



## THE FRAMEWORK

The Country Programme Action Plan (CPAP) represents agreement between the Government of the Republic of Namibia (GRN) hereinafter referred to as the Government and the United Nations Population Fund, hereinafter referred to as UNFPA on the content of their cooperation and on their respective roles and responsibilities in the implementation of the country programme.

**Furthering** their mutual agreement and cooperation for the fulfilment of the ICPD Programme of Action;

**Building** upon the experience gained and progress made during the implementation of the previous Country Programme (2001-2005);

**Entering** into a new period of cooperation from 1 January 2006 to 31 December 2010;

**Declare** that these responsibilities will be fulfilled in a spirit of friendly cooperation and have agreed as follows:

### I. Basis of Relationship

- 1.1 The Standard Basic Assistance Agreement (SBAA) signed between the Government and UNDP on 22 March 1990 will apply *mutatis mutandis* to the activities and personnel of UNFPA in the Republic of Namibia through an **exchange of letters** between the Government and UNFPA. The SBAA provides the basis of the relationship between the Government and the UNFPA. This Country Programme Action Plan (CPAP) for the period 2006 to 2010 is to be interpreted and implemented in conformity with the SBAA.
- 1.2 The country programme is based on the United Nations Development Assistance Framework (UNDAF) 2006-2010, which has been jointly agreed by the Government and the UN system in Namibia and signed on 7 September 2005. The three programme components, outcomes and outputs described herein have been jointly agreed by the Government and UNFPA and aim to promote the reproductive health and rights of young people, women and men, and contribute to achieving priority national developmental needs and the three UNDAF outcomes.

### II. Situation Analysis of Population, Reproductive Health and Gender Issues in Namibia

- 2.1 This situation analysis of population, reproductive health and gender issues in Namibia is based on the analyses of development issues and challenges in the 2004 Common Country Assessment (CCA), the National Development Plan (NDP II), the National HIV Strategy (MTP III) and the National Poverty Reduction Strategy.
- 2.2 Namibia with an estimated population of 1.8 million has one of the lowest population density ratios in the world, with 2.1 persons per square kilometre. More than 40% of Namibians are younger than 15 years of age. As a result of improved family planning, the waning of a post-independence baby boom and possibly the effect of HIV/AIDS, there has been significant decline in fertility rates since 1991. While the rural areas have higher proportions of young people and senior citizens, urban areas have proportionally more people of economically active age (15 to 59 years). More than half of Namibians are concentrated in the five north-central regions of Omusati, Oshana, Ohangwena, Oshikoto and Kavango.
- 2.3 Namibia is classified as a lower middle-income country, with an annual average per capita income of around US\$1 800, ranking 65<sup>th</sup> out of 175 countries. However, this masks extreme inequalities in



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income distribution, standard of living, and quality of life. When using the Human Development Index which combines income with indicators of health and education, Namibia slid to 126<sup>th</sup> in 2004. Average income as a measure of development is therefore less relevant in Namibia than in most other countries.

- 2.4 Since independence, Namibia has made good progress towards achieving Millennium Development Goal targets such as making education free and accessible for all. The total number of learners in primary school has increased by 16 percent; 92 percent of 7 to 13 year olds are in school. Overall, the primary school survival rate for girls is also slightly higher than for boys.
- 2.5 These achievements however, are being undermined by the humanitarian crisis in Namibia and its neighbouring countries known as the “Triple Threat”. The HIV/AIDS pandemic, deepening food insecurity and a hollowing out of capacity on national, community and household levels is considered to be the single most important threat to sustainable human development and meeting the longer-term goals of the Millennium Declaration and Vision 2030. According to the 2004 CCA, the magnitude of the crisis represents a fundamental challenge to the way that Governments, the UN and other partners understand and address the development needs in the context of the Triple Threat crisis in Southern Africa.
- 2.6 The 2004 HIV sentinel survey estimated the national prevalence rate to be 19.9 percent among pregnant women. Although there has been a slight drop from the earlier rate of 24 percent, HIV/ AIDS continues to be the leading cause of death in the country. Approximately 150,000 to 180,000 are estimated to be HIV positive. According to the 2004 CCA, the pandemic’s negative impact on health and longevity has reduced the growth rate to 2.65 per annum. As a result of the pandemic, Namibia’s life expectancy declined from 61 to 49 between 1991 and 2001.
- 2.7 The high HIV prevalence is largely due to unprotected sex with an infected person. The underlying causes of HIV transmission through unprotected sex include:
  - On average men engage in sexual activity at age 18 and women at 19 but it is less than age 15 for a significant percentage. Although, teenage pregnancy has dropped to 18% in 2000 from 22% in 1992 among 15 to 19 year olds, nevertheless 39% of 19 year olds are either mothers or are pregnant.
  - Significant proportions of Namibians still do not have complete and accurate information about HIV/AIDS. This is particularly acute among rural women. Two thirds of the young people do not believe that they are at risk of contracting HIV.
  - Many Namibians do not know if they or their partners are infected with HIV. In 2000, less than 25% of Namibians in the sexually active age group reported having had an HIV test. In rural areas the proportion tested was only about 15%. Lack of information, inadequate access to testing services, fear of stigma and discrimination and the difficulty in getting treatment if infected are some of the reasons for low testing rates.
  - There is a high prevalence of Sexually Transmitted Infections (STIs), which increases the risk of HIV transmission. In 2002, the HIV prevalence among STI patients was 39% for females and 38% for males.
- 2.8 In addition to the above, one of the root causes of Namibia’s high HIV prevalence is the low status of women. Since independence the Government has shown commitment to protecting women’s rights by passing several legislations. Enforcement of these laws however remains a challenge.



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- 2.9 Cultural perceptions regarding the role and status of women result in their impoverishment and economic dependency. Sexual exploitation of women and the phenomenon of “sugar daddies” is increasingly common. Sex in exchange for rewards and security occurs across most ages. Women’s lack of access to preventive methods as well as cultural norms supportive of men having multiple sexual partners, all contribute to the precarious position of women.
- 2.10 Gender-based violence is rampant in the country and is a reflection of the status accorded to women. The number of reported rape cases rose from 698 to 894 between 2000 and 2003. According to the 2002 DHS, 44 percent of men believe that husbands have the right to beat their wives.
- 2.11 The widespread prevalence of alcohol abuse contributes to gender based violence, risky sexual behaviour and spread of HIV/AIDs. According to the 2004 CCA, there is an urgent need to address the issue of alcohol abuse through behaviour change interventions.
- 2.12 In recent years there has been an increase in the maternal mortality ratio from 225 to 271 deaths per 100,000 live births between 1992 and 2000. Poor and historically disadvantaged regions, such as Kavango, Ohangwena, parts of Omaheke, Kunene and Oshikoto, reflect the weakest proxy indicators of maternal health (total fertility rate and skilled attendance at birth).The major causes of maternal deaths include ruptured uterus, haemorrhage, eclampsia and septicaemia which are further aggravated by malnutrition, weakened immunities, lack of appropriate care practices, and lack of access to health services.
- 2.13 Namibia’s total fertility rate however remains high. Teenage girls account for 9% of Namibia’s total fertility and women over 40 years of age contribute 11%. Underlying Namibia’s high fertility are the low uptake of contraception; the incentive for parents to have many babies so that enough survive to take care of them when they are old, which is particularly strong among the poor and uneducated; and gender roles.
- 2.14 It has been estimated that less than 30,000 new jobs were created in Namibia over the 1991-2001 period, just under 3,000 new jobs per year. Over the same period, the labour force rose by more than 115,000, adding more than 11,000 workers per year. As a result, there is a large gap between the amounts of jobs being created for a larger amount of new entrants to the job market. The youth with less experience, and many having no qualifications, are therefore finding it increasingly difficult to find work. There are no signs that this situation will ease in the future.
- 2.15 The root causes for youth unemployment are low economic growth, high levels of income inequality, pervasive gender inequality, incapacity and loss of life due to HIV/AIDS and other diseases, lack of access to and quality of education, and widespread environmental degradation

### **III. Past Cooperation and Lessons Learned**

- 3.1 The third country programme for Namibia was approved in the amount of \$12.5 million (\$3.5 million in regular resources and \$9 million from other sources). The programme focused on preventing HIV/AIDS among young people.
- 3.2 The programme established a UNFPA presence in the area of adolescent reproductive health and adopted a multisectoral approach to combat HIV/AIDS. The emphasis on sociocultural research as a starting point to promote behavioural change expanded the knowledge base and will continue under the proposed programme. The programme initiated joint programming and partnerships with the United Nations Children’s Fund (UNICEF) in the area of adolescent reproductive health and mobilized additional resources from bilateral sources. The programme supported the 2001 Namibian population



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

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

### **IV. Proposed Programme**

- 4.1 The overall goal of the programme is to support national efforts for HIV prevention and impact mitigation within the context of poverty reduction. In accordance with the UNFPA 2004-2007 Multi-Year Funding Framework (MYFF), the programme consists of three components: reproductive health, population and development, and gender. It addresses key national priorities and development challenges outlined in the second National Development Plan (NDP II), Vision 2030, the 2004 Common Country Assessment (CCA) and the 2006-2010 UNDAF. The programme reflects consultations with government counterparts and stakeholders and draws on the experiences and lessons learned from previous country programmes. The programme is targeted both at the policy and community levels. In order to maximise the impact of UNFPA assistance, the programme has a regional focus with some key interventions to be implemented in three regions, namely Otjizondjupa, Oshikoto and Caprivi. These regions have been selected in consultation with the Government and on the basis of key criteria which are attached as an annex.

- 4.2 The following key strategies will be used to achieve results under the programme:

- Focus on selective regions in an effort to maximise the impact of UNFPA development assistance.
- Promote behaviour change through social mobilization using approaches that depend on peoples' understanding of positive behaviour change and that which addresses barriers and encourages the adoption and maintenance of positive behaviour.
- Sharper focus on gender mainstreaming at both the policy and community levels and integration of gender issues in all three programme components.
- Strengthen national capacity for the institutionalization of adolescent friendly reproductive health services.
- Ensure joint programming with UN partners.
- Ensure reproductive health, gender and population issues are addressed in the national poverty reduction efforts.

### **Reproductive Health Component**

- 4.3 A total of US\$ 1.9 million (regular resources) to be disbursed over a period of five years, has been allocated for the reproductive health programme component. The country office is also expected to mobilize additional resources from bilateral sources for the component.



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- 4.4 The reproductive health component will focus on HIV prevention and impact mitigation through behaviour change interventions and expansion of Voluntary Counselling and Testing (VCT) services in selected region/s of the country. The provision of high-quality reproductive health services specifically, improved maternal health and essential obstetric care (EoC) services in selected regions is an important undertaking under the 2006-2010 programme. Strengthened capacity for the management and monitoring of adolescent friendly reproductive health services at the regional and districts levels will also be supported, initially in the above-mentioned three regions and depending on the availability of funds, expanded to other regions.
- 4.5 The component is designed to contribute to the goals of the National Strategic Plan on HIV/AIDs (Medium Term Plan III) particularly that of “reducing the incidence of HIV infections to below epidemic threshold” and “combating the spread of HIV/AIDs through multi-sectoral approaches” (NDP II). Similarly, the component’s focus on improving maternal health services and provision of essential obstetric care (EoC) will contribute to the reduction of maternal mortality (MDG Goal 5). Strengthened management and monitoring of adolescent friendly reproductive health services will respond to community demands for improved quality of service provision at the health facilities, as expressed in several of the Participatory Poverty Assessments (PPAs) and in the 2005 evaluation of the adolescent friendly health services initiative.
- 4.6 The key goals and outcome indicators of UNFPA’s Medium Term Strategic Plan i.e. the 2004-2007 Multi Year Funding Framework (MYFF) are addressed by the reproductive health component. In particular, the reduction of the HIV prevalence rate among young people, the reduction of the maternal mortality ratio, and increased access to quality reproductive health services will be addressed by the programme. MYFF outcome indicators such as the proportion of births attended by skilled health personnel, proportion of young people with comprehensive correct knowledge of HIV/AIDs, will play a pivotal role in measuring results under the component.
- 4.7 The reproductive health component is directly linked to the achievement of **UNDAF outcomes one and three**, so that by 2010:
- the HIV/AIDS response is strengthened through increased access to prevention, treatment, care and impact mitigation services, especially for vulnerable groups.
  - the capacity of Government and civil society institutions is strengthened to deliver and monitor essential/critical services.
- 4.8 In order to contribute to the above UNDAF outcomes, the component focuses on achieving the following country programme outcomes (directly drawn from the country programme outcomes mentioned in the UNDAF):
- reduced high-risk behaviour among young people through interventions that promote behaviour change and address underlying causes.
  - increased access, utilization and provision of comprehensive, high-quality reproductive health services, including HIV prevention and voluntary counselling and testing (VCT).
  - strengthened institutional capacity for effective delivery and utilization of critical health services.



- 4.9 The reproductive health component has a regional focus as several interventions are designed to be implemented in the three focus regions. This notwithstanding, the following key strategies and activities under the component will be supported at the national level:

*Advocacy campaigns directed at leaders and policy makers at all levels to address reproductive health and HIV/AIDs as an important developmental prerequisite. A key thrust of the programme will be to ensure universal access to reproductive health services and information by 2015 and that reproductive health and gender issues are adequately reflected in policy documents and programmes. UNFPA will carry out advocacy jointly with other UN partners.*

*Ensure Reproductive Health Commodities Security (RHCS) in the country. Based on a GRN/UNFPA National Capacity Assessment for RHCS in September 2005, UNFPA will provide technical assistance to the MoHSS and support capacity building activities to improve the coordination, forecasting, and logistical capacity for RHCS. The supply of male and female condoms is being addressed by the **Global Fund for Aids, Tuberculosis and Malaria (GATFM)**. Some provisions will be kept under the country programme for capacity building activities for RHCS as well as procurement of reproductive health commodities (particularly injectables and pills); however, funding for capacity building activities will be provided mainly through the UNFPA Global Thematic Trust Fund established for RHCS.*

*Contribute to the reduction of the maternal mortality ratio in the country. In consultation with the MoHSS, UNFPA support for improved maternal health and Essential Obstetric Care (EoC) services will focus on Oshikoto region. At the national level however, in accordance with MDG 5, the Primary Health Care Directorate of the MoHSS has embarked upon accelerating the reduction of maternal and newborn morbidity and mortality. In this context, UNFPA will provide technical and financial support for the development and implementation of a National Road Map for Maternal Health and EoC.*

*Strengthen the Regional Management Teams (RMTs) for enhanced monitoring and supervision of Adolescent Friendly Health Service. This intervention will initially be implemented in the three regions of Otjozondjupa, Oshikoto and Caprivi and later expanded to other regions depending on the availability of funds. Outputs of the intervention such as a checklist for the monitoring of reproductive health services will be applied nationwide.*

- 4.10 In accordance with the above-mentioned three programme outcomes, the component is designed to achieve four outputs. These outputs will be attained through interventions which are described below along with the strategies to be used in achieving each of these outputs, the key activities, geographic locations and the target groups/beneficiaries.

- 4.11 **Improved Access to HIV/AIDs Information, Services and Support Systems that Promote and Sustain Behaviour Change/Objectives** (Reproductive Health Output 1)

The output will contribute to the programme outcomes of *reduced high-risk behaviour among young people through interventions that address underlying causes and increased access, utilization and provision of comprehensive, high-quality reproductive health services, including HIV prevention and voluntary counselling and testing (VCT).*



- 4.12 The programme will achieve this output through social mobilization using an approach spearheaded by WHO, namely **Communications for Behavioural Impact (COMBI)**. COMBI is social mobilization directed at the task of mobilizing all societal and personal influences on an individual and family to prompt individual and family action. It is a process which blends strategically, a variety of communication interventions intended to engage individuals and families in considering recommended healthy behaviours and to encourage the *adoption* and *maintenance* of those behaviours. COMBI incorporates the many lessons of the past 50 years of health education and communication in a behaviourally-focused, people-centred strategy.
- 4.13 In accordance with the COMBI approach, and in consultation with the MoHSS and key stakeholders, the two specific behaviours to be promoted among young people over a period of three years, are as follows:
- (i) Increased consistent use of condoms among males aged 15 to 39 throughout Namibia but particularly in the three UNFPA focus regions. Given the highest incidence of HIV infection among this group, and that by age 20 almost all Namibians are sexually active, this is the only realistic but challenging preventive behaviour to be carried out by this group to curtail further spread of the disease.
  - (ii) Studies/research indicate that 50 to 70% of boys aged 13-15 continue to delay to sex in Namibia. The COMBI approach will be used to retain this behavior by providing them with three behavioral options:
    - delaying sexual involvement (DSI);
    - have sex and stick to one partner (STOP);
    - or consistent condom use behavior (CUB)
- 4.14 A national COMBI Plan for the above-mentioned behaviour change is currently being developed for implementation by MoHSS, donors and other stakeholders. UNFPA will focus on implementing the approach initially in the three regions of Otjozondjupa, Oshikoto and Caprivi and will replicate it in other regions, depending on the availability of funds. The COMBI Plan will be implemented as part of joint programming with WHO and UNICEF.
- 4.15 In addition to the COMBI Plan for HIV prevention which focuses on males, UNFPA will continue prevention efforts through the promotion of the female condom in the three focus regions. A national study on the demand for female condom and an assessment of the effectiveness of current promotion activities will be conducted.
- 4.16 **Increased availability of adolescent friendly health services including Voluntary Counselling and Testing (VCT) in selected regions** (Reproductive Health Output 2):
- The output will contribute to the programme outcome of *increased access, utilization and provision of comprehensive, high-quality reproductive health services, including HIV prevention and voluntary counselling and testing (VCT)*.
- 4.17 In line with the Cairo agenda and the Millennium Development Goals (in particular Goal 6), the Ministry of Health and Social Services (MoHSS) is rolling out anti-retroviral therapy (ART) and Prevention of Mother-to-Child Transmission (PMTCT) of HIV in health facilities nationwide. This entails increasing the availability, access and uptake of quality VCT services in health facilities. Related needs include community awareness and involvement, support services for clients of VCT services, and



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reduction of stigma for undergoing testing. Among other requirements in the health facilities is sufficient capacity for quality counselling, particularly as client numbers increase.

- 4.18 UNFPA will support the initiative of the MoHSS to expand quality voluntary counselling and testing (VCT) for HIV as an entry point for HIV prevention, for prevention of mother-to-child transmission of HIV, and for access to treatment and care. The programme will promote the continuum of prevention, care, treatment and support, and to the principle that VCT should not be a stand-alone service.
- 4.19 The programme will support the training of community counsellors in Otjozondjupa region. The selected region has 4 district hospitals, 1 health centre and 16 health clinics. Community counsellors will be trained and posted initially to eight of these health facilities during 2006 and 2007. In years three to five (2008 to 2010) of the country programme, support will be expanded to more health facilities (health clinics) in the same region and/or replenish vacancies in the initial sites depending on the availability of funds. Additional resources may be mobilized to scale up the provision of VCT services in Otjozondjupa and to other regions. A United Nations Volunteer (UNV) will be based in Otjozondjupa region to coordinate and monitor the implementation of the VCT activities.
- 4.20 The programme will support the following four main activities in Otjozondjupa region:

*Capacity development and training VCT community counsellors to provide enhanced/quality counselling and testing:* The Government has taken a policy decision to recruit lay counsellors from communities and to train them both in counselling and testing through an intensive six weeks training programme, conducted by NGOs. UNFPA will support the training of approximately eight community counsellors in 2006.

*Strengthening supervision and monitoring of VCT services:* Health facility staff will be trained under the intervention to undertake regular on the job monitoring and supervision of the community counsellors in Otjozondjupa region. In addition, HIV/AIDS coordinators at the regional and district levels for the VCT sites will be trained to supervise the community counsellors. The UNFPA Country Office, with its emphasis on quality service provision will also assume monitoring responsibilities to ensure the provision of quality services at the UNFPA supported VCT facilities. The intervention will contain provisions to facilitate the above mentioned supervisors and the community counsellors to follow-up on defaulters in the Otjozondjupa region. One specific afternoon per week will be set aside by the VCT community counsellors to follow-up on defaulting patients.

*Payment of the monthly remuneration to community counsellors:* The Government of Namibia has taken the policy decision to provide the community counsellors with a monthly remuneration of NAM\$ 1,200. NGOs such as the Red Cross has been subcontracted by the MoHSS to administer the monthly payment. UNFPA will continue to support the payment of the monthly remuneration through this modality. The counsellors to be supported through UNFPA funding will be recruited and deployed under the same terms and conditions as those of the MoHSS.

*Publicity for VCT services in the region, awareness raising and community mobilization:* Community mobilization and participation will be key to the success of the intervention and will be spearheaded by the MoHSS's Directorate of Special Programmes. An important focus of community mobilization and advocacy will be to address stigma. Community participation will also be achieved by developing and disseminating BCC materials in the focus



communities of Otjozondjupa. MoHSS will be implementing the Communication for Behavioural Impact (COMBI) approach in the country. The COMBI approach will be implemented in Otjozondjupa region (as well as Oshikoto and Caprivi supported by UNFPA) to promote behaviour change with a focus on increasing condom use. The capacity of local NGOs and faith based organizations in the region will be developed to publicise the VCT services, reduce stigma and emphasise VCT as an entry point for a continuum of care for HIV infection.

**4.21 Increased institutional capacity for provision of adolescent friendly health services in selected regions (Reproductive Health Output 3):**

The output will contribute to the two programme outcomes of *increased access, utilization and provision of comprehensive, high-quality reproductive health services*, and *strengthened institutional capacity for effective delivery and utilization of critical health services*.

4.22 The above output will be achieved through strengthening the Regional Management Teams (RMTs) for enhanced monitoring and supervision of Adolescent Friendly Health Services, initially in the three regions of Otjozondjupa, Oshikoto and Caprivi and later expanded to other regions depending on the availability of funds.

4.23 The support to the RMTs for reproductive health monitoring and supervision will assist in strengthening the institutionalization of the Adolescent Friendly Health Services (AFHS) initiative into the health system. The support will focus on equipping MoHSS staff at the Regional and District levels with improved reproductive health monitoring skills and tools, and by assisting the RMTs to institute a system of regular reproductive health monitoring and supervision of reproductive health services offered by health centres, clinics and by the outreach teams. UNFPA will also support the RMTs to conduct regular quarterly reproductive health monitoring by facilitating transport to the health facilities. The support will consist of making available a travel allowance for the District Primary Health Care Supervisors for hiring/purchase of transport/fuel on a quarterly basis. The intervention is aimed at strengthening data collection, analysis and utilization at the regional and district levels which ultimately should contribute to improved national level data collection and utilization through the Health Information System (HIS) of the MoHSS.

4.24 The following capacity development activities are envisaged: Training of relevant RMT staff, particularly the staff of the Regional Family Health and Special Programmes Divisions and the District Primary Health Care (PHC) and Social Welfare Supervisors, on RH monitoring and supervision tools. The training will specifically focus on data compilation, analysis and utilization to improve programme implementation at the regional and district levels. Training of health facility service providers in compiling and analysing client records will also be addressed. The development of a checklist for reproductive health monitoring by District PHC supervisors (including maternal health, family planning and adolescent friendly services) to be integrated into the overall monitoring and supervision check list of the MoHSS, will be undertaken.

**4.25 Increased availability of high quality maternal health services and Essential Obstetric Care (EoC) in Oshikoto region (Reproductive Health Output 4):**

The output will contribute to the programme outcome of *strengthened institutional capacity for effective delivery and utilization of critical health services*.



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- 4.26 The MoHSS has shown commitment to the improvement of maternal health by instituting measures to improve the delivery of PHC and EOC to reduce unacceptable maternal and newborn deaths. UNFPA will contribute to national efforts to improve maternal health services by supporting the MoHSS to provide Essential Obstetric Care services in selected health facilities of Oshikoto region. The region is made up of two districts with a catchment population of 161 007. There are two district hospitals, three health centres and sixteen clinics. The intervention will be implemented in the Region's two district hospitals (Tsumeb and Onandjokwe) and all the satellite health facilities and the communities around the health facilities. This will ensure a continuum of care and effective referral at all levels of services. Based on successful implementation and the availability of funds, UNFPA support may be expanded to two other regions in years three and four of the programme.
- 4.27 The criteria for selecting Oshikoto region include relatively high maternal mortality, vast distances between facilities resulting in poor access to maternal health services, irregular PHC outreach services (due to poor road network in a sandy area), and the underserved San community. The availability of adequate staff in most of the facilities in the region is an important selection criterion that will ensure success of the intervention. UNFPA support is based on the following additional issues and needs identified during a preliminary assessment of the region:
- Acute shortage of transport at all levels for referral, PHC outreach activities and monitoring and supervision.
  - Tsumeb Hospital does not provide basic emergency obstetric care services. Lack of surgical procedures for state patients result in referring all EOC clients to Oshakati or Windhoek hospitals with high fuel and vehicle maintenance cost.
  - Inadequate/ outdated knowledge of doctors and nurses on the management of some obstetric emergencies.
  - Lack of knowledge in IUCD insertion, pap smears and blood for rapid HIV testing.
  - Inadequate equipment for screening of ANC, FP, PNC patients, delivery and managing obstetric emergencies.
  - Poor knowledge and skills of TBAs for conducting clean/ safe emergency deliveries, identifying emergencies for referral and following up of PNC cases.
  - Inadequate IEC/BCC materials and equipment on safe motherhood and EOC at all levels including the community level.
  - Inadequate skills for data management, monitoring and supervision of PHC activities including EOC.
- 4.28 Preliminary activities include a comprehensive needs assessment (including a social/community assessment) based on UN indicators to provide baseline information. The capacity of service providers to deliver quality EOC will be addressed. Improved availability of relevant equipment, supplies and drugs for the delivery of maternal and newborn health including ANC, FP, PNC and EOC will be supported. An important undertaking will be the establishment/strengthening of a referral system for EOC in the region which will include the training of TBA on referral. Strengthened capacity of the Regional Management Teams & District Coordinating Committee (DCC) teams to supervise and monitor the maternal and newborn health services and especially EOC will also be addressed by the programme. Community mobilization, male participation and collective action for improved referral of high-risk pregnancies to health facilities will be supported and will play a pivotal role in ensuring high quality care and reduction of maternal deaths. UNFPA will advocate for the recruitment of OB/GY and MOs to be stationed in Tsumeb hospital in order to cut down on the cost of referrals to Oshakati and Windhoek hospitals. A UNV will be funded and based in Oshikoto region for the coordination, implementation and monitoring of the support for EoC services.



### Gender Component

- 4.29 A total of US\$ 1.8 million (regular resources) is allocated for the gender component over a period of five years. Additional resources are expected to be mobilized from bilateral and other donors.
- 4.30 The gender component is designed to address the gender inequalities that contribute to the spread of HIV/AIDS. A key thrust of the programme will be to address structural and economic barriers to equality and empowerment through the promotion and enforcement of gender equality in laws, practices, policies and value systems to improve women's capacities, opportunities and decision making power. UNFPA supported programme activities will range from sensitizing national, traditional and community leaders and parliamentarians on gender issues, the enforcement of laws and legislation that protect the rights of women and girls, to concrete community level interventions that improve livelihood options for women and girls and increases their income. In addition to the focus at the policy and on community levels, the institutional strengthening of the Ministry of Gender Equality and Child Welfare for gender mainstreaming will be a major undertaking of the programme. The gender component is closely linked to both the reproductive health and population and development components.
- 4.31 The programme is designed to promote gender equality and equity (NDP II) and to contribute to the implementation of the National Gender Policy. The gender component addresses MDG Goals 1, 3, 5 and 6. The goals and outcomes of the 2004-2007 MYFF such as the creation of an enabling non discriminatory and gender sensitive legal and social and cultural environment will be promoted by the programme. In line with the MYFF, the programme will support gender, population and reproductive health issues among members of Parliament and strengthen the advocacy role of Parliamentarians.
- 4.32 In addition to the Ministry of Gender Equality and Child Welfare, the country office will work closely with non-governmental organizations (NGOs) and community based organizations (CBOs) and other civil society organizations to promote gender equality, women's and girls' empowerment and to ensure protection of reproductive rights. The component will also ensure community participation and networking to advance and sustain demands for equality and empowerment.
- 4.33 The gender component will directly contribute to all **three UNDAF outcomes** so that by 2010:
- the HIV/AIDS response is strengthened through increased access to prevention, treatment, care and impact mitigation services, especially vulnerable groups by 2010
  - livelihoods and food security among most vulnerable groups are improved in highly affected locations by 2010
  - the capacity of Government and civil society institutions is strengthened to deliver essential/critical services by 2010
- 4.34 In order to contribute to the above UNDAF outcomes, the component will focus on achieving the country programme outcomes of *strengthened commitment and leadership of Government and other stakeholders to create an enabling environment for scaled up multi-sectoral response; improved income earning and access to food for vulnerable households; and increased awareness and capacity for protecting the rights of children, women and other vulnerable groups*. In accordance with the above programme outcomes, the gender component is designed to deliver **four outputs** which are described below:
- 4.35 **Increased level of knowledge and commitment to an expanded HIV/AIDS response, gender issues and women's empowerment among national and local leaders (Gender Output 1):**



The output will contribute to the programme outcome of *strengthened commitment and leadership of Government and other stakeholders*.

- 4.36 The following main activities will be implemented to attain the output:

The programme will achieve gender output 1 through advocacy and awareness raising activities directed at national, traditional, religious, local leaders and elders on how gender inequality fuels the epidemic and the need to make available greater resources and opportunities for women to combat the disease. In this regard, UNFPA will work closely with Parliamentarians specifically with the Parliamentary Committee on Women and Health to ensure increased awareness of the impact of HIV/AIDS on women, especially in the context of gender inequality. Joint field visits aimed at increasing awareness of MPs on the challenges facing women and girls at the community level will be organized in close collaboration with Parliamentary Committee on Women and Health.

- 4.37 In addition to the above, UNFPA in collaboration with the Ministry of Information and Broadcasting, and different media institutions will continue to support the training of journalists with the aim of establishing standards for media reporting and to increase the understanding of journalists on issues related to HIV/AIDS, gender and reproductive health. Increased understanding of journalists on the linkages between gender, sexual and reproductive health programmes and HIV/AIDS related services, will also lead to increased reporting on gender related issues in the context of HIV/AIDS. In addition, the promotion of alternative role models for girls and young women through the media will be supported by the programme.

- 4.38 **Strengthened capacity to integrate gender issues into National Plans and Programmes** (Gender Output 2): The output will contribute to *all three programme outcomes* mentioned above.

- 4.39 The following main activities will be implemented to attain the output:

The institutional strengthening of the Ministry of Gender Equality and Child Welfare in terms of developing capacity for gender mainstreaming will be a key undertaking of the programme. Activities will include capacity assessment within the Ministry (as well as capacity assessment for gender mainstreaming in other key relevant ministries) and training activities on how to mainstream a gender perspective and analyses into relevant policies, programmes and activities. Major national and sectoral policies, programmes and legislation will be reviewed to ensure gender perspectives are integrated. An evaluation of the National Gender Action Plan will be undertaken with the aim of assisting the Ministry to formulate a new Action Plan.

UNFPA will support the National Planning Commission Secretariat (NPCS) to undertake participatory poverty assessments (PPAs) in selected regions. The poverty assessments will generate information on the plight of poor women that will result in increased resource allocation for women's empowerment, improved access to reproductive health and basic services and protection of their rights. The implementation of this activity will be coordinated with activities and strategies under the Population and Development component of the country programme.

Technical support will also be provided to ensure gender mainstreaming into the National Development Plan III. Support will be provided for the Ministry to undertake a gender related legislative audit to ensure the inclusion of gender related issues in legislation.



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UNFPA will make technical assistance available through the recruitment of a gender adviser who will be attached to the Ministry for approximately two years.

### 4.40 **Strengthened community capacity in the Caprivi Region to address livelihood issues, food security and nutrition to respond to the impact of HIV/AIDS** (Gender Output 3):

The output will contribute to the programme outcome of *improved income earning and access to food for vulnerable households* mentioned above.

4.41 In line with the UNDAF, the 2006-2010 UNFPA Country Programme seeks to promote gender equality, equity and the empowerment of women and girls as a key strategy to combat the HIV/AIDS pandemic in Namibia. The northern region of Caprivi has the highest HIV prevalence rate in the country (40%). In this context, a joint programme will be implemented by several UN agencies (UNICEF, FAO, UNESCO, WFP and UNFPA) with the aim of “strengthening community capacity in the Caprivi Region to address livelihood, food security and nutrition issues in the context of HIV/AIDS”. UNFPA will focus specifically on building the capacity of female headed households, women living with HIV/AIDS and young girl school leavers to become gainfully employed and to increase their income earning capacity, and thereby combat the disease. It is important to note that the UNFPA intervention is not necessarily targeted at potential women entrepreneurs but rather to strengthen the coping capacities of poverty and HIV stricken households in selected sites of Caprivi region and improve their quality of life in the context of HIV/AIDS.

4.42 A feasibility study has been conducted which has identified the specific geographical locations, implementation modalities and specific partners for the UNFPA support to the Joint Programme. The intervention will initially be implemented in two constituencies of Caprivi and may be scaled up to two additional constituencies based on the findings of a mid term review.

4.43 UNFPA in close collaboration with FAO and WFP will support income generating activities related to food and nutrition security. Activities to be supported include: gender and confidence development training; training of vulnerable households on market gardening, poultry and fish farming; and training on business skills development, bookkeeping, marketing and leadership. FAO will train NGO staff and extension officers on agricultural practices to ensure the provision of appropriate extension services. WFP will provide food for the training and during the start up period of the intervention.

### 4.44 **Communities mobilized against gender-based violence, and women and girls aware of their rights and how to access available services** (Gender Output 4):

The output will contribute to the programme outcome of *increased awareness and capacity for protecting the rights of children, women and other vulnerable groups*.

4.45 Joint advocacy with other UN agencies will be undertaken to increase public awareness of gender-based laws. Specific activities will include the simplification and translation of materials on inheritance related laws, simplification of guides on Combating of Rape and Domestic Violence Acts and translation into indigenous languages. Further dissemination of the Domestic Violence and Combating of Rape Acts among local and traditional leaders will be carried out including training and provision of information to judicial and other service providers on Domestic Violence and Combating of Rape Acts. Support will also be provided for an assessment of the implementation/enforcement of these Acts.



- 4.46 In addition, UNFPA will also support activities aimed at addressing entrenched ideas about masculinity and male and female roles. Specific activities to be supported will include: training of media practitioners on issues related to masculinity and its relation to gender inequality. Media visits to the community for focus group discussions on gender equality issues will be organized. Focus group discussions in three regions (Otjozondjupa, Oshikoto and Caprivi) on gender related issues in the context of HIV/AIDS will be organized to increase awareness on gender equality and for the reduction of gender based violence. Traditional leaders will be specifically targeted to act as change agents to combat gender inequality and gender based violence.
- 4.47 UNFPA will support male involvement activities aimed at providing sexual and reproductive health information to males. Activities will include: creation of a cadre of trained male nurses in SRH knowledge and skills who through training workshops and educational sessions will sensitize target groups such as the clergy and lay workers, the police and the military on sexual and reproductive health and gender issues. In addition support will be provided for radio programmes that discuss issues such as men's role and relationships within the family, better communication, male reproductive and sex related health concerns and destructive sexual and reproductive health myths.

#### **Population and Development Component**

- 4.48 A total of US\$ .5 million (regular resources) has been allocated to the population and development component of the country programme. The integration of population, reproductive health and gender issues into national development efforts, policies and programmes will be addressed the programme. The population and development component will support the implementation of the national poverty reduction strategy, particularly the collection of qualitative data and information through Participatory Poverty Assessments (PPAs). The main aim for supporting the PPAs will be to ensure that the voices of women and the poor are taken into account in the formulation and implementation of development plans and policies. The component will also seek to strengthen national capacity for data collection, analysis, dissemination and utilization. Better understanding of the linkages between population dynamics, poverty, and the demographic and socio-economic causes and consequences of the HIV/AIDS epidemic will be addressed by the component.
- 4.49 The population and development component is designed to contribute to the poverty reduction goals of the NDP II and the promotion of gender equality and equity. The component is directly linked to the achievement of **UNDAF outcomes two** and **three** so that by 2010:
- The capacity of Government and civil society institutions is strengthened to deliver and monitor essential/critical health and education services.
  - Livelihood and food security among most vulnerable groups are improved in highly affected locations.
- 4.50 The population and development component will contribute to the above UNDAF outcomes through the following programme outcome of *strengthening of the national statistical system to ensure effective development and application of tools for evidence-based policy making, planning, implementation, monitoring and evaluation* (drawn from the country programme outcomes mentioned in the UNDAF). The component will achieve the above outcome through one output which is detailed below along with the main strategies and activities.
- 4.51 **Improved availability and utilization of age- and sex-disaggregated data for the formulation of national plans and policies and for planning, implementation, monitoring and evaluation of the poverty**



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**reduction strategy** (Population and Development Output 1): The following key activities will be supported for the realization of the output:

In line with the draft Third National Statistical Plan (NSP3) UNFPA will support capacity building for data collection, analysis and utilization. Activities will include support to the National Planning Commission Secretariat (NPCS) to complete regional poverty profiles (with community action plans) for the remaining 10 regions by the end of 2008. Collection of qualitative data that highlights the concerns and needs of the poor (particularly poor women) from the point of view of reproductive health and gender, will be a key undertaking of the programme. An end of programme evaluation of the population and development component indicated the need for multivariate analysis when dealing with issues such as poverty and hunger so that issues of health, gender etc are also considered. In addition support will be provided to develop capacity for poverty monitoring particularly from the perspective of gender and reproductive health. Technical assistance will be provided through a gender adviser who will be attached to the Ministry of Gender Equality and Child Welfare.

In addition to the PPAs and poverty monitoring, UNFPA will continue to provide technical support for the dissemination of key census results by supporting reader friendly publications, improved access to census data and specialized analysis or Thematic Studies in key areas such as Gender and HIV. The Thematic Studies on HIV/AIDs for example, will result in better understanding of the demographic, social and economic causes and consequences of the disease by poverty status, gender differentials and cultural context and contribute to the development of effective strategies, plans and programmes for the alleviation of the adverse consequences of the pandemic. In addition to the gender adviser, based on identified needs of the NPCS and the Central Bureau of Statistics (CBS), UNFPA will make available short term expertise in the area of policy and data analysis. During the implementation of the programme, support may be given for conducting surveys, including on socio-cultural topics based on identified needs.

The end of programme evaluation of the population and development component of the current country programme (2001-2005) also indicated the need to improve the availability and use of population data at the regional level. To this end, training and capacity building of relevant local level officials i.e. the Regional Councils, to collect, analyse and utilize population data in the formulation, implementation monitoring and evaluation of regional/local development programmes will be provided for selected regions. Technical assistance will be provided through short term advisory services and consultants. In collaboration with other UN partners, support will be provided to introduce and establish the use of DevInfo and to develop capacity among counterparts to use DevInfo to analyze and disseminate population, gender and reproductive health related data and information and to ensure its utilization in policy and decision making and the monitoring of the national MDGs.

## V. Partnership Strategy

- 5.1 The country programme is based one hundred percent on achieving the results of the 2006-2010 UNDAF. The main government partners are the National Planning Commission Secretariat (NPCS), the Ministry of Health and Social Services and the Ministry of Gender Equality and Child Welfare. The coordinative and monitoring role of each of the above-mentioned lead ministries for the three programme components will play a critical role in ensuring the success of the programme. Through the mechanism of a Working Group comprised of the NPCS, the representatives of the three lead



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ministries, UNFPA and other UN agencies, the timely and effective implementation of the programme will be ensured.

- 5.2 With regard to UN agencies, the main partners are WHO, UNICEF, UNDP, WFP and FAO. The achievement of results will depend on complementary activities by the above mentioned UN agencies. For example, the Communication for Behavioural Impact (COMBI) approach pioneered by WHO will be implemented and a COMBI Plan for Namibia will be prepared with WHO technical assistance. The COMBI approach will complement the activities and results of other behaviour change initiatives such as the national Take Control programme funded by UNICEF, UNFPA and a number of other development partners. Similarly, for the provision of Essential Obstetric Care, UNFPA will work closely with WHO and UNICEF in finalizing training manuals as well as the training of service providers. UNFPA will complement the work of UNICEF in the area of adolescent friendly health services by strengthening national capacity for the monitoring and supervision of such services. Support to the national poverty reduction efforts and the participatory poverty assessments (PPAs) will be provided in close collaboration and partnership with UNDP. UNFPA, UNICEF and UNDP will promote the institutionalization of DevInfo in Government institutions as well as for joint monitoring and evaluation purposes.
- 5.3 A UN joint programme to strengthen the community coping capacities will be undertaken in Caprivi region with a number of other UN agencies such as FAO, WFP, UNICEF and UNESCO. UNFPA will focus on empowering female headed households through skills training for generating income. The UNFPA intervention will rely on technical assistance from FAO for training women and girls in areas such as market gardening, fish and poultry farming. It will also depend on a food for training scheme with WFP. The parallel funding mechanism will be used for the joint programme. The joint programme will be closely monitored through joint field visits and through the UNDAF Working Group II.
- 5.4 In addition, UNFPA will forge new partnerships with NGOs, CBOs and faith based organizations particularly for social mobilization for ushering in behaviour change. Partnerships with NGOs and CBOs will also play a key role in interventions to empower women. NGOs based in the regions with the necessary outreach and staff will play a critical role in ensuring the success of the programme.

## VI. Programme Management

- 6.1 The National Planning Commission Secretariat (NPCS) is the overall Government Coordinating Authority for the successful implementation of the country programme. A National Working Group comprised of the NPCS, representatives of key counterpart ministries, UNFPA and other UN partner agencies, will meet at least twice a year to assess the implementation of the programme.
- 6.2 Each programme component i.e. reproductive health, gender and population and development will be coordinated by a ministry with overall programmatic, coordinative and legislative responsibility for the implementation of activities under the component. Therefore, the Ministry of Health and Social Services will be the lead ministry for the Reproductive Health component. The Ministry of Gender Equality and Child Welfare will be the lead ministry for the Gender component. The NPCS will be the lead ministry for the Population and Development component. The key responsibility of the lead ministries will be to ensure coordination between different implementing partners working for the attainment of the same output as well as coordination between several outputs within the component. In this context, responsibilities of the lead ministry for each programme component will include organizing annual component reviews, preparing the annual component report and ensuring that the outcome of component level reviews are channelled into the annual UNDAF review process.



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- 6.3 A Memorandum of Understanding (MoU) will be signed with each implementing partner which will outline the specific obligations of the implementing partner with regard to programme implementation and the use of UNFPA funds.
- 6.4 Government implementing partners are expected to assign counterparts with the requisite technical skills to work with UNFPA for the effective implementation of the programme. Prior to the start of the programme, a capacity assessment of key implementing partners will be carried out in collaboration with other UNDG agencies such as UNDP and UNICEF. The purpose of the capacity assessment will be to ensure that the prerequisites for programme implementation i.e. assignment of counterpart staff, budgetary commitments etc will materialize in a timely and efficient manner for successful programme implementation. The capacity assessment will be a participatory process and an opportunity for the country office and implementing partners to gain a better understanding of the partner's strengths and capacity gaps.
- 6.5 In line with harmonized programming procedures, an Annual Work Plan (AWP) will be prepared for each output at the beginning of the year. In order to ensure coordination between UN partners and the attainment of UNDAF results, the AWOPS will be prepared in close collaboration with UN agencies. A total of nine AWP's will be developed under the 2006-2010 country programme.
- 6.6 In view of the regional focus of the programme, the country office will work closely with the regional offices of the MoHSS and the Ministry of Gender Equality and Child Welfare. For each of the three regions, regional officials from the relevant lead ministries will be designated to work with UNFPA staff in planning, monitoring and the implementation of the Annual Work Plans (AWPs). The lead ministry for each component will ensure that the planned annual outputs under the component will materialize through the following coordinating activities:
- 6.6.1 A planning meeting at the start of the year to finalize the Annual Work Plan and budget for each country programme output. This planning meeting will take into account the recommendations (if any) from the previous year's annual review.
- 6.6.2 A mid year review to assess progress and to resolve bottlenecks will be organized by the lead ministry for each component.
- 6.6.3 An annual component review and report to assess achievements and implementation constraints which will be channelled into the Annual UNDAF review.
- 6.7 Funds will be released to implementing partners i.e. Government or NGO, **quarterly** on the basis of the approved Annual Work Plans and upon receipt of the request for advance/certificate of expenditure i.e. the Funding Authority and Certification of Expenditures (FACE) from the implementing partner. Funds will be released both to the central ministries as well as their regional offices. Direct payments will also be made by UNFPA to vendors for goods/services received as per the Annual Work Plan.
- 6.8 At least two United Nations Volunteers (UNVs) will be supported by the programme to provide technical assistance and coordination and to facilitate the implementation of the programme. The Terms of Reference for the two UNV positions are attached as annex.....

## VII Monitoring and Evaluation



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- 7.1 The country programme will be monitored on the basis of outcome indicators mentioned in the UNDAF Monitoring Plan as well as output indicators reflected in the CPAP Results and Resources Framework (RRF). The CPAP Monitoring and Evaluation plan consisting of the CPAP Planning and Tracking Tool and the Monitoring and Evaluation Calendar will be used to monitor and track results.
- 7.2 In addition to the above, on the basis of the CPAP RRF, the country office will develop a simple monitoring database to track programme progress and achievement of results. The regional focus of the programme is expected to considerably improve the monitoring and evaluation of the UNFPA country programme. Baseline surveys will be carried out in the early part of 2006 to establish baseline and end line indicators data as well as targets to be achieved by 2010 for all the major planned interventions. The country office will conduct quarterly field monitoring visits to all UNFPA supported interventions. The monitoring activities will be reflected and budgeted in the Annual Work Plans. The two UNVs to be recruited under the programme will be based in the regions and will undertake monitoring and evaluation as priority functions. UNFPA will also provide technical assistance to the MoHSS to develop a checklist for the monitoring of reproductive health and adolescent friendly services in the country.
- 7.3 A Working Group comprised of the NPCS, representatives of key counterpart ministries, UNFPA and other UN partner agencies will meet at least twice a year to review the implementation of the programme. An annual UNDAF review will also be organized by the NPCS for assessing the programme's contribution to the UNDAF results. The major outcomes of the country programme will be evaluated during years four and five of the country programme.

### **VIII Commitments of UNFPA**

- 8.1 The UNFPA Executive Board has approved a total commitment not exceeding the equivalent of US \$3.5 million from UNFPA Regular Resources, subject to the availability of funds to support the outcomes, outputs and activities outlined in the CPAP from January 2006 to December 2010.
- 8.2 The UNFPA country office will also seek to mobilize additional resources from bilateral and other donors, subject to donor interest. To this end, a Resource Mobilization Plan has been prepared by the Country Office which will be annexed to the CPAP.
- 8.3 The above funding commitments are exclusive of funds received in response to emergency appeals which may be launched by the Government or the United Nations in response to a request from the Government.
- 8.4 The types of support to be provided to national counterparts within the framework of the CPAP include capacity development and provision of technical assistance through long and short term consultants, United Nations Volunteers, provision of project/programme personnel in accordance with UNFPA rules and guidelines, equipment and supplies, transport, training, research studies and support for monitoring and evaluation. Part of UNFPA support may be provided to NGOs and civil society organizations.
- 8.5 The disbursement of funds by the UNFPA Executive Director is based on the results of the annual review and the existence of satisfactory implementation infrastructure within the implementing agencies i.e. adequate counterpart staff, monitoring and evaluation system and availability of Government funds to fulfil its commitments.

### **IX Commitments of the Government**



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- 9.1 The Government will coordinate the development and implementation of the GRN/UNFPA Fourth Country Programme. Each programme component i.e. reproductive health, gender and population and development will be coordinated by the lead ministry with overall programmatic, coordinative and legislative responsibility for the implementation of activities under the component. The lead ministries will organize annual planning meetings for the preparation of the Annual Work Plans, Mid-Year progress reviews and an annual review of the component. The Government will organize the UNDAF annual review to assess progress towards the achievement of the UNDAF outcomes and results.
- 9.2 The Government will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring support, necessary for the programme, except as provided by UNFPA and/or other United Nations agencies, international organisations or bilateral agencies, or non-governmental organisations.
- 9.3 The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the country programme and endorse UNFPA's effort to raise funds for the programme from the private sector both internationally and in Namibia by permitting contributions from individuals, corporations and foundations in Namibia to support this programme which will be tax exempt.
- 9.4 The Government will facilitate periodic monitoring visits by UNFPA staff and /or designated officials for the purposes of monitoring, meeting beneficiaries, assessing progress and evaluation of the impact of the use of programme resources. The Government will also ensure oversight visits by its own staff and accordingly cover the costs.
- 9.5 A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by the Government (and all other Implementing Partners) to request the release of funds from UNFPA. The Government will use the FACE to report on the utilization of the funds received.
- 9.6 The Government shall provide the account details and identify the designated officials authorized to request and receive resources. A Memorandum of Understanding (MoU) will be signed with each implementing partner which will outline the specific obligations of the implementing partner with regard to programme implementation and the use of UNFPA funds.
- 9.7 Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System.

### X Other Provisions

- This Country Programme Action Plan (CPAP) supersedes any previous signed CPAP between the Government of Namibia (GRN) and UNFPA. It covers programme activities from the period 1 January 2006 to 31 December 2010.
- The Country Programme Action Plan may be modified by mutual consent of both the GRN and UNFPA based on the recommendations of the annual review meetings, evaluations and assessments and any other compelling circumstances.
- Nothing in this CPAP shall in any way be constructed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of Namibia is a signatory.

*IN WITNESS THEREOF the undersigned, being dully authorised, have signed this Country Programme Action Plan on this \_\_\_\_\_ day of \_\_\_\_\_ in Windhoek, Namibia.*



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For the Government of the Republic of Namibia

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mr

Director General  
National Planning Commission

For the United Nations Population Fund, Namibia

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ms Nuzhat Ehsan  
UNFPA Representative