



The United Nations Partnership Framework (UNPAF) 2014-2018

A Partnership for Growth, Job Creation and Equity

**Namibia Annual
United Nations
Country Results
Report 2017**

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1. Report Focus and Objectives

This report focuses on the implementation of the 2017 UNPAF activities, and it is limited to the activities that the UN agencies planned under UNPAF. The report further focuses on results achieved at an outcome level with an update on the outputs and the 2018 work plan which is attached as an annex. It further highlights the results achieved and identifies the challenges and key lessons for consideration in future programming.



2. Major Developments in Namibia

Namibia continues to maintain peace, security and political stability. However, the country faces significant on-going social challenges, notably high levels of inequality and high levels of unemployment. National unemployment stands at 28% and youth unemployment stands at approximately 39%.

The country remains committed to the implementation of its 'War Against Poverty' agenda. Since assuming office in 2015, the country's President, H.E Dr. Hage Geingob has created a culture of characterising each year with a theme or slogan. For example, the year 2015 was declared as a year of planning and setting priorities through broad consultations. This consultation culminated in the launch of an acceleration plan for the Fourth National Development Plan, known as the Harambee Prosperity Plan (HPP). As such, the year 2016 was declared 'The Year of Implementation' of these plans. During this year, the Government of the Republic of Namibia (GRN) implemented the Performance Management System.

Realising the need to focus on implementation, the GRN declared 2017 as the “The Year of Re-dedication” urging all Political Office Bearers, Civil Servants and citizens to strengthen efforts to implement national policy frameworks focused on prosperity for all. Unfortunately, 2017 was not an easy financial year for the Government, making it difficult for the GRN to fully implement its agenda. The GRN introduced stringent financial control measures aimed at tightening expenditures. These expenditure control measures negatively affected the economy and businesses, particularly small and medium enterprises (SMEs), which depend on GRN contracts.

In addition, land reform continues to be a politically sensitive issue for Namibia. In November 2016, the GRN tabled the Land Bill in Parliament to introduce provisions aimed at ensuring that land would benefit all Namibians, especially regarding land purchase and development funding. The Bill tabling was to precede a national land conference to be held in September 2017. However, the Bill tabling was met with disapproval from some people/activists such as the Affirmative Repositioning (AR) and a newly established group who refer to themselves as the Landless People’s Movement . Both groups demanded for the postponement of the Bill tabling until the Bill could be interrogated at the national land conference. Consequently, the Bill tabling was withheld. The GRN also postponed the national land conference until 2018 to allow for thorough preparation and consultation.

Another social challenge facing Namibia is its low levels of sanitation, currently estimated at 34%. This is the lowest coverage in Southern Africa, with almost half of all Namibians practicing open defecation. In addition to sanitation, there is an increase of informal settlements in urban areas particularly in the capital city, Windhoek, with about 350,000 people (30% of the population of Windhoek) living in informal settlements and only 19% of them have access to proper toilets.

In October 2017, the Government dealt with cases of Hepatitis E in Windhoek. 22 patients were tested for Hepatitis E of which seven tested positive, four tested negative, eight were pending and three deaths were recorded, mainly pregnant women. The GRN subsequently declared an outbreak in December 2017, and it was a stark reminder of the consequences of a lack of knowledge and access to proper hygiene and sanitation. The GRN, through the Ministry of Health and Social Services (MoHSS) demonstrated strong leadership during this emergency. A robust, multi-sectoral National Response Plan ensuring that all actors remain coordinated, and most importantly, respond in a timely manner. A total of NAD 3.7 million was allocated by GRN towards the emergency, treatment was provided to all the 554-people detected to have the virus and intense efforts have been deployed to contain the outbreak. Following the declaration of the Hepatitis E outbreak, the UN System in Namibia, through WHO, UNFPA and UNICEF, deployed experts to support coordination and the response. This included the establishment of protocols, case management, social mobilisation and reporting to ensure timely decision-making and response. Support further included a donation of NAD 720,000 towards coordination, community mobilisation and awareness raising targeting pregnant and lactating women and young people.

Last but not least, in 2017, Namibia launched its medium-term development strategy, the Fifth National Development Plan (NDP5).



3. The UN System in Namibia: Delivering as One

The GRN declared itself a self-starter/volunteer country to implement the United Nations (UN) Reform Agenda through the Delivering as One UN in April 2010. This started the process of cementing a partnership between the GRN and the UN system, particularly in support for Namibia’s development agenda. This declaration was supported by the Aide Memoire on “Enhanced GRN-UN Partnership through DaO in Namibia” which later culminated in the development of the United Nations Partnership Framework (UNPAF) 2014 -2018, “A Partnership for Growth, Job Creation and Equity”.

The United Nations Partnership Framework (UNPAF) 2014-2018 is the third strategic programme framework prepared by the GRN and the UN System. It describes the collective response of the UN system to priority national development challenges and articulates its comprehensive support to the achievement of national development objectives. The five-year UNPAF was jointly developed with GRN in 2012-13 to be fully aligned with the Fourth National Development Plan (NDP4) April 2012 – March 2017, the Vision 2030 Road Map and other national priorities.

Through the UNPAF and in line with moving towards partnership, the UN System aimed to focus on supporting capacity development of national institutions; fostering multidisciplinary approaches to

development; strengthening knowledge generation and management; promoting standards, norms and accountability mechanisms; and providing quality technical expertise and policy advice.

In the context of “Delivering as One”, all participating UN programmes/ agencies/ funds agreed to develop joint two-year rolling work plans for each of the 12 UNPAF Outcomes. This tool was expected to foster greater cooperation in planning and reviewing as well as collaboration in implementation of specific activities. It was also expected to allow partners to see the totality of UN support in each outcome area.

UNPAF is a vehicle for strategic partnership and resource planning to drives programmes through which the UN Country Team (UNCT) would support Namibia in the implementation of its development plans and the realisation of its development goals under Vision 2030. The UNPAF is organised around four pillars: Institutional Environment; Education and Skills; Health; and Poverty Reduction.

Progress against UNPAF’s targeted outcomes is reviewed annually to assess key achievements for the year and contributions of each UN agency against each outcome detailed in the document. There are twelve UNPAF outcomes, to be achieved by 2018, within these four pillars of UNPAF and these are subdivided among UNPAF’s four pillars as follows:



The Institutional Environment Pillar

- **Outcome 1:** Policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.
- **Outcome 2:** The Government and partners are promoting and protecting human rights effectively.
- **Outcome 3:** Functional monitoring, and evaluation and statistical analysis systems are in place to monitor and report on progress.
- **Outcome 4:** Namibia complies with international treaties' accession/ ratification, monitoring and reporting obligations.

The Education and Skills Pillar

- **Outcome 5:** Namibia is implementing policies and programmes that improve learning outcomes at all levels.

The Health Pillar

- **Outcome 6:** Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health, and improve health outcomes.
- **Outcome 7:** Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.

The Poverty Reduction Pillar

- **Outcome 8:** Namibia is implementing effectively and in a coordinated manner, policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability.
- **Outcome 9:** National Gender Plan of Action and Gender-Based Violence (GBV) Plan of Action are being implemented effectively.
- **Outcome 10:** The National Social Protection system is strengthened and expanded to poor and vulnerable households and individuals.
- **Outcome 11:** Namibia has reviewed, and is implementing, policies and strategies which ensure that severely poor and vulnerable households have access to and are utilising productive resources and services for food and nutrition security and sustainable income generation.
- **Outcome 12:** Institutional frameworks and policies needed to implement the Environmental Management Act (2007), National Climate Change Policy (2011) and other international conventions are in place and are being implemented effectively.

The pillars focus on improving effectiveness and efficiency through greater coherence and coordination in the implementation of programme interventions through joint programming where possible specifically in the areas of Gender, and Data and Strategic Information. In addition, a Joint Programme of Support on HIV/AIDS appended to this Action Plan is implemented as an integral part of the interventions under the Health Pillar.



4. UNPAF Summary of Progress: Key Results for 2017

4.1 Pillar I: Institutional Environment

Outcome 1: Policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.

4.1.1 Achievements

Capacity Building and Programme Support

UNESCO trained 48 Members of Parliament, including the Speaker of the National Assembly and Cabinet ministers on the Role of Culture of Peace in Policy Making and Implementation of Sustainable development Goal 16. The workshop aimed to promote the role of Members of Parliament in the implementation of the different SDGs and boost equal citizenship, inclusive policies, and participatory decision-making processes. A total of 5,330.00 USD was spent.

Continuous advocacy of UNESCO on the Access to Information Bill included supporting the celebration of the Universal Access to Information International Day as well as Namibia's first ever Governance Forum on 28 September 2017.

UNESCO also carried out consultations with the Ministry of Information and Communication Technology (MICT) and various partners on electronic transfers as well as on the Cybercrime Bill.

Technical expertise to Parliament to enhance the strategic planning and support on policy and framework development to the National Assembly was provided by UNDP, in order to enhance oversight capacity with in the office of the Speaker. This has resulted in enhanced functional monitoring and evaluation and statistical analysis systems which are in place for monitoring and reporting on progress through parliamentary governance capacity. A total expenditure of 37,474.00 USD was invested in 2017 toward ensuring key outputs and deliverables are met, through recruitment of expertise.

UNAIDS has continued to use the Namibian Investment Case for HIV/AIDS to inform key strategic documents, such as the newly launched National AIDS Strategic Framework 2017 – 2022 (NSF). The Investment Case has also provided evidence for a needed Sustainability Framework for the HIV Response in order to ensure that gains made are not lost with declining international contributions to the Namibian HIV Response. In collaboration with PEPFAR (U.S. President's Emergency Plan for AIDS Relief) and Ministry of Health and Social Services (MoHSS), UNAIDS supported the completion of the Sustainability Index Dashboard and hosted a national consultative meeting to agree on the way forward to create a sustainability plan for HIV response.

UNAIDS also supported the development of the Civil Society Sustainability Strategy for Namibia Report, which assists CSOs to understand options of ensuring a sustained HIV response in light of declining HIV funding. Decisions made by CSOs on sustainability will be incorporated in the expected Sustainability Framework for the HIV Response.

During 2017 UNAIDS also supported as well the City of Windhoek (CoW) in finalising their End of Term Review for the CoW Strategic Plan (2013 – 2016) and the development of the Strategic Plan 2017 – 2022, which is in line with the NSF. This will ensure a more geographically specific approach to interventions in Windhoek and create greater accountability in the local level for HIV response.

UNICEF has continued to provide technical support to the Child Justice Bill, the Child Care and Protection Act Regulations and to the Electronic Transactions and Cybercrime Bill.

Outcome 2: The Government and partners are promoting and protecting human rights effectively.

Capacity Building and Programme Support

UNAIDS successfully advocated and supported the Directorate of Special Programmes with the dissemination of the Legal Environment Assessment Report (which was completed with the support from UNDP) at the 2017 National AIDS Executive Committee. This report is a desk review of current policies, systems and legal frameworks related to populations infected and affected by HIV and those most vulnerable to HIV transmission. This information is critical to creating an enabling environment for full implementation of the national HIV response.

UNAIDS also advocated for and supported increased programming for Key Populations in the Global Fund grant in order to scale up interventions to areas and populations most vulnerable to HIV infection.

The MoHSS was supported by UNAIDS in conducting the Stigma Index, which will provide evidence regarding stigma and discrimination against people living with HIV. The final report is expected in early 2018 and it will inform further interventions in order to create a more enabling environment and communities to address stigma and discrimination against marginalised populations.

In 2017, the Human Rights Manual for Police Training College was developed by UNICEF, as part of a series of police training manuals on Gender Based Violence (GBV), Violence Against Children (VAC) and Juvenile Justice. Outcomes of this initiative included a Training of Trainers program resulting in 28 Master Trainers trained and a regional roll out to all four police training colleges planned for 2018. The GRN was also financially and technically supported by UNICEF in drafting Namibia's National Agenda for Children 2018-2022, based on a theory of change to advance protection of children's rights in the country in the areas of child protection, health, education, disability and participation.

The 2017 UNICEF budget briefs have been used to advocate for improvements in financing services, e.g. index linking of child welfare grants as part of initiatives to strengthen social protection systems. The development of the Education Strategic Plan (2017-2021) was also informed by a Public Expenditure Review which assessed resource allocations and evaluated current effectiveness in the use of funds at all levels.

UNFPA provided technical support to the Ministry of Justice and the National Human Rights Institution (NHRI) to support the dissemination and implementation of the recommendations of the Universal Periodic Review (UPR) through the inter-ministerial committee.

Outcome 3: Functional monitoring and evaluation and statistical analysis systems are in place to monitor and report on progress.

Capacity Building and Programme Support

With a focus on quality statistical systems to monitor and report on progress made, UNAIDS supported MoHSS in completing the Country Progress Report for the Global AIDS Monitoring Report, including updating HIV epidemiological estimates. UNAIDS also supported the development stages of the Situation Room, which will provide real-time geographically disaggregated information regarding HIV response. This will better inform policy formulation, development of targeted interventions, support more efficient allocation of resources, and reporting.

In addition, UNAIDS supported the MoHSS in providing much needed capacity development for staff from the Response Monitoring and Evaluation (RM&E) sub-division of the Directorate of Special Programmes in HIV estimation and Key Population Size estimation. This helps to address capacity gaps within the Directorate of Special Programmes in carrying out both national and subnational HIV estimation, and supporting civil society to undertake place studies and size estimations for men who have sex with men (MSM) and sex workers.

Additionally under this outcome, UNICEF Namibia commissioned research relevant to partner needs and priorities in order to document best practices, improve decision-making and inform policies. Some examples include:

- In order to strengthen administrative data systems for civil registration and vital statistics, UNICEF has undertaken a review of administrative data sources. The review contributes towards the e-birth notification system which is currently being piloted at Katutura, Windhoek Central and Oshakati hospitals. The aim is to eliminate late registration of births and collect accurate data about all children's births in the country. This initiative will contribute towards enhancing child rights.
- UNICEF further supported administrative data systems reviews (e.g. Violence Against Children, Civil Registration/ Vital Statistics). Support was also provided towards strengthening M&E systems by training 57 regional and head office data planners on the Education MIS and 28 officers from 14 regions were trained on the Health MIS.
- UNFPA provided support to the National Statistical Agency (NSA) to formulate and disseminate the Inter-censal Demographic Survey (NIDS) 2016 report. For the first time this survey employed a paperless method referred to as computer assisted personal interview (CAPI). The NIDS provides up to date data on demographic, socio-economic characteristics of the population and its housing units which is useful for evidence based planning and decision making at national and regional levels. Three (3) Namibia Statistics Agency staff members were also trained on data validation and weight calibration.

Knowledge Generation and Management

Through UNFPA's support the Namibia Statistics Agency (NSA) conducted a Situational Analysis on the Status of Children's and Adolescents' Rights 2010 – 2013. Additionally, it supported the NSA to develop monographs and reports on fertility, mortality, draft migration, population projection and 13 Census regional reports to inform planning and programming.

Through UNFPA support to National Planning Commission, the Namibia Demographic Dividend (DD) study report which was commissioned in 2015 has been finalised and three policy briefs were developed. This report informed the development of NDP5 and sector plans primarily the youth sector plan.

UNFPA supported the MoHSS to train 104 health workers, managers and technical staff from the MoHSS in all 14 Regions on the health district population projections, and how to utilise these projections for planning and decision making as part of the UN's support to GRN to strengthen institutional capacity and skills. UNFPA also supported the National Youth Council to produce its National Youth Status Report using available national statistics from the Census and other national household surveys reports. The report will inform programming and planning on youth related services.

Outcome 4: Namibia complies with international treaties' accession/ ratification, monitoring and reporting obligations.

Capacity Building and Programme Support

Looking at the monitoring and reporting obligations, FAO facilitated accession of the 2009 FAO International Agreement on Port State Measures to Prevent, Deter and Eliminate Illegal, Unreported and Unregulated Fishing, with the instrument of accession being deposited on 18 July 2017. Consequently, the date of entry into force for Namibia was 17 August 2017.

The Agreement envisages that parties, in their capacities as port States, will apply the Agreement in an effective manner to foreign vessels when seeking entry to ports or while they are in port. The application of the measures set out in the Agreement will, inter alia, contribute to harmonised port State measures, enhanced regional and international cooperation and block the flow of illegal, unreported and unregulated (IUU) caught fish into national and international markets.

UNDP held a two-day workshop regarding the National Human Development Report, where members of the National Planning Commission (NPC) and other line Ministries as well as other stakeholders were present. They were trained on how to develop strategies for translating the National Human Development Report messages into programmes and policies.

UNAIDS supported the Minister of Health's participation in the Global Coalition on Prevention, which resulted in Namibia joining global commitments to increase primary prevention interventions

and thus mitigate new HIV infections. UNAIDS also supported Namibia's participation at the UNAIDS Global Programme Coordinating Board Meeting.

UNFPA provided support to the Ministry of Gender Equality and Child Welfare (MGECW) to implement related recommendations of the UPR such as conducting a national GBV baseline study, as well as the provision of technical support to integrate key UPR recommendations into the development of National Plan of Action on CEDAW and the sector plan.

UNFPA and UNAIDS provided technical and financial support to the MoHSS to conduct a National HIV prevention consultation meeting, the high level meeting brought together over 60 key partners including the Minister of Health and underscored as well as gave prominence to HIV prevention work in preparation for the global HIV prevention meeting in Geneva. This resulted in the formulation of 100-day action plan on HIV prevention.

In 2017, UNICEF Namibia has started to work with the MGECW and Ministry of Justice to prepare for the development of Namibia's progress report to the Committee on the Rights of the Child, which is due in the second quarter of 2018. Initial technical assistance was provided on the updated guidelines, which require a more comprehensive situation analysis to accompany the Committee on the Rights of the Child Country Report.

UNESCO engaged the Ministry of Education, Arts and Culture (MoEAC) in discussions to support the ratification of the "Convention against discrimination in Education". These discussions are being continued and support in this area is ongoing. Also in 2017, UNESCO rendered support to Higher Education and Quality Assurance institutions in Namibia in strengthening quality assurance and recognition tools and mechanisms in Higher Education in Namibia. This is in view of the implementation of the revised Addis Ababa convention on recognition of studies, certificates, diplomas, degrees and other academic qualifications in Higher Education in Africa.

The UN Office of the United Nations High Commissioner for Human Rights (OHCHR) organised a two-day training in Windhoek, named "Training of Trainers on Treaty Body Reporting In Namibia" where members line Ministries as well as other stakeholders were present to be trained on how to report on the progress made on the implementation of the different ratified treaties.

Knowledge Generation and Management

UNICEF in partnership with Child Rights Network supported the MGECW to develop the civil society shadow report on the African Charter on the Rights and Welfare of the Child. In addition, UNICEF supported MGECW to develop its progress report to the Committee on the Rights of the Child, which is due in October 2017. This report provides an update on progress made in the implementation of government interventions aimed at protecting and preserving the rights of children.

4.1.2 Challenges and Lessons Learned

The different agencies experienced various challenges, some of them related to bureaucracy or the difficult financial situation facing the country currently.

FAO faced protracted processes of getting approval from Parliament. UNDP reported that a major constraint is a lack of financial resources to create continuation of the support to Parliament and ensure that effective capacity development and retention of capacity remains within Parliament. A key challenge remains the financial constraints at Government level, which adversely affect the efficiency and effectiveness in the Institutional Environment for Parliament as an oversight entity.

Although the law provides for full access to HIV prevention and treatment, UNAIDS experienced that certain norms and practices prohibit from the environment truly being conducive to full implementation of interventions. These obstacles have been outlined in the Legal Environment Assessment (LEA) which was disseminated at the November 2017 National AIDS Executive Committee (NAEC). It is hoped that a managerial response is made in early 2018 in order to react to the recommendations in the LEA.

UNICEF noticed that the Ministry of Justice faces serious capacity constraints in the legal drafting department, which leads to delayed legislative reform.

The decline of donor support to the HIV response has hampered the planned scale up of interventions, such as those to key populations. This has resulted in greater efforts for resource mobilisation and coordination towards creating a sustainability framework for the HIV response. According to UNAIDS, HIV is a multi-sectoral response, development of sustainability framework and a response to the LEA must be made with all relevant stakeholders and ministries present in order to create a holistic and all-inclusive approach. The Cities Initiative for City of Windhoek that resulted in their Strategic Plan development will also be replicated for key locations in Namibia, such as Swakopmund, Walvis Bay, Gobabis and Katima Mulilo.

UNICEF affirms that continuous technical support during legislative processes is necessary, to ensure that initial changes in draft remain as is, and are not removed at a later stage. In addition, technical assistance during consultative processes ensures buy-in from counterparts even before a Bill is tabled in Parliament and explains legislative changes to the general public.

Also the e-birth notification system currently pilot in Katutura and Oshakati hospitals accords as an opportunity to link to existing legacy non-electronic systems. E-birth notification can be linked to e-death notification and the national population registry, which will in turn improve our population registry systems as a whole.

Backlash by religious leaders on Comprehensive Sexuality Education (CSE) in the country was further utilised as an opportunity to sensitise religious leaders on CSE led by the MoEAC and Office of the First Lady through UNFPA and UNESCO support.



4.2 Pillar II: Education and Skills

Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.

4.2.1 Achievements

Capacity Building and Programme Support

The Education and Skills Pillar supported the Government of the Republic of Namibia, to strengthen systems within the education sector, in particular working with the two education ministries, institutions of higher learning, NGOs and civil society organisations to promote the rights of every Namibian to access quality education and training services, starting from early childhood development through to tertiary education.

The UN paid particular attention to support policy development, implementation, and monitoring and evaluation to ensure improved education outcomes, placing particular attention on data and research to generate evidence for planning and budgeting purposes. In this regard, support has been provided to enhance research and innovation, and strengthen national data systems, such

as Education Management Information System (EMIS), and to include using evidence-based data for policy and planning, and resource allocation. Through the Education and Skills Pillar, the UN also continued to promote dialogue to address the needs of children with disabilities and other vulnerable children in accessing quality education and other services, which may hinder their equal participation.

The GRN continues to place a high priority on legislation in education and creating conducive environments for quality basic education in Namibia. Universal Primary Education (UPE) and Universal Secondary Education (USE) were introduced in 2013 and 2016, respectively, and legislated in 2017, increasing enrollment rates. However, cost of uniforms, stationary, school hostels and transport still remain barriers to children from poor, vulnerable and remote communities. Despite the introduction of UPE and USE, and steady budgetary allocation to the Ministry of Education, Arts and Culture (MoEAC), these funds are not being spent equitably. To ameliorate that situation, MoEAC conducted a Public Expenditure Review in 2016-17 with UNICEF support. The review placed a strong focus on equity and efficiencies in education. The MoEAC has already started to implement the recommendations of the review, most notably the recommendations related to inefficiencies in teacher salaries and improvements in payroll management and the per capita funding models to private and public schools.

The UN advocated for full integration of Comprehensive Sexuality Education (CSE) in institutions of higher learning in-order to equip teachers to empower adolescents and young people for them to protect their health and well-being. As a result one institution namely: University of Namibia is incorporating CSE skills to teachers/educators students as a supplementary module but engagement is ongoing to incorporate CSE in training curriculum. With support from UNFPA and UNESCO, CSE was rolled out in schools reaching 680 teachers in 2017 who further reached 36,448 learners with CSE. Additionally, UNFPA provided technical guidance to the Ministry of Sport, Youth and National Service in developing and adapting a CSE package for Out of School Youth, The package consists of: a programming Guide/Framework, Facilitation Guide and a participant workbook and a training manual. The package will be used to strengthen the delivery of CSE for out of school youth.

UNESCO promoted and supported efforts to engage communities in young peoples' access to CSE and sexual and reproductive health (SRH) services through training of school board members to enhance their understanding of CSE including its importance to young people.

In terms of capacity building and improved service delivery, the UN worked towards improving the capacity of teachers in Early Childhood Development (ECD) and the use of technology in the classroom.

Two scheduled UNPAF Pillar meetings were held during the year and provided inputs into the development of UNPAF 2.0. The Education and Skills Pillar has been commended by the UN Country Team for ensuring the functionality of this Pillar and for bringing together key stakeholders to critically assess the state of ECD and education, and develop coordinated strategies to enhance

interventions. There has been improved coordination of the UN in the following areas of support to MoEAC and MGECW:

- a. The Integrated School Health Programme (ISHP)
 - i. The School Health Programme has been decentralised and regions have established ISHP committees. To ensure that schools in Namibia have access to quality school health services that remove the health and psycho social barriers to education, UNICEF conducted training in 14 regions reaching 281 school workers. The training led to the elimination of open defecation in 10 schools, improved menstrual hygiene management and adoption of handwashing with soap at critical times in 52 schools.*
- b. The Integrated Early Childhood Development Programme (IECD)
 - i. In order to help position the UN in Namibia as a knowledge leader, two editorial opinion pieces were placed in the local media through the Representative's office, focusing on Early Childhood Development and Child Online Protection. Two media visits were organised to Kavango East and West and also to Ohangwena to capture stories on sanitation, generating six newspaper articles*
 - ii. The National Framework for Integrated ECD was approved by Cabinet.*
 - iii. A National Conference is scheduled for 19-21 February 2018.*
 - iv. A Survey of Teachers in Pre-Primary Education and Early Childhood Education (ECD) was developed to strengthen the capacity and improve the working conditions of pre-primary education and ECD personnel. The survey themes are: (i) personnel and setting characteristics; (ii) training and professional development; (iii) pedagogical and professional practices; and (iv) working conditions and job satisfaction.*
- c. E-learning and technology in education
 - i. A Mapping exercise was completed to review the opportunities for expanding the use of technology in Education. The Kapano Programme to improve the use of ICT by Educators and advance an effective community of practice of education professionals, continues to develop capacity of all education professionals including teachers.*
 - ii. The UN supported the revision and updating of the ICT Policy for Education and the Implementation plan, which will facilitate, guide and strengthen ICT integration in Education in Namibia.*
- d. Comprehensive Sexuality Education
 - i. UNFPA and UNESCO continued to motivate for CSE in school with ongoing training and the inclusion of CSE in the curriculum of higher learning institutions.*
- e. The Public Expenditure Review on Basic Education has been completed that identified many changes required in basic education budgeting. This includes more equitable allocation across the education phases with a focus on pre-primary, payroll irregularities, and funding models for universal primary and secondary education; as well as a new funding model for private schools.

- f. The Education Bill will be tabled in 2018 to promote a child focussed and rights based legislative framework for education.
- g. Ministry of Youth with support from UNFPA compiled and drafted a National Youth Status report and the draft report is available. The report was used to inform the health, education and employment section of the NDP5
- h. UNFPA and UNICEF provided technical support to the MGECW for the completion of a child marriage study to inform subsequent policies and programmes in this area.
- i. Extensive scoping exercise was conducted on the status of Technical, Vocational Education and Training (TVET), Higher Education and Science Technology and Innovation and recommendations for improvements tabled with the Minister of Higher Education, Training and Innovation.
- j. A process of developing a Teacher Demand and Supply model, which will support the development of an equitable teacher recruitment and deployment plan, was started in 2017 and continues into 2018.
- k. Support extended to Ministry of Higher Education, Training and Innovation through UNAM to ensure that the implementation of the Junior Primary Education curriculum is research-driven and innovative.
- l. A Pedagogical Innovation Network (PIN), consisting of all Higher Education Institutions in Namibia, was established to serve as a hub that encourages the development and sharing of research and innovative models of instructional practices aimed at advancing the quality of education at all levels supported by information and communication technology (ICT).

Policy and Strategic Guidance

UNICEF and UNESCO supported the MoEAC to review the Education Act of 2001. Following the review, a draft Education Bill was developed and presented to the parliamentary standing committee on education. In addition, a brief on the Education Bill and a booklet on what parliamentarians can do to promote the New Education Act was also presented. UNICEF also supported the Learner Pregnancy and the Inclusive Education Policy.

The UN played a critical role during 2017 in providing technical assistance to ensure that NDP5 prioritises ECD and rights-based education as game changers for social transformation. The UN also supported the development of the Ministry of Education, Arts and Culture's five-year strategic plan (2017-2022), which focuses on improving access, equity and quality. This was based on a situation analysis of the education sector, the development of regional education profiles and a review of NDP4.

Knowledge Generations and Management

UNESCO and UNICEF supported the MoEAC to undertake a study to assess the magnitude of out of school children in Namibia. The findings of the report informed the discussions during the "School Drop-out and Out-of-School Children in Namibia National Conference". As a result of the conference, an Out-of-school Children Youth Task Force was established, comprising members

of the various youth-led organisations which fall under the National Youth Council. The School Accountability and School Governance programme was institutionalised by Government in 2016. The programme now ensures that all school board members receive training on school governance and promotes the participation of children in matters related to accountability and governance in schools. The programme is now fully aligned within the National Standards and Performance Indicators for schools. Two booklets were developed to tell the stories of the impact on beneficiaries of two pilot programmes that are going to scale. This includes the Social Accountability and School Governance programme and the Integrated Early Childhood Development programme.

4.2.2 Challenges and Lessons Learned

There is a need for the UN to speak in one voice when it comes to challenges experienced by Government and especially the line Ministries directly responsible for Education. Agencies should not be sending conflicting messages to media and partners on the work of Government.

All UN agencies should maximise the existing platforms, such as the Integrated School Health Programme and Integrated Early Childhood Development Framework, to ensure that funding and programmes are not implemented in isolation and as such jeopardising sustainability. The UN also has the opportunity to explore South-South Cooperation with Government on good practice in School Health, Public Financing and Administration in Education.

The success of education depends on recognising it as a multidisciplinary function and inter-sectoral coordination is key within the ministry and with stakeholders. As such, revival of the development partner platform and strengthening public private partnerships is critical.

The UNPAF pillar continued to convene twice a year. Government sees this as good practice that brings together Government, civil society and development partners. The UN is increasingly in a position where limited funds are able to get programmes off the ground, test proof of concept it's imperative that the UN looks at how to maximise on these catalytic funds. For this to happen, it is essential that agencies work together to avoid duplication of fund allocation.

High level commitment by education and other sectors, both at senior management and technical levels, to address the issues on Comprehensive Sexuality Education (CSE) has resulted in all planned activities being completed. Support from the Global Fund to implement activities related to adolescents and young people has allowed MoEAC to scale up teacher training on CSE.



4.3 Pillar III: Health

Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.

4.3.1 Achievements

Capacity Building and Programme Support

WHO provided technical and financial support to the MoHSS to review and align the Namibia Treatment and HIV Testing Services guidelines in accordance with the revised WHO recommendations. This has led to the scale up of Test and Treat nationwide, as well as the introduction of Pre Exposure Prophylaxis (PreP).

WHO, UNFPA, UNICEF and UNAIDS supported the MoHSS to undertake the Prevention of Mother to Child Transmission (PMTCT) of HIV Programme evaluation to better understand the situation, and to apply these lessons in aligning the Namibian PMTCT Action Plan to the UNAIDS Strategy 2016-2021, and the Sustainable Development Goals (SDGs). The findings also provided

information to support scale up Option B+ and will also inform planning towards elimination of MTCT. The PMTCT programme achieved scale-up of option B+ across all 14 regions and 36 districts, reaching over 95% of health facilities meeting the global plan of 95% PMTCT coverage target, through training of 165 health workers.

WHO, UNFPA, UNICEF and UNAIDS supported the MoHSS at the national level and selected districts on integrated Adolescents Living with HIV (ALHIV) comprehensive service provision, including adolescent friendly spaces and equipment for ALHIV, and psychosocial support services for adolescents and their parents and caregivers. Through continued support to the football leagues and the lifeskills activities, the 'Galz and Goals' programme empowered 4,000 adolescent girls from 12 regions, an increase from 3,200 reached in 2016 from 10 regions, addressing adolescent pregnancies and HIV/AIDS. Education and WASH collaborated on implementation of the MHM programme where an assessment was carried out to understand bottlenecks affecting MHM for girls in school. The study informed the development of a research tool for Ministry of Education for further analysis to address MHM. As part of the School Led Total Sanitation training undertaken under WASH, menstrual hygiene clubs were established in 30 schools educating 16,812 learners (8,466 boys and 8,346 girls) on menstruation.

Further results were accomplished in mainstreaming gender in HIV through provision of technical support to the Adolescent Girls and Young Women (AGYW) technical working group (TWG). The TWG has since developed a core package of support for AGYW as part of the HIV combination prevention strategy implementation to curb new infections. National guidelines for integrated services to address gender-based violence and violence against children were developed and disseminated.

To address significant lack of expertise on nutrition, UNICEF signed a Memorandum of Understanding with the MoHSS and Namibia University of Science and Technology (NUST) to build up a cadre of Nutritionists in the country by launching a curriculum to be used by NUST. The first students will enroll in 2018.

To respond to the increased reports of stunting and severely malnourished children, UNICEF trained 251 community health workers (CHWs) who are now supporting caregivers on infant and young child feeding practices as well as growth monitoring and promotion in all 14 regions.

WHO, UNFPA, UNICEF and UNAIDS strengthened health system capacity for the delivery of quality RMNCAH and nutrition services by construction of two maternity waiting homes, distribution of medical equipment worth 500,000 USD and training of over 300 health workers.

UNICEF supported the implementation of Every Newborn Action Plan, through bottleneck based planning process at district level, resulting in an increase in coverage of Post Natal Care within two days of birth from 68% in 2016 to 85% in 2017, and an increase in mothers and caregivers knowledge of essential family practices from 5% in 2015 to 20% in 2017. In line with the strategy for middle-income countries, service delivery remains the primary responsibility of government. UNICEF provides support to improve the effectiveness and efficiency of such services. For example,

the Early Newborn Action Plan is being implemented through existing regional and national Maternal, Newborn and Child Health steering committees. UNICEF is supporting quarterly review meetings through the Ministry of Health for monitoring and identifying demand and supply-side bottlenecks to service delivery.

UNFPA, provided technical support to ensure increased access to services for close to 2000 adolescents and young people through support to the Namibia Planned Parenthood Association (NAPPA) and Ministry of Sports, Youth and National Service (MSYNS). Support to parliamentarians through the SADC systems to mainstream and raise visibility and awareness of SRH was provided by UNAIDS and UNFPA.

FAO, WHO and UNICEF supported MAWF and MoHSS with two outbreaks of Malaria and Crimean Congo Hemorrhagic Fever (CCHF) and an outbreak of Anthrax in animals promptly contained through technical, financial and material support to the Ministries of Health and Social Services, and Agriculture, Water and Forestry (MAWF), respectively.

UNICEF and WHO strengthened nutrition capacity in the country through training of 150 health workers, 251 CHWs, 29 lecturers from universities and institutions training nurses on a comprehensive package including, Infant and Young Child Feeding, Nutrition counselling assessment and support, growth monitoring and promotion and hygiene and sanitation, the development and implementation of the nutrition degree programme at NUST and the first student intake is planned for 2018/19.

Policy and Strategic Guidance

UNICEF supported the Ministry of Agriculture, Water and Forestry (MAWF) to review indicators and annual targets on sanitation. As a result, the 2017 annual sector execution plan incorporated the new indicators on Open Defecation Free (ODF) communities in line with the SDGs. UNICEF further supported the development of ODF protocol, and that will guide the certification of ODF villages. It also supported the development of the Food and Nutrition Security Policy, the policy will contribute towards ensuring food security in the country.

WHO, UNFPA, UNICEF and UNAIDS supported the MoHSS with the National Strategic Framework and Combination Prevention Strategy for HIV/AIDS, costed the Medium Term Strategic Plan for TB and supported the National Malaria Strategic Plan 2018-2022 Global Fund grant proposals mobilising additional funds of 37 million USD to the HIV and TB response for the period 2018 – 2020 and 2.3 million USD towards malaria elimination by 2022.

WHO, UNFPA, UNICEF and UNAIDS support was provided for reviewing, developing and finalising various policies, strategies and guidelines including: NDP5; Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and Nutrition Strategic Plan; Every Newborn Action Plan; School Feeding Policy; Food Security and Nutrition Policy; Code of Marketing of Breast Milk Substitutes; National Sanitation Strategy Plan; Open Defecation Free Protocol; PMTCT Guidelines;

and; Family Planning Guidelines.

UNFPA and WHO supported MoHSS to develop a clinical handbook for health care for survivors of intimate partner violence and/or sexual violence. The handbook offers guidance to health care professional in providing front line support to survivors of intimate partner violence and/or sexual violence. WHO supported the MoHSS with the development of the National Non-Communicable Diseases (NCDs) Multisectoral Strategic Plan to ensure accelerated prevention and control of NCDs.

UNICEF and WHO supported MoHSS in the development of the Food and Nutrition Security Policy. The policy is now under review by the Food Security and Nutrition Council within the Office of the Prime Minister.

Knowledge generation and management

WHO provided technical support for the preparation and conduct of the tuberculosis (TB) prevalence survey using WHO's guidance. The data collection is underway, and has been completed in 57 out of 68 clusters. This survey is critical to obtain a direct measurement of the absolute burden of disease caused by TB, measure trends in the burden of disease and enable identification of the extent to which people with TB are being treated by health-care providers that are not linked to the National Programme.

WHO, UNFPA, UNICEF and UNAIDS supported the generation of evidence on the status of Emergency Obstetric and Newborn Care (EmONC) services through the second national EmONC assessment which led to development of the Integrated National Strategy for Women's, Children's and Adolescent's Health.

UNICEF supported the drought response through water supply to 406,056 people in communities, schools and health centres. UNICEF also supported an assessment of the impact of the drought on the nutrition status of people living with HIV in nine regions.

Systems Development and Strengthening

UNICEF supported the MEAC in mainstreaming HIV/AIDS in this sector. Following the support, the Ministry revived the Education and Youth Sector Steering Committee, which is responsible for the provision of technical guidance on SRH, including HIV and AIDS among adolescents and young people.

WHO and UNICEF strengthened coordination and collaboration amongst stakeholders in Nutrition through support to the Namibia Alliance for Improved Nutrition (NAFIN) and to parliamentarians, with a booklet to support them to become nutrition champions.

OUTCOME 7: By 2018, Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated, and equitable health care.

Capacity Building and Programme Support

WHO and UNAIDS supported the production of the National Health Accounts Report 2014/15, which provided critical information for evidence-based decision-making and financing.

WHO, UNICEF and FAO supported the development of core capacities through Joint External Evaluation and all-hazard multi-sectoral National Action Plan for Health Security (NAPHS) to strengthen emergency preparedness and the response to public health threats.

UNFPA, WHO and UNAIDS supported MoHSS to scale up the integrated people centered health services (SRH/HIV) to improve access, quality and responsiveness of the health care system to the holistic needs of clients. To date, 62 health facilities nation-wide are providing SHR/HIV integrated services. Data from these service assessments have revealed that provision of integrated services have the potential to increased ART adherence rate for PLWHIV, due to reduced stigma and an increase of first family planning uptake, especially among adolescents.

WHO and UNICEF supported the development of the Country Multi-Year Plan (cMYP) for 2018 -2022, forecasting and costing of vaccines and bed nets, conduct the Immunization Equity Assessment and Micro-planning to strengthen the capacity of the MoHSS to deliver immunization services.

Knowledge Generation and Management

UNICEF supported the development of bottleneck analysis based integrated annual work plans with focus on maternal, neonatal, and child health in eight health districts. This was done to facilitate resource mobilisation and for requesting funds from central government and other partners.

UNICEF and WHO supported the MoHSS to conduct comprehensive evaluation of the Health Extension Programme with key recommendations on how to make the programme more efficient. WHO and UNFPA provided technical and financial support to MoHSS to conduct the national Maternal Peri/Neonatal Death Review (MPNDR) process and the preparation of the 2nd national report. The report was shared with senior management of the MoHSS and will be utilised for policy and decision making. WHO and UNFPA also supported the 2nd National EMONC Assessment in September 2016. The findings from these reports will help to address gaps in health service delivery towards reduction of maternal and childhood morbidity and mortality.

WHO in collaboration with UNICEF supported the MoHSS to conduct a comprehensive review of the National Immunization Program (NIP) which integrated the assessments of surveillance for vaccine preventable diseases (VPD), data quality, and the introduction of Pneumococcal Conjugate Vaccine (PCV), Rotavirus vaccine, Inactivated Polio Vaccine (IPV) and Hepatitis B birth

dose vaccination with clear recommendations. The review report findings will provide evidence for improved programme planning and implementation.

UNAIDS supported the MoHSS to undertake a HIV-TB Gender Assessment. The recommendations will be integrated into the 2017-2022 HIV/AIDS and TB strategic Framework. UNICEF in collaboration with UNAIDS supported the MoHSS to carry out an evaluation of the prevention of mother to child transmission (PMTCT) programme to assess achievement and challenges. The results findings will inform the development of a plan roadmap for the elimination of Mother-to-Child HIV transmission from mother to child by 2020 in Namibia.

UNICEF and UNAIDS supported national efforts to increase the dissemination of HIV information to adolescents and young people. This helps to increase youth participation and raise awareness of adolescent issues on the HIV/AIDS agenda. Support has also been provided to MoHSS to carry out the End Adolescents AIDS Initiative, through the “All In” phase two bottleneck analysis in the seven regions with the highest adolescent HIV prevalence. As a result of this support, these seven regions developed work plans that prioritise adolescent HIV related issues.

UNESCO in partnership with Life Line Child Line-Uitani Child Radio produced and aired 19 sexuality education radio programs for young people. The programs were aired on Namibian Broadcasting Corporation (NBC) national radio every Saturday between 10 -11am for a duration of 10 months in 2017. These programs were produced and presented by young people of Uitani Child Radio. Topics covered include, dating, teenage pregnancy, bullying, gender based violence, alcohol and drug abuse.

WHO supported the MoHSS in the assessment and response of the malaria outbreaks in Ohangwena, Kavango East, Kavango West and Zambezi regions. The exercise helped to contain the malaria outbreak in time and prevent avoidable illnesses and deaths. Furthermore, support was provided to the ministry in undertaking the International Health Regulations (IHR) 2005 self-assessment for Joint External Evaluation (JEE). This was followed by the Joint External Evaluation (JEE) which validated the gaps that needed to be addressed. The development of a comprehensive action plan to fulfill the country’s IHR obligations will be informed by the JEE Report. It is expected to allow Namibia to establish and strengthen IHR core capacities towards prevention and containment of public health emergencies of international concern.

WHO supported the MoHSS to conduct a comprehensive review of the Tuberculosis (TB) and Leprosy Medium-Term Plan II. The review was accomplished in collaboration with several partners and experts and culminated in a programme review report. The report was subsequently used to guide the development of the 3rd TB and Leprosy Medium-Term Plan.

WHO, UNFPA, UNICEF and UNAIDS supported the MoHSS to conduct the TB prevalence study, Stigma Index Study, scaling up of SRH/HIV Integration and solar for Health in five clinics, all being implemented as part of action taken by the UN to facilitate the implementation of the on-going Global Fund (GF) grant.

As part of the global #EarlyMomentsMatter campaign to drive increased awareness on the

importance of the first 1,000 days of a child's life, a national campaign was launched in October with the Ministry of Gender Equality and Child Welfare, the MoEAC and the Office of the First Lady. As part of advocacy and fundraising, a booklet featuring stories on UNICEF IECD model centres was developed and tells stories of how people from disadvantaged communities have benefited from the centres.

UNFPA and UNAIDS supported Be Free advocacy forums led by the First Lady. These community forums have convened and galvanised an open and free conversation of young people, parents/guardians, community leaders, faith based and traditional leaders and teachers around some of the challenges that confront young people in Namibia teenage pregnancy, school drop-out, violence, drugs and unemployment, to name a few. To date, with support of UNFPA and UNAIDS, forums have been conducted in all 14 regions, reaching approximately 240 frontline duty bearers and 5745 community members (adolescents, young people, parents and life skills teachers).

Policy and Strategic Guidance

UNODC in collaboration with WHO supported the Namibian Correctional Services (NCS) to develop its Health Policy. The Policy was officially launched in May 2016. It makes provision for inmates and staff to access HIV and AIDS prevention, treatment, care and support services.

WHO supported the revision of National ART Guidelines in line with the newly released 2015 WHO guidance. The revised guidelines were launched on World AIDS Day in 2016, which and currently guides a nationwide HIV treatment rollout. In addition, these revised guidelines were guided by the Programme Review Report.

WHO supported the National TB and Leprosy Programme in drafting the next generation of TB and Leprosy medium term plan, which is due for finalisation in early 2017. The plan will guide the implementation of TB and leprosy interventions for the coming five years of, i.e. 2017/18-2021/22.

In addition, support was also provided to the ministry MoHSS to develop a national Multi-Sectoral Non-Communicable Diseases (NCDs) Prevention and Control Strategy and is envisaged to be launched in 2017. The strategy will guide the programme planning and implementation across sector ministries for the coming five years.

WHO, UNFPA, UNICEF and UNAIDS supported the MoHSS to develop the NSF M&E Framework and the research Agenda of the revised National Strategic Framework (NSF) 2017/18 – 2021/22. These documents have been developed as a component of the NSF and will serve as basis for monitoring and reporting on the implementation of the new NSF. They will also contribute to strengthening the HIV health delivering system by providing available strategic information on Namibia's AIDS epidemic and response.

The Scaling Up Nutrition Global Gathering (Abidjan November 2017) provided a valuable forum

for sharing the Namibian experience and learning from other countries, e.g. on how to better align the Namibia Alliance for Improved Nutrition (which engages civil society, private sector, academia and development partners) with the revitalised Namibia Food Security and Nutrition Council. The former Prime Minister of Namibia continues to serve as part of the Lead Group, to motivate other countries to join the Scaling Up Nutrition Movement and to advocate for greater global attention to the harmful consequences on development of malnutrition.

Systems Development and Strengthening

UNODC supported the Namibia Correctional Services (NCS) to refurbish the Hardap Correctional Facility Health Clinic. This will contribute to improve HIV/AIDS service delivery.

WHO, UNFPA, UNICEF and UNAIDS supported the MoHSS to ensure that the health development partnership was effectively coordinated to support the national health agenda through monthly meetings and sharing of information.

UNFPA was instrumental in introducing long acting reversible contraceptive methods (LARC) into the public health services in Namibia. This was achieved through a donation of contraceptives valued at 7 440,734.25 NAD (620,000 USD), consisting mainly of DMPA Depo-Provera, Noristerate, Copper T IUDs and Implanon NTX. The donation was followed by the training of 21 health workers on the insertion of the long acting reversible contraceptive methods, to complement GRN's efforts to increase the accessibility to a wide range of contraceptives. This will further contribute towards averting unintended pregnancies, unsafe abortions and maternal deaths.

UNFPA supported the First Lady of Namibia in launching the national #BreakFree and #BeFree Anti-Violence Campaigns. These campaigns were aimed at creating greater awareness and calling for action against gender based violence, including enforcing positive help seeking behavior among perpetrators and victims/survivors. H.E the President of Namibia signed the first Anti-Violence pledge as evidence of high level support and personal commitment to the campaign. From November 2017 to December 2018, the campaign was expected to generate 10 ideas on anti-violence, 100 Interventions, 1000 stories, 10 000 conversations and 100 000 pledges to end GBV. Three hundred young people and service providers gained awareness on GBV prevention, services and SRH, including CSE.

WHO helped the MoHSS to procure and distribute high-tech medical equipment to the central referral hospital, three intermediate hospitals and district hospitals in the Programme for Accelerating the Reduction of Maternal and Child Mortality (PARMaCM) supported regions. This will improve the quality of maternal and child health services. WHO, UNFPA, UNICEF, UNESCO and UNAIDS supported the MoHSS and MoEAC to sign an MoU which led to the establishment of school health coordination mechanisms at the national and regional level.

4.3.2 Challenges and Lessons Learned

1. Financial difficulties being faced by the government has affected implementation of activities at all levels.
2. Leadership challenges in the PHC directorate, as well as several competing activities of the MOHSS led to delays in the speedy implementation of some activities.
3. HR capacity constraint led to low absorption rate of the previous Global Fund grant, leading to highly needed funds being returned.
4. MoHSS is facing many challenges on procurement of contraceptives, vaccines and other medicines resulting in huge stock outs. The number of stock-outs of any vaccines lasting more than one month went from 1 in 2015 to 3 in 2017. As result of the stock out, the immunization coverage decreased from 92% in 2015 to 88% in 2017, when considering Pentavalent 3.
5. Implementation of the revised HIV Treatment guidelines was very slow as a result of logistical constraints and periodic drug stock outs in facilities.

Through the Community Led Total Sanitation (CLTS) Foundation technical support from Zambia was provided to accelerate the roll out of the CLTS programme. A regional workshop hosted in Zambia provided examples and enabled Namibia's Water and Sanitation Forum to secure staff and resources from multiple line ministries to scale up the support to 61 villages in 2017, reaching over 30,000 people. The intervention demonstrated how latrines could rapidly be constructed at scale, with little cost to GRN and with maximum community engagement and commitment to use and maintain the latrines. The activities on elimination of open defecation and hygiene promotion are being scaled up. The joint team (MAWF, MoHSS, MoEAC, and UNICEF) conducted training and triggered 5,149 households (30,000 people) from 61 villages in 3 northern regions using the CLTS approach. A total of 450 new latrines have been constructed by community members during this period compared to 190 that existed before CLTS triggering. A total of 52 schools with a total of 16,812 learners (8,466 boys and 8,346 girls) are implementing school-led total sanitation, of which 10 schools have attained ODF criteria. This can be scaled up to address the current escalating sanitation-related diseases as well as to reduce school absenteeism especially of the girl child, through improved menstrual hygiene management.

Community engagement and empowerment of community leaders with relevant knowledge and skills to create awareness and change behavior have proved to be essential in addressing unhealthy practices like open defaecation, poor personal and environmental hygienic practices in the control of disease outbreaks such as Hepatitis E Virus and Cholera. Integrated district maternal, newborn and child health (MNCH) bottleneck analysis and planning, with quarterly reviews resulted in improved service delivery, and health indicators. The management, programmes and implementers, showed much ownership and engagement in the issues related to MNCH and HIV due to their engagement in bottleneck analysis, planning and review processes.

Community Health Workers (CHW) that are well trained, equipped and well-motivated have proved to be instrumental in promoting improved health and nutrition behaviors in communities. CHWs improved access and utilisation of health and nutrition services through regular screening of children under five, counselling services and the referral of clients to receive appropriate

curative and preventative services at health facilities. Community Health Workers that are well trained, equipped and well-motivated have proved to be instrumental in promoting improved health and nutrition behaviors in the communities. CHWs improved access and utilisation of health and nutrition services through regular screening of children under five, counselling and referral of clients to receive appropriate curative and preventative services at health facilities.

Strengthening the health management information system (HMIS) is key to providing real-time data for appropriate decision making. Trained staff at all levels in HMIS are able to feed the system with timely and accurate data, interpret and make appropriate decisions. As much as this has proved important, there is still a need to support the government to build staff in HMIS.



4.4 Pillar IV: Poverty Reduction

Outcome 8: By 2018, Namibia has adopted and is implementing effectively and in a coordinated manner, policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability.

4.4.1 Achievements

Knowledge Generation and Management

UNICEF undertook a secondary analysis of the 2013 Namibia Demographic and Health Survey by analysing the equity of outcomes and the determinants of the under-five mortality rate. Also, using UNICEF's Multiple Overlapping Deprivation Analysis (MODA), it described the extent of child deprivation in Namibia and disaggregated the results for 0-4 and 5-17 year-olds. These have informed the draft Business Case for further investment in the health sector.

The UN, GRN and associated partners are using information from the Country Progress Report for the Global AIDS Monitoring report, which highlights vulnerable populations including marginalised and key populations, to advocate for improved programming and ensure nobody is left behind. Following the technical capacity on assessing HIV sensitive social protection, Namibia is producing a report on social factors that leave certain populations vulnerable to poverty, GBV, disease and other social challenges. This report will be available in 2018.

A 2017 Gender Assessment Report was finalised, which highlights the vulnerabilities of women and girls, especially as it relates to HIV and GBV.

The Legal Environment Assessment was recognised in the National AIDS Council in late 2017. This report will be used to advocate for changes to social enablers that would address the marginalisation of populations.

The National Planning Commission has drafted three policy briefs on the following topics: i) Inside The Gender Pay Gap: What Explains Disparities In Gender Pay In Namibia? ii) Increasing Enrolments In Early Childhood Development (ECD): How Far Have We Come? iii) Namibia's Untapped Resource: Analysing Youth Unemployment.

Policy and Strategic Guidance

The pillar supported the development of the National Blueprint Print on Wealth Redistribution and Poverty Eradication and its implementation plan. The Blue Print serves as a guiding document which provides the basis for strategic interventions outlined in the Blue Print Implementation plan.

System Development and Strengthening

UNICEF supported the Ministry of Poverty Eradication and Social Welfare (MPESW) to establish a National Core Team on Social Protection. The establishment of the core team will provide technical support needed for the strengthening of the multi-sectoral coordination of the social protection system reform in the country. Training support on Namibia Tax Benefit Micro Simulation Model (NAMOD) was provided by UNICEF, UNDP and the Resident Coordinator's Office (RCO). This focused on the Namibia Tax Benefit Micro Simulation Model (NAMOD). The use of the model will

provide evidence on the impact of taxation and social policy changes on poverty reduction.

Outcome 9: By 2018, the National Gender Plan of Action and Gender- Based Violence Plan of Action are being implemented effectively.

Capacity building and Programme Support

With the support of UNFPA, WHO and UNAIDS, the GRN has scaled up the integration of SRH/ HIV/GBV at 62 health facilities in six regions (Oshikoto, Otjozodjupa, Oshana, Kunene, Zambezi and Omaheke). An evidence brief was developed and lessons learned were shared with other countries.

With support from WHO and UNFPA, the GRN is moving towards rolling out the implementation of the clinical handbook on Intimate Partner Violence (IPV) and Sexual Violence (SV) for health facilities. The handbook offers guidance to health-care professional to identify, provide first-line support, offer care and refer survivors subjected to IPV or SV.

Through the technical support and strategic guidance of UNAIDS and UNFPA, 41 Parliamentarians and 31 support staff in GRN have been trained with information, awareness and messages on GBV, SRH, HIV and demographic dividend.

The UN was able to reach 685 policy makers, duty bearers, influential leaders and community members with advocacy messages on linkages between GBV, SRH and HIV during International Women's Day and the 16 Days of Activism Campaign Against Gender-Based Violence commemorations.

With the assistance of UNFPA and UNICEF, the GRN now has access to new data on GBV and harmful practices (national baseline, Windhoek prison and child marriage study) for decision-making and design of evidence-based interventions. To address the issue of violence against women and children, with a focus on Child Online Protection, UNICEF fostered a partnership between the GRN, ChildLine/LifeLine and the Internet Watch Foundation, which resulted in launching a national portal for reporting Online Child Sexual Abuse.

Namibia is piloting the Standard Operating Procedures for integrated health, criminal justice and welfare services for survivors of sexual violence in Khomas region. The evidence generated through the UN support has informed the roll out of integrated SRH-HIV activities, which resulted in improved and holistic patient care.

The UN has successfully advocated for male engagement to be a key priority in the City of Windhoek (CoW) Strategic Plan on AIDS Response. GRN is using the Protocol developed with the support of the UN to conduct a baseline survey on Violence Against Children and on early marriage.

Policy and Strategic Guidance

With the support provided by UNICEF, a coordination mechanism was established for Gender Based Violence (GBV) and violence against children. This led to the development of the Online Child and Sexual Abuse and Exploitation programme and provision of legal assistance on the development of Child Care and Protection Regulations. UNICEF and IOM contributed to the drafting of the different bills such as the National Human Trafficking Bill and the Electronic Transactions and Cybercrime Bill (ETCB). This will provide the legal framework that will address child online safety and trafficking of persons.

With support provided by UNFPA to the MGECW, gender equality, GBV, SRH and sex-disaggregated data issues were integrated in the draft NDP5 (2017-2021). As a result, a stand-alone chapter on gender equality and women's empowerment has been developed for NDP5. In addition, with UNFPA's support, the Draft Convention on the Elimination of Discrimination Against Women (CEDAW) National Plan of Action that identifies priority activities for addressing recommendations by the CEDAW committee was developed and is awaiting cabinet review and approval.

Knowledge Generation and Management

UNFPA supported the National GBV baseline study that focused on investigating partner violence (IPV) by current or former partners and sexual violence by non-partners (rape). The finding of the study will be used to inform policy dialogue and decisions on GBV issues.

UNFPA in collaboration with the Ministry of Justice supported the development of a Universal Periodic Review (UPR) Booklet that captures various recommendations raised by peer countries for national implementation.

Outcome 10: By 2018, the National Social Protection System is strengthened and expanded to poor and vulnerable households and individuals.

Policy and Strategic Guidance

After the development and finalisation of the police training manuals on investigating sexual violence, domestic violence and child protection, a Training of Trainers was conducted. This was also followed up with multi-sectoral workforce strengthening for prosecutors, police officers and social workers in the handling of child sexual abuse, with 230 professionals trained nationwide by a team of 35 master trainers. Based on an institutional assessment mission, institutional strengthening of the Namibian Police is planned with UK National Police on investigating online sexual violence and digital forensics.

The support provided to research studies on Financing Social Protection and Institutional Assessment of Namibia's Social Protection System has resulted in a seminar of experts on Social protection with GRN, development partners and civil society.

The UN is part of the Core Team on Social Protection which is chaired by the Ministry of Poverty Eradication and Social Welfare (MPESW). In terms of resources, the UN has secured funding from GIZ for technical assistance to coordinate the development of a national social protection policy in 2018. In order to strengthen administrative data systems for civil registration and vital statistics, a review of data sources was undertaken. The review contributed towards the e-birth notification system which is under development, and which will be linked to the National Population Registration System. The aim is to eliminate late registration of births and collect accurate data about all children's births in the country. Other support to administrative data systems included reviews of data sources (e.g. Violence Against Children, Civil Registration/Vital Statistics) and training (e.g. 57 regional and head office data planners on the Education MIS and 28 officers from 14 regions were trained on the Health MIS).

Systems Development and Strengthening

UNICEF provided technical support to the Ministry of Home Affairs and Immigration (MHA) to strengthen systems for registration. This will contribute to timely civic registrations which is a prerequisite for access to social grant entitlements.

UNICEF initiated and contributed to the drafting of the Population Registration Bill and formation of a Thematic Working Group on E-Health and E-Birth Registration which was initiated with UNICEF support. This has contributed to the strengthening of the birth and death notification system and guided the linking of both e-birth and death notification system to the e-National Population Registration System (MHAINPRS) and the e-Social Assistance System. In addition, the improved systems will inform the modelling in three regional referral hospitals.

In the areas of child protection, gender-based violence and child witness support, 60 police officials, social workers, doctors, prosecutors and magistrates received training and 32 were involved in training of trainers to strengthen integrated health and protection services to survivors, through UNICEF support. The training also provided inputs for the drafting of Standard Operating Procedures for the GBV Protection Units.

A multi-sectoral training on interviewing the child witness for prosecutors, magistrates, social workers and police officers was rolled out, enhancing the capacity of 226 professionals to deal with child sexual abuse trauma, disclosure, grooming and court preparation. As a result, prosecutions have started to be undertaken in a shorter time and with improved conviction rates.

Responding to the emerging risk of online child sexual abuse and exploitation, the UK National Crime Agency conducted an assessment of the Namibian Police in this field and gave detailed recommendations on capacity building programmes, which will be conducted in 2018.

Outcome 11: By 2018, Namibia has reviewed, and is implementing, policies and strategies which ensure that severely poor and vulnerable households have access to and are utilising productive resources and services for food and nutrition security and sustainable income generation.

Capacity Building and Programme Support

With the support of the UN (FAO & WFP), tailor made trainings and application of new agricultural practices and sustainable agriculture production, institutions and individuals have been enabled to integrate comprehensive conservation agriculture interventions into their farming systems, post-harvest practices and livestock production.

With UN support, the GRN has mainstreamed disaster risk reduction (DRR) and climate change adaptation (CCA) into key sectors of development, specifically urban and rural development (through the Ministry of Urban and Rural Development (MURD)) and agriculture (through MAWF) governance structures.

As a result of UN advocacy on the use and importance of SCOPE for government social safety nets, the Ministry of Poverty Eradication and Social Welfare (MPESW) has committed to core fund a pilot programme for SCOPE on the Food Bank in Khomas region.

GRN has validated a draft Public Private Partnership (PPP) strategy for the School Feeding Programme, which points out key areas that require strengthening. The UN supported the documentary of the Namibian School Feeding Programme, broadcasted on the National TV. This has sensitised and raised awareness for the importance of the Namibian School Feeding Programme to the social well-being of the disadvantaged learners, including its positive contributions towards learning outcomes.

In response to the MoEAC decentralisation of NSFP to regions, the UN began piloting decentralisation of the Namibian School Feeding Information System (NASIS) to the school level in Khomas. School level focal points were trained in the use of the system, leading to improvement in timely and quality reporting on school feeding activities. The Management of the Ministry of Education, Arts and Culture (MoEAC) and the National Planning Commission (NPC) have cleared the School Feeding Policy and the Implementation Plan which will now be submitted to Cabinet for review and approval.

With regard to the establishment of an entrepreneurial development programme, UNDP support has resulted in two outputs: i) A scoping mission report for Namibia that recommends the adoption of the Empretec Model to contribute to the eradication of poverty and; ii) the development of the Empretec project document which sets out policy and strategy implementation to reduce poverty through entrepreneurial development.

Knowledge Generation and Management

FAO provided technical assistance to MAWF to conduct the Post-Harvest Assessment of Food Losses on the Mahangu and Maize sub-sectors. The identification of interventions will help to reduce food losses at identified weak points and improve the food supply chains efficiency.

The WFP supported a feasibility study on linking smallholder farmers to school feeding programmes. The findings of the study were shared with stakeholders and will inform the planned diversification of school meals using food commodities sourced from the smallholder farmers. This cross-sectoral linkage will enhance incomes for smallholder farmers while simultaneously improving learners' nutrition. The findings of the study will inform the implementation of the pilot programme for the home-grown school feeding programme in 2018.

The WFP further supported the development and validation process of The Zero Hunger Strategic Review and Zero Hunger Road Map. The review provides a comprehensive analysis on the underlying drivers of food insecurity and malnutrition in Namibia. The road map provides a set of actions that will guide the development and implementation of the Zero Hunger Strategies.

Policy and Strategic Guidance

The FAO provided technical assistance to the MLR to review Land Reform/Tenure in Namibia including: agricultural commercial tax legislation and regulations, valuation/mass appraisal model, development of an agricultural land price index and development of national valuation and standards. This review will help to improve the governance of tenure and in particular the efficiency, transparency and accountability of land administration and all related land reform policies of the GRN. It further provided technical assistance to the review of Namibian Water Regulation Act No. 11 of 2013. The reviewed documents will assist in the proper sustainable management of water resources in the country.

In order to improve preparedness to agricultural threats and crises, the FAO supported the Office of the Prime Minister (OPM) and MAWF on potential known and emerging threats to agriculture, food and nutrition security. This has improved agropastoral production, animal health and nutrition as well as assisted to in the establishment of early warning systems and analysis for Disaster Risk Reduction/Management (DRR/M) and food security at the community level.

WFP supported the MoEAC to develop a school feeding policy which is awaiting cabinet ratification. The goal of the policy is to create an enabling environment for reducing hunger among school children and optimise their health, nutrition and learning.

Systems Development and Strengthening

The WFP provided technical support to the OPM to strengthen systems for Food Assistance Management and Food and Nutrition Security Monitoring (FNSM). The data collected enabled the

production of two FNSM bulletins for 2016 (March and October). In addition, the WFP supported the MoEAC to improve/upgrade the Namibian School Feeding Information System (NaSIS) which was developed in 2012. NaSIS is a web-based system developed to enhance timely data capture, analysis and reporting. It helps to provide real time data to inform planning and decision making on issues related to school feeding. To date, 80% of the schools in Namibia (11,436 schools) are using the system for reporting school feeding activities. Since the improvement of NaSIS, reporting has been consistent, and the accuracy of data entered has also significantly improved.

Outcome 12: By 2018, the institutional frameworks and policies needed to implement the Environmental Management Act (2007), National Climate Change Policy (2011) and international conventions are in place and are being implemented effectively.

Policy and Strategic Guidance

UNDP contributed to institutional policy frameworks by supporting the establishment of the anti-poaching units at national and site levels. UNDP established an online system for forestry monitoring and reporting and electronic entry and gate permits for national parks in Namibia.

UNDP supported the Ministry of Environment and Tourism to develop the strategies on fire management for protected areas and community-managed forests.

Systems Development and Strengthening

UNDP supported the Ministry of Environment and Tourism to develop solutions at the national and sub-national level for sustainable management of natural resources, the improvement of ecosystem services and increased beneficiaries as results of: conservation agriculture seeds distribution (627 females/424 males), land preparation using ripping services (315 females/229 males), awareness raising (175 female/104 males), vegetable production using Micro-drip Irrigation (7039 females/7291 males), which contributed to nutritional improvement of beneficiaries including orphans and vulnerable children.

Climate finance was accessed through the UNDP (59.6million USD) to support the GRN in implementing the Nationally Determined Contributions and to improve sustainable energy solutions.

The small holder's advisory and mentorship programme, to support climate change adaptation was implemented with UNDP support. The Programme has been initiated but has not been fully rolled out. Out of six modules (1. mentorship, 2. climate change, conservation agriculture, micro drip irrigation, 3. access to finance, and 4. self-help groups), four are still outstanding and will be implemented in 2018. Some materials still require to be aligned to meet the standards for farmer's field schools.

UNDP supported the realignment of the integrated national fire management strategy to the Ministerial standards and piloted local level fire management interventions in the community forests. Most of this piloting work will be implemented in 2018. The UNDP also supported the establishment of an e-platform information exchange.

4.4.2 Challenges and Lessons Learned

The slowdown in the economy has negatively impacted some of the development work in-country, notably co-financed development activities could not be fully carried out due to the reprioritisation of Ministerial budgets within the medium-term expenditure framework. Child poverty analysis based on NHIES 2015/16 was delayed due to the delayed release of the microdata.

Efforts to widely disseminate information in most instances has been slow. Infrastructural limitations at health facilities (ie: space) limits the delivery of the integrated SRH-HIV service approach, therefore innovations which may require additional capital and funds is required to ensure its proper implementation.

Engaging men posed difficulties as they are unable to attend events due to work schedules. As the event focused on informal settlements, there was good participation at the event. However, in order to reach employed men, other approaches are needed. Despite efforts, there is an increase in GBV reported cases in Namibia. This can be addressed through tailored interventions focusing both on root and immediate causes. Stretched technical and support staff implementing programmes resulted in limited coverage by implementing partners, while long term strategies are being put in place volunteers can fill the gap.

The evidence based advocacy on the linkages between GBV, SRH and HIV for decision makers approach was recognised by GRN as a good practice approach, and it is being scaled up at the national level. This approach is integrated into the new National AIDS Strategic Framework 2017 - 2022 as well as in the GFATM grant 2018-2019. It is therefore important to ensure that evidence informs development of programme interventions.

Engagement with multiple Ministries is critical to addressing issues of social enablers such as legal environment and social protection. These activities are opportunities to support interlinkages between sectors and approach the HIV response in a truly multi-sectoral manner.

Integrated health care delivery has proven to work in Namibia's setting, as a result, this model is being scaled up in more facilities. Engaging parliamentarians has been critical in ensuring well informed discussions in parliament on sexual reproductive health.

Male engagement events were a success and opened the door for frank discussion on men's needs and queries in health. This has resulted in a desk review to document men's health seeking behaviour, which will inform future interventions. Bold and meaningful engagement with target audiences is fundamental in preventing and resolving development challenges.

With diminishing resources, volunteerism can address the gap of capacity to deliver hence the need to advocate for it. Availability of quality technical support to partners is a vital factor for delivering results.

5. Enhancing Operational Effectiveness in the UN

Namibia imports between 40-80% of its energy from South Africa, which is facing energy shortages and has started scheduled energy cuts. To contribute to GRN's efforts to develop its own energy sources through prioritisation of solar energy, the UN System planned to turn the UN building, which was donated by GRN, into a self-sustaining, energy efficient building.

The UNCT through the Operations Management Team (OMT) has been implementing an Energy Efficiency project aimed at turning the UN System's 'One' building into a self-sustaining, energy efficient building. As such, the UNCT installed a solar panel/photovoltaic energy generation system which was officially launched in 2017 together with the GRN and local municipality. The system size (90 kWp) is expected to offset about 19.3% of annual energy use by the UN System in Namibia with a corresponding reduction in electricity cost of 20.08% annually. The expected internal rate of return (IRR), when this project is cash financed, is 21.48%. This means that the project expects to breakeven after five years.

The OMT developed the Business Operations Strategy (BOS), which focusses on harmonising business processes and developing common services for all UN agencies with a view to increasing operational efficiency and financial savings. The OMT is in the process of conducting cost benefit analysis on prioritised essential services, such as joined ICT, procurement, cleaning services, and interagency recruitment.

6. UN System Communicating as One

Throughout 2017 and with support of the UN Communication Group (UNCG), the UN System in Namibia aimed to increase its capacity to communicate as 'One' and adopt common positions on strategic and major development issues. It also aimed to increase public understanding of its work, focusing on the United Nations Partnership Framework (UNPAF) 2014-2018 and the Sustainable Development Goals (SDGs). Finally, the UN System in Namibia aimed to enhance interagency communications through increased knowledge management efforts and strategic visibility.

Efforts were focussed towards not only increasing understanding of UNPAF internally among staff members, but also externally with partners, stakeholders and the public through mass communication platforms. This included launching the #UnderstandingUNPAF public awareness campaign and implementing a system for increasing UNPAF branding at events.

The UN System in Namibia continued to focus on raising awareness of and advocacy for the SDGs throughout 2017 through increased branding as well as public awareness campaigns. The UN House SDGs banners were reserved and displayed almost 30 times by agencies at events. The UN System also completed the painting of the UN House exterior boundary wall, heightening visibility for the SDGs not only among UN House visitors, but also people traveling through the area.

The UNCT decided to commemorate 11 joint international observances throughout 2017: Africa Day for School Feeding, International Women's Day, Namibia's Independence Day, International Day for the Elimination of Racial Discrimination, World Day Against Child Labour, World Humanitarian Day, International Day for Disaster Reduction, International Day for the Eradication of Poverty, United Nations Day, UN Staff Day, and 16 Days of Activism. These observances relate to and propelled the work of the UN System in Namibia, specifically in relation to social protection systems, women's empowerment, gender equality, reduced inequalities, disaster risk reduction and poverty eradication.

Several campaigns were launched in support of the priorities for these observances, including: the #FoodForThought campaign, a five-day campaign aimed at raising awareness of the Namibian school feeding programme; #UnitedwithUNNamibia campaign, 24-day social media campaign aimed at raising awareness of the UN's work in Namibia as a lead up to the celebration of UN Day; as well as the #OrangetheWorld campaign, through which the UN System in Namibia used its digital platforms to raise awareness of the importance of eliminating violence against women.

The UN System in Namibia frequently interacted with the local media, through press releases, media alerts, broadcast interviews, trainings etc, and received valuable airtime. In addition to the press and media releases that were shared for the joint international observances, other releases were shared with the media to increase visibility of the UN System in Namibia, including about the UNCT Retreat, UN Public Service Day, Year of Sustainable Tourism for Development,

Development Partners' Forum, Solar Panels Launch as well as about a fraud alert.

The UN Namibia website, a digital, mass communication tool, was updated and maintained throughout the year. Pages were streamlined and SDGs branding was added throughout. Views on the UN Namibia website grew throughout 2017, with the most viewed pages consisting of the home page, which includes the most recent updates, as well as Agency specific pages. It can be speculated, that users going to those pages are seeking out information.

The UN System in Namibia continued with the production of volume two of the UN Namibia Newsletter, incorporating more dynamic elements including an Emergency Update Section, UNCT Feature and the #UnderstandingUNPAF section. An SDG continued to be featured each month and the dynamic 'Did you know?' section remained in several issues. The layout for volume two also includes more SDGs branding.

The UN Namibia Newsletter is consistently the most downloaded item from the UN Namibia website, which can be attributed to users accessing the Newsletter through the link that is emailed to the Government of the Republic of Namibia, stakeholders, partners, academia and the media, as well as posts on social media driving traffic to the website.

In an effort to streamline UN Namibia's digital platforms and to create a recognisable image for UN Namibia, UN Namibia's social media graphics were updated to be the same across platforms. The SDGs are also incorporated in the graphics and throughout other content shared on social media, namely the UN Namibia Newsletter and the #MondayMenu.

The UNCG Social Media Strategy was implemented in 2017. As part of the strategy, the UN System in Namibia posted daily and/or retweeted/shared content on its platforms. Social media platforms were also used to raise awareness of international events and conferences that impact the UN's work in Namibia, including coverage of the 72nd General Assembly and COP23, to name a few.

Overall, UN Namibia's digital audience grew throughout the 2017. UN Namibia's Twitter following more than doubled from the start of 2017 to the end, jumping from approximately 580 followers to over 1,182 (as of 29 November 2017), growing on average of over 50 followers per month. Tweets averaged approximately 18,500 impressions per month, meaning that the post was delivered to the feeds of that many individual Twitter accounts. In comparison to the same period in 2016, UN Namibia's following only grew approximately 20 followers per month and tweets averaged approximately 7,400 impressions.

UN Namibia's Facebook likes grew from 1,546 in the beginning of January to 1,824 at the end of November 2017, growing by approximately 18%. In comparison, UN Namibia's Facebook likes grew from 1,355 in January 2016 to 1,546 likes in December 2016, growing by 14%. UN Namibia's Instagram is up and coming, with 282 followers, growing from only 20 followers in November 2016.

Moving Forward

The following below needs to be considered in the implementation of the UNPAF activities for 2018:

- Continued support is required, to strengthen government M&E systems to ensure that, data is available for monitoring of all national indicators.
- Continued to support for the harmonisation of the SDG and African Union (AU) Agenda 2063 indicators with the NDP5 indicators, will help with statutory reporting required for both SDGs and the AU Agenda 2063.
- Continue to build on the strong commitment by the GRN to address those development challenges that still confront this nation and in doing so, leverage the technical expertise, trust and partnership that have made the UN “the partner of choice”.

7. 2017 Financial Flow Information

As noted in the introduction, this report focuses on the implementation of UNPAF activities for 2017, and it is limited to the activities that the UN agencies planned under the UNPAF. Below is the summary of expenditure against the budget per UNPAF pillar.

UNPAF PILLAR	2017 Budget (USD)	2017 Expenditure (USD)
Pillar 1: Institutional Environment	217,850.00	175,000
Pillar 2: Education and Skills	278,570	226,500
Pillar 3: Health	2,111,162	2,075,162
Pillar 4: Poverty Reduction	8,971,028	5,720,991
TOTAL	11,578,610.00	8,197,653

ANNEX I: Proposed 2018 Work Plan

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Institutional Environment	Outcome 1: Policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.	1.1 National anti-corruption and access to information frameworks developed and implemented	Provide Technical support to develop access to information policy and other related initiatives	UNESCO	-
Institutional Environment	Outcome 1: Policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.	1.3 Social Sector ministried have demonstrated capacity (systems, processes, tools, skills, knowledge) for effective and efficient budget planning and monitoring.	Development of a Children's Budget	UNICEF	-
Institutional Environment	Outcome 1: Policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.	1.4 Domestic fudning of the HIV reposne has increased to 80% in line with the 2013 Abuja declaration target.	Provide Support to develop Namibian sustainability strategy for HIV/AIDS based on Namibian investment case, National AIDS Spending Assessment and Financial Sustainability Study	UNAIDS	-
Institutional Environment	Outcome 1: Policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.	1.4 Domestic fudning of the HIV reposne has increased to 80% in line with the 2013 Abuja declaration target.	Advocate at political level to implement Namibian sustainability strategy for HIV/AIDS	UNAIDS	-
Institutional Environment	Outcome 1: Policies and legislative frameworks to ensure transparency, accountability and effective oversight of the management of public affairs are in place and are being implemented.	1.4 Domestic fudning of the HIV reposne has increased to 80% in line with the 2013 Abuja declaration target.	Provide Support to develop Namibian sustainability strategy for HIV/AIDS based on Namibian investment case, National AIDS Spending Assessment and Financial Sustainability Study	UNAIDS	-
Institutional Environment	Outcome 2: The Government and partners are promoting and protecting human rights effectively.	2.2 By 2018, government, CSO and the general public have enhanced knowledge and communication tools to be better able to protect human rights	Facilitate annual National Dialogues on Human Rights	UNESCO	-

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Institutional Environment	Outcome 2: The Government and partners are promoting and protecting human rights effectively.	2.2 By 2018, government, CSO and the general public have enhanced knowledge and communication tools to be better able to protect human rights	Facilitate annual National Dialogues on Human Rights	UNICEF	-
Institutional Environment	Outcome 2: The Government and partners are promoting and protecting human rights effectively.	2.2 By 2018, government, CSO and the general public have enhanced knowledge and communication tools to be better able to protect human rights	Strengthen Children's Parliament to become more representative of children in Namibia	UNICEF	-
Institutional Environment	Outcome 2: The Government and partners are promoting and protecting human rights effectively.	2.2 By 2018, government, CSO and the general public have enhanced knowledge and communication tools to be better able to protect human rights	Strengthen the commitment and capacity of media to report responsibly on key human rights issues and to deliver initiatives to reduce violence in local communities.	UNICEF	-
Institutional Environment	Outcome 3: Functional monitoring and evaluation and statistical analysis systems are in place to monitor and report on progress.	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	*Advocacy & Resource Mobilization for 2021 Census	UNFPA	23,500.00
Institutional Environment	Outcome 3: Functional monitoring and evaluation and statistical analysis systems are in place to monitor and report on progress.	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	*Census Mapping undertaken by end of 2018	UNFPA	9,500.00
Institutional Environment	Outcome 3: Functional monitoring and evaluation and statistical analysis systems are in place to monitor and report on progress.	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	Support MHAH to setup/ strengthen database for vital/ civil registration system (birth, death and migration registration)	UNICEF	-
Institutional Environment	Outcome 3: Functional monitoring and evaluation and statistical analysis systems are in place to monitor and report on progress.	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	*Sensitisation on NSDS and NQAF: Sensitization on the development of the NSDS and NQAF (stakeholders engagements: research institution, training and NGOs)	UNFPA	6,500.00

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PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Institutional Environment	Outcome 3: Functional monitoring and evaluation and statistical analysis systems are in place to monitor and report on progress.	3.2 By 2018, Government programmes and National Development Plans are continuously and effectively monitored and evaluated.	Support the the strengthening of parliament governance capacity	UNDP	-
Institutional Environment	Outcome 3: Functional monitoring and evaluation and statistical analysis systems are in place to monitor and report on progress.	3.2 By 2018, Government programmes and National Development Plans are continuously and effectively monitored and evaluated.	Support the development of the national M&E Framework	UNICEF	-
Institutional Environment	Outcome 4: Namibia complies with most of her international treaties' accession/ ratification, monitoring and reporting obligations.	4.2 By 2018, the government with participation of civil society complies with treaty monitoring and reporting obligations on time	Technical support provided to strengthen independent monitoring of the implementation of regional and international treaty obligations	UNICEF	-
Institutional Environment	Outcome 4: Namibia complies with most of her international treaties' accession/ ratification, monitoring and reporting obligations.	4.2 By 2018, the government with participation of civil society complies with treaty monitoring and reporting obligations on time	Technical support to strengthen capacity of CSOs to actively engage in human rights treaty monitoring and reporting	UNICEF	-
Institutional Environment	Outcome 4: Namibia complies with most of her international treaties' accession/ ratification, monitoring and reporting obligations.	4.3 By 2018, the government is effectively implementing recommendations from regional and international human rights treaty bodies	Technical support provided to the finalisation and enactment of key child-related legislation	UNICEF	-
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.1 By 2018, MoE has enhanced capacity at all levels to better plan, monitor and evaluate education programmes and policies	Improved systems to manage the demand and supply, recruitment and deployment of teachers are implemented	UNESCO	1,000.00
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.2 By 2018, key education policies (ECD, educators, learner pregnancy & inclusive education) are reviewed/ harmonized and their implementation strategies approved by MoE	Advocacy Campaign on Importance of Mother Tongue Education	UNESCO	-

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.2 By 2018, key education policies (ECD, educators, learner pregnancy & inclusive education) are reviewed/ harmonized and their implementation strategies approved by MoE	A revised and updated ICT in Education Policy and Implementation plan facilitates, guides and strengthens ICT integration in Education in Namibia	UNESCO	-
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.3 By 2018, all schools in Namibia are implementing and monitoring standards and regulations for effective and conducive teaching and learning	Implementation of school health programme strengthened and scaled up to selected regions.	UNESCO	-
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.4 By 2016, young people demonstrate improved knowledge and skills for informed decisions on HIV prevention and SRH	MoE and CSOs capacity developed to deliver comprehensive sexuality and life skills education programmes	UNESCO	-
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.5 By 2017, 60% of existing ECD centres meet the minimum standards and are managed by qualified educators	Survey of Teachers in Pre-Primary Education (STEPP) Project: Phase 1 (A & B)	UNESCO	-
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.5 By 2017, 60% of existing ECD centres meet the minimum standards and are managed by qualified educators	Implementation of the Junior teacher education curriculum is research-driven and innovative	UNESCO	4,000.00
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.6 By 2018, teachers have improved skills for literacy, maths and science teaching	The "Kopano" Education Forum (virtual) is upgraded in order to advance an effective community of practice of education professional	UNESCO	-
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.8 By 2018, national institutions of higher education have expanded capacity in programmes and research outputs to meet national needs.	Strengthened capacity for integrating ICT in teaching and learning elevates the Namibian classroom practice	UNESCO	8,000.00

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Education and Skills	Outcome 5: Namibia is implementing policies and programmes that improve learning outcomes at all levels.	5.8 By 2018, national institutions of higher education have expanded capacity in programmes and research outputs to meet national needs.	Support to MHETI in strengthening its leadership and governance of VET, higher education and STI	UNESCO	
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Strengthen networks and partnerships among governments, youth led organizations, civil society organizations and private sector for support of young peoples SRH	UNAIDS	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Support generation and dissemination of evidence on young people ,SRH, HIV	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Support social mobilization for young people on sexual and reproductive health including HIV through SBCC and mass media	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Support the development of IEC materials on HIV, SRH for young people	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Advocate and support enhanced youth empowerment and meaningful participation (especially of young girls) in HIV interventions including the Protect the Goal National Campaign	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Provide support on youth participation in SRH/HIV through youth networks	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Strengthen networks and partnerships among governments, youth led organizations, civil society organizations and private sector for support of young peoples SRH	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Support generation and dissemination of evidence on young people ,SRH, HIV	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.1 By 2018, young people (10-24yrs) are equipped to access sexual and reproductive health including HIV information and services	Support social mobilization for young people on sexual and reproductive health including HIV through SBCC and mass media	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Advocate for increased resources for SRH to scale up integrated service model	UNFPA	30871
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Strengthen capacity of Health Workers to deliver integrated sexual and reproductive health & HIV services including for adolescent and sex workers	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Support development of strategies / guidelines for integrated HIV and sexual and reproductive health services	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Strengthen comprehensive condom programming	UNFPA	40000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Support implementation of comprehensive services for ALHIV	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Strengthen institutional capacity for procurement and logistic management of sexual and reproductive health & HIV commodities	UNFPA	5000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Strengthen capacity of Health Workers to deliver integrated sexual and reproductive health & HIV services including for adolescent and sex workers	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Support development of strategies / guidelines for integrated HIV and sexual and reproductive health services	UNFPA	5000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Support implementation of comprehensive services for ALHIV	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Support the documentation of best practices and cost effectiveness of delivery of SRH and HIV integrated services	UNFPA	20000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.2 By 2018, AFHS facilities and health facilities provide improved comprehensive and integrated SRH and HIV services for young people and key populations	Support the MoHSS to pilot integrated SRH and HIV services in clinics and health centers	UNFPA	48000

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out- -school young people and key populations.	Support revision of IEC materials for comprehensive sexuality education for out of school young people	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out- -school young people and key populations.	Support capacity building of CSOs and HEW to provide comprehensive sexuality education for young people	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out- -school young people and key populations.	Support capacity building of CSOs and HEW to provide comprehensive sexuality education for young people	UNFPA	4000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out- -school young people and key populations.	Support revision of IEC materials for comprehensive sexuality education for out of school young people	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out- -school young people and key populations.	Advocate for pre-service training institutions to intergrate CSE on their teacher programs	UNESCO	500
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out- -school young people and key populations.	Support capacity building of CSOs and HEW to provide comprehensive sexuality education for young people	UNESCO	5000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centres provide improved comprehensive sexuality education and HIV prevention for out- -school young people and key populations.	Support revision of IEC materials for comprehensive sexuality education for out of school young people	UNESCO	500
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.4 By 2015, HIV-NSF coordination structures function effectively and sustained	Support health coordination mechanisms through health development partners, MNCH Committee, annual ministerial management committee meetings and others.	WHO	5000

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support for operationalization of Option B+ and other new WHO recommendations	WHO	10000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.4 By 2015, HIV-NSF coordination structures function effectively and sustained	Support the operationalization of the approved NSF coordination structures	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.4 By 2015, HIV-NSF coordination structures function effectively and sustained	Support health coordination mechanisms through health development partners, MNCH Committee, annual ministerial management committee meetings and others.	UNFPA	7885
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support for operationalization of Option B+ and other new WHO recommendations	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support national guidance for scaling up optimal infant feeding practices in the context of HIV	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support post test counseling for HIV negative pregnant women , provision of condoms during pregnancy and re-testing at 36 weeks to prevent HIV transmission	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support provision of Family Planning services to HIV+ women to prevent unintended pregnancies	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support the quality implementation and sustenance of Paeds ART services	WHO	

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support provision of Family Planning services to HIV+ women to prevent unintended pregnancies	UNFPA	16000
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Promote innovative approaches for improved community mobilization and increased male partner involvement	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support for operationalization of Option B+ and other new WHO recommendations	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support government leadership in national PMTCT TWG	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support national guidance for scaling up optimal infant feeding practices in the context of HIV	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support post test counseling for HIV negative pregnant women , provision of condoms during pregnancy and re-testing at 36 weeks to prevent HIV transmission	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support the bottleneck analysis to identify and address the challenges in virtual elimination of MTCT	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.5 By 2015, districts effectively implement eMTCT plans	Support the quality implementation and sustenance of Paeds ART services	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.6 By 2018, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control	Develop appropriate IEC materials targeting NCDs	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.6 By 2018, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control	Support the development of policy, plans and guidelines	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.6 By 2018, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control	Support the implementation of NCDs activities	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.6 By 2018, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control	Support the prevention of cervical, prostate and breast cancer prevention and control	WHO	0

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PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.6 By 2018, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control	Support the strengthening of NCDs multisectoral coordination body	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.6 By 2018, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control	Support the prevention of cervical, prostate and breast cancer prevention and control	UNAIDS	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Advocate for improved inter-ministerial coordination for WASH in schools	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Capacity building in ICCM, IYCF counseling, maternal nutrition and essential nutrition actions built amongst health care workers, HEWs, CSO volunteers	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Provide nutrition assessment equipment and supplies for NACS programme	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Strengthen the nutrition and food security surveillance system	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support in-service and preservice training in nutrition, LSS, IMNCI	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the development of IYCF and Nutrition Care guidelines for ECD centers	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the implementation of communication for development activities for nutrition	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the monitoring of scale-up nutrition country implementation plan	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the operationalization of school health policy	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support WASH in Schools; hygiene promotion, WASH campaigns	WHO	

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Advocate for improved inter-ministerial coordination for WASH in schools	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Capacity building in ICCM, IYCF counseling, maternal nutrition and essential nutrition actions built amongst health care workers, HEWs, CSO volunteers	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Provide nutrition assessment equipment and supplies for NACS programme	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Strengthen the nutrition and food security surveillance system	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support in-service and preservice training in nutrition, LSS, IMNCI	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the development of IYCF and Nutrition Care guidelines for ECD centers	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the implementation of communication for development activities for nutrition	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the implementation of community based IYCF minimum package of essential nutrition interventions	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the monitoring of scale-up nutrition country implementation plan	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the Nationwide Infant, young child feeding and care practices study	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support the operationalization of school health policy	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Support WASH in Schools; hygiene promotion, WASH campaigns	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	Support the development and implementation of communication strategy for elimination of open defecation	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	Support the implementation of Community Led Total Sanitation (CLTS) in Zambezi, Kavango, Ohangwena and Kunene	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	Support the roll out of the National Sanitation Strategy	WHO	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	Support the development and implementation of communication strategy for elimination of open defecation	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	Support the implementation of Community Led Total Sanitation (CLTS) in Zambezi, Kavango, Oshana, Oshana-Namaland and Kunene	UNICEF	0
Health	Outcome 6: Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	Support the roll out of the National Sanitation Strategy	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Advocate for leveraging national resources for MNCH programme	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support implementation of Minimum Initial Service Package (MISP) during emergencies	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support on site training and supervision of Health Workers	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support Pre-Service Training Institutions to incorporate RH, Maternal, Newborn, child health and nutrition into their curriculum	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support the roll out of Health Extension Programme	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support the training of health workers on comprehensive RH, Maternal, Newborn, child health and nutrition (EmONC, FP, IMNCI, AFHS)	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support training and capacity building for community IMNCI and ICCM	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support UHC, NHA and HRH policy, strategy and implementation	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Advocate for leveraging national resources for MNCH programme	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support implementation of Minimum Initial Service Package (MISP) during emergencies	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support on site training and supervision of Health Workers	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support Pre-Service Training Institutions to incorporate RH, Maternal, Newborn, child health and nutrition into their curriculum	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support the roll out of Health Extension Programme	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support the training of health workers on comprehensive RH, Maternal, Newborn, child health and nutrition (EmONC, FP, IMNCI, AFHS)	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.1 By 2018, skills of Health Workers in the provision of MNCH, HIV/ SRH, and nutrition services improved	Support training and capacity building for community IMNCI and ICCM	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Provide support for proper functioning of Maternity Waiting Homes	WHO	30000
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Support community sensitization to address sociocultural barriers for improved uptake of MNCAH services	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Support development and dissemination of MNCH IEC materials including Family Planning	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Support institutionalization of maternal and newborn death reviews	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Procure Emergency Obstetric and Newborn Care equipment, medicines, Reproductive Health commodities and supplies	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Provide support for proper functioning of Maternity Waiting Homes	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Strengthen cold chain and other infrastructure for delivery of routine immunization, MCHDS, AVW and other high impact interventions	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.2 By 2018, communities and Health Facilities equipped to provide quality MNCH, HIV/ SRH, and nutrition services	Support institutionalization of maternal and newborn death reviews	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.3 By 2018, access to services for the prevention and control of priority communicable diseases improved	Support development of guidelines, strategies and plans on HIV/ AIDS, TB, malaria and NCD	WHO	100000
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.3 By 2018, access to services for the prevention and control of priority communicable diseases improved	Support information management, risk assessment during control of priority outbreaks and apply ERF performance standards	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.3 By 2018, access to services for the prevention and control of priority communicable diseases improved	Support programme implementation, monitoring and evaluation of HIV/ AIDS and other priority programmes	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.3 By 2018, access to services for the prevention and control of priority communicable diseases improved	Support strengthening of surveillance system and research capacity for priority diseases	WHO	20000

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.3 By 2018, access to services for the prevention and control of priority communicable diseases improved	Support the implementation of immunization programme activities (routine immunization, vitamin A and deworming during immunization campaigns and maternal, child health campaigns)	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.3 By 2018, access to services for the prevention and control of priority communicable diseases improved	Support the implementation of immunization programme activities (routine immunization, vitamin A and deworming during immunization campaigns and maternal, child health campaigns)	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Support a National Study on HIV modes of Transmission	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Support adaptation and implementation of the global HTC guidelines for adolescents	WHO	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Support identification of adolescents living with HIV through HCT and linkage to care	WHO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Advocate and support for implementation of combination prevention strategy with focus on promotion for HCT expansion services for young people, most-at-risk-adolescents, ALHIV and key population	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Support adaptation and implementation of the global HTC guidelines for adolescents	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Support identification of adolescents living with HIV through HCT and linkage to care	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Support regular generation and utilization of coverage data and strategic information on HIV testing and ART amongst adolescents disaggregated by age and sex	UNICEF	0
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.5 By 2015, capacity of GRN for the development of normative guidance in MNCH and nutrition enhanced	Advocate for dedicated national nutrition budget	WHO	
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.5 By 2015, capacity of GRN for the development of normative guidance in MNCH and nutrition enhanced	Support review, development and dissemination of guidelines on MNCAH and nutrition	WHO	

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.5 By 2015, capacity of GRN for the development of normative guidance in MNCH and nutrition enhanced	Support review, development and dissemination of guidelines on MNCAH and nutrition	UNFPA	26200
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.5 By 2015, capacity of GRN for the development of normative guidance in MNCH and nutrition enhanced	Support the development and implementation of policy and guidelines for nutrition in emergencies	WHO	
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.5 By 2015, capacity of GRN for the development of normative guidance in MNCH and nutrition enhanced	Support review, development and dissemination of guidelines on MNCAH and nutrition	WHO	20000
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.5 By 2015, capacity of GRN for the development of normative guidance in MNCH and nutrition enhanced	Support the development and implementation of policy and guidelines for nutrition in emergencies	WHO	
Health	Outcome 7: Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated and equitable health care.	7.5 By 2015, capacity of GRN for the development of normative guidance in MNCH and nutrition enhanced	Support UHC, NHA and HRH polciy, strategy and implementation	WHO	10000
Poverty Reduction	Outcome 8: Namibia is implementing effectively and in a coordinated manner, policies and strategies to reduce poverty and vulnerability, which are informed by evidence on the causes of poverty and vulnerability.	8.1 By 2016, key Government institutions, private sectors, CSOs and academia are better able to generate, analyse and disseminate evidence on the root causes of poverty and vulnerability in Namibia	Technical support provided on in-depth research for vulnerability and social exclusion experienced by children	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2017*
Poverty Reduction	Outcome 8: Namibia is implementing effectively and in a coordinated manner, policies and strategies to reduce poverty and vulnerability, which are informed by evidence on the causes of poverty and vulnerability.	8.1 By 2016, key Government institutions, private sectors, CSOs and academia are better able to generate, analyse and disseminate evidence on the root causes of poverty and vulnerability in Namibia	Evidence-based advocacy based on new data and in-depth research to raise awareness and strengthen policy responses	UNAIDS	0
Poverty Reduction	Outcome 8: Namibia is implementing effectively and in a coordinated manner, policies and strategies to reduce poverty and vulnerability, which are informed by evidence on the causes of poverty and vulnerability.	8.2 By 2018, Government Institutions, Private Sector Civil Society Organizations and academia utilise research to effectively advocate for poverty and vulnerability reduction	Technical support provided towards the carrying out of 4 baseline research papers on the root causes of poverty	UNDP	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.2 By 2018 the Technical Capacities of MGECW Staff and other OMAs is improved to effectively implement the NGPA and GBVPA	Conduct series of training workshops for key stakeholders in the application of Gender Responsive Programming including Budgeting	UNDP	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.2 By 2018 the Technical Capacities of MGECW Staff and other OMAs is improved to effectively implement the NGPA and GBVPA	"Conduct series of training workshops for key stakeholders in the application of Gender Responsive Programming including Budgeting		
Technical capacities "	UNFPA	52000			
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.2 By 2018 the Technical Capacities of MGECW Staff and other OMAs is improved to effectively implement the NGPA and GBVPA	Conduct series of training workshops for key stakeholders in the application of Gender Responsive Programming including Budgeting	UNFPA	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Development of Clinical Handbook on Intimate Partner Violence and Sexual Violence for the health workers	UNFPA	10000

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2018*
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Develop guidelines, protocols and standards on integrated GBV services	UNFPA	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support advocacy for the inclusion of GBV screening as part of SRH, HIV and AIDS services (integration)	UNFPA	100000
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support advocacy for the inclusion of GBV screening as part of SRH, HIV and AIDS services (integration)	UNFPA	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support evidence based advocacy on the linkages between GBV, SRH and HIV for decision makers	UNFPA	23000
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support evidence based advocacy on the linkages between GBV, SRH and HIV for decision makers	UNFPA	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2018*
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support male engagement interventions for the promotion of SRH and prevention of GBV and HIV and AIDS	UNFPA	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support mass mobilization interventions on socio-cultural attitudes and practices that perpetuates GBV for targeted groups including youth.	UNFPA	40000
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support mass mobilization interventions on socio-cultural attitudes and practices that perpetuates GBV for targeted groups including youth.	UNFPA	5000
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Develop guidelines, protocols and standards on integrated GBV services	UNICEF	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support evidence based advocacy on the linkages between GBV, SRH and HIV for decision makers	UNAIDS	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2018*
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH,HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Support male engagement interventions for the promotion of SRH and prevention of GBV and HIV and AIDS	UNAIDS	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.6 By 2018 State Agencies systems for the timely collection, analysis, utilisation and dissemination of up to date data on GBV strengthened	Support the Child Marriage Study	UNFPA	7000
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.6 By 2018 State Agencies systems for the timely collection, analysis, utilisation and dissemination of up to date data on GBV strengthened	Conduct Research on GBV (prevalence and causes study on GBV) - Support Child Marriage Study	UNFPA	7000
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.6 By 2018 State Agencies systems for the timely collection, analysis, utilisation and dissemination of up to date data on GBV strengthened	Conduct Research on GBV (prevalence and causes study on GBV)	UNFPA	0
Poverty Reduction	Outcome 9: National Gender Plan of Action and Gender-Based Violence Plans of Action are being implemented effectively.	9.6 By 2018 State Agencies systems for the timely collection, analysis, utilisation and dissemination of up to date data on GBV strengthened	Conduct Research on GBV (prevalence and causes study on GBV)	UNICEF	0
Poverty Reduction	Outcome 10: The national social protection system is strengthened and expanded to poor and vulnerable households and individuals.	10.1 By 2016, MGEWC has the institutional capacity to expand the child welfare grant system	Technical support provided to development of integrated delivery of social protection services coupled with other basic social services	UNICEF	0
Poverty Reduction	Outcome 10: The national social protection system is strengthened and expanded to poor and vulnerable households and individuals.	10.1 By 2016, MGEWC has the institutional capacity to expand the child welfare grant system	Technical support on evidence building on social protection systems	UNICEF	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2018*
Poverty Reduction	Outcome 10: The national social protection system is strengthened and expanded to poor and vulnerable households and individuals.	10.3 By 2018, more vulnerable persons, including key populations, PLHIV, urban poor, and other marginalised groups are benefiting from social protection measures	Technical support on multi-sectoral and inter-agency coordination mechanism	UNICEF	0
Poverty Reduction	Outcome 10: The national social protection system is strengthened and expanded to poor and vulnerable households and individuals.	10.3 By 2018, more vulnerable persons, including key populations, PLHIV, urban poor, and other marginalised groups are benefiting from social protection measures	technical support for the development of a social protection policy framework and implementaiton plan	UNICEF	0
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.1 National authorities adopt improved fisheries and agricultural development policies and strategies incorporating emerging food and nutrition issues.	Comprehensive conservation agriculture interventions integrated into Namibian farming systems	FAO	0
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, the capacity of government ministries (MTI, MLRGHRD) and other development partners to provide support aimed at promoting sustainable income generation activities among the vulnerable is enhanced.	Strengthened capacity in livestock production and health	FAO	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2018*
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, the capacity of government ministries (MTI, MLRGHRD) and other development partners to provide support aimed at promoting sustainable income generation activities among the vulnerable is enhanced.	Strengthened capacity of key stakeholders to apply prevention and mitigation measures to reduce vulnerability, and strengthen resilience of communities at risk of threats and crises	FAO	0
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, capacity of government officials developed to manage, implement and monitor food-based safety net and nutrition programmes	Provide capacity strengthening to the government entities responsible for national shock-responsive safety net programmes	WFP	0
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, capacity of government officials developed to manage, implement and monitor food-based safety net and nutrition programmes	Provide capacity strengthening and technical assistance to the government entities responsible for school feeding	WFP	0

PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2018*
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, capacity of government officials developed to manage, implement and monitor food-based safety net and nutrition programmes	Provide capacity strengthening to government entities involved in hunger-related policy and programming	WFP	0
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, capacity of government officials developed to manage, implement and monitor food-based safety net and nutrition programmes	Provide technical assistance to the Ministry of Poverty Eradication and Social Welfare and partners involved in the implementation of the Zero Hunger Road Map	WFP	0
Poverty Reduction	Outcome 11: Namibia has reviewed, and is implementing, policies and strategies, which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, the capacity of government ministries (MTI, MLRGHRD) and other development partners to provide support aimed at promoting sustainable income generation activities among the vulnerable is enhanced.	Support the establishment of an entrepreneurial development programme	UNDP	0

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PILLAR	OUTCOME STATEMENT	OUTPUT STATEMENT*	ACTIVITY DESCRIPTION	IMPLEMENTING PARTNER	ANNUAL BUDGET 2018*
Poverty Reduction	Outcome 12: Institutional frameworks and policies needed to implement the Environmental Management Act (2007), National Climate Change Policy (2011) and international conventions are in place and are being implemented effectively.	12.3 Sector-specific operational plans are prepared to implement the Climate Change Strategy and Action Plan, Tourism Bill and Strategy; and the Parks and Protected Areas and Wildlife Management Bills by 2016 and beyond.	Support the Promotion of Environmental Sustainability to scale up community resilience	UNDP	0
					700,456.00

Annex II: Summary of UNPAF Results at Output level

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 1: Institutional Environment	OUTCOME 1: Namibia has policies and legislative frameworks to ensure transparency, accountability and effective oversight of public affairs in place and being implemented	1.1 National anti-corruption and access to information frameworks developed and implemented	AC strategy, Action plan and Access to Information Law in place	The National Anti-Corruption Strategy and Action Plan have been developed.
Pillar 1: Institutional Environment	OUTCOME 1: Namibia has policies and legislative frameworks to ensure transparency, accountability and effective oversight of public affairs in place and being implemented	1.2 Parliament and public institutions have an increased capacity to promote accountability and strengthen oversight functions.	Private members bill add activity i) Reports submitted to standing committees of NA and NC and ii) Number of NA and NC recommendations implemented by Ministries	Community radios were trained on election reporting.
Pillar 1: Institutional Environment	OUTCOME 1: Namibia has policies and legislative frameworks to ensure transparency, accountability and effective oversight of public affairs in place and being implemented	1.3 Social Sector ministries have demonstrated capacity (systems, processes, tools, skills, knowledge) for effective and efficient budget planning and monitoring.	Number of line ministries applying zero based budgeting	Namibia HIV Investment Case for ending AIDS by 2030 as a public threat has been developed.
Pillar 1: Institutional Environment	OUTCOME 1: Namibia has policies and legislative frameworks to ensure transparency, accountability and effective oversight of public affairs in place and being implemented	1.4 Domestic funding of the HIV response has increased to 80% in line with the 2013 Abuja declaration target.	% of domestic funding of HIV/AIDS response	The spending on HIV/AIDS response is 64% (2014).
Pillar 1: Institutional Environment	OUTCOME 2: By 2018, the government and partners are promoting and protecting human rights effectively	2.1 By 2018, the Human Rights Action Plan is efficiently implemented, including monitoring of child rights violations	Per cent of alleged child rights violations investigated and resolved	No data on the % of cases. However, UNICEF supported the work of the Children's Advocate in the National Ombudsman's Office, engaging frequently with her regarding grave child rights violations.
Pillar 1: Institutional Environment	OUTCOME 2: By 2018, the government and partners are promoting and protecting human rights effectively	2.2 By 2018, government, CSO and the public have enhanced knowledge and communication tools to be better able to protect human rights	Number of human rights education and information programmes implemented in learning institutions	<ul style="list-style-type: none"> • Research products on child online safety launched. • Report on African Charter on the Rights and Welfare of the Child developed. • Community radios trained in development journalism. • Legal Briefs and advocacy tools for parliamentary developed.
Pillar 1: Institutional Environment	OUTCOME 2: By 2018, the government and partners are promoting and protecting human rights effectively	2.2 By 2018, government, CSO and the public have enhanced knowledge and communication tools to be better able to protect human rights	Number of public human rights dialogues held with different medium	<ul style="list-style-type: none"> • No data on the number of dialogues.

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 1: Institutional Environment	OUTCOME 3: By 2018, functional monitoring and evaluation and statistical analyses systems are in place to monitor and report on progress	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	Number of monographs / operation research studies produced and disseminated	<ul style="list-style-type: none"> Five monographs and a report produced on Status of Children's and Adolescents' Rights. Data quality framework and national statistical policies developed. e-birth registration and e-health developed.
Pillar 1: Institutional Environment	OUTCOME 3: By 2018, functional monitoring and evaluation and statistical analyses systems are in place to monitor and report on progress	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	Functional and periodically updated integrated statistical database/portal for timely data dissemination exist (plus regular publications)	<ul style="list-style-type: none"> No data on the indicator.
Pillar 1: Institutional Environment	OUTCOME 3: By 2018, functional monitoring and evaluation and statistical analyses systems are in place to monitor and report on progress	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	Number of competent staff in key institutions (NSA, line ministries- OMAS, Academic institutions....) able to collect, analyze high quality data	<ul style="list-style-type: none"> 34 NSA strategic working group members trained. 104 managers and technical staff from the MoHSS trained in the use of Health District population projections. 572 Regional decision maker's trained in area of statistics and its utilization. 60 (parliamentarians, diplomats, GRN managers) trained on Demographic Dividend and SRH/HIV Two GRN staff trained in IPCD issues (NPC & MOHSS ICPD conference New York) Two NSA staff trained in Principals of Census manual
Pillar 1: Institutional Environment	OUTCOME 3: By 2018, functional monitoring and evaluation and statistical analyses systems are in place to monitor and report on progress	3.1 By 2018, national statistical system consistently produces, disseminates and utilizes high quality disaggregated statistical data.	Number of additional regional and international treaties ratified by GRN	<ul style="list-style-type: none"> The Hague Convention on Inter-Country Adoption acceded.
Pillar 1: Institutional Environment	OUTCOME 4: By 2018, Namibia complies with most of her international treaties' accession/ratification, monitoring and reporting obligations.	4.1 By 2018, the government has acceded to additional regional and international human rights treaties	Number of additional regional and international treaties ratified by GRN	<ul style="list-style-type: none"> The Hague Convention on Inter-Country Adoption acceded.
Pillar 1: Institutional Environment	OUTCOME 4: By 2018, Namibia complies with most of her international treaties' accession/ratification, monitoring and reporting obligations.	4.2 By 2018, the government with participation of civil society complies with treaty monitoring and reporting obligations on time	Number of additional regional and international treaties ratified by GRN	<ul style="list-style-type: none"> No data. However, OHCHR training workshop on international Human Rights conducted, including participation of CSOs as part of the Inter-Ministerial Coordination Committee.

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 1: Institutional Environment	OUTCOME 4: By 2018, Namibia complies with most of her international treaties' accession/ratification, monitoring and reporting obligations.	4.2 By 2018, the government with participation of civil society complies with treaty monitoring and reporting obligations on time	Per cent of actions planned in HRAP implemented by 2016	<ul style="list-style-type: none"> No data. However, 2015 marked the first year of the implementation of the National Human Rights Action Plan.
Pillar 1: Institutional Environment	OUTCOME 4: By 2018, Namibia complies with most of her international treaties' accession/ratification, monitoring and reporting obligations.	4.3 By 2018, the government is effectively implementing recommendations from regional and international human rights treaty bodies	Per cent of recommendations implemented from a) UPR, b) CRC, c) ACRWC d) UNCAC	<ul style="list-style-type: none"> No data. However, the CCPA effectively domesticates the provisions of the CRC into Namibian legislation. Engaged the draft Child Justice Bill in compliance with the Beijing rules on the administration of juvenile justice, as recommended by the Committee of Experts on the ACERWC and as per CRC.
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.1 By 2018, MoE has enhanced capacity at all levels to better plan, monitor and evaluate education programmes and policies	i) EMIS feeds findings back to schools (Y/N)	<ul style="list-style-type: none"> Yes. School based profiles are in place and requires updating with newly available EMIS data
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.1 By 2018, MoE has enhanced capacity at all levels to better plan, monitor and evaluate education programmes and policies	ii) MoE strategy for improving transition to secondary education (Y/N)	<ul style="list-style-type: none"> Yes. Universal Secondary Education implemented. Process of identification of a Teacher Demand and supply Model for Namibia in place and contextualization and orientation on population ongoing.
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.2 By 2018, key education policies (ECD, educators, learner pregnancy & inclusive education) are reviewed/harmonized and their implementation strategies approved by MoE	i) Harmonized ECD and educator policies completed (Y/N) ii) implementation strategies for learner pregnancy and inclusive education policies (Y/N)	<ul style="list-style-type: none"> Yes. ECD Strategic Framework in place. Yes. Learner pregnancy and Inclusive Education Policy in place. Yes. Learner pregnancy policy analysis completed.
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.3 By 2018, all schools in Namibia are implementing and monitoring standards and regulations for effective and conducive teaching and learning	i) % of school without toilet facilities (Baseline: 20%; Target: < 10%)	<ul style="list-style-type: none"> Kavango East and Kavango West remain the most poorly serviced regions, with respectively 59.5% and 58% of schools having toilets There has been a remarkable improvement in the provision of the sanitary services to schools countrywide, and these are the only regions where such services have reached less than 70% of the schools.

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.3 By 2018, all schools in Namibia are implementing and monitoring standards and regulations for effective and conducive teaching and learning	ii) Education sector plans stipulate procedures for reporting and acting against violence in schools (Y/N)	<ul style="list-style-type: none"> Yes. National Safe Schools Framework in draft.
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.4 By 2016, young people demonstrate improved knowledge and skills for informed decisions on HIV prevention and SRH	i) % of Grade 6 learners who reach the minimum level on SACMEQ HIV-AIDS knowledge test	<ul style="list-style-type: none"> SACQMEC IV report is not released yet, therefore data on this specific indicator is not available. However, interventions aimed at improving HIV knowledge level of young people have been carried out and still ongoing such as, capacity building of life skills teachers on delivery of HIV/ Comprehensive Sexuality Education (CSE) and development of HIV /CSE teaching and learning materials
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.4 By 2016, young people demonstrate improved knowledge and skills for informed decisions on HIV prevention and SRH	ii) HIV/AIDS indicators integrated into EMIS	<ul style="list-style-type: none"> Yes. 5 CSE indicators integrated in the EMIS.
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.5 By 2017, 60% of existing ECD centers meet the minimum standards and are managed by qualified educators	i) % of ECD centers meeting the standards	<ul style="list-style-type: none"> No data.
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.5 By 2017, 60% of existing ECD centers meet the minimum standards and are managed by qualified educators	ii) % of educators qualified	<ul style="list-style-type: none"> Survey for Teachers in Pre-primary Education (STEPP) project implemented to assess the cross-national, policy-relevant information that can address teacher challenges at ECD and pre-primary level.
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.5 By 2017, 60% of existing ECD centers meet the minimum standards and are managed by qualified educators	i) # of collaborative research projects completed/published	<ul style="list-style-type: none"> Support to Ministry of Higher Education Training and Innovation through scoping its leadership and governance of Vocational Education and Training (VET), Higher Education and Science Technology & Innovation (STI).

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.5 By 2017, 60% of existing ECD centers meet the minimum standards and are managed by qualified educators	i) # of teachers trained	<ul style="list-style-type: none"> In order to capacitate educators to effectively supervise undergraduate educational research projects and the use of ICTs in education, the Faculty of Education (FoE) of the University of Namibia (UNAM) with the support of UNESCO Namibia organized a 2-day workshop, 11-12 September 2017, for 50 UNAM lecturers, from the department of Early Childhood and Lower Primary Education of the different UNAM Campuses
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.9 By 2018, national and regional education plans and school curriculum are responsive to emergencies and emerging sustainable development issues and values	i) Updated contingency plans (Y/N)	<ul style="list-style-type: none"> Yes. Regional training and capacity development completed in 2015. Inputs provided to drought action plan in 2016
Pillar 2: Education and Skills	OUTCOME 5: By 2018, Namibia is implementing policies and programmes that improve learning outcomes at all levels	5.10 By 2018, out-of-school children and most at risk adolescents and adults have improved access to second chance education and skills	i) Strategy developed and implemented for reaching out of school children (Y/N)	<ul style="list-style-type: none"> Yes. Action plan developed and steering committee established
Pillar 3: Health	OUTCOME 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centers provide improved comprehensive sexuality education and HIV prevention for out-of-school young people and key populations.	Number of CSOs and youth centers providing comprehensive sexuality education and HIV prevention,	<ul style="list-style-type: none"> 50 schools trained in CSE, through CSE online training
Pillar 3: Health	OUTCOME 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.3 By 2018, Public and Higher learning institutions, CSOs, and youth centers provide improved comprehensive sexuality education and HIV prevention for out-of-school young people and key populations.	Number of young people reached with comprehensive sexuality education and HIV prevention at community level and youth centers	<ul style="list-style-type: none"> 5,000 adolescents provided with comprehensive sexual education through adolescents living with HIV teen clubs.
Pillar 3: Health	OUTCOME 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.6 By 2018, MoHSS able to coordinate, plan, implement and monitor non-communicable diseases prevention and control	Multi-sectoral coordination mechanism for NCDs in place,(Y/N)	<ul style="list-style-type: none"> Strategy development completed

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 3: Health	OUTCOME 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Number of NAFIN progress reports produced	<ul style="list-style-type: none"> 4 NAFIN meetings were held with meeting minutes produced.
Pillar 3: Health	OUTCOME 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.7 By 2018, NAFIN able to report on the implementation of Scaling up multi-sectoral nutrition country plan.	Number of regions implementing the Scaling-up Multi-Sectoral Nutrition Country Plan	<ul style="list-style-type: none"> 14. All the regions are implementing nutrition activities that are guided by the SUN-CIP
Pillar 3: Health	OUTCOME 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	No. of constituencies implementing Community Led Total Sanitation-CLTS (Baseline - 0; Target - 6)	<ul style="list-style-type: none"> None. However, In 2017 UNICEF, will be targeting 160 communities. 4 constituencies will be targeted to implement CLTS.
Pillar 3: Health	OUTCOME 6: By 2018, Namibia has accountable and well-coordinated multi-sectoral mechanisms to reduce the burden of priority diseases and conditions, address social, economic and environmental determinants of health and improve health outcomes.	6.8 By 2018, Open Defecation Free (ODF) status achieved by all communities where CLTS is being implemented	Proportion of urban and rural households with access to improved sanitation facilities	<ul style="list-style-type: none"> 17 (Rural) 53 54 (Urban)
Pillar 3: Health	OUTCOME 7: By 2018, Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated, and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Number of young men circumcised,	<ul style="list-style-type: none"> 66,488 cumulative number VMMC done by the end of 2016
Pillar 3: Health	OUTCOME 7: By 2018, Namibia has a strengthened health system that delivers quality, accessible, affordable, integrated, and equitable health care.	7.4 By 2018, women and men, key populations and young people have access to comprehensive HIV counseling and testing and prevention services	Percentage of young people receiving HCT services,	<ul style="list-style-type: none"> None. No new survey has been conducted give us a clear idea of the exact progress.
Pillar 4: Poverty Reduction	OUTCOME 8: By 2018, Namibia has adopted and is implementing effectively and in a coordinated manner policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability.	8.1 By 2016, key Government institutions, private sectors, CSOs and academia are better able to generate, analyze and disseminate evidence on the root causes of poverty and vulnerability in Namibia	Advocacy and policy responses in relation to poverty and vulnerability include consideration of HIV as a potential causal factor of poverty and vulnerability (Y/N)	<ul style="list-style-type: none"> Yes. NIMD and Poverty Mapping completed and disseminated to all 14 regions

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 4: Poverty Reduction	OUTCOME 8: By 2018, Namibia has adopted and is implementing effectively and in a coordinated manner policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability.	8.1 By 2016, key Government institutions, private sectors, CSOs and academia are better able to generate, analyze and disseminate evidence on the root causes of poverty and vulnerability in Namibia	No of national dialogues on poverty and vulnerability held and recommendations adopted.	<ul style="list-style-type: none"> 14. All regions were covered with Poverty Dialogues through the MPESW, and one National Conference on Poverty Eradication held in 2015.
Pillar 4: Poverty Reduction	OUTCOME 8: By 2018, Namibia has adopted and is implementing effectively and in a coordinated manner policies and strategies to reduce poverty and vulnerability which are informed by evidence on the causes of poverty and vulnerability.	8.1 By 2016, key Government institutions, private sectors, CSOs and academia are better able to generate, analyze and disseminate evidence on the root causes of poverty and vulnerability in Namibia	Number of studies on poverty and vulnerability approved by the Research Council and conducted.	<ul style="list-style-type: none"> No data.
Pillar 4: Poverty Reduction	OUTCOME 9: By 2018, the National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively	9.2 By 2018 the Technical Capacities of MGECW Staff and other OMAS is improved to effectively implement the NGPA and GBVPA	%MGECW staff and other OMAS with specialized skills in Gender	<ul style="list-style-type: none"> No data. However, Gender Responsive Budgeting training conducted for the Parliament, and Cabinet has adopted a Resolution to roll out the GRB to all sectors (OMAs)
Pillar 4: Poverty Reduction	OUTCOME 9: By 2018, the National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively	9.2 By 2018 the Technical Capacities of MGECW Staff and other OMAS is improved to effectively implement the NGPA and GBVPA	No of Graduates who completed the Gender studies at UNAM and Polytechnic of Namibia	<ul style="list-style-type: none"> No data.
Pillar 4: Poverty Reduction	OUTCOME 9: By 2018, the National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH, HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Number of meetings held between the UN and GRN where advocacy is made on the linkages between GBV, SRH and HIV	<ul style="list-style-type: none"> 4 meetings with government ministries (gender, health, safety, Justice)
Pillar 4: Poverty Reduction	OUTCOME 9: By 2018, the National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively	9.5 By the end of 2018, guidelines for providing comprehensive multi-sectoral response services (SRH, HIV, psycho-social, justice and economic) to GBV survivors are developed and implemented	Protocols developed and finalized (Y/N)	<ul style="list-style-type: none"> Yes. Draft available.
Pillar 4: Poverty Reduction	OUTCOME 9: By 2018, the National Gender Plan of Action and Gender Based Violence Plan of Action are being implemented effectively	9.6 By 2018 State Agencies systems for the timely collection, analysis, utilization and dissemination of up to date data on GBV strengthened	Research on GBV prevalence and causes conducted and report produced (Y/N)	<ul style="list-style-type: none"> Y. Study in progress. Data collection completed
Pillar 4: Poverty Reduction	OUTCOME 10: By 2018, the national social protection system is strengthened and expanded to poor and vulnerable households and individuals	10.1 By 2016, MGECW has the institutional capacity to expand the child welfare grant system	Proportion of poor and vulnerable children receiving social grants	<ul style="list-style-type: none"> No data. However, the target was reached as more vulnerable families were covered on the grant system

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 4: Poverty Reduction	OUTCOME 11: By 2018, Namibia has reviewed, and is implementing, policies and strategies which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.1 National authorities adopt improved fisheries and agricultural development policies and strategies incorporating emerging food and nutrition issues.	Number of policies and strategies reflecting emerging food security issues and international commitments adopted. Baseline: none. Target: two policies and strategies	<ul style="list-style-type: none"> Yes. National Food and Nutrition Security Policy formulated; Inland Fisheries Resources Policy developed
Pillar 4: Poverty Reduction	OUTCOME 11: By 2018, Namibia has reviewed, and is implementing, policies and strategies which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, the capacity of government ministries (MTI, MLRGHRD) and other development partners to provide support aimed at promoting sustainable income generation activities among the vulnerable is enhanced.	Existence of SME database for enhanced coordination, monitoring and tracking income generation activities developed and implemented. Number of SMEs accessing information on business support services.	<ul style="list-style-type: none"> No data.
Pillar 4: Poverty Reduction	OUTCOME 11: By 2018, Namibia has reviewed, and is implementing, policies and strategies which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, the capacity of government ministries (MTI, MLRGHRD) and other development partners to provide support aimed at promoting sustainable income generation activities among the vulnerable is enhanced.	Number of food security reports/updates produced by NamVAC per annum.	<ul style="list-style-type: none"> 2. Both the March and October 2016 reports are completed and available. The annual vulnerability assessment has been completed and the report is yet to be released officially by OPM. Final reports for FNSM (March and October 2017) and final AVAC report.
Pillar 4: Poverty Reduction	OUTCOME 11: By 2018, Namibia has reviewed, and is implementing, policies and strategies which ensure that severely poor and vulnerable households have access to and are utilizing productive resources and services for food and nutrition security and sustainable income generation.	11.2 By 2018, the capacity of government ministries (MTI, MLRGHRD) and other development partners to provide support aimed at promoting sustainable income generation activities among the vulnerable is enhanced.	Number of food management and monitoring systems in place and utilized by partners.	<ul style="list-style-type: none"> 2. Food and Nutrition Security Monitoring and Namibia School Feeding Information System are all in place and functioning. System produced reports.

Pillar	Outcome	Output	Output indicator	Summary of Results
Pillar 4: Poverty Reduction	OUTCOME 12: Institutional frameworks and policies needed to implement the Environmental Management Act (2007); National Climate Change Policy (2011); Tourism Bill and Strategy; and Parks and Protected Areas Management Bill; and International Conventions, are in place and are being implemented effectively.	12.1 Strengthened environmental institutions, which are fully equipped with relevant operational standards, guidelines, procedures and specialized skills, for implementing the Environmental Management Act (7 of 2007) by 2018.	Number of environmental institutions fully equipped with relevant standards, guidelines and specialized skills.	<ul style="list-style-type: none"> 4. NIRP for Energy developed Guidelines for integrated fire management completed. SOPs for protected areas (MET- Depart of Parks and Wildlife Mgt) developed Draft Pollution and Waste Management Bill (MET Department of Environmental Affairs) developed
Pillar 4: Poverty Reduction	OUTCOME 12: Institutional frameworks and policies needed to implement the Environmental Management Act (2007); National Climate Change Policy (2011); Tourism Bill and Strategy; and Parks and Protected Areas Management Bill; and International Conventions, are in place and are being implemented effectively.	12.2 Adoption and utilization of renewable energy and energy efficient technologies in public, commercial and residential buildings by 2015.	Indicator: Number of public and commercial buildings using renewable energy and energy efficient technologies.	<ul style="list-style-type: none"> No data. However, MET building, Woerman Brock and others are using energy efficient technologies
Pillar 4: Poverty Reduction	OUTCOME 12: Institutional frameworks and policies needed to implement the Environmental Management Act (2007); National Climate Change Policy (2011); Tourism Bill and Strategy; and Parks and Protected Areas Management Bill; and International Conventions, are in place and are being implemented effectively.	12.3 Sector-specific operational plans are prepared to implement the Climate Change Strategy and Action Plan, Tourism Bill and Strategy; and the Parks and Protected Areas and Wildlife Management Bills by 2016 and beyond.	Indicator: Number of line ministries, RCs, communities and partners implementing the national policy and strategy on climate change; and Existence of the Tourism & Protected Areas and Wildlife Management Bills.	<ul style="list-style-type: none"> 4 Ministries. MAWF, Ministry Mines and Energy, OPM, MET 7 RCs. Kavango East and West, Oshikoto, Oshana, Ohangwena, Omusati, Kunene Yes. Draft Parks and Wildlife Management Bill approved by MET internally and ready for comprehensive public participation prior to submission to Cabinet for approval.

ANNEX III: Acronyms used in report

AIDS	Acquired Immunodeficiency Syndrome
ACC	Anti-Corruption Commission
AEFI	Adverse Events Following Immunization
AGYM	Adolescent Girls and Young Women
AR	Affirmative Repositioning
ART	Antiretroviral Therapy
ASC	Annual School Census
ASRH	Adolescent Sexual and Reproductive Health
ATIB	Access to Information Bill
AU	African Union
BBB	Better Business Bureau
BSC	Balance Score Card
CAPI	Computer Assisted Personal Interview
CEDAW	Convention on the Elimination of Discrimination Against Women
CCHF	Crimean Congo Hemorrhagic Fever
CCPA	Child Care and Protection Act
CO	Country Office
CMYP	Country Multi-Year Plan
CRC	Convention on the Rights of the Child
CRS	Congenital Rubella Syndrome
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DRR/M	Disaster Risk Reduction/Management
ECD	Early Childhood Development
EMIS	Education Management Information System
EmONC	Emergency Obstetric and Neonatal Care
ENAP	Every Newborn Action Plan
EPI	Expanded Programme on Immunization
ETCB	Electronic Transactions and Cybercrime Bill
FAO	Food and Agriculture Organization of the United Nations
FLON	First Lady of Namibia
FNSM	Food and Nutrition Security Monitoring
GBV	Gender-based Violence
GDP	Gross Domestic Product
GRN	Government of the Republic of Namibia
HIV	Human Immunodeficiency Virus
HPP	Harambee Prosperity Plan
HTS	HIV Testing Services
ICT	Information and Communication Technology
IOM	United Nations Migration Agency / International Organization of Migration
IPV	Inactivated Polio Vaccine
IPV	Intimate Partner Violence
ISOFS	International Society of Obstetric Fistula Surgeons
IMNCI	Integrated Management of Neonatal and Childhood Illness
JEE	Joint External Evaluation
LAC	Legal Assistance Centre
M&E	Monitoring and Evaluation
MAWF	Ministry of Agriculture, Water and Forestry
MoEAC	Ministry of Education, Arts and Culture
MET	Ministry of Environment and Tourism
MoF	Ministry of Finance
MGECW	Ministry of Gender Equality and Child Welfare
MHAI	Ministry of Home Affairs and Immigration
MoHSS	Ministry of Health and Social Services
MICT	Ministry of Information and Communication Technology
MIRC	Ministry of International Relations and Cooperation
MoJ	Ministry of Justice

MLR	Ministry of Land Reform
MPESW	Ministry of Poverty Eradication and Social Welfare
MPNDR	Maternal Peri/Neonatal Death Review
MSYNS	Ministry of Sport, Youth and National Service
NAMOD	Namibia Tax Benefit Micro Simulation Model
NamVAC	Namibian Vulnerability Assessment
NANTU	National Teacher's Union
NAPWU	Namibia Public Worker's Union
NaSIS	Namibia School Feeding Information System
NCD	Non-communicable Disease
NCS	Namibian Correctional Services
NDP4	Fourth National Development Plan
NDP5	Fifth National Development Plan
NGO	Non-governmental Organization
NIP	National Immunization Program
NMPNDR	National Maternal Peri/Neonatal Death Review
NPC	National Planning Commission
NPRS	National Population Registration System
NSA	National Statistics Agency
NSF	National Strategic Framework
NUST	Namibia University of Science and Technology
NWHN	Namibia Women's Health Network
ODF	Open Defecation Free
OPG	Office of the Prosecutor General
OPM	Office of the Prime Minister
PARMaCM	Programme for Accelerating the Reduction of Maternal and Child Mortality
PCV	Pneumococcal Conjugate Vaccine
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
RCO	Resident Coordinator's Office
RH	Reproductive Health
SADC	Southern African Development Community
SADC-PF	Southern African Development Community Parliamentary Forum
SASG	Social Accountability and School Governance
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SSC	South-South Cooperation
SV	Sexual Violence
T4D	Technology for Development
TiP	Trafficking in Persons
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNAM	University of Namibia
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework (2006-2010)
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drug and Crime
UNPAF	United Nations Partnership Framework (2014-2018)
UPR	Universal Periodic Review
VAC	Violence Against Children
VPD	Vaccine Preventable Diseases
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WLHIV	Women Living with HIV

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