



**EVALUATION OF THE UNITED NATIONS POPULATION FUND
(UNFPA) NAMIBIA 6th COUNTRY PROGRAMME (2019 – 2023)**

Final Evaluation Report

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Disclaimer

This evaluation report was prepared by a team of three Consultants: Clifford Odimegwu, International Consultant and Team Leader, Pandu Hailonga-van Dijk, National Evaluation Consultant and Reginald Shuuya, young emerging evaluator. The content, analysis and recommendations of this report do not reflect the views of the United Nations Population Fund (UNFPA), its Executive Board or member states.

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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
AWP	Annual Work Plan
ART	Antiretroviral therapy
AU	African Union
A & Y	Adolescents and Youth (A&Y)
BCC	Behaviour Change for Communication
BCP	Business Continuity Plan
CERF	Central Emergency Relief Fund
CDC	Centres for Disease Control and Prevention
CPE	Country Programme Evaluation
CP	Country programme
CP6	6 TH Country Programme
CO	Country office
COAR	Country Office Annual Reports
CR	Country Representative
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DAC	Development Assistance Committee
DCT	Direct Cash Transfer
EU	European Union
ERG	Evaluation reference group
ESARO	Eastern and Southern Africa Regional Office
ET	Evaluation Team
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
GRN	Government Republic of Namibia
GTG	Gender Theme Group
HIV	Human Immunodeficiency Virus
HCT	HIV Counselling and Testing
HCT	Humanitarian Country Team
HPP	Haram bee Prosperity Plan
HQ	Head Quarter
ICPD	International Conference on Population and Development 1994
ILO	International Labour Organization
IOM	International Organization for Migration
IP	Implementing Partner
KII	Key Informant Interview
LGBT	Lesbian Gay Bisexual and Transgender

LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
NDP	National Development Plan
MGEPEWSW	Ministry of Gender Equality Poverty Eradication and Social Welfare
MISP	Minimum Initial Service Package
MoEAC	Ministry of Education, Arts and Culture
MoHSS	Ministry of Health and Social Services
MSYNS	Ministry of Sport Youth and National Service
MMR	Maternal Mortality Rate
NAMPOL	Namibian Police Force
NAPPA	Namibia Planned Parenthood Association
NEX	National Execution Modality
NFPDN	National Federation of People with Disabilities in Namibia
NGO	Non-Profit Organisation
NHIES	Namibia Household Income and Expenditure Survey
NOYD	Namibia Organization of Youth with Disabilities
NPC	National Planning Commission
NSA	Namibia Statistics Agency
ODA	Official Development assistance
OECD	Organisation for Economic Co-operation and Development
OPM	Office of the Prime Minister
P&D	Population & Data
PHC	Primary Health Care
PoA	Plan of Action
RO	Regional Office
SDGs	Sustainable Development Goals
SFH	Society for Family Health
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SRM	Security Risk Management
STIs	Sexually Transmitted Infections
SYP	Safeguard Young People
UNRCO	United Nations Resident Coordinator Office
ToC	Theory of Change
ToR	Terms of reference
UMBRAF	Unified Budget Results Accountability Framework
UMIC	Upper Middle-Income Country
UNAM	University of Namibia
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations International Children's Fund
UNESCO	United Nations Educational Scientific and Cultural Organization

UNFPA	United Nations Population Fund
UNPAF	United Nations Partnership Framework
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNV	United Nations Volunteer
WFP	World Food Programme
WHO	World Health Organisation
WP	Work Plan

Structure of the Country Programme Evaluation Report

This report comprises an executive summary, six chapters, and annexes and follows the structure recommended in the evaluation handbook by the UNFPA Independent Evaluation Office. Chapter 1, the **Introduction**, provides the background to the evaluation, objectives and scope, the methodology used, and the evaluation process including the limitations encountered. The **second chapter** describes the Namibia country context and development challenges it faces in the UNFPA mandated areas. The **third chapter** refers to the response of the UN System and then leads on to the specific response of UNFPA through its Country Programme (CP) to the national challenges faced by the country in the areas adolescent and youth, and gender equality and women's empowerment. The **fourth chapter** presents the findings for each of the evaluation questions specified in the evaluation matrix; the **fifth chapter** discusses conclusions, and the **sixth chapter** concludes with strategic and programmatic-level recommendations based on the conclusions.

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Key Facts Table

Land	
Geographic location	Namibia is a country in South-west Africa, bordered by the Atlantic Ocean in the west, Angola and Zambia in the north, Botswana in the east, and South Africa in the south and east.
Land area	824, 000 square kilometres
Terrain	Generally high plateau with the Namib Desert along the coast and the Kalahari Desert in the east
People	
Population (2018)	2 596037 ¹
Urban/ Rural Population % (2018)	49.9/ 50.1[1]
Population growth rate in 2016	1.9% [1]
Economy indicators	
GDP Growth Rate (%)	4.9% [1]
Main Economic Activity	Agriculture, tourism, and the mining for gem diamonds, uranium, gold, silver and base metals.
Unemployment rate (overall) (2018)	33.4% [1]
Youth unemployment (2018)	46.1 % [1]
Working-Age Population Employed 15+ years (2018)	60.59% (1 531 967) [1]
Government	
Government	Republic
History	1990: Gained independence from South Africa
Constitutional system	Sovereign, secular, democratic and unitary republic
Government-branches	The executive branch (the president and cabinet), the legislative branch (parliament) and the judicial branch (the courts)
Parliament	104 seats
Corruption perception Index Rank (2016)	58/180 countries ²
Corruption perception Index score (2016)	49/100 [2]
GDP Per Capita (US\$), Current Prices [2020]	USD 4,179 [4]
% Of women in parliament (2019)	44% ³
Social and Health Indicators	
Human Development Index, Rank (2019)	0.615, position 139/189 countries ⁴
Public health expenditure (2014/2015)	N\$ 12,067,742,100 ⁵

¹ Namibia Statistics Agency, 2014. Namibia Population Projections (2014 - 2041). Namibia Statistics Agency, Windhoek.

² Namibia Statistics Agency, 2015. The Namibia Household Income and Expenditure 2015/2016 Survey, NHIES Administrative and technical report. Namibia statistics Agency, Windhoek.

³ National Planning Commission Namibia. (2018). *Voluntary National Review Namibia, Implementation of the Sustainable Development Goals*. Windhoek.

⁴ UNDP. *Human Development Report 2021/2022. Uncertain times, Unsettled lives: Shaping our Future in a Transforming World*. 2022.

⁵ Namibia Statistics Agency, 2017. *Namibia Inter-censal Demographic Survey 2016 Report*. Namibia Statistics Agency, Windhoek

Per capita public health expenditure (2019)	427 USD [5]
Life expectancy (years)	Male (62) & Female (68) [5]
Under 5 mortality (per 1000 live births)	58.8 [5]
Maternal mortality (deaths of women per 100,000 live births)	195 [9]
Demography	
Infant mortality rate per 1000 live births (2017)	45 [5]
Adult mortality rate per 1,000 population (2017)	3 [5]
Total fertility rate (2020) per 1,000 persons	3.2 ⁶
Annual birth rate by adolescents	19 (%) [9]
HIV	
People living with HIV (2017)	204, 207 ⁷
HIV prevalence rate (15-64 years) (2017)	12.6% [7]
Number of people on ART	171,499 [7]
Education	
Literacy Rate, 15+ years, % (2016)	88% ⁸
Number of School dropout (2021)	15239 (pregnancy alone accounts for 17.4%) [8]
% Of those who reached tertiary level	40% [8]

⁶ State of world population 2022

⁷ Ministry of Health and Social Services (MoHSS), Namibia. Namibia Population-based HIV Impact Assessment (NAMPHIA) 2017: Final Report. Windhoek: MoHSS, Namibia; November 2019.

⁸ Ministry of Education Arts and Culture. (2021). EMIS Education Statistics

⁹ Ministry of health and social services (2020). PMTC programme data, DHIS database 2018-2020

Executive Summary

Overview. This report presents the findings, conclusions and recommendations of the Country Programme Evaluation (CPE) of the Government Republic of Namibia/UNFPA Sixth Country Programme cycle 2019-2023, (CP6). The overall purpose is to (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources, (ii) support evidence-based decision-making and contribute key lessons learned to the existing knowledge base on how to accelerate the implementation of the International Conference of Population and Development Programme of Action of the 1994 (ICPD PoA). This would provide the UNFPA CO in Namibia, national stakeholders, the UNFPA ESARO, UNFPA HQ as well as a wider audience with an independent assessment of the performance of the UNFPA Namibia 6th CP 2019-2023. This report covers results from 2019 to 2022 in two thematic areas -adolescents and youth development, and gender equality and women’s empowerment. The initial CP6 budget was \$7.5 million (\$3.2m from regular resources and \$4.3m m other resources).

Objectives and Scope: The broad objectives of the CPE include (i) to provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support, 2) to provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, lifesaving support with long-term development objectives; 3) to provide an assessment of the role-played by the UNFPA Namibia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Namibia CO in the coordination mechanisms of the Humanitarian Country Team (HCT) with a view to improving humanitarian response and ensuring contribution to longer-term recovery and 4) to draw key conclusions from past and current cooperation and provide a set of clear, forward- looking and actionable recommendations for the next programme cycle. CP6 has two thematic areas with particular attention to the cross-cutting issues of gender equality, human rights and inclusivity. To achieve the outputs, the CP6 employed all five modes of engagement: advocacy, policy dialogue, capacity-building, knowledge management and partnership. It focused on the two outcomes and three outputs within the CP Results Framework that were aligned with the UNFPA Strategic Plan for 2018-2021, and the new Strategic Plan 2022-2025.

The evaluation was designed to assess the CP6 outputs and outcomes by assessing six criteria: relevance, efficiency, effectiveness, sustainability, coordination, coverage, and development-humanitarian connectedness. The evaluation is intended to help key stakeholders, including UNFPA Namibia to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified, or added in the upcoming 7th Country Programme. The CPE took place during the period between May 2022 and October 2022 and covers the Namibia CP interventions from 2019-2022.

The primary users of the evaluation include the UNFPA Namibia CO, national partners including relevant government ministries and agencies, who are expected to benefit from the evaluation’s findings, conclusions, and recommendations. UNFPA ESARO and Evaluation Office (EO) are also expected to benefit by using the recommendations to plan for the next Country Programme. In addition, UN agencies represented in Namibia will use the evaluation findings in the development of the next Cooperation Framework for 2024 –2028. The evaluation covered interventions at the national and regional levels.

Evaluation Approach and Methodology. The CPE follows the structure provided in the revised edition of the UNFPA Evaluation Handbook 2019 using two separate components. First, is an analysis of the UNFPA Namibia 6th CP Outcomes and Outputs within the two focus areas (Adolescents and Youth, Gender Equality and Women Empowerment). This component employs four main criteria: relevance, effectiveness, efficiency, and sustainability. The second component assesses the positioning of the UNFPA Namibia CP6 in the country based on criteria of: UNCT coordination (with the development priorities of Namibia, its collaboration within the UNCT), and humanitarian criteria of coverage and connectedness. The evaluation covered the first four years of the four-year CP programme period (2019-2022).

Methodology: The evaluation was divided into design, data collection, analyses and report-writing. Using both secondary and primary sources, mixed method of data collection included documentary review, financial and operations system review, structured and semi-structured interviews with UNFPA staff, members of UNCT and national stakeholders, focus group discussions with beneficiaries of the various interventions and observations at visited institutions. The evaluation team (ET) consulted with 132 people in both the capital city and the four focus intervention regions. Analysis of the data collected involved triangulation of primary and secondary data collected from different sources and by different methods. Evaluation conclusions are based on common themes and patterns emerging from the analysis of the country programme performance in all the two thematic areas with cross-cutting issues.

Limitations: While the focus of the CP6 was on two outcomes, the instruments prepared were for four thematic areas. Limitations were mitigated by developing a theory of change that includes the two excluded thematic areas as cross-cutting. The expected duration and scope of this assignment did not allow for detailed quantitative measurement of the outcome, hence our analysis and conclusions are based on quantitative data collected from the Country Office and other secondary sources. This is already a source of bias. However, our use of triangulated methodology mitigated the bias that would have been introduced into the evaluation.

Main Findings

Relevance

Interventions implemented within the framework of the CP6 are aligned with national priorities encapsulated in the National Development Plans 5 and 6, and Harambee Prosperity Plan 1 and 2, sectoral policies. Also, the CP6 aligned with UNFPA Strategic Plans 2018-2021, 2022-2025 and business mode of operation, international development frameworks such as ICPD PoA, SDG Agenda 2030, and UN Partnership Framework in Namibia 2019-2023. While the CP6 intended to address critical issues in the country, there is a noticeable lack of emphasis on the two key thematic areas of UNFPA Strategic Plans.

Effectiveness: UNFPA has contributed to scale up sexual and reproductive health, HIV, sexual and gender-based violence integrated services throughout the country and this has improved the knowledge of staff on both HIV and SRH services; has assisted in generating knowledge on sexual and reproductive health and rights and gender-based violence. UNFPA supported the government to develop, review and update national strategies or guidelines to ensure improved quality delivery of SRH and GBV services particularly for adolescents, women, girls, and key populations. UNFPA empowered young people to participate in decisions affecting them and strengthening their ability to advance human rights and development issues of health, education, and employment, ensured ‘Leave No One Behind’ by supporting activities of Namibia

Organisation of Youths with Disabilities. UNFPA and UNESCO are supporting the Namibian government in scaling up Comprehensive Sexuality Education for in and out of school youth across the country. While CO staff reported that this is successful, interactions with beneficiaries such as schoolteachers and youths gave a different impression. CO established integrated sexual and reproductive health services in both public and private health facilities, but adolescents claimed the public health facilities are unfriendly.

With respect to gender equality and women's empowerment, effectiveness indicators include i) a number of legislative and frameworks in place to address violence against women, girls and children; ii) review the Police National Gender-based violence database indicators with the aim of to improve GBV case management, coordination, reporting and monitoring the relationship between service providers; iii) adapting the global Clinical Handbook for the Health Care of Women subjected to intimate partner violence, iv) trained health care workers to identify, manage and refer victims of intimate partner violence and sexual violence to integrate gender-based violence in sexual and reproductive health services.

Other achievements include procured and donated basic medical equipment, reproductive health commodities and contraceptives to the Ministry of Health and Social Services (MOHSS) to be used for strengthening the delivery of sexual and reproductive health including family planning, post-abortion care, maternal and child health care services in health facilities.

The CO has begun the process of assisting the Ministry of Health's Central Medical Stores in procuring reproductive health commodities, contraceptives, and medical equipment through the UN pool procurement system. UNFPA partnered with other UNCT agencies and Government to respond to the declaration of national emergency on account of severe drought; COVID-19 pandemic and Angolan migrants' crises by capacity development of health care workers to deliver Minimum Essential Service Package on RH and Gender-Based violence, procurement and distribution of dignity kits, clinical management kits for rape victims. The CO supported to evaluate the Namibia HIV response, focussing on UNFPA's contribution to the prevention of the sexual transmission of HIV and linking with SRHR and promotion of gender equality and human rights in the context of HIV.

The Country Programme contributed towards strengthening the national data management system in such areas as preparation for the national census in 2021 though it was not conducted and made other contributions towards strengthening national capacity to use administrative and population data in line with international standards; adaptation of disability indicators into census questionnaires and donation of three high performing Geographic Information System computers to the National Statistical Agency.

Efficiency: There is efficient use of human and financial resources in the implementation of the CP6 interventions. There was more than 85 percent fund utilisation of CP funds. Annual programme budgets were disbursed to support the implementation of Annual Work Plans (AWPs) through contracts with Implementing Partners as well as with the use of National Execution (NEX) modalities. UNFPA Namibia CO mobilized additional financial resources from CERF, Disability Fund, SDG Fund, Swiss Embassy and Japanese International Cooperation Agency and Regional Office Joint Programmes such as SYP, 2gether4SRHR and UBRAF. CO followed UNFPA policies and procedures in all activities including recruitment, implementation and report writing. National partners appreciate UNFPA for being flexible and responsive to their needs and ideas in the course of the annual planning process, although the contribution of UNFPA CO to interventions is least known among the regional beneficiaries. Programmes supported by

CO and implemented by line ministries at regional levels were ascribed to the ministries and not to UNFPA. There is inefficiency in terms of delay in disbursement of funds to IPs

Sustainability: The CP6 interventions may be sustainable because the programme focused on priorities already identified by the government of Namibia and forms part of government constitutional responsibility. Interventions are within existing government and community structures; and capacity-building of institutions and staff. Development of policies and guidelines also guarantees sustainability of the CP6 interventions.

Coordination: There is verifiable evidence the UNFPA CO collaborates actively with UNCT agencies in delivering UN mandate in Namibia. UNFPA CO contributes to the functioning and consolidation of UNCT and government coordination mechanisms. UNFPA is acknowledged by other UN Agencies, national and regional implementing partners, and other stakeholders as a reliable and responsive key lead agency for Gender, Adolescents and Youth and population and development. UNFPA leads the Data Joint Programme. It contributes significantly to humanitarian activities of the UNCT. There is no noticeable oversight at the national level.

Coverage: The CP6 interventions reached the most vulnerable and marginalized groups. CO partnered with some non-governmental organisations to provide services to young people in the farthest part of the country. Also, it provided services to the people with disabilities. However not all vulnerable and marginalized groups were reached due to lack of data on the vulnerable and marginalised population.

Connectedness: UNFPA CO provided some interventions in humanitarian situations such as during the drought, the Angolan migrants crisis and COVID-19 pandemic. However, there was no systematic effort to connect the interventions with development needs of the areas. The opportunity for possible resilience and social cohesion building among the refugees seems not to have been properly utilised.

Main Conclusions

The **strategic** conclusions about the **GRN/UNFPA CP6 (2019-2023)** note that the two thematic areas and the cross-cutting themes were relevant to the needs of the Namibian population articulated in the national development priorities articulated in the National Development Plan 5 , Harambee Prosperity Plan 1 and 2 and various sector strategies in the country .The two programme areas were relevant to several international development agreements such as the International Conference on Population and Development, United Nations Partnership Framework 2019-2023, the Sustainable Development Goals, and UNFPA Strategy Plan 2018-2021 and 2022-2025. With Namibia being classified as an Upper Middle-Income country, its interventions are pitched at upstream advocacy and policy level, three planned outputs in the CP6 are driven by 28 strategic interventions to achieve five strategic outcomes. The theory of change envisages clear linkages between the strategic interventions and outputs, leading to expected outcomes. The ET noted the mismatch between the outputs and outcomes; hence the outputs could not directly contribute to the outcomes as envisaged, signify that the theory of change was wrongly formulated.

UNFPA CO Namibia is an active and constructive partner contributing to the functioning and coordination of UNCT activities in Namibia. UNFPA Namibia is well recognized for its work within the UNPAF Outputs

and Outcomes. CO is acknowledged by other UN Agencies, and other stakeholders as a reliable and responsive key lead agency for adolescents and youth, gender equality and women's empowerment. UNFPA Namibia is well positioned within the UNCT system, with government institutions and local organizations, at the national and regional levels to effectively support programme implementation.

Programme coordination by the CO and oversight by the National Planning Commission are not always clearly coordinated. With quick resignations of two monitoring and evaluation analysts, there was no way to keep the programme focus and achievements on track, identify challenges and proffer solutions to overcome inefficiencies in a timely manner. The existing monitoring and evaluation mechanism did not provide the necessary evidence in time for management decision-making, simply because the system was weak having suffered from high staff attrition. There is need for increased technical and leadership skills within the UNFPA Namibia CO.

In terms of the **programmatic** conclusions, conspicuously missing in the CP6 are interventions to address Outcomes 1 and 4 of the UNFPA Strategic Plans, although the CO implemented activities related to these outcomes as cross-cutting. These include family planning, supply of reproductive health commodities and support to national nursing and midwife association to host a conference, training of health care workers, development of National Guidelines for Review and Response to Maternal Deaths, Maternal Near Miss, stillbirth, and neonatal deaths. The interventions have contributed to addressing issues in adolescents and youth access to integrated sexual and reproductive health services, gender equality and women's empowerment and in addressing humanitarian crisis. The CP6 interventions using the five modes of engagement have contributed to the achievement of some of results of the interventions but how they contribute to the outcomes is unclear. UNFPA support enabled youth in targeted districts to access integrated sexual and reproductive health services in the regions and to engage in social, educational, and cultural activities. The support in advocacy and awareness was effective in improving knowledge on SRH, gender inequality and empowerment issues. While the CP6 indicated focus on 4 regions, interventions were extended to other regions.

There is efficiency in the use of both financial and human resources, but staff complained of heavy workload and need for more staff is not supported by the ET observation. Considering that the CP6 is not huge, the ET feels the number of current staff is enough, just needed capacity development of the existing staff to improve skills and service delivery. CO mobilised resources through the SDG Funding, UNPRPD Project and Japanese funding and LNOB Project. The CO was efficient in disbursing annual programme budgets to support the implementation of Annual Work Plans (AWPs) through contracts with Implementing Partners as well as with the use of National Execution (NEX) modalities. One noticeable inefficiency in the CP6 is the expansion of interventions to areas not mentioned in the CPD as more than four districts were covered. There is a visible haphazard implementation of interventions that are not planned according to the strategic interventions.

Considering the upper stream mode of engagement, CP6 is sustainable to some extent because the programme focused on priorities already identified by the government of Namibia; interventions carried out within existing government structures; and capacity-building of institutions and staff. Also, the high-level advocacy and alliances established at national level, the use of already existing government structures (ministries) are all strategies UNFPA CO used to ensure sustainability and ownership of the different

interventions for most vulnerable and marginalized women, adolescents, and youth. The CP6 interventions reached the most vulnerable and marginalized groups as CO partnered with non-governmental organisations to provide services to vulnerable and marginalised groups in the farthest part of the country. However not all identified groups were reached due to lack of data on the vulnerable and marginalised and with no clarification of the target group. The term ‘marginalised’ seemed to be loosely used. There is no humanitarian-development nexus in the humanitarian interventions among the Angolan migrant’s camp. The opportunity for possible resilience and social cohesion building among the refugees seems not to have been properly utilised. With respect to Outcome 2, adolescents, and youth, two output areas were addressed with advocacy, institutional capacity building, and facilitation of youth dialogue.

The programme contributed to addressing the needs of adolescents and young people through supporting their access to information and services. There was inadequate data in determining the number of adolescents and young people having access to integrated sexual and reproductive health services. Adolescent beneficiaries reported that their access to the AYPHS in public health facilities is unsatisfactory as the environment is more unfriendly than services at the private NGO facilities. However local community-based organisations reported that they are not carried along in the scheme of things. There is also limited focus on risks and assumptions of the theory of change and risk mitigation plans.

Main Recommendations

On the strategic level, it is recommended that UNFPA should continue to align the CP to Namibia’s national policies and plans as well as to international, continental (i.e. Africa) and regional (i.e. East and Southern Africa) development agendas to respond to the country’s national needs and priorities and get buy-in support from international development partners. UNFPA should facilitate the development of a new development plan in Namibia. There is a need for the UNFPA CO to continue building partnerships with other UN agencies under the umbrella of Delivering as One, even though inter-agency rivalry exists, so that resources can be pooled to support joint activities. These strategic partnerships have worked well and should continue in the next CP. It is also suggested that UNFPA coordinates with partner UN Agencies and discuss with IPs to include in future programming measures to guarantee programmes’ sustainability.

UNFPA should also continue with implementing integrated sexual and reproductive health services in the design of the CP7 interventions, ensuring adequate shared skills and capacity of staff at national and regional levels. Focus this time will be on how to generate demand creation so that adolescents and youth will access the facilities freely and prevention of sexual and gender-based violence. Advocacy and policy dialogue should also continue to be included in the next CP. It is crucial that the timing of programming should ensure that before the formulation of a new CP, the national development plan and UNSDCF strategy should be ready. In fact, it is strongly recommended that Government of Namibia should formulate another development plan. Where this is not possible, CO should use available evidence such as the SDG Voluntary report and CCA results for the development of the next CP cycle.

On the programmatic level, the next CP should be holistic focusing on all the outputs as stated in the |SP 2022-2025. Giving the level of gender-based violence, teenage pregnancies, and unmet need of family planning, it is important to have interventions focused on adolescent sexual and reproductive health. Here attention should be focused on interventions that deal with vulnerable and marginalised women. Similarly,

with no recent data in the country, it is important that the next CP should also focus on output 4, which has to do with population change and data. Hence CO should facilitate and strengthen data ecosystem in the country. UNFPA Namibia should continue to build upon and expand its support to IPs that work with key populations and vulnerable youth to ensure genuine inclusive participation in preventive programmes with an emphasis on integrated SRH service delivery packages. Particularly the focus of work on adolescents and youth should also concentrate on skills development so that they will be enabled to unleash their energy towards contributing to economic progress and development. Thus, supporting activities that contribute to reaping demographic dividend in the country.

The advocacy and coordination efforts at the higher level and capacity-building programmes should be targeted to equip duty bearers especially law enforcement bodies to deliver on their responsibility and work towards ending GBV. UNFPA CO should continue to invest in building the capacity of right holders and equip them with skills to protect themselves and their peers from GBV and work with schools and communities to contribute to long-term change in attitude and behaviour. Most of the initiatives of CP6 are likely to be sustained throughout the next decades since various legislations, policies are well installed and strongly supported by the present leadership in the country. UNFPA is recognized as effective in responding to humanitarian needs and as a leading advocate for preventing GBV in emergencies.

The CO should continue to implement emergency preparedness and contingency including the rollout of the MISP in any emergency. Deliberate efforts should be made to bridge the gap in development indicators between the host community and the affected communities. Strategies should be put in place to build resilience and social cohesion among the affected population groups and the host communities while the displaced should also be economically empowered or be empowered for economic activity.

CHAPTER 1: INTRODUCTION

1.1 Purpose and Objectives of the Evaluation

The purpose of the Country Programme Evaluation (CPE) was to (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge base on how to accelerate the implementation of the Programme of Action of the 1994 ICPD⁹. The specific objectives of the CPE included:¹⁰

- i. To provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support.
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, lifesaving support with long-term development objectives.
- iii. To provide an assessment of the role-played by the UNFPA Namibia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iv. To provide an assessment of the role of the UNFPA Namibia CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
- v. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

The main audience and primary users of the evaluation are: (i) The UNFPA Namibia Country Office; (ii) Government of the Republic of Namibia (GRN); (iii) the United Nations Country Team (UNCT) in Namibia; (iv) UNFPA East and Southern Africa Regional Office (ESARO); (v) and donors operating in Namibia. The evaluation results would also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the UNFPA Namibia CO; (ii) UNFPA Headquarters; (iii) the UNFPA Executive Board; (iv) academia; (v) local civil society organizations (CSOs) and international NGOs; and (vi) beneficiaries of UNFPA support and organisations that represent them (in particular women, adolescents and youth).

1.2 Scope of the Evaluation

Geographically, the evaluation covered the national and regional level interventions in Ohangwena, Zambezi, Kunene, and Omaheke regions. Thematically, the evaluation covered only two thematic areas of the 6th Country Programme (CP), namely: Adolescents and Youth (A&Y), and Gender Equality and Women's Empowerment (GEWE). In addition, the evaluation covered cross-cutting issues

⁹ unfpa_namibia_country_programme_evaluation_terms_of_reference_2022

¹⁰ Ibid.

of gender equality and human rights, humanitarian assistance, including in the context of COVID-19, droughts, Angolan migrants, gender equality, and disability, and transversal functions, such as coordination, monitoring, and evaluation (M&E), innovation, resource mobilisation, and strategic partnerships, communication, and population data as a cross-cutting issue. The evaluation reviewed the achievements of UNFPA CP6 against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017, and 2018-2021, 2022-2025, the United Nations Partnership Framework and national development priorities and needs. In addition, this evaluation draws key lessons from the past as well as current cooperation to provide a set of actionable recommendations for the next programming cycle by looking at the work done under the previous programming cycles.

1.3. Methodology and Process

This section presents the CPE evaluation framework including evaluation criteria and questions, overall approach to answer evaluation questions, sample design, data collection methods, approach to data analysis used, limitations and evaluation process.

1.3.1 Methodology

The collection of evaluation data was carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus groups discussions, where feasible. The analysis is based on triangulating information obtained from various stakeholders' views as well as with secondary data and documentation reviewed by the team. The evaluation has followed the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and is guided by the UN ethics guidelines for evaluators in accordance with the UNEG's Ethical Guidelines for Evaluation, at www.unevaluation.org/ethicalguidelines.

1.3.1 Evaluation Criteria and Questions

The evaluation approach and guidance used in this exercise is provided in the UNFPA Evaluation Handbook. The evaluation questions are structured around the four OECD/DAC criteria: relevance, effectiveness, efficiency, and sustainability and three UNFPA criteria (coordination, coverage, connectedness).^{11, 12}.

The criterion of **relevance** brings into focus the correspondence between the objectives and support strategies of the CP, on the one hand, and population needs, government priorities, and UNFPA global policies and strategies on the other. It examined the extent to which the objectives of the UNFPA CP correspond to population needs at country level and were aligned throughout the programme period with government priorities, with strategies of UNFPA Namibia and the United Nations United Nations Partnership Framework.

Assessing the **effectiveness**, the extent to which CP outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP outcomes, would be achieved through a comparison of the intended goals, outcomes, and outputs with the actual achievement of results. The **efficiency** criterion-the extent to which CP outputs and outcomes have been achieved with the appropriate number of resources and captures how resources such as funds, expertise, time, among others, have been used by the CO and converted into the results along the results chain. The

¹¹UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook

¹²The DAC Principles for the Evaluation of Development Assistance. OECD (2000).

sustainability criterion is related to the likelihood that benefits from the CP continue after UNFPA funding is terminated and the corresponding interventions are closed. Therefore, the sustainability criterion - the continuation of benefits from a UNFPA - financed intervention after its termination, will assess the overall resilience of benefits to risks that could affect their continuation. The **coordination criterion** is related to the extent to which UNFPA has been an active member of, and contributor to existing coordination mechanisms of the UNCT. The **coverage criterion** is related to the extent to which major population groups facing life-threatening suffering were reached by humanitarian action. The **connectedness** is related to the assessment of activities of a short-term emergency nature, carried out in a context that takes longer-term and interconnected problems into account and will consider the linkages between the response and the recovery phases and support to local capacity development. Based on these evaluation criteria, the Evaluation Team adopted, with minor modification, a cluster of **10 key evaluation questions** as shown in Table 1. The evaluation questions are unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools as elaborated in the **Evaluation Matrix** which is presented in Annex 3.

1.3.2 Reconstructed Theory of Change

The Theory of Change (ToC) embedded in the CPD describes the changes expected to be created by the country programme as a two-step process. It presents the causal conditions that must be in place to achieve the results. The ToC presented the causal conditions that must be in place to achieve the results. It also outlined, with evidence, the causal linkage between conditions and results, and spells out the risks and assumptions that may impede the results chain from occurring. The ToC focuses on intended outcomes, results delivered to achieve those outcomes and the contextual factors that may have affected the delivery of those outcomes. (**Annex 2**).

The major assumption that has been included in the reconstructed Theory of Change by the evaluators is that population immunity to COVID-19 will be reached and the number of vaccinated persons will continue to increase. Corresponding to this additional assumption is the risk associated with the persistent waves of COVID-19 driven by new variants of the pandemic that have potential to affect future CP programming. The inclusion of the COVID-19 factor aligns with the new UNFPA Strategic Plan 2022-2025 which alludes that the transformative results cannot be achieved at the current rate of progress. The COVID-19 pandemic negatively affected women's and girls' access to sexual and reproductive health and reproductive rights, and, in many cases, reversed much of the progress made in recent decades. The pandemic further adversely impacted on the progress towards achieving the three transformative results.

Table 1: Evaluation Criteria and Evaluation Questions

Evaluation Questions
<p>Relevance</p> <p>EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups¹³ including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs.</p> <p>EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, including those entailed by the crises triggered by the COVID-19 pandemic? What was the quality of the response?</p>
<p>Effectiveness</p> <p>EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls and promoting reduction in gender-based violence and harmful practices; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes? <i>(With focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).</i></p> <p>EQ4: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the country programme?</p>
<p>Efficiency</p> <p>EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, including technology, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the country programme including the use of the mix of resources, procedures and implementation modalities adapted to the COVID-19 context and natural disaster such as drought?</p>
<p>Sustainability</p> <p>EQ6: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects in particular related to SRHR, SGBV prevention and protection and data? <i>including results occasioned by the Covid-19 response?</i></p>
<p>Coordination</p> <p>EQ7: To what extent has the UNFPA country office provided leadership in SGBV and SRHR coordination and contributed to effective coordination, leveraging of partnerships and complementarity within the framework of the United Nations Country Team (UNCT) including to the collective response to the COVID-19 crisis?</p>
<p>Coverage</p> <p>EQ8: To what extent have UNFPA humanitarian interventions systematically i) reached all geographic areas in which affected populations (women, adolescents, and youth) reside and ii) reached the most vulnerable and marginalized groups (young people and women with disabilities,</p>

¹³In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; and LGBTQI populations, among others.

ethnic, religious, and indigenous groups; Sex workers, LGBTQI populations, displaced people, and migrants?

Connectedness

EQ9: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

EQ10: To what extent have the interventions supported by UNFPA taken into account complementarity and integration of ongoing development plans, programmes including related thematic areas from various stakeholders?

1.3.3 Methods of Data Collection, Sources and Analysis

Data analysis was done based on the two outcomes and three outputs. Quantitative data from CP documents such as Strategic Programme Reports, Annual Reports, Quarterly Reports, Reports from IPs, among others were reviewed. The content analysis approach based on the extensive document review, interviews and focus group discussions and field visits. Extensive review of documents formed the core of the evaluations triangulated with the primary data from interviews, group discussions and site visits. Interviews involved semi-structured interviews covering the core evaluation questions and probing as much needed for each component area. Key informant interviews were held with UNFPA CO staff and partner UNCT Agencies, government policy makers, programme leads at national and regional levels and in-depth interviews with implementing partners including non-governmental organisations (NGOs) and focus group discussions with beneficiaries.

All interviews began with presentation of the purpose of the evaluation and obtaining informed consent of a respondent. Each respondent was informed that his or her contribution was anonymous. A person was also informed that he or she could decline to answer any of the questions and to stop the interview at any time at his or her discretion. The ET was also able to visit the four intervention regions to observe the facilities and see how teachers and students' interface in the CSE classes. In all the visits, the ET did not observe any activity credited to the CP6 interventions. Two stages of analysis were done: one was the content analysis, and another was the contributive analysis of the ToC which looked at the extent of the contribution of the output indicators to the outcomes.

Analysis: Content Analysis

The content analysis involved several stages. During the data collection stage, ET held regular debriefing meetings that were used to compare and validate data from interviews and involved preliminary analysis of the topics and themes emerging from the data. At the end of the field phase, the evaluation team conducted an analysis session workshop which provided opportunity for the team to separately reviewed collected evidence to identify relevance of implemented intervention, achievement of intended outputs and outcomes and their sustainability, as well as use of the resources and factors of success and failure. At this point, the ET triangulated data from different sources and methods to identify consistent topics, themes, and patterns. Preliminary results were first presented to the CO staff and later to the Evaluation Reference Group. Detailed analyses were done to construct answers to individual evaluation questions as well as identify common and specific factors of success and failure. To answer evaluation questions related to the coordination, the ET analyzed strings of evidence coming from UNCT members and review of documents at the CO.

Analysis: Contribution Analysis

The second approach, contribution analysis, was used to assess the results chain logic in the ToC and the effectiveness of the UNFPA CP in achieving outputs and their contribution to outcome results in the component areas. All the evaluation criteria were addressed and analysed for the CP6 components and also with respect to implementation modalities and efficiencies. The triangulated analysis allowed the drawing of conclusions and recommendations from different sources for the planned and unexpected outcomes. For each of the outcome areas of the Country Programme, the evaluation included the following levels of the results chain: activities, outputs, and outcomes.

The formats of the UNFPA Evaluation report as specified in the UNFPA Handbook on Evaluation were used for tabulation and analysis to organise the findings within the main body of the report. The presentation of the findings is as follows: (i) text of the evaluation question; (ii) short summary of the answer within a box and (iii) detailed answer to the evaluation question. Conclusions are arranged in two-cluster sequence: strategic, programmatic levels (UNFPA Evaluation Handbook, 2019). The evaluation provided action-oriented forward looking strategic recommendations in the light of SDG as the results framework of the UNFPA SP 2018-2021, 2022-2025) is aligned with the SDGs.

1.3.4 Selection of the Sample of Stakeholders

Following the guidelines on comprehensive stakeholder selection from the UNFPA Evaluation Handbook, the Team worked with the evaluation manager and CO to identify a list of stakeholders after reviewing various programme documents and discussions with programme officers. They selected a number of people interviewed across the major stakeholder's categories of the CP6 outputs and outcomes. These included national level stakeholders including UNFPA CO staff and implementing partners (national and regional levels), strategic partners, and beneficiaries. Relevant stakeholders were involved at the different stages of the CPE including design, data collection, data analysis, and reporting especially at the recommendation formulation process, debriefing, and dissemination stages, as were appropriate. A list of stakeholders selected and interviewed is included in **Annex 5**.

1.3.5 Limitations

The expected duration of this assignment did not allow for detailed quantitative measurement of the outcome. The scope of this exercise did not allow the team to collect quantitative data from the field, thus our analysis and conclusions are based on qualitative and quantitative data collected from the Country Office and secondary sources. This is already a source of bias. However, our use of triangulated methodology mitigated the bias that would have been introduced into the evaluation. The timing of the evaluation has implication with regards to the observation of actual effects. Effects or impact could not be measured. It requires time to see the effects of the CP interventions in the country. Most activities do not directly link to presentation of planned activities in AWP's which complicates their use for tracking achieved progress.

1.3.6 Evaluation Process Overview

The UNFPA Handbook for Evaluation of CP provides the guidelines for the evaluation process. As much as possible, the ET adhered to the Evaluation Quality assessment grid, the Norms and Standards of the UN Evaluation Group and the Ethical Code of Conduct for UNEG/UNFPA evaluations. The overall process had five phases including the preliminary preparation phase prior to the consultant recruitment, as follows:

Phase 1: This includes the recruitment and establishment of the evaluation reference group (ERG) and development of terms of reference; recruitment of consultants. The consultants then conducted the subsequent phases with technical, logistics and administrative support from the CO, especially the evaluation manager. Meetings were held with key stakeholders, in particular, an evaluation reference group (ERG). This ERG was made up of representatives from appropriate national ministries, civil society organizations, NGOs, donor community as well as all implementing agencies and youth representatives.

Phase 2: This is the evaluation design phase by consultants that ended in a presentation to the ERG and CO and the final design report that outlined the evaluation process, the evaluation matrix and tools for data collection, stakeholder selection and mapping.

Phase 3: At this stage, the ET undertook field work with the agreed sample of 132 stakeholders to collect primary data to address the evaluation questions; conducted document reviews; cleaned and triangulated and analysed data; identified gaps in data and undertook follow up as needed. Field work debriefing was presented to the Co management and staff, including field experiences, preliminary findings and challenges. The CO monitoring and Evaluation Specialist coordinated the field work.

Phase 4: This Phase involved synthesis of data, triangulation and analysis, development of the draft report, and presentation to the CO and ERG for comments and validation. Comments received from the CO were addressed by the ET on 21/10/2022. The revised report was submitted to the Evaluation Reference Group and further validated through a stakeholders' meeting during which consultations on draft recommendations were undertaken. A PowerPoint presentation was made, and further comments were incorporated in the final report. The Evaluation Quality Assessment grid were completed by the ESARO Evaluation Advisor. The CO, RO and ERG provided important information, consolidated feedback for the consultants to undertake further revision and to develop a presentation first for the CO and ERG, and then further feedback, to stakeholders. This iterative process allows for repeated clarification and validation of the findings, conclusions, recommendations, and lessons learned.

Phase 5: This last phase involves final review and incorporation of comments from the UNFPA RO and UNFPA HQ. The evaluation manager and the CO then prepared a management response to the recommendations of the evaluation for the UNFPA ESARO and HQ. The CO evaluation manager and communication specialist implement communication plan to share the report.

1.3.7 Ethical Considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG¹⁴, and the United Nations Norms and Standards for evaluation in the United Nations System.¹⁵ The ET adhered to the following accepted codes of conduct such as: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm and (g) respect for dignity and diversity. The ethical considerations were achieved through ensuring that each member of the Evaluation Team behave in an ethical manner.

¹⁴United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at:

http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100 [Accessed 22 May 2022]

¹⁵<http://www.unevaluation.org/document/detail/102> [Accessed 25 May 2022].

The Evaluation Team obtained oral consent from all respondents before they were interviewed. The special needs around GBV, and disability-related work were also taken into consideration. For GBV research alongside ethical consideration, safety concerns also were critical issues. On the selection of different age groups, gender and vulnerable categories of people, the Evaluation Team was guided by the UN Sustainable Development Group programming principle of **‘Leaving No One Behind’**¹⁶ and the different target beneficiaries of UNFPA Namibia 6th CP.

¹⁶<https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft>
[Accessed 27 May 2022].

CHAPTER 2 – COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

This part of the design report discusses the developmental challenges and strategies in the Republic of Namibia.

2.1.1 Developmental, Social and Economic Context

Namibia is situated in the southwestern part of Africa and shares borders with Angola to the North, Zambia and Zimbabwe to the northeast, Botswana to the east and South Africa to the south, and the Atlantic Ocean to the west. The country has a population of 2,6 million people living in a geographical area of 825 419 square kilometers. Population density is estimated at 2.6 persons per square kilometer, making it the most sparsely populated country in the world third after Mongolia and Greenland. Namibia has a youthful population, with close to 30 percent of the population under 30 years of age.¹⁷ The percentage of female population is 51 percent in comparison to 49 percent of male population. Most of the population, that is, two-thirds, resides in the rural areas. The country is divided into 14 regions, with most of the population living in the north central regions, while the south is the least inhabited region with less than 10 percent of the population.

Namibia's development has its roots in the history of the country that is, colonization and wars, genocide, foreign administration, apartheid, liberation struggle, independence, urbanization, globalization, and external assistance. At independence the country inherited a skewed economy rooted in the systematic exclusion of the majority from full participation in the country's economic activities, with a high illiteracy rate, and poor or inadequate services. All these continue to shape the society and the economy, constraining the country's development to this day.

After independence the government put measures in place to improve social well-being of its citizens, strengthen the education system, promote and create employment (creating a conducive environment for investors), as guided by the current free market-oriented economy. The country has a high rate of school enrollment over 90 percent of learners at primary level, however, by the time they reached grade 12 close to 50 percent would have dropped out of school, before they receive a high school diploma¹⁸. Figure 1 provides an overview of the changes in school progress. (See figure 1)¹⁹.

2.1.2 Economic situation:

The Namibian economy is characterized by reliance on natural resource extraction (mainly diamonds, zinc, uranium, copper, gold, and exports of agriculture, fish, beef and meat products and light manufactures. Agriculture accounts for 7.2% of the economy and the fishing sector accounts for 25% of the primary sector. The secondary sector is characterized by the mining industry which contributes more than 29.3% of the GDP. The majority of mining products are golds, diamonds, lead, copper, and uranium. The country is the 5th largest producer of uranium in the world. (World Bank, 2018). The country relies on imports to meet domestic demand for goods and services.

The country's Gross Domestic Product (GDP) is estimated at US\$4,179 placing the country in the upper middle-income category. This is according to the World Bank's classification of countries by income

¹⁷ The Namibia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Namibia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.

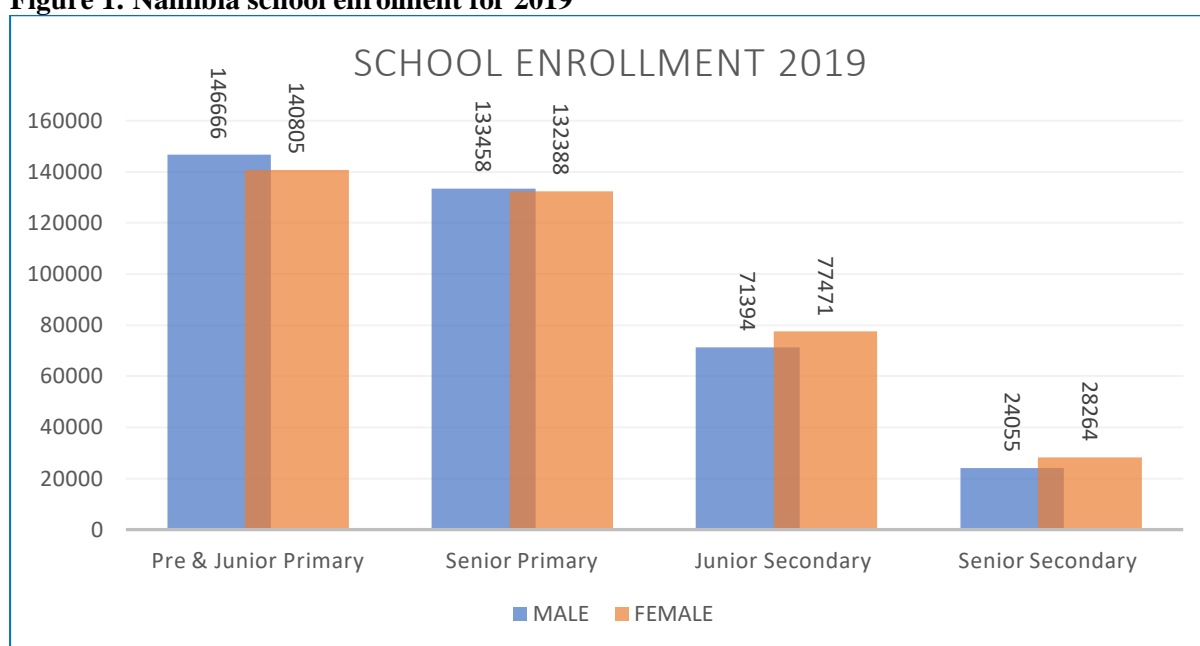
¹⁸ Education Management Information System (EMIS) Education Statistics 2019; Ministry of Education, Arts and Culture, Government of the Republic of Namibia

¹⁹Ibid.

level. However, the country still ranks as one of the world's most unequal countries second only to South Africa in terms of inequality, as reflected by the Gini coefficient of 0.59.7.²⁰ There are disparities in Gini coefficient, which is attributable to the unequal distribution of income such as whether people are subsistence farmers or in employment. Omusati region recorded the lowest at (0.45), and highest in Omaheke Region (0.66). Female-headed households, the less educated, larger families, children and the elderly, and farm workers involved in subsistence farming are the most affected groups in the population. The NSA in 2015/16 reported that only 43% of female headed household's income depended on salaries, while 62% of the male headed households received salaries.

According to the Namibia Statistics Agency (NSA), 43.3 percent of Namibia's population live in multidimensional poverty with national level accounting 40.6 percent amounting to over 940 000, with Ohangwena reported as the poorest region(ibid). The country experienced robust growth between 1991-2015 averaging 4.4 percent. However, progress made at post-independence was affected by HIV/AIDS, in mid 1990s and early 2000s as the country experienced high mortality and morbidity. This was further impacted by the global recession crisis of 2008/9, the country's drought of 2019 and the COVID-19 pandemic of 2020.

Figure 1: Namibia school enrolment for 2019



Source: Namibia EMIS, 2019

Namibia's poverty rapidly declined since independence and saw half of the proportion of the population living below the national poverty line from 28.7 percent in 2009-10 and to 17.4 percent by 2015-16, this remains high for the country's level of development. The country has a high unemployment rate at 33,4 percent with the highest affected group being the youth under 30 years of age, reported at 46 percent (ibid).

Like many countries on the continent the country has several social and economic challenges that affect development as reflected in poverty, housing crisis, homelessness, and unemployment. There are geographical disparities in both economic opportunities and access to services and economic advantage

²⁰ NSA (2021) Namibia Multidimensional Poverty Index (MPI) Report 2021

remains in the hands of a relatively small segment of the population. Deep underlying challenges remain in Namibia, undermining the prospects for further advancement.

2.1.3 Situation regarding Sexual and Reproductive Health and Rights

Sexual and Reproductive Health Rights cover the right to decide if, when and how often to have children, the right to live free from disease, and the right to have access to accurate, comprehensive, and confidential information. It covers the right to sexual pleasure, the right to sexual expression, the right to sexual privacy, the right to have access to the full range of contraceptives, and the right to choose his/her partner.²¹

In Namibia the average age of marriage is 25 years. According to the 2013 Namibia Demographic Health Survey (NDHS), thirty four percent of women of childbearing age were either married or in a union. Sixty percent of women of childbearing age had never been married. In addition, a substantial number of young people practiced chastity²². The NDHS noted that the median age at first birth among women was 21.6 years. Most Namibians, over 40 percent between the ages 18-24 years, had sexual intercourse at 18 years.²³

Sexual reproductive health issues affect society as evident from the number of Sexually Transmitted Infections (STI), HIV, Gender Based Violence, maternal mortality, and unplanned pregnancies. There are several sexual reproductive health challenges facing adolescents and youth in Namibia, they include lack of knowledge, cultural norms and values that include taboos in talking about sex, fragmented services, low contraceptives use, poor life-skills education, limited access to health care services which are often not adolescent and youth friendly.

Guided by the constitution and international human rights laws, the Namibian citizens have rights to exist, to a name and right to choose when they want to have children or not. Individuals, especially women, have the right to contraceptives and should be able to make informed decisions as to what choice of contraceptives they can use, when and how many children to have, irrespective of their age, status, ethnicity, social and economic status. Clients should be given the choices and informed about the different methods existing i.e., condoms, injectable, implant, intrauterine devices, abstain or any other method.

According to the Demographic and Health Survey all men and women, who participated in the study, knew of at least one modern method of family planning. Contraceptive prevalence rate is estimated at 50.2 percent among women of reproductive age but is lower among young people aged 15-19 at 24%. The most commonly promoted contraceptives used in the country are injectables at 65.1 percent followed by the pill at 20.6 percent and Intrauterine contraceptive devices which were low and or not used at all, reported at 0.2 percent.²⁴ There is expansion of contraceptive method mix through the introduction of implants in public facilities.

The presence of STIs is an indication that people are having unprotected sex and run the risk of getting STIs including HIV/AIDS and infecting the unborn babies. Data from the Outpatient department

²¹UNFPA Report, 2014

²²The Namibia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Namibia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.

²³The Namibia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Namibia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.

²⁴ MoHSS (2017) Annual Report PHC-family planning, Adolescent Friendly and Cancer of the Reproductive System Programmes

reported high numbers of urethral and vaginal discharge among women aged 20-24 years.²⁵ The NDHS 2013 also noted that 5 percent of the sexually active males and 10 percent of the sexually active females had an STI or a symptom of an STI and that men aged 15-49 years with a sexually transmitted infection were likely to test HIV positive within 12 months.²⁶

The devastating effect of AIDS in Namibia demonstrates how challenging the fight to control the disease can be, even in a country with good governance structures and economic opportunity. Nationally, 13.1 percent of the adult population is infected with the disease, with some regions experiencing prevalence rates over 22 percent. The north, northeast, and central parts of the country where pastoralist and mobile populations reside have the highest rates of disease. In Namibia, HIV is most transmitted through heterosexual sex and from mother to child. Youth aged 15 to 24 account for 40 percent of new infections, and women are disproportionately affected.

Maternal mortality ratio is the number of women who die during pregnancy childbirth or within 42 days of pregnancy termination, per 100 000 live births. In 2017 the MMR for Namibia was 195 deaths per 100 000 live births. Between 2003 and 2017, the MMR of Namibia was declining at a moderate rate to shrink from 385 deaths per 1000 000 live births in 2003 to 195 deaths per 100 000 live births in 2017²⁷.

Fertility and Family-Planning.

The Namibian women have an average of 3.6 children a decrease in fertility from 5.4 in 1992 and 4.2 in 2000, which was higher in rural areas 4,3 than in urban areas 2.8. All men and women know of at least one modern method of family planning, and contraceptive prevalence rate estimated at 50.2% among women of reproductive age (2013 NDHS). It is noted that 46 percent of all women of reproductive age were using a modern method. The most common contraceptives promoted and used in the country are injectable at 65.1% followed by the pill at 20.6% and Intrauterine contraceptive devices were low or not used at all reported at 0.2%.²⁸

Unmet family planning

Family planning usage was found to be lowest among sexually active adolescent girls at 24 percent (Ibid) risking unplanned pregnancies. Even though a substantial number of Namibians access a health facility, it was noted that Eighty-five percent of non-users who had contact with a health facility were not informed about family planning. (MoHSS 2020). Unmet need for contraceptives was reported to be 11.7 percent. The most affected group is the young people between 15-19 years old at 7 percent and 20-24 at 12 percent. Unmet family planning was lowest in the urban areas at 9.4 percent and highest in the rural area at 14.6 percent (DHS 2013). The highest unmet family planning was in Kavango at 10.8 percent, Kunene at 11.2 percent and Ohangwena 12.4 percent and with the lowest in Erongo 4.3 percent and Zambezi 7 percent (DHS 2013).

The main challenges in sexual and reproductive health are insufficient knowledge of youth about sexual reproductive health and related risk including low use of modern contraceptives. Many of the adolescents and young people's pregnancies are often unwanted and unplanned, and this has led to illegal abortion and baby dumping. Illegal abortion is also under reported, in fact many of the doctors

²⁵MoHSS (2020) DHIS 2 database 2018 - 2020

²⁶The Namibia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Namibia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.

²⁷ World Bank, Namibia Maternal Mortality Rate 2000-2022. www.macrotrends.net. Retrieved 2022-07-11.

²⁸ MoHSS (2017) PHC-report:family planning, Adolescent Friendly and Cancer of the Reproductive System Programmes.

received young people for post “miscarriage care” often after an illegal abortion, where medical doctors carried out a Dilation and curettage (D&C)²⁹. There is limited data on the number of post D & C performed on young girls. (MOHSS 2020 unpublished)

Several factors have been identified as playing a role in making young people vulnerable to unprotected sex with its consequences of unplanned pregnancy, sexually transmitted infections. Those factors may be education, socio-economic factors, poor and inadequate Life skills education, cultural norms that make talking about sex a taboo subject.

2.1.4 Situation regarding Adolescents and Youth

Most of the Namibia’s population is under the age of 35 years. According to the Namibia Inter-Censal Demographic Survey, 37 percent of the population were adolescents and young adults between the ages of 15-34 years and 36 percent were children between the ages of 0-15 years. The majority were aged between 15- and 24-years representing 30 percent of the population.³⁰ This period is characterized by curiosity, exploring one’s identity, sexuality, relationships with friends’ families and others and vulnerability and hence it is a critical stage as any decision made at this stage would have implications in adulthood.

The young persons, between the ages of 12-18 years may be physically matured, but they may have limited knowledge around self, sex, and sexuality, including pregnancy, contraception, and hormonal development. Some young persons may have a complete understanding of sex, relationships, and strong negotiation skills, while others may lack those skills. If they are not well informed, they are likely to underestimate their own risks, leading to experimenting with drugs and alcohol and early sexual debut, which may contribute to sexually transmitted infections, unsafe abortions, and un-planned pregnancies. Unplanned pregnancies, among the young girls, is one of the contributing factors to their lack of education, and unemployment.

The Ministry of Health noted that 19 percent of the annual births are by adolescents under the age of 19 years (DHS 2013 & MoHSS-DHIS 2020). There are however regional data disparities, with the highest proportion of teenage pregnancy rates observed in Kunene (38.9 percent) and Omaheke (36.3 percent), and the lowest proportion was found Oshana (9 percent) and Khomas (12.3percent) (DHS2013).

Adolescents, girls, boys and young women and men have a high risk of sexually transmitted infections including HIV, pregnancy and maternal mortality. When girls get pregnant, which is often unplanned and unwanted, they are likely to pursue unsafe abortions risking their own lives. Others when not successful have resorted to baby dumping. Anecdotal evidence suggests that young people between the ages of 15-24 years were responsible for the majority of unsafe abortions and baby dumping (MoHSS2019)

The 2018 Labor Force Survey noted that that the overall youth unemployment rate was estimated to be 46.1 percent with close to 70 percent among the age groups 15-19 years and 57 percent among 20-24 years. Persons with post-school education constitute a combined unemployed rate of 51.6 percent³¹.

²⁹ D & C is a procedure to remove tissue from inside your uterus. Health care providers perform dilation and curettage to diagnose and treat certain uterine conditions — such as heavy bleeding — or to clear the uterine lining after a miscarriage or abortion (Wikipedia)

³⁰ Namibia Statistics Agency, 2017. *Namibia Inter-Censal Demographic Survey 2016 Report*. Namibia Statistics Agency, Windhoek.

³¹ Namibia Statistics Agency, 2019. *Namibia Labour Force Survey 2018 Report*. Namibia Statistics Agency, Windhoek.

Unemployment and unemployability have consequences for the young people with some young men reported to have turned into crime, and young women exchanging sex with adult men for basic necessities, school fees, and other luxury items such as mobile phones.³² Adolescents and young people are not a homogenous group they differ in terms of race, ethnicity, gender, education, religion, socio-economic status, whether they have a disability, rural, urban, peri-urban and sub-urban.

2.1.5 Situation regarding Gender Equality (GE) and Empowerment of Women

There is a link between sexual reproductive health, HIV, GBV, child marriage, and human rights, with gender equality/inequality being the main factor. Gender inequality is a contributing factor to violence against adolescent girls, women and boys and men as evident from the several rape cases, unwanted sexual intercourse, unintended pregnancies, forced prostitution, trafficking, and sexual abuse of children, with its long-term physical, gynecological and psychological consequences. Gender inequality is rooted in the traditional roles and position of women and men in the family and society, which shape their beliefs, attitude, and behavior towards one another. The Namibian society is hybrid, with some aspect of society being conservative and or liberal. The traditional practice in many African society tends to promote unequal practices. For example, the definition of manhood in Namibia is rooted in masculinity, which defines man as the provider, sexual predator with multiple partners. Consequently, boys and men are likely to take sexual and health risks. On the other hand womanhood is associated with being submissive, helpless human being and not able to take care and protect herself. These definitions of manhood and womanhood have consequences for sexual behaviors, economic dependence, or independence, feeling of being empowered and or powerless, including gender-based violence. This is further fueled by the socio-economic challenges in the country.³³

Marriage before the age of 18 is a fundamental violation of human rights. Many factors interact to place a child at risk of marriage, including poverty, the perception that marriage will provide ‘protection’, family honor, social norms, customary or religious laws that condone the practice, an inadequate legislative framework, and the state of a country’s civil registration system. While the practice is often applied to girls than boys, it is a violation of rights regardless of sex. Child marriage often compromises a girl’s development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement, and placing her at risk of domestic violence. According to UNICEF, the percentage of women aged 20 to 24 years in Namibia who were first married or in union before ages 15 and 18 were respectively, 2 percent and 7 percent³⁴. UNICEF also states that Namibia is home to over 64,000 child brides.³⁵

The NDHS 2013 reported that 33 percent of ever married women between the ages of 15-49 years have experienced physical, sexual and/or emotional violence from their spouse. Young people especially girls have experienced sexual violence with 7.5 percent of girls 15-19 years having experienced sexual violence and 5 percent of 20-24 years old. It also reported that more than half of adolescent girls report that their first sexual intercourse was forced.³⁶ It is also reported that 54 percent of first sexual

³²Ministry of Health and Social Services (MOHSS) -(2019) A geographical mapping of adolescents and young people’s Sexual Reproductive Health and Rights (SRHR), Gender Based Violence (GBV) and HIV services, in Namibia

³³ The Namibia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Namibia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.

³⁴UNICEF Namibia: Statistical profile on child marriage: Namibia, accessed 12 July 2022:

file:///C:/Users/joshu/OneDrive/Documents/UNITED%20NATIONS%20PROGRAMME/UNFPA%20NAMIBIA/GENDER/Child%20Marriage%20Country%20Profile_NAM.pdf

³⁵ Ibid.

³⁶The Namibia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Namibia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.

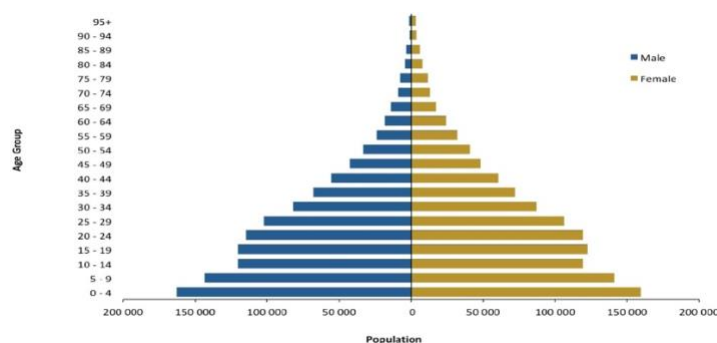
experiences are unwanted among girls, 32 percent of adolescent girls aged 15-19 and 35 percent of girls aged 20-24 years have experienced physical violence from a partner.

The Namibian government is committed to promoting gender equality, as evident from its policies and programmes. For example, Namibia’s National Gender Policy (2010-2020) seeks to ensure that all sectors of society emphasize the importance of gender and empowerment. This is in line with the United Nations’ Sustainable Development Goal (SDG) No. 5 calling for gender equality and the empowerment of women and girls. The country has seen progress in gender equality, Namibia is in the top three countries (South Africa and Rwanda), and where over 40 percent of the women are in parliament and in powerful position. For example, the Prime Minister and Deputy Prime Minister are both women. In 2021 the country was ranked sixth among 156 countries on the Global Gender Gap index.³⁷

2.1.6 Population Dynamics

Namibia’s population is currently estimated at 2, 6 million and increase from 1 409 920 in 1991 which represent a 30 percent growth. Population density is reported at 2.6 persons per sq. km. The majority of the population are under the age of 30 years and that close to 60 percent of the populations are of productive age, between the ages 15-64 years, as reflected in the pyramid below.³⁸

Figure 2: Namibia's population pyramid



Source: NSA

The country has seen a reduction in annual number of children born. For example, in the 1970s an average woman had 6 children and has since decreased to 3.6 children per women (Namibia Demographic Health Survey 2013). It is projected that the country is likely to see a decline and that by 2041 and average of 2.4 children per woman.

A substantial number of the population lives in the rural area estimated at 66 percent with 33 percent living in urban areas. However, after independence the country has seen a rapid increase of the population in the urban area due to rural- urban migration, caused by skewed development and limited opportunities in the rural areas. It is noted that among African countries, Namibia is one of the most

³⁷Namibia Afro barometer (2022): the quality of democracy and governance in Namibia Round 8; <http://afrobarometer.org>

³⁸The Namibia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Namibia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.

rapidly urbanizing country with an urban growth rate estimated at 4,96 percent, in comparison to 3.3 percent for the African continent³⁹.

The country has seen a steady increase of the population residing in urban areas over the last two decades, from 28 percent in 1991 to 43 percent in 2011. (Namibia Demographic Health survey 2013). It is projected that by 2030 more than half of the population will be living in urban areas with a third residing in Khomas and Erongo regions. Rural urban migration is happening at a fast rate, with consequences for the urban cities and has created challenges for the government. The two most affected regions are Khomas (Windhoek) and Erongo (Swakopmund). The increase in the number of populations has created a burden to many municipalities in terms of provision of infrastructure, education, housing, water and sanitation, which in some cases has led to people living in unhygienic condition and communities exposed to alcohol and gender-based violence. In the past few years, the country has seen outbreaks of communicable diseases such as Hepatitis E and Cholera in informal settlements.

The high numbers of young people provide both opportunities and challenges. With an educated young people, they are able to contribute to the country's development. On the other hand, young people face a number of challenges, school dropouts, crime, unemployment and poverty, as well as unplanned pregnancies, which affect their ability to contribute and benefit from population dividend in the near future. It is noted that if the challenges facing young people are not addressed in a coherent manner may have consequences for the country's development agenda.

2.1.7 National Development Strategies

The Fifth National Development Plan of Namibia is in the series of national development plans implemented to achieve the objectives and aspirations of Namibia's long-term Vision 2030. The Vision 2030 provides a comprehensive framework to fundamentally transform the Namibian political and economic landscape in areas such as land reform, housing, the environment, health, education and building an economy that provides equal opportunities for all. It sets out the key development challenges for government such as human resource development, job creation, provision of infrastructure, changes in the ownership patterns of the economy and the reduction in income inequality and poverty in the Namibian society. Equity ownership of the economy will be extended so that people from all sectors of the population have a stake in the economy, and power to influence economic decisions.

NDP 5 is organised around four interconnected pillars founded on the principle of sustainable development: economic progression, social transformation, environmental sustainability, and good governance. These pillars are aligned with Namibia's commitment to eradicate poverty and inequality as outlined in Vision 2030 and the Harambee Prosperity Plan (HPP). They also support the global and continental frameworks such as AU Agenda 2063 and UN SDG Agenda 2030, among others, to which Namibia is committed.

The Harambee Prosperity Plan is a targeted action plan to accelerate development in clearly defined areas which lay the basis for attaining prosperity in Namibia. It compliments the long-term goal of National Development Plans and Vision 2030; consists of five Pillars: effective governance, economic advancement, social progression, infrastructure development and international relations and cooperation.

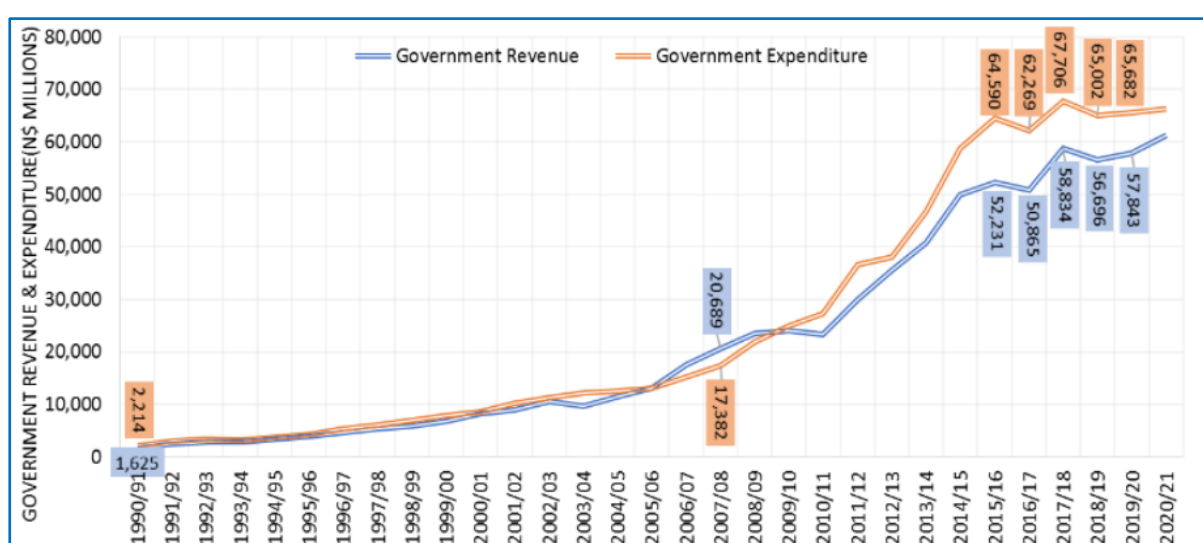
³⁹ City of Windhoek (COW) 2017 Rate of Urbanization to the Capital City, Windhoek. The Namibian Newspaper.03 March 2017

2.2 The Role of External Assistance

2.2.1 Domestic Resources

Budget deficit is an economic challenge facing many developing countries in Africa (Todora & Smith, 2011)⁴⁰. Namibia is not an exception to this. Most governments use debt to finance budget deficit, and this is a risky approach. Namibia has been experiencing budget deficit over the past decades, which has led into many economic challenges. Along with the budget deficit have been various economic risks, which resulted in the government being forced to implement austerity measures, by cutting its spending to keep the budget within sustainable limits set for key indicators of financial health (United Nations, 2015). According to a report by (Deloitte, 2018) the budget deficit in the 2015/2016 financial year was 8.3% of the GDP, while it stood at 6.4% in the 2016/2017 financial year. Those were the highest percentages seen since independence (see figure 3)⁴¹.

Figure 3: Government revenue and expenditure trend



Source: Namibia Ministry of Finance

2.2.2 Official Development Assistance (ODA)

The net official development assistance received (current US\$) in Namibia was reported at 180.1 million USD in 2020, according to the Organization for Economic Co-operation and Development (OECD). Net official development assistance (ODA) consists of disbursements of loans made on concessional terms (net of repayments of principal) and grants by official agencies of the members of the Development Assistance Committee (DAC), by multilateral institutions, and by non-DAC countries to promote economic development and welfare in countries and territories in the DAC list of ODA recipients. It includes loans with a grant element of at least 25 percent (calculated at a rate of discount of 10 percent). The data on net ODA are in current U.S. dollars (see Table 2).

⁴⁰ Todaro, M.P. and Smith, S.C. (2011) Economic Development. Eleventh Edition, Pearson Education Limited, Harlow.

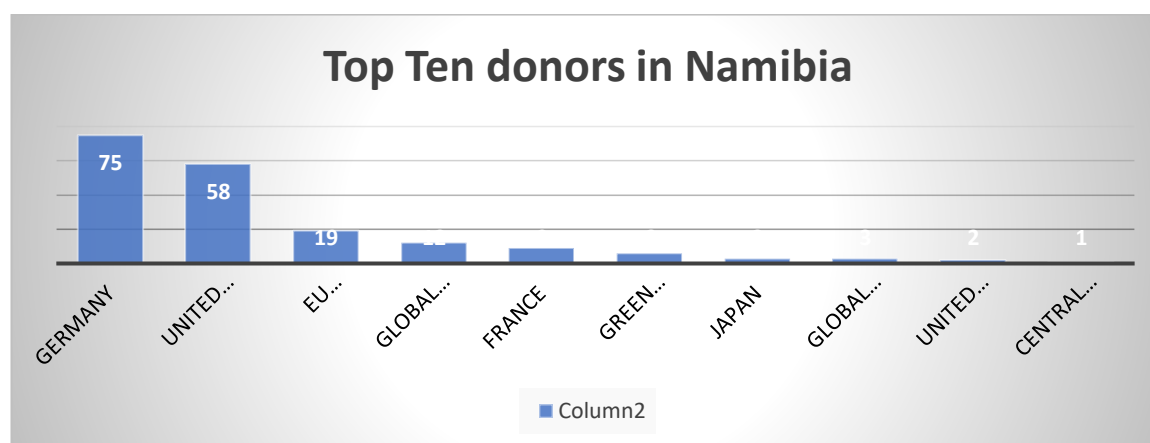
⁴¹Deloitte. (2018). Namibian Budget 2017 / 2018 Commentary Making impact where it matters.

Table 2: Overseas Development Assistance disbursed to Namibia⁴²

	2018	2019	2020
NET ODA (US Million)	159.5	144.0	180.1
Net ODA/GNI (%)	1.2	1.2	1.7
Gross ODA (US\$ million)	198.2	187.0	218.0
Bilateral share (gross ODA (%))	71.0	74.6	77.5
Total net receipts (US\$ million)	347.2	147.6	214.6
For reference	2018	2019	2020
Population (million)	2	2	3
GNI per capita (Atlas USD)	4950	5180	4520

The top ten donors for Namibia included Germany (79.43) million USD, United States (50.22 million USD and EU institutions that contributed a total of 18.33 million USD (see Figure 4). Most of the bilateral ODA to Namibia was directed towards health and population (40 percent) and the economic infrastructure (27 percent) (see figure 5).⁴³

Figure 4: Top Ten Donors of Gross ODA for Namibia, 2019-2020 average, USD million

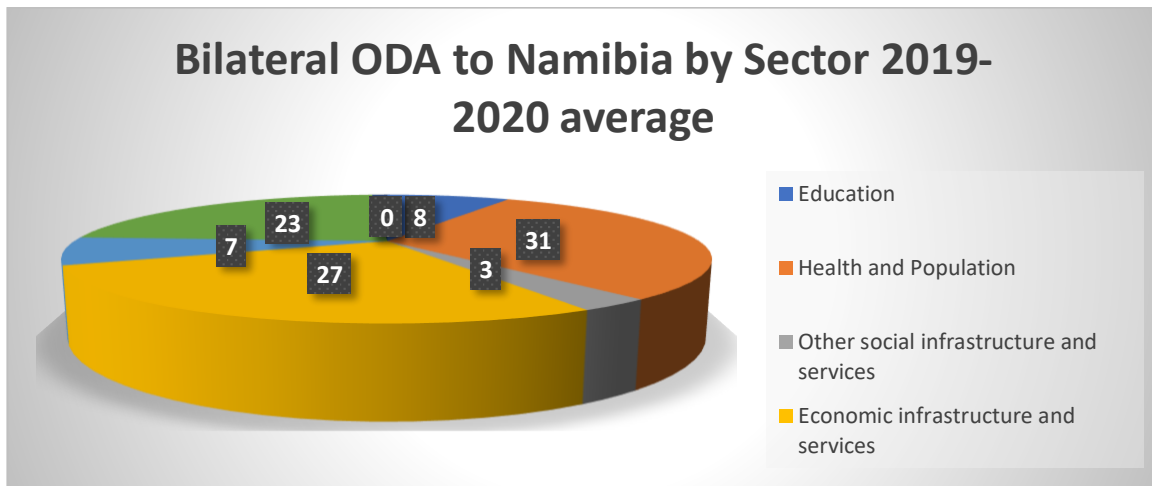


⁴² Ibid

⁴³ OECD-

DAC: https://public.au.com/views/OECDACaidatagancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no

Figure 5: Bilateral ODA to Namibia by Sector



2.2.3 United Nations Partnership Framework [UNPAF] (2019-2023)

The Government of Republic of Namibia receives external assistance from the United Nations. The United Nations Partnership Framework with the Government, (UNPAF) 2019-2023, outlines the joint support of UN agencies to the realisation of the country's National Development Plan and Vision 2030. UNPAF reflects a strong emphasis on the principle of 'Leave No One Behind'. Current UNPAF is a strategic response to the National Development Plans, Vision 2030, Agenda 2063 linked to the Sustainable Development Goals relevant to the country and other international treaties and conventions. The UNPAF contributes to the four main result areas of the NDP. It is a partnership to support the implementation of the 5th NDP, HPP and the Blueprint for Wealth Distribution and Poverty eradication and realisation of Namibia's Vision 2030.

CHAPTER 3: UNFPA STRATEGIC RESPONSE AND PROGRAMME STRATEGIES

The design and implementation of the Namibia Country Programme 2019-2023 was guided by the UNFPA Strategic Plans 2014-2017 and 2018-2021.

3.1 United Nations and UNFPA Strategic response

The UNFPA Strategic Plan (SP) 2014-2017 placed sexual and reproductive health and rights at the center of the UNFPA work and established that the UNFPA had to concentrate on achieving four outcomes. The UNFPA SP 2018-2021 maintained the relevance UNFPA goal set for 2014-2017 and positioned it as an effective entry point for contributing to the 2030 Agenda. The UNFPA SP 2018-2021 is aligned with the 2030 Agenda for Sustainable Development Goals as well as the other global frameworks underpinning the 2030 Agenda including the Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on Climate Change and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

This SP also adopted the transformative goals of ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and all harmful traditional practices including child and forceful marriage by 2030. Its outcome areas of ensuring that everyone can freely access integrated SRHR services, that young people, especially girls, are empowered to access SRHR, that gender equality and women's empowerment is achieved in development and humanitarian contexts, and that all are counted and accounted for with regards to sustainable development.

To achieve the above transformative results, the SP emphasizes the need for strengthened partnerships and innovation to ensure a coherent, integrated, and effective United Nations response to support countries and communities in achieving the SDGs. The 2018-2021 SP adopted the key principles of the 2030 Agenda namely the protection and promotion of human rights; the prioritization of leaving no one behind and reaching the furthest behind first; strengthening cooperation and complementarity among development, humanitarian action and sustain peace; reducing risks and vulnerabilities and building resilience; ensuring gender-responsive approaches at all levels of programming and a commitment to improving accountability, transparency and efficiency.

3.2 UNFPA Programming

The Strategic Plans provide a framework for UNFPA programming. UNFPA interventions are determined by local needs and conditions. Country programmes are at the forefront of implementing the Strategic Plans, as they respond to the needs and priorities of the national government towards achievement of the SDGs. Country programmes have to be aligned with the outcomes and outputs of the Strategic Plans. UNFPA must address the four outcomes in an integrated manner and to be guided by country priorities, the United Nations Partnership Framework, revised business model and modes of engagement. Namibia is classified as an upper-middle income country with supposedly a relatively low needs, hence CP6 interventions in Namibia are operationalised through five modes of engagement viz advocacy and policy dialogue, capacity development, knowledge management, partnerships and coordination, and service delivery of essential reproductive health commodities and services to prevent and respond to gender-based violence.

3.3 UNFPA Response through the Country Programme

3.3.1 UNFPA Previous Cycle Strategy, Goals and Achievements and Transition to the Current CP

The 5th Country Programme (CP) by the Government of Namibia (GRN)/United Nations Population fund (UNFPA) (2014-2018) was developed against the background of the Fund's global Strategic Plan (2014-2017). In terms of the new strategic direction UNFPA articulated its vision for changes in the lives of women, adolescents, and youth. In addition, in terms of relevance, GRN/UNFPA 5th CP has also been aligned to the country's Fourth National Development Plan (2012-2017), as well as the United Nations Partnership Framework (UNPAF) for Namibia 2014 -2018.

Implementation of the 5th CP took cognizance of emerging developments both at global, regional, and national levels. Global level developments during the period include the new Goals and targets of the UN Agenda 2030 which came into effect on 1 January 2016; the recommendations for post ICPD 2014 and MDG 2015 and the Paris Climate Agreement adopted in 2015. At regional level, new developments include the agenda 2063 for Africa developed in 2013, and the UNFPA East and Southern Africa Regional Programme Action Plan (RPAP) 2014-2017; while at national level, the Government tagged on the Harambee Prosperity Plan (2016-2022) to accelerate the implementation of NDP4. The NDP5 (2017-2022) is the latest addition to the string of new programmes related to GRN/UNFPA CP5.

The CP5 contributed to the following 4 UNFPA corporate Strategic Plan outcomes to improve quality of life and reduce inequalities for the achievement of universal access to sexual and reproductive health and reduction of maternal mortality: Maternal and newborn health; young people's sexual and reproductive health and sexuality education; gender equality and reproductive rights and data availability and analysis. These country programme outcomes were developed in partnership with the other stakeholders to contribute to four revised UNFPA strategic plan outcomes. The goal of the CP is to improve quality of life and reduce inequalities for the achievement of universal access to sexual and reproductive health. The initial 5th CP aimed at providing 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 (Zambezi, Oshikoto, Otjozondjupa and Ohangwena).

The assessment of the 5th Country Programme identified the following challenges among others to be data capturing tools in use for the provision of integrated health services to young people constitutes an impediment and should be reviewed; delivery of adolescent friendly health services within the Ministry of Health and Social Services facilities as per AFHS guidelines has been slow, however scale up of SRH/HIV integration services is expected to alleviate this challenge; lack of monitoring system for bi-directional referrals between health facilities and supportive supervision of CSE delivery in and out of school still lacking; limited coverage as a result of overstretched technical and support staff implementing GBV programmes; and slow implementation of key interventions to address GBV due to bureaucracy.

3.3.2 The UNFPA Namibia 6th Country Programme

The 6th country programme (2019-2023) intended to contribute to the national priorities outlined in the National Development Plan 5, Harambee Prosperity Plan 1 and 2. The programme is grounded in gender equality and human rights principles and aligned with the SDGs, United Nations Partnership Framework 2019-2023, and the UNFPA Strategic Plan 2018-2021 and 2022-2025. The CP6 was developed through a consultative and inclusive process led by the Government of Namibia.⁴⁴ The

⁴⁴UNFPA Namibia Country Programme Document (2019-2023)

programme drew on lessons learned and recommendations from the assessment of the previous country programme (CP5). In line with the UNFPA business model and Namibian status of an upper-middle-income country, CP6 focuses on upstream policy dialogue with the government, advocacy, knowledge management around key thematic areas and national priorities. It also intended to provide support to interventions aimed at strengthening institutional capacities and mechanisms within the national health system to establish optimal way to implement agreed national priorities like supply of reproductive health commodities and integrated sexual and reproductive health services. The CP6 has two intended outcomes namely adolescents and youth, and gender equality and women's empowerment, with three outputs

The UNFPA Namibia 6th CP (2019-2023) has two thematic areas of programming with distinct outputs that are structured according to the two outcomes in the Strategic Plan 2018-2021 to which they contribute. The overall intervention logic of Namibia's 6th country programme is anchored in three key approaches. The first focuses on use of its comparative advantage in providing upstream policy advice and institutional capacity to promote joint programmes for youth and gender-based violence prevention, based on common areas identified in the 'delivering as one' approach, particularly those that contribute to the social and economic pillars of the United Nations Partnership Framework. Guided by the Common Chapter of the UNFPA strategic plan, UNFPA would work together with the wider United Nations system to ensure stronger alignment and collaboration. The second approach focuses on South-South cooperation, particularly with other middle-income countries, and partnerships with the media, academia, civil society organizations, the private sector, development partners and young people to be established and strengthened for the development and implementation of innovative and cost-efficient models of service delivery for women and young people. UNFPA aimed to engage with other countries in the region, and with countries at a similar stage of newly advanced economic development, to promote research, innovation, norms, and standards.

Outcome 2: Adolescents and Youth: Every adolescent and youth, in particular adolescent girls is empowered to have access to sexual and reproductive health and rights in all contexts.

Output 1: Young people, particularly adolescent girls, are better equipped with knowledge and skills to make informed decisions on their reproductive health and rights.

This was achieved by: (a) engaging with parliamentarians, civil society organizations, community leaders, youth networks and the media to advocate for the implementation of laws, policies and programmes that promote adolescent sexual and reproductive health and rights, and for increased investments to achieve the government target of 90 per cent of youth with accurate knowledge of HIV; (b) strengthening the institutional capacity to deliver high-quality and evidence-based comprehensive sexuality education in higher learning institutions and to out-of-school youth; (c) advocating for investment in youth leadership, participation, economic empowerment and employability, including through the 'be free' and 'break-free' campaigns; (d) facilitating youth dialogue and national dialogue to counter negative social norms and adopt positive values; and (e) facilitating the development of information communication and technology solutions to reach, engage and empower adolescents and young people in relation to sexual and reproductive health and rights.

Output 2: Adolescents and young people have improved access to adolescent and youth-friendly health services.

This was delivered through the (a) training health workers and building institutional capacity to deliver high-quality, adolescent-friendly health services, including the scale up of integrated sexual and reproductive health and HIV services by ensuring 'no one is left behind' in the UNFPA focus districts; (b) training of relevant Ministry of Health staff to ensure an efficient and sustainable supply chain

management system that delivers a reliable supply of contraceptive methods, including long-acting reversible methods; (c) promoting the rights of sex workers and improving their access to integrated sexual and reproductive health services; and (d) supporting the generation of demographic intelligence, with a focus on the most vulnerable adolescents and youth, to inform advocacy, policymaking and resource allocation.

Outcome 3: Gender equality, the women’s empowerment of all women and girls and reproductive rights are advanced in development and humanitarian settings.

Output 1: Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and to empower communities to prevent gender-based violence.

To combat sexual violence and address unmet need for contraceptives, UNFPA engaged in advocacy and policy dialogue, capacity development and knowledge management. This includes: (a) equipping key government staff and health service providers with the skills to effectively coordinate and deliver the integrated essential service package for women and girls subjected to violence, including the delivery of contraceptive information and services, and emergency contraception options; (b) advocating for the effective implementation of legal and policy frameworks, and international instruments for gender-based violence prevention and response; (c) strengthening the generation, management and analysis of high-quality disaggregated data to inform policies, laws and programmes for the prevention of gender-based violence and harmful practices (such as early and forced marriages), and the promotion of equitable access to contraceptives, with a particular focus on the most vulnerable and furthest behind; (d) supporting social mobilization programmes targeting men and boys, to combat discriminatory norms and promote positive values and behaviours (including supporting activists to speak out and share their stories); promote dialogue among parents, educators, community leaders, media practitioners, social media influencers and the youth; and raise awareness among parliamentarians of the need to advocate for the promotion and protection of the rights of adolescents and young people; (e) supporting innovation, including the use of information communication and technology solutions for sexual reproductive health and gender-based violence prevention and response; and (f) providing technical assistance for the integration of gender-based violence and sexual and reproductive health services into disaster risk management and humanitarian response programmes.

Table 3: Results Framework GRN/UNFPA CP6 (2019-2023)

<p>National priority: By 2022 all Namibians will have access to high quality health care. The health-adjusted life expectancy will increase</p> <p>UNPAF Outcome: By 2023, most vulnerable women and children, adolescents’ young people will have access to and utilize high quality integrated services</p>		
UNFPA Strategic Plan Outcome	Country program outputs	Output indicators, baseline, and targets
<p>Outcome 2: Adolescents and youth</p> <p>Outcome indicators</p> <ul style="list-style-type: none"> • Adolescents’ birth rate (aged 15-19 years). Baseline: 82/1000; Target 65/1000 • Percentage of women and men aged 15-24 years who both correctly identify ways of preventing HIV 	<p>Output 1: Young people particularly adolescents’ girls are better equipped with knowledge and skills to make informed decision on their reproductive health rights</p>	<ul style="list-style-type: none"> • Number of marginalized adolescent girls who successfully completed life skills and asset building/employability programmes in the target districts. Baseline: 0; target 5000 • Proportion of institution of higher learning that have comprehensive sexuality educations as part of their

<p>transmission of HIV and reject major misconceptions about HIV transmissions. Baseline: 61.6 for women and 51.1 for men; Target: 90 for both</p> <ul style="list-style-type: none"> The percentage of adolescents' (aged 15-19 years) with met need for contraceptives. Baseline: 24.5; Target: 30 	<p>Output 2: Adolescents and young people have improved access to adolescent and youth friendly health services</p>	<p>curricula. Baseline: 0; target: 66</p> <ul style="list-style-type: none"> Number of youth organizations that are engaged in the formulation of national sexual reproductive health policies. Baseline: 4; Target: 8 Proportion of public health facilities that provide high-quality integrated adolescent - friendly sexual and reproductive health services. Baseline: 22%; Target: 50% Number of health service providers with adequate knowledge of long-acting reversible contraceptives methods. Baseline: 21; Target: 800 Number of sector plans that have integrated the demographic dividend study report recommendations. Baseline: 1; Target: 5 Adolescent indicators, disaggregated by age and gender are included in the 2021 Population and Housing Census. Baseline: No; Target: Yes
<p>Outcome indicators</p> <ul style="list-style-type: none"> Percentage of girls and women (aged 15-24 years) who have experienced violence during the past 12 months. Baseline 33: target 20 Percentage of adolescents (15-24 years) who agree that a husband is justified in beating his wife under certain circumstances. Baseline 28 for girls and 29.5 for boys: Target 20 for both 	<p>Output 3: Strengthened capacity of national instruments to deliver comprehensive and integrated gender-based response services and empower communities to prevent gender-based violence</p>	<ul style="list-style-type: none"> Number of community-based platforms that address gender-based violence and child marriage in target districts with UNFPA support. Baseline: 0; Target: 10 Existence of a functional national gender-based violence information management system. Baseline: No; Target: Yes Number of identified survivors of gender-based violence who have utilized the essential service package in target districts. Baseline 0; Target: 1,000 Minimum Initial Service Package integrated into the national Disaster Risk Management Plan. Baseline: No; Target: Yes

3.3.3 Management Arrangements

According to the Country Programme Document (CPD), responsibility for country programme management rests on the National Planning Commission to provide oversight and coordination of the implementation. National execution was the preferred implementation modality, and the programme used the harmonized approach to cash transfers (HACT). UNFPA CO selected implementing partners based on their ability to deliver results and accountability frameworks and monitored performance and periodically adjust implementation arrangements. Annual audits and spot checks were implemented to ensure high quality implementation and financial accounting procedures.

3.3.4 The Financial Structure of the Country Programme

UNFPA committed US\$7.5 million over the five years of its 6th Country Programme (2019-2023) with US\$3.2 million dollars from regular resources and US\$4.3 million through co-financing modalities and/or other resources, including regular resources. The proposed funding for the UNFPA Namibia CP6 (2019-2023) is as follows by thematic programme: (a) Adolescents and Youth (US\$4.5 million); and (b) Gender Equality and Women's Empowerment (US\$2.6 million). In addition, an amount of US\$0.4 million was allocated for programme coordination and assistance.⁴⁵ Core resources primarily cover programme coordination assistance such as staffing. Most programme funding comes from non-core resources mobilised for specific programmes (document review and KII with CO).

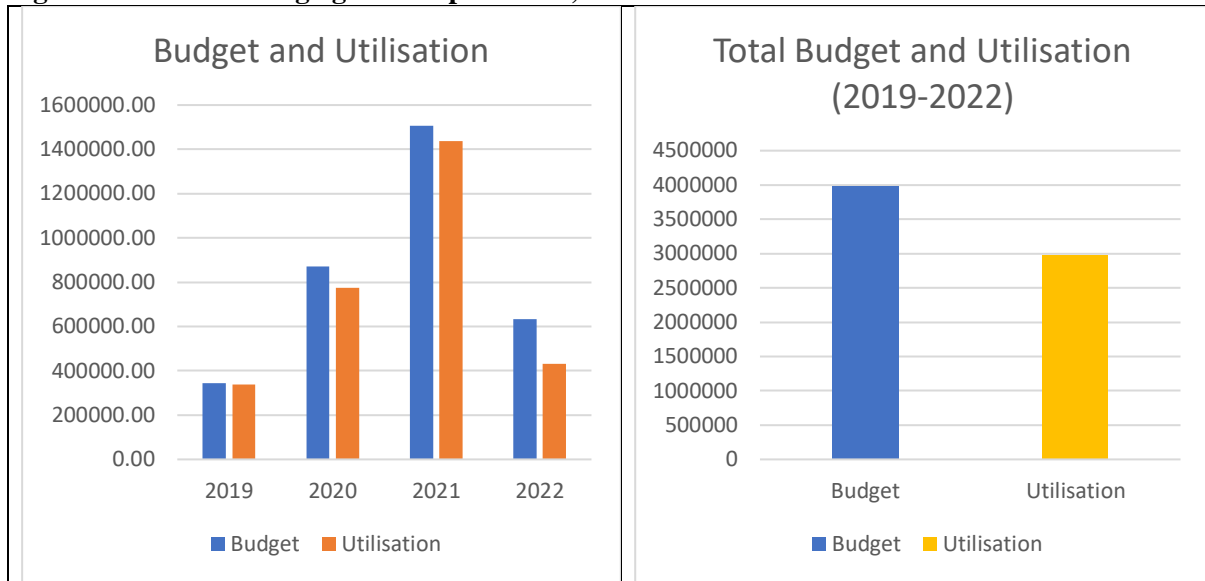
Table 4: Proposed Indicative Assistance in Millions of US \$

Strategic Plan Outcome areas		Regular Resources	Other Resources	Total
Outcome 2	Adolescents and Youth	1.8	2.7	4.5
Outcome 3	Gender Equality and women empowerment	1.0	1.6	2.6
Programme Coordination Assistance		0.4	-	0.4
Total		3.2	4.3	7.5

The figures below indicate the actual total budget against expenditure, the evolution of budget and budget utilisation over the Country Programme, and funding by year and funding source.

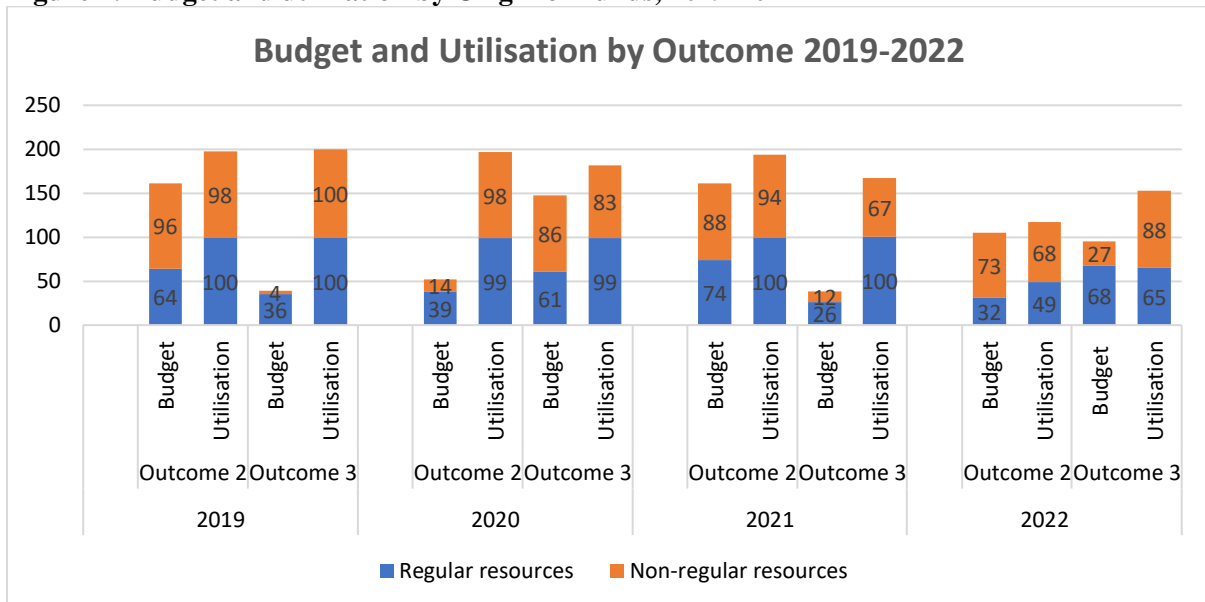
⁴⁵UNFPA Namibia Country Programme Document (2019-2023).

Figure 6: Total Funding against Expenditure, and Evolution 2019-2022



Budget and expenditure by year indicates a high overall budget for the four years but with less budget utilization. Figure 7 below reflects high dependence on non-core resources for programming in respect of the two outcomes.

Figure 7: Budget and utilization by Origin of Funds, 2019-2022



CHAPTER 4 – ANALYSIS OF FINDINGS

This Chapter covers the summative evaluation of the sixth UNFPA Country Programme of Support to the Government of Republic of Namibia. It presents the analysis of the levels of achievements of results within each of the two programme areas and organised around a set of evaluation questions based on the evaluation criteria of relevance, effectiveness, efficiency, and sustainability, and on cross-cutting issues of coordination, coverage, and connectedness. The data used in this analysis were obtained from documents provided by the UNFPA Namibia CO comprising GRN/UNFPA 6th Country Programme Document, Results and Resources Framework, Country Office Annual Reports, research reports, government policy documents and UNFPA strategic plans. Primary data was obtained from conducting selected interviews with national stakeholders, implementation partners (IPs), programme managers and beneficiaries.

4.1. Relevance

4.1.1 To what extent has the Country Office been able to adapt to: i) the needs of diverse population, including the needs of marginalized and vulnerable groups including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD PoA and SDGs?

Summary: *The Country Office has been able to adapt to needs of diverse populations including the needs of vulnerable and marginalised groups. The CP6 interventions are well adapted to the needs of the diverse population. It is explicitly aligned with national policy frameworks in National Development Plans 5 and 6, Harambee Prosperity Plan 1 and 2. The CP6 programme is aligned with the principles of the UNFPA Strategic Plan 2018-2021 and 2022-2025 and other international development frameworks such as ICPD PoA, CEDAW and SDGs.*

i). Needs of diverse population including the needs of marginalized and vulnerable groups including people with disability

CP6 is relevant in addressing the various needs of the population including the vulnerable and marginalized ones identified and incorporated into the CP6. To ensure the SDG principle of Leave No One Behind is achieved, the programme addressed the needs of the most marginalized youth, including adolescent girls, in the four intervention regions, by increasing their capacity to adopt protective sexual behaviors, access SRH services, and reduce their vulnerabilities to gender-based violence through targeted rights-based approaches. CP6 also enhanced the ability and capacity of the systems to adequately target eligible vulnerable groups, underserved locations and deliver targeted interventions. Equally, based on the principle of ‘Leave No One Behind’, there is a greater focus on enhancing national and subnational capacities for disaggregated data collection, analysis and use, research, and innovation, through partnerships with government, civil society, and academia.

CP6 design was informed by the situation analysis that paid attention to the needs of diverse populations including marginalized and vulnerable adolescents, youth and women including those with disabilities and national minorities as well LGBTQI. The needs were identified using a consultative approach with relevant national stakeholders (government, non-governmental Organizations (NGOs), civil society, and faith-based organizations) and targeted population. The CPD situation analysis including the 2018 assessment of the CP5 explicitly highlight the issues of access to services, unmet family planning, teenage pregnancies, child marriages, HIV among MSM, Gender-based Violence among adolescents and young people. *“I recall together with CSO agreement we all came together and identified activities that link to our needs - help us towards developing national development plans. We first did a national*

consultative meeting, unpack it at different levels at community, constituency, district, region, and national level - to make sure no one is left behind". (KII with CO).

Thus, the design targeted the vulnerable, marginalised, migrants and key population as participants and beneficiaries. The focus of the programme is on the marginalized and vulnerable, whose rights are often neglected hence the CP6 takes Human Rights based approach. The selection of target groups for UNFPA-supported interventions in the two target segment components of the programme is consistent with identified needs and was revised to adapt to changing priorities in the COVID-19 situation.

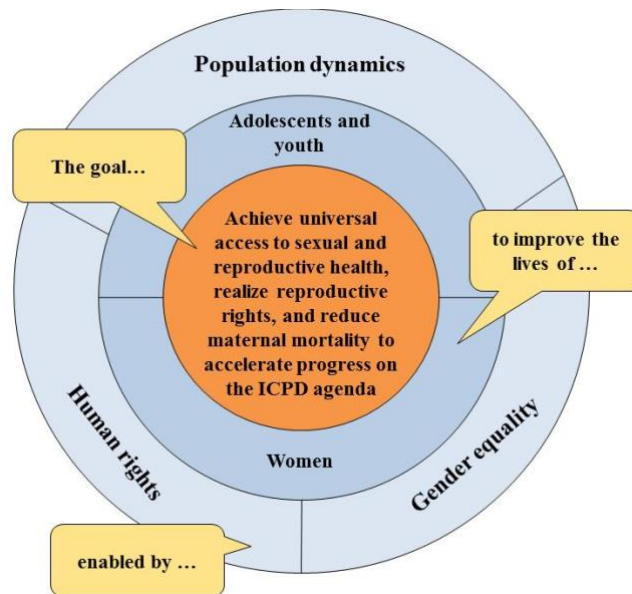
ii) National Development Strategies

The CP6 is well adapted to national needs, policies and development plans and priorities encapsulated in the NDP5 and 6 and Haram bee Prosperity Plans 1 and 2 pillars and focus on four main areas of economic progression, social transformation, environmental sustainability, and good governance, and advancing gender equality and women's empowerment. The Harambee Prosperity Plan [HPP] is a targeted Action Plan to accelerate development in clearly defined priority areas, which lay the basis for attaining prosperity in Namibia. The Plan does not replace but complements the long-term goal of the National Development Plans [NDPs] and Vision 2030. The HPP 1 and 2 have been developed to complement the National Development Plans and Vision 2030. The HPP is a focused and targeted approach to achieve high impact in defined priority areas. One of the agreed upon features of planning is that it must be flexible. It continues to prioritise the implementation of targeted policy programmes in order to enhance service delivery, contribute to economic recovery and engender inclusive growth.

iii). Strategic direction and objectives of UNFPA

As per UNFPA corporate requirements, Country Programmes need to be aligned to the National Development Framework, UNPAF and UNFPA Strategic Plan (SP), which include the Business Model and Resource Allocation System (RAS). (Document reviews). The CP6 is fully aligned with the strategic positioning of UNFPA. The UNFPA Strategic Plan (2014-2017; 2018-2021 and 2022-2025) reaffirmed the strategic direction that placed sexual and reproductive health and rights at the centre of UNFPA work, with the bull's eye illustrating its main goal. This "bull's eye" reaffirms the strategic direction organised of the UNFPA with the goal of "the achievement of universal access to sexual and reproductive health, the organisation of reproductive rights and the reduction in maternal mortality" is the goal of UNFPA with women, adolescents, and youth as the key beneficiaries of UNFPA work globally.

Figure 8: The Bulls' eye



Interviews and documents reviewed revealed that the Country Programme Development are in line with the goals and priorities set in the UNFPA Strategic Plans The 6th UNFPA Country Programme (CP) is in line with the UNFPA Strategic Plan (SP) 2018 – 2021, whose goal is to achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by gender equality and human rights, population dynamics and development . In accordance with the strategic direction of UNFPA and in line with General Assembly resolution 70/1 on the 2030 Agenda for Sustainable Development, the strategic plan seeks to ensure that no one will be left behind and that the furthest behind will be reached first. Results from interviews and review of documents of UNFPA focus areas noted that the 6th country programme addresses the needs of vulnerable and the marginalized and is in line with priorities set in both UNFPA Strategic Plans and UN Partnership Framework 2019-2023.

iv) Priorities articulated in International Frameworks and Agreements

The sixth country programme is aligned with the ICPD PoA, Sustainable Development Goals Agenda 2030, and United Nations Partnership Framework 2019-2023. The review and analysis of programme documents, interviews with CO staff, as well as UN partners noted that UNFPA Namibia CO's programmes are aligned to the agenda of the International Conference on Population and Development (ICPD) and the objectives of the ICPD Programme of Action (ICPD PoA). Interviews with stakeholders relevant for the focus areas and the review of programme documents (CPD 2019-2022; COAR 2019-UN Common country assessments for Namibia revealed that the country programmes are to a greater extent adapted to the needs of adolescents and youth, women, the marginalized and vulnerable and to some extent to the needs of people with disability and key populations.

The CP6 is aligned with the International Conference on Population and Development (ICPD) Programme of Action with the 2030 Agenda for Sustainable Development Goals. The CP6 outputs and outcomes contribute to SDG 3, 5, 10 and 17. SDG 3 with a focus on good health and wellbeing, ensures healthy lives and promote well-being for all ages. Output 2 which supports access to integrated sexual and reproductive health Services) including family planning, information and education and the integration of reproductive health into national strategies and programmes, providing of comprehensive

sexuality education, strengthen SRH services at institutions of higher learning; provision of integrated services is aligned with the SDG 3. Outcome 3 of the CP6 is related to SDG 5 with a focus on gender equality and women's empowerment.

CP6 is strongly relevant to Namibia UNPAF. Under the UNPAF, Government of Republic of Namibia is expected to lead on initiating the implementation of the intended outcomes and provide a demand driven approach to UN assistance. UNCT agencies are expected to provide high level technical and policy advice to strengthen capacities of government staff as well as government systems and procedures so that government functions can be implemented more effectively and efficiently. UNFPA CO in Namibia has responded and supported the needs of women and girls as well as vulnerable and marginalized women and girls in the promotion of gender equality and the empowerment of women and adolescent girls. The UNPAF for 2019-2023 has been prepared by the GRN and the United Nations Country Team (UNCT) in Namibia, including Non-Resident Agencies, through an extensive consultation process with various stakeholders, including civil society organizations. This is further complimented by the approach of UN delivering as one guided and aligned to Sustainable Development Goals (SDGs), the African Union (AU) Agenda 2063, and the country's human rights obligations and other commitments under internationally agreed conventions and treaties.

UNFPA work is guided by the United Nations Partnership Framework. *“Our work with UNFPA is guided by the country programme under UNPAF, the document has outcomes that guide our programmes. The key pillars where UNFPA is having a role are health, gender, economic progression, education, and also good governance. HIV embedded outcome of health, PLHIV defined in the social protection of Namibia. UNFPA is a lead for HIV prevention and include family planning, societal dimensions like gender issues including key populations, aspect of assessing services, youth, and women. Through the health component UNFPA is leading with WHO and UNICEF to improved access to ANC, support children from birth to the whole process. (CO KII, IDI with IP).*

4.1.2 To what extent has the Country Office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities or to shifts caused by crisis or major population changes such as the on-going COVID-19 pandemic?

Summary: UNFPA Country office was flexible and adaptable in its response to government's changing priorities including during humanitarian crisis. It responded to the changing needs of the population occasioned by the humanitarian emergencies of drought in 2019 and COVID-19 in 2020. UNFPA contributed technically to the national emergency plans by training service providers on Minimum Initial Service Package (MISP).

Country Office is flexible and responded to the changing needs as a result of emergencies experienced during the cycle. Interventions were adjusted to address the emerging needs. Under the Central Emergency Response Fund (CERF) the CO was able to support life-saving protection interventions, It procured protective gears for health workers, RH commodities, dignity kits (contained soap, sanitary pads, Vaseline) for vulnerable and marginalised women and girls, including migrants from Angola, who were affected by the drought. According to the stakeholders the evolving needs of diverse populations, marginalized and the vulnerable women and girls including people with disabilities were addressed in the CP6.

As the country was recovering from the drought, within few months the country was confronted with the COVID-19 pandemic. Namibia reported its first confirmed COVID-19 cases on 13 March 2020,

and the Government took leadership and ownership and immediately activated the National Health Emergency Coordination Committee under the Ministry of Health and Social Service, of which the UN is a member (under the leadership of WHO), and by extension UNFPA. Under the leadership of WHO as COVID-19 emergency coordinating body all the agencies were working around the Resident Coordinator's Office, with UNFPA and UNICEF focusing on adolescents, young people and the provision of essential services for health, addressed GBV and issues affecting key population.

The CO provided support to frontline Ministries and agencies to strengthen health care system (protecting providers, ensuring access to SRH especially targeting vulnerable and marginalized groups, provided contraceptives and reproductive health commodities while ensuring women and girls had access to GBV services. Results from interviews and document reviewed revealed that during the drought of 2019, UNCT agencies (UNFPA, UNICEF and WFP) collaborated, mobilized resources (in the spirit of Delivery as One) to build staff capacities and provided much needed services including food to those worse affected and provided services on the ground. The CO established and conducted emergency preparedness processes and activities to help mitigate risks in the crisis. According to a key stakeholder, *"UNFPA was flexible and adapted to the situation to the best of their ability. For example, they work with Society for Family Health)) for the distribution of family planning using their mobile units to reach the hard-to-reach areas."* (KII with CO, Document review).

During the period of COVID-19 pandemic lockdown, the CO in collaboration with the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW) through the Foodbank initiative distributed food to those in need and capacitated staff with the skills to handle COVID-19 cases.

Under the 6th country programme, the office is strengthening health care systems in order to respond to the outbreak, ensuring access to sexual reproductive health services, especially for pregnant women, young people and vulnerable people impacted by the pandemic. The CP6 interventions contributed to an increase in terms of access using outreach programmes targeting communities in far remote areas. For example, CO enabled IPs to take commodities and essential services to the communities at their doorsteps/ certain sites but closer to the people, necessitated by the lock down (measures put in place to prevent spread of COVID-19) that limited people's ability to access services. Other activities implemented included supporting the development, printing, and dissemination of the community engagement tool kit on the prevention of COVID-19 pandemic; procurement of personal protective equipment for health providers to prevent COVID-19 infections. National SRH protocol was updated to include Covid19 prevention measures. The CO supported the National Statistical Agency to conduct household survey on the impact of COVID-19 on households and employments. The CO provided financial and technical support for the production of vital statistics and causes of deaths reports. CO also provided financial and technical support for the revision of the HIV National Strategic Framework for Prevention.

The CO implemented activities such as advocacy, capacity building and provided reproductive health commodities to deserving population groups. For example, in Kunene the CO in partnership with the Disability Affairs within the MGECW distributed around 119 dignity kits to the vulnerable, marginalized and those far to reach. It also provided technical and financial support to Namibia Statistics Agency to help the agency to establish a COVID-19 tracking dashboard, which enabled the country to present timely, quality, and realistic data. Going by the theory of change, the CP6 interventions during the humanitarian crises contributed to an increase in terms of access to integrated sexual and reproductive health services in targeted communities in far remote places. UNFPA CO adapted, responded, and supported the needs of women and girls as well as vulnerable and marginalized

women and girls in the promotion of gender equality and the empowerment of women and adolescent girls. (KII, IDI and Document reviews).

4.2 Effectiveness

4.2.1 To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outcomes and outputs) of the country programme and any other revisions that may have been done in view of the COVID-19 pandemic and technology? i) increased access and use of integrated sexual and reproductive health services, ii) empowerment of adolescents and youth to access to sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes.

Summary: Effectiveness of the CP6 interventions is mixed. While there is no data to assess the outcome indicators, the output indicators for the adolescent and youth component have not been met while those of the GEWE planned output and overall outcome have been achieved. Population data is still lacking as no census or national survey has been conducted, though various systems have been put in place. While some progress has been made towards creating instruments and mechanisms supporting life skills education, more support is needed in terms of building and strengthening skills of all teachers. Capacities of national stakeholders to report on the national obligations under CEDAW and implementation thereof were built. CP6 contributed towards strengthening the national population data system and capacity to use data for planning.

Namibia is classified an Upper Middle-Income Country with an ‘orange’ key mode of operations of advocacy and policy, knowledge generation, institutional capacity with appropriate service delivery in the selected regions of the country. Results Framework monitors the target achievement. Key informant interviews with CO staff, in-depth interviews with IPs and document reviews highlight the extent most of the targets have been achieved. (Table 5)

Outcome 1: Adolescents and Youth

Planned outputs in adolescent and youth component are equipping young people especially adolescent girls with knowledge and skills to make and take informed decisions on their sexual and reproductive health and rights, and to enable adolescents and young people to have improved access to youth friendly services. These will contribute to the outcome “every adolescent and youth, in particular adolescent girls are empowered to have access to sexual and reproductive health and rights in all contexts”. Thus, the adolescents and youth outcome were addressed by two outputs with seven areas of interventions to achieve the outputs which are believed to trigger the outcome. In the absence of national data, outcome indicators have no data to confirm whether the target has been met or not. The CPE noted that there is no outcome for SRHR, however, the KII indicated that UNFPA is committed to the process of integration, hence some SRHR activities were implemented as cross cutting the two thematic areas.

Interviews noted that the CO in collaboration with key partners such as parliamentarians, community leaders, civil society organisations, youth networks and media supported and advocated for the implementation of policies and programmes that promote adolescents sexual and reproductive health and rights, and for increased investments to achieve the government target of 90% of youth with accurate knowledge of HIV and prevent HIV and teenage pregnancy. There were high level consultations and validation meetings for the integrated school Health policy under the Ministry of Education, Arts and Culture and in partnership with the Office of the First Lady, Parliamentarians,

Ministers, and faith-based organizations advocated for the promotion of SRH and CSE. All these show evidence of political support and engagement of youth, community, and traditional leaders.

The CP6 interventions contributed to equipping young people with the necessary knowledge and skills to make informed decisions. CO collaborated with NGOs (NAPPA, Regain Trust, SFH, AfriYAN, One Economy Foundation, National Federation of People with Disabilities in Namibia) and National Youth Council as well as the Ministry of Youth, Sport, Culture and National Services (MOYSCNS), and provided technical and financial assistance towards adolescent friendly health services, development of policies and guidelines, translation of IEC materials in braille, supported International Day of People living with disability for awareness creation. (*KII, FGDs, Annual reports*). The country office has achieved output 2.1 indicator on the proportion of public health facilities that provide quality integrated adolescent friendly sexual and reproductive health services as documents indicated that 183 facilities are providing AFHS services. But there were no records showing adolescents access to these facilities.

The CO strengthened the capacity of young people and youth organizations. Under Output 1.3 the office assisted 19 youth organizations in the formulation of national sexual and reproductive health policies and supported the adolescent participation in teen clubs (club for teenagers who are living with HIV). Moreover, the office enabled adolescents and young people to carry out advocacy campaigns (condomize campaigns; youth dialogue and participating in the Namibia general assembly and spearheaded the development of organizations' strategic plans. (*KII, FGDs*). Special attention was given to youth with disabilities and UNFPA provided both technical and financial support to the National Federation of People with Disability (NFPD). The CO built the capacity of the NFPD's leaders through its capacity development and leadership training. In addition, country office supported the Ministry of Youth, Sport, and National Service (MOYSCNS) to develop and review its youth policy and had it available in braille (*KII, FGDs*). UNFPA and the UN in general has taken the issue of disability serious and have created a desk for youth disability, both UNFPA and UNDP has employed young people with disability. It was however, noted that that there is a need to ensure that documents are available also in sign language, in the spirit of leave no one behind. (*KII, FGDs*).

The ET found that under the 6th country programme, young people and youth organizations have been actively engaged in the programme and played a key role in ensuring that young people were informed, educated pertaining to issues affecting them and have access to reproductive health services including commodities. For example, during the COVID-19 outbreak AfriYAN in collaboration with UNFPA and GTZ mobilized over 400 volunteers who conducted a door-to-door campaign in the region and in constituency distributed sanitizes and masks and educated communities about prevention and treatment of COVID-19. Through dialogue, UNFPA, and its implementing partners facilitated trainings and dialogues focused on mental health, 21st century parenting, mentorship and how these issues impacted SGBV and SRH during COVID-19. Moreover, the CP6 supported teenagers who are living with HIV (teen clubs) through Directorate Special Programmes (DSP). As one of the FGDs participants expressed: *“Programmes funded by UNFPA's includes adolescents' participants in teen clubs, through special programmes. Support group for teenagers who are living with HIV, where they are assisted by Health assistants (community health workers), who provide family planning and social services. UNFPA also provided support through Society of Family Health, helped with distribution of sanitation pads, addressed gender-based violence, alcohol abuse, and life skills teachers.*

Interviews with stakeholders, and focus group discussions with adolescents, young women and boys and people with disability, reported that young people were empowered and that they directly and indirectly benefitted from the UNFPA support. Few implementing partners expressed concerned about

the capacity of youth organizations in their ability to produce high quality reports. For example, one youth organization, which was tasked to conduct outreach programme, educated communities, and provided services, as a requirement were expected to produce a comprehensive report. However, experienced challenges in producing the final report. Young people questioned the concept of empowerment and were of the opinion that they were empowered before they participated in UNFPA's activities. In addition, UNFPA distributed dignity kits to the vulnerable and marginalised communities. Discussion with young people noted that they were appreciative of the services they received, however, they were also concerned about the fact that some people who have the means to afford e.g., sanitary pads, were also provided dignity kits.

Generally, CO supported the Government of Namibia and partners to achieve the following: i) launched the Let's Talk – Early and Unintended Pregnancies, ii) conducted a high level consultation and validation meeting for the Integrated School Health Policy, iii) developed the National Youth Policy, iv) incorporated menstrual health and hygiene management in the new Integrated School Health Policy, v) assisted African Youth and Adolescents Network (AfriYAN) to develop their draft strategic Plan and Framework. Through the interventions, a total of 13,138 young people aged 15-24 years accessed contraceptives in the 8 target regions in public health facilities while 2,875 young people were reached with information on sexual and reproductive health including HIV through the Condomize campaign [Document Review].

Development of Guidelines and Protocols

Interviews with key stakeholders revealed that the CP6 takes an upstream approach, providing technical and financial support for the development of policies and guidelines and strengthening the capacity of partners. The CO collaborated with key stakeholders to develop and review a number of guidelines, protocols and standards aimed at ensuring effective linkages of SRH, STI including HIV. It provided technical and financial support for the design, revision, and development of SRH related documents such as:

- Revision of Family Planning Guidelines (2019)
- Development of National Guidelines for Review and Response to Maternal Deaths, Near Misses, Stillbirth and Neonatal Deaths 2018/19
- Guidelines and Protocols on continuity of Essential Health Services in the context of COVID-19 Pandemic – 2020
- Review of the National Condom Strategy (2020)
- Technical support during the review of National Guidelines for Antenatal Care and Positive Pregnancy Experience (2020)
- Review of the National Strategic Framework for HIV 2017/22 – 2020
- Reviewed National policy on HIV and HIV Workplace policy for the education sector and development of the school Health Policy

Strengthen demand side access and uptake of services including SRH, HIV and GBV services - Increasing access to Integrated SRH services

UNFPA has collaborated with key implementing partners such as Ministry of Sport, Youth and National Service (MSYNS), Ministry of Gender Equality Poverty and Child Welfare (MGEPCW), Civil society and NGO's such as NAPPA, Regain Trust, Society for family Health, One Economy Foundation with the aim of increasing access to integrated sexual and reproductive health services. For example, in collaboration with Society for Family Health (with their outreach/mobile vans) the CO was able to reach the target groups in far remote areas, providing reproductive health commodities and essential services, during the lock down and beyond. Generally, all participants were of the opinion that CO has contributed to the outcome. *"It was really effective as they have seen results of reports where the people*

could not get to the clinic to get them and through the mobile vans, they got the supplies that they needed. To some extent yes because we wanted to see a lot of young people reached with certain messages, education and we managed to go beyond the set target. In terms of access, we managed to get a lot of young people to get services. For the little time I have been here the intended outputs have been achieved. SRHR, we have services available for our adolescent and youth. The condomize campaign is well known in the country. Where we have held these activities, people are trained” (KII). CO also implemented SRH and mental health activities, using face to face and online. (KII, FGDs).

According to key stakeholders under the 6th CP the country has seen evidence of increased stakeholders’ commitment to adolescents and youth. *“Our work with UNFPA focuses on Safeguarding young people, programmes that youth receive friendly health services, that assist them to overcome challenges as they grow up as adolescents; programme that speaks to youth friendly health services ... (IDI).*

Through the CP6 interventions, more than 20 000 young people were reached with knowledge and skills on sexual and reproductive health. The main means used to transmit the knowledge were condomize campaigns, dance events, girls’ clubs, out-of-school youth clubs, asset building training and capacity building for youth-led organizations. UNFPA CO supported the Ministry of Health, Ministry of Youth, Namibia Planned Parenthood Association and African Youth and Adolescents Network to implement 17 condomize campaign events in Kunene, Erongo, Khomas, Zambezi, Otjozondjupa and Ohangwena regions. A total of 8 298 young people were reached through the condomize campaigns and 110 492 condoms and 9 289 femidoms were distributed. The Ministry of Youth conducted trainings of 108 out-of-school youth club members on CSE. As a result, the out-of-school youth clubs sensitized young people through community mobilization reaching a total of 5379 youth in Zambezi, Ohangwena, Kavango East and West, Erongo and Kunene regions. As part of the UNFPA@50 and ICPD 25 commemorations, the CO organized a Youth Dialogue that was attended by 100+ youth from all 14 regions in Namibia. The dialogue served as a platform for exchanging ideas on how the youths could play a significant role in accelerating the ICPD promise and empower them to make their voices heard.

UNFPA Namibia Country Office reached at least 484 with skills on Covid-19 safety related guidelines and provision of SRHR information before embarking on a community outreach initiative which further in line with LNOB reached 121 constituencies and a total of 9 680 households with information on COVID-19 and SRH and condoms were also distributed. As part of ensuring protection for women and girls particularly from GBV during COVID-19 response, 1064 marginalized girls were identified in target regions and reached with information and guidelines for school in context of COVID-19 were developed together with other UN agencies. 16 adolescents and young people produced #YouthAgainstCOVID-19 videos in 8 local languages including sign language in line with LNOB. The video materials were aired on national television.

The CO supported the Ministry of Education to establish 115 girls’ clubs in Zambezi, Kavango East, Kavango West, Ohangwena and Khomas regions. These clubs serve as a safe space for adolescent girls between the age 10-19 to discuss issues that affect their life and overall well-being such as SRH, access and use of contraceptives, condom usage, delaying sexual debut, menstrual cycle management, HIV prevention, career choices, assertiveness, decision making, leadership, rights of women and girls and advocacy against GBV. The Ministry of Youth was also supported to undertake a review of the National Youth Policy. The review process was also strengthened by the Youth and Gender Technical Adviser from the MICs hub, who undertook a mission to the country to engage with key stakeholders (Office of the President, Ministry of Youth, young people etc.) on content of the document in relation to other National Youth Policies in the region.

In partnership with the Ministry of Youth, the CO supported the planning and execution of African Youth and adolescents Network (AfriYAN) Namibia General Assembly. A total of 49 AfriYAN members representing 8 regions participated in the general assembly meeting. As a result, a new 10-member Executive Committee for AfriYAN was elected with 50-50 gender balance. The new leadership developed the organization's Strategic Plan with key SRHR interventions to be implemented in 2020. There was no evidence that these youth-led interventions were implemented. A national congress of the Namibia Organization of Youth with disabilities (NOYD) with attendance of 74 young people with disabilities from all regions of Namibia of which 42 were adolescents' girls. The Congress and its outcomes serve as a robust foundation for the NOYD to spearhead mobilizing and uniting youth with disabilities in Namibia and enabling improved participation of youth with disabilities to advocate for their inclusion in education, employment, sexual and reproductive health services, and policy making. The CO supported 13 youth representatives from Namibia to attend regional and global events and conferences: Nairobi Summit on ICPD25, Youth Indaba of the Southern African Development Community Parliamentary Forum and African Regional Meeting. The youth representatives were able to broaden their knowledge, expand their network; and the knowledge gained was transferred to potentially 1300 other young people in Namibia. UNFPA supported the Ministry of Health and partner in producing 2000 ASRH packages for young people. The packages included an information booklet on SRH and HIV for young people, a directory list with essential SRH/HIV services in the country, condoms along with information leaflets on male and female condom use, notebooks, and pens. The ASRH package will be distributed to young people during outreach campaigns in institutions of higher learning in Khomas, Zambezi, Ohangwena regions. (Document reviews).

Health care workers' capacity on Family Planning particularly on long-term acting reversible methods (IUD and Implants) were strengthened through workshops. In total, 93 health providers were trained to enhance their capacity and readiness to provide family planning services. As a result, trained health workers inserted 417 implants and 8 IUCD mostly for adolescent girls and young women across 7 facilities in Windhoek. A total of 9,573 young women were provided with contraceptive services of their choice in public health facilities in targeted regions of Hardap, Omaheke, Khomas, Otjozondjupa, Oshikoto, Oshana, Ohangwena and Zambezi. Through this support the Ministry of Health and Social Services was able to avert 37,000 unintended pregnancies, 3,555 unsafe abortions and 49 maternal deaths. MoHSS with Assistance from UNFPA and other partners supported the development, review, and/or update, of national strategies and/or guidelines. The revised and reviewed guidelines and reports will provide guidance to the Ministry of Health and Social Services in ensuring improved quality delivery of services on Sexual and Reproductive Health particularly for adolescents, women, girls, and key population.

CO led an advocacy campaign targeting policy makers and parliamentarians on SRH services for adolescent girls and young women (AGYW). This resulted in a total of 900 sanitary pads and 50 soaps being collected from Parliamentarians, Ministry Officials and UN agencies which benefitted 900 AGYW in Rundu and Kavango East. MoHSS in partnership with UNFPA and WHO trained 45 health providers on care of survivors subjected to intimate partner violence and/or sexual violence in Namibia. NAPPA in partnership with Gender Links and UNFPA strengthened the capacity of 289 Adolescent girls and young women on SRH and assets/employability building in three regions. (Zambezi, Ohangwena and Khomas). In addition to obtaining transferable skills on entrepreneurship which are needed to make them 'employable' and will empower them to access opportunities for starting their own income generating activities; the young girls also acquired information on SRH and GBV that would better prepare them to make informed choices about their sexual and reproductive health and seek access to sexual and reproductive health services.

UNFPA provided support to MoHSS to continue the scaling up of SRH/HIV and SGBV integrated services throughout the country. A total of 173 out of 291 facilities are providing integrated services guided by the national service integration guidelines. This represents 59% of integrated facilities country wide. Provision of integrated services has improved the knowledge of staff on both HIV and SRH services. Integration has also remarkably reduced patients waiting times as well as confidentiality both in consulting rooms and at the pharmacy. The country office procured basic reproductive health medical equipment to be used for strengthening the delivery of family planning, post abortion and maternal and child health care services in facilities providing SRH/HIV integration. These included 50 Doppler Fetal heart rate detectors, 100 vaginal speculums, 80 Sphygmomanometers, 50 Stethoscopes, 10 simple Intrauterine device (IUD) training simulators, 10 Subcutaneous implant training models, 20 Intrauterine device (IUD) training simulators advanced. The monetary value for the equipment was USD 18,018.30. It is expected that the equipment will enhance the quality of services in 68 facilities in 4 regions (Khomas, Oshikoto, Ohangwena and Zambezi) with a combined catchment population of 811,409 people (Document Reviews and Site Visits).

Planned output in GEWE is to strengthen capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and to empower communities to prevent gender-based violence. Key strategic interventions include advocacy, policy dialogue and capacity-building to equip key government staff and health service providers. Significant contributions to respond to gender-based violence and women's empowerment are reported. According to several document reviews, UNFPA's technical supports to Ministry of Safety and Security assisted in the review of the Police National GBV Database indicators to ensure that they are sex and age disaggregated and integrates issues related to sexual and reproductive health. The data system improved GBV case management, coordination, and reporting in the country.

In terms of advocacy Gender Links was supported to conduct a rapid assessment among 33 (135 females and 64 males) service providers from the Ministry of Gender Equality and Child Welfare (MGEWC), Ministry of Health and Ministry of Safety and Security (GBV protection units) and the National Planned Parenthood Association (NAPPA). The assessment ascertains the readiness of GBV Units and health facilities to provide post-GBV services, while generating evidence imperative to enhance awareness on the right to health and to promote the uptake SRHR and GBV services while informing programming. The ET found the rapid assessment of low quality. Twelve (12) community dialogues were held with young people, parents, health workers, traditional, religious, community leaders on adolescent sexual reproductive health and gender-based violence in Zambezi and Ohangwena regions.

UNFPA availed resources that helped to implement mass media campaigns and strengthened stakeholders' participation. *UNFPA CO in collaboration with NGOs such as National Youth Council, Regain Trust, SFH and NAPPA, has provided support towards the establishment of adolescents' friendly services, including outreach programmes. They have implemented the condomize campaigns and break free 2#BeFree campaign (Violence campaign to advance gender equality) in collaboration with the different organizations" (Key informants).*

Accordingly, under the 6th country programme, CO is collaborating with different stakeholders such as National Youth Council for the celebration of youth week; NAPPA to provide services to young people during lockdown, including youth dialogues on SRH, engagement virtual and in person, also visited Opuwo young people living with disability; Society for Family Health used mobile vans to provide services to those who are hard to reach. Services included SRH integrated with COVID-19 messages

and screening, HIV testing and treatment, PREP, PEP STI treatment and Regain Trust, to address mental health with the focus on men and boys, men in uniform - men in uniform; boys in schools; pastors; traditional leaders; male conversation labelled as perpetrators in addressing toxic masculinity.

Results from interviews with key stakeholders and review of documents revealed the country was confronted with the opposition to CSE from opinion leaders mainly church, politicians, and traditional leaders. UNFPA in collaboration with other UN agencies, UNESCO and MoEAC elevated the issues to cabinet, which endorsed the renewal of ESA commitment 2021-2023, secured the support and led to the renaming and change from comprehensive sexuality education to Life Skills Based Health Education. (*KII, FGDs and annual reports*).

Focus group discussions with adolescents, youth and young women reported that they were to some extent satisfied with the services that they received. Young people in Ohangwena, Kunene and Zambezi found that majority of young people received SRHR related services i.e. Health Education on SRHR, GBV, STIs, and HIV as well as testing and treatment, family planning and general screening. This was made possible as the country office collaborated with key partners. The participants acknowledged and appreciated the services they received through among others; MoHSS, MGECW, IntraHealth, Walvis Bay corridor Group, One Economy, NAPPA and SFH. As a key informant expressed: *“Providing services in an integrated manner without referral using ‘One stop - supermarket approach’ was found to be an effective way of providing services. It ensures that a client is seen once at a facility, they are received in a (general) room irrespective of their status, and it also contributes to the elimination of stigma”*.

The country office has achieved the output 2.1 indicator on the proportion of public health facilities that provide quality integrated adolescent friendly sexual and reproductive health services. The support for dignity kits was appreciated as reflected in the quote below: *“When we needed pads they gave us 6 packages, depending on your menstruation times, we also received soap, they also created awareness. We received bags containing pads, panties, soap etc”*. *They also created awareness among men, and they could understand the situation that women go through and that it is part of women's growth. The distribution of dignity kits was also accompanied by training, which also changed the attitude of boys towards menstruation. This was done by a few Life skills teachers, NAPPA, and the Chief medical officer”*. While beneficiaries appreciated the donation of the kits, many were of the opinion that it was a once off activity, however, menstruation comes every month.

Comprehensive Sexuality Education

Through the CP6 interventions (Condomize campaigns, Dance events, girls’ clubs, out-of-school youth clubs, asset building training and capacity-building activities for youth organisations), more than 20 000 young people were reached with knowledge and skills on sexual and reproductive health. UNFPA CO supported the Ministry of Health, Ministry of Youth, Namibia Planned Parenthood Association and African Youth and Adolescents Network to implement 17 Condomize campaign events in Kunene, Erongo, Khomas, Zambezi, Otjozondjupa and Ohangwena regions. A total of 8 298 young people were reached through the condomize campaigns and 1 10 492 condoms and 9 289 femidoms were distributed. The Ministry of Youth conducted trainings of 108 out-of-school youth club members on CSE. As a result, the out-of-school youth clubs sensitized young people through community mobilization reaching a total of 5379 youth in Zambezi, Ohangwena, Kavango East and West, Erongo and Kunene regions. As part of the UNFPA@50 and ICPD 25 commemorations, the CO organized a Youth Dialogue that was attended by 100+ youth from all 14 regions in Namibia. The dialogue served as a platform for

exchanging ideas on how the youths could play a significant role in accelerating the ICPD promise and empower them to make their voices heard.

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To scale up comprehensive sexuality education (CSE) in Namibia, the CO in collaboration with Ministry of Education, UNESCO, and the Global Fund, equipped 268 Life Skills teachers with CSE knowledge and skills in Zambezi, Kavango East, Kavango West and Ohangwena regions. These teachers are expected to implement the in-school CSE curriculum with potential to reach 53 600 students. The CO supported in-service teacher-training at six (6) universities (UNAM main Campus, Khomasdal, Rundu, HP Campus; IUM main Campus, Ongwediva) to build the capacity of prospective teachers to deliver school-based comprehensive sexuality education reaching a total of 631 final year soon to be teachers.

Figure 9: Teachers trained in life skills and sexuality education 2019-2021 per region

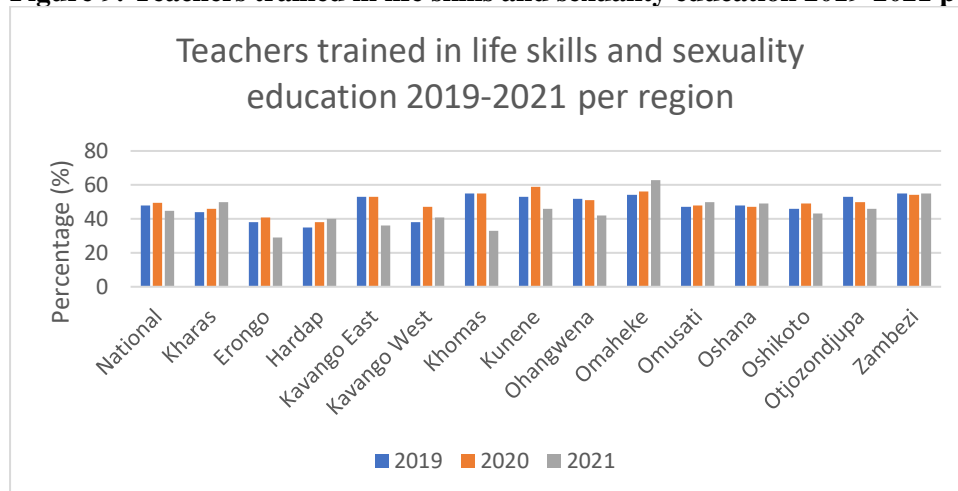
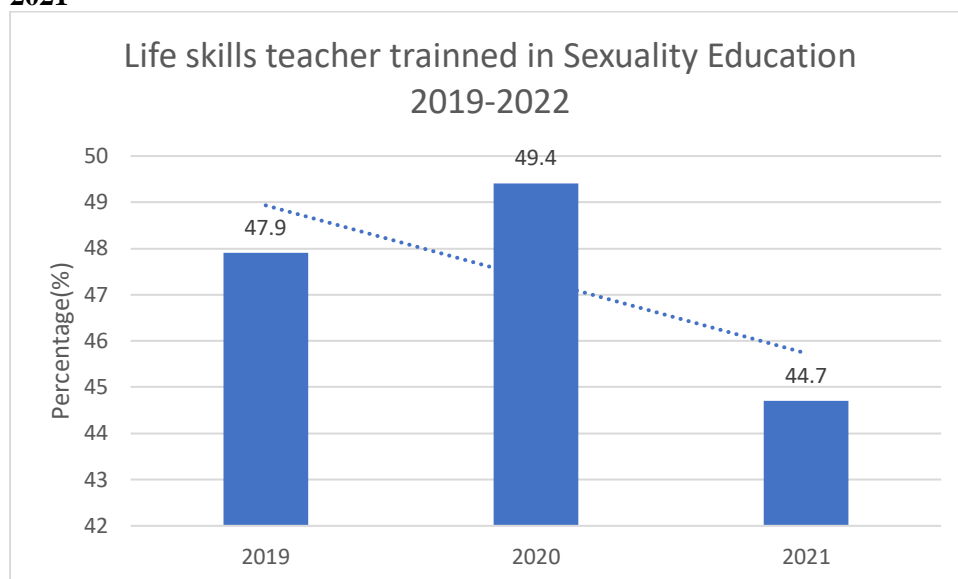


Figure 10: Trend of teachers trained in Life Skills-Based HIV and Sexuality Education 2019-2021



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teachers to deliver school-based comprehensive sexuality education reaching a total of 631 final year soon to be teachers.

Adolescents and young people reported that they have access to SRH services and comprehensive sexuality education, however, they were of the opinion that youth friendly health services were not available and accessible in the entire country especially in public health facilities – creating a barrier in accessing the services. In addition, adolescents and young people expressed concern about the knowledge of like skills teachers. They were of the opinion that the majority of Life skills teachers were not aware of NAPPA’s services or other youth friendly organizations, as they only referred them to MoHSS facilities. The majority of the participants have a positive view of NGOs that are providing services as they are of the opinion that they are youth friendly. However, they were critical of the public health facilities, which they found not to be youth friendly, as one of the participants expressed below. *“At government facilities there is discrimination, but when it comes to the mobile clinic most of the people here are young and friendly”.* (FGD).

The ET found that most of the programmes have urban and peri-urban bias as services were located in the urban or peri-urban areas. Key informants were of the opinion that the upstream approach of UNFPA, may have contributed to limited attention at regional level. Information from focus group discussions in all 4 regions noted that young people may have access to youth friendly health services, this was more so with the NAPPA clinics, and to a lesser extent in the public sector. Participants indicated that NAPPA services are offered far away from the communities or schools e.g., at the hospital (Kunene) youth center (Eenhana), in town – Katima Mulilo and in town in Windhoek, consequently not reachable by majority of young people. Key informants also confirmed that NAPPA has a limited geographic coverage for example, they are in Windhoek, Ohangwena, Kavango East and Zambezi, mostly in urban and or peri-urban areas.

In its attempt to address geographical challenges and increase access to reproductive health services for the vulnerable and marginalized women, the CO supported maternity waiting homes which are under the care/ownership of Ministry of Local Government and Housing. However, Maternity waiting homes visited experienced few challenges i.e., lack educational materials or programmes, inability to support pregnant mothers with food, clothing, or finances. In some waiting homes the person responsible for the home expressed concern for pregnant mothers, especially those from marginalized communities who turned up with no food or not even clothes for the baby to be born. In addition, the matrons were not provided with communication funds, as the responsibility of calling an ambulance to take the pregnant women from the waiting home to the hospital was left up to the matron.

Outcome 2: Gender Equality and Women's Empowerment

There is only one outcome and one output indicator under this focus area i.e., Outcome 3: Gender Equality and Women’s Empowerment; Output 3: Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and empower communities to prevent gender-based violence. According to interviews with key stakeholders UNFPA advocacy and capacity building support has assisted in ensuring that gender issues are prominent and appropriately integrated into national development instruments and sector policy frameworks.

Country Office (CO) participated in a Know VAW data regional capacity building training on measuring VAWG/GBV prevalence where eight (8) countries shared experiences on data sources and limitations resulting in enhanced capacity for the CO to provide support for the next NDHS – Domestic

Violence Module. The CO supported the Ministry of Gender Equality and Child Welfare to strengthen the capacity of 61 service providers from Government (Police, Gender- Community Liaison Officers and NGOs (Lifeline/Child line, Regain Trust Namibia, White Ribbon Campaign Namibia, and Women's Action for Development) to deliver health, police, psycho-social services in all 14 regions as per the newly developed Namibia National Resource Kit on GBV. (Document Reviews). Further capacity-building of the Ministry of Health and Social Services (MoHSS) equipped 40 health care workers in Oshikoto region to identify, manage and refer victims of intimate partner violence and sexual violence to access GBV integrated essential services. This training was preceded by a TOT training of 45 health care workers from all 14 regions to serve as core team of trainers. The MoHSS and Namibian Police are in the process of strengthening their information system to capture the number of victims accessing GBV services. In partnership with One Campaign, One Economy Foundation equipped seventy (70) media practitioners from TV, Radio and social media with knowledge and skills on GBV responsive reporting to enhance competence and confidence to engaging investigative reporting on GBV. The training provided a platform for media practitioners to identify bottlenecks and shared experiences on effective approaching to GBV reporting.

Through a collaborative effort between Ministry of Sports, Youth and National Service, NAPPA and Gender Links, thirty-three (33) adolescent girls and young women aged 14- 24 are capacitated with knowledge and skills on GBV prevention, SRH services and entrepreneurship skills. The training focused on providing diverse set of skills, experiences and behaviors that would enable young girls to develop into successful adults while linking them to youth friendly opportunities for accessing business capital.

In partnership with the Ministry of Poverty Eradication and Social Welfare, 77 street community workers who are directly in contact with the drought beneficiaries from different constituencies of Khomas region through the Food Bank initiative were equipped with knowledge and skills on Prevention of Sexual Exploitation and Abuse (PSEA). Additionally, 59 staffs from 10 UN agencies were sensitized on PSEA. With the support of the CO to One Economy Foundation, 59 advocacy platforms were supported through 6 #BeFree dialogues with young people, service providers, influential leaders (FBO), refugees, marginalized group (San Community), people with disabilities, people living with HIV, sex workers, and members of the LGBTIQ+ community resulting in 469 beneficiaries receiving essential GBV services (health, psycho-social and legal). (Document Reviews). A national dialogue was convened with 50 men and boys to create awareness and strengthen knowledge on eliminating discriminating gender and social-cultural norms that affects women and girls including toxic masculinity and power relations. Key messages during dialogue focused on addressing discriminatory practices that has negative implication for HIV/AIDS prevention, response, and promotion of Sexual and Reproductive Health and Rights (SRHR) including GBV particularly for adolescents, young people and women. Men and boys were encouraged to abandon toxic masculinities for more constructive masculinities that benefit women, men, girls, and boys.

UNFPA CO joined a consortium of other CSOs to launch the #MeToo Movement in Namibia aimed at enabling abused women and adolescent girls to come forward and seek redress. As a result, 44 women and adolescent girls have come forward to report cases of rape, sexual abuse/exploitation, and harassment, which resulted in 7 legal/police cases pursued and 30 have received psychosocial support. UNFPA CO supported Ministry of Gender to undertake a comprehensive national-level review of GBV intervention activities to assess the progress made and challenges encountered in implementing the platform for Action on gender equality in the past 25 years since its adoption at the Fourth World Conference on Women that was held in Beijing in 1995. With support of UNFPA, UNICEF, UNODC

and the Office of the Prime Minister, the Namibia Police developed a national GBV Administration database system to improve case management services, reporting and coordination between service providers. A User manual for users (police and social workers) of the Police GBV database is developed. The CO procured two laptops for social workers for case management at the GBV Protection Units. A total of 37,389 beneficiaries aged 13-55 were reached with information and services on SGBV (health, psycho-social, police and justice services) in Khomas, Omusati, Kunene, Kavango West and East and Omaheke region.

As part of strengthening capacity to deliver services eighty-three (83) GBV multispectral service providers (doctors, social workers, police, legal officers) were trained on essential service package in the 6 targeted regions. The training focused on the importance of providing timely, accessible, and confidential Health, Psychosocial, Safety and Security, Legal and Community Based Services.

In collaboration with Ministry of Health, (National Health Training Centre) and WHO, training curriculum (Facilitator's Guide, Training presentation, job aids) was developed and trained 112 Health managers and service providers on the Clinical management of IPV and SV in order to provide/support the delivery of timely and quality services survivors of IPV and SV. The Ministry of Gender printed and distributed 1000 copies of the SOPs on Shelter for survivors of GBV, VAC and TIP and trained 30 social workers and police officers from 14 regions on the SOPs. Thirty-four (34) Media managers and reporters from NBC radio and TV knowledge and confidence were strengthened on GBV prevention and response to engage communities through different platforms. The participation provides recommendations for both the Ministry of Gender and Media institutions (document reviews).

According to documents reviewed and KII with CO staff, UNFPA CO partnered with UNICEF, UNODC and Office of the Prime Minister to support the Namibian Police to develop a national GBV administrative database system to improve case management services as well as reporting and coordination between service providers. It also assisted law enforcement agencies to develop a manual for users (health care workers, police, and social workers) of the Police GHBV database. The CO collaborated with such partners as Ministry of Gender Equality Poverty Eradication and Social Welfare (MGEPESW), Namibian Parliament, NGOs such as NAPPA, SFH, Regain Trust and One Economy Foundation to implement activities included campaigns on TV and radio, condomize campaigns, outreach programmes providing services and health education on related subjects. In partnership with the national assembly the country office strengthened the capacity of members of parliament and staff on Gender, SRHR, HIV and AIDS. The One Economy Foundation conducted about ten #BreakFree interventions geared towards training service providers on topics related to youth-friendly gender-based violence and SRH services; trained media professionals on how to constructively serve as a powerful medium to transform perceptions and debunks sexual and GBV myths; provided care services to SGBV survivors; launched the "Problematic Mindsets Full Report" which provides an understanding of the root causes of SGBV, based on the experiences of frontline service providers, survivors and perpetrators of SGBV at the time of the incident. (KII, document review).

The CO with partners supported over 37 communities to develop advocacy platforms to eliminate gender and social cultural norms that affect women and girls. For example through #Befree dialogue with young people, service providers, influential leaders, refugees, marginalized groups, people with disabilities, people living with HIV, sex workers and LGBTIQ+ communities resulted in 496 beneficiaries receiving essential reproductive health services. Through Break-free platforms focusing on SGBV including mental health prevention the country office reached over 1667 direct beneficiaries and over 2053 indirect young people and GBV survivors. In 2020 the country office reached 408, 00 community members with messages on GBV and COVID-19 prevention and response through social

media. Moreover, NAPPA has implemented Pajama' night at UNAM, where they brought young girls together with the focus on empowering them and discussed issues related to SRH and GBV, facilitated by social workers and psychologists and the activities were supported by UNFPA, UNESCO and UNAM. (KII, FGDs, annual reports).

The CO assisted government with International Human rights instruments, tracking progress on CEDAW, conducting Universal periodic reviews, translating recommendations and actions in local languages and use them for creating awareness (KII and UNFPA annual reports). The CO assisted the country in ratifying the convention on the rights of people with disabilities. In collaboration with UNICEF, UNODC and Office of the Prime Minister supported the development of the National Gender data base programmes engaging 3 towns i.e., Windhoek, Gobabis, Rehoboth (NAMPOL), which is aimed at improving case management services and reporting including coordination between various service providers.

As part of its capacity building programme the office trained 83 GBV multispectral service providers (doctors, social workers, policy, and legal officers) on essential service package of GBV and 112 health managers and service providers were trained on the clinical management IPV and SV (COAR 2020). Moreover, the country office collaborated with SADC-PF and UNCESCO to capacitate members of National assembly, civil society organisations (CSOs), and government ministries and parliamentarians on sexual reproductive health and rights and Life skills Based HIV and Health Education and /Gender as well as police officers in psychosocial support.

UNFPA capacitated 35 parliamentarians and their staff in gender, including equality, mainstreaming, and budgeting. However, some key informants expressed concern and were of the opinion that the training is a once off training and parliamentarians served a limited time in the parliament, and not able to transfer knowledge to the next person. They also reported that although there are parliamentarians with disabilities, who could be the voice of the group, the group is not quite empowered and while they are present, they are often silent and have not made a significant contribution. The country office supported the development of a GBV manual targeting health care workers, police, and social workers

The ET noted that although under output 1, the country office was expected to strengthen institutions to deliver GBV response services, there were limited interventions addressing this output. Under the 6th country programme, the office provided a number of services on GBV including working with people with disabilities and distributed dignity kits to those in need (KII, FGDs and annual reports). UNFPA country office supported the Ministry of Gender Equality Poverty Eradication and Social Welfare with the establishment of shelters for victims of GBV and strengthened the capacity of providers, health, and law enforcement officers. It supported the training of health workers in clinical care of rape and or GBV victims, procured and provided dignity kits to women in shelters. The CO strengthened the capacity of Namibia Police by strengthening their data system and building their capacity in providing psychosocial support to victims and ensuring that there is a functional national gender-based violence information system (*KII, FGDs and annual reports*).

UNFPA Country Office is an active member of GEWE and GBV working groups at national level. UNFPA is the lead agency in the UN gender thematic areas and the CO staff is part of the technical committee, Ministry of Gender, and Human Rights Gender Cluster, which is the umbrella body and chaired by the deputy executive officer MGPESW. The body consists of all sectors, government, CSO and development partners (KII, FGDs and annual reports).

UNFPA is responsive to emerging new initiatives. It was able to accommodate an urgent request from the IPs to support the national 16 days Activism against GBV and provided financial support for the participation of Namibian Diverse Women Association in a conference on 'Commission on the Status of Women (CWS) in New York.

The ET noted that a substantial number of participants were of the opinion that they could not give input on this outcome, as they thought that there were still issues with how health providers deal with GBV at health facilities. Focus group discussions with beneficiaries revealed that some progress has been made toward gender equality, however, challenges remain, as women still experience gender-based violence, rape, and child marriages. They blame this issue on *culture and alcohol abuse*. In addition, beneficiaries reported that children's rights are being violated, many of the young girls in (Ohangwena) are impregnated by older men mainly taxi drivers, cattle herders, and non-Namibians. In Kunene it was noted that migrants (illegal) migrants especially from Angola are being abused by the Namibians and given their (illegal status) they often do not report.

Interviews and discussions also noted that there was little interest in the boy child, with majority of the programmes focusing on women and girls, despite the fact that the main perpetrators of GBV are men and there were very few programmes targeting the needs of men." *Men are the main perpetrators of gender-based violence, and there are no programmes to empower/educate them. Educating the young girls and women and leaving the boy child behind. "Gender Equality - It remains a challenge, I am often asked where the Boy child is. The focus is too much on the girl child and leaving the boy child behind (FGD).* Moreover, ET noted that majority of gender related interventions focus on social issues but failing to address entrepreneur skills given the high unemployment rate among young people (estimated over 40%). This was well expressed by a key informant: *"Programmes lean more on the social aspect of life, especially of young girls. There is an aspect that is coming out that is the aspect of economic, entrepreneurial part of development. Economic challenges - lead to risk sexual behaviours. If we address the economic challenges, we are likely to mitigate the factors that make them vulnerable*

4.2.2 To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

Summary: *Gender is mainstreamed across the two thematic areas in several modes of engagement as part of a human rights approach that underlies all programming including efforts to reach the vulnerable and marginalized. The rights-based approach is not apparent. Focus on the marginalized is broadly defined. There is a focus on disability. According to all implementing partners, human rights approach is the guiding principles of CP6. Results from interviews revealed that with the support of the UN the country has worked and ratified various laws to ensure that gender issues are addressed. For example, supporting the Ministry of Justice in addressing the sodomy law.*

Cross-cutting issues of gender, disability and a human rights approach are well evidenced in the CP6 although they can be made more explicit and well developed further. The 6th country programme was designed with a rights-based approach and aligned with the UN recommended Principles and guidelines on human rights. According to all implementing partners, human rights approach is the guiding principles and that UNFPA CO interventions have integrated gender and human rights perspectives in the design, implementation, and monitoring, and has seen an increase in services from the protection of women, especially victims of GBV, as well as access to services (SRH, HIV, GBV by adolescents, young people, vulnerable, marginalized, key populations migrants and refugees. Results from interviews revealed that with the support of the UNFPA, the country has worked and rectified various

laws to ensure that gender issues are addressed. For example, supporting the Ministry of Justice in addressing the sodomy law (IDI and Document review).

Women are more in numbers at the CO and a gender specialist is in place. Generally, key informants reported an increase in reporting on Gender Based Violence, which is contributed to the existence of a functional gender-based violence information management system for the police. More than 37389 survivors of gender-based violence have utilized essential services package (including health, police, police, and psychosocial support, a number that exceeded the original target of 250. UNFPA CO has also begun to focus on people with disabilities. CO interviews showed that in the questionnaire designed for the next country census, questions on disability will feature prominently as Washington Group (WG) questions were incorporated.

Results from interviews and focus group discussions with beneficiaries revealed that adolescents and young people are engaged in the prevention of Gender Based Violence, and it was expected that their perceptions about GBV have likely changed. However, no study has been conducted to confirm changes in young people's perception of GBV.

Key stakeholders and CP beneficiaries thought that UNFPA's interventions take a gender and human rights-based approach in accordance with country's human rights obligations and other commitments under internationally agreed conventions and treaties. The 6th country programme was designed with a rights-based approach and aligned with the UN recommended Principles and guidelines on human rights. According to all implementing partners, human rights approach is the guiding principles and that UNFPA interventions has integrated gender and human rights perspectives in the design, implementation, and monitoring. The CPE noted an increase in services from the protection of women, especially victims of GBV, as well as access to services (SRH, HIV, and GBV) by adolescents, young people, vulnerable, marginalized, key populations, migrants, and refugees. Results from interviews revealed that with the support of UNFPA the country has worked and rectified various laws to ensure that gender issues are addressed. For example, working with the Ministry of Justice in addressing the sodomy law.

While gender and human rights are integrated in all the interventions, challenges remain. Informants noted the contradictory laws, for example a 12-year-old girl can access family planning and 14 years old can have an HIV test, however, to consent for sex, one needs to be 16 years or older. It is considered statutory rape if someone older than 3 years old has sex with a 16-year-old girl. The CPE noted invisibility of key populations in legal frameworks and there is still no policy acknowledging sex workers. According to key informants, while there are no explicit policies discriminating against key populations, there is, however, social and cultural norms and values that does.

Key stakeholders and CP beneficiaries thought that the country office has increased the use of population data in the development of evidence-based national development plans, policies, and programmes. Under the 6th country there is no explicit outcome/output on Population and data. The country office has, however, provided support to NSA in ensuring that data on disability and disaggregated data of adolescents and young people is integrated in the survey and census tools. This is reflected in outcome 2; output 2 indicator 2.4 and indicator 2.3; Adolescent's indicators, disaggregated by age and sex are included in the 2021 Population and Housing Census. As well as indicator 2.3 on the number of sector plans that have been integrated demographic dividend study report (*KII, annual reports*).

The CO continued to provide support towards the availability of accurate and disaggregated data as well as the in-depth analysis of the available data. UNFPA supported the NSA in capacity building, administrative and technological support. For example, the country office provided technical and financial support for the development of indicators of people with a disability, using Washington Group set of questions on disability. The Multi-dimensional Poverty index has elements that include adolescents and youth with a disability, and efforts were made to include adolescents' indicators disaggregated by sex and age in the Population and Housing Census planned for 2021. The office supported the Namibia Statistics Agency (NSA) in preparation for 2021 Population and Housing Census (from the design up to the preparatory phase). Moreover, the country office supported the recruitment of a consultant for the post enumeration survey for quality assessment, who in turn capacitated the staff. For example, after the training the NSA staff conducted the quality assessment pilot survey in 2021 themselves (*KII, annual reports*).

The CO provided support for the 2021 Population and Housing census. Although the Country Office supported the design, planning and preparation of the housing census, its implementation was halted due to financial challenges as government did not have adequate funds because most of the funds were redirected towards the needs created by COVID-19. Under the 6th CP Officers were trained in the development of questionnaires, tool testing, and conducted post enumeration survey which ensures the continuity of the activity and ownership by government. *“UNFPA supported the recruitment of a consultant for post enumeration survey aimed at checking the quality of the assessment. This consultant was able to provide the capacity. With the support from UNFPA the team was capacitated and after the survey last year, they were able to assess the quality of the survey themselves. I feel comfortable and confident that we can do it ourselves. In that regard the capacity has been build’*

UNFPA has been integral in having us influence the census questions, what kind of data we want to collect. One of our goals was that the census and enumerators will have the capacity to ask specific questions on disability following the Washington group of questions. There was a great deal to ensure that that we collect the right data. UNFPA did a good job, that this question on disability has been integrated. As a result of using the indicator on disability we may know how many people have a form of disability as a child, young person, or young women/men”. “UNFPA is the only international donor that has played an active role in resourcing activities designed to extend the use of data on population and development issues [KII].

Other interventions supported by UNFPA included the Development of National Strategy for the development of Statistics, and support towards GBV data as well as the creation of COVID-19 dashboard. It contributed to the survey on the impact of COVID-19 on household and is the leading technical agency for the 2022/23 Namibia Demographic and Health Survey and CRVS system in the country. Results from interviews with key informants and review of documents noted lack of key data as a result of the absence of the National Development Plan 6, which is a follow up of NDP 5 which lapsed March 2022, as well as the Population and housing census that was conducted 10 years ago. Key stakeholders expressed concern for the lack of updated data. *“The last census was done 10 years ago, and the country is scheduled to implement NDP6 which should inform the next country Programme. In the absence of NDP 6, the next country programme shall be informed by the extended NDP5 and the HPP II and administrative data from relevant ministries and related surveys”.*

The country office has capacitated Namibia Police (NAMPOL) and strengthened their ability to report on GBV, however, the system is not electronic, and neither is it linked to other systems. According to key stakeholders, this has led to delay in timely data reporting. For example, to report on GBV stakeholders are required to get updated data from NAMPOL, who struggles to provide data in a timely

manner. Key informants were of the opinion that while NSA with the support of UNFPA produced data, there is a need to further strengthen the production and utilization of the data in the country. There is a need to create awareness, train and provide technical support to relevant institutions on how they should utilize data. *“UNFPA’s role with NSA is to develop data but people are not using it. NSA need to collaborate with MOHSS to shed light on decision making, they need support on how to analyse/strengthen the utilisation of data for evidence-based planning”*.

Contribution Analysis

Contribution analysis is the second stage of the analysis of the CP6 interventions. The ET analyzed the extent the CP6 output indicators contributed to the outcomes of the CP6 interventions. Output 1 for Outcome 2 is focused on better equipping young people with knowledge and skills to make informed decisions on their reproductive health and rights, None of the three Output indicators has anything to do with “equipping youth with knowledge and skills to make informed decisions on their reproductive health and rights”. The completion of life skills programmes, while it can provide and equip young people with the necessary knowledge, it is unclear how this has contributed to the Outcome. Moreover, employability programmes while relevant its effectiveness is also questionable given the high rate of unemployment among young people in the country. There was no intervention focusing on entrepreneurship or skills development. The CPE noted inadequate data in determining the number of adolescents and young people having completed life skills and having been employed or utilize those skills. It is not clear how this will contribute to any of the outcome indicators as it is not clear how the CSE could contribute to the Output and Outcomes indicators. As presently, teen pregnancy remains high as the ET *‘observed from visits to the regions’*.

The second Output indicator is “Proportion of institutions of higher learning that have included comprehensive sexuality education as part of curricula. While this indicator is relevant in the entire value chain of the CP6, it was also not well defined in terms of whether reference made was the CSE in the teacher’s curriculum or the students’ curriculum. Moreover, ET noted that the CO reported to have reached 60 institutions of higher learning. But the registered number of higher institutions in Namibia is no more than 10. How inclusion of CSE in higher education will impact on the Outcome is unclear. The ET did not find reference to any post training report with regard to CSE knowledge. The ET also noted that in some regions none of the Life skills teachers claimed to have received any life skills training with embedded CSE curriculum for over 24 months while in-school and out of school adolescents never reported any training of CSE. Teachers interviewed gave different interpretations of the kind of training they had, organised by the MOEAC.

The CO engaged 19 youth organizations in the formulation of national sexual reproductive health policies. Moreover, participating of youth organizations was not a guarantee for information to have trickled down to others in ensuring that they have the necessary knowledge. The ET noted that the focus was on individuals who attended the meetings, however, there were no strategies as to how they should transfer the information /knowledge gained to their constituencies.

Output 2 focused on adolescents and young people to have improved access to adolescent and youth friendly health services. Its indicators were stated to include *“increasing the proportion of public health facilities that provide quality integrated adolescent friendly sexual and reproductive health”*. The CO reported that CP6 interventions have led to the establishment of integrated SRH services in 183 facilities. However, views from beneficiaries show a disconnect noting there was no support provided to integrated SRH services. A visit to the regions showed that the last support provided to integrated SRH services was in 2016. Moreover, adolescent beneficiaries reported that health providers in the

public sector were not youth friendly. This Output indicator is not a fit contributor to the outcome, and ought to have been part of the SP outcome on sexual and reproductive health if that had existed.

This Output indicator “number of health providers with adequate knowledge and skills on long-acting reversible contraceptive methods” does not have a connection with the Outcome. Despite training 585 health providers, the country still experiences stock out of contraceptives. The ET noted that the capacity-building programmes focus on in-service training. And with the high level of staff turnover, this is not the best approach to capacity-building. Consequently, having this capacity does not translate to improved access AFHS. The other two output indicators have no bearing on the Outcome indicators as it is unclear how their operations can contribute to the Outcomes. When looked at more critically and based on the ToC assumptions, the ET concludes there is a major mismatch between the output indicators and outcome indicators. Wrong output indicators were selected, and these could not contribute to the outcome indicators.

The country has experienced stock out of key medicines, including contraceptives, during the implementation of the 6th country programme. All interviews with key stakeholders, beneficiaries and documents reviewed revealed that since 2019 the country has experienced stock out of family planning commodities in all regions. As a key informant expressed *“One of the challenges that has been facing the country is the issue of unmet need for family planning, mainly due to stock out country widely. Consequently, as an agent responsible for reproductive health under SRHR UNFPA has been procuring reproductive health commodities.*

There is evidence that the country has made some progress and that the CO has contributed to this outcome. For example, the country has seen a reduction in new HIV infection among young people, among those 15-24 years, not dismissing the fact that there are issues of intergenerational relationships that are fueled by poverty and male attitude/masculinity. The country has seen a decrease in infection among women since 2019, with less than 200 infections in 2019 a fall from 1900 or 20% reduction. On the other hand, the drought of 2019 and COVID-19 has led to a regress in those achievements, for example the country reported in 2021 a rise in teenage pregnancies during the first lock down. *“Results have been achieved to some extent, from the initial stage, programme was moving very well COVID-19 reversed some gains. The closure of school meant that, young people were left exposed in disintegrated communities, which exposed them GBV and unprotected sex” (KII and document review).* A number of factors have been identified as having contributed to this situation i.e. transport and supply chain issues that disrupted the availability of commodities, cultural factors where vulnerable young girls were left in communities that did not protect them *(KII, FGDs, annual reports).*

Focus Group discussions with young girls and women confirmed the stock-out of reproductive health commodities at public facilities and the inability of community members to procure contraceptives at private pharmacies. Majority of beneficiaries who participated in the discussions expressed concerned with the lack of contraceptives country wide. Nearly all of them have been referred to a private pharmacy for the procurement of contraceptives, which was found to be expensive and out of reach for many of the women who needed them. Results from interviews and documents reviewed noted that UNFPA has and continue to play a key role in ensuring the continuation of sexual and reproductive health services and interventions including advocating for supply of modern contraceptives and reproductive health commodities. Under the 6th CP the office introduced long term contraceptives, notable implants, which were not available in the public facilities. CO procured supplies and commodities, which was donated to the Government. According to key informants, *The Central Medical Stores supplies commodities to all health facilities through a pull method. Meaning that supply is based on demand. When commodities are available, they are distributed to the facilities that request*

them through an ordering method that determines order quantities using historical usage data. This means that regions with high demand will in turn receive higher allocations.

The evaluation could not verify how commodities were distributed and whether regions with the highest unplanned pregnancies as the case in Ohangwena and Kavango East and West were prioritized. As one of the key informants expressed: “*Commodities come in and we sent them to central medical store, who distribute them, and often it is not clear how the commodities are distributed*”. In addition, the CO conducted training for pharmacists in Supply chain management principles and Global Health Supply Chain Maturity Model Training.

According to key interviews with UNFPA CO Staff, and key informant despite the trainings, procurement of the commodities the country still experienced stock out of contraceptives, which is further complicated by the government procurement process of using third parties. Interviews with key stakeholders revealed that there are a number of factors that have contributed to the shortage of commodities, largely due to inadequate staff capacity, especially in forecasting and quantification at national and sub-regional levels. It was also noted that the lack of capacity at the Central Medical Store has led to inequality and inequity in access to medicine, vaccines, and commodities.

Very few interventions responded to the Output1: 1.1. Number of identified marginalized adolescents' girls who successfully completed life skills and asset building employability. The CPE noted that 4379 marginalized adolescent girls have successfully completed life skills and employability programmes. It was also reported that output 1.2 proportion of institutions of higher learning that have included comprehensive sexuality education (CSE) as part of curricula, was not achieved. CO with partners conducted CSE training for teachers both in-service and pre-service. For example, conducted training for 4th year (final year students' teachers at institutions of higher learning (KII, FGDs and annual reports). Focus Group discussions with Life skills teachers in the respective regions provided mixed results. In one region, teachers had been capacitated, in another region none of the teachers had attended any Life skills programme the past 2 years. In one region Life skills teachers confirmed attending a 5-day training in psychology and counselling. The training was found to be helpful, relevant, and strengthened their capacity in providing/teaching sexuality education and providing counselling. Participants appreciated the training; however, they indicated that more needs to be done in terms of continuation of training, time allocated to the training and the need for support materials including basic information on CSE.

The CO supported Namibia University of Science and Technology (NUST) by providing materials on sexual reproductive health, sponsored a number of contraceptives and offered training to health professionals at the clinic and currently supporting the review and development of NUST's HIV policy using an integrated approach. The ET noted that the country office takes an upstream approach and the interventions in the focus area of Adolescents and Young people are mainly implemented through the Ministry of Youth Sport and National Service (MYSNSC), which was identified as a strength, because it is having structures in all 14 regions. Moreover, its key affiliates the National Youth Council has the mandate of coordinating all youth organizations in the country, was seen as an advantage. However, the evaluation found that there were limited programmes at regional level, and limited collaboration between NYC and MYSNSC (KII, FGDs and annual reports).

During a focus group discussion with teachers, they expressed commitment towards providing comprehensive sexuality education, and the willingness to offer support to their students. However, they highlighted a number of challenges such as limited infrastructure: no privacy to counsel learners, economic challenges: some students will be on menstruation, and they do not have sanitary pads. As

one of the teachers noted *"Talking-to the children about menstruation without providing sanitary pads - does not help. As women and Life skills teachers we found ourselves taking care of the girls and using our own funds to procure sanitary pads. This is also made worse by the school's budget. For example, you submit this item, and every time is cut out as what they receive is very little. They will focus on printing exam paper or fixing machines"*. Interviews revealed that teachers at secondary school felt helpless and were of the opinion that the content of the CSE has some shortcomings as it does not seem to be effective. Teachers expressed concerned about the high number of teenage pregnancies among grade 10 learners as the life skills education is focused on pregnancy, instead of how to prevent it.

While several CSE training courses have been conducted, the findings revealed that the focus has been on in-service training and not so much on the pre-service training. Moreover, the evaluation also found in some regions some teachers (tasked with Life skills) have not attended any training on Life Skills Based Health education. This contrasted with the response from a key stakeholder who indicated that under the Ministry of Education, Arts and Culture (MOEAC) there are strategies in place to capacitate the life skills teachers in all 14 regions on an annual basis, and this is also reflected in the annual work plans supported by UNFPA teachers. (*KII, FGDs and annual reports*). Key stakeholders and CP beneficiaries thought that the country office has to some extent contributed to the advancement of gender equality and the empowerment of all women and girls and promoted for the reduction in gender-based violence and harmful practices.

The Theory of Change for Outcomes 2 and 3 does not hold realistic on connecting the programme (CP6) to its outcomes, with relatively efficient processes and utilisation of resources. Achievement of Outputs was expected to facilitate achievement of UNFPA strategic outcomes, and those outcomes identified in the Results Framework connections between activities, strategies, outputs, and outcomes are not clear and logical. Output indicators do not fully capture all intended results. The ET noted that the Annual Work Plans (AWP) developed jointly by CO and government institutions included only activities where government needed UNFPA support. Because of the above shortcomings, there was no way to track the progress of the CP6 and making judgements about programme effectiveness.

The ET analysis focussing on the need for reliable data and in particular for monitoring the progress in Namibia towards the ICPD Programme of Action and SDGs shows a need to focus on a stand-alone pillar on Sexual and Reproductive Health, and Population Dynamics and/or Data. This would reflect a more logical chain of how the programme inputs and outputs could achieve the results. This would also present a structured alignment with the UNFPA strategic plan with its four interlinked outcomes. The stand-alone pillar of SRH will address the issues of maternal health more broadly while that of Population Dynamics component would focus on improving national population data systems in Namibia to map and address inequalities and marginalization. This would support the achievement of the universal access to sexual and reproductive health, including during humanitarian crises, as well as the Sustainable Development Goals, by identifying population groups that are furthest behind. These two other pillars would align with the lessons learned, from the UNFPA Strategic Plan 2018-2021 and would through supporting timely high-quality data, contribute to advance efforts to achieve the three transformative results by 2030 as articulated in the UNFPA strategic plan, 2022-2025. These would contribute to the achievement of the three outcomes reduction in the unmet need for family planning has accelerated, preventable maternal deaths have accelerated and reduction in gender-based violence and harmful practices has accelerated.

Table 5: Summary of 6th GRN-UNFPA Country Programme Performance 2019 – 2023

Output Indicators	Baseline/2019	Target	Achieved as at 2022	Comments
ADOLESCENTS AND YOUTH				
Outcome Indicators				
Adolescent birth rate [aged 15-19 years]	82/1000	65/1000	No Data to confirm	That there exists no data to confirm the achievement of the targets calls for the need to invest in population data generation and utilisation
Percentage of women and men aged 15-24 years who both correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV	61.6% [Women] 51.1% [Men]	90%	No data to confirm	That there exists no data to confirm the achievement of the targets calls for the need to invest in population data generation and utilisation
Percentage of adolescents aged 15-19 with met need for contraceptives	24.5%	30%	No data to confirm	- Do -
SP Outcome 2.0 Every adolescent and youth in particular adolescent girls are empowered to have access to sexual and reproductive health and reproductive rights in all contexts.				
Output 1: Youth people, particularly adolescent girls, are better equipped with knowledge and skills to take informed decisions on their reproductive health and rights.				
Number of identified marginalised adolescent girls who successfully completed life skills and asset building/employability programmes in the target districts	0	5000	4379	This may likely be achieved at the end of the CP6 in 2023.
Proportion of institutions of higher learning that have comprehensive sexuality education as part of their curricula	0	66	60	Likely to be achieved at the end of CP6 but higher learning institutions in the country is not up to 10. There is a wrong definition here.
Number of youth organisations that are engaged in the formulation of national sexual and reproductive health policies.	4	8	19	Over-achieved
Outputs 2. Adolescents and Young people have improved access to adolescents and youth friendly health services.				
Proportion of public health facilities that provide high quality, integrated adolescent and youth friendly sexual and reproductive health services	22%	50%	183%	While this is impressive, beneficiaries reported that they never received any friendly health services at public health facilities: either they are not aware of the existence or due to any institutional bottleneck. Beneficiaries reported receiving friendly SRH services by NGOs.
Number of health care providers with adequate knowledge of long-acting reversible contraceptive methods	21	800	585	Likely to be achieved by 2023.
Number of sector plans that have integrated the demographic dividend study report recommendations	1	5	14	Over-achieved
Adolescent indicators, disaggregated by age and gender are included in the 2021 Population and Housing Census	No	Yes	Yes	Achieved
OUTCOME 3: GENDER EQUALITY AND WOMEN'S EMPOWERMENT				
SP OUTCOME 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.				
Outcome indicators				
Percentage of adolescent girls and women aged 15-24 years who have experienced physical violence during the last 12 months	33	20	No data to confirm	Need to generate population data
Percentage of adolescents aged 15-24 who agree that a husband is justified in beating his wife under certain circumstances	28 (girls) 29.5 (boys)	20	No data to confirm	Need to generate population data

Output 3: Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and empower communities to prevent gender-based violence.				
Number of community-based platforms that address gender-based violence and child marriage in target districts with UNFPA support	0	10	29	Over-achieved
Existence of a functional national gender-based violence information management system	No	Yes	Yes	Achieved
Number of identified survivors of gender-based violence who have utilized the essential services package in target districts	0	1,000	38985	Over-achieved
Minimum Initial Service Package integrated into the National Disaster Risk Management Plan	0	Yes	Yes	Achieved

4.3 Efficiency

4.3.1 To what extent has UNFPA made good use of its human, financial and administrative resources including technology, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the country programme including the use of the mix of resources, procedures and implementation modalities adapted to the COVID-19 context and natural disaster such as drought?

Summary: *Overall efficiencies in the CO appear to have improved during the CP6 as there is recorded high implementation rate but there is room for further improvement particularly around financial disbursements. UNFPA'S financial contribution was critical to ensure continuous operation of CP6 interventions. Partnership with government increases the effect of UNFPA financial and technical inputs as government activities require nationwide dissemination of interventions. National partners expressed appreciation of UNFPA's flexibility and responsiveness to their needs and new ideas, but the flexibility could be the reason why there is no consistent focus on the four intervention regions. Government uses its internal mechanism to disseminate knowledge and skills acquired from technical consultants. Most of the intended results have been achieved within the approved budget. However, there is an observable disconnect between CP6 programming and implementation as the Outputs are not linked to the outcomes.*

Efficiency in the use of resources and management of activities in the CP6 is defined as whether the programme outputs were produced in the most cost-effective way to obtain expected results. The ET reviewed various aspects of the CP including staffing, resources mobilization and utilization, and monitoring. Efficiency is achieved in the use of common building for all the agencies and the use of common services like Carpooling.

Human Resources

There is a staffing set-up which guarantees the program planning and implementation is guided by the required level of technical expertise. At the time of this evaluation, the CO had an adequate number of qualified staff for each of the component areas: programme leads of the 2 thematic area experts in the relevant fields. The resident country programme staff included the Representative and technical specialists. The CO programme staff included specialists with university degree qualifications in the relevant areas. There are about 19 CO staff, all are nationals and one international staff. The organogram of UNFPA Namibia CO shows that all staff units report directly to the CR, 2 to Assistant Representative. In programmatic terms, the CO is managed by the Country Representative. During the cycle of this CP, two CRs have overseen the Programme Cycle and 3 M&E Specialists have overseen the monitoring and evaluation system. There is a perception that staff are over-stretched. CO has seen a high staff turnover in the first 3 years of the CP6 which attributed to the Human resource alignment process. The office has made every effort to cope with the shortage of staff using the mechanisms of redistribution of workload. To address some of the challenges, UNFPA has used different approaches e.g., each programme has a young person as an assistant. Sometimes drivers play the role of receptionist, the personal assistant to the Country Representative is also responsible for Human resources. This is further complicated by a lack of fixed-term contracts among some staff and short fixed-term contract among others which have led to job insecurity leading to high staff turnover. CO interviews show some elements of dissatisfaction among staff, as most complained of a hostile working environment, which has not been addressed by various staff retreat. Some noted that most of the CO staff retreats are mechanical and have not been able to address lack of collegiality in the office.

For the year 2020, the CO had a total of 27 human resources including Interns and consultants. Namibia UNFPA CO has undergone a transition process during the month of October 2020. The previous

Representative Ms. Dennia Gayle ended her tenure in Namibia on the 09th October and UNFPA representative Ms. Sheila Roseau arrived in the country on the 09th October and assumed duty on the 12th October and presented her credential on the 02 November 2020 and retired end of August 2022. The CO has made use of technical assistance and support of UNFPA ESARO in the identification of consultants to fill temporary technical support assignments. During this CP6 cycle, human resources have been adequately covered, although most CO programme officers complained of heavy workload and lack of job tenure/security.

Financial Resources Mobilization and Management

The CO use of resources is mostly in line with UNFPA business model for Namibia and its strategic priorities. According to KII and document reviews, financial management systems are robust. The CO follows guidelines of financial disbursement. There is closing tracking of budgets and expenditures through the GPS. Financial transactions are monitored and where there are exceptions, they are quickly corrected. Financial performance is good as there is no red flag and implementation rate is at higher level (Document review).

The Country Representative took the lead in resource mobilization effort and forging partnership including providing guidance to entire CO team to develop potential concept/ proposal, reviewing of concepts/ proposal, and seeking for south to south support as appropriate. With the emergence of COVID-19 in Namibia, the CO developed a concept note that outlined UNFPA proposed interventions in support of the national response plan. The concept note was used to engage partners virtually to secure support for UNFPA COVID-19 response programme. Networking with the following partners was established: 1) Embassy of Switzerland to South Africa and Namibia, 2) Embassy of Ireland to Zambia and Namibia, 3) Embassy of Japan to Namibia, Embassy of Finland to Namibia, 4) EU Delegation to Namibia and 5) Embassy of Germany to Namibia.

CO interviews indicated that the CO has engaged in five UN joint resource mobilization efforts, mainly 1) Joint SDG Fund to strengthen Namibia's Financing Architecture for Financing the SDGs; 2) Joint SDG Fund to develop Namibia Skills Development Investment facility, 3) CERF Project used to ensure: Ensuring Life-Saving Gender-based Violence Assistance to Women and Girls in Drought-Affected Regions of Namibia; 4) Migration Multi-partner Trust Fund used to integrate human trafficking and gender-based violence screening and services. The fifth one was the UNPRPD for disability project. The CO forged a partnership and signed an agreement with the Embassy of Switzerland to South Africa and Namibia to support the Namibia's national response to COVID-19 and also received funding from Executive Director Director's discretionary funds. There was also funding support from the Japanese International Cooperation Agency to address the issues of gender equality and women's empowerment and Leave No One Behind.

For the year 2021, the CO managed USD 1,525,299.54 of which \$ 742,972.00 was core resources, and remainder non-core resources (covering the disability, youth and 2gether 4SRHR program, Joint SDG fund. As a result of effective resource management proportion of non-core resources was apportioned and utilized for recurring management costs including remuneration cost of staff under the youth and 2gether4SRHR program as well as staff under Joint SDG project in collaboration with ILO.

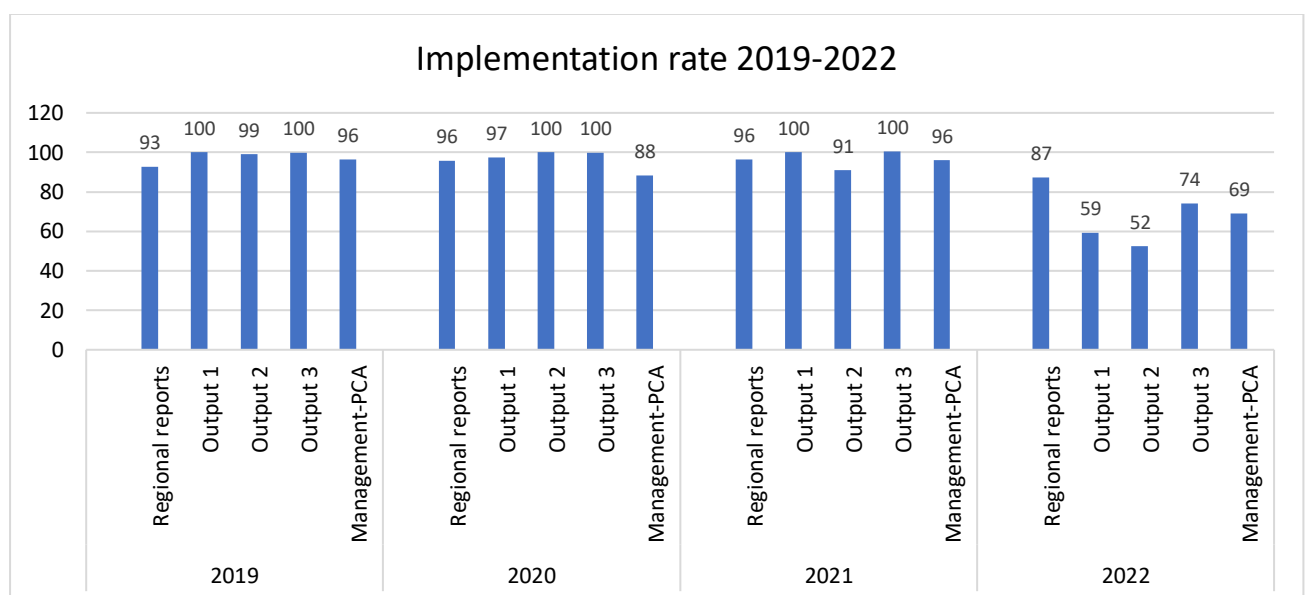
For the year 2021, two staff members were on maternity leave and replaced by IC and Detailed assignments respectively. The CO achieved overall implementation rate of 95%, with 100% implementation rate of core resources. The funds under SYP, UBRAF and 2gether 4 SRHR program were rolled over for 2022 implementation.

Interviews with UNFPA CO staff, key stakeholders and review of financial documents, annual work plans and reports revealed that the CO has made a very good use of its human and financial resources to achieve programme objectives. Resources were used adequately as reflected and allocated in the AWP, to the two focus areas. The implementation rate as a ratio between planned budget and overall amount of expenses has been above 90% (from 2019-2021) in the two outcomes and three outputs.

The Country Office average annual budget fluctuates between 1.8 million US (2019 & 2021), there was somehow an increase in 2020, 2.9 million. According to key stakeholders the country has seen a reduction in the budget, and this is partly because of the country’s classification as an upper middle-income country. Stakeholders were of the opinion that the upper middle-income status of the country has contributed to the inadequacy of the country’s ability to mobilize resources from donors to implement service delivery at the regional levels. As one of the key informants expressed: “UNFPA resource envelope is not massive; the country’s status as an upper middle-income country affects the amount of funds they received. In turn this constrains the areas where UNFPA can focus” (KII.)

Key interviews with the National Planning Commission (NPC) noted that UNFPA is doing well and has used its resources well. Although the stakeholders reviewed the budget presented to them at the beginning of the year, it was however, not clear whether the NPC conducts quarterly or annual monitoring and evaluation. In-depth Interviews with stakeholders noted that the CO is doing its best, and majority of government partners and NGOs who are financially stable were satisfied with the disbursement process. It was noted that the financial agreement is such that the implementing partners are required to spend on an activity (based on the signed and agreed upon work plan) and then request for reimbursement from UNFPA. According to stakeholders this arrangement is very good for well-established organizations who may have financial stability. A number of NGOs organizations found the disbursement modality of spent and be refunded challenging, the main reason was that small NGOs do not always have sufficient reserves, which has contributed to their inability to carry out activities. As expressed by one of the informants: “The current disbursement mechanism works well if the implementing partners have enough budgetary provision. Because it became a challenge if you have to spend what you have, but if you do not have you cannot” (IDI). National partners highly appreciated UNFPA for being flexible and responsive to their needs and ideas in the course of the annual planning process.

Figure 11: Implementation rate By CP6 Outputs 2019-2022



Programme Management

Implementation of the CP6 is operationalized through Annual Work Plans with implementation partners. UNFPA and IPs jointly discussed and agreed on the content of the AWP. Interviews with key stakeholders noted that while there are work plans and MOU signed with key Ministries at the national level, there were none signed with Ministries in the respective UNFPA focus regions. This could explain why the regions were not aware of the role of UNFPA CO in the regional interventions. The CP6 is implemented with the assistance of 8 partners i.e., 5 Government related (Health, Youth, Gender, Education, and Statistic Agencies) and 4 NGOs: Regain Trust, Society for Family Health, and NAPPA and One Economy Foundation. Results from focus group discussions with women, girls and young people revealed that there are a number of local organizations that are actively working at the grass root level but are not implementing partners and hence not supported. For example, organizations that could advance the mandate of UNFPA are not implementing partners such as Midwife association and National Youth Council and even community-based organizations. According to key partners and beneficiaries the selection of partners is not done in a transparent manner, and they suspect bias and favoritism. A key partner asked *"How are implementing partners selected? In terms of transparency, not clear. There is risk of duplication and competition and denying others"*. (IDI).

However according to the CO, the process of selecting IPs is done in a transparent manner following UNFPA's policy and procedures. CO invites potential implementers through a competitive process. Organizations are invited to apply via a newspaper advert. The selection is only made after a thorough assessment. A key informant in the CO explained *"We send out a request in the newspaper and website to potential participants; micro assessment is done for all the Implementing partners. UNFPA works with the government. NGOs are the ones who need to apply and expressed their interest"*. The staff noted that the number of local organizations do not have the necessary capacity, neither do the key resources nor do they meet the criteria set out in the micro assessment framework. Once IPs are selected, Annual Work Plans are developed and signed.

In the CP6 each Implementing Partner prepares a Work Plan to facilitate programme implementation. The Work Plan (WP) is discussed by all relevant parties based on agreed guidelines and submitted to UNFPA for approval on an annual basis. A standard Fund Authorization and Certificate of Expenditures (FACE) Form, reflecting the activity lines of the Work Plan, is used by Implementing Partners to request for advance of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditures. The FACE is also used to report on the full utilization of all cash received and submitted to UNFPA within three (3) months after receipt of the funds.

UNFPA CO adopted the HACT model of payment, either by direct payment, direct cash transfer, reimbursement, and Agency. Depending on the risk level of the Implementing Partner, any of the HACT model of payment can be used. The cash transfer process involves: (i) Direct Cash Transfer (DCT) directly provided to the Implementing Partner in the form of quarterly advances prior to the start of activities, and (ii) direct payment system where funds are paid directly to participants when IPs are conducting activities. If liquidation of funds is done well then, the implementing partners stand a better chance of being refunded. Currently, all activities are reflected in GPS which allows for transparency and accountability. Regular follow-up was made with IPs for financial tracking and no evidence of qualified audit was reported to the evaluation team

Fund disbursements are made on the basis of standard quarterly reporting. There was perception among national stakeholders that UNFPA's processes are too complicated and burdensome in terms of monitoring activities. All the IPs expressed their difficulties with UNFPA's reporting and disbursement

procedures because of the short quarterly period in which to implement and report. In some cases, this delayed their implementation activities. No IPs reported cancellation or postponement of programs because all activities were done according to the Work Plans.

The 6th CP support to population and development focused on the national statistical agency, however there was no Outcome 4 in the CPD. The focus was limited on the generation and utilisation of statistical and demographic data on population and development issues. However, the planned national population and housing census, and demographic and health survey were postponed, leading the country to not having data for proper planning. The programme activities of the sexual and reproductive health thematic bordering on family planning, supply of reproductive health commodities, safe maternal health, HIV/AIDS prevention, and treatment, were not properly addressed in the CPD but the CO reported pockets of random activities in these areas in the regions.

In geographical terms, the CP6 interventions are focused in supposedly 4 regions of the country, but various COARs showed that the CO veered off into other regions to implement one activity or the other. This has resulted in inefficiencies in terms of programme implementation with relatively small programme activities in the various health districts requiring much travel in order to provide services and to monitor programme implementation. It is not surprising that programme coordination has the highest utilization rate.

The Country program indicators were not duly monitored during the course of the cycle. The national oversight function by the National Planning Commission was not properly implemented. Programme leaders reported taking time off to visit intervention sites. A critical look at the Country Office Annual Reports shows some errors; in most cases same activities are reported in different years.

Following the outbreak of COVID-19, the CO with support from MICs hub embarked on assessments of programme critically which was based on Programme Criticality Framework, a common United Nations system policy for decision making that puts in place guiding principles and a systematic structured approach in using Programme Criticality in the United Nations Security Risk Management (SRM) process to ensure that activities involving United Nations personnel can be balanced against security risks. As a result, activities were assessed, and resources were programmed and aligned to the COVID-19 response and context accordingly.

All programme components have made use of direct implementation mechanisms, which means that funds flow through the UNFPA country office and no use is made of Namibian financial systems. The CP6 results framework provide details on outcome and output level changes with indicators identified at both levels. The outcome and output level indicators are not adequate, the indicators are not satisfactory and do not appear to have a linkage with the outcome indicators. There is a complete mismatch of indicators.

Programme Monitoring regular monitoring has been conducted by CO staff members in order to assess the progress of programme implementation, in particular in terms of activities conducted and outputs achieved. The formats and level of analysis of the annual overviews appear to differ over the various years and the approach to annual reviews could be improved, structuring the reviews in a way that would enhance comparison across the years. Country Office annual progress reports (COAR) were mostly geared towards the indicators of the UNFPA Strategic Plan, with country offices responding to global questionnaires, rather than aligned with the CO specific results matrix. The ET observed that

there are repetitions in the annual reports from 2019 to date and some inconsistency in the format of the reports.

4.4 Sustainability

4.4.1 To what extent has the UNFPA been able to support implementing partners and rights-holders (notably women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects in particular related to SRHR, SGBV prevention and protection and data including results occasioned by the COVID-19 response?

Summary: Sustainability is expected from those activities that address longer term development requirements at the exclusion of emergency response supported by UNFPA and activities focused on immediate needs of Namibians. Ownership of the AY and GEWE initiatives and their results has been relatively high with capacities built both at government institutional and staff levels. Results from interviews noted that the majority of UNFPA's implementing partners are government ministries (Health, Youth, Gender, and Education) and Namibia Statistics agency, who all have strong systems in place where interventions are likely to be sustained. However, capacities are still varying across the different Ministries and CO and support remains needed in the focus regions.

Under the 6th Country Programme, UNFPA consistently used approaches that promote national ownership of supported interventions; i) integration of interventions into existing programmes such as part of ministries and NGO's annual work plans ii) building on national systems and processes by developing policies and guidelines, iii) capacity development programmes such as training of staff, development of handbooks. Results from key interviews revealed that the majority of the interventions are based or rooted in government plans, and as such, even if UNFPA stops funding the activities they are likely to continue, but at a reduced level. This is partly because of the fact that the government may not have adequate funds to carry out the activities.

Integration of interventions into existing programmes: Majority of funded interventions are part of the government's annual work plans, and thus already part of the system. Thus, even if there is no external support the programme activities will remain and continue, but on a reduced scale. Key stakeholders expressed concern about the sustainability of the programmes that are implemented by NGOs that are small and who largely depend on donors.

Interviews with key stakeholders relevant to the two focus areas noted that the programmes are focused on ensuring that there is national ownership. UNFPA has to some extent built the capacity of its implementing partners including beneficiaries, and there is a likelihood that the activities can be sustained. Majority of the programmes are part of national institutions, be it training of health workers in (family planning, integrated SRHR services, abortion care, and Life skills), training of young people and developing guidelines, capacitating statisticians in population census or parliamentarians, social workers and police in gender equality including GBV. The results revealed that under the 6th CP interventions were geared towards establishing systems to continue, developing policies and guidelines and training of staff.

Systems strengthening: Results from interviews with key stakeholders and document reviewed revealed that sustainability activities include training of professionals, be it health, youth, gender and in population and development. Majority of trainings of health workers are done in collaboration with key partners, such as the National Health Training Center whose mandate is to train health providers in

the MoHSS; training of teachers in collaboration with Ministry of Education, Arts and Culture; training on youth related issues with Ministry of Sports, Youth and National Service or youth organizations. While this approach was appreciated, key stakeholders were of the opinion that the focus was on in-service training and are individually focused. *“UNFPA can do better by focusing on development of institutional capacity. Support organisation with proper systems, technical capacity, strengthen coordination which is currently a challenge to avoid duplication; strengthen own system. To a certain extent have achieved them, but can do better, by focusing on institutional capacity. Most of organizations (local NGOs) supported by UNFPA do not have strong systems in place be it technology, administrative and financial”*. [IDI]. The ET noted that there were very little programmes in pre-service training (engaging academic institutions such as UNAM, IUM) in addressing their curriculum. An approach that should have enabled a few graduates who are future professionals to have the necessary knowledge when they take on various professionals’ positions.

According to key stakeholders, by using existing systems or structures in place it guarantees the continuation of the programme. For example, working with academicians at institutions of higher learning and integrating training into the MoHSS National Health Training center. Results from interviews with key stakeholders and beneficiaries showed that UNFPA interventions have strengthened the capacity of teachers in the provision of CSE and supported the integrated school health programmes. The implementation of the CSE programme is part of the ESA Statement in partnership with the Ministries of Education and Youth. UNFPA in collaboration with Ministry of Education, has conducted a number of CSE training among teachers. *“Life skills is already integrated in the Ministry’s programmes and UNFPA is supporting existing programmes, and this will ensure sustainability”*. *“UNFPA in collaboration with UNESCO, supported Ministry of Education, arts, and Culture by strengthening the capacity of teachers’ training in Comprehensive Sexuality Education”* (KII).

The sustainability of the training was also questioned, especially the training in Psychology by a consultant who was hired and paid once off training was conducted and there were no plans for a follow-up. Interviews with key beneficiaries found that the training was not rooted in Continuous Professional Development, although CPD is compulsory. Interviews with key partners noted that UNFPA is working with individual lecturers at respective Universities, with the focus on training medical doctors and health professionals in service. While this was appreciated with the high staff turnover in the country, this requires continuous training of new staff, as the only way to ensure sustainability of the programme. Key stakeholders suggested that consideration should be made to provide pre-service training, and for the CO to partner with local institutions.

4.5 Coordination

4.5.1 To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms, leveraging of partnerships and complementarity within the framework of the UNCT including to the collective response to the COVID-19 crisis?

Summary: *At the national level, National Planning Commission provided oversight and coordination of programme implementation. At UNCT level, there is evidence of active and effective participation by the UNFPA CO in all UNCT structures. UNFPA CO contributes to the functioning and consolidation of UNCT structures as it participates in several technical working groups, joint programming initiatives etc. and thus it is a highly valued partner among UNCT agencies. During the CP6, the CO has contributed actively to a number of inter-agencies working groups. Major agencies in the UNCT expressed confidence in UNFPA’s capacity to take on various role, although there are complaints of agency rivalry in the country. Based on numerous in-depth stakeholder interviews, document and financial data review, there is strong evidence of*

active and effective UNCT collaboration by the UNFPA Namibia. Overall response from partners is that UNFPA is a reliable partner and have contributed positively to the work of UN, and that the coordination between and with other agencies was very effective.

Documents reviewed shows that the National Planning Commission in Namibia is the national agency with oversight and coordination functions over the CP6 programmes. However, the ET noted only one major annual review meeting was held with the CO. Key informant interviews and document review confirmed that UNFPA CO is an active member of the UNCT and is an active participant in several UNPAF inter agency coordination groups. CO participates in the UNPAF Programme Management Team (PMT), RBM team, Operations Management Team OMT, health development partners group, and UNCG. There are ten UNCT agencies in Namibia.

There are 4 pillars under UNCT namely i) education ii) health, iii) social transformation pillar and iv) good governance, with several sub-pillars, which UNFPA Namibia is a member. UNFPA is the lead in Gender thematic area. *“The gender theme group within the UNCT - UNFPA operates optimally - from a gender perspective. -UNFPA did a good job on coordination”.* [KII]. The UNFPA CO co-chairs the pillar on Social Exclusion Pillar with UNICEF. The CO is also a member of various joint working groups and joint programs such as Comprehensive Sexuality Education (UNESCO, UNICEF); Integrated school Health (UNICEF, WHO); Disability (UNDP, UNICEF); School feeding programme with UNICEF; Feeding and nutrition programme with WFP and Joint project on finance for development - integrated national framework finance (UNDP). Interviews also revealed that the CO has jointly applied for resources with other UN agencies. For example, under the UNCT developed a youth proposal and jointly sought for resources and under the RCO applied for the SDGs with UNFPA as a lead agency. As a CO, UNFPA has and is contributing to the UN advocacy efforts. Some of those advocacy activities included: *Delivering As One*: the country office partnered with WFP for the delivering of drought food, piggybacking on their transport and use the opportunity to deliver dignity kits; collective observation of international days and use the opportunity to raise the profile of UNFPA, including 16 days activism against Gender Based Violence ; utilize social media (twitter, face book and Instagram) to promote issues affecting young people; compiled articles for newsletters, with the focus on adding a human touch. In all these activities the office has and is promoting UNFPA mandate. Under the 6th CP the CO provided leadership in SGBV and SRHR and contributed to effective coordination, leveraging of partnerships and complementarity within the framework of the United Nations Country Team (UNCT).

During the COVID-19 pandemic crisis, CO also participated in weekly UN Country Preparedness and Response meetings on COVID-19 under Health Pillar. It participated in various UNPAF pillar meetings that deliberated on assigned UNPAF outcomes which include good governance pillar on support to government and its institutions to strengthen governance in all sectors of service delivery and statistical capacity; GBV Sub-Pillar Meetings on prevention and response effort to GBV and also promotion of women empowerment and gender equality; Economic Progression Pillar which include work meeting with Joint SDG program to enhance sustainable financing architecture for SDGs. The UNFPA chairs Gender Theme Groups (GTG) and co-chairs the UNPAF Social Exclusion Pillar Group, which includes the Violence Sub-Pillar.

Interviews from stakeholders especially among UNCT agencies revealed that UNFPA CO has positively contributed to the UNCT planning and coordination functions. (KII, Document Reviews). UNFPA participation in those meetings has enriched the discussions that relate to sexual and reproductive health, gender equality, adolescents and youth including humanitarian actions. Other

partners noted that UNFPA is a reliable partner and has contributed positively to the work of UN, and that the coordination between and with other agencies was very effective. Many described the organization as easy to work with, flexible and with accessible staff. “*We have over 80% of attendance in UNCT meetings, UNFPA is always represented, have acted as acting Resident Coordinator...*” (KII). The CO has demonstrated leadership in every aspect. UNCT agencies acknowledged that UNFPA is an excellent partner to work with. It has been described as very responsive, integrating, supporting its agenda, and collaborating with all the leaders and having political leverage. UNFPA within the UNCT is the lead agency in issues related to SRHR, Gender, HIV, and youth.

Stakeholders interviewed revealed that UN agencies have to some extent achieved the concept of delivering as one, but there is still room for improvement. It was also reported that while the UN agencies have a policy of working together on all aspects, there is also a sense of competition among the agencies. Results from interviews with key stakeholders from UN agencies and UNFPA CO the core outcomes, outputs, and activities within the UNPAF are acknowledged by UNCT. UNFPA CO is recognized for its flexibility, efficiency and excellent office that is responsive and reliable. UNFPA work is guided by the United Nations Partnership Assistant Framework, where the UN offers its international network, and expertise to facilitate exchanges, foster innovation, build new partnership, and provide continued support where applicable and by request. UNFPA consistently contributed to the UNCT coordination functions, however, there were some challenges in contributing to these functions due to competing priorities and inadequate human resources. Overall, evidence from KII and document reviewed indicated that during this cycle, UNFPA CO was actively involved in the coordination between UNCT agencies and contributed to the design and implementation of joint initiatives in Namibia. For instance, UNCT agencies rely on UNFPA CO on gender issues for support and direction. UNFPA coordinated the gender budgeting aspect of the SDG Fund Project. The RCO, UN Women and UNFPA have hired a coordinator to oversee the PSEA activities. The RCO would contribute 50 percent of the funding while UN Women and UNFPA would contribute 25 percent each.

4.6 Coverage

4.6.1 To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside and ii) reached the most vulnerable and marginalized groups (young people and women with disabilities, ethnic, religious, and indigenous groups, sex workers, LGBTQI populations, displaced people, and migrants)?

Summary: *Results from interviews with key stakeholders, focus group discussions with beneficiaries and review of relevant documents found that UNFPA had to some extent reached the most vulnerable and marginalized groups (young people and women with disabilities) LGBTQ including sex workers, displaced people, and migrants. Namibia is sparsely populated with population spread all over, providing services to all is a challenge. Results from key stakeholders, beneficiaries and UN staff noted that UNFPA in Namibia operates at the national level, using an upstream approach, as well as in 4 focus regions i.e., Kunene, Ohangwena, Zambezi and Omaheke. In its attempt to focus on reaching the furthest behind, CO partnered with organisation for the provision of services to those furthest behind. Due to limited mobilized resources, not all geographical regions are supported. Support is provided based on the regions affected by floods, drought, Hepatitis E and COVID-19 and the selection for support is based on guidance provided by Government, informed by assessment conducted.*

The Business Continuity Plan (BCP) for the CO office has been updated which outlines on minimum preparedness and address critical functions and mitigating risks. Following the state of emergency. Declaration on account of the natural disaster of drought in all regions of the Republic of Namibia by

the President on 06 May 2019; the UN formulated a common position and common messaging and initiated resource mobilization. The CO successfully mobilized USD 157,218.60 from internal emergency fund. The UN system prepared a submitted a CERF proposal amounting to US\$3 million in which UNFPA advocated for the inclusion of a project on life-saving interventions to prevent sexual and gender-based violence (SGBV), sexual exploitation and promote health, autonomy and dignity among women and adolescent girls. The CERF proposal was approved for funding for the year 2019/2020 implementation.

As part of the UN system in Namibia, the CO participated in the SADC Regional Seasonal Disaster Risk Reduction (DRR), Preparedness and Response Planning workshop. The workshop provided guidance on scenario based national and regional seasonal disaster preparedness planning with a special focus on El Nino impacts and key disease outbreaks in region. As a result, the UN system assisted the government to set up monitoring mechanism for drought and key disease outbreaks. During the workshop, the draft Regional DRR Strategic Plan and the regional study on the integration of DRR and climate change adaption were validated. The CO Representative was serving as the RC OIC at the time of the workshop and led the UN System joint response and collaboration.

According to document reviewed the CO supported the formulation of the UN National Security Plan. The CO supported the UN system in Namibia to develop the UN INFO platform that digitized the UN Development Assistance Framework and Joint Work-plan. This platform is now used to provide faster and more accurate reporting of results, an overview of the UN's achievements in the country and avail essential information about the UN's work accessible to stakeholders. The online platform is in its initial stages of development, but UNFPA is providing technical support to gather data and information to populate the UN INFO platform. Eighty-seven participants representing all regions of Namibia from the Health Sector both government and private sectors are equipped with Minimum Initial Service Package (MISP) knowledge as a result on minimum preparedness interventions (Document reviews).

UNFPA is part of the National Health Emergency Committee. In an effort to support the government's response to the COVID-19 pandemic, the UN system in Namibia activated an emergency committee and developed a preparedness contingency plan. UNFPA CO has provided and continues to provide information to all the staff and is following relevant guidelines pertaining to travel and business continuity. Specifically, the support provided by UNFPA in the context of COVID-19 emergency targeted key ministries namely, Health, Education, Gender, Youth, Statistics Agencies and CSOs and include (i) strengthening of health care systems to respond to the COVID-19 virus outbreak, focusing specifically on the protection of health care providers and ensuring access to sexual and reproductive health services, especially for pregnant women, young people and vulnerable people impacted by the pandemic; (ii) ensuring- to the extent possible the uninterrupted supply of modern contraceptives and other sexual and reproductive health commodities; and (iii) ensuring that women and girls have access to GBV prevention and response services, including GBV survivor services such as temporary shelter, safe housing, and financial support to the extent possible in line with stipulations in the 6th CPD.(document reviews)

The UN implemented a joint CERF project which was a catalytic fund that reinforced the UN's commitment to reach the most vulnerable people in the country that have been affected by the drought and require emergency life-saving support. The funds were mainly focusing on non-food items, including needs from the Water Sanitation and Hygiene, Nutrition, Education, Health, Protection and Food Security Sectors. Additionally on context emergency, UNFPA and WFP joined forces to reach women, girls, people with disabilities and people living with HIV (PLHIV) with food and dignity kits.

UNFPA leveraged the strength of WFP to reach this population through their food distribution mechanism, particularly in remote and hard to reach areas. UNFPA participated in the Humanitarian and Emergency Taskforce activities. The focus for 2021 has been on Angolan migrants. Namibia has been experienced a high influx of Angolan migrants since January 2021 particularly in Omusati and Kunene regions. Over 3,000 Angolan migrants who arrived in Namibia in 2021 were estimated to be facing high food insecurity and lack of shelter requiring urgent humanitarian action to meet food and nutritional needs, prevent acute malnutrition, and respond to health and social needs.

The United Nations in collaboration with the Office of the Prime Minister (OPM) conducted a rapid assessment to better understand the situation, including the urgent humanitarian and developmental needs for Angolan migrants. The assessment findings informed the design of interventions and humanitarian response. A joint team comprising of technical officers from the World Food Program (WFP) Namibia, the United Nations Populations Fund (UNFPA) Namibia and the International Organization for Migration (IOM) Regional Office for Southern Africa undertook a field mission to Omusati and Kunene regions where Angolan migrants are hosted by the local communities.

The 6th CP has contributed to strengthening the integration of SRH, HIV and SGBV linkages within the national programme on the prevention of HIV, and general services. Interviews with informants, discussion with beneficiaries and the review of relevant documents revealed that there has been an increase in access and use of integrated sexual and reproductive health services, including HIV, and steps are underway looking into integrating VMMC in PHC facilities, as well changes in the policy environment. UNFPA supported the integration of SRH and HIV, procured commodities and equipment for health facilities, supported the development of family planning guidelines and the training of health workers. Site visits to the four regions of intervention showed huge number of people attending the centers, although the time of our visit coincided with the season of national vaccination campaign. CO also supported integrated school health programmes, raising awareness around prevention issues. The UNFPA annual report noted that between 8-9 regions out of 14 regions (59 percent) provide integrated services. Under the CP6 Namibia has shown cases of success stories of integration, and clinics in Omaheke (Epako); Oshikoto (Okankolo) have provided examples of integrated SRH services. The integrated services with the support of UNFPA were also offered by NGOs. For example, In Eenhana SFH, Project Hope collaborated with Walvis Bay Corridor Group to strengthen access to SRHR services in the community. The evaluation team had the opportunity to observe services being provided by a CSO to adolescents and young people living with HIV. Beneficiaries gave a positive impression of the services they receive at these centers. (KII, IDI, Document reviews, FGD with Beneficiaries

Despite reported achievements, there is still a high prevalence of teenage pregnancy in the country. A number of factors have been identified as having contributed to this situation i.e., transport and supply chain issues that disrupted the availability of commodities, cultural factors where young girls who were in the community were exposed and being vulnerable. The UNFPA country office has also been able to reach all geographic areas based on their partner. According to key informants, there is still limited data on the marginalized, vulnerable and people with disability country wide and more so in institutions of higher learning. As expressed by a key informant, *“CO can give more focus and improves on the data on marginalised, as at our institution, we do not know the profile of our marginalised youth in 2021.also, we do not have any data on key population”*. The implication of this is that CO has a loose definition of marginalized population. UNFPA CO upstream focus may have contributed to the inability of the office to have interventions at regional level. *“Our focus is on upstream level – working at national level, development of policies guidelines, capacity building and we try to go to communities just to check the services provided”*.

4.7 Connectedness

4.7.1 To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organisations, health facilities, communities etc.) to better prepare for and respond to and recover from humanitarian crisis?

Summary: *UNFPA adequately responded to the needs of the internally displaced population in the drought-affected areas, and the refugee groups. In the humanitarian field, UNFPA successfully set up structures to address SGBV issues in the camps. The CO has demonstrated adequate response capacity to the needs of the refugees from Angola and IDPs through strengthening the SRH and GBV services, technical support and necessary supplies. UNFPA CO is highly responsive to demands from partners and to changing priorities in emergency and has been able to respond to changing national needs. However, there is a noticeable disconnect between development, peacebuilding and humanitarian programmes.*

Results from interviews with key stakeholders and documents reviewed revealed that UNFPA actively participated in UN technical working groups during the 2019 drought and COVID-19 pandemic. UNFPA is a member of the drought task force. During the COVID-19 pandemic, the government created 9 pillars i.e. 1) Coordination, management and logistics, 2) Case Management, 3) Infection Prevention and Control, 4) Surveillance, 5) Laboratory, 6) Points of Entry, 7) Risk Communication and Community Engagement, 8) Mental Health and 9) Psycho-social support. The country office was represented in some of the pillars and provided financial and technical support. UNFPA CO supported the recruitment of the data consultant, seconded to the MoHSS, and provided support to surveillance pillar and supported M & E focal person who was responsible for data analysis and monitoring to assess how critical health services were affected by COVID-19.

In the context of COVID-19 the CO supported the repositioning of adolescents and youth friendly health services. Partnership was established with NGOs (SFH and NAPPA) to provide innovative SRH/HIV service delivery through mobile units to ensure continuity of essential SRH services (FP, HIV testing, pregnancy testing, pre-natal care, COVID19 information and testing etc.) during the lockdown. Mobile units were set up in informal settlements and shopping malls to avoid people having to travel away from their communities during the movement restrictions. UNFPA CO was able to contribute to the reproductive health services (commodities & dignity kits) and GBV services. It supported its implementing partners in ensuring that during these emergencies, affected population had access to services (SRHR and GBV). The CO supported the provision of psychological services to adolescents and young people in schools. It distributed dignity kits to women and girls the vulnerable and marginalized, hard to reach communities including people with disability and refugees as well as protective gears to health professional. The CO managed to collaborate and support line ministries and civil society organisation in providing SRH services to young people especially targeting hard to reach areas. Results from interviews with UNFPA staff, and focus group discussions with beneficiaries, revealed that UNFPA Country Office provided technical and financial support towards the country's response during Drought of 2019 and COVID 19 from 2020. For example, The CO was able to secure funding under the Central Emergency Response Fund (CERF) which contributed to Ensuring Life-saving Gender-based Violence Assistance to Women and Girls in Drought Affected Regions of Namibia during 2019-2022.

Although the humanitarian interventions focus on life saving, the support is aligned and directly contribute to articulate results of the CPD. Regular resources also continue to support interventions within the development context. The issues identified are prioritize in both humanitarian and

development contexts. In the humanitarian context, the UNFPA leadership also participated in the senior security management team (SMT) interventions. The SMT in Namibia reviewed and approved policy related documents in the context of COVID-19. The CO Business Continuity Plan (BCP) that was originally developed in May 2019 was validated in January 2020. However, in March 2020 in light of the emergence of COVID-19 in the country, the original version was revised and a new BCP was validated. The CO also tested the BCP in March 2020 and improved on some requirements such as those related to working remotely. Regular security briefing including as related to COVID-19 updates were carried out as essential for business continuity.

Challenges

There are some challenges identified that must be attended to urgently before the next CP programme. Document reviews and interviews with IPs, CO staff and national stakeholders including UNCT partners identified these.

1. **Design Problem:** The omission of the 2 critical outcomes 1 and 4 was a major shortcoming. It was not surprising that CO started creating and implementing activities that are not in the CPD and of which they had no approved implementation partner or programme lead. It is important that UNFPA monitor the theory of change throughout the CP cycle. The annual reports should be guided by the theory of change and necessary adjustments should be made accordingly. There is no reflection of the ToC in the Country Office Annual Reports. There is also a huge mismatch between the outputs and outcome indicators
2. **Weak Monitoring and evaluation system:** While monitoring and evaluation systems are in place, actual implementation appears to be very weak. This was partly due to the high staff turnover. According to the CPD the coordinating agency for the CP6 is the National Planning Commission. But Interviews with national stakeholders showed that this oversight function is not active. NPC and CO hold annual review and planning meeting once every year. CO monitor through the yearly planned activities agreed on a Work Plan. Programme Officers monitor their IPs implementation.
3. **Annual reports:** While the annual reports are informative, they gave the reader the impression that officers were reporting on the list of activities that have been carried out, making it at times difficult to connect the interventions to outputs. In future consider reporting according to UNFPA strategic approaches, which are i) Advocacy and policy dialogue, ii) capacity development, iii) service delivery, iv) partnership and coordination.
4. **Human Resources:** There is simmering staff discontent in the CO, over issues of capacity building, work modalities, skill shifts, and tasks versus pay, opportunities for regional and international workshops/seminar/conferences, and others which affects their work. CO Staff, commented on seeming discontent because of the leadership of the CO, due to “*the environment is not conducive for work; it is hostile and discriminatory*”. The lesson learnt is that there is need to make a human resource assessment and re-alignment so that programme staff concentrate on technical issues. The re-alignment may consider hiring programme associates to assist with the administrative issues while programme staff concentrate on technical issues.

Lessons Learned

- i. Integration of sexual and reproductive health services is a very good strategic approach. The next CP should be designed with demand creation as a tool to increase adolescents’ use of these health facilities both in the public and private spaces.
- ii. Continuous training of health care workers in public health facilities and life skills teachers to deliver quality services and CSE is paramount.

- iii. Advocacy is a viable tool for promoting UNFPA interventions and a considered strategy for building and sustaining the identity and contribution of UNFPA to specific interventions. In this regard, upscale communication activities within the context of the CP7.

CHAPTER 5 - CONCLUSION

The conclusions logically flow from the findings presented in Chapter 4 as it relates to seven evaluation criteria. Conclusions are presented at both strategic and programme levels.

5.1 Strategic Level

Conclusion 1: C1

The 6th CP activities are adapted to the needs of diverse Namibian population; well-aligned with the priorities and principles of the Namibian government development plan, NDP 5, HPP 1 and 2, UNFPA Strategic Plans (2014-2017, 2018-2021; 2022-2025); ICPD PoA and SDG Agenda 2030. CP6 formulation was done through consultation with different national stakeholders.

Origin: EQ 1

Evaluation criteria: Relevance

Associated Recommendation: R1

CP6 programme outcomes and outputs are in line with national priorities (NDP5 2017/18-2021/22; Harambee Prosperity Plans (HPP) I (2016-2020); HPP II 2021-2025 as well as Global agenda UNFPA Strategic Plans (2014-2017,2018-2021, 2022-2025), ICPD PoA, SDGs, Africa agenda 2063, and United Nations Partnership Framework. While the 6th CP prioritizes adolescents and youth and gender equality and women's empowerment, there were no outcome and output indicators for Sexual Reproductive Health (SRH) and Population and Development (P&D) which are the key mandates of UNFPA, as reflected in the UNFPA strategic plan 2022-2025 outcomes. This omission may have implications on how the country addresses the first two transformative results of reduction in the unmet need for family planning, the reduction in preventable maternal deaths and reduction in gender-based violence and harmful practices by 2025. The CP6 responded well to the changes brought about by humanitarian emergencies such as the drought of 2018-2019 and the COVID-19 pandemic of 2020-22. The CP6 strategy has been highly appropriate with regards international goals and national programming including for an emerging humanitarian emergency.

Conclusion 2: C2

The CO during the CP6 cycle contributed to the functioning of the UNCT structure in Namibia. It actively participated in mandate and priorities reflected in the UNPAF. The Government coordination mechanism is through the National Planning Commission Secretariat that coordinates interventions of the 6th CP. UNFPA is at the forefront of implementing the ICPD PoA and SDG Agenda 2030.

Origin: EQ 2, EQ5

Evaluation criteria: Effectiveness, Coordination

Associated Recommendation: - R1

UNFPA CO is contributing to improving the UNCT coordination, especially in joint programming and implementation. Its role is well appreciated by national stakeholders and UNCT agencies in the country. UNFPA CO is recognized by other UN partners for its contribution to improving the UNCT coordination mechanism, for its flexibility, efficiently and excellent office that is responsive and reliable, and has maintained a strong presence in all policy and key decision related to its areas. UNFPA

works in close collaboration with other agencies on joint activities that are complimentary and reflect the interests and mandate of the Country Office. The office provided leadership in SGBV and contributed to effective coordination, leveraging of partnership and complementarity within the framework of UNCT including to the collective response of the COVID 19 crisis. However, inadequate human resources and competing priorities with the country office, and underlying competition among UN agencies challenge the concept of delivering as one.

5.2 Programme Level

Conclusion 3:C3

The evaluation has shown that overall, the outputs would be achieved in all the two components of the programme at the end of the CP6 in 2023 but the output-outcome linkage is weak as there is no way the operationalised outputs could facilitate the achievement of the outcomes.

Origin: EQ2

Evaluation criteria: Effectiveness

Associated Recommendation: - R5, R6, R7, R8, R9

While generally the integration of SRH, family planning in the health system has been achieved, there was still a challenge in ensuring that HIV is fully integrated as it was reported that some donors are opposed to inclusion of HIV in the integration. Though adolescents and youth friendly services had increased as per annual reports, beneficiaries found the services at public facilities not youth friendly. The team noted that high staff turnover and negative attitude of health providers in public facilities tend to affect youth's access and use of these centers. Consequently, challenges of unplanned pregnancies, baby dumping, rape and GBV remain. The ET found that there is no outcome indicator for SRH, and this may explain the limited support be it financial and or technical to integrated services including maternity waiting homes and safe spaces.

Interventions within the overall framework of GEWE in the 6th country programme mainly focused on advocating for the effective implementation of legal and policy frameworks, and international instruments for gender-based violence prevention and response and capacity development. In partnership with the national assembly strengthened the capacity of members of parliament and staff, Police on Gender, SRHR, HIV and AIDS, including psychosocial support which is aligned with national, regional, and global instruments. Moreover, CO assisted with the development of national gender-based violence data base for the Namibian Police, as well as assisted for the Ministry of justice tracking data base in different areas, gender, and health.

The ET noted that data systems are not fully functional. Results from interviews and focus group discussions with beneficiaries revealed that adolescents and young people are engaged in the prevention of Gender-Based Violence. Although the country office in collaboration with the Ministry of Gender Equality, Poverty Eradication and Social Welfare strengthened the capacity of health providers, social workers, and teachers in gender and Gender Based Violence, it was not clear whether a gender sensitive curriculum has been developed in partnership with CSO.

Conclusion 4: C4

UNFPA CO in Namibia was generally efficient in disbursing annual programme budgets to support the implementation of Annual Work Plans (AWPs) through contracts with Implementing Partners as well as National Execution (NEX) modality. CP6 was rated efficient given the timely preparation of annual work plans, relative high fund utilisation across components, outputs and implementation partners and the quality of its human resources. However, late disbursement of funds and limited time frames for expenditure are major complaints of all the IPs. Annual reports both by CO and IPs are of poor reporting

quality and often very repetitive. There is clearly lack of structure or focus on the Country Office Annual Reports as found from the SIS.

Origin: EQ 3

Evaluation Criteria: Efficiency

Associated Recommendation: R1

The upper middle-income classification of Namibia had affected the funds available in the country, including budgetary allocation and ability to mobilize other non-core resources. The country programme was highly efficient in the achievement of the targeted results through effective intervention mechanisms and ensuring good use of resources, including human, financial and technical.

Disbursement to partners were found to be satisfactory, however partners representing small NGOs found the UNFPA disbursement modalities challenging. In the context of inadequate human resources in the country office, one is to rely on implementing partners whose mandates are in line with UNFPA, and who have the capacity. The ET noted that there were a number of partners whose vision, goals and objectives are in line with UNFPA mandate, however, were not selected as implementing partners.

Conclusion 5:C5

The CP6 interventions and programme outputs are sustainable since all the components are issues that are relevant to national needs and there exists strategies and structures to address them. Out of 8 IPS, five are government ministries whose mandates are aligned to the UNFPA mandate. Joint programming involving government, programme approach of needs assessment, stakeholder consultations and validation are factors that promote sustainability

Origin: EQ 4

Evaluation: Relevance, Sustainability

Associated Recommendation: R4, R3

Programme approaches, such as intensive consultations with stakeholders and joint programme planning with implementing partners, in addition *to* interventions at the regional levels and non-governmental stakeholders, helped develop a sense of government ownership, improved chances of trained resources stability, and have increased chances for future sustainability of UNFPA interventions. UNFPA has to some extent built the capacity of its implementing partners including beneficiaries (notable, girls and boys, youth, and women. All programmes are part of national institutions, be it training of health workers in (family planning, integrated SRHR services, abortion care, and Life skills), training of young people and developing guidelines, capacitating statisticians in population census or parliamentarians, social workers and police in gender equality including GBV. The results revealed that under the 6th CP interventions were geared towards strengthening capacities, developing policies and guidelines and training of staff. However, ET noted that capacity development programmes are geared towards individuals and not necessarily strengthening systems, which make it challenging to sustain interventions given the high staff turnover in the country. There was no exit strategy in each of the Annual Work Plans. Despite capacity building programmes being significant component of UNFPA interventions, there has not been any results of training programmes and follow up on impact.

Conclusion 6:C6

Under the 6th Country Programme UNFPA CO implemented activities that reached the most vulnerable and marginalized groups such as the young people and women with disabilities, LGBTQI+ including sex workers and migrants.

Origin: EQ6

Evaluation Criteria: Coverage

Associated Recommendation: R8, R10

In its attempt to focus on reaching the furthest behind, especially in the 4 focus regions i.e., Kunene, Ohangwena, Zambezi and Omaheke, the CO partnered with organisations for the provision of services to areas that are farthest from the Capital. For example, with SFH reached key population, as well as those who are hard to reach, NAPPA provided services to young people, and with association of people with disabilities reached the target group. However, given the size of the country, the CO was not able to reach all identified groups, a situation that further complicated by lack of data on the vulnerable, marginalised and with no clarification of the target group (lose meaning of marginalised and vulnerable population).

Conclusion 7: C7

There is a disconnect between humanitarian interventions and development as there was no focus on engendering development in the areas.

Origin: EQ6, E7**Evaluation Criteria: Connectedness****Associated Recommendation: R8, R10**

In the context of COVID-19 pandemic the CO supported the repositioning of adolescents and youth friendly health services. Partnership was established with NGOs (SFH and NAPPA) to provide innovative SRH/HIV service delivery through mobile units to ensure continuity of essential SRH services (FP, HIV testing, pregnancy testing, pre-natal care, dignity kits, COVID-19 information and testing etc.) during the lockdown. Mobile units were set up in informal settlements and shopping malls to avoid people having to travel away from their communities during the movement restrictions. The emergence of COVID-19 pandemic halted a substantial number of interventions aimed at empowering, engaging and access of SRH, GBV services by adolescents and young people especially during the lockdown.

CHAPTER 6 - RECOMMENDATIONS

The following recommendations, at strategic and programmatic level, are based on the evaluation findings and conclusions and feedback received from key stakeholders. Operating within the corporate business model as Namibia is in the 'yellow' category, UNFPA is well situated and strategically positioned to continue to offer its advocacy and technical assistance role, although the country's classification status needs to be reviewed.

6.1 Strategic Level

Recommendation 1: UNFPA should continue to align its Country Programme with Namibia's national policies and plans as well as international development agendas to address the country's national needs and priorities and get buy-in support from international development partners. CP7 must ensure that all the four programme components are incorporated and assigned key performance indicators that will focus on the achievements of the three transformative results, i.e., zero unmet need, zero maternal mortality and zero gender-based violence and harmful traditional practices.

Priority: Very High

Audience: CO, ESARO, HQ and GRN

Origin: EQ1, C1

Operational Implications

- Continue wide consultations and participation of government departments, civil society organisations and other relevant stakeholders for the next Country Programme to ensure that it is relevant and aligned to Ethiopia national policies and international development agendas.
- Keep CP7 focussed on the three Zeros stipulated in the SP 2022-2025
- Continue to assist the government with strategies and policy and guidelines development
- CP interventions should continue to be based on research and needs assessments, national strategies and plans and participatory consultations with stakeholders.
- Continue to strengthen the relevant strategic partnerships with key government and non-governmental agencies
- Continue Strengthen the relevant strategic partnerships with key government and non-government and private agencies.
- Maintain its leadership role in assisting the government with strategy and policy development.
- Strengthen the technical capacity of UNFPA or linking required expertise from the global pool of experts within UNFPA to maintain high quality and brand reputation of UNFPA in all aspects of the programme interventions.
- Continue to engage strategic partners in the design, development, and implementation of the next Country Programme.
- Explore and exploit South-South partnership which is currently missing in the CP6

Recommendation 2: CP7 Design

CP7 design should be more focused on integrated programming approach (across the thematic areas – these may include humanitarian interventions as well). Accompany with theories of change that encompass the entire results chain, ensuring adequate skills and capacity of staff that participate in the formulation of the results framework.

Priority: High

Audience: UNFPA CO, Regional Office, National Planning Commission

Origin: EQ1; EQ2, C1, C2

Operational Implications

- Conduct evaluability assessment at the onset of the programme for each outcome, assessing availability of data for measuring progress (with built-in M&E system, monitoring tools for assessing quality improvement).
- Develop clear and detailed intervention logic model with TOC, risk assumptions and mitigation plans included). With both output and outcome indicators clearly defined and measurable and linked.
- Prioritize UNFPA input with explicit sustainability strategies (exit strategies) in the work plan.

Recommendation 3:

CO should strive in the next CP7 to discuss and include its programming with implementing partners' measures of sustainability especially as it concerns technical and organisational capacity building in all thematic areas. Exit strategy must be in-built in all the activities.

Priority: High

Action: CO, National Planning Commission, IPs

Origin: EQ 4, C4

Operational Implications

- UNFPA to include in the next CP interventions, plans to improve sustainability, specifically for institutional capacity building.
- Sustainability issues to be discussed with implementing partners at the time of drafting the AWP to clarify expectations and to gain IPs' support to work towards improving sustainability of UNFPA supported interventions.
- UNFPA to plan for training and capacity building of IPs with clear goals on expected achievements in terms of capacity building and sustainability
- Invest in community-based organisations to increase community ownership and involvement in interventions

6.2 Programme Level

Recommendation 4

CP7 should continue to be aligned with national priorities and international and regional commitments related to the thematic issues of SRH, adolescents and youth, gender equality and women's empowerment and population data generation and use as elaborated in SDGs, ICPD PoA and aim at addressing issues at advocacy levels that remove major barriers in achieving the three Zeros

Priority level: High

Action: UNFPA CO, UNCT, National Planning Commission

Origin: EQ1, C1

Operational Implications:

- Develop interventions to address maternal health issues with a view to achieving Zero Maternal mortality
- Adopt multi-sectoral approach to address sexual and reproductive health issues
- Strengthen M & E quality assurance particularly for SRHR, adolescents and youth, gender equality and women's empowerment thematic areas.
- Always make UNFPA contribution to interventions visible by operationalise the communication policy.

Recommendation 5: Adolescents and Youth

Integrated sexual and reproductive health right, HIV, GBV programming for young people especially vulnerable and marginalised young women and adolescent girls, needs to be revised for stronger results for young men and women, both in- and out of school young people. It is important to address demand issues so that access to the services will not be hindered.

Priority level: Very High

Action: Country Office

Origin: EQ2, C2

Operational Implications

- Refine the focus of the adolescents and youth programmes and continue the work on youth empowerment
- Investigate the reason why access to integrated services is low in public health facilities
- Address demand barriers to increase access to integrated sexual and reproductive health services
- Train and retrain more health care workers to address shortage of health workers
- Communicate nationwide on the availability of SRHR services at the different health facilities.
- Continue the work on overall adolescents and youth empowerment socially and economically.
- Strengthen the integration of Comprehensive Sexuality Education/Life skills-based education in the pre-service curriculum of teachers.
- Revisit and speed up the implementation of CSE programme and gender-sensitive programming approach as a platform to change deep-rooted social norms related to gender relations
- Strengthen youth organizations at the regional level and build their capacity to provide services at the district/regional level. This will guarantee sustainability of interventions
- Take a targeted approach e.g., work with a group of people with disabilities in a given community. Work with clearly defined key populations or work with San, Himba or Ovatwa young mothers, sex workers, MSM, LGQBTI etc.
- Ensure that outcome and output indicators on SRH are clearly reflected in the next country programme and treated as separate outcome
- Identify the social norms where behavior change can be anticipated for the desired outcomes and develop measures to monitor progress.
- Develop indicators for behavior change measurement in the thematic areas of interest.

Recommendation 6: Gender Equality and Women's Empowerment: Continue the interventions focusing on changing attitudes and prevention of GBV and providing economic empowerment

Priority: High

Action: UNFPA CO, Ministry of Gender, IPs and UNCT

Origin: EQ 2, C2

Operational Implications:

- Continue multi-sectoral approach in response to GBV in both development and humanitarian context
- Focus on prevention of GBV to achieve zero tolerance while improving response services to victims and survivors and their family members
- Continue developing and using evidence based and human-rights based programmes on men's and boys' involvement in promoting gender equality and promoting SRH in the next CP.
- Continue adopting the community-based approach in addressing GBV issues in all the operational districts.
- Develop plans for addressing gender barrier through male engagement and select community-based male engagement partners with the right expertise
- Design best practices like Safe Spaces, Women's Friendly Spaces
- Develop monitoring tools especially for monitoring progress at implementing level and measuring results at national level
- Make functional and accessible the national gender-based violence data base

- Strengthen legal and policy frameworks

Recommendation 7: Population Data and Demographic Intelligence

Current data is needed in the country for effective planning. The CO should prioritize support (technical and advocacy) to assist the national government to conduct a national census in this CP7 cycle. CO should deepen expertise and capacity on census and data generation and utilisation skills. The capacity of National Statistical Agency in research, data analysis, population projections, policy analysis and geo-spatial data analysis at national and regional levels should be continued.

Priority: High

Action: UNFPA CO, National Planning Commission, National Statistical Agency.

Origin: EQ 2, C2, EQ2, C3

Operation Implications:

- Revisit all preparations for the census exercise including retraining NSA personnel
- Continue to support the building of national capacities for data collection, analysis, and dissemination and in fostering the use of data to inform evidence-based policies
- UNFPA should coordinate with other UN Agencies and international organizations for orientations on ICPD PoA and targets of Sustainable Development Goals at the national and region state levels. It should also encourage the use of both, as frameworks, in formulation of policies and plans.
- Continue to support increased data availability of disaggregated data for evidence-based policy making, planning, implementation, monitoring and evaluation.
- Achieve data harmonization for all administrative data to be achieved through inter-agency collaboration on data acquisition to move forward the SDG agenda.

Recommendation 8: UNFPA responded to the needs of the refugees and internally displaced population. In the humanitarian field, UNFPA successfully led the GBV coordination groups, and contributed to the complementarity of interventions of the UN agencies, however there is a noticeable disconnect in the development-humanitarian nexus. Strategies for resilience building must be built in emergency responses in the next CP.

Priority: High

Action: UNFPA CO, UNCT, National Planning Commission

Origin: EQ2, C2, EQ6, C6, EQ 7, C7

Operation Implications:

- UNFPA CO should develop a strategy to transition from humanitarian and emergency assistance to a more development oriented strategic interventions.
- Maintain and increase efforts in leading, strengthening its lead coordination role of the GBV sub-sector coordination group in humanitarian context.
- Continuous updating of the UNFPA strategic response to SRH, GBV and data needs of the vulnerable populations is advised to overcome the emerging challenges and ensure proper coverage.
- UNFPA being the sole agency providing the MISIP package will give it the leading role in RH in emergency settings. This role should be institutionalized through extending the appropriate interventions among the vulnerable groups in the war- affected states.

Recommendation 9: More research to understand population dynamics and the changing attitudes and behavior. More research is needed to understand population dynamics and the changing attitudes and behavior of population groups particularly the youth (girls and boys), migrants and the older persons, vulnerable and marginalized populations.

Priority: High

Audience: UNFPA CO, National Planning Commission, National Statistical Agency

Origin: EQ 2, C2, EQ4, C4

Operational Implications

- Support to strengthening the generation, analysis and dissemination of data needed for policy planning and programming particularly at the national and regional levels.
- Continue support for research on fertility, mortality, migration, SRH, health and nutrition, employment, schooling, and their interrelationship with development as they relate to the implementation of the demographic dividend research.
- Collect data on vulnerable and marginalized population groups either through the census or demographic and health survey or any national survey, properly designed and implemented.
- Make disaggregated data (by sex and age at a minimum) available for gender analysis to improve gender-sensitivity and finally to make the next CP gender-transformative.

Recommendation 10: Coverage

In the next country programme, the office should take a targeted approach, instead of stretching over 4 regions, focusing on 2 regions, and zooming into a district/village. This should be informed by evidence and needs assessment and challenges facing the particular group as it relates to SRH, GBV, A & Y and data.

Priority: Medium

Audience: UNFPA CO

Origin: EQ2, C2, EQ6; C6

Operational Implications:

- Define the geographical area and population to be reached based on specific indicators
- UNFPA should consider having a clear definition and description of the identified target group i.e., vulnerable, marginalized, people with disabilities, key populations.
- Strengthen the availability and accessibility of data on targeted populations
- Consider purchase of mobile vehicles to reach the hard-to-reach areas of the country

ANNEXURES

Annex 1: Terms of Reference (ToR) for the CPE

United Nations Population Fund (UNFPA) Namibia 6th Country Programme (2019-2023)

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.”⁴⁶ In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end sexual and gender-based violence (SGBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

UNFPA has been operating in Namibia since 1990. The support that the UNFPA Namibia Country Office (CO) provides to the Government of Namibia under the framework of the 6th Country Programmes (CP) (2019 -2023) builds on national development needs and priorities articulated in the following documents:

- Harambee Prosperity Plan 2016/17 – 2019/20
- Harambee Prosperity Plan II (2021-2025)
- Namibia's 5th National Development Plan 2017/18 – 2021/22
- National Gender Policy 2010 – 2020
- National Policy on Sexual, Reproductive and Child Health 2013
- National Youth Policy (Second Revision) 2009 – 2019
- United Nations Common Country Analysis/Assessment (CCA) –2017
- United Nations Partnership Framework (UNPAF) 2014 – 2018
- United Nations Partnership Framework (UNPAF) 2019 – 2023

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two-programme cycles, “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred.”⁴⁷ The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 6th CP (2019 - 2023) in Namibia, and offer an analysis of various factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

⁴⁶ UNFPA Strategic Plan 2018-2021, p. 3. The document is available at: https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf.

⁴⁷ UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA* (UNFPA Evaluation Handbook), which is available at <https://www.unfpa.org/EvaluationHandbook>. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Namibia CO; (ii) the Government of the Republic of Namibia; (iii) implementing partners of the UNFPA Namibia CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches, and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the evaluation manager within the UNFPA Namibia CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the ESARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

2. Country Context

Namibia is one of the largest countries in the world, with a size of 820,000 square kilometers, but given the country's arid condition and topography, the larger percentage of the country's land is inhabitable⁴⁸. Namibia is the least densely populated country in the world with a population density estimated at 2.6 persons per square kilometer⁴⁹. However, regional population densities vary substantially, with almost two-thirds of the population living in the four northern regions (Oshikoto, Oshana, Ohangwena, and Omusati), and less than one-tenth living in the south of the country⁵⁰.

Namibia is an upper middle-income country with an estimated population of 2.3 million in 2016 and a projected annual growth of 1.9 per cent⁵¹. The population of Namibia is youthful, with about 37 per cent of the population aged below 15 years, and only about 5 per cent of the population aged 65 years and above⁵². Moreover, sixty-four per cent of the population is below the age of 30, and 10- to 24-year-olds constitute 30 per cent of the total population. Although the total fertility rate in Namibia fell from 5.4 in 1992 to 3.6 in 2013, it remains high in several regions, particularly in Ohangwena (5.3 per cent), Kavango (4.6 per cent), Omaheke (4.6 per cent), and Kunene (4.5 per cent)⁵³. While the country has made great progress in improving access to education, in 2013 only 42 per cent of girls completed secondary education. With an increase in the youth unemployment rate, from 37.8 in 2013 to 43.4 per cent in 2016, combined with a

⁴⁸ Profile of Namibia (2013)

⁴⁹ World Population Review (2022) <https://worldpopulationreview.com/countries/namibia-population>

⁵⁰ Namibia Inter-censal Demographic Survey 2016 Report (2017)

⁵¹ Namibia Inter-censal Demographic Survey Report (2017)

⁵² Namibia Inter-censal Demographic Survey Report (2017)

⁵³ Namibia Demographic and Health Survey Report (2014)

critical skills shortage such as medical, dental, engineers, and financial professionals, especially among youth, significant investments are required for the country to benefit from the demographic dividend^{54,55}.

Although Namibia is ranked as an upper middle-income country, the country has one of the most unequal distributions of wealth globally with a national Gini index of 59.1 per cent, ranking second after South Africa⁵⁶. Even though efforts are made to eradicate poverty in the country, poverty rates remain high at 17.4 per cent in 2016, a fall from 27.6 per cent in 2004⁵⁷. Female-headed households are the most affected, with the incidence recorded at 19.2 per cent compared to the male-headed households (15.8 per cent) in 2016⁵⁸. In addition, 32 per cent of women live below the poverty line⁵⁹. After independence, in 1990, the country experienced an average economic annual growth of 4.4 per cent between 1991 and 2015. However, this economic growth stagnated in 2016 and the country fell into a recession in the following year. The economy has since struggled due to the COVID-19 pandemic⁶⁰.

The maternal mortality ratio is high for an upper middle-income country, at 385 per 100,000 live births in 2014⁶¹. The three main contributing factors are limited access to high quality emergency obstetric and newborn care, the high prevalence of HIV (the indirect cause of more than half of reported maternal deaths) and limited access to adolescent friendly health services to prevent unintended pregnancies⁶². Despite a high-skilled birth attendance rate of 88.2 per cent, access to high-quality emergency obstetric care services is very limited, especially in the northern regions. Moreover, multiple and overlapping deprivations among children (0-5 years) leads to high rates of mortality, morbidity, stunting, inadequate care, and protection⁶³. In 2019, the under-5 mortality rate for Namibia was 42.4 deaths per thousand live births. Even though this has fallen gradually from 50.5 deaths per thousand live births in 2012, the rate remains high as compared to the global target of 25 deaths per thousand live births⁶⁴. The Ministry of Health is currently implementing a National Strategy for Women, Children Adolescents' Health, and Nutrition to ensure minimum standards of coverage and quality to meet international standards. The national adolescent pregnancy rate is 19 per cent, with regional variations ranging from 38.9 and 36.3 per cent in Kunene and Omaheke, respectively, to 9 per cent in Oshana^{65,66}. Adolescent girls in rural areas and those with only a primary level education tend to start childbearing earlier than their urban and higher-educated peers⁶⁷. A 2016 UNFPA study on teenage pregnancy in Namibia found that the first sexual experience is unwanted for 54 per cent of girls⁶⁸. Thirty-four per cent of girls aged 17-19 years are not in school, largely due to adolescent pregnancy and socioeconomic reasons, including domestic duties and long traveling distances to schools⁶⁹.

⁵⁴ Demographic Dividend Study Report (2018)

⁵⁵ The Namibia Labour Force Survey Report (2017)

⁵⁶ World Population Review (2022) <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>

⁵⁷ Namibia Household Income and Expenditure Survey Report (2017)

⁵⁸ Namibia Household Income and Expenditure Survey Report (2017)

⁵⁹ Namibia Household Income and Expenditure Survey Report (2017)

⁶⁰ World Bank (2022) <https://www.worldbank.org/en/country/namibia/overview#1>

⁶¹ Namibia Demographic and Health Survey Report (2014)

⁶² Namibia Demographic and Health Survey Report (2014)

⁶³ Namibia Demographic and Health Survey Report (2014)

⁶⁴ Monitoring the situation of children and women (2022) <https://data.unicef.org/country/nam/>

⁶⁵ Namibia Demographic and Health Survey Report (2014)

⁶⁶ Analysis of Factors Influencing Teenage Pregnancy in Namibia (2020) <https://esmed.org/MRA/mra/article/view/2102>

⁶⁷ Namibia Demographic and Health Survey Report (2014)

⁶⁸ National formative study on child marriage (2019)

⁶⁹ National Formative study on child marriage (2019)

The promotion of family planning and ensuring access to preferred contraceptive methods for adolescents, youth, and women in Namibia is key in order to secure their well-being and autonomy, while supporting the health and development of the country. According to the Namibia Demographic and Health Survey of 2013/14, nine per cent of women aged between 15-24 years indicated that they had sex before 15 years. The use of modern contraceptive methods among adolescent girls in Namibia is observed to be low, at 24 per cent; however, this increases with age, recorded at 62 per cent among women aged 25-29 years⁷⁰. Underlying factors include limited knowledge of family planning, reduced availability of commodities, limited access to skilled health professionals, and insufficient domestic resources. Moreover, the country is sparsely populated and access to information and high-quality social and health services, especially in rural areas, remains a challenge^{71,72}.

Namibia introduced Comprehensive Sexuality Education (CSE) in 2013 to support adolescents and youth to develop life skills and abilities to make informed choices about their well-being⁷³. Scaling up and monitoring of the CSE programme leads to children and young people becoming empowered in realizing their health, well-being, and dignity, and developing respectful social and sexual relationships. This can be done through capacity building of teachers. With in-school CSE, this was incorporated into the Namibian school curriculum through Life Skills subject; a compulsory subject for Namibian learners that commences at grade 4 and continues through to grade 12. Life Skills has three main domains covered within its syllabus which are: career guidance, holistic wellness (which covers CSE) and civic affairs. In 2016, approximately 900 Life skills teachers have been appointed who are dedicated to teaching the subject⁷⁴. The University of Namibia (UNAM) and the International University of Management (IUM) with support from development partners such as UNFPA and UNESCO introduced the pre-service training curriculum to train student teachers on CSE. Moreover, in-service trainings on CSE have been conducted with the support of UNFPA and UNESCO. In addition, the CSE curriculum has been revised to incorporate comprehensive sexuality education for out-of-school youth. In 2017, a total of 127 out-of-school youth, many who are community volunteers, have received CSE training⁷⁵.

HIV/AIDS remains the leading cause of death in Namibia. The HIV prevalence in the general population is 8.3 per cent, with women having the highest prevalence of 19.6 per cent compared to 12.7 per cent for men⁷⁶. Moreover, the annual incidence of HIV was observed to be higher among women aged 15-24 years (0.99 per cent) as compared to other age groups⁷⁷. Although limited data are available on sex-specific positivity rates among children and young people, an estimated 0.98 per cent of those under 15 years of age are HIV positive, underscoring the need for prioritizing HIV prevention among adolescent girls and young women⁷⁸.

Even though HIV claims more lives as compared to other causes of deaths in the country, the estimated number of People Living with HIV/AIDS (PLWHA) slightly increased from 180,000 in 2000 to 200,000 in 2015 and this could partly be attributed to the successful implementation of the Antiretroviral Therapy

⁷⁰ Namibia Demographic and Health Survey Report (2014)

⁷¹ Namibia Demographic and Health Survey Report (2014)

⁷² World Health Organization (2017) <https://www.afro.who.int/news/increased-access-quality-family-planning-services-key-health-adolescent-girls-and-young-women>

⁷³ Strengthening sexual and reproductive health and HIV prevention amongst children and young people through promoting comprehensive sexuality education in eastern and southern Africa (2016)

⁷⁴ Strengthening sexual and reproductive health and HIV prevention amongst children and young people through promoting comprehensive sexuality education in eastern and southern Africa (2016)

⁷⁵ Empowering adolescents to make healthy choices (2017) <https://namibia.unfpa.org/en/news/empowering-adolescents-make-healthy-choices>

⁷⁶ National HIV Sentinel Survey Report (2016)

⁷⁷ NAMPHIA (2017)

⁷⁸ National HIV Sentinel Survey Report (2016)

(ART) and Prevention of Mother-To-Child Transmission (PMTCT) programmes⁷⁹. The number of facilities dispensing ARTs has increased over the years, with a total 271 health facilities dispensing ART in 2016 as compared to less than 10 facilities in 2002⁸⁰. In 2017, slightly over 96 per cent of PLWHA aged between 15 – 64 years were on ART, of which 97.1 per cent were females and 94.9 per cent were males⁸¹.

Sexual and gender-based violence (SGBV) remains a major issue, with about 33 per cent of Namibian women aged 15-49 who have experienced some form of physical and sexual violence⁸². In 2019, Namibia recorded at least 200 cases of domestic violence per month⁸³. Several measures have been put in place to fight SGBV as highlighted in the 5th National Development Plan (2017/18 -2021/22) (NDP 5) and in the National Gender policy. This includes refining and improving relevant legal and policy frameworks, improving services for survivors, increasing the understanding of SGBV in the country through national campaigns, training of service providers, and improving and expanding on data collection mechanisms. Despite considerable progress made, there are still lengths to go in reducing sexual and gender-based violence (SGBV) in Namibia.

Gender-related barriers continue to be inherent in the HIV legal environment, such as unequal age of consent to marriage, inheritance rights for female widows and gaps in sexual and reproductive health rights⁸⁴. Based on the study conducted in Namibia on Child Marriage, 2020, the prevalence of child marriage among girls in Namibia is 18 per cent, while that for boys it is considerably lower, at 4.1 per cent⁸⁵. The highest prevalence of child marriage among girls was reported to be high in the Kavango regions (39.7 per cent), followed by Kunene (24 per cent), Zambezi (23.8 per cent), Omaheke (23 per cent), and Otjozondjupa region (22.6 per cent)⁸⁶. The first sexual encounter for adolescent girls in Namibia was reported to be between 12 and 17 years. Poverty, culture and traditions, alcohol abuse, and lack of educational opportunities were identified as key drivers of child marriage in Namibia⁸⁷.

The last population census took place in 2011 and the Inter-Censal Demographic Survey of 2016 provides data that is more recent. The Namibia Statistics Agency (NSA) is responsible for census undertaking and conducts thematic research, including the Household Income and Expenditure Survey and Multidimensional Poverty Index (MPI) surveys. Namibia conducts regular censuses with the next census initially planned for 2021, however it was postponed to August 2022 due to the COVID-19 situation. The country also conducts regular surveys and collects data through the Health Information System. However, limited analysis of socioeconomic and demographic data and inadequate monitoring and evaluation systems were identified during the development of the NDP 5 as key barriers to evidence-based planning and decision-making. The country is currently undertaking the review of NDP 5 and formulating the 6th National Development Plan (NDP 6) for the period 2022/23- 2026/27.

Namibia is prone to natural disasters, health emergencies, and an influx of migrants and refugees. The country is severely affected by climate change, as seen in cyclical droughts/floods mostly in the Cuvelai-Etosha and the Zambezi-Kwando-Linyanti Basins⁸⁸. In 2013-2019, the country experienced severe droughts

⁷⁹ National HIV Sentinel Survey Report (2016)

⁸⁰ National HIV Sentinel Survey Report (2016)

⁸¹ NAMPHIA (2017)

⁸² Namibia Demographic and Health Survey Report (2014)

⁸³ Violence against Women and Children (2019)

https://www.unodc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBVPU_071019_002.pdf

⁸⁴ National HIV Sentinel Survey Report (2016)

⁸⁵ National formative study on child marriage (2019)

⁸⁶ National formative study on child marriage (2019)

⁸⁷ National formative study on child marriage (2019)

⁸⁸ National Policy on Climate Change for Namibia (2010)

and floods in some areas. The impact of recurrent droughts was on crops, pasture, and water availability, which resulted in livestock deaths, crop failures, food insecurity, and increased poverty. Out of the population of 2.6 million, 778 504 people were severely affected by these droughts⁸⁹. More than 60 000 children between 5-16 years and 23 180 pregnant mothers were at risk of malnutrition⁹⁰. The UNFPA CO has been actively involved in supporting the government during these crises specifically in areas of sexual and reproductive health and rights and SGBV. In addition, Namibia has experienced an outbreak of the Hepatitis E virus since December 2017. The initial cases were reported in the informal settlements of Windhoek, which later spread to all the 14 regions, and by February 2022, 7,247 cases were reported. Among all reported cases, 6,068 (84 per cent) were reported from Khomas and Erongo regions, which have large informal settlements.

The first case of the COVID-19 epidemic in Namibia was reported on March 13, 2020, and a state of emergency declared on March 17, 2020. The Ministry of Health and Social Services (MoHSS) established an Emergency Response team, which aimed to intensify the surveillance of COVID-19 in the country, especially at the borders of Namibia. On 28 March 2020, the country went into a full lockdown. COVID-19 has disrupted the already limited services available, such as access to SRH services, schools, and others, and has increased the urgency to meet the needs of the most vulnerable populations. Already impoverished populations are facing greater disadvantages with an increase of unemployment, particularly to those in informal employment (such as street vendors), coupled with an increase of prices of commodities. As of 23 January 2022, the outbreak had reached all the 14 regions of the country. In total, 155,424 cases have been reported and there have been 3,924 deaths⁹¹.

The support that the UNFPA Namibia Country Office (CO) provides to the Government of Namibia as articulated by the 6th Country Programmes (CP) (2019 -2023) builds on the following national policies, laws, and strategic framework:

Harambee Prosperity Plan II, 2021 – 2025

Harambee Prosperity Plan, 2016-2020

Namibia National Strategy for Women, Children Adolescent's- Health and Nutrition, 2018 - 2022

Namibia Standard Treatment Guideline, 2011

Namibia Statistics Policy, 2014

Namibia's 5th National Development Plan, 2017/18 – 2021/22

National Action plan for Health Security, 2021 – 2025

National Gender policy, 2010- 2020

National Guidelines for Review and Response to Maternal Deaths, Near Misses, Stillbirth, and Neonatal Deaths, 2019

National Guidelines on Family Planning, 2019

National Guidelines: Antenatal Care for a positive pregnancy experience, 2020

National policy on Sexual, Reproductive and Child Health, 2013

National Statistics Act, 9, 2011

National Strategic Framework for HIV and AIDS response in Namibia, 2017/18 – 2021/22

National Youth policy, third revision, 2020- 2030

National spatial data infrastructure strategy and action plan (2015 - 2020)

⁸⁹ Namibia Meteorological Services (2014) https://www.droughtmanagement.info/literature/UNW-DPC_NDMP_Country_Report_Namibia_2014.pdf

⁹⁰ Namibia Meteorological Services (2014) https://www.droughtmanagement.info/literature/UNW-DPC_NDMP_Country_Report_Namibia_2014.pdf

⁹¹ Outbreak of Hepatitis E Virus (HEV) in Namibia (2019) <file:///C:/Users/saima.heita/Downloads/National%20SITREP%2064%20on%20Hepatitis%20E%20%20%20outbreak%20Final.pdf>

3. UNFPA Country Programme

UNFPA has been working with the Government of Namibia since 1990 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 6th CP in Namibia.

The 6th CP (2019 -2023) is aligned with the 5th National Development Plan (2017/18-2021/22), the Harambee Prosperity Plan (2016/17 – 2019/20), the 2063 African Union Agenda, the UNPAF (2019 – 2023), the UNFPA Strategic Plan (2018 -2021), and they contribute to the Sustainable Development Goals 3 and 5. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Namibia CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) service delivery, and (v) partnerships and coordination. The overall goal of the UNFPA Namibia 6th CP (2019-2023) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plans 2018-2021. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan:

- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*

The UNFPA Namibia 6th CP (2019 - 2023) has 2 thematic areas of programming with distinct outputs that are structured according to the 2 outcomes in the Strategic Plan to which they contribute.

Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

Output 1: Young people, particularly adolescent girls, are better equipped with knowledge and skills to take informed decisions on their reproductive health and rights.

This was delivered through (a) engaging with parliamentarians, civil society organizations, community leaders, youth networks and the media to advocate for the implementation of laws, policies and programmes that promote adolescent sexual and reproductive health and rights, and for increased investments to achieve the government target of 90 per cent of youth with accurate knowledge of HIV; (b) strengthening the institutional capacity to deliver high-quality and evidence-based comprehensive sexuality education in higher learning institutions and to out-of-school youth; (c) advocating for investment in youth leadership, participation, economic empowerment and employability, including through the ‘be free’ and ‘break-free’ campaigns; (d) facilitating youth dialogue and national dialogue to counter negative social norms and adopt positive values; and (e) facilitating the development of information communication and technology solutions to reach, engage and empower adolescents and young people in relation to sexual and reproductive health and rights.

Output 2: Adolescents and young people have improved access to adolescent and youth-friendly health services.

This was delivered through the (a) training of health workers and building institutional capacity to deliver high-quality, adolescent-friendly health services, including the scale up of integrated sexual and

reproductive health and HIV services by ensuring ‘no one is left behind’ in the UNFPA focus districts; (b) training of relevant Ministry of Health staff to ensure an efficient and sustainable supply chain management system that delivers a reliable supply of contraceptive methods, including long-acting reversible methods; (c) promoting the rights of sex workers and improving their access to integrated sexual and reproductive health services; and (d) supporting the generation of demographic intelligence, with a focus on the most vulnerable adolescents and youth, to inform advocacy, policymaking and resource allocation.

Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

Output 3: Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and to empower communities to prevent gender-based violence.

In order to combat sexual violence and address unmet need for contraceptives, UNFPA delivered several activities such as engaging in advocacy and policy dialogue, capacity development and knowledge management. These were completed through (a) equipping key government staff and health service providers with the skills to effectively coordinate and deliver the integrated essential service package for women and girls subjected to violence, including the delivery of contraceptive information and services, and emergency contraception options; (b) advocating for the effective implementation of legal and policy frameworks, and international instruments for gender-based violence prevention and response; (c) strengthening the generation, management and analysis of high-quality disaggregated data to inform policies, laws and programmes for the prevention of gender-based violence and harmful practices (such as early and forced marriages), and the promotion of equitable access to contraceptives, with a particular focus on the most vulnerable and furthest behind; (d) supporting social mobilization programmes targeting men and boys, to combat discriminatory norms and promote positive values and behaviors (including supporting activists to speak out and share their stories); promote dialogue among parents, educators, community leaders, media practitioners, social media influencers and the youth; and raise awareness among parliamentarians of the need to advocate for the promotion and protection of the rights of adolescents and young people; (e) supporting innovation, including the use of information communication and technology solutions for sexual reproductive health and gender-based violence prevention and response; and (f) providing technical assistance for the integration of gender-based violence and sexual and reproductive health services into disaster risk management and humanitarian response programmes.

The UNFPA Namibia CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA Namibia CO participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled, and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The CP theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth review of the CP theory of change. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection (the evaluation matrix – see section 6.2 and Annex C) analysis and reporting. The evaluators’ review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme’s theory of change by the BP.

The UNFPA Namibia 6th CP (2019 -2023) is based on the following results framework presented below:

Namibia/UNFPA 6th Country Programme (2019-2023) Results Framework

<p>Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality</p>	
<p>UNFPA Thematic Areas of Programming</p>	
<p>I. Adolescents and youth</p>	<p>II. Gender equality and women’s empowerment</p>
<p>UNFPA Strategic Plan Outcomes</p>	
<p>UNFPA Strategic Plan (2018 - 2021) Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p>	<p>UNFPA Strategic Plan (2018 – 2021) Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</p>
<p>UNFPA Namibia 6th CP Outputs</p>	
<p>Output 1: Young people, particularly adolescent girls, are better equipped with knowledge and skills to make informed decisions on their reproductive health and rights. Output 2: Adolescents and young people have improved access to adolescent and youth-friendly health services.</p>	<p>Output 3. Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and empower communities to prevent gender-based violence</p>
<p>UNFPA Namibia [6th CP Intervention Areas</p>	
<p>(1) Activities planned and implemented:</p> <ul style="list-style-type: none"> ● National Youth policy reviewed and finalized ● Capacity building of member of parliament to advocate and lobby for SRHR conducted 	<p>(1) Activities planned and implemented:</p> <ul style="list-style-type: none"> ● National Gender Based Violence database reviewed, ● Minimum initial services package developed and integrated into the National Disaster Risk Management Plan,

- Life skills teachers and final year students at the University of Namibia trained on the Comprehensive Sexuality Education (CHE)
- Mapping of vulnerable Adolescent girls completed
- Menstrual Health Management incorporated into the new integrated HIV policy of the education sector.
- The National HIV and HIV workplace policy for educators reviewed and finalized.
- Strengthen the technical capabilities of the National Healthcare System within the scope of the of the ICPD reference Center for Sexual and Reproductive Health including: strengthening of the national pool procurement of Family Planning commodities, training of Health Care Workers (HCW) on the FP service provision including the long term methods, developing and dissemination of the FP guide, developing the SRHR strategy/ action plan, and procuring of the basic medical equipment and family planning commodities.
- Supporting the capacity building activities of the Namibia Statistics Agency (NSA) in preparation for 2021 Population and Housing Census
- Supported the NSA in the production the first ever of the 2021 Namibia Multidimensional Poverty Index Report
- Coordinated the inclusion of the Washington Group Questions on disability into the 2021 Census tool.

(2) Activities Implemented but not initially planned:

- **Update the national SRH protocols to include COVID-19 prevention measures,**
- **Procurement of PPE for health providers to prevent COVID-19 infections**
- **Supported the development, printing and dissemination of the Community Engagement Tool kit on the prevention of COVID-19,**

- Clinical Handbook finalized,
- Train and capacitate service providers such as the HCWs, police officers, and justice personnel in the provision of quality and coordinated SGBV prevention and responsive services.

(2) Activities Implemented but not initially planned:

- **Procurement of dignity kits for adolescents and women who migrated from Angola**

- **Support the NSA to conducting the Impact of COVID-19 on households and job tracker survey.**
- **Supported the NSA in the production of the Vital Statistics and Causes of Deaths reports.**

(3) Activities planned but not implemented:

- *Strengthen capacities of stakeholders in data coordination and promote National Strategy for Development of Statistics (NSDS).*
- *HIS tool reviewed to incorporate missing indicators.*

(3) Activities planned but not implemented:

- *Adapted social norm change strategy not developed, this is a strategy on how to engage the community on harmful practices.*

Nota Bene: “CP Intervention Areas” boxes: **In bold:** Activities that were not initially planned, yet were implemented; *in italics:* Activities that were initially planned but were not implemented.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Namibia CO, national stakeholders, and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Namibia 6th CP (2019-2023).
- ii. To broaden the evidence, base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support.
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, lifesaving support with long-term development objectives.
- iii. To provide an assessment of the role-played by the UNFPA Namibia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Namibia CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
- iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking, and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the national and subnational level interventions where UNFPA implemented interventions: Ohangwena, Zambezi, Kunene, and Omaheke regions.

Thematic Scope

The evaluation will cover the following thematic areas of the 6th CP: adolescents and youth and gender equality and women's empowerment. In addition, the evaluation will cover cross-cutting issues, such as human rights; humanitarian assistance including in the context of COVID1-19; sustainable development; gender equality; and disability and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2019-2022.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency, and sustainability.⁹² It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Namibia CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT and the HCT. Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate number of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT, where applicable.
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these examples, the country office staff is expected to develop a set of questions directly relevant to the CP under evaluation and insert them in this section. At the design phase, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Namibia CO and the ERG.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs?

⁹² The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, including those entailed by the crises triggered by the COVID-19 pandemic?

Effectiveness

3. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls and promoting reduction in gender-based violence and harmful practices; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion⁹³ in the design, implementation, and monitoring of the country programme?

Efficiency

5. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the country programme including the use of the mix of resources, procedures and implementation modalities adapted to the COVID-19 context and natural disaster such as drought?

Sustainability

6. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects in particular related to SRHR, SGBV prevention and protection and data?

Coordination

7. To what extent has the UNFPA country office provided leadership in SGBV and SRHR coordination and contributed to effective coordination, leveraging of partnerships and complementarity within the framework of the United Nations Country Team (UNCT) including to the collective response to the COVID-19 crisis?

Coverage

8. To what extent have UNFPA humanitarian interventions systematically i) reached all geographic areas in which affected populations (women, adolescents, and youth) reside and ii) reached the most vulnerable and marginalized groups (young people and women with disabilities, ethnic, religious and indigenous groups; Sex workers, LGBTQI populations, displaced people, and migrants)

Connectedness

9. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?
10. To what extent have the interventions supported by UNFPA taken into account complementarity and integration of ongoing development plans, programmes including related thematic areas from various stakeholders?

⁹³ See [Guidance on disability inclusion in UNFPA evaluations](#)

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Namibia CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Namibia 6th CP (2019 - 2023) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Namibia CO was during the period of the 6th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Namibia 6th CP (2019-2023) made.

Participatory approach

The CPE will be based on an inclusive, transparent, and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Namibia CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents, and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescents, and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The evaluation manager in the UNFPA Namibia CO has established an ERG comprised of key stakeholders of the CP, including: key CO personnel, key governmental and non-governmental counterparts at national level, Civil Society Organizations (CSOs), Organizations of Persons with Disabilities (OPDs), organizations representing youth and women, the youth team leader and SYP regional advisor, the Strategic Information Specialist for MIC Hub, the Programme Specialist for SRH/HIV and gender in ESARO, and the regional M&E adviser in UNFPA ESARO. The ERG will provide input at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. In the absence of high number of COVID-19 cases, the evaluation team is expected to collect data physically, otherwise this will be done remotely. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites, and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Namibia CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,⁹⁴ *Ethical Guidelines for Evaluation*,⁹⁵ *Code of Conduct for Evaluation in the UN System*⁹⁶, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.⁹⁷ When contracted by the UNFPA Namibia CO, the evaluators will be requested to sign the UNEG *Code of Conduct*⁹⁸ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Namibia. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed evaluation work plan and agenda for the field phase.

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

⁹⁴ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁹⁵ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁹⁶ Document available at: <http://www.unevaluation.org/document/detail/100>.

⁹⁷ Document available at: <http://www.unevaluation.org/document/detail/980>.

⁹⁸ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The evaluation manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the evaluation manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes of the final evaluation report, to enable the evaluation report's users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Namibia CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Namibia CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection and provide the rationale for the selection of the sites in the design report. The UNFPA Namibia CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and rights-holders (notably women, adolescents, and youth) and direct observation during visits to selected sites.

Secondary data will be collected through document review, primarily focusing on annual work plans, quarterly work plan progress reports, monitoring data and donor reports for projects of the CO, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), housing census and population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centers. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Namibia CO during the period of the 6th CP (2019-2023).

The evaluation team will ensure that data collected is disaggregated by sex, age, location, and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 3 weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95).
- Regular exchange with the evaluation manager at the CO.

- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG is at the end of the field phase, when the evaluation team present the emerging findings of the evaluation.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful, and timely evaluation.

7.1. Preparatory Phase (Handbook, pp.35-40)

The evaluation manager at the UNFPA Namibia CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA ESARO and in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Publication of the call for the evaluation consultancy.
- Completion of the annexes to the ToR with support of the CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2. Design Phase (Handbook, pp. 43-83)

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Namibia CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Detailed review of the theory of change underlying the CP (see Annex A). This includes an analysis of: assumptions on which the theory of change is based; contextual factors in which

the CP is implemented (how it affect activities and result); indicators of progress in achieving results; links where the causal chain seems to break or are not well established; how results are expected to be sustained after the interventions end, etc.

- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Namibia through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information). The data and information collected through the documentary review must be inserted in the evaluation matrix. The matrix is placed in a Google drive, so it is accessible to all evaluation team members and to the evaluation manager for his/her supervision and quality assurance.

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical, and feasible evaluation approach, detailed methodology and work plan.

The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA ESARO for review. The template for the design report is provided in Annex E.

7.3. Field Phase (Handbook, pp. 87 -111)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Namibia CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Namibia CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders. It will enable the evaluation team to refine the findings, which is necessary so they can then formulate their conclusions and develop credible and relevant recommendations.

7.4. Reporting Phase (Handbook, pp.115 -121)

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must perform an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the regional M&E adviser in UNFPA ESARO will subsequently review the draft evaluation report, using the same criteria (defined in the EQA grid). If

the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will perform his/her review of the draft final report against the completed evaluation matrix (to ensure that the analysis - responses to the evaluation questions - rests on credible data and information and is, in fact, evidence based). S/he will also collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to be clearly built on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA Namibia CO.

At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQA of the final evaluation report. The Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (Handbook, pp.131 -133)

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarizes the key findings, conclusions, and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Namibia CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a PowerPoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, ESARO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA Namibia CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Namibia CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the final EQA will be included in the UNFPA evaluation database.⁹⁹ The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Namibia CO website.

⁹⁹ The UNFPA evaluation database can be accessed at the following link:
<https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Namibia CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions, and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG, and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions, and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Namibia CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)¹⁰⁰ before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

<p>1. Structure and Clarity of the Report Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).</p>
<p>2. Executive Summary Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.</p>
<p>3. Design and Methodology Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)</p>
<p>4. Reliability of Data Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g., interviews and group discussions) and secondary (e.g., documents) data collected and make limitations explicit.</p>
<p>5. Analysis and Findings Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.</p>
<p>6. Validity of Conclusions Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.</p>
<p>7. Usefulness and Clarity of Recommendations Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations</p>

¹⁰⁰ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

(as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).

8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women¹⁰¹ and UNEG guidance on integrating human rights and gender perspectives in evaluation.¹⁰²

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Namibia CO, (iii) the regional M&E adviser in UNFPA ESARO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/evaluation manager; in bold: The deliverables are the responsibility of the evaluation team.

Evaluation Phases and Activities ¹⁰³	Deliverables	Dates/Duration	Handbook/CPE Management Kit
Preparatory Phase			
Preparation of letter for Government and other key stakeholders to inform them about the upcoming CPE	<i>Letter from the UNFPA Country Representative</i>	February 9 – 28	
Establishment of the evaluation reference group (ERG)		<i>February 9 – 25</i>	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	<i>February 01 - 28</i>	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist
Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	<i>January 20 – Feb 11</i>	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template

¹⁰¹ Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: <http://www.unevaluation.org/document/detail/1452>.

¹⁰² The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations is available at <http://www.uneval.org/document/detail/980>.

¹⁰³ The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

Review and approval of the ToR by the UNFPA Evaluation Office	<i>Final ToR</i>	<i>February 18 - 23</i>	
Publication of the call for the evaluation consultancy		<i>Feb 24 - March 11</i>	CPE Management Kit: Call for Evaluation Consultancy Template
Completion of the annexes to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	<i>Draft ToR annexes</i>	<i>March 01 – 18</i>	<p>Template 4: The Stakeholders Map, p. 255</p> <p>Tool 4: The Stakeholders Mapping Table, p. 166-167</p> <p>Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254</p> <p>Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165</p> <p>Template 15: Work Plan, p. 278</p> <p>CPE Management Kit: Establishing the list of UNFPA interventions (Atlas projects)</p>
Pre-selection of consultants by the CO	<i>Consultant pre-selections scorecard</i>	<i>March 11 – 18</i>	CPE Management Kit: Consultant Pre-selection Scorecard
Review and approval of the annexes to the ToR by the UNFPA Evaluation Office	<i>Final ToR annexes</i>	<i>March 18 – 25</i>	
Pre-qualification of consultants by the UNFPA Evaluation Office		<i>March 18 – 25</i>	
Recruitment of the evaluation team by the CO		<i>March 22 – 31</i>	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team and the regional M&E adviser		<i>April 01 - 08</i>	
Development of an initial communication plan by the evaluation manager (in consultation with the communication officer in the CO)	<i>Initial communication plan</i>	<i>April 01 – 08</i>	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		<i>April 01 – 22</i>	

<p>Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)</p>	<p>Draft design report</p>	<p><i>April 22 – May 31</i></p>	<p>Template 8: The Design Report for CPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
<p>Review of the draft design report by the evaluation manager and the regional M&E adviser</p>	<p><i>Consolidated feedback provided by evaluation manager to evaluation team leader</i></p>	<p><i>May 31 – June 06</i></p>	
<p>Presentation of the draft design report to the ERG for comments and feedback</p>	<p>PowerPoint presentation of the draft design report</p>	<p><i>June 17 - 24</i></p>	
<p>Revision of the draft design report and circulation of the final version to the evaluation manager for approval</p>	<p>Final design report</p>	<p><i>June 24 - 30</i></p>	
<p>Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final</p>	<p><i>Updated communication plan</i></p>	<p><i>June 30 – July 06</i></p>	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p>

stakeholder map and the evaluation work plan presented in the approved design report)			CPE Management Kit: Guidance on Strategic Communication for a CPE
Field Phase			
Inception meeting for data collection with CO staff	<i>Meeting between evaluation team/CO staff</i>	<i>July 06</i>	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant CO programme officers	<i>Meeting of evaluators/CO programme officers</i>	<i>July 06 – 13</i>	
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, document review, etc.)	Entering data/information into the evaluation matrix	<i>July 18 – August 05</i>	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	<i>August 08</i>	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	<i>August 08 -15</i>	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	Draft evaluation report	<i>August 16 – 31</i>	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	<i>September 01 – 21</i>	
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	<i>September 21 – 27</i>	

Joint development of the EQA of the final evaluation report by the evaluation manager and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i>	September 21 – 30	<p>Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276</p> <p>Tool 14: Summary Checklist for Human Rights and Gender Equality in the Evaluation Process, pp. 206-207</p> <p>Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209</p>
Circulation of the final evaluation report to the UNFPA Evaluation Office		September 30 - October 07	
Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office	<i>Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)</i>	October 07 - 21	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	September 30 – October 07	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Dissemination and Facilitation of Use Phase			
Preparation of the management response by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	October 07 - 21	Template 12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO	<i>Final communication plan</i>	October 10 – 21	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Development of the presentation on the evaluation results	PowerPoint presentation of the evaluation results	October 21 – 25	<p>Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office):</p> <p>https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf</p>
Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO	<i>Evaluation brief</i>	October 25 – 31	<p>Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office):</p> <p>https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf</p>

			It/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Announcement of CPE completion in M&E Net Community	<i>Blog post on the M&E Net Community</i>	October 31 – November 04	CPE Management Kit: Guidance on How to Blog on The CPE Process
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		October 31 - November 04	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		October 31 - November 04	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	November 14 – December 16	CPE Management Kit: Guidance on Strategic Communication for a CPE

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

11. Management of the Evaluation

The **evaluation manager** in the UNFPA Namibia CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation manager to ensure the quality, independence, and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation manager has the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
- Identify potential candidates to conduct the evaluation, complete the [Consultant Pre-selection Scorecard](#) to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).

- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools, and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Undertake quality assurance of the draft evaluation report in collaboration with the regional M&E adviser, according to the criteria specified in the EQA grid.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Prepare the EQA of the final evaluation report in collaboration with the regional M&E adviser, using the EQA grid and its explanatory note.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation manager will require support from staff of the UNFPA Namibia CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically: the initial stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP and provide input to the evaluation questions.
- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Namibia CO, ESARO, representatives of the national Government of Namibia, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g., persons with disabilities, etc.) (See Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and provide comments to the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Prepare the EQA of the final evaluation report in collaboration with the evaluation manager, using the EQA grid and its explanatory note.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 6th UNFPA CP in Namibia.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader

will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

Evaluation team member: SRHR/Adolescents and youth expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, family planning, youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation, including knowledge on population and development issues such as census, demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Namibia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as SGBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Namibia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Namibia CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

11. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes) <https://www.unfpa.org/resources/strategic-plan-2014-2017>
2. UNFPA Strategic Plan (2018-2021) (incl. annexes) <https://www.unfpa.org/strategic-plan-2018-2021>
3. UNFPA Strategic Plan (2022-2025) (incl. annexes) <https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
4. UNFPA Evaluation Policy (2019) <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
5. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019) <https://www.unfpa.org/EvaluationHandbook>
6. Relevant centralized evaluations conducted by the UNFPA Evaluation Office <https://www.unfpa.org/evaluation>

Namibia national strategies, policies and action plans [link](#)

7. National Poverty Reduction Strategy
8. National Development Plan
9. United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF)
10. Relevant national strategies and policies for each thematic area of the country programme

UNFPA Namibia CO programming documents [link](#)

11. Government of Namibia/UNFPA 6th Country Programme Document (2019-2023)
12. United Nations Common Country Analysis/Assessment (CCA)
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of the CP
16. Reports on core and non-core resources
17. CO resource mobilization strategy

UNFPA Namibia CO M&E documents [link](#)

18. CO annual results plans and reports (SIS/My Results)
19. CO quarterly monitoring reports (SIS/My Results)
20. Previous evaluation of the Government of Namibia/UNFPA 6th Country Programme (2019-2023), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other UNFPA documents [link](#)

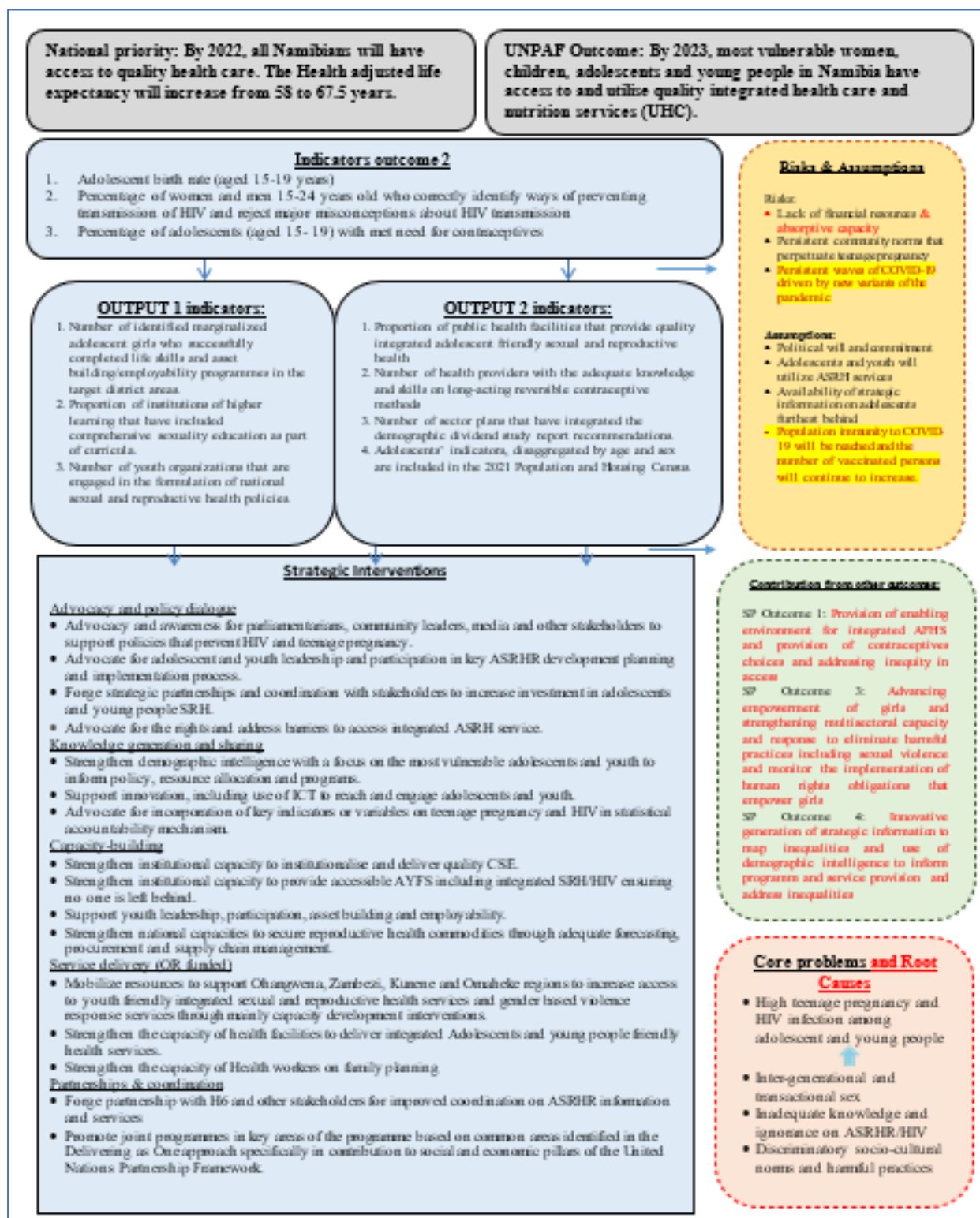
21. Implementing partner annual work plans and quarterly progress reports
22. Implementing partner assessments
23. Audit reports and spot check reports
24. Meeting agendas and minutes of joint United Nations working groups

Studies/Survey reports [link](#)

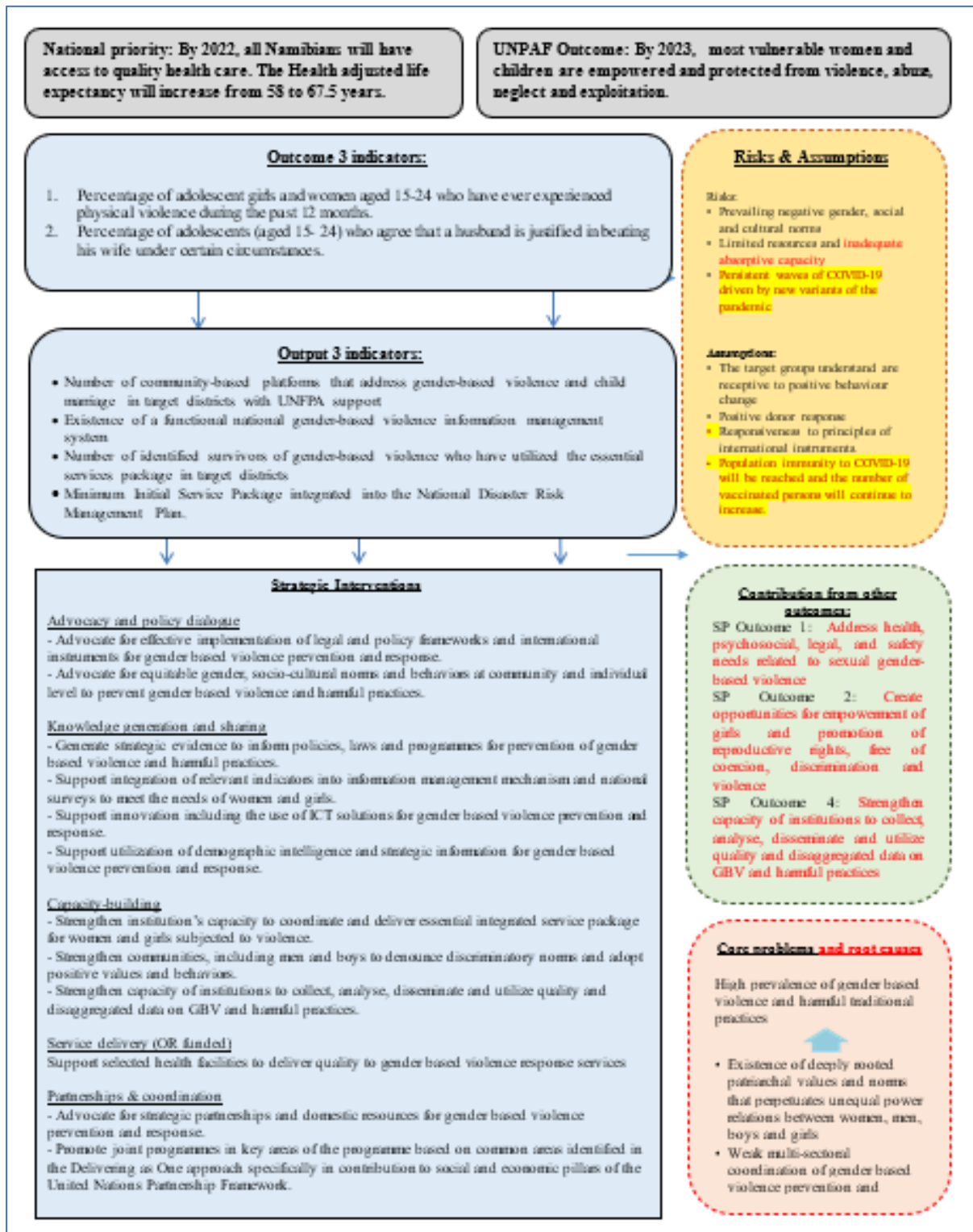
25. National survey reports
26. Reports on studies conducted in the country
27. 2011 Census report

Annex 2: Reconstructed Theory of Change for UNFPA Namibia CP6 (2019-2023)

a) Outcome 2: Adolescents and Youth



b) Outcome 3: Gender equality and women's empowerment



Annex 3: Evaluation Matrix for UNFPA Namibia CP6 (2019-2023)¹⁰⁴

RELEVANCE			
EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups¹⁰⁵ including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs.			
EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, including those entailed by the crises triggered by the COVID-19 pandemic? What was the quality of the response?			
Assumption	Indicators	Source of information	Methods and tools for data collection
The Namibia 6 th CP is adapted to the needs of the population, in particular those of marginalised and vulnerable groups, and to the changing needs in the COVID-19 context during the programming process, while retaining focus on human rights and gender equality and	<ul style="list-style-type: none"> Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Namibian population, including women and girls, and marginalized and vulnerable groups where such groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, living in camps; internally displaced persons, ethnic and religious minorities, and from remote areas, among others, prior to the programming of the CPD6 and AWP, as well as during programme implementation (responding to changing COVID-19 emergencies). The selection of target groups for UNFPA-supported interventions in the three target segment components of the programme is consistent with identified needs (as detailed in 	<ul style="list-style-type: none"> ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 6th CPD (2019-2023), COARs, UNPAF (2019-2023) and review; AWP GON/UNFPA 6th CPE National policy/strategy documents Needs assessments Surveys (including NDHS, MICS, etc.), census data, and other reports Surveys showing sex disaggregation, urban/ rural divide, regional/ geographical disparities for UNFPA's CP6 programme components (SRHR, AY¹⁰⁶, GEWE/GBV), Other relevant studies used to understand the HR and GE context, And evidence of needs assessments, alignment of CP with Namibia UNPAF 2019-2023, and national documents till 2012 for programmatic changes COVID 19 survey reports for all four pillars of UNFPA UNFPA Namibia CO staff Needs assessment studies and situation analyses (commissioned by UNFPA and external documents) Country Office Annual Reports (COARs) National Policy/ Strategy documents (Country office Assessment report 2017/18), UNCT common country assessment (CCA), UN partnership Framework (UNFPA, Namibia Integrated Resource 	<ul style="list-style-type: none"> Documentary analysis Interviews with UNFPA Namibia CO staff Interviews with implementing partners Interviews with key Government officials in line Ministries and Departments (Health; Education, Gender, Youth, National Planning Commission, Namibia Statistics agency

¹⁰⁴ The modifications to the evaluation questions proposed by the Evaluation Team are indicated in red colour.

¹⁰⁵ In asking about marginalised and vulnerable groups we mean whether specific focus was retained on persons with different abilities, ethnic and religious minorities, transgender communities, and communities residing in rural and remote areas.

¹⁰⁶ Although SRHR and PD are not as separate thematic programmes, the evaluation questions measure SRHR and PD interventions integrated within AY and GEWE (e.g., see EQ3).

<p>discrimination dimensions.</p>	<p>the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation.</p> <ul style="list-style-type: none"> ● Evidence that the programmatic interventions had flexibility to respond to changing needs. ● Extent to which the interventions planned within the AWP (across the three components of the programme) targeted women and girls, and the most vulnerable, disadvantaged, and excluded population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries. ● 	<p>Mobilization, Partnership, South-South Cooperation Plan 6TH Country Programme: 2019-2023, Reports; Census; DHS; HIS; PMTCT</p> <ul style="list-style-type: none"> ● UNFPA needs assessment documents (Country office Assessment report 2017/18) ● UNCT common country assessment (CCA) ● UN partnership Framework (UNPAF) ● Namibia Integrated Resource Mobilization, Partnership, South-South Cooperation Plan 6TH Country Programme: 2019-2023 ● Reports; Census; DHS; HIS; PMTCT ● UNFPA (2020) Needs assessment to identify protection issues in relation to women (15-49 years) and the effect of the drought on pregnant and lactating women ● Namibia National Strategy for Women, Children Adolescents’- Health and Nutrition (2018-2022) ● Fostering Integrated Reproductive, Maternal, Child, New-born and Adolescent Health and Nutrition in the context of the Sustainable Development Goals ● Medium Term Health Strategic Framework (2017-2022) ● Country Programme Document (CPD) including political review checklist ● UNFPA annual work plans ● UNFPA and Implementing Partners work plans and agreement ● UNFPA Training reports ● UNFPA and IP work plans ● Regional Multi-stakeholder Consultation to strengthen Sex Workers Programmes in Emergency/Humanitarian settings in East and Southern Africa-: 26 -28 October 2021 Virtual Meeting ● Namibia Demographic Health Survey ● NSA (2021) Multi-dimensional Poverty index report ● NSA (2016) Namibia Intercensal demographic survey ● Namibia population-based HIV impact assessment (NAMPHIA 2017) ● Ministry of Gender Equality Poverty Eradication and Social Welfare (MGEPESW) (2019) National formative study on child marriage ● Ministry of Education Arts and Culture (2019) Education statistics ● National Planning Commission (2018) towards maximising the demographic dividend in Namibia ● UN Partnership on the Rights of persons with disabilities (2020) Annual progress report; - Strengthening Integrated Systems to Promote Access to Services for Persons with Disabilities in Namibia ● 	<ul style="list-style-type: none"> ● Interviews/focus groups with final beneficiaries ● Interviews with NGOs/ Donors, including local organisations, working in the same mandate area as UNFPA
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The 6th Country Programme is informed by the previous programmes with the focus on maternal health, unmet family planning, prevention of GBV empowerment of women and girl and strengthening the utilization of data. The emphasis is on access and utilization of integrated SRH services, utilization of data in the development of evidence based national development plans, policies and programmes.

To What Extent Has the Country Office Been Able to Adapt To:

A.1 The Needs of Diverse Populations, Including the Needs of Marginalized and Vulnerable Groups Including People with Disability.

National stakeholders and CP beneficiaries thought that UNFPA support through the CP is well adapted to the needs of the target populations UNFPA has explicitly focus on the needs of diverse populations, including the needs of marginalized and vulnerable, including people with disability and reaching the hard to reach. The country programme also focuses on the refugees, vulnerable and marginalised (Hiba, San and OData & Ovazemba) in the 4 focus regions i.e., Ohangwena, Kunene, Omaheke, and Zambezi. To some extent the country office has worked with key populations organisations such as the Namibian Diverse Women's organisation and Outright Namibia as well as the National Federation of People with Disability of Namibia (NFDN) to address their needs and has employed a person with disability in the country office As expressed by key informants below.

“UNFPA is very relevant and a key partner for the MOHSS. When it comes to diverse populations, in terms of key populations UNFPA has been instrumental and is part of the steering committee for the prevention of HIV”

“The CO addresses the needs of the diverse population: Marginalized, people with disability, LGBTQ, MsM, SW, San community. Specific attention is given to key populations, sex workers, men who have sex with Men (MSM). As National Youth Council (NYC) we have started a discussion to mobilise youth from marginalized communities San, Ovazemba and Ovadhimba People with disability were provided a platform Focus on the approach “Leave no one behind with the focus on the marginalized, vulnerable, people with disability and key populations”

“Special attention is given to youth with disability”

Information collected from key informants’ interviews, focus group discussions and reports including annual reports.

A.2. National Development Strategies and Policies

Assumptions to be assessed	Indicators/Criteria	Source of information	Method and tools for data collection
Strategic interventions/programmes under the CP6 are in line with national	Evidence that CP 6 is in line with the National Development Plans (NDP5 & Haram bee prosperity plan, relevant	National Development plans 5 (NDP52017/18-2021/22 Haram bee Prosperity Plan I & II (I2016/17-2018/20; II2021-2025) Vision 2030 Sustainable development goals	Documents review Staff interviews UN Staff interviews

development strategies and policies	Government strategies and policies regarding the four focus areas.	Related National adolescent and youth, gender, and Health Information Policy/Strategy knowledge documents ICPD, SDG Report GRN Strategic Plan 2015/16-2020/2 For the Civil Registration & Vital Statistics System in Namibia	
<p>Key stakeholders and CP beneficiaries thought that UNFPA Strategic interventions/programmes under the 6th CP are in line with national development strategies and policies. This is also reflected in key documents.</p> <p>The 6th country programme is aligned to the National development plans which are: i.e;</p> <p>Vision 2030 (Long term development goal), aimed at reducing inequalities with the overall objective of creating, “A prosperous and industrialised Namibia, developed by her human resources, enjoying peace, harmony and political stability” with a supporting vision of, “Poverty is reduced to the minimum, the existing pattern of income distribution is equitable, and disparity is at the minimum</p> <p>National Develop Plan 5 (2017/18-2021/22, which is government’s 5-year plan: The NDP5 has four key goals, namely: Achieve Inclusive sustainable and Equitable Economic Growth; Build Capable and Healthy Human Resources; Ensure Sustainable Environment and Enhance Resilience; and Promote Good Governance through Effective Institution. The Social transformative pillar in the NDP recognizes gender equality, and gender-based violence as a critical element, youth, and the teenage pregnancies.</p> <p>MOHSS strategic plan (2010-2020) highlight Reproductive health, HIV, Maternal Health, and family planning,</p> <p>National Policy on sexual reproductive and Child Health (2013).</p> <p>African Union (AU) Agenda 2063 is a strategic framework for the socio-economic transformation of the continent over the next 50 years. Relevant is the goal on high standard of living, quality of life and well-being for all citizens.</p> <p>Haram bee Prosperity Plans (HPP): Haram bee Prosperity Plan’s pillars are relevant and focus on four main areas i.e. Economic Progression, Social Transformation, Environmental Sustainability and Good Governance. Relevant is the social progression the third pillar, which is the corner stone of the HPP and focus on improving the quality of life for all Namibians, including improved access to healthcare</p> <p>The country programme is developed in consultation with partners, as a key informant expressed below.</p> <p>As some key informants expressed.</p> <p>“I recall together with CSO agreement we all came together and identified activities that link to our needs - help us towards developing national development plans. We first did a national consultative meeting, unpack it at different levels at community, constituency, district, region, and national level - to make sure no one is left behind”.</p> <p>“The 6th country programme is very relevant to the national priorities in support of increase access to integrated health services, empowerment of adolescents and youth, gender equality and women’s empowerment and the utilization of data for evidence-based planning. The RH policy emphasise the importance of an integrated SRH services, HIV prevention treatment, family planning and maternal health, focus on one stop centre”.</p> <p>"Right now, we are implementing NDP5 - during NDP 3 HIV was key and now mainstreamed in other issues no longer a number one priority. Currently reviewing vision 2030, NDP5 which will inform the next plan (6) and also depends on what priorities identified in NDP6. There are some advantages already, which include to increase the voice of the youth, support vulnerable young women and children, UNFPA focus on empowerment of the youth”</p> <p>Moreover, the 6th country programme’s annual work plans with the implementing partners are approved by the government, the National planning Commission as coordinating ministries. The CO has signed</p>			

Memorandum of Understandings (MOUs) with 8 implementing partners (5 government related and 3 non-governmental organizations).

A.3 Aligned to the strategic direction and objectives of UNFPA;

Assumptions to be assessed	Indicators/Criteria	Source of information	Method and tools for data collection
<p>1. The planned interventions adequately reflect the goals of the UNFPA Strategic Plan</p> <p>2.</p>	<p>The objectives and strategies of the CP and the AWP are in line with the goals and priorities set in the UNFPA Strategic Plan</p> <p>Evidence that 6th CP is in line with the ICPD, SDGs and other international commitments</p> <p>Evidence of human rights applied in programme design and implementation</p>	<p>UNFPA programme documents (CPD, AWP, and COAR etc.)</p> <p>UNFPA strategic Pan</p> <p>UNFPA</p> <p>UNFPA Guide on Humanitarian Support</p> <p>MTR 6th CP, Assessment documents</p>	<p>1.1 Document review</p> <p>1.2 Staff interviews & relevant national staff</p>

Key stakeholders and CP beneficiaries thought that UNFPA Strategic interventions/programmes under the 6th CP are aligned to the strategic direction and objectives of UNFPA. This is also reflected in key documents.

6th country programme addresses the needs of vulnerable and the marginalized and is in line with priorities set in both UNFPA Strategic Plan and UN Development Partnership Forum (UNPAF). UNFPA Strategic Plan (SP) 2018 – 2021, whose goal is to Achieve universal access to sexual and reproductive health, realizes reproductive rights, and reduces maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by gender equality and human rights, population dynamics and development

In accordance with the strategic direction of UNFPA and in line with General Assembly resolution 70/1 on the 2030 Agenda for Sustainable Development, the strategic plan will seek to ensure that no one will be left behind and that the furthest behind will be reached first.

Implementation modalities are in line with the Paris declaration, support the concept of country ownership, including sustainability and promote south cooperation and regional intercountry cooperation.

Findings from a review of Annual Work Plans for 2019, 2020, 2021 & 2022 and the Country Office Annual Reports (COARS) 2019, noted that the goals, objectives, and key areas of focus are on 2 outcomes; a) empowerment of adolescents and young people to exercise their SRHR and, b) gender equality and women empowerment and they are relevant to achieving planned outputs and outcomes.

The CPE noted however, that the country programme does not have outcomes 1 and 4 which is increase access to Sexual Reproductive Health services (SRH) and Population and Development, however, some of the interventions implemented in outcome 2 support these 2 Outcomes.

A.4 Alignment with ICPD PoA and SDGs			
Assumptions to be assessed	Indicators	Sources of Information	Methods of data Collection
The evolving priorities set by the international and national policy frameworks were considered in UNFPA programme design (both CPD and Annual Planning and implementation (e.g., targeting/selection of beneficiaries).	Evidence that 6th CP is aligned with the ICPD, SDGs as well as other global commitments on adolescents and youth well as with the strategic direction and objectives of UNFPA and that priorities are rooted in international frameworks and agreements regarding to all four focus areas	UNFPA staff UNFPA Strategic Plan, 6th CP, CPD and CPAP UNFPA Guide on Humanitarian Support MTR 6th CP, Assessment documents UNFPA (2021) Supply chain management principles and Global Health Supply Chain Maturity Model Training & Assessment report	Interviews Document reviews
<p>Key stakeholders and CP beneficiaries thought that UNFPA Strategic interventions/programmes under the 6th CP are aligned with the ICPD PoA and SDGs. This was also reflected in key documents.</p> <p>The review and analysis of programme documents, interviews with Co office staff, as well as UN partners noted that UNFPA Namibia CO's programmes are aligned to the agenda of the International Conference on Population and Development (ICPD) and the objectives of the ICPD Programme of Action (ICPD PoA). Interviews with stakeholders relevant for the focus areas and the review of programme documents (CPD 2019-2022; COAR 2019-UN Common country assessments for Namibia UNFPA Strategic Plan 2018-2021 and UNFPA ESARO SP2022-2025 noted that the country programmes are to a greater extent adapted to the needs of adolescents and youth, women, the marginalized and vulnerable and to some extent to the needs of people with disability and key populations. As per the UNFPA strategic plan the focus is on the 3 transformational results i.e., end maternal death, reduce unmet need for family planning and the prevention of Gender based violence.</p> <p>The Country Programme is embedded in the previous country programmes and is guided by international frameworks, including the Sustainable Development Goals (SDGs,).</p> <p>The 6th country Programme is informed and aligned to the Sustainable Development Goals (SDGS) of 2017, and the CP's outputs and outcomes contribute to SDG goals i.e., 3, 5,10 and 17:</p> <p>SDG 3 Good Health and Wellbeing - ensure healthy lives and promote well-being for all ages; (output 1) which support access to integrated Sexual Reproductive Health Services) including family planning, information and education and the integration of reproductive health into national strategies and programmes, providing of comprehensive sexuality education, strengthen SRH services at institutions of higher learning; provision of integrated services.</p> <p>SDG 5 – Gender equality and empower all women and girls (outcome3: Gender Equality the empowerment of all women and girls and reproductive rights are advanced in all settings including humanitarian setting. SDG 10-Reduce inequalities (access to services by the vulnerable and marginalized and hard to reach, key population including sex workers.</p> <p>SDG 10 - Reducing inequalities and ensuring no one is left behind.</p> <p>SDG 17 – Partnership with various stakeholders, enhancing access, availability of services to all people under the banner of “leave no one behind.</p> <p>UNFPA work is guided by the United Nations Partnership Assistant Framework (2019-2023). According to a key partner:”</p> <p>“Our work with UNFPA is guided by the country programme under UNPAF, the document has outcomes that guide our programmes. The key pillars where UNFPA is having a role is health, gender, and good governance. HIV embedded outcome of health, PLHIV defined in the social protection of Namibia. UNFPA is a lead for HIV prevention and include family planning, societal dimensions like gender issues including key populations, aspect of assessing services, youth, and women. Through the health component UNFPA is leading with WHO and UNICEF to improve access to ANC, support children from birth to the whole process.</p>			

The 6th CP focuses on two outcomes 2 & 3 i.e. 2) empowerment of adolescents and youth to access sexual and reproductive health services, 3) advancement of gender equality and eradication of all forms of discrimination, violence against women and girls and harmful practices like forced marriages; The CPE was not able to get information on why the outcomes 1 and 4 were omitted i.e. 1) access and utilization of integrated sexual and reproductive health services 4) utilization of data in the development of evidence based national development plans, policies and programmes. (Annual workplans and reports & KII)

To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, including those entailed by the crises triggered by the COVID-19 pandemic? What was the quality of the response?)

Assumptions to be assessed	Indicators	Sources of information	Methods and tools of data collection
The country office has been able to adequately respond to changes that occurred in the national context.	<ul style="list-style-type: none"> - Extent to which the response was adapted to emerging needs, demands and national priorities. - Extent to which the reallocation of funds towards new activities is justified 	<ul style="list-style-type: none"> - Annual work plans 	<ul style="list-style-type: none"> - Interviews with UNFPA CO staff - Interviews and focus group discussions with beneficiaries

Key stakeholders and CP beneficiaries thought that the country office has been able to adequately respond to changes that occurred in the national context, specifically Drought and COVID-19. Similar findings were also found in documents reviewed.

The 6th country programme responded to national needs and priorities of women, girls, including those of vulnerable or marginalized communities in the humanitarian crisis contexts. The 6th country programme adjusted to changes brought about by emergencies i.e. the Drought of 2016-2017, 2018-2019 and the COVID-19 pandemic of 2020-22. The drought impacted food production, leaving a substantial number of people without adequate food, limited water supply for both agriculture crop, domestic use, and livestock. A situation that led to refugees from outside the country (mainly Angola) and internally displaced people leaving their communities in search of food in the four northern regions. The government of the Republic of Namibia declared an emergency (6 May 2019) and expanded drought relieves programmes. (KII, annual reports).

Namibia reported its first confirmed COVID-19 cases on 13 March 2020, while the country was recovering from the drought which started in 2019. As a response to COVID-19, the Government took leadership and ownership and immediately activated the National Health Emergency Coordination Committee under the Ministry of Health and Social Service, of which the UN is a member (under the leadership of WHO), and by extension UNFPA. Under the leadership of WHO as COVID-19 emergency coordinating body all the agencies were working around the Resident Office Coordinator (ROC), with UNFPA and UNICEF focusing on adolescents, young people and the provision of essential services for health, as well as with other UN agencies addressed GBV and issues affecting key populations. KII

It its attempt to contain the virus several measures were put in in place, by the government, such as compulsory wearing of face masks, sanitation, social distance, and lock down (partial and in some instance complete lock down), which had implications on the provision of services. The global and regional supply chain was greatly affected and may have contributed to high number of stock outs of family planning (injectable, pills and implants), while demand was created, there was no supply and the country saw an increase in unplanned pregnancies. KII, FGDs

The lock down imposed by government meant community members could not access critical services, the limitation of social distancing led to organizations adjusting their mode of operations. For example, instead of providing services face to face, they were offered virtually.

COVID 19 pandemic negatively impacted society at all levels, socio, economic and psychological. It affected access to food, critical health services including RH and HIV commodities. KII

During the drought of 2019, UN group (UNFPA, UNICEF and WFP) collaborated and mobilized resources (in the spirit of delivering as one), built staff capacities and provided much needed services including food to those worse affected and providing services on the ground (KII & UNFPA annual reports).

Under the 6th CP UNFPA as part of National Health emergency committee provided support to key Ministries i.e. Health, Education, Gender, Youth, Statistics agencies and CSO towards; i) Strengthening Health care systems (procuring personal of protective gears aimed at protecting providers, ensuring access to SRH especially targeting vulnerable and marginalized groups, iii) provision of contraceptives and RH commodities, iv) ensuring women and girls have access to GBV services. (KII, FGDs, reports)

The country office established and conducted emergency preparedness processes and activities to help mitigate risks in a crisis. UNFPA took several initiatives within the humanitarian crisis (drought of 2019& COVID-19) and implemented several activities. In collaboration with the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW) through the foodbank initiative, distributed food to those in need and capacitated staff and for Covid-19 provided technical and financial support to key stakeholders i.e., Ministries of; Health, Education, Gender, and Youth as well as Namibia Statistics Agencies (NSA) and CSO's. (KII, Annual reports 2019-2020)

The flexibility and adaptability of UNFPA is well expressed in the quotation below:

"UNFPA was flexible and adapted to the situation to the best of their ability. For example, they worked with SFH for the distribution of family planning using their mobile units to reach the hard-to-reach areas. "UNFPA is flexible open and when you approach them the door is open to discuss, and they provide the necessary support be it financial or technical etc."

The 6th country programme has to a great extent adapted to the needs of adolescents and youth, as reflected within the UN common country assessment the assessment of (GRN/UNFPA) 5th Country Programme 2014 –2018. The country programmes' interventions contributed to equipping young people with knowledge and skills to make informed decisions on their reproductive health and improved access to adolescent and youth friendly health services.

According to key informants, several activities were implemented in the face of COVID-19 i.e.

Addressed mental health due to COVID-19, and ensured access to the services

Peer to Peer outreach programmes:

Programme made use of young people and mobilised over 400 young people to reach other young people. Conducted outreach and educated communities, promoted the use of condoms and femidoms, distributed sanitizers, masks among community members, done in collaboration with key partners e.g., Regain Trust".

In collaboration with Ministry of education developed guidelines related to COVID-19 for schools.

In collaboration with partners (Ministry of Health and social services, Ministry of Youth, Namibia Planned Parenthood association, AfriYAN; and Regain trust) produced

#YouthAgainstCOVID-19 videos in 8 local languages including sign language in line with Leave No One Behind (LNOB). Conducted a campaign (with youth volunteers) and reached over 8000 people.

The outreach vans provided prevention, management, and treatment services related to SRH and HIV, as well as on GBV

Related activities implemented included:

Supported development, Printing, and dissemination of the Community Engagement Tool kit on the prevention of COVID

Procurement of Personal Protective Equipment (PPE) for health providers to prevent COVID-19 infections, donated to the Ministry of Health and Social Services (MoHSS). As part of the UN multi-agency supported the National COVID-19 Preparedness and Response Plan (CPRP)

Updated the National SRH protocols to include Covid19 prevention measures

Supported the NSA in the production for the Vital statistics and causes of Deaths reports.

Strengthen capacities of stakeholders in data coordination and promote National Strategy for Development of Statistics (NSDS) HIS tool reviewed to incorporate missing indicators Communication centre for COVID actively, building capacity and paying salary. as UN establishing data system brought on board new tools, new methods.

UNFPA also provided financial and technical support for the revision of the HIV National strategic framework for prevention. (KII, Annual Work Plans and Reports)

The country office prioritised access to services and ensured that there was no interruption in the supply of contraceptives and other sexual and reproductive health commodities. For example, in collaboration with Society for family Health 's (SFH) and Namibia Association for Planned Parenthood (NAPPA) mobile clinics/vans/outreach provided services to target groups especially to those hard-to-reach areas. (KII, FGDs). Moreover, dignity kits were distributed to women and girls, especially the marginalised, vulnerable, displaced and refugees from Angola. Dignity kits contain basic essential hygiene items such as hand sanitizers, face masks, underwear, t-shirt, face cloth, sanitary pad, bathing soap, toothbrush, toothpaste, body lotion, among others. Technical and financial support were provided to Government aimed at addressing essential issues of access to medicine in terms of vaccines, family planning and other commodities during COVID-19, and with key partners such as NAPPA human resource issues were strengthened. For example, NAPPA with the support of UNFPA recruited nurses and social workers during the COVID-19 pandemic. (KII, FGDs)

Under the 6th CP there is no outcome under SRHR, however, there are some interventions related to SRH under outcome 2, notable is output 2.1 on the provision of integrated AFHS services

Under the 6th CP interventions contributed and saw an increase in terms of access using outreach programmes targeting communities in far remote areas. For example, the country office in collaboration with implementing partners took commodities and essential services to the community members at their doorsteps/ certain sites but closer to the people. (KII, FGDs)

UNFPA has to some extent adapted, responded, and supported the needs of women and girls as well as vulnerable and marginalized women and girls in the promotion of gender equality and the empowerment of women and adolescent girls. The 6th country programme adjusted to changes brought about by emergencies i.e. the Drought of 2018-2019 and the COVID-19 pandemic of 2020-22. Drought of 2018/19 in southern Africa saw an influx of migrants from Angola and displaced some communities in the country. The country saw a high increase in unemployment, GBV and a substantial number of learners were not able to go back to school due to pregnancies. (KII, FGDs)

According to key partners and focus group discussions with women, girls, young men, people with disabilities and key populations community members faced the following GBV related challenges i.e., Rape, baby dumping, stabbing, grabbing, child neglect, mental health, sexual harassment, and unintended pregnancies. There were various factors that were identified as contributing factors such as poverty, social cultural norms and values including toxic masculinity.

Prior to these 2 emergencies the NSA statistics' projection for fertility was constant or saw a decrease, however, the country is observing an increase in fertility. Under the 6th CP attention has been given to the prevention of teenage pregnancies among school going girls, which is attributed to poverty as a result of COVID-19, lock down of schools with girls staying at home in challenging environments. As expressed by key informants below:

"The lock down and closure of schools had devastating consequences, not only in terms of education, but that a substantial number of girls fell pregnant during the lock down. A situation that was fueled by poverty that made girls vulnerable".

Under the 6th CP the CO implemented various activities i.e., Advocacy, capacity building and procured reproductive health commodities. For example, in 2020 in Kunene the country office partnered with the Disability Affairs within the MGECEW and distributed around 119 dignity kits to the vulnerable, marginalized and those far to reach in the region.

As one of the key informants expressed:

“We divided the kits among 7 constituencies in Opuwo targeting women as beneficiaries. Each constituency got at least 15 kits. Most of the disabled people came from Urban area. They have been helped. It was a once off support. This was also distributed to maternity waiting homes. We have been supported, we were also provided with towels and soap and Vaseline.”

During the emergencies, the country office ensured that women and girls have access to SRH and GBV prevention and response services. For example, UNFPA provided both technical and financial support towards; maternity homes (distributed dignity kits; establishment of shelters for women who are victims of Gender Based Violence, provided of psychosocial support to address mental health issues in collaboration with partners, and trained teachers in counselling to provide services to learners.

There is no outcome for the focus area Population and Development, however, the country office has implemented related activities during COVID 19 pandemic. For example, UNFPA country office provided technical and financial support to the government, through Namibia Statistics Agency for evidence-based planning during the COVID-19 pandemic, where the agency established a COVID-19 tracking dashboard, which enabled the country to present timely, quality, and realistic data.

EFFECTIVENES

EFFECTIVENESS			
EQ3:			
<i>To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services?</i>			
<i>(With a focus on comparison of intended goals, outcomes, and inputs with the actual achievements in terms of results as well as measurement of unintended results)</i>			
Assumptions to be assessed	Indicators/Criteria	Source of information	Method and tools for data collection
<p>Assumption: Quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.</p>	<p>With regard to vulnerable and marginalized populations, during CP6:</p> <ul style="list-style-type: none"> ● Evidence of change/s in policy environment at regional and national level that have markedly improved the integrated SRHR and FP information and services in the COVID-19 situation. ● Extent to which these change/s in policy environment is/are a contribution from UNFPA interventions. ● Extent to which these improvements in integrated SRH and FP information and services is/are a contribution from UNFPA interventions. <p><u>Evidence of gained political support and engagement in improving SRH and FP information and services, especially for vulnerable and marginalized populations.</u></p> <ul style="list-style-type: none"> ● Proportion of sessions where SRH and FP was discussed in respective assemblies at national and regional level. <p><u>Extent of strengthening the capacities at national and regional levels, to improve quality integrated SRH and FP information and services, during CP6:</u></p>	<p>Regarding policy environment, at national and regional levels:</p> <ul style="list-style-type: none"> ● Relevant policy documents that were revised. ● Relevant plans that were revised in response to changes in policies. ● Relevant National and Regional data sources for service and outcome indicators: <ul style="list-style-type: none"> - Namibia DHS - MICS - DHIS - UNFPA Annual Reports ● Monitoring and periodic reports produced by: <ul style="list-style-type: none"> - UNFPA - Implementation partners - Namibia CO staff - Regional staff - AWP and APRs <p>Political support and engagement</p> <ul style="list-style-type: none"> - Assembly records 	<p>Review of Relevant Documents</p> <ul style="list-style-type: none"> - Policy and planning documents - Relevant reports - Analysis of secondary data <p>Political support and engagement</p> <ul style="list-style-type: none"> - Analysis of primary data - Review of assembly records - Analysis of interviews with politicians <p>Strengthening the capacities</p> <ul style="list-style-type: none"> - Analysis of relevant reports <ul style="list-style-type: none"> ○ training reports ○ Training modules ○ Minutes of meetings

	<ul style="list-style-type: none"> ● Proportion of policy and planning level seminars / workshops / meetings on SRHR and FP information and services, that were partially or fully supported by UNFPA. ● Proportion of training events for different cadre of workforce, that were partially or fully supported by UNFPA. <p>Extent to which these <u>interventions are informed by needs and</u> interests of diverse groups of stakeholders.</p> <ul style="list-style-type: none"> ● Evidence of consultations with stakeholders during planning phase. ● Proportion of plans for which stakeholders were consulted during planning. <p>Extent to which the service delivery output / outcome indicators are improved.</p> <ul style="list-style-type: none"> ● Proportion of health facilities which have recently started offering SRHR and FP services. ● Proportion of increase in FP clients <p>Proportion of clients who are satisfied with the service delivery outlets.</p> <ul style="list-style-type: none"> ● Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. ● Extent to which data is analysed and used by national implementing partners to inform policy and strategy development. ● Effective linking of HIV, STI and RH services through the development of national guidelines, and subsequent implementation at service level, including specifically, increased multi-sectoral coordination of young people's 	<ul style="list-style-type: none"> - In depth Interviews with relevant politicians. <p>Strengthening the capacities</p> <ul style="list-style-type: none"> - Reports of Policy and planning level Seminar / workshop. - Minutes of relevant policy and planning level meetings. - Training modules, that were revised - Training modules that were produced. - Training reports. - UNFPA reports on capacity building initiatives and events. <p>Consultations with stakeholders for planning:</p> <ul style="list-style-type: none"> - Reports on planning consultations with stakeholders <p>Service delivery improvement</p> <ul style="list-style-type: none"> - DHIS - MICS - Health facilities' reports - Client satisfaction survey 	<ul style="list-style-type: none"> ○ Seminar and workshop reports <p>Stakeholder consultation</p> <ul style="list-style-type: none"> - Review of relevant consultation reports - Analysis of planning reports <p>Service delivery</p> <ul style="list-style-type: none"> - Analysis of health facilities' data - DHIS - Analysis of findings from client satisfaction survey
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	<p>issues to response to young people' needs including needs for SRH, prevention of HIV and GBV.</p>		
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The CPE noted that there is no outcome for SRHR, however, the KII indicated that UNFPA is committed to the process of integration, and is the leader in integration, motivator and have been advocating for integration. There are few interventions that relate to SRH, as part of outcomes 2; output 2: Adolescents and young people have improved access to adolescent and youth friendly health services and output indicator 2.1: Proportion of public health facilities that provide quality integrated adolescent friendly sexual and reproductive health. Kindly refer to A &Y as these issues are reported under this section.

EQ3: (continued...)			
(ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights? (With a focus on comparison of intended goals, outcomes, and inputs with the actual achievements in terms of results as well as measurement of unintended results)			
<p>Assumption: Comprehensive, gender-sensitive, high-quality Adolescent Sexual and Reproductive Health (ASRH) services are in place and accessible in underserved areas with a focus on the (varied needs of) adolescents and young people and vulnerable and marginalized groups and were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.</p>	<ul style="list-style-type: none"> • Extent to which M&E of programme achievements indicate timely meetings of outputs in the context of the COVID-19 pandemic. • The extent to which outputs in CP6 are likely to have contributed to outcome results • Evidence of youth leadership and engagement? • Extent to which Life Skills-Based Education (LSBE) is integrated and ensures international standards? • Evidence of increased government or stakeholder commitment to A&Y? • Evidence that technology was introduced and that it improved effectiveness pertaining to office activities and programme implementation. • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 	<ul style="list-style-type: none"> • M&E documentation • AWP and APRs • Relevant programme, project, and institutional reports of stakeholders • Namibia CO staff • Namibia Government, and IPs • Remote Site visits • Regional-district data (Namibia DHS, MICS, DHIS, planning and monitoring unit data) • IP partner reports • UNFPA Annual reports (2019-2022) • Health system staff and care providers • Women/service recipients in communities • National budget information • National disaggregated statistics related to reproductive health • Reproductive health strategy • Reproductive normative tools, guidelines, strategies • Final beneficiaries/members of the community (including those who use the services and those who do not) • Relevant reports (on ASRH) produced by national/international adolescents and youth organizations. 	<ul style="list-style-type: none"> • Interviews with Ministries/ departments of Health/ Planning, Women’s Development other relevant government ministries and departments, youth networks and academic institutions • Interviews with WHO and other relevant United Nations agencies • Document review • Interviews with health professionals • Interviews and focus group discussions with service users and non-users
<p>Key stakeholders and CP beneficiaries thought that the country office has been able to contribute to empowerment of adolescents and young people.</p> <p>Interviews noted that the country programmes in collaboration with key partners including parliamentarians, community leaders, civil society organisations, youth networks, media and other stakeholders supported and advocated for the implementation of policies and programmes that promote adolescents sexual and reproductive health and rights, and for increased investments to achieve the government target of 90% of youth with accurate knowledge of HIV and prevent HIV and teenage pregnancy. For example, there were high</p>			

level consultations and validation meetings for the Integrated school Health policy under the Ministry of Education, Arts and Culture and in partnership with the first lady, Parliamentarians, Ministers, and faith-based organizations advocated for the promotion of SRH and CSE. All these show evidence of political support and engagement of youth, community, and traditional leaders.

6th CP interventions contributed to equipping young people with the necessary knowledge and skills to make informed decisions. Under the 6th country programme the office collaborated with NGOs (NAPPA, Regain Trust, SFH, AfriYAN, One economy) and National Youth Council as well as the Ministry of Youth, Sport Culture and National Services, and provided technical and financial assistance towards: Adolescent friendly health Services, Capacity building programmes (SRH and GBV); development of policies and guidelines, Translation of IEC materials in braille, supported International Day of People living with disability for awareness creation. (KII, FGDs, Annual reports2020)

The country office has achieved the output 2.1 indicator on the proportion of public health facilities that provide quality integrated adolescent friendly sexual and reproductive health services, under the 6th country programme 183 facilities are providing AFHS services.

The country Office strengthened the capacity of young people and youth organizations. For example, under the 6th country programme, output1.3 the office assisted 19 youth organizations in the formulation of national sexual and reproductive health policies and supported the adolescent participation in teen clubs (club for teenagers who are living with HIV). Moreover, the office enabled adolescents and young people to carry out advocacy campaigns (condomize campaigns; youth dialogue and participating in the Namibia general assembly and spearheaded the development of the organizations' strategic plans. (KII, FGDs). Special attention was given to youth with disabilities and UNFPA provided both technical and financial support to the National Federation of People with Disability (NFPD). The CO built the capacity of the NFPD's leaders through its capacity development and leadership training. In addition, country office supported the Ministry of Youth, Sport, and National Service (MYSNS) to develop and review its youth policy and had it available in braille (KII, FGDs).

UNFPA and the UN in general has taken the issue of disability serious and have created a desk for youth disability, both UNFPA and UNDP has employed young people with disability. It was however, noted that that there is a need to ensure that documents are available also in sign language, in the spirit of leave no one behind. (KII, FGDs).

The CPE found that under the 6th country programme, young people and youth organizations have been actively engaged in the programme and played a key role in ensuring that young people were informed, educated pertaining to issues affecting them and have access to reproductive health services including commodities. For example, during the COVID-19 outbreak AfriYAN in collaboration with UNFPA and GTZ mobilized over 400 volunteers who conducted a door-to-door campaign in the region and in constituency distribute sanitizes and masks and educated communities about prevention and treatment of COVID-19. Through dialogue, UNFPA, and its implementing partners facilitated trainings and dialogues, focused on mental health, 21st century parenting, mentorship and how these issues impacted SGBV and SRH during COVID-19. Moreover, the Country programme supported teenagers who are living with HIV (teen clubs), through Directorate Special Programmes (DSP). As one of the FGDs participants expressed: *"Programmes funded by UNFPA's includes adolescents' participants in teen clubs, through special programmes. Support groups of teenagers who are living with HIV, where they are assisted by Health assistants (community health workers), who provide them with family planning and social services. UNFPA also provided support through Society of Family Health, helped with distribution of sanitation pads, addressed gender-based violence, alcohol abuse, life skills teachers.*

Interviews with stakeholders, and focus group discussions with adolescents, young women and boys and people with disability, reported that young people were empowered and that they directly and indirectly benefitted from the UNFPA support.

Few implementing partners expressed concerned about the capacity of youth organizations in their ability to produce high quality reports. For example, one youth organizations, which was tasked to conduct outreach programme, educated communities, and provided services, as a requirement were expected to produce a comprehensive report. However, experienced challenges in producing the final report.

As expressed by a key informant expressed; *“.....commissioned one of the organizations for the production of the report. We did well with the work, but what we did not do well, the organization entrusted to write the report did not produce their report as they did not have the capacity. Capacity of the group was very poor”*

Information from focus group discussions revealed mixed feelings, while many of the young people were of the opinion that they were empowered. Others questioned the concept of empowerment and were of the opinion that they were empowered before they participated in UNFPA activities. As one of the beneficiaries/partners expressed: *To empower young people they need to benefit directly, I can represent UNFPA, because I have taken time to volunteer and learn, made efforts to understand partners by myself. Often UNFPA get young people who are already empowered. Empowering young people should be defined”.*

Interviews with key stakeholders revealed that the 6th country programme takes an upstream approach, providing technical and financial support for the development of policies and guidelines and strengthening the capacity of partners. The country assisted the Ministry of youth in its development of the 3rd youth policy and funded some activities that led to the development and launching of the policy. As key stakeholders expressed below:

- *“UNFPA country office strengthened the revision and development of guidelines for long-term contraceptive. For instance, before 2019 UNFPA supported the development of guidelines as the previous FP guidelines were outdated and did not include implants”.*
- *“UNFPA Supported the training of health workers, rolled out of implants, and provided training. Also, UNFPA supported AFHS to ensure that friendly services are provided to young, supported school health programme, menstrual hygiene and also in discussion with other UN and government to address taxation on sanitary pads. Train pharmacist on proper quantification and focus on commodities”.*
- *“UNFPA has developed a tool to track all SRH related policies. UNFPA plays a critical role in the review and implementation of the HIV National strategic framework. Supported the development of youth policy and provided technical support in the development of early pregnancy policy”.*

In addition, UNFPA distributed dignity kits to the vulnerable and marginalised communities. Discussion with young people noted that they were appreciative of the services they received, however, they were also concern about the fact that some people who have the means to afford e.g., sanitary pads, were also provided dignity kits. One of the participants made the following comments:

- *“Make diligent selection and give only to those who really need the dignity kits, as some young people from better/rich houses would also receive”.*

Under the 6th CP the CO in collaboration with key stakeholders the CO developed and reviewed a number of guidelines, protocols and standards aimed at ensuring effective linkages of SRH, STI including HIV. The country office provided technical and financial support for the design, revision, and development of SRH related documents, which took an integrated approach. As listed below i.e.

- Revision of Family Planning Guidelines (2019)
- Development of National Guidelines for Review and Response to Maternal Deaths, Near Misses, Stillbirth and Neonatal Deaths 2018/19
- Guidelines and Protocols on continuity of Essential Health Services in the context of COVID-19 Pandemic – 2020
- Review of the National Condom Strategy (2020)
- Technical support during the review of National Guidelines for Antenatal Care and Positive Pregnancy Experience (2020)
- Review of the National Strategic Framework for HIV 2017/22 – 2020

- Reviewed National policy on HIV and HIV Workplace policy for the education sector and development of the school Health Policy

UNFPA has collaborated with key implementing partners and other partners; Ministry of Youth Sport and National Service, Ministry of Gender Equality Poverty and Child Welfare (MGEPCW), Civil society and NGO's such as NAPPA, Regain Trust, Society for family Health, One foundation economy with the aim of increasing access to SRH services. For example, in collaboration with Society for Family Health (with their outreach/mobile vans) the CO was able to reach the target groups in far remote areas, providing commodities and essential services, during the lock down and beyond.

Generally, all participants were of the opinion that CO has contributed to the outcome. As expressed, below:

- *"It was really effective as they have seen results of reports where the people could not get to the clinic to get them and through the mobile vans, they got the supplies that they needed. To some extent yes because we want to see a lot of young people reached with certain messages, education and we managed to go beyond the set target. In terms of access, we managed to get a lot of young people to get services". KII.*
- *"For the little time I have been here the intended outputs have been achieved. SRHR, we have services available for our adolescent and youth. The condomize campaign is well known in the country. Where we have held these activities, people are trained".*

Under the 6th country programme CO implemented SRH and mental health activities, using face to face and online. For example, one Economy held 52 B-free dialogues in all 14 regions and produced a report. (KII, FGDs).

According to key stakeholders under the 6th CP the country has seen increased stakeholders' commitment towards Adolescents and youth. As evidence from the collaboration between different stakeholders i.e., Ministry of Sport, Youth and National Services; Ministry of Education, Arts and Culture; Ministry of Gender Equality Poverty Eradication and Social Welfare; Namibia Planned Parenthood Association, AfriYAN; Namibia Federation of People with Disabilities; Society of Family Health; University of Namibia, Namibia University of Science and Technology; International University of Management as well as UN agencies.

The commitment of other stakeholders is well summarised in the quote below:

"Our work with UNFPA focus on Safeguarding young people, programme that youth receive friendly health services, that assist them to overcome challenges as they grow up as adolescents. Programmes that speak to youth friendly health services collaborated with other NGO'S, NYC; CSO; Regain Trust; NAPPA, to some extent Project Hope.

UNFPA availed resources that helped to implement mass media campaigns and strengthened stakeholders' participation. As reflected by a key informant below:

"For example, UNFPA CO in collaboration with NGOs such as National Youth Council, Regain Trust, SFH and NAPPA, UNFPA has provided support towards the establishment of youth friendly services, including outreach programmes. They have implemented the condomize campaigns and break free 2#BeFree campaign (Violence campaign to advance gender equality) in collaboration with the different organizations".

"Under the 6th CP UNFPA is collaborating with Regain Trust and implementing a EU funded project worth Euro 500 000 for a 3 year period from 2020-2023 October; Activities include the facilitation of Life skills session with adolescents and young people, parents, guardians, community leaders, church, traditional and political leaders; addressing issues of sexual Gender Based Violence (SGBV) and facilitate sessions with parents, girls and boys, convene sessions with leaders, local authorities. Assist in creating public awareness events with community, public dialogues focus on the regions `Khomas, Erongo, Omusati. UNFPA is also supporting the psychosocial support programmes, with the focus on mental health through Regain trust working with Regain Trust social workers ensuring that "leave no one behind".

Accordingly, under the 6th country programme the office has and is collaborating with different stakeholders i.e.:

- NYC: provided financial support to the National Youth council for the celebration of youth week.

“Although we do not know what is in their plans, they adjust. For example, when we work with them on youth week, they look at our proposal and they accepted it”.

- NAPPA: Provided services to young people during lockdown, including youth dialogues on SRH, engagement virtual and in person, also visited Opuwo young people living with disability.
- SFH: Used mobile vans and provided services to those who are hard to reach. Services included SRH integrated with COVID-19 messages and screening, HIV testing and treatment, PREP, PEP STI treatment
- Regain Trust: Addressed Mental health with the focus on men and boys, men in uniform - men in uniform; boys in schools; pastors; traditional leaders; male conversation labelled as perpetrators in addressing toxic masculinity

Results from interviews with key stakeholders and reviews of documents revealed that in 2019, the country was confronted with the opposition to CSE from opinion leaders mainly church, politicians, and traditional leaders. UNFPA in collaboration with other UN agencies, UNESCO and MoE elevated the issues to cabinet, which endorsed the renewal of ESA commitment 2021-2023, secured the support and led to the renaming and change from comprehensive sexuality education to Life Skills Based Health Education. *(KII, FGDs and annual reports).*

Focus group discussions with adolescents, youth and young women reported that they were to some extent satisfied with the services that they received. Young people in Ohangwena, Kunene and Zambezi found that the majority of young people received SRHR related services i.e. Health Education on SRHR, GBV, STIs, and HIV as well as testing and treatment, Prep, Pep, Family planning and General screening. This was made possible by collaboration with key partners. The participants acknowledged and appreciated the services they received through among others; MoHSS, MGECW, IntraHealth, Walvis Bay corridor Group, One economy, NAPPA and SFH.

As a key informant expressed: *“Providing services in an integrated manner without referral using ‘One stop - supermarket approach’ was found to be an effective way of providing services. It ensures that a client is seen once at a facility, they are received in a (general) room irrespective of their status, and it also contributes to the elimination of stigma”.*

The country office has achieved the output 2.1 indicator on the proportion of public health facilities that provide quality integrated adolescent friendly sexual and reproductive health services.

The support for dignity kits was appreciated as reflected in the quote below: *“When we needed pads they gave us 6 packages, depending on your menstruation times, we also received soap, they also created awareness. We received bags containing pads, panties, soap etc.”. They also created awareness among men, and they could understand the situation that women go through and that it is part of women's growth. The distribution of dignity kits was also accompanied by training, which also changed the attitude of boys towards menstruation. This was done by a few Life skills teachers, NAPPA, and the Chief medical officer”*

While beneficiaries appreciated the donation of the kits, many were of the opinion that it was a once off activity, however, menstruation comes every month!

Adolescents and young people reported that they have access to SRH services and comprehensive sexuality education, however, they were of the opinion that youth friendly health services were not available and accessible in the entire country – creating a barrier in accessing the services. In addition, adolescents and young people expressed concern about the knowledge of Life skills teachers, they were of the opinion that majority of Life skills teachers are not aware of NAPPA's services or other youth friendly organizations, as they only refer them to MoHSS facilities. The majority of the participants have a positive view of NGOs that are providing services as they were of the opinion that they were youth friendly. However, they were critical of the public health facilities, which they found not to be youth friendly, as one of the participants expressed below. *“At government facilities there is discrimination, but when it comes to the mobile clinic most of the people here're are young and friendly”.* FGD

The CPE found that the majority of programmes have an urban and peri-urban bias as services were located in the urban or peri-urban areas and failed to move beyond the main city in many of the rural areas, including Windhoek. Key informants were of the opinion that the upstream approach of UNFPA may have contributed to limited attention at regional level.

Information from focus group discussions in all 4 regions noted that young people may have access to youth friendly health services, this was more so with the NAPPA clinics, and to a lesser extent in the public sector. Participants indicated that NAPPA services are offered far away from the communities or schools e.g., at the hospital (Kunene), at youth center (Eenhana), in town – Katima Mulilo and also in town in Windhoek, consequently not reachable by majority of young people. Key informants also confirmed that NAPPA has a limited geographic coverage for example, they are in Windhoek, Ohangwena, Kavango East and Zambezi, mostly in urban and or peri-urban areas.

In its attempt to address geographical challenges and increase access to reproductive health services for the vulnerable and marginalized women, the country office supported maternity waiting homes which are under the care/ownership of Ministry of local Government and Housing. However, Maternity waiting homes visited experienced few challenges i.e., lack educational materials or programmes, inability to support pregnant mothers with food, clothing, or finances, in some waiting homes the person responsible for the home expressed concern for pregnant mothers, especially those from marginalized communities who turned up with no food or not even clothing for the baby to be born. In addition, the matrons were not provided with communication funds, as the responsibility of calling an ambulance to take the pregnant women from the waiting home to the hospital was left up to the matron.

- **Challenges and opportunities.**

The country has experienced a stockout of key medicines, including contraceptives, during the implementation of the 6th country programme. All interviews with key stakeholders, beneficiaries and documents reviewed revealed that since 2019 the country has experienced stockout of family planning commodities in all regions. As a key informant expressed - *“One of the challenges that has been facing the country is the issue of unmet need for family planning, mainly due to stock out country widely. Consequently, as an agent responsible for reproductive health under SRHR UNFPA has been procuring reproductive health commodities.*

There is evidence that the country has made some progress and that the CO has contributed to this outcome. For example, the country has seen a reduction in new infection among young people, among those 15-24 years, not dismissing the fact that there are issues of intergenerational relationships that are fueled by poverty and male attitude/masculinity. The country has seen a decrease in infection among women since 2019, with less than 200 infections in 2019 a fall from 1900 or 20% reduction. On the other hand, the drought of 2019 and COVID-19 has led to a regress in those achievements, for example the country reported in 2021 a rise in teenage pregnancies during the first lock down. As expressed by a key informant:

“Results have been achieved to some extent, from the initial stage, programme was moving very well, however COVID-19 reversed some gains. The closure of school, meant that, young people were left exposed in disintegrated communities, exposed them GBV and unprotected sex”

A number of factors have been identified as having contributed to this situation i.e., transport and supply chain issues that disrupted the availability of commodities, cultural factors where young girls who were in the community were exposed and being vulnerable (*KII, FGDs, annual reports*).

Focus Group discussions with young girls and women confirmed the stockout of Reproductive health commodities at public facilities and the inability of community members to procure contraceptives at private pharmacies. For example, majority of beneficiaries who participated in the discussions expressed concerned with the lack of contraceptives country wide. Nearly all of them have been referred to a private pharmacy for the procurement of contraceptives, which was found to be expensive and out of reach for many of the women who needed them. Below are some of the expressions from the beneficiaries:

- *“The Depo Provera was out of stock I needed to go for a second round but was out of stock. Many people visited the clinic, but they are referred to the pharmacy but because of financial constraint they could not use it”:*
- *“In my case first I got the contraceptives, and later for follow up have visited the health facility 4 times, and every time there was stock out. The last time I got a prescription to go to a pharmacy to go and buy, but i decided just to be at home – no money to buy” (FGD*
 - *“They give injections, pills implant, but the people are many and the commodities are not sufficient. Implants have been out of stock for months”.*

Results from interviews and documents reviewed noted that UNFPA has and continue to play a key role in ensuring the continuation of sexual and reproductive health services and interventions including advocating for supply of modern contraceptives and reproductive health commodities. Under the 6th CP the office introduced long term contraceptives, notable implants, which were not available in the public facilities. Information in atlas noted in 2020, the country office procured supplies and commodities at the cost of 181988,75 representing 100 % of the expense rate. In addition, the country office conducted training for pharmacists in Supply chain management principles and Global Health Supply Chain Maturity Model Training.

The evaluation could not verify how commodities were distributed and whether regions with the highest unplanned pregnancies, as the case in Ohangwena and Kavango East and West were prioritized. As one of the key informants expressed: *“Commodities come in and sent them to central medical store, who distribute them, and often it is not clear how the commodities are distributed”*

According to key interviews with UNFPA CO Staff, and key informant despite the trainings, procurement of the commodities the country still experienced stock out of contraceptives, which is further complicated by the government procurement process of using third parties.

Interviews with key stakeholders revealed that there are a number of factors that have contributed to the stock out and it is largely due to inadequate staff capacity, especially in forecasting and quantification at national and sub regional levels. It was also noted that the lack of capacity at the Central Medical Store has led to inequality and inequity in access to medicine, vaccines, and commodities.

Very few interventions responded to the Output1: 1.1. Number of identified marginalized adolescents' girls who successfully completed life skills and asset building employability. The CPE noted that 4379 marginalized adolescent girls have successfully completed life skills and employability programmes. It was also reported that output 1.2 proportion of institutions of higher learning that have included comprehensive sexuality education (CSE) as part of curricula, was not achieved. UNFPA country office collaborated with key partners Ministry of Education, Arts and Culture and UNCESO, strengthened the capacity of teachers in empowering adolescents and young people, including the delivery of the subject.

The country office with partners conducted CSE training for teachers both in service and pre-service. For example, conducted training for 4th year (final year students’ teachers at institutions of higher learning (KII, FGDs and annual reports). Focus Group discussion with Life skills teachers in the respective regions provided mixed results. In one region, teachers had been capacitated, in another region none of the teachers had attended any Life skills programme the past 2 years. For example, Life skills teachers confirmed attending a 5-day training in psychology and counselling. The training was found to be helpful, relevant, and strengthened their capacity in providing/teaching sexuality education and providing counselling. As one of them expressed below`.

- *“This training is very important, as Life skills teachers we teach learners who are mothers and also partners”.*

Participants appreciated the training; however, they indicated that more need to be done in terms of continuation of training, time allocated to the training and the need for support materials including basic information on CSE

Moreover, in 2021 UNFPA supported Namibia University of Science and Technology (NUST) and assisted them with materials on sexual reproductive health, sponsored a number of contraceptives and offer training to health professionals at the clinic and currently supporting the review and development of NUST's HIV policy using an integrating approach.

The CPE noted that the country office takes an upstream approach and the interventions in the focus area of Adolescents and Young people are mainly implemented through the Ministry of Youth Sport and National Service (MYSNSC), which was identified as a strength, because it is having structures in all 14 regions. Moreover, its key affiliates the National Youth Council has the mandate of coordinating all youth organizations in the country, was seen as an advantage. However, the evaluation found that there were limited programmes at regional level, and also limited collaboration between NYC and MYSNSC (KII, FGDs and annual reports).

Information from key informants

- *"Priorities and strategies would not speak much on that. NYC is not a direct implementing partner through the Ministry of Youth. We used to be called to planning meetings but have not attended the events in the past 4 years - not sure what has happened."*

Covid-19 affected face to face classes and while many of the subjects were offered online, this was not the case for Comprehensive Sexuality Education/Life skills-based education/training. This was partly because of the status of Life skills, which is not an examinable subject. (KII, FGDs and annual reports).

During a focus group discussion with teachers, they expressed commitment towards providing comprehensive sexuality education, and the willingness to offer support to their students. However, they highlighted a number of challenges i.e;

- Limited infrastructure: no privacy to counsel learners, as many schools do not have a separate / private room. *On the one hand you are required to provide counselling, but there is no place to meet with individual students.*
- Economic challenges: some students will be on menstruation, and they do not have sanitary pads. As one of the teachers expressed below: *"Talking-to the children about menstruation without providing sanitary pads - does not help. As women and Life skills teachers we found ourselves taking care of the girls and using our own funds to procure sanitary pads. This is also made worse by the school budget. For example, you submit this item, and every time is cut out as what they receive is very little. they will focus on printing exam paper or fixing machines"*

Interviews revealed that teachers at secondary school felt helpless and were of the opinion that the content of the CSE has some shortcomings as it does not seem to be effective. Teachers expressed concern about the high number of teenage pregnancies among grade 10 learners. As one of them expressed below:

- *"We have pregnancy as a topic in Life skills, not even on prevention. The Life skills content book curriculum Grade 10 stages of pregnancy, not focusing on prevention....., when we are teaching what is in the book, 'As a teacher I share with them the reality. Now that we admit grade 10 learners, we have high teenage pregnancy rates in our schools. They are already sexually active and most of them when they come, they are already pregnant. Our school recorded over 20 pregnant learners in one year"*.

While several CSE training courses have been conducted, the findings revealed that the focus has been on in-service training and not so much on the pre-service training. Moreover, the evaluation also found in some regions some teachers (tasked with Life skills) have not attended any training on Life Skills Based Health education. This was in contrast to the response from a key stakeholder who indicated that under the Ministry of education there are strategies in place to capacitate the life skills teachers in all 14 regions on an annual basis, and this is also reflected in the annual workplans supported by UNFPA teachers. For example, provision has been made as per the ESA commitments and systems are strengthened at all levels i.e., national, and regional taskforce, tasked with the responsibility of coordinating and planning. (KII, FGDs and annual reports).

EQ3: (continued...)

iii) advancement of gender equality and the empowerment of all women and girls and promoting reduction in gender-based violence and harmful practices?

(With a focus on comparison of intended goals, outcomes, and inputs with the actual achievements in terms of results as well as measurement of unintended results)

<p>Assumption 1: National priority of government and other institutions on gender equality, women’s empowerment and Gender Based Violence (GE WE and GBV) was demonstrably increased, law and legislative framework and policy environment for it was improved, and institutional capacities and systems were strengthened, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.</p> <p>Assumption 2: Technical capacity of national institutions, Women Commissions and NGOs related to GE, WE and GBV needed to be increased.</p>	<ul style="list-style-type: none"> ● Advocacy/Coordination Committees on GEWE & GBV established/ strengthened and functioning. ● Number of lobbying initiatives/ coaching meetings held by UNFPA country office with Parliamentarians and Women’s Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation ● Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Commissions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV ● Evidence of participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level. ● Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GEWE & GBV laws and policies ● Evidence of gender focal points in national and regional institutions, IPs and NGOS trained on GE, WE and GBV ● Evidence of technical assistance provided to strengthen relevant national and regional institutions, government departments, IPs, and NGOs to effectively implement programmes on GEWE & GBV ● Evidence of establishing and strengthening gender-based violence response services and elimination of harmful practices including child marriage. ● Evidence of focus in programmatic interventions was retained on inclusiveness and diversity where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include women, adolescents, and children; women exposed to gender-based violence; poverty, out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas, based on socio-economic and geographical dimensions. 	<ul style="list-style-type: none"> ● UNFPA gender focal point and/or team working on GEWE & GBV and Namibia CO staff ● Relevant UN, national and regional institutions, IPs and NGOS working in GE, WE and GBV, as well as catering to marginalized and vulnerable segments of the community, as below: <ul style="list-style-type: none"> ➢ Relevant Government departments like Law/ legal Affairs Department, Social Welfare, Women’s Development, among others. ➢ Relevant NGOs ➢ Relevant implementing partners ● Documents for analysis: <ul style="list-style-type: none"> - M&E documentation - UNFPA Annual reports (2019-2022) and Namibia 6th CPD - AWP and APRs - M& E reports - Relevant programme, project, and institutional reports of stakeholders - IP partner reports ● Documents for analysis and legal analytical review of national documents/ laws: 	<ul style="list-style-type: none"> ● Documentary analysis appearing under Sources of Information, e.g.: <ul style="list-style-type: none"> - Namibia 6th CPD etc - National policies/ strategic documents and laws pertaining to AoR. ● Interviews with all those appearing under Sources of Information, which includes relevant UN, donors, national and regional institutions, IPs and NGOS working in GE, WE and GBV ● Focus Group Discussion with those listed above ie with diverse groups
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	<ul style="list-style-type: none"> ● Number of people with different abilities provided information, access, service, or other facilities for SHR/GBV1 ● Evidence that UNFPA supported interventions targeted on the elimination of barriers to access (e.g., social, economic, legal, location, language, cultural) to SRHR and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents, and youth, and those listed above), particularly those within groups that are furthest behind. ● Evidence that skills acquired are being used at work by stakeholders trained under CP6. ● Evidence that technology was introduced and that it improved effectiveness pertaining to office activities and program implementation. ● Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 	<ul style="list-style-type: none"> - National policies/ strategic documents such as, the United Nations SDG Framework for Namibia 2019-2023, and other National policy/strategy documents pertaining to AoR. including National surveys on GEWE & GBV, Namibia DHS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc. - National / regional laws and legal framework for its implementation for conducting legal analytical review. 	<p>of organizations, including donors and implementing partners, on supporting national capacity for prioritizing GEWE and GBV and catering to marginalized and vulnerable segments of the community</p> <ul style="list-style-type: none"> ● and beneficiaries if possible.
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Key stakeholders and CP beneficiaries thought that the country office has to some extent contributed to the advancement of gender equality and the empowerment of all women and girls and promoted for the reduction in gender-based violence and harmful practices.

There is only one outcome and one output indicator under this focus area i.e., Outcome 3: Gender Equality and Women's Empowerment; Output 3: Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and empower communities to prevent gender-based violence. According to interviews with key stakeholders UNFPA advocacy and capacity building support has assisted in ensuring that gender issues are prominent and appropriately integrated into national development instruments and sector policy frameworks.

The CO has collaborated with key partners i.e., Ministry of Gender Equality Poverty Eradication and Social Welfare (MGEPESW), Namibian Parliament, NGOs such as NAPPA, SFH, Regain Trust and with One economy and activities included campaigns on tv and radio, condomize campaigns, outreach programmes providing services and health education on related subjects. In partnership with the national assembly the country office strengthened the capacity of members of parliament and staff on Gender, SRHR, HIV and AIDS. In collaboration with First lady's One Economy under the Break free, trainings and dialogues (on mental health, ICT, COVID-19, and their impact on SGBV and SRH of young people) were held with in and out of school adolescents and young people (KII, annual reports).

The country office with partners supported communities over (37) who developed advocacy platforms to eliminate gender and social cultural norms that affect women and girls. For example, through #Befree dialogue with young people, service provider, influential leaders, refugees, marginalized group, people with disabilities, people living with HIV sex workers and LGBTO communities resulted in 496 beneficiaries receiving essential services.

Through Break-free platforms focusing on SGBV including mental health prevention the country office reached over 1667 direct beneficiaries and over 2053 indirect young people and GBV survivors. In 2020 the country office reached 408,00 community members with messages on GBV and COVID 19 prevention and response through social media. Moreover, NAPPA has implemented Pajama' night at UNAM, where they brought young girls together with the focus on empowering them and discussed issues related to SRH and GBV, facilitated by asocial workers and psychologists and the activities were supported by UNFPA, UNESCO and UNAM. (KII, FGDs, annual reports).

The CO, in collaboration with NGOs such as NAPPA, SFH, AfriYAN, has implemented several activities as stakeholders expressed below:

- *"We had campaigns on radios, TV and in the community to give information and awareness around GBVs, tensions around the house, the poverty and reduction of poverty increased the cases of GBV in our communities.*
- *"Empowerment of young people & adolescents: the outreach vans which was combined with condomize campaigns - vans do not only provide services, but they do give health education, awareness session where they give information on HIV, SRH, gender issues.*
- *Commemoration of international women's day and 16 days of activism against violence against women and girls; done in collaboration with `ministry of Gender Equality and child. Welfare*

Under the 6th country programme, the office assisted government with International Human rights instruments, tracking progress on CEDAW, conducting Universal periodic reviews, translating recommendations and actions in local languages and use them for creating awareness (KII and UNFPA annual reports). For example, in 2020 the office assisted the country in rectifying the convention on the rights of people with disabilities.

In collaboration with UNICEF, UNODC and Office of the Prime Minister supported the development of the National Gender data base programmes engaging 3 towns i.e., Windhoek, Gobabis, Rehoboth (NAMPOL), which is aimed at improving case management services and reporting including coordination between various service providers.

As part of its capacity building programme the office trained 83 GBV multispectral service providers (doctors, social workers, policy, and legal officers) on essential service package of GBV and 112 health managers and service providers were trained on the clinical management IPV and SV (UNFPA CO annual report 2020). Moreover, the country office collaborated with SADC-PF and UNCESCO capacitated members of National assembly, civil organisations, and government ministries and parliamentarians on sexual reproductive health and rights and Life skills Based HIV and Health Education and /Gender as well as police officers in psychosocial support.

UNFPA capacitated 35 parliamentarians and their staff in gender, including equality, mainstreaming, and budgeting. However, some key informants expressed concern, they were of the opinion that the training is once off training and parliamentarians served a limited time in the parliament, and not able to transfer knowledge to the next person. They also reported that although there are parliamentarians with disabilities, who could be the voice of the group, that this group is not quite empowered and while they are present, they are often silent and have not made significant contribution.

The country office supported the development of a GBV manual targeting health care workers, police, and social workers

The CPE noted that although under output 1, the country office was expected to strengthen institutions to deliver GBV response services, there was limited interventions addressing this output.

Under the 6th country programme, the office provided a number of services on GBV including working with people with disabilities and distributed dignity kits to those in need (KII, FGDs and annual reports). UNFPA country office supported the Ministry of Gender Equality Poverty Eradication and Social Welfare with the establishment of shelters for victims of GBV and strengthened the capacity of providers, health, and law enforcement officers. For example, supported the training of health workers in clinical care of rape and or GBV victims, procured and provided dignity kits to women in shelters. The country office strengthened the capacity of Namibia Police by strengthening their data system and building their capacity in providing psychosocial support to victims and ensuring that there is a functional national gender-based violence information system (KII, FGDs and annual reports).

Documents reviewed and interviews with UN staff noted that UNFPA country office is an active member of GEWE and GBV working groups at national level. For example, UNFPA is the lead agency in the UN gender thematic areas and the CO staff is part of the technical committee, Ministry of Gender, and Human Rights Gender Cluster, which is the umbrella body and chaired by the deputy executive officer MGPESW and the body consist of all sectors, government, CSO and development partners (KII, FGDs and annual reports).

UNFPA is responsive to emerging new initiatives. For example, UNFPA was able to accommodate an urgent request from the IPs to support the national 16 days Activism against GBV and provided financial support for the participation of Namibian Diverse Women Association in a conference on 'Commission on the Status of Women (CWS) in New York.

The CPE noted that a substantial number of participants were of the opinion that they could not give input on this outcome, as they thought that there were still issues with how health providers deal with GBV at health facilities. Focus group discussions with beneficiaries revealed that some progress has been made toward gender equality, however, challenges remain, as women still experience gender-based violence, rape, and child marriages. They blame this issue to *culture and alcohol abuse*. In addition, beneficiaries reported that children's rights are being violated, many of the young girls in (Ohangwena) are impregnated by taxi drivers, cattle herders, and non-Namibians. In Kunene it was noted that migrants (illegal) migrants especially from Angola are being abused by the Namibians and given their (illegal status) they often do not report.

Interviews and discussions also noted that there was little interest in the boy child, with majority of the programmes focusing on women and girls, despite the fact that the main perpetrators of GBV are men and there were very few programmes targeting the needs of men. As one of the beneficiaries expressed during a focus group discussion:

- *"Men are the main perpetrators of gender-based violence, and there are no programmes to empower/educate them. Educate the young girl and women and leaving the boy child behind.*
- *"Gender Equality - It remains a challenge, i am often asked where the Boy child is. The focus is too much on the girl child and leaving the boy child behind.*

Moreover, CPE noted that majority of gender related interventions focus on social issues but failing to address entrepreneur skills given the high unemployment rate among young people (estimated over 40%). This was well expressed by a key informant below:

- *"Programmes lean more on the social aspect of life, especially of young girl. There is an aspect that is coming out that is the aspect of economic, entrepreneurial part of development. Economic challenges - lead to risky sexual behaviors. If we address the economic challenges, we are likely to mitigate the factors that make them vulnerable*

EQ3: (continued...)

iv) increased use of population data in the development of evidence-based national development plans, policies, and programmes?

(With a focus on comparison of intended goals, outcomes, and inputs with the actual achievements in terms of results as well as measurement of unintended results)

<p>Assumption: UNFPA's support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different beneficiaries especially those furthest behind and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results.</p>	<ul style="list-style-type: none"> ● Extent to which M&E of programme achievements indicate timely meetings of outputs ● The extent to which outputs in CP6 are likely to have contributed to outcome results ● Intervention districts have higher (comparison from baseline) ● Evidence that data in planning and monitoring frameworks, at the national/provincial/ UNFPA office level is disaggregated by different dimensions reflecting a variety of beneficiaries/ participants, including those furthest behind. ● Evidence of data before it was improved along disaggregation lines. ● Extent to which the LNOB approach was integrated into national data systems? ● Extent to which the evidence generated by UNFPA, or other stakeholders was used in policies, programming etc. ● Extent to which UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of disaggregated (by, inter alia, gender, disability, age, location, class/caste) demographic and socio-economic information and data, in the evidence-based development and implementation of plans, programmes and policies. 	<ul style="list-style-type: none"> ● M&E documentation ● AWP and APRs ● Relevant programme, project, and institutional reports of stakeholders ● Namibia CO staff ● GON, and IPs ● Remote Site visits ● Provincial-district data (NDHS 2013, MICS, DHIS, planning and monitoring units' data) ● IP partner reports ● UNFPA Annual reports (2019-2022) ● UNFPA monitoring framework ● P& D Government departments ● Population Planning Departments ● Namibia Statistics Agency and other provincial statistics offices ● M&E frameworks of departments/ organisations where data was improved. 	<ul style="list-style-type: none"> ● Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data. ● Commissions; Population Council; academic centres ● Interviews with relevant staff from M&E and planning cells of the line departments and organisations
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	<ul style="list-style-type: none"> • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 		
<p>Key stakeholders and CP beneficiaries thought that the country office has increased use of population data in the development of evidence-based national development plans, policies, and programmes</p> <p>Under the 6th country there is no explicit outcome/output on Population and data. The country office has, however, provided support to NSA in ensuring that data on disability and disaggregated data of adolescents and young people is integrated in the survey tools. This is reflected in outcome 2; output 2 indicator 2.4 and indicator 2.3; Adolescent's indicators, disaggregated by age and sex are included in the 2021 Population and Housing Census. As well as indicator 2.3 on the number of sector plans that have been integrated demographic dividend study report (<i>KII, annual reports</i>).</p> <p>Results from interviews conducted with stakeholders and review of program documents (NSA 2015, strategic plan 2015/2016-2020/2021 for the civil registration & vital statistics systems, Namibia statistics policy, Namibia Intercensal Demographic survey, NSA strategic plan 2017/2018-2021/2022) noted that as part of the Population and Development focus area, the 6th country programme has taken into consideration the needs of the marginalised and the vulnerable people including those with a disability.</p> <p>The CO has and continue to provide support towards the availability of accurate and disaggregated data as well as the in-depth analysis of the available data. UNFPA supported the NSA in capacity building, administrative and technological support. For example, the country office provided technical and financial support for the development of indicators of people with a disability, using Washington Group set of questions on disability. The Multi-dimensional Poverty index has elements that include adolescents and youth with a disability, and efforts were made to include adolescents' indicators disaggregated by sex and age in the Population and Housing Census planned for 2021. The office supported the Namibia Statistics Agency (NSA) in preparation for 2021 Population and Housing Census (from the design up to the preparatory face). Moreover, country office supported the recruitment of a consultant for the post enumeration survey for quality assessment, who in turn capacitated the staff. For example, after the training the NSA staff conducted the quality assessment pilot survey in 2021 themselves (<i>KII, annual reports</i>).</p> <p>Historically UNFPA supported the Population and Housing census which was scheduled for both 2021 & 2022. Although the Country Office supported the design, planning and preparation of the housing census, its implementation was halted due to financial challenges, government did not have adequate funds as most of the funds were redirected towards the needs created by COVID-19.</p> <p>Under the 6th CP Officers were trained in development of questionnaires, tool testing, conducted post enumeration survey which ensure the continuity of the activity and ownership by government. This is well supported by quotes from key informants:</p> <ul style="list-style-type: none"> • <i>“UNFPA supported the recruitment of a consultant for post enumeration survey aimed at checking the quality of the assessment. This consultant was able to provide the capacity. With the support from UNFA the team was capacitated and after the survey last year, they were able to assess the quality of the survey themselves. I feel comfortable and confidence that we can do it ourselves. in that regard the capacity has been build’</i> 			

- *UNFPA has been integral in having us influenced the census questions, what kind of data we want to collect. One of our goals was that the census and enumerators will have the capacity to ask specific questions on disability following the Washington group of questions. There was a great deal to ensure that that we collect the right data. UNFPA did a good job, that this question on disability has been integrated. As a result of using the indicator on disability we may know how many people have a form of disability as a child, young person, or young women/men”.*
- *“UNFPA is the only international donor that has played a continuing an active role in resourcing activities designed to extend the use of data on population and development issues*

Other interventions supported by UNFPA included the Development of National Strategy for the development of Statistics, and support towards GBV data as well as the creation of COVID-19 dashboard.

Results from interviews with key informants and review of documents noted lack of key data as a result of the absence of the National Development Plan 6, which is a follow up of NDP 5 which lapsed March 2022, as well as the Population and housing census that was conducted 10 years ago. Key stakeholders expressed concern for the lack of updated data. As expressed by a key informant below:

“The last census was done 10 years ago, and the country is schedule to implement NDP6 which should inform the next country Programme. In the absence of NDP 6, the next country programme shall be informed by the HPP II and administrative data from relevant ministries and related surveys”.

The country office has capacitated NAMPOL and strengthened their ability to report on GBV, however, the system is not electronic, neither is it linked to other systems. According to key stakeholders, this has led to a delay in timely data reporting. For example, to report on GBV stakeholders are required to get latest data from NAMPOL, who struggled to provide data in a timely manner. According to some key informants it sometimes takes more than 3 months to get data. This is partly because the data is manual a fragmented systems and not linked to any other system, making it difficult to produce and disseminate data in timely manner. (KII).

Key informants were of the opinion that while NSA with the support of UNFPA produced data, there is a need to strengthen the utilization of the data. There is a need to create awareness, train and provide technical support to relevant institutions in how they should utilize data. According to a key stakeholder:

- *“UNFPA’s role with NSA is to develop data but people are not using it. NSA need to collaborate with MOHSS to shed light on decision making, they need support on how to analyse/strengthen the utilisation of data for evidence-based planning”..*

**EQ4:
To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the country programme?**

<p>Assumption: The programming for CP6 in SRHR, Gender and Women’s Empowerment, Adolescents and Youth and Population Data, is gender sensitive and human rights-friendly: The most vulnerable population groups, including youth, marginalised groups, migrants, key population, refugees, and host communities are getting involved in supported interventions.</p>	<ul style="list-style-type: none"> ● Evidence of increased quantity of women’s protection services ● Evidence of increased quality of women’s protection services through strengthening of the referral network and integration of GBV prevention and response in service provision including equipment and quality of venues, recruitment of experts, service quality and speed, etc. ● Existence of programmes involving men and young people for combating GBV ● Evidence of effective monitoring of the National Action Plan on Domestic Violence ● Evidence-based on young people’s perception about GBV developed ● A gender sensitive curriculum developed in partnership with CSOs. 	<ul style="list-style-type: none"> ● 6th CP/ CPAP and Strategic Plans ● CAWPs ● National policy/strategy documents ● Needs assessment studies ● Programme evaluations ● Implementing partners and beneficiaries. 	<ul style="list-style-type: none"> ● Documentary analysis ● Data analysis ● Interviews with UNFPA Namibia CO staff ● Interviews with implementing partners ● Interviews/ Focus groups with beneficiaries
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Key stakeholders and CP beneficiaries thought that UNFPA’s interventions take a gender and human rights-based approach in accordance with country’s human rights obligations and other commitments under internationally agreed conventions and treaties.

The 6th country programme was designed with rights-based approach and align with the UN recommended Principles and guidelines on human rights. According to all implementing partners, human rights approach is the guiding principles and that UNFPA interventions have integrated gender and human rights perspectives in the design, implementation and monitoring. The CPE noted an increase in services from the protection of women, especially victims of GBV, as well as access to services (SRH, HIV, GBV) by adolescents, young people, vulnerable, marginalized, key populations migrants and refugees.

Results from interviews revealed that with the support of UNFPA the country has worked and rectified various laws to ensure that gender issues are addressed. For example, working with the Ministry of Justice in addressing the sodomy law.

Review of documents and information from Key informants reported of an increase in reporting on Gender Based Violence, which is accredited to the existence of a functional gender-based violence information management system for the police. For example, in 2020 UNFPA reported that 37389 survivors of gender-based violence have utilized essential services package (including health, police, police, and psychosocial support. A number that exceeded the original target of 250.

Results from interviews and focus group discussions with beneficiaries revealed that adolescents and young people are engaged in the prevention of Gender Based Violence, and it was expected that their perceptions about GBV would have changed. However, no study has been conducted to confirm changes in young people’s perception of GBV.

According to key informants the CO office in collaboration with the Ministry of Gender Equality, Poverty Eradication and Social Welfare have strengthened the capacity of health providers, social workers, police and teachers in gender and Gender Based Violence.

While gender and human rights are integrated in all the interventions, challenges still remain. Informants noted the contradictory laws, for example a 12-year-old girl can access family planning and 14 years old can have an HIV test, however, to consent for sex, one needs to be 16 years or older. It is considered statutory rape if someone older than 3 years old has sex with a 16-year-old girl it is statutory rape. The CPE noted invisibility of key populations in legal frameworks and there is still no policy acknowledging sex workers. According to key informants, while there are no explicit policies discriminating against key populations, there are social, and cultural norms and values that do.

EFFICIENCY			
EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, including technology, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the country programme including the use of the mix of resources, procedures and implementation modalities adapted to the COVID-19 context and natural disaster such as drought?			
<p>Assumption: Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner <i>including the situation occasioned by the Covid-19 response.</i></p>	<ul style="list-style-type: none"> ● Evidence that the planned resources were received to the foreseen level in AWP ● Evidence that resources were received in a timely manner ● Evidence of adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results ● Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries ● Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners ● Evidence of appropriateness of the IPs selected to deliver the results ● Evidence of timely transfer of funds ● Evidence of effective mechanisms to control waste and fraud ● Evidence that inefficiencies were identified and corrected in a timely manner ● Evidence of focus of UNFPA resources on high impact activities ● Extent to which the allocation of resources to targeted groups took into account the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others, ● Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation. 	<ul style="list-style-type: none"> ● AWP ● Relevant Programme, Administrative and Financial Management Documents including: ● Project standard progress reports ● And reports reflecting leverage / usage of national resources ● Financial Reports from Implementing Partners, and UNFPA (Atlas reports) ● Audit Reports for IPs ● Field Monitoring Visit Reports 	<ul style="list-style-type: none"> ● Documentary review: financial documents at the UNFPA (from project documentation) ● and interviews with administrative and financial staff ● Documentary review: annual reports from partner ministries, and implementing partners, ● audit reports and monitoring reports ● Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) ● Interviews with implementing NGO partners who received budgetary support ● Interviews with UNFPA country office staff ● Interviews with beneficiaries of funding (including NGOs) ● Interviews with UNFPA administrative staff, government and NGOs, donors on the coordination, complementarity of implementation, and leveraging of national resources.

Sustainability

SUSTAINABILITY			
EQ6: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects in particular related to SRHR, SGBV prevention and protection and data, including results occasioned by the COVID-19 response?			
<p>Assumption: Government of Namibia/partners/ stakeholders capacities and mechanisms are improved for ownership and continuation of interventions, despite COVID-19 impact related to resource constraint.</p>	<p>Evidence of following:</p> <ul style="list-style-type: none"> ● Established sustainability mechanism for the programme. ● The likelihood of the programme and its benefits to be sustainable. ● Established systems to continue the programme. ● Capacity development including staff training. ● Community and country ownership including financial resource commitments. ● Partner organizations with sustainability plans. ● Existence of Scale-up plans/strategies. ● Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others. ● Developing an enabling or adaptable environment for real change on HR & GE. ● Institutional change conducive to systematically addressing HR & GE concerns. 	<p>Documents:</p> <p><i>Relevant Sectoral Policies and Strategic Plans:</i></p> <ul style="list-style-type: none"> ● Annual Work Plans for Implementing Partners ● Country Programme Reports ● AWP; Reports. ● IP progress reports, relevant sector strategic plans <p><i>Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, education, community/social sectors.</i></p> <ul style="list-style-type: none"> ● National Level Stakeholders ● UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Education, Social Welfare, Planning, ● Relevant Field level IPs. 	<ul style="list-style-type: none"> ● Documents review and analysis ● Key informant interviews ● Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) ● Interviews with implementing NGO partners who received budgetary support ● Focus group discussions with final beneficiaries

Interviews with UN & UNFA staff, key stakeholders and review of documents including review of annual work plans and reports revealed that the country office has supported implementing partners in developing their capacities.

Under the 6th country Programme UNFPA consistently uses approaches that promote national ownership of supported interventions. The majority of supported interventions are integrated into partners’ annual work plans, including training institutions calendar such as the National Health Training Center (NHTC). As a key informant expressed: “All training with MoHSS is conducted in collaboration with National Health Training Center (NHTC), and they are part of their calendar which also makes it easy for the sustainability of the programme”.

UNFPA in collaboration with government, non-governmental organizations and with the support of individual experts have strengthened the capacity of stakeholders in the key areas i.e. SRHR, HIV and SGBV including abortion care, Comprehensive Sexuality Education, and data systems. Interventions also included the development of supporting materials such as handbooks and guidelines.

As a key informant expressed:

- *“UNFPA through its training has capacitated a number of people with family planning, FP 2030; They have also capacitated central medical store in proper quantifications. They also have developed and reviewed policy guidelines, strategic documents, thus even if they leave, these documents can be used afterwards”.*

The country office has achieved the Output indicator 2.2 Number of health providers with adequate knowledge and skills on long-acting reversible contraceptive methods, between 2019-2021, UNFPA trained 585 health providers.

Under the 6th country programme in the focus area of **adolescent and Youth** UNFPA strengthened the capacity of youth networks to advocate for SRHR and youth development programme and assisted the MYNSC in launching the National Youth Policy. Key informants acknowledged that youth officers and young people’s capacities have been built as they were engaged in the mobilization programmes.

For example, Federation of People with disability were of the opinion that they benefitted from the capacity building programme in report writing.

“I think the capacity was built by hiring well experienced consultants, this was based on the advice from our federation. We were all involved in the organization and learned how things should be run, and taught us a lot, as a chairperson and the person who succeeded me, and we are able to conduct and write a report. The only capacity build training provided to us on how to conduct shadow report for the UN (KII)

According to key partners the supported programmes are likely to continue beyond UNFPA assistance, but at a reduced level because the government may not have adequate funds to carry out the activities. The same could not be said about the interventions implemented by NGOs. As one of the key informants expressed below; *“I think there are definitely capacity development mechanism partnership with government and civil society, and established organizations. Thus, If UNFPA stopped there are few that can carry on with interventions”.* (KII, FGDs and annual reports)

The majority of sustainability related interventions were training of professionals, be it health, teachers, youth, gender officers, parliamentarians, and statisticians with key partners. While this approach was appreciated, key stakeholders were of the opinion that the focus was on in-service training and was focused on the individual. Key informants were concerned that the focus of capacity building has been more so on an individual and not necessarily on systems strengthening. As some of key informants expressed below:

*“UNFPA can do better by focusing on development of institutional capacities. Support organizations with proper systems, technical capacity, strengthen coordination which is currently a challenge to avoid **duplication**; strengthen own systems. To a certain extent have achieved them, but can do better, by focusing on institutional capacity. Most organizations (local NGOs) supported by UNFPA do not have strong systems in place be it technology, administrative and financial”.*

- *“Not building the capacity of institutions they are wasting resources. We can say resources are down, but poor capacity is also contributing to those challenges”.*

The CPE noted that there were few UNFPA supported interventions in pre-service training. For example, output 1 Proportion of institutions of higher learning that have included comprehensive sexuality education as part of curricula, was not achieved. However, UNFPA in collaboration with the Ministry of Education, Arts and Culture, has strengthened the capacity of teachers in the provision of **Comprehensive Sexuality Education (CSE)** and supported the integrated school health programmes. This was also made possible by the fact that the Ministry has regional structures.

As a key informant expressed.

- *“Life skills is already integrated in the Ministry’s programmes and UNFPA is supporting existing programmes, and this will ensure sustainability”.*

Moreover, not all the teachers who were trained in CSE transferred knowledge gained to others, some of those trained refused to train CSE because of religious values (**KII, FGDs**).

Info from key informant:

- *"I have a colleague who went for CSE training and when she came back, because of religious values (Sy is een bekeerling – born again Christian) she refused to teach the subject" KII OH*

Discussions with teachers in 2 out of the 4 regions noted that the majority of the teachers have not attended any CSE related training. For example, in one region out of 6 teachers there were 3 Life skills teachers who have been in the job for close to 2 years, and they have not been invited to any training. Moreover, teachers reported that the CSE curriculum did not have a strong element on counselling, consequently, UNFPA supported a consultant (Psychologist) to conduct the training, which was limited to one training, due to limited funds.

CPE noted that the majority of CSE or SRH related trainings were not part of Continuous Professional Development, although CPD is compulsory.

Generally, from interviews with key stakeholders and beneficiaries, they have seen the impact of CSE on teachers and learners. Unfortunately, the country is still experiencing high rate of teenage pregnancies among school learners.

UNFPA has collaborated with individual lecturers at respective Universities, while this was appreciated the problem is with the high staff turnover in the country, which may affect the sustainability of the programme.

UNFPA country office take an upstream approach, thus working at national level and which was found to have negative consequences for implementing interventions at the community level. The CPE noted a number of active youth organizations in the regions visited, but none was used as an implementing partner. Moreover, focus group discussions with young people found that many of them were not capacitated.

For example, information from young people, was that they did not benefit from sustainability programme and that UNFPA has not strengthened the capacity of youth organizations, as a key stakeholder/beneficiary expressed below:

- *"UNFPA we are not beating around the bush as a youth We need meaningful participation. UNFPA is supposed to make sure that as a youth organization has good systems in place and make sure that they are capacitated, however, it is not happening"*

The interview with key stakeholders/partner (youth organizations) also noted that partners were capacitated without being provided with the necessary resources:

- *"We capacitated someone with the knowledge, but not provided resources with training, with not providing incentives. As they carry out the work they may need stipend, transport food etc. Provide support after the training. UNFPA need to think about how the funding for sustainability efforts- may be helping organizations registered as training providers like who have expertise in SR, GBV, Youth. For these organizations make sure they have (register) a business wing - charge the services to make revenues for smaller NGOs proposal writing skills, how to do budget - which lot of NGOs are struggling with. UNFPA can help civil society organizations to not only rely on them as sole partner but introduce them to other partners".*

Interviews with key stakeholders revealed that through training programmes and community dialogue related to Gender **Equality and Women Empowerment (GEWE)** capacities have been built of police officers, members of parliament and staff, health professionals and young people.

Information from key stakeholders as expressed below:

- *“The capacity building programmes have been effective, even if UNFPA stopped funding, the programme will continue. For example, the police training in GBV focuses on Training of Trainers. As in my case I am able to train others and also have integrated the training in our induction programmes for the police. The fact that we are a multidisciplinary team able to do 2-3 days training for other police officers”.*
- *“Mechanism put in place training using mixed approaches i.e., in service and pre-service trainings.*
- *“Trained justice officials on how to report on rape, also trained doctors, nurses, , lawyers and social workers.*
- *“Have conducted community dialogue. On community engagement, we have implemented many dialogues. First lady project -One economy - Break free- focus on GBV young people, brought in teachers, community members and conducted intergenerational dialogue. A voice box - encourages people to drop in their issues and have psychologist, counsellors on site”.*

The CPE noted an increase in reporting on cases of GBV, however, no assessment has been conducted to evaluate whether prevention interventions have had an impact. It was also noted that the utilization of partners for a once off activity like the disability organization for the distribution of dignity kits and for the production of a report) was found to be unsustainable. Moreover under 6th CP UNFPA in collaboration with UNODC and the Office of the Prime Minister, the Namibian Police developed a national GBV data base, it was however, not clear how the data base was and is utilized.

UNFPA country office implemented a number of capacity building activities in the Population and Development area, despite the fact that there is no outcome indicator. The CPE noted that UNFPA in collaboration with the National planning commission and Namibia Statistics Agency has supported various interventions. For example, supported NSA with the design of the Population and Housing census, and ensure that adolescents indicators, disaggregated by age and sex are included as reflected under output 2.3.

Interviews with stakeholders at NSA revealed that many of the activities are likely to continue, as the majority of the contribution comes from government. As a key informant expressed below:

“In the production of statistics, a lot of money come from GRN, 25 million for..., 40 million and 700 million for census. UNFPA provides mainly technical support, and they create capacity within government. They bring in supporters to strengthen the capacity building (pass on the information). NSA-demographic and official statistics which cut cross all the areas (UNFPA needs to strengthen bond on administrative statistics). NSA must work with MOHSS to strengthen the capacity”.

“We received support for the Population and housing census planning that is supposed to happen in 2021, workshops, resource mobilisation booklet that we shared as part of advocacy. We received training for census questionnaire where we consulted the stakeholders in all the regions. Disability statistics (Washington group on disability) were they supported capacity building, coordinating the national statistical system (all ministries), National strategy for development statistics (NSDS). UNFPA has been supporting all that”.

“One of the activities that UNFPA has supported was sourcing of a consultant for the post enumeration survey. This consultant was able to provide this capacity. With the support from UNFPA the team was able to be capacitated after the survey last year, they were able to assess the quality of the survey. I feel comfortable and have confidence that we can do it ourselves. In that regard capacity has been build.

Key informants reported that recognizing the importance of long-term capacity building, NSA in collaboration with the University of Namibia developed a 2-year Diploma in Official Statistics

Coordination

<p>COORDINATION EQ7: To what extent has the UNFPA country office provided leadership in SGBV and SRHR coordination and contributed to effective coordination, leveraging of partnerships and complementarity within the framework of the United Nations Country Team (UNCT) including to the collective response to the COVID-19 crisis?</p>			
<p>Assumption: UNFPA Namibia’s support was coherent with the national priorities and international normative frameworks; due to coherence UNFPA CP9 has improved other UN and development partners work in Area of Responsibility (AoR) and COVID-19 interventions.</p>	<ul style="list-style-type: none"> ● The extent to which Namibia UNFPA CO has appropriately taken into account the priorities of the government and key stakeholders. ● Evidence of UNFPA’s partnership/ consultation with national institutions on AoR. ● Evidence of UNFPA’s contribution to programmatic interventions stated in national policies and programs on AoR. ● Evidence of active participation in UN technical working groups. ● Evidence of participation & leadership in humanitarian coordination structures, Area of Responsibility and SRHR, AY, GE/GBV, and PD working groups at national & sub-national level., ● Evidence of UNFPA participation in the working groups and/or joint initiatives corresponding to mandate areas and COVID-19 program. ● Evidence of sharing of information between UN agencies. ● Evidence of joint programming initiatives (planning) & M&E. ● Evidence of projects/ outputs that added value to partners’/ UN agencies work in UNFPA mandated areas. 	<ul style="list-style-type: none"> ● Namibia 6th CPD (2019-2023) ● National policies/ strategic documents such as the UNPAF (2019-2023, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development. ● Alignment of CP6 with UNPAF, and national documents till 2019 but including documents for the period 2019-2023 for programmatic changes ● Monitoring and evaluation reports ● Joint programmes and work plan and reports ● UNCT and UN programme documents ● AWP’s ● APR’s ● Namibia CO staff ● GON and key partners 	<ul style="list-style-type: none"> ● Documentary analysis ● Interviews with UNFPA CO staff ● Interviews with development partners ● Interviews with UN agencies that work with UNFPA Namibia CO.
<p>EQ: Coordination</p> <p>Interviews with UN & UNFA staff, key stakeholders and review of documents including review of annual work plans and reports revealed that the country office provided leadership in SGBV and SRHR coordination and contributed to effective coordination, leveraging of partnerships and complementarity within the framework of the United Nations Country Team (UNCT) including to the collective response to the COVID-19 crisis.</p> <p>UNFPA country office has positively contributed to the UNCT planning and coordination functions. The UNCT in the country is made up of 10 agencies. There are 4 pillars under UNCT, which are i.e., i) education ii) health, iii) social protection and iv) good governance, with several sub-pillars. UNFPA Namibia is a member of all these pillars, the only sub-pillar of which UNFPA is not a member is the sub-pillar of environment.</p> <p>UNFPA is the lead in Gender thematic area because UN-women are not present in Namibia.</p> <ul style="list-style-type: none"> - <i>“The gender theme group within the UNCT - UNFPA operates optimally - from a gender perspective. -UNFPA did a good job on coordination”.</i> <p>The country office co-chair the pillar on social protection, with UNICEF, and is also a member of various joint working groups and joint programs. For example,</p> <ul style="list-style-type: none"> - Comprehensive Sexuality Education (UNESCO, UNICEF). - Integrated school Health (UNICEF, WHO) 			

- United National Partnership on Rights of People with Disability Project (UNPRD) Disability (UNICEF)
- School feeding programme with UNCIEF
- Feeding and nutrition programme with WFP
- joint project on finance for development - integrated national framework finance (UNDP)

The CPE noted that the country office has successfully mobilized for additional resources in partnership with other agencies. For example, under the UNCT wrote a youth proposal and jointly sought resources and under the ROC applied for the SDGs with UNFPA as a lead agency. Other joint resource mobilization efforts included Strengthening Namibia's financing Architecture for Financing; Namibia skills development investment facility; CERF-ensuring Life-saving Gender Based Violence assistance to Women and girls in drought affected regions of Namibia and Migration Multi-partner Trust Fund-integrating human trafficking and gender-based violence screening and services.

UNFPA has contributed to the UN advocacy efforts. Some of those advocacy activities included:

- Delivering as one: the country office partnered with WFP for the delivering of drought food, picky bag on their transport and use the opportunity to deliver dignity kits.
- Collective observation of international days: use the opportunity to raise the profile of UNFPA, including 16 days activism against Gender Based Violence
- Utilize social media (twitter, face book and Instagram) to promote issues affecting young people.
- Compiled articles for newsletters, with the focus on adding a human touch

In all these activities the office has and is promoting UNFPA mandate. Overall response from partners is that UNFPA is a reliable partner and have contributed positively to the work of UN, and that the coordination between and with other agencies was very effective. Many described the organization as easy to work with, flexible and with accessible staff. It was also noted that despite a small office and

competing priorities UNFPA has actively participated in UN technical working groups. As noted below

- *We have over 80% of attendance in UNCT meetings, UNFPA is always represented, 20% assistant representative, and if they are absent is when there is a conflict in activities.*

Under the 6th CP the office provided leadership in SGBV and SRHR and contributed to effective coordination, leveraging of partnerships and complementarity within the framework of the United Nations Country Team (UNCT) including to the collective response to the COVID-19 crisis. The country office has networked with various partners as it secured support for the COVID-19 response. Partnerships were developed with Embassy of Switzerland to South Africa and Namibia, Embassy of Ireland to Zambia and Namibia, Embassy of Germany, EU delegation to Namibia.

The country office has demonstrated leadership in every aspect and beyond the UN and playing a key role in coordinating with partners. As a key informant expressed: *"Another thing that stands up for me is the parliament, UNFPA is demonstrating leadership in resource investment -strengthening the application in policy and service delivery. You can see that there is a great need. They do not have the money, but human capital to provide the needed support"*

UNFPA has coordinated activities between different stakeholders, and this was made possible through the Human Rights and GBV cluster, the umbrella body, which is made up of 4 subclusters i.e., i) Service first in areas of GBV - headed by Police: ii) Safety awareness- Headed by Gender; iii) Youth in Lead - headed by Ministry of youth; iv) Information Management of data, headed by the National Planning commission. All stakeholders acknowledged that UNFPA is an excellent partner to work with. For

example, according to a member of the UNCT, UNFPA is very responsive, integrating, supporting its agenda, and collaborating with all the leaders and has political leverage. UNFPA within the UNCT are the lead agency in issues related to SRHR, Gender, HIV, and youth.

Stakeholders interviewed revealed that UN agencies have to some extent achieved the concept of delivering as one. As a key partner expressed below:

“Through partnership I feel like a partner with UNFPA, very good experience to work with UNFPA at all levels. Work on complementarity and the way we approach the country, we go to the MOHSS as one”

The CPE noted that while UNFPA consistently contributed to the UNCT coordination functions, there were some challenges in contributing to these functions due to competing priorities and also inadequate human resources, as well as limited funds for advocacy. Moreover, staff reported cases of competition and jealousy. For example, agencies wrote proposals jointly, just to have another agency run away with the proposal and get funds from somewhere else.

Coverage

EQ8:
To what extent have UNFPA humanitarian interventions systematically i) reached all geographic areas in which affected populations (women, adolescents, and youth) reside and ii) reached the most vulnerable and marginalized groups (young people and women with disabilities, ethnic, religious, and indigenous groups; Sex workers, LGBTQI populations, displaced people, and migrants)?

<p>Assumption: The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (Marginalized groups may include Women, adolescents, and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, internally displaced persons, and ethnic and religious minorities, based on socio-economic and geographical dimensions.</p>	<ul style="list-style-type: none"> ● Evidence of systematic target segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach vulnerable and marginalised groups. ● Evidence that affected communities are mapped and disaggregated ● Mapping evidence of geographical area covered for humanitarian assistance. ● Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. ● Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g., social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents, and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind. 	<ul style="list-style-type: none"> ● AWP ● UNPAF progress reports on humanitarian assistance arrangements ● Progress reports on beneficiary and stakeholder mapping ● UNFPA M&E reports on humanitarian assistance interventions ● Budgets allocated to SRHR and GBV in humanitarian assistance program of UNFPA and received/ utilized by national / regional institutions and IPs ● M&E reports on access provided to vulnerable groups 	<ul style="list-style-type: none"> ● Documentary analysis ● Vulnerability and Geographical maps showing beneficiaries ● Interviews with UNFPA country office staff and humanitarian assistance cell/ staff ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response ● FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' residence/ camps (where relevant) ss
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Interviews with UN & UNFA staff, key stakeholders and reviews of documents including review of annual work plans and reports revealed that the country office provided leadership in SGBV and SRHR coordination and contributed to effective coordination, leveraging of partnerships and complementarity within the framework of the United Nations Country Team (UNCT) including to the collective response to the COVID-19 crisis.

Under the 6th country programme UNFPA had to some extent reached the most vulnerable and marginalized groups (young people and women with disabilities) LGBTQ including sex workers, displaced people, and migrants. UNFPA country office operates at the national level, using an upstream approach with the focus on development of policies, guidelines, and capacity development, as well as in 4 focus regions i.e., Kunene, Ohangwena, Zambezi and Omaheke mainly to follow up on interventions.

In its effort not to leave anyone behind UNFPA partnered with key organisations for the provision of services to those furthest behind. The country office cooperated with key partners (MGEPSW: MYNSC: SFH: RH) and identified vulnerable women and girls, and those living with disabilities, migrants and refugees of reproductive age and provided them with services. For example, in collaboration with the Federation of people with disability was able to identify people with disabilities in the respective regions, with MGEPSW reached vulnerable, migrants and refugees, with SFH and NAPPA reached key population, as well as those who are hard to reach.

The CPE noted that UNFPA supported interventions to some extent did not reach all identified geographical regions and provided services at the district level because of limited resources, and partly using the upstream approach and relying on implementing partners to carry out the interventions at the regional level. The team noted that UNFPA was invisible at regional level, a situation that was also affected by the population that is widespread. As a key informant expressed; *“Namibia is a vast country, some people in deep villages have challenges in reaching and receiving key services or using the youth centers in the respective regions. The challenge is that our youth centers are all-in the city. Take Oshikoto region and you have a regional office/center in Omuthiya which is 200km, however, the government just approved the decentralization process.*

Key interviews noted limited data on the marginalized, vulnerable and people with disability country wide and more so in institutions of higher learning. As expressed by a key informant below; *“I think regarding the youth and diversity of the youth on campus they have done a good job. However, they can give more focus and improve on the data on marginalised, as at our institution, we did not know the profile of our marginalised youth in 2021.also, we do not have any data on key population”*

The CPE noted that depending on the activity and implementing partner the office has been able to reach the entire population. For example, under the Population and Development area and working with NSA which is a national programme. As a key informant expressed *“NSA is a national programme, and cover all regions, district constituencies in the country All our projects ensure that the entire country is representative, even knowing that we cannot reach every corner. For example, our project with UNFPA on the registration of births and deaths in that context everyone is covered - support notion of leaving no one behind; COVID survey - the sample was also representative of the country and coverage is comprehensive enough to ensure that every person in the country is covered”.*

CONNECTEDNESS			
<p>EQ9: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women’s organizations, health facilities, communities etc.) to better prepare for, respond to, and recover from humanitarian crisis?</p> <p>EQ10: To what extent have the interventions supported by UNFPA taken into account complementarity and integration of ongoing development plans, programmes including related thematic areas from various stakeholders?</p>			
<p>Assumption: The response undertaken during humanitarian contexts demonstrated coherence and connectedness with a focus on longer-term development needs.</p>	<ul style="list-style-type: none"> ● Evidence of active participation in UN technical working groups during humanitarian situation. ● Evidence of participation and leadership in humanitarian coordination structures, ● Evidence of Area of Responsibility and SRHR, AY, GBV and PD working groups at national and sub-national level., ● Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas. ● Evidence of sharing of information between UN agencies. ● Evidence of joint programming initiatives (planning) & M&E. <p><i>National/ Societal Resilience:</i></p> <ul style="list-style-type: none"> ● Evidence of National policies that support GE, SRHR, AY and PD ● Social protection schemes & safety nets ● Disaggregated data & data systems ● Positive social norms. <p><i>Community Resilience:</i></p> <ul style="list-style-type: none"> ● Prioritized rights & health of women & young people in humanitarian-development-peace through collective action <p><i>Family/ Individual Resilience:</i></p> <ul style="list-style-type: none"> ● Empowered women, girls & young people as agents of change ● Universal access to quality integrated SRHR information & services ● Safe home environment, free of violence & harmful practices. 	<ul style="list-style-type: none"> ● UNFPA AWP ● Minutes of meetings on subject ● Correspondence with other agencies on subject ● UNPAF progress reports on coordination mechanisms ● Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning 	<ul style="list-style-type: none"> ● Documentary analysis ● Interviews with UNFPA Namibia CO staff and humanitarian assistance cell/ staff ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response ● FGD with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons’ camps/ residences (where relevant) ● Site visits to refugee or internally displaced persons’ camps/ residences (where relevant).
<p>Notes:</p> <ul style="list-style-type: none"> ● <i>The CPE Team proposes that EQ3 (focussing on Effectiveness) should incorporate the comparison of the intended goals, outcomes, and inputs with the actual achievements in terms of results. In addition, measurement of unintended results (negative or positive) has been included.</i> ● <i>The aspect of Technology is an add-on proposed by the ET. Resultantly, the aspect of technology has been included in EQ5 (efficiency).</i> ● <i>In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; LGBTQI populations, displaced persons, among others.</i> 			

Interviews with UN & UNFPA staff, key stakeholders, beneficiaries, and review of documents revealed that the country office actively participated in UN technical working groups during drought of 2019 and Covid 19 pandemic, as a member of both task forces.

The government created 9 pillars i.e. (Coordination, management and logistics, Case Management, Infection Prevention and Control, Surveillance, Laboratory, Points of Entry, Risk Communication and Community Engagement, and Mental Health and Psycho-social support) as part of its response to the COVID-19 pandemic. UNFPA was represented in the surveillance pillar and provided financial and technical support. For example, the country office supported the recruitment of the data consultants seconded to the the MOHSS as well as M & E focal person who was responsible for data analysis and to assess how critical health services were affected by COVID-19. (KII, FGDs and Annual Reports).

As part of the humanitarian response UNFPA country office contributed to the Reproductive health and GBV services. It supported its implementing partners in ensuring that during these emergencies, affected population had access to services (SRHR and GBV). For example, during the drought of 2019, the country office in collaboration with the World Food Programme (WFP) and UNICEF strengthened the capacities of health care workers, including community health workers in the 14 regions, to deliver Minimum Essential Service package on SRH and GBV and distributed food packages. Moreover, the country office procured emergency reproductive health kits for health facilities and dignity kits for pregnant women and adolescent's girls. In collaboration with civil society organizations, using mobile outreach, provided SRH and HIV services to communities in hard-to-reach areas. (KII, FGDs and Annual Reports).

In the context of COVID-19 the CO supported the repositioning adolescents and youth friendly health services. Partnership was established with NGOs (SFH and NAPPA) to provide innovative SRH/HIV service delivery through mobile units to ensure continuity of essential SRH services (FP, HIV testing, pregnancy testing, pre-natal care, COVID19 information and testing etc.) during the lockdown. In addition, the office in collaboration with Regain Trust supported the provision of psychological services to adolescents and young people in schools. (KII, FGDs and Annual Reports).

The CO under the Central Emergency Response Fund (CERF) targeted the key regions (Kavango East and West, Ohangwena, Omusati, Kunene, Omaheke and Zambezi and supported life-saving protection interventions targeting girls and women, vulnerable and marginalized including women with disabilities of reproductive age.

According to the CO staff Namibia like all other countries in the world was hit hard, the emergence of COVID-19 halted a substantial number of interventions aimed at empowering and engaging young people especially during the lockdown. The CO managed to collaborate and support line ministries and civil society organisation in providing SRH services to young people especially targeting hard to reach areas.

Interventions include and include:

- In line with global UNFPA/Prezi campaign: Partnership with NBC (national broadcasting television and radio network) launched a youth against covid-19 communication campaign that was run on national television with young people providing covid prevention and response messages in local languages.
- April and May 2020, a total of 16 Videos #youth against COVID-19 were produced by adolescents and young people and was aired on national television in 8 local languages including in sign language and In line with LNOB
- A total of 484 youth in all 14 regions mobilized in line with MoH/WHO safety guidelines – reached 121 constituencies and a total of 9680 households with information on COVID-19 and SRH and condoms were also distributed.
- Engaged and conducted dialogues with young people on SRHR, Climate change and emerging issues (including COVID-19).
- Capacity development of educators including psychosocial support in the context of COVID-19, which enabled teachers to provide support and counselling to learners.
- Conducted condomize campaigns with mobile clinics combined with testing conducted in target regions

UNFPA Country Office provided technical and financial support towards the country's response during Drought of 2019 and COVID 19 from 2020, in the focus area of Gender Equality and Women Empowerment (GEWE). For example, The CO secured funding under the Central Emergency Response Fund (CERF) which contributed to Ensuring Life-saving Gender-based Violence Assistance to Women and Girls in Drought Affected Regions of Namibia during 2019-2022.

Interventions included:

- knowledge management on GE, WE and HP including conducted Rapid (Joint)
- needs assessment of drought, floods, influx of migrants, child marriage study (2020) which informs interventions on SRH and GBV.
- development of a new National Gender Policy (2022-2032) Ongoing).
- capacity and system (training manual, database) strengthening for GBV response for the police, health care providers, social workers, etc while addressing harmful social and gender norms perpetuating gender inequality and GBV.

Under the focus area of Population and Development, UNFPA is represented under the surveillance pillar (as part of the 9 pillars set up by government as a response to Covid 19 pandemic). The country office strengthened the data collecting mechanisms, data quality assurance, and use of data in the campaign to improve the response to COVID-19 pandemic. Under the Population and Development focus area, the Country Office provided technical and financial support towards:

- The CO supported the purchasing of the COVID 19 Dashboard license, which was and is still used to publish daily COVID-19 statistics.
 - Covid-19 dashboard with analysis focused on AYP and pregnant women. The Dashboard was and is available on the NSA website, and daily statistics on number of cases (both new and cumulative cases), vaccinations and deaths recorded are updated daily. This dashboard is managed by the Namibia Statistics Agency, and data is provided by the Ministry of Health. Dashboard link: <https://nsaonline.maps.arcgis.com/apps/dashboards/3c1b4d50ea994610a1397c9c678b09d9>
- UNFPA CO further supported the production of the only Household survey conducted by the NSA to assess the impact of Covid -19 pandemic on household survival and employment in country. This was a telephonic survey, conducted in 2021 and UNFPA provided both technical and financial support such as the payment of stipend for enumerators.

although the country office engaged and provided value-added services in SRH and GBV emergency response; helped to ensure that RH was integrated into emergency responses; developed capacity of partners to effectively design, manage and evaluate programmes to address GBV in emergencies and prevent SGBV in 5 drought affected regions, the challenges remain because of the crises. For example, with High levels of poverty, the country has seen many young girls engaging in intergenerational sex in exchange of basic necessities. High number of young people are participating in sex work. Moreover, services for people with disabilities got stagnated as some services were limited to virtual interventions.

Annex 4: Data Collection Tools

CPD Evaluation - KII Interview Protocol UNFPA Staff

Name of Interviewee:

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your collaboration with UNFPA Namibia. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so anything positive or negative would never affect your opportunity now or in the future for collaboration with UNFPA.

Before we start the formal interview, we would like to know your level of involvement with UNFPA Namibia.

What has been your role with UNFPA since the beginning of the CP6?

Relevance

EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups¹⁰⁷ including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs.

How were the needs identified?

Have the needs of the target population remained unchanged over the life of the CP6? How did UNFPA respond to changes in the needs?

EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes such as the on-going COVID-19 pandemic? What was the quality of the response?

How relevant are UNFPA programmes for the priorities of Namibia?

How has the CO responded to COVID-19 in your priority areas?

What was the quality of the response?

¹⁰⁷In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; and LGBTQI populations, among others.

Effectiveness

EQ3: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme and any other revisions that may have been done in view of the COVID-19 pandemic, and technology? In particular: i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies, and programmes?

(With focus on comparison of the intended goals, outcomes, and inputs with the actual achievements in terms of results, including measurement of unintended results).

What were the intended outcomes/outputs of UNFPA CP6?

What has been the achievements to date?

What were the challenges encountered?

What could be some lessons learned from the implementation? What can be replicated and what should be revised? Why?

EQ4: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the country programme?

How is gender being considered within your priority area?

How has human-rights approaches been considered? What type of policy interventions have been promoted to ensure adequate considerations and attention is afforded to RBAs methods and approaches?

In what ways do gender and human rights considerations vary between humanitarian and development settings in Namibia?

Efficiency

EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, including technology, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the country programme?

What was the management arrangement during the implementation process? What worked well? What requires changes?

How efficient were disbursements of financial tranches? How has this affected implementation if at all?

What were some challenges encountered with the Ips? How were they addressed? What could be some lessons learned from engagement with Ips?

Sustainability

EQ6: To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects including results occasioned by the Covid-19 response?

How effective were capacity building activities with UNFPA Namibia?

What change has occurred at the institutional level as a result of the capacity building activities?

What is likely to continue after the end of the activities with UNFPA Namibia?

What is the value added of UNFPA Namibia to the beneficiaries?

Coordination

EQ7: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

What are the coordination mechanisms in place? how effective are they? What could be strengthened or changed?

Coverage

EQ8: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?

How are intervention locations selected? How are principles of leave-no-one-behind ensured?

To what extent is there a focus on providing services to people with disabilities?

EQ9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; LGBTQI populations etc.)

What are the outreach strategies of the programme?

Connectedness

EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

How do activities within the humanitarian setting influence/support the development nexus?

How are practices and methodologies used in the humanitarian settings affecting the overall approaches in the development sector?

CPD Evaluation - KII Interview Protocol

Government and Implementing Partners (IPs and others; UN and others)

Name of Interviewee:

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your collaboration with UNFPA Namibia. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so anything positive or negative would never affect your opportunity now or in the future for collaboration with UNFPA.

Before we start the formal interview, we would like to know your level of involvement with UNFPA Namibia.

What are the activities/projects that you have collaborated with UNFPA Namibia CO on?

Relevance

EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups¹⁰⁸ including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs.

How were the needs identified?

Have the needs of the target population remained unchanged over the life of the CP9? How did UNFPA Namibia respond to changes in the needs?

EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes such as the on-going COVID-19 pandemic? What was the quality of the response?

How relevant are UNFPA programmes for the priorities of your department/government office/organization?

What other priorities in the area you believe UNFPA should be addressing?

Effectiveness

EQ3: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme and any other revisions that may have been done in view of the COVID-19 pandemic, and technology? In particular: i) increased access

¹⁰⁸*In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; and LGBTQI populations, among others.*

and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies, and programmes?

(With focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).

What were the intended outcomes/outputs of your collaboration with UNFPA Namibia CO?

What has been the achievements to date?

What were the challenges encountered?

What could be some lessons learned from the collaboration with UNFPA?

EQ4: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the country programme?

How is gender being considered within your collaboration with UNFPA?

How has human-rights approaches been considered? What type of policy interventions have been promoted to ensure adequate considerations and attention is afforded to RBAs methods and approaches?

In what ways do gender and human rights considerations vary between humanitarian and development settings?

Efficiency

EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, including technology, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the country programme?

What was the management arrangement during the implementation process? What works well? What requires changes?

How efficient were disbursements of financial tranches? How has this affected implementation if at all?

Sustainability

EQ6: To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects including results occasioned by the Covid-19 response?

How effective were capacity building activities with UNFPA?

What change has occurred at the institutional level as a result of the capacity building activities?

What is likely to continue after the end of the activities with UNFPA?

What is the value added of UNFPA to the beneficiaries?

Coordination

EQ7: To what extent has the UNFPA Namibia Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

What are the coordination mechanisms in place? how effective are they? What could be strengthened or changed?

Coverage

EQ8: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?

How are intervention locations selected? How are principles of leave-no-one-behind ensured?

To what extent is there a focus on providing services to people with disabilities?

EQ9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; LGBTQI populations etc.)

What are the outreach strategies of the programme?

Connectedness

EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women’s organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

How do activities within the humanitarian setting influence/support the development nexus?

How are practices and methodologies used in the humanitarian settings affecting the overall approaches in the development sector?

CPD Evaluation - KII Interview Protocol
Other Partners Relevant in the priority area

Name of Interviewee:

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your collaboration with UNFPA Namibia. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so anything positive or negative would never affect your opportunity now or in the future for collaboration with UNFPA.

Before we start the formal interview, we would like to know your level of involvement with UNFPA Namibia.

What are the priority areas that your organisations is engaged in?

Relevance

EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups¹⁰⁹ including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs.

What would you say are the priorities of women, youth, vulnerable populations (host and refugee) communities in Namibia?

To what extent do you find that UNFPA is responding to those needs?

What else would you say is required in this priority area?

EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes such as the on-going COVID-19 pandemic? What was the quality of the response?

How have the needs of the different populations changed over the last 4 years, especially with COVID?

What is your assessment of UNFPA's response to these changes? How they been relevant? Why/why not?

Effectiveness

EQ3: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme and any other revisions that may

¹⁰⁹*In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; and LGBTQI populations, among others.*

have been done in view of the COVID-19 pandemic, and technology? In particular: i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies, and programmes?

(With focus on comparison of the intended goals, outcomes, and inputs with the actual achievements in terms of results, including measurement of unintended results).

To what extent do you feel that UNFPA is contributing to (choose depending on the respondent)

- *Increased access and use of integrated sexual and reproductive health services.*
- *Empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights.*
- *Advancement of gender equality and empowerment of all women and girls.*
- *Increased use of population data in the development of evidence-based national development plans, policies, and programmes*

Coordination

EQ7: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

What are the coordination mechanisms in place? how effective are they? What could be strengthened or changed?

Coverage

EQ8: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?

How are intervention locations selected? How are principles of leave-no-one-behind ensured?

To what extent is there a focus on providing services to people with disabilities?

EQ9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women and adolescents and youth with disabilities; those of racial, ethnic, religious, and national minorities; LGBTQI populations etc.)

What are the outreach strategies of the programme?

Connectedness

EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

How do activities within the humanitarian setting influence/support the development nexus?

How are practices and methodologies used in the humanitarian settings affecting the overall approaches in the development sector?

Focus group discussion guide

General information

Thank you for taking the time to participate in this group discussion. [Introduction]. Everything you say is important to us and will help us understand better your experiences. Please feel free to speak openly and use any language or words. There are no right or wrong answers. You can choose to stop participating in the discussion at any time and you can choose not to respond to any question you don't want to answer, but we hope you will contribute because your participation will give us insight into experiences and opinions about the RH, GBV, Youth and other services you receive through UNFPA's partners [name the civil society that set up the interview].

Before we start the interview, I wanted to make sure that the guidelines surrounding consent are clear and if you have any questions, we can address them. Participating in this discussion is completely voluntary; thus, whatever you say will be completely anonymous and would NOT impact your access to UNFPA's services. We will audio-record this FGD with your consent but let us know if you are not comfortable and we will not record. [Go around and get verbal consent from each participant]

Introduction

We would like you to introduce yourselves, but only mention your first name. It would be great if you could also tell the group where you are from and how old you are [and when you came to Namibia, if relevant].

Opening

1. Thank you! I would like to begin now by getting a sense of what brought everyone here today. Let's go around the room and please tell me what interested you in participating in this focus group discussion.

Reproductive health service delivery: Experiences and opinions

1. Are women in your community generally satisfied with the services you receive at these places?
 - a. Probes: Why/why not
2. What are the major barriers/challenges to accessing reproductive health care and services in this area?
 - a. Probes: Cost, location/distance, language, age, accessibility issues
 - b. Probes: Maternal health/delivery care, contraception/EC, abortion/PAC, SGBV
3. What reproductive health care/services do you think need to be improved in this area?
 - a. Probes: Maternal health/delivery care, contraception/EC, abortion/PAC, SGBV
 - b. Probes: Populations
4. How do you think reproductive healthcare/services could be improved?
 - a. Probes: Location, cost, providers, language, issues of accessibility, age, discrimination
5. Is there anything else you would like to share with us about reproductive health in this area, or your reproductive health experiences more broadly?

General questions: Gender-based violence

Now I'm going to ask some general questions about issues of safety and gender-based violence in this area.

6. What safety concerns to people in your community face?
 - a. Probes: Women, girls, men, boys
 - b. Probes: Differences between populations based on age, national origin, disability status, marital status
 - c. Probes: Types of violence
7. Now I'd like to ask, what does gender-based violence mean to you?

Probes: Child marriage, sexual violence, sexual harassment, intimate partner violence, other forms of violence

8. Tell me what you know, or have heard about, services related to sexual and gender-based violence in this area.
 - a. Probes: Availability, cost, location, quality
 - b. Probes: Police, legal resources, health centers, women's groups, shelters, informal services
 - c. Probes: Experiences, perceptions, opinions

GBV service delivery: Experiences and opinions

9. Where women in your community go to seek GBV services/protection services?
 - a. Probes: Police, legal resources, health centers, women's groups, shelters, informal services, family
 - b. Probes: Experiences, positives, negatives
10. Why do women in your community choose to seek care/services from these places?
11. Do you think women in your community generally satisfied with the services they receive at these places?
 - a. Probes: Why/why not
 - b. Probes: Specific populations
12. What are the major barriers/challenges to accessing GBV services in this area?
 - a. Probes: Cost, location/distance, language, age, accessibility issues
 - b. Probes: Services for sexual violence, other specific types of GBV
13. What GBV services do you think need to be improved in this area?
 - a. Probes: Services for sexual violence, other specific types of GBV
 - b. Probes: Specific populations
14. How do you think GBV/protection could be improved?
 - a. Probes: Location, cost, providers, language, issues of accessibility, age, discrimination
15. Is there anything else you would like to share with us about GBV or safety issues in this area, or your experiences more broadly?

Conclusion

We are all done! Thank you all very much for taking the time to speak with us today. Please feel free to ask us any questions that you might have.

Annex 5: Stakeholders; Map

Stakeholder Mapping (2014 - 2021)															
Donors	Implementing agency						Other partners						Rights holders (ie beneficiaries of UNFPA support)	Other development actors	
	Government	Local NGO	International NGO	Women's rights organisations	Other UN	Academia	Other	Government	Local NGO	International NGO	Women's rights organisations	Other UN			Academia
Strategic Plan (2018-2021) Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.															
CPD Output 1: Young people, particularly adolescent girls, are better equipped with knowledge and skills to make informed decisions on their reproductive health and rights.															
MoEAC MSYNS MoHSS	SFH AFRIYAN NAPPA ONE ECONOMY FOUNDATION						NEW ERA NAMIBIAN NBC	MoJ MoHAISS MIRCO				UNESCO UNICEF WHO UNDP UNAIDS	UNAM NUST IUM NAMCOL	NEW ERA NBC NYC	HEALTH WORKERS TEACHERS WOMEN AND YOUNG GIRLS COMMUNITY GROUPS VULNERABLE AND PERSONS WITH DISABILITIES Youth Volunteers
If relevant, Atlas/GPS project (code and name)															
						UBRAF									
SEXUAL AND REPRODUCTIVE HEALTH ND RIGHTS															
UNFPA Strategic Plan Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts															
CPD Output 2: Adolescents and young people have improved access to adolescent- and youth friendly health services															
If relevant, Atlas/GPS project (code and name)															
MoHSS MoEAC MSYNS	SFH NAPPA AFRIYAN						NSA	NPC	Outright Namibia NDWA		IMANA NANASO NFPDN	RCO UNICEF	UNAM NUST	NAYAM	

								National Assembly				WHO UNAIDS	IUM WVTC						
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If relevant, Atlas/GPS project (code and name)

								UBRAF											
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GENDER EQUALITY AND WOMEN'S EMPOWERMENT

UNFPA Strategic Plan Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

CPD Output 3: Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and empower communities to prevent gender-based violence

If relevant, Atlas/GPS project (code and name)

	MGEPEWSW, MoHSS, NAMPOL, MoJ	REGAIN TRUST ONE ECONOMY FOUNDATION						MoJ MoHSS PARLIAMENT			WAD	ILO WHO UNWOMEN UNODC UNICEF IOM	UNAM NUST						
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If relevant, Atlas/GPS project (code and name)

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Annex 6: Country Programme Evaluation Agenda

Date and Time	Activity	Relevant Overall Outcome	People to meet	Email /Contact	Type of Stakeholder	Location
JULY 5th Tuesday						
12:00-13:40	MEETING SRHR (HIV, FAMILY PLANNING)	SRH, Gender & Youth	Mrs. Grace Hidinua	hidinua@unfpa.org	UNFPA	UN BUILDING
15:00-16:H00	SRH FHS	SRHR, Youth	Mrs. Taimi Amaambo		SFH	SFH
JULY 6TH, 2022 WEDNESDAY						
09:00- - 10:00	Meeting with Evaluation Manager	Overall	Mrs. Saima Heita	heita@unfpa.org	UNFPA	UN building
11:00 - 13:00	Meeting Adolescents and Youth Lead	Youth	Head: A&Y Ms. Kakuna Venokulavo		UNFPA	UN building
LUNCH TIME						
14:00-15:00	Regain Trust	Youth/SRHR/Gender	Mr. James K. A Itana	director@regain-trust.org	NGO	Katutura Youth Centre, Sacha Street
16:00– 17:00	Meeting GEWE Lead	GEWE	Mrs. Letisia Alfeus	alfeus@unfpa.org	UNFPA	Postponed
JULY 7TH, 2022 THURSDAY						
10h00-11h00	UNFPA	OVERALL	Country representative, Evaluation Manager, and the CPE team	heita@unfpa.org		
11:00 - 12:00	Namibia Planned Parenthood Association (NAPPA)	SRHR	Ms. Louise Stephanus	lstephanus@nappa.com.na	NGO	Number 7 Best street
LUNCH TIME						
14:00 - 15:15	Resident Coordinator's Office (UNDP)	Overall Program	Mr. Carlos Fernandez Garcia	Carlos.fernandezgarcia@un.org	UN Agency	UN building (Postponed)
LUNCH TIME						
July 8th, 2022 FRIDAY	UN holiday					
08:00-09:00	UNFPA CO Assistant Representative	Overall programme	Ms. Loide Amukongo	amukongo@unfpa.org	UNFPA	UNFPA (Virtual)
09:00-10:30	National Planning Commission	PD	Mr. Ned Sibeya (Director National Planning Commission)	nsibeya@npc.gov.na	GRN-NPC	Government Park, Luther Street

						face to face P& R and J connected virtually
11:00-12:30	Namibia Statistics Agency	PD	Ms. Ndapandula Ndikwetepo	nndikwetepo@nsa.org.na	GRN-NSA	Post Street mall
10:00-11:00	UNFPA Country Representative	Overall	Mrs. Sheila Rousseau	Rousseau@unfpa.org	UNFPA	Virtual
LUNCH TIME						
14:00 – 15:30	Ministry of Gender Equality, Poverty Eradication and Social Welfare	Gender	Ms. Penoshinge Shililifa	Penoshinge.shililifa@mgepesw.gov.na	GRN-MGEPESW	Independence Avenue Street (Postponed))
16:00 – 17:00	Ministry of sports, Youth and National Services	Youth	Mr. Nicholas Tembwe	Nicolars.Tembwe@msyns.gov.na	GRN-MSYNS	Ministry of youth building
July 9-10 SATURDAY & SUNDAY WEEKEND	Saturday (review data collection so far, adjust where applicable and exchange notes and start analysing data)					
11 JULY MONDAY						
12:00-13:00	United Nations Children's Fund	Youth/SRHR	Dr. Aune Victor	avictor@unicef.org	UNICEF	UN building
LUNCH TIME						
14H30-15H30	National Youth Council	Youth	Ms. Sircca Nghitila	snghitila@nyc.org.na	GOVERNMENT	6 Pasteur Street, Windhoek
12:15-13:15	WHO	Overall	Fransina Rusberg		WHO	UN building
12 JULY TUESDAY						
09:00-10:30	Namibia University of Science and Technology	SRHR	Ms. Alleta Mc Nally	amcnally@nust.na	Academic	Jackson Kaujeua Street, Windhoek
11:00-12:00	African Youth and Adolescent Network	A & Y	Mr. Klaivert Mwandangi	klysinho@gmail.com	NGO	Eros; Brandberg Street Nr. 2
LUNCH TIME						
12:00-13:00	Ministry of Justice	Gender/ Humanitarian	Mr. Christian Harris	wananchi85@gmail.com	GRN-MoJ	Independence Avenue (cancelled)
LUNCH TIME						

14:00 - 15:30	Ministry of Health & Social Services	Overall – Data	Mr. Likando – Acting PHC Director	Christopher.likando@mhss.gov.na	Government	Parliament garden, Robert Mugabe Avenue
15:45-17:00	Ministry of Health and Social Services	SRHR	Mrs. Cloudina Venaani (National Coordinator Adolescent Girls and Young women PHC)	Cloudina.venaani@mohs-pmu.com.na	Government	MoHSS City center building
13 July Wednesday 08:30-09:30	The United Nations Educational, Scientific and Cultural Organization	Youth/SRHR	Ms. Aina Heita	a.heita@unesco.org	UNESCO	UN building
WEDNESDAY 13 JULY - Drive from Windhoek to Kunene						
14 July THURSDAY	REGION 1 – KUNENE					
08:00-09:00	Interview Project coordinator	Programme Officers	Opuwo	ndahepelej@gmail.com	Implementing partners	On site and virtual meetings
09:30 - 13:00	FGD Beneficiaries	SRHR/Gender Interventions beneficiaries /	Opuwo		FGD Beneficiaries	
<p>JULY 14 14h00 After meeting travel to Ohangwena TRAVEL TO EENHANA (4 hr 17 min (367,3 km) via C45 and C41)</p> <p>Overnight Eenhana</p>						
15 JULY FRIDAY	REGION 2 - OHANGWENA					
08:30-10:00	Interview Project coordinator	Programme Officers	Anjolo Anjolo Chief Health Programme officer	anjoloana@gmail.com	Implementing partners (MoHSS)	
10:00 - 11:15	FGD Beneficiaries	SRHR/Gender Interventions beneficiaries / youth interventions groups	Teachers, youth and women	Tflorian9@gmail.com	FGD Beneficiaries	
16 JULY SATURDAY	TRAVEL BY ROAD FROM OHANGWENA TO ZAMBEZI					
	Overnight midway in Rundu					

17th July, Sunday	FGD with beneficiaries	Key stakeholders	Katima Mulilo Ms. Eugenia Ngenda	Ms. Eugenia Ngenda	Partners and beneficiaries	
July 18th, 2022 MONDAY 08:30-10:00	Interview project coordinator	Overall	Chief Health Programme officer - PHC	Mrs. Herither Kambinda (hkambinda1@gmail.com)	Implementing partner MoHSS	
TRAVEL BACK TO WINDHOK						
July 19th, 2022 TUESDAY						
09:00-10:30	Ministry of Home Affairs, Immigration and Safety and Security	Youth/Gender/ Humanitarian	Deputy Commissioner Johanna Situde	situdej@yahoo.com	Government	
July 20th, 2022 WEDNESDAY						
09h00-10h00	UNFPA	OVERALL		PROGRESS UPDATE TO EVALUATION MANAGER		
10h30- 11:30	Independent Midwives Association of Namibia	PD	Ms. Tekla Mbidi	teklambidi@gmail.com teklashiindi@gmail.com	NGO	
LUNCH TIME						
15:00 - 16:00	Parliament of Namibia	Gender, Adolescents & Youth (overall)	Ms Joyce Nakutta	k.nakutta@parliament.na	GOVERNMENT	Love Street, Windhoek

July 21st, 2022 THURSDAY						
Transcribe tapes/notes and follow up and set up appointments						
LUNCH TIME						
14:00 - 15:00	Women Action for Development	Youth/SRHR	Mr. Salatiell	salatiel@wad.org.na	NGO	Ruhr Street, Windhoek. (virtual interview)
15h15 - 16:00	Outright Namibia	Gender/ Youth	Mr. Agapitus Hausiku	gapitush@hotmail.com director@outrightnamibia.com.na	NGO	30 Lister Street, Windhoek (Onsite)
16:15 - 17:00	Namibia Diverse Women's Association	Gender/ Youth	Ms Linda Baumann	lbaumann82@gmail.com	NGO	Virtual interview
July 22, 2022 FRIDAY						
12H00- 13H00:	National Federation for Persons with Disabilities in Namibia	Youth/SRHR/Gender	Mr. Daniel Trum, former chairperson	Trumdaniel0@gmail.com ; carhho37@gmail.com	NGO	Resource center Katutura Disability Resource Centre, Ondoto Street, Okuryangava
LUNCH TIME						

15:30-16h30	World Health Organisation	Overall	Dr. Mary Nana Ama, Ms. Rusberg	boesman92@gmail.com	NGO	
15:00 - 16:00	Namibia College of Open Learning	Youth/ Gender	Mr. Ben Harupe	Tel: 812143365	Government	Independence Avenue, Katutura
JULY 23-24 WEEKEND						
JULY 25 TH Monday						
12:00 - 13:00	One Economy Foundation	Gender/Youth	Mr. Bernardus Harageib	Bernardus.Harageib@op.gov.na ; bharageib@yahoo.com	NGO	Virtually
LUNCH TIME						
JULY 26 TUESDAY						
14:00-15:00	United Nations Development Programme	Overall program	Ms. Geraldine Ithana	geraldine.itana@undp.org	UNDP	UN building
16h00-17h00	Mobile Telecommunication	Youth, overall	Mr. Mathias Fikameni	fmathias@mtc.com.na	Private Sectp	
July 27 WEDNESDAY						
MEETING TODISUCSS WITH TEAM						
11h40-13:00-	UNFPA	Meeting with Evaluation Manager				
July 28TH THURSDAY						
15:00-16:00	Ministry of Health and Social Services	SRHR	Ms. Mrs. Cloudina Venaani; Mrs. van der Merwe & Mrs. Kamati	Cloudina.venaani@mhss.gov.na	Government	MoHSS
July 29, FRIDAY						
10:00-11:00	UNAIDS	HIV/AIDS	Mr. Alladji Ossenii Yessifou	alladjio@unaids.org	UNAIDS	un building
16:15-17:15	University of Namibia	SRHR	School of medicine			
01 August Monday						
14:30 - 15:30	Parliament of Namibia	Gender, Adolescents & Youth (overall)	Ms Joyce Nakutta	k.nakutta@parliament.na	GOVERNMENT	Love Street, Windhoek
02 August, Tuesday						

	Namibia Statistics Agency	P & D	Mrs. Otilie Mwazi-Deputy Statistician Genera	omwazi@nsa.org.na	Gov/Public enterprise	Post street mall
05 August 13:00-14:00	MOHSS	SRHR	Ms Tuwilika Kamati	Tuwilika.kamati@mhss.gov.na	MOHSS	Virtual
08 August 15:00-16:00	NPC	P&D	Mr. Mbangu		NPC	
09 August 15:00-14:00	UNICEF		Dr. Victor	avictor@unicef.org	UNICEF	
15 August Monday						
9h00-10h00	Midwives' association	SRHR, youth	Ms. Sylvia Hamata	hamatapen@yahoo.ca	Midwives	
10h00-11h00	UNFPA	Operations, Finance and HR Team Meeting (Operations, finance & Human resource manager H	Ms. <u>Penelao Hauwanga</u> Ms. <u>Sarah Mofila</u> Ms. <u>Leatishia VRIES</u>	Hauwanga@unfpa.org mofila@unfpa.org vries@unfpa.org	UNFPA	
15 August MONDAY	13h00 Travel to Gobabis					
16 August, TUESDAY						
09:00-11:00	Interview Project coordinator & visit services	Overall	Interview Project coordinator	Jnshikulo78@gmail.com Dr Jonah Garoëb, Chief Medical Officer	Interview Project coordinator	Site
12h00-16h00	FGD with Beneficiaries	Youth /SRHR/Gender Interventions beneficiaries /	On-site		FGD Beneficiaries	
	Travel back to Windhoek					
17 August WEDNESDAY						
08:00-09h00	UNFPA	Heads of Strategic areas	Heads			
11h00-12h00	MoE	Overall-CSE	Mr. Nghifikwa	nghifikwaj@gmail.com	MoE	
14:30-15:30	UNFPA	OVERALL	MRS. LOIDE AMKONGO – Assistant Representative	amkongo@unfpa.org	UNFPA	
18 August						
8h00-9:00	UNFPA	GEWE	Ms. Letisia Alfeus	alfeus@unfpa.org	UNFPA	

9h00-10h00	UNFPA	Communication	Ms. Emma Mbekele	mbekele@unfpa.org	UNFPA	
23 August 9h00-10h00	RCO	Overall	Mr. Carlos Fernandez	Carlos.fernandezgarcia@un.org	RCO	
25 August	MoHSS	CMS	Mr. Tonata	Tonata.ngulu@mhss.gov.na	CMS	

Notes:

- i. The Key Informant Interviews will be conducted face to face and where applicable remotely (Zoom, MS Teams), meetings the FGDs will be conducted via face-to-face interactions with programme beneficiaries, in line with COVID-19 protocols and regulations. The CPE team also proposes to interact with programme officers based in the regions during the field visits.
- ii. The CPE team proposes to conduct the first 2-3 interviews as a team to ensure standardization of approach. Thereafter, the team shall split into thematic areas of expertise to facilitate the speedier implementation of fieldwork, taking into consideration the collection of high-quality data.
- iii. For practical purposes, the UNFPA CO is encouraged to schedule the meetings according to the departments/GRN/UN. For example, having all the meetings at the UN, means that the team can spend the whole time at the UN building etc.
- iv. The CPE Team will meet with the EM to discuss and finalize fieldwork logistics and planning before the commencement of data collection.
- v. De-brief meetings will be conducted every day among the CPE to discuss emerging issues to the fieldwork.

Annex 7: List of People Interviewed

Name of person interviewed	Position of participants	Organization
1. Ms. Grace Hidinua	Programme associate (SRH)	UNFPA
2. Ms. Taimi Amaambo	Country director	SFH
3. Ms. Kakuna Venokulavo	Head: A & Y	UNFPA
4. Mr. James Ithana	Director	Regain Trust
5. Ms. Luise Stephanus	Acting Director (SRH)	NAPPA
6. Ms. Loide Amukongo	Assistant Rep	UNFPA
7. Ms. Ned Simbeya	Director	NPC
8. Mr. Mbangu	Chief National development advise	NPC
9. Ms. Ndapandula Ndikwetepo	Manager	Namibia Statistics Agency
10. Ms. Sheila Rousseau	Country Representative	UNFPA
11. Mr. Nicolas Tembwe	Director	Ministry of Sports, Youth and National Services
12. Ms. Alleta Mc Nally	Student counselor (dean office)	Namibia University of Science and Technology (NUST)
13. Mr. Klaivert Mwandingi	Chapter president	AFRIYAN
14. Ms. Aina Heita	Programme Officer Health and wellness	UNESCO
15. Youth	Youth	Kunene
16. PWD Kunene (24)	Youth	Kunene
17. PWD Kunene (40)	Community	Kunene
18. Putuyavanga (16)	Youth	Kunene
19. Mureti High School (17)	Youth	Kunene
20. Mureti High School (17)	Youth	Kunene
21. Community Member	Community	Kunene
22. Ms. Marcelina Matengu	Social work	MGEPEWSW kunene
23. Mr. Silas Halwoodi	Senior Community liaison	Officer MGEPEWSW Kunene
24. Mr. Anyolo Anyolo	Chief Health programme Officer-PHC	MoHSS- Ohangwena
25. Ms. Sircca Nghitila	Head of programmes	National Youth council
26. Ms. Joyce Nakutta	Director	Namibia Parliament
27. Ms. Mary Brantou	Medical Officer - Child and Adolescent Health	WHO
28. Mr. Christian Harris	Lawyer (former officer)	Ministry of Justice
29. Ms. Cloudina Venaani	SRHR/A&Y coordinator	MOHSS
30. Ms. Van der Merwe Esperanza	Program officer (Maternal Health)	MOHSS

31. Mr. Ndahepele J	Chief programme officer-PHC	MOHSS Kunene
32. Ms. Johanna Situde	Deputy Commissioner	Ministry of home affairs
33. Mr. Leberius Ipinge	Chief Health Programme officer - PHC	MOHSS-Ohangwena
34. Herither Kambinda	Chief Health Programme officer - PHC	MOHSS-Zambezi
35. Mrs. Evelina Vatileni	Regional Intra -Health coordinator	MoHSS - Ohangwena
36. Ms. Otilie Nambabi	in Charge maternity ward	MoHSS- Ohangwena
37. Mr. Florian Tshimweetheleni	Regional School counsellor	MoEAC-Ohangwena
38. Mrs. Paulina N. Alugodhi	Teacher-Lifeskills	MoEAC -Ohangwena
39. Mrs. Helvi Itaa	Teacher-Lifeskills	MoEAC-Ohangwena
40. Mr. Nanyeni Andreas	Teacher-Lifekills	MoEAC-Ohangwena and National Services
41. Mrs. Ivali Nakanyala	Teacher -Lifeskills	MoEAC-Ohangwena and National Services
42. Mrs. Johanna Kayoo	Teacher -Lifeskills	
43. Ms. Linda Baumann	Director	Namibia Diverse Women's Association
44. Ms. Daniel Trum	Former Chair	NFPDN
45. Mr. Salatiel Shinedima	Executive Director	Women action group
46. Mr. Bernardus Haragaeb	Head of programme	One economy
47. Mr. Agapitus Hausiku	Director	Outright Namibia
48. Mr. Ben Harupe	Operations Manager	NAMCOL
49. Ms. Geraldine Ithana	Head of programmes	UNDP
50. Dr. Benjamin Nggada	Medical doctor & lecturer	UNAM
51. Mr. Alladji Osseni Yessifou	Strategic advisor (M &E)	UNAIDS
52. Mr. Israel Tjizake	Namibia Statistics general (former)	NSA
53. Ms. Ottilie Mwazi	Deputy Statistician general	NSA
54. Ms. Hillary Muhinda	Youth	Zambezi GCF
55. Ms. Musilizo Marnet	Youth	Zambezi Katima Rural Y.C.C
56. Ms. Sisinyize precious	Youth	Zambezi Katima Rural Y.C.C
57. Mr. Kolokwe Lyon	Youth	Kalobe North Y.C.C
58. Ms. Wilkka lileka	Youth	My voice in society
59. Mr. Leon Simasiku	Youth	Hot culture
60. Ms. Wisdom Mazila	Youth	Youth empowerment
61. Mr. Asseph Lifalaza	Youth	Iketele youth club

62. Mr. Sheelah Ndahepele	Youth	Project hope Namibia
63. Ms. Justina Amputu	Youth	Project hope Namibia
64. Ms. Winie Munzie	Youth	Project hope Namibia
65. Mr. Silumesi Dion	Youth	National Youth council
66. Mr. Emyee Simunja	Youth	National Youth council
67. Ms. Petrus Jacobina	Youth	Zambezi AFRIYAN
68. Ms. Beatha Hashiyana	Youth	My voice in Society
69. Ms. Moreblessing Ezequvel	Youth	Zambezi AFRIYAN
70. Mr. Riaan Siyama	Youth	BEOL
71. Mr. Jerry Lusiku	Youth	My voice in Society
72. Ms. Eugenia Ngenda	Youth Officer	MSYNS Zambezi
73. Mr. Lusiku sebby	Women	Zambezi
74. Mr. C.M. Liswaniso	Women	Zambezi
75. Mr. Liswaniso	Women	Zambezi
76. Ms. Randa Tawana	Women	Zambezi
77. Ms. Lorraine Mobonewa	Women	Zambezi
78. Mr. Florence MUKaya	Women	Zambezi
79. Ms. Lilungwe Jennuphor	Youth	Zambezi
80. Ms. Sylvia Hamata	Deputy secretary Independent midwives Association of Namibia	IMANA
81. Ms. Sarah Mofila	Procurement officer	UNFPA
82. Ms. Leatishia Vries	HR officer	UNFPA
83. Ms. Penelao Hauwanga	Finance officer	UNFPA
84. Ms. Emma Mbekele	Communication specialist	UNFPA
85. Ms. Letisia Alfeus	Gender specialist	UNFPA
86. Ms. Saima Heita	M&E specialist	UNFPA
87. Ms. Juliet P	Youth officer	MSYNS (Omaheke)
88. Ms. Mate J	Youth officer	MSYNS (Omaheke)
89. Mr. Iyambo	Chief health programme officer	MOHSS (Omaheke)
90. Ms. Angela Mbatara	Education officer	MoEAC (Omaheke) and National Services
91. Ms. Brigitte Konjore	Youth	Generation fure
92. Ms. Ivy Tjijorokisa	Youth	Omaheke
93. Ms. Vannesa Naobes	Youth	Omaheke
94. Ms. Ebenecia Demuinda	youth	Omaheke
95. Mr. Neo Mutumbe	Youth	Omaheke
96. Ms. Ukaa Tjienda	HOD	Ben v.d. Walt P.S-
97. Mr. E.Z. Kaisingisua	Teacher	Protect school
98. Ms. H.S Maadi	Teacher	Khoandawes
99. Ms. Maliska August	Teacher	Rakutuka P.S

100.	Ms. Angela Mbatara	Admin	Regional Office
101.	Mr. Shilongo OH	Teacher	Epako H.S
102.	Dr. Aune Victor	Education Specialist	UNICEF
103.	Carlos Fernandez	Head of programme (team lead)	Resident Coordinator Office
104.	Mr. Julius Nghifikwa	Deputy-Director	PQA HIV & AIDS Management Unit (MoEAC)
105.	Ms. Florence Situbeko	Head of office	IOM
106.	Ms. Penoshinge Shililifa	Director	Ministry of Gender
107.	Mr Tonata Ngulu	Senior pharmacist	MOHSS (CMS)

Focus Group Discussions	
1.	15 young people (youth in Oidimba)
2.	Ministry youth - Ohangwena: Between ages 20-25- 4 persons
3.	Women Between ages 25-30 – 7 persons

A total of 133 People interviewed

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2. UNFPA Strategic Plan (2018-2021) (incl. annexes) <https://www.unfpa.org/strategic-plan-2018-2021>
3. UNFPA Strategic Plan (2022-2025) (incl. annexes) <https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
4. UNFPA Evaluation Policy (2019) <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
5. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019) <https://www.unfpa.org/EvaluationHandbook>
6. Relevant centralized evaluations conducted by the UNFPA Evaluation Office <https://www.unfpa.org/evaluation>

Namibia national strategies, policies, and action plans [\[link\]](#)

7. National Poverty Reduction Strategy
8. National Development Plan
9. United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF)
10. Relevant national strategies and policies for each thematic area of the country programme

UNFPA Namibia CO programming documents [\[link\]](#)

11. Government of Namibia/UNFPA 6th Country Programme Document (2019-2023)
12. United Nations Common Country Analysis/Assessment (CCA)
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of the CP
16. Reports on core and non-core resources
17. CO resource mobilization strategy

UNFPA Namibia CO M&E documents [\[link\]](#)

18. CO annual results plans and reports (SIS/MyResults)
19. CO quarterly monitoring reports (SIS/MyResults)
20. Previous evaluation of the Government of Namibia/UNFPA 6th Country Programme (2019- 2023), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other UNFPA documents [\[link\]](#) [\[link\]](#)

21. Implementing partner annual work plans and quarterly progress reports
22. Implementing partner assessments
23. Audit reports and spot check reports
24. Meeting agendas and minutes of joint United Nations working groups

Studies/Survey reports [\[link\]](#)

25. National survey reports
26. Reports on studies conducted in the country
27. 2011 Census report