kavango (34), Zambezi (28), Otjozondjupa (23.6) and Ohangwena (22.7) regions experiencing the highest occurrences. Nearly half (45.1 per cent) of girls who became pregnant between ages 15-19 years have little or no education, with 70 per cent of pregnancies in this age group being unintended. Barriers to addressing maternal mortality are also linked to high rates of unintended pregnancies among adolescents. Adolescent girls face specific challenges to their sexual and reproductive health and rights (SRHR) due to inadequate information, negative gender and social norms and limited adolescent-responsive and youth-friendly services. These are further exacerbated in rural locations and within poor households, necessitating targeted interventions.

6. The country has a modern contraceptive prevalence rate of 58 per cent, with a target of 80 per cent by 2030. Disparities in contraceptive use are evident across age groups, with 25 per cent of girls aged 15-19 years less likely to use contraception, compared to 59 per cent among women aged 25-39 years. Contraceptive uptake is notably low among women in rural areas, poor households and with lower education status. The unmet need for family planning declined to

¹ Data from World Development Indicator database accessed January 2022. (<https://databank.worldbank.org/reports.aspx?source=world-development-indicators>).

² Namibia Multidimensional Poverty Index (MIP) report, 2021.

³ Population Census 2023.

⁴ Namibia investment cases towards ending unmet need for family planning and gender-based violence report, 2022.

12.6 per cent in 2020 (from 24 per cent in 1992), and it is slightly higher among young women aged 20-24 years (13.8 per cent) and 25-29 years (13.5 per cent).

7. HIV prevalence decreased from 22 per cent in 2002 to 12.6 per cent in 2022.⁵ This is attributed to enhanced integration of HIV, sexual and reproductive health and gender-based violence prevention and response services, as well as approaches in scaling up antiretroviral therapy coverage to over 90 per cent by 2020.⁶ However, the annual incidence rate remains at 0.36 per cent, with young women aged 15-24 years experiencing a higher incidence rate of 0.9 per cent. Approximately 30 per cent of new HIV infections in Namibia occur among young people (aged 15-24 years), with 60 per cent of these infections affecting young women.

8. Sexual and gender-based violence remains a pervasive issue in Namibia, characterized by a rise in intimate partner violence, sexual violence and femicide. An estimated 33 per cent of ever-married women aged 15-49 years report experiencing physical, sexual or emotional violence from partners,⁷ with high prevalence rates in Kavango (49), Omaheke (42), Kunene (36), Ohangwena (31), and Zambezi (28) regions. The prevalence of child marriage among women is 18.4 per cent. The highest prevalence rates were reported in Kavango (39.7 per cent), Kunene (24 per cent), Zambezi (23.8 per cent), and Omaheke (23 per cent). Child marriages are higher in rural areas (22 per cent) than in urban areas (15 per cent). Evidence points to poverty as the most common risk factor and a consequence for child marriage, correlating with quantitative demographic health survey data, which showed a higher prevalence of early unions in poor households. Furthermore, the lack of upper-grade classes in hard-to-reach areas is also seen as encouraging child marriage, as children are left idle with no other aspiration beyond getting married.

9. The societal context of gender inequality perpetuates harmful socio-cultural norms and practices, disempowering women and girls and increasing their vulnerability to gender-based violence (GBV), unintended pregnancies, and sexually transmitted infections (STIs), including HIV. Some political and religious factors impede the implementation of comprehensive sexuality education. Poverty, lack of education, unemployment, and the impact of climate change, leading to protracted drought, and other external shocks, also serve as key drivers of violence against women and girls, which exacerbates existing vulnerabilities. Structural bottlenecks in addressing GBV persist due to inadequate coordination among the health, protection, law enforcement and justice systems. GBV also remains significantly underreported and contributes to the limited availability of high-quality disaggregated GBV data to guide decision-making. A UNFPA Namibia brief in 2020 revealed that over 15 per cent of GBV survivors do not seek support services and remain invisible to the system.

10. Considerable progress has been made towards the achievement of the Sustainable Development Goals (SDGs) in Namibia, particularly towards universal access to sexual and reproductive health. However, structural barriers and system gaps continue to impede progress. The limited availability of timely, high-quality disaggregated data hampers evidence-based policy actions, curbs targeted programme implementation to close gaps and reach the populations furthest left behind, and it constrains monitoring and accountability for results. The evaluation of the sixth country programme highlighted the urgent need to address the limited availability of disaggregated data. Using the Census (2023) data, the programme aims to accelerate progress towards the three transformative results and the reduction of sexual transmission of HIV as a priority result for the region. The generation and use of data and evidence as a game changer will ensure further analysis of the populations furthest left behind in accessing SRH services in target regions. It will also guide use of evidence-based investment cases to demonstrate the impact of family planning, maternal health, HIV prevention and gender equality on socio-economic development under different demographic scenarios.

11. The country programme evaluation highlighted key achievements in Namibia,⁸ with notable contributions in: (a) scaling up integrated SRH, HIV and sexual and gender-based violence services nationwide; (b) strengthening an enabling policy environment for improved quality

⁵ UNAIDS: HIV Estimates, 2022.

⁶ Health Sector Performance Review Synthesis Report 2022.

⁷ Namibia DHS 2013.

⁸ Evaluation of the UNFPA Namibia 6th country programme (2019-2023).

delivery of SRH and GBV services, particularly for adolescents, women, girls and key populations. (c) empowering young people to participate in decision-making processes and strengthening capacity to advocate for human rights (which has resulted in a notable cohort of youth leaders in positions of authority in Namibia); (d) establishment of legislative frameworks to address violence against women, girls and children and support the national emergency response during the COVID-19 pandemic to ensure continuity of sexual and reproductive health services, with linkages to long-term system resilience-building efforts.

12. Namibia is prone to disasters related to climate change patterns. These include floods, droughts and disease outbreaks – with the Ohangwena and Kunene regions being more prone to drought and Zambezi to floods – which are reported to have resulted in 40 per cent food insecurity. These environmental effects on infrastructure have a negative impact on the socio-economic strength of the country. During the humanitarian crisis, gender-based violence, driven by gender inequality, grew more acute. Broken social and protective networks, as well as the lack of clean drinking water, food and services, create an environment where women and girls are at acute risk. With the exacerbation of drought and its consequences, the vulnerability assessment in the region suggests an increase in the protection needs of women (pregnant and lactating) as well as adolescent girls.

13. Lessons learned from the previous country programme underscore the effectiveness of integrating sexual and reproductive health services through a multisectoral approach, with a particular focus on addressing barriers to supply and demand-side dimensions that affect adolescents and young people in identified geographic locations, sex, age groups, and poor households. Leveraging existing multisectoral social protection structures established by the Government, building on the humanitarian and development contexts, will be an important entry point for targeted programming to reach the populations furthest left behind, to strengthen resilience at individual, societal and systems levels, and to respond to climate-related and other shocks and disruptions. Thought leadership and policy advocacy emerged as valuable tools for promoting SRHR interventions and sustaining the comparative advantage of UNFPA within the United Nations system and as a critical partner of the Government.

14. The design of the new country programme has been shaped by the available evidence and data and key longitudinal analysis and evaluation recommendations, namely: (a) addressing the urgent need for disaggregated data to inform inclusive and effective policy actions, with a focus on reaching the most marginalized populations and closing inequality gaps that limit rights and choices for all; (b) strengthening institutional and technical capacity to ensure the sustainability of programme gains; (c) implementing targeted interventions in adolescent sexual and reproductive health, with a special emphasis on vulnerable and marginalized young women and girls; (d) enhancing tailored humanitarian and development programming across the country context, with a focus on enhancing resilience at individual, community and systems levels, and (e) scaling up youth-led accountability and fostering effective participation of young people, including those with disabilities, to drive socio-economic transformation and achieve the demographic dividend.

II. Programme priorities and partnerships

15. Given the youthful population, the country programme is centred on empowering adolescents and youth as catalysts for transformative change and towards harnessing the demographic dividend in Namibia. Guided by the contextual analysis, shifts in programming context and future trajectory of the country, the country programme will sustain a focus on upstream interventions that positions thought leadership in SRHR complemented by strategic foresight and targeted downstream interventions, to demonstrate evidence for scale-up towards Namibia's Vision 2030.

16. The country programme envisions that by 2029, adolescents, young people and those left furthest behind, can exercise their sexual and reproductive health rights, with bodily autonomy, and access opportunities free from discrimination, exclusion and violence, achieved by expanding choices and transforming gender power structures. The programme was developed within the

United Nations Sustainable Development Cooperation Framework (UNSDCF) process, in consultation with multiple stakeholders at national and subnational levels, including the Government, civil society organizations, bilateral/multilateral organizations, the private sector, academia and the media. Guided by a human rights-based and gender-transformative approach, representatives of populations at risk of being left behind, including women and youth-led organisations, were included in the design process.

17. Aligned with the United Nations reform and ‘delivering as one’ agendas, the ICPD Programme of Action and the voluntary ICPD25 national commitments, ICPD30 emphasizes the need for good governance, strong economic institutions and strengthening of women’s and young people’s empowerment, to be achieved through integrated policies in health, education and access to employment to accelerate the gains. In support of Agenda 2063 and the Sustainable Development Goals (SDGs) 3, 5 and 10, UNFPA will capitalize on its comparative advantage in its contribution to the UNSDCF (2025-2029) and the aligned national priorities, as defined in the white paper of the Sixth National Development Plan. The UNFPA country programme will contribute to four UNSDCF priority areas: (a) governance; (b) resilient economy and sustainable livelihoods; (c) enhanced climate resilience; and (d) quality basic social services.

18. To accelerate progress towards achieving the three transformative results, the programme will leverage the comparative advantage of UNFPA for a prioritized focus on four interconnected outputs to ensure rights-based adolescent and youth responsive programmes; the quality of targeted SRHR services; gender-transformative actions in addressing persistent harmful gender and social norms; and leveraging shifts in population change and data to address, through a multisectoral approach, the high rates of teenage pregnancy, preventable maternal deaths, gender-based violence, child marriage and new HIV infections. This approach will also contribute to addressing structural and systemic barriers within the health, education, protection and data systems. UNFPA will promote the generation, analysis and use of georeferenced data, including from the digital Census, with the relevant use of innovation and technology, to support targeted interventions aimed at bridging inequality gaps and reaching marginalized populations.

19. Furthermore, the programme will apply the humanitarian and development continuum approach to build resilience to climate-related shocks and other hazards that may occur. The continuum will employ early warning and early actions to strengthen preparedness and response, while safeguarding vulnerable groups, including internally displaced persons. The programme will leverage the Osire refugee area-based United Nations joint programme to improve access to SRHR services. In addition, it will prioritize targeted interventions to close inequality gaps required to reduce unmet need for family planning, reduce gender-based violence and harmful practices, reduce maternal mortality and reduce new HIV infections in 6 out of 14 regions (Kavango, Zambezi, Ohangwena, Omaheke, Kunene and Kavango).

20. There have been major strategic shifts across the three previous country programme cycles, necessitated by the country graduating to upper middle-income status, which resulted in changes in the funding and financing landscape, with a limited donor presence and little official development assistance. To achieve its results, the programme will use the following game-changing accelerators: (a) strengthening strategic partnerships, including public-private partnerships, for resource mobilization and sustainable financing, which will be leveraged alongside South-South and triangular cooperation to build national capacity for data, statistics and innovation; (b) use of innovation, including digital solutions, to support the scaling-up of high-impact, evidence-based interventions to expand the participation and leadership of young people, to promote access to sexual and reproductive health and gender-based violence information and services; (c) enhancing national data systems and evidence generation, (d) exploring innovative financing approaches with the Government, the United Nations system, the private sector and international financial institutions; and (e) fostering resilience and adaptation strategies across development and humanitarian efforts.

A. Output 1. By 2029, adolescents and youth are empowered and have the agency, skills and tools to exercise their sexual and reproductive health and reproductive rights, especially bodily autonomy, and are equipped to exercise leadership, participation, social innovation and accountability.

21. This output contributes to the three outcomes and output 6 of the UNFPA strategic plan, 2022-2025, and UNSDCF Outcomes 2 (resilient economy and sustainable livelihoods) and 4 (quality basic social services). It aims to empower adolescents and youth as agents of change by enhancing their life skills to make informed decisions related to SRHR outcomes, well-being and broader socio-economic development opportunities. It will promote a positive mindset change among young people to mitigate the risks of harmful behaviours.

22. The country programme focus will be on: (a) strengthening the effectiveness of youth-led accountability mechanisms to influence and participate in transformative change efforts, including innovation, emerging technologies and entrepreneurship, to accelerate progress towards universal SRHR; (b) strengthening intergenerational dialogues with all actors on inclusive policies affecting adolescents and young people in their diversity, including young persons with disabilities; and (c) co-creating tailored interventions to close policy implementation gaps for adolescent- and youth-focused programmes; (d) scaling up the integration of adolescent sexual and reproductive health into youth economic empowerment, mental health programmes and climate change adaptation strategies; (e) promoting the demand for adolescents' and young people's access to integrated family planning and STI/HIV prevention services by addressing harmful socio-cultural norms and promoting young people's agency and choice; and (f) strengthening innovative initiatives (such as UPSHIFT, Tune me and U-report) in collaboration with UNICEF and UNESCO; and, (g) strengthening institutional delivery of high-quality in-school and out-of-school comprehensive sexuality education, including parent-child communication, with deliberate steps to reach marginalized girls and boys, and strengthening linkages between comprehensive sexuality education and high-quality adolescent SRHR and youth services.

B. Output 2. By 2029, the national health system, institutions and communities have strengthened capacities to provide high-quality rights-based sexual and reproductive health products and services that integrate family planning, maternal health, HIV prevention and gender-based violence prevention and response interventions, with a prioritized reach of adolescents and youth.

23. This output is in alignment with UNSDCF Outcome 4 (quality basic social services) and the three UNFPA strategic plan, 2022-2025 outcomes, specifically output 2 on quality of care and services. A health system strengthening approach, underpinned by resilience building, will be adopted to inform strategies that accelerate the reduction of unmet need for family planning, preventable maternal deaths, new HIV infections and GBV cases in an integrated manner.

24. The country programme will support: (a) advocacy for increased domestic investments and leveraging of innovative financing to meet health system capacity needs for integrated service delivery; (b) supporting scale-up of integrated delivery models for sexual and reproductive health, HIV, and gender-based violence services, including tailored models for vulnerable populations, including refugees; (c) strengthening improved quality of care, through a provider and client-based approach, informed by innovation and digital technology in maternal telehealth and deployment of mobile health clinics, to navigate Namibia's logistical challenges. This includes building capacity to ensure equitable access to midwifery-led integrated care, including access to safe abortion care, including through family planning services and post-abortion care, to the full extent of the law in Namibia and the most recent World Health Organisation (WHO) guidelines; leveraging national institutions for integrated capacity-building models, offering training packages tailored to the unique needs of the targeted health facilities and health workforce. This includes developing and launching a mobile mentorship programme aimed at enhancing the skills and knowledge of in-service midwives, using simulation material and hands-on-practice to effectively address interlinked causes of maternal mortality, unmet need for family planning and

GBV; (e) enhancing the performance of the existing maternal, perinatal death surveillance and response system to guide course correction and strengthen accountability; (f) strengthening the supply-chain management systems, including forecasting and quantification, third-party procurement and ‘last mile’ assurance; (g) strengthening partnerships and collaboration with key players, such as the Global Fund and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) to ensure implementation of the new Global HIV Prevention roadmap targeting most-at-risk populations and young people; (h) engaging parliament and law enforcement institutions to ensure implementation and enforcement of inclusive laws and policies on sexual and reproductive health and rights; (i) strengthening the system capacity to deliver the Minimal Initial Service Package for reproductive health in an integrated manner during emergencies, with focus on the areas prone to impact of climate change; and (j) advancing translation of inclusive legislation and policies into implementation, with strengthened accountability mechanisms that prevent and respond to GBV from a multisectoral dimension, including integrated referral pathways.

C. Output 3. By 2029, the mechanisms and capacities of national institutions and systems are strengthened to advance gender equality and address discriminatory gender and sociocultural norms and stereotypes affecting sexual and reproductive health and reproductive rights, including gender-based violence and harmful practices.

25. This output is aligned with UNSDCF outcome 4 (quality basic social services) and the three UNFPA strategic plan, 2022-2025 outcomes, specifically output 3 on gender and social norms.

26. The country programme will focus on key strategic interventions that advance evidence-based advocacy, policy dialogue and capacity development, aimed to: (a) address harmful gender and social norms by embedding positive masculinity at the core of GBV prevention and response, and child marriage programmes; (b) strengthen multisectoral coordination and capacity for GBV information management systems to guide targeted decision-making; (c) support community-based organizations, in particular youth and women-led groups that promote and protect women’s right to bodily autonomy and strengthen positive masculinity to curb discriminatory social and gender norms; (d) develop context-fit innovation tools for engaging men and boys in support of gender-transformative and intergenerational change; and (e) evidence-based reporting through human rights monitoring and reporting mechanisms at global and regional levels, including, the Universal Periodic Review, African Union and Southern Africa Development Community related protocols, instruments, frameworks and plans.

D. Output 4. By 2029, national and subnational capacities and information management systems are strengthened for the generation of timely and spatially defined disaggregated data and evidence for the design, implementation and monitoring of public policies that reach the furthest left behind populations and account for population changes and other megatrends, including climate change.

27. This output is aligned with UNSDCF Outcomes 1 (governance) and 3 (enhanced climate resilience) and the three UNFPA strategic plan, 2022-2025 outcomes, specifically output 4 on population change and data.

28. In collaboration with the Government, innovation and digital technology will be leveraged to strengthen national data systems and enhance availability of timely high-quality disaggregated and geo-referenced data to guide decision-making on leaving no one behind. This will benefit from strengthened partnerships, including with public and private-sector socio-economic research institutions, academia and innovation labs, as well as the United Nations system. Guided by evidence, the programme will also advocate for legal, policy and accountability frameworks that accelerate the use of data in the implementation of policies, laws, strategies and programmes.

29. The country programme will support: (a) strengthening the capacity of the Namibia Statistics Agency to extensively use the 2023 census data for population projections and in-depth thematic, disaggregated and geo-referenced data analysis to guide decision-making, (b) undertaking a multivariate analysis of digital census and survey data, including from the Demographic and

Health Survey, Labour Survey and Namibia Household, Income and Expenditure Survey (NHIES), for use in improving tailored development programmes; (c) scaling up evidence-based policy advocacy to close inequality gaps limiting universal access to SRHR by using data on sex, age, location, disability and ethnicity to leave no one behind; (d) strengthening partnerships with the Namibia Statistics Agency and other government institutions to facilitate the establishment and functionality of administrative data systems, with particular attention on civil registration and vital statistics, health information management, GBV information management, and the education census; (e) strengthening coordination of the national statistics system for improved production and use of high-quality statistics; (f) strengthening institutional capacity to generate and use evidence on population change to guide shifts in the national population policy and efforts to harness the demographic dividend, including relevant multisectoral strategies; and (g) strengthening national capacity for conducting vulnerability assessments that address the SRH/GBV/HIV needs of populations within disaster preparedness and response and climate change adaptation plans.

III. Programme and risk management

30. UNFPA, in partnership with the Namibian Government, under the overall coordination of the National Planning Commission and in collaboration with United Nations entities, civil society and community-based organizations, will plan, implement, monitor and evaluate the programme, following UNFPA guidelines and procedures. The harmonized approach to cash transfers will continue to be applied, following risk and capacity assessment of implementing partners, and leveraging inter-agency cooperation for risk mitigation and cost efficiencies. The country programme will be delivered through a core team of technical and programme staff with a skills mix that is aligned to programme delivery, particularly in sustainable financing, data and knowledge management, and the impact of megatrends, including climate change, innovation and digital technology. Technical support from the Regional Office, through the Middle-Income Country Technical Hub, the Regional Operations Shared Service Centre and UNFPA headquarters, will be brokered and secured, as required. UNFPA will also leverage expertise across the United Nations country team (UNCT) to support the delivery of programme results. It will implement the approved office structure to ensure the UNFPA workforce will steer the programmes.

31. Key programmatic risks include the impact of deep-rooted gender and social norms, income inequality, vulnerability to external economic shocks, with limited economic development, which also constrains the fiscal space. Namibia is also prone to natural disasters from climate change, such as floods, droughts and outbreaks of disease. In order to mitigate these risks, UNFPA will employ risk mitigation strategies that include creative, culturally sensitive approaches to address social norms and harmful practices, alternate programme modalities, emergency preparedness, community resilience building and evidence-based policy advocacy for increased investments from blended finance in the three transformative results. UNFPA will regularly monitor and conduct risk analysis to assess socio-political, economic and operational factors that may impact programme implementation. Business continuity, enterprise risk management and emergency preparedness plans will be updated regularly.

32. This country programme document outlines UNFPA contributions to national priorities and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

33. UNFPA is committed to ensuring the accountability of programme resources and fostering adaptive learning and knowledge management during the country programme cycle. UNFPA will collaborate with government ministries, national partners, including non-traditional partners, civil society organizations, private-sector and other stakeholders, at both the national and subnational levels, to accelerate progress towards sustainable development. Coordination mechanisms that

are mutually agreed upon will be used to monitor progress and to make essential adjustments, where required, to enhance the effectiveness of the programme.

34. UNFPA involvement in the UNSDCF monitoring and evaluation group will ensure contributions to annual reports and the final evaluation of the cooperation framework. Additionally, UNFPA will support UNCT efforts in monitoring the implementation of the 'leave no one behind' principle through the development and use of disaggregated data.

35. In collaboration with implementing partners and key stakeholders, UNFPA will also implement a country programme monitoring and evaluation plan, inclusive of established baselines and targets, guided by data and evidence, and will advance applying result-based management approaches and tools across the entire programme. The midterm review and evaluation of the country programme will be conducted, along with the midterm review and evaluation of the UNSDCF, with assessments of specific programmes implemented with the resources mobilized, in order to identify lessons learned, document good practices and inform programming adjustments, where required, as well as inform the design of successor programmes.

36. In collaboration with the UNCT, UNFPA will contribute to enhancing the national capacities on monitoring and evaluation of relevant national entities, as part of the monitoring and reporting on national commitments towards the 2030 Agenda for Sustainable Development and the ICPD Programme of Action, through voluntary national reviews, the Universal Periodic Review and other human rights monitoring and reporting mechanisms.

RESULTS AND RESOURCES FRAMEWORK FOR NAMIBIA (2025-2029)

NATIONAL PRIORITY: A prosperous and industrialized Namibia, developed by her human resources, enjoying peace, harmony and stability.				
UNSDCF OUTCOME(S): 2. By 2029, Namibia has a diversified and resilient economy that champions sustainable livelihoods and reduces inequalities inclusive of young people and marginalized communities. 4. By 2029, young people, women, and marginalized communities, have equal access to and use of quality, affordable, gender-inclusive and human rights-sensitive basic social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Adolescent birth rate (per 1,000 girls aged 15-19 years) <i>Baseline: 80 (2021); Target: 50 (2029)</i> Percentage of learner dropout rates due to pregnancy <i>Baseline: 33 (2021); Target: 15 (2029)</i> 	<u>Output 1.</u> By 2029, adolescents and youth are empowered and have the agency, skills and tools to exercise their sexual and reproductive health and reproductive rights, especially bodily autonomy, and are equipped to exercise leadership, participation, social innovation and accountability.	<ul style="list-style-type: none"> Number of policies, frameworks and programmes related to the three transformative results of UNFPA formulated/implemented with meaningful involvement of adolescents and youth, including with disabilities and those furthest behind <i>Baseline: 3 (2024); Target: 10 (2029)</i> Number of identified marginalized adolescents and young people including those with disabilities supported to improve their life skills, social, health and economic assets in targeted regions <i>Baseline: 8,816 (2024); Target: 15,000 (2029)</i> Number of institutions supported to deliver life skills-based HIV education, comprehensive sexuality education for in and out of school adolescents and youth <i>Baseline: 6 (2024); Target: 18 (2029)</i> 	Ministry of Education, Arts and Culture; Ministry of Sport, Youth and National Service; Ministry of Health and Social Services; Ministry of Environment and Tourism; Ministry of Finance; Office of the Prime Minister; United Nations agencies; development partners; civil society organizations (CSOs); academia; the private sector	\$3.1 million (\$1.0 million from regular resources and \$2.1 million from other resources)
NATIONAL PRIORITY: A prosperous and industrialized Namibia, developed by her human resources, enjoying peace, harmony and stability.				
UNSDCF OUTCOME(S): 4. By 2029, young people, women, and marginalized communities, have equal access to and use of to quality, affordable, gender-inclusive and human rights-sensitive basic social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> Maternal mortality ratio (per 100,000 live births) <i>Baseline: 215 (2024); Target: 70 (2029)</i> Proportion of women of reproductive age (aged 15-49 years) who have their need for modern family planning methods satisfied 	<u>Output 2.</u> By 2029, the national health system, institutions and communities have strengthened capacities to provide high-quality rights-based sexual and reproductive health products and services that integrate family	<ul style="list-style-type: none"> Number of policies, strategies, accountability frameworks, and implementation plans that have integrated sexual and reproductive health and rights, as well as the prevention and response to gender-based violence and harmful practices with UNFPA support <i>Baseline: 3 (2024); Target: 8 (2029)</i> Proportion of fully functional basic emergency obstetric and newborn care facilities in priority regions <i>Baseline: 69% (2024); Target: 82% (2029)</i> Number of priority regions in which at least 50 per cent of the estimated maternal deaths are notified 	Ministry of Sport, Youth and National Service; Ministry of Health and Social Services; Ministry of Education, Arts and Culture; Ministry of Gender Equality, Poverty Eradication and Social Welfare; Office of the Prime; Minister; National	\$2.7 million (\$0.7 million from regular resources and \$2.0 million from other resources)

<p><i>Baseline: 80.4 (2024); Target: 95 (2029)</i></p> <ul style="list-style-type: none"> Number of people newly infected with HIV in the reporting period per 1,000 uninfected population <i>Baseline: 261 (2024); Target: 166 (2029)</i> 	<p>planning, maternal health, HIV prevention and gender-based violence prevention and response interventions, with prioritized reach of adolescents and youth.</p>	<p><i>Baseline: 0 (2024); Target: 5 (2029)</i></p> <ul style="list-style-type: none"> Proportion of public health facilities that provide the comprehensive package of integrated sexual and reproductive health <i>Baseline: 73% (2024); Target: 80% (2029)</i> UNFPA third party procurement for RH commodities fully operationalised <i>Baseline: No (2024); Target: Yes (2029)</i> 	<p>Assembly; CSOs; academia; UN agencies; development partners; the private sector</p>	
<p>NATIONAL PRIORITY: A prosperous and industrialized Namibia, developed by her human resources, enjoying peace, harmony and stability.</p>				
<p>UNSDCF OUTCOME(S): 4. By 2029, young people, women, and marginalized communities, have equal access to, and use of to quality, affordable, gender-inclusive, and human rights-sensitive basic social services.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> GBV prevalence rate <i>Baseline: 33 (2024); Target: 28 (2029)</i> Proportion of women aged 20-24 years who were married or in a union before the age of 18 <i>Baseline: 7 (2024); Target: 3 (2029)</i> 	<p><u>Output 3.</u> By 2029, the mechanisms and capacities of national institutions and systems are strengthened to advance gender equality and address discriminatory gender and sociocultural norms and stereotypes affecting sexual and reproductive health and reproductive rights, including gender-based violence and harmful practices.</p>	<ul style="list-style-type: none"> Proportion of total recommendations from international and regional human rights mechanisms that are related to the discriminatory social/gender norms, stereotypes, practices and power relations in line with UNFPA mandate accepted by the Government <i>Baseline: 0 (2024); Target: 50 (2029)</i> Number of functional community-based platforms that address discriminatory gender and social norms related to SRHR in priority regions with UNFPA support <i>Baseline: 0 (2024); Target: 10 (2029)</i> Number of functional national mechanisms to engage men's and boys' organizations/networks/coalitions promoting positive masculinities that actively advocate for achieving transformative results. <i>Baseline: 0 (2024); Target: 10 (2029)</i> 	<p>Ministry of Health and Social Services; Ministry of Home Affairs, Immigration, Safety and Security; Ministry of Gender Equality, Poverty Eradication and Social Welfare; Ministry of Sport, Youth and National Service; Ministry of Justice; Ministry of Education, Arts and Culture; Office of the Prime Minister; UN agencies; CSOs; faith-based organisations, the private sector; academia; development partners</p>	<p>\$2.9 million (\$0.7 million from regular resources and \$2.2 million from other resources)</p>
<p>NATIONAL PRIORITY: A prosperous and industrialized Namibia, developed by her human resources, enjoying peace, harmony and stability</p>				
<p>UNSDCF OUTCOME: 1. By 2029 more young people and marginalized communities in Namibia actively participate in transparent gender-inclusive governance systems and institutions that prioritize accountability, transparency and human rights. 3. By 2029 Namibia has integrated gender-inclusive systems for sustainable management of natural resources; reduced climate change vulnerability and enhanced resilience of marginalized communities and young people.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>

<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of the population who believe decision-making is inclusive and responsive, by sex, age, disability and population group <i>Baseline: 0 (2024); Target: 9(2027)</i> 	<p><u>Output 4.</u> By 2029, national and subnational capacities and information management systems are strengthened for the generation of timely and spatially defined disaggregated data and evidence for the design, implementation and monitoring of public policies that reach the furthest left behind populations and account for population changes and other megatrends, including climate change.</p>	<ul style="list-style-type: none"> • Number of key population data outputs including population projections, routine vital statistics, census and survey reports on women, men, adolescents, youth and persons with disabilities <i>Baseline: 0 (2024); Target: 5 (2029)</i> • Number of administrative data systems that routinely collect data on Sexual and Reproductive Health (SRH) /Gender Based Violence (GBV) produce and disseminate reports. <i>Baseline: 0 (2024); Target: 2 (2029)</i> • Population situational analysis on population changes and diversity, major trends and the impact of climate change on achieving the three transformative results and ICPD Programme of Action conducted <i>Baseline: No (2024); Target: Yes (2029)</i> • Number of institutions capacitated with statistical knowledge and skills to use data for decision making <i>Baseline: 1 (2024); Target: 20 (2029)</i> 	<p>Namibia Statistics Agency; Ministry of Health and Social Services; Ministry of Home Affairs, Immigration, Safety and Security; Ministry of Gender Equality, Poverty Eradication and Social Welfare; Ministry of Education, Arts and Culture; National Planning Commission; Ministry of Environment and Tourism; Office of the Prime Minister; UN agencies; CSOs; academia development partners; the private sector</p>	<p>\$2.2 million (\$0.7 million from regular resources and \$1.5 million from other resources)</p> <p>Programme coordination and assistance: \$0.1 million from regular resources</p>
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