United Nations Children’s Fund
Executive Board
Second regular session 2024
3–6 September 2024
Item 4 (a) of the provisional agenda*

Country programme document
Namibia

Summary

The country programme document (CPD) for Namibia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,695,000 from regular resources, subject to the availability of funds, and $17,295,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2025 to 2029.

Note: The present document was processed in its entirety by UNICEF.
Programme rationale

1. Namibia is an ethnically diverse country with a young population and is poised to reap the benefits of a demographic dividend. Some 55 per cent of the country’s 3 million residents are under the age of 24 years (26 per cent are between ages 0 and 9 years and 29 per cent are between ages 10 and 24 years). The Government seeks to leverage this youth bulge by making further investments in the survival, well-being and empowerment of all children and adolescents, in line with goals expressed in the 2030 Agenda for Sustainable Development, the African Union Agenda 2063: The Africa We Want, the Namibia Vision 2030 and the Sixth National Development Plan (NDP6).

2. The country’s strong commitment to the Sustainable Development Goals is evident in its progressive social policy framework and investments in the social sectors (14.5 per cent of government expenditure in 2024/25 was allocated to health, 23.1 per cent to education and 8.0 per cent to social protection). Namibia is on track to reach 33 per cent of the Sustainable Development Goal targets embedded in NDP6. But there has been limited progress towards 43 per cent of the targets and progress towards 24 per cent of the targets has slowed. With only five years left to 2030, the Government has committed to significant acceleration.

3. Abundant wealth from natural resources, political stability and sound macroeconomic management contributed to the country’s classification as an upper-middle-income country in 2009. Economic growth averaged 5.6 per cent between 2011 and 2015, and has slowed since 2016. Growth is expected to accelerate with the exploitation of oil, gas and new green hydrogen resources, but there is a need to ensure that growth is inclusive, as Namibia is the second-most-unequal society in the world, with a Gini coefficient of 59.1. Despite stark inequities, the country’s ability to attract official development assistance is limited due to its income classification. Namibia also has one of the lowest population densities in the world (3.7 people per square kilometre), which poses challenges for equitable service delivery.

4. While there has been progress in reducing income poverty, an estimated 43.3 per cent of the general population was living in multidimensional poverty in 2021, and the rate was higher among children aged 0–17 years, at 51.3 per cent. Households with the highest rates of multidimensional child poverty are in the regions Kavango West (82 per cent), Kavango East (75 per cent) and Kunene.

5. The Government of Namibia has several pro-poor policies, including a progressive social protection policy, and relatively high levels of spending on social protection mechanisms, including a child grant and a child disability grant. However, child grants receive lower levels of investment relative to other mechanisms that benefit adults, despite evidence showing that they have higher rates of return. Access to social protection requires legal documentation, yet 10.4 per cent of the population

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8 Ibid., p. 56.
had no birth certificate in 2016, with significant regional variations (e.g. 32.2 per cent of the population in the Kavango West region had no birth certificate). The effectiveness of social protection is also constrained by lack of an integrated information management system, siloed or vertical programmes, inadequate coordination mechanisms and human resource constraints.

6. Some 95 per cent of the school-age population has access to education, thanks to the implementation of the Sector Policy on Inclusive Education, the roll-out of early childhood development (ECD) programmes, provision of free primary and secondary education, and improved efforts to reach vulnerable populations. However, there are remaining gaps – with particular disadvantage at the pre-primary level among children with disabilities and those from San and Himba communities. Despite high rates of enrolment, many children cannot read or perform simple mathematics calculations by the end of junior primary level (pre-primary to Grade 3). In 2021, there were high repetition rates in Grade 1 (girls, 13.9 per cent; boys, 20.5 per cent), Grade 4 (girls, 12.8 per cent; boys, 23.5 per cent) and Grade 8 (girls, 12.8 per cent; boys, 19.6 per cent).

7. There are also retention challenges. Just 42 per cent of those enrolled in Grade 1 complete the final grade of secondary education. School-leaving rates are high at junior secondary (14 per cent) and senior secondary (85 per cent) level. Some 18.5 per cent of adolescents aged 15–19 years and 45.2 per cent of youth aged 20–24 years are not in employment, education or training, suggesting that many lack the foundational and twenty-first-century skills that can make them employable. The percentage of female learners at the senior secondary level is lowest in Kunene (49.4 per cent), Kavango West (49.8 per cent) and Kavango East (50.9 per cent). Notably, these regions also have high rates of child marriage, early or unintended pregnancies and HIV prevalence among women and girls. Although there are national and regional level forums for the participation and engagement of adolescents and young people, they are often not inclusive of the most marginalized groups and persons with disabilities.

8. For better learning outcomes, Namibia needs to update, implement and monitor legislation and sectoral policies, and ensure more innovative, efficient and equitable resource allocation in education, particularly for the inclusion of children with disabilities, foundational learning, early grades and underserved communities. There is also a need to improve the collection and strategic use of data; strengthen pre- and in-service professional development of teachers and other education personnel; and boost technical capacity to systematize literacy and numeracy assessments and to make schools more inclusive of children with disabilities. Additional formal mechanisms or platforms are required to include adolescents in social service delivery; close the digital divide and facilitate adolescents’ participation in school governance and service design.

9. Children of all ages are impacted by physical, emotional, sexual and online violence. Available evidence in 2019, indicates that 32.7 per cent of girls and 30.9 per cent of boys aged 13–17 years experienced physical discipline and verbal

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15 MoEAC, Republic of Namibia, EMIS Report 2022, p. 11.
aggression by parents or caregivers, and in 2013 more than half (52 per cent) of women and girls aged 15–19 years had been subjected to physical violence by a partner. An estimated 20,000 children (9 per cent of Internet users aged 12–17 years) were subjected to online child sexual exploitation and abuse in 2021. The prevalence among children (aged 15–19 years) was 5.4 per cent for girls and 0.7 per cent for boys.

10. Barriers in the child protection sector include gaps in the enactment and enforcement of legislation and in the functionality of formal mechanisms that identify violations and provide support to victims. This is complicated by insufficient child-friendly justice reform and a limited number of social workers, as well as limited coordination with other front-line service providers that could support a holistic response across schools and health-care facilities. Violence is rooted in social and gender norms as well as a lack of awareness of its negative effects. Some harmful practices, such as child marriage and unregistered births, are geographically concentrated, suggesting that some communities require comprehensive and integrated support for social and behavioural change.

11. There was significant progress in reducing neonatal, infant and child mortality until 2010, but the annual rate of reduction is now insufficient to meet Sustainable Development Goal target 3.2. For every 1,000 live births, there are 19 neonatal deaths, 53.5 infant deaths and 57 deaths of children under the age of 5 years, indicating that most child deaths occur during the first year of life. The Hardap, Omaheke, Oshana and Zambezi regions have the highest levels of under-5 mortality, ranging between 81.0 to 134.8 deaths per 1,000 live births. Diarrhoeal diseases were the leading cause of death among children under the age of 5 years in 2021 (11.3 per cent).

12. Maternal mortality is also high. The rate increased from 58.4 maternal deaths per 100,000 live births in 2019 to 81.1 deaths in 2021. Low rates of antenatal care visits (only 62.5 per cent of mothers attended four sessions); poor nutrition (22 per cent of pregnant and breastfeeding women were anaemic); and high rates of HIV infection are contributing factors. HIV remains the leading cause of death in Namibia, with adolescent girls aged 15 to 24 years representing 30 per cent of all new infections. Also concerning are the high rates of early and unintended pregnancy (one in five adolescent girls aged 15–19 years has already given birth or is pregnant with her first child), and adolescent mental health (24.5 per cent of school-going adolescents aged 12 to 17 years attempted suicide during the previous 12 months).

13. Barriers to universal health care include unequal access to services and suboptimal integration of high-impact interventions at the community level. One quarter of the population must travel more than 10 kilometres to reach a health-care

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17 Ministry of Health and Social Services (MoHSS) and ICF International, Namibia Demographic and Health Survey 2013, Windhoek and Rockville, Maryland, USA, p. 307.
18 Ibid., p. 46.
21 Ibid, p. 47.
23 Ibid., p. 48.
facility, and there is evidence that outreach services have declined in recent years, resulting in coverage gaps. For example, some 4.4 per cent of children aged 12–23 months received no vaccinations, and there are large regional disparities in coverage. There is also minimal capacity for early identification, assessment and referral to services for children with disabilities. Inefficiencies in health procurement, health workforce shortages in rural areas and gaps in technical capacities are additional barriers to service quality. The Ministry of Health and Social Services is committed to revising the National Policy on Community-Based Health Care to promote a more integrated, inclusive and participatory approach.

14. Namibia faces a triple burden of malnutrition and is not on track to achieve global nutrition targets. Some 16.8 per cent of children under the age of 5 years experienced stunting and 7.1 per cent suffered from acute malnutrition in 2022. Overweight and obesity among children aged 5–10 years increased seven-fold from 2000 to 2016, with girls particularly affected (overweight prevalence is 20 per cent among girls and 9 per cent among boys; and obesity prevalence is 6 per cent among girls and 2 per cent among boys). The Government has adopted a multisystem approach to food and nutrition security and committed to scaling up treatment of acute malnutrition in health-care facilities. Yet, there are gaps due to the insufficient numbers of skilled health workers and a lack of nutrition commodities in the health supply chain. For example, vitamin A supplementation coverage (two-dose supplements) in children under 5 years old was just 75.8 per cent in 2023.

15. Good nutrition starts early and at home, but the rates of caregiver knowledge and optimal family care practices are low. In 2013, just 48.5 per cent of infants aged 0–5 months were exclusively breastfed and 13 per cent of children aged 6–23 months benefited from a minimum acceptable diet; in 2023, 19.5 per cent of children under the age of 6 months received mixed milk feeds. Gender norms around parenting, the presence of harmful commercial marketing of breast-milk substitutes and unhealthy foods and an obesogenic food environment, as well as insufficient levels of food fortification also pose challenges to optimal nutrition practices. Many vulnerable households also lack access to safe, affordable and nutritious foods. There is a lack of well-coordinated ECD services across entry points and platforms, despite strong evidence of the positive impact of integrated ECD services in terms of health and nutrition outcomes.

16. Namibia is highly vulnerable to the impacts of climate change and experiences prolonged droughts and seasonal flooding. While the country has a disaster risk management system, the extent to which it is child sensitive and functional at the national and regional levels is variable. A key vulnerability to climate change and public health emergencies is the low coverage of water, sanitation and hygiene (WASH). In urban settings, 22.6 per cent of households do not have a toilet facility while in rural areas, 64.6 per cent of households do not have a toilet facility. Namibia needs a more enabling environment for climate change adaptation, with a stronger focus on the vulnerabilities and capacities of children and adolescents and a

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27 Namibia Vulnerability Assessment Committee, Namibia 2023/24 Vulnerability Assessment & Analysis (VAA) Main Report, Office of The Prime Minister, Windhoek, January 2023, p. 56.
28 MoHSS and ICF International, Namibia Demographic and Health Survey 2013, pp. 136 and 142.
29 Namibia Vulnerability Assessment Committee, Namibia 2023/24 Vulnerability Assessment & Analysis (VAA) Main Report, p. 60.
commitment to enhance WASH sector policy, institutional accountability and coordination between the multiple institutions accountable for WASH provision.

Programme priorities and partnerships

17. The UNICEF country programme builds on the solid foundation of trust and mutual respect forged by UNICEF and the Government since the country’s independence in 1990. The programme is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2025–2029 and aligned with the social transformation pillars of the UNSDCF and NDP6. Strategic planning for the country programme was informed by a series of consultations with national authorities, United Nations system organizations, local development partners, members of civil society and the private sector, and children, adolescents and young people.

18. The programme seeks to accompany the Government in its efforts to implement the concluding observations of the Committee on the Rights of the Child and to ensure that, by 2029, children, adolescents, young people and women, especially the most vulnerable, will realize their rights and access and utilize innovative, safe, gender-responsive, climate-adaptive and shock-responsive services while living in an inclusive environment. The theory of change states that children and adolescents will progressively realize their rights if the Government is more efficient in managing public finances and enacting and implementing legislation, and more effective in regulating and delivering an integrated package of quality social services; and if children and adolescents fully access and utilize these services; and if parents, caregivers, front-line service providers and other duty-bearers demonstrate and promote behaviours that support the development and well-being of every child and adolescent. Change also depends on empowering children and adolescents – particularly the most vulnerable – to participate more meaningfully in service design and delivery and in decisions affecting their lives and communities.

19. The evaluation of the United Nations Partnership Framework 2019–2023 recommended that the United Nations organizations in Namibia conduct programmes jointly, maximize use of national coordination platforms led by the Government and strengthen collaboration with the private sector. The midterm review of the country programme, 2019–2024 recommended that UNICEF support be made more appropriate for the upper-middle-income-country context, with a focus on effective evidence generation and advocacy for law-making and policy implementation. The review also recommended that UNICEF support government efforts to improve the efficiency and equity of public finance management for children and make social service delivery more inclusive through public systems. UNICEF also learned that it should limit decentralized programming to a few underserved regions and focus on strengthening public platforms for service delivery to boost impact and sustainability.

20. The country programme 2025–2029 has three programmatic outcomes: child-sensitive policy and advocacy; learning, development and participation in safe and protective environments; and child and adolescent survival and development. There is also a strong focus on strengthening data for children and building the resilience of communities through a more enabling environment for climate adaptation, including by influencing WASH sector policy, budgets and governance.

21. The programme will use the following cross-cutting change strategies:

(a) Evidence generation on the status of the most vulnerable children, adolescents and young children and the key issues affecting their lives.
(b) High-level advocacy to mobilize and leverage both public and private investments and partnerships for the survival and development of children and adolescents, to support the Government to seize the demographic dividend.

(c) Public finance management to safeguard these investments and ensure that they are efficiently and equitably spent on high-impact interventions for children.

(d) System strengthening to promote more integrated, well-coordinated, gender-responsive, inclusive and shock-adaptive social services, with integrated outreach mechanisms that harness the power of innovation and digital transformation to reach remote and underserved communities.

(e) Social and behaviour change to promote better family-care practices and optimal health-seeking behaviours and to reduce violence and harmful practices.

(f) Child and adolescent participation to ensure their meaningful engagement in decision-making processes that affect their lives.

Social policy and social protection

22. This programme component is aligned primarily with UNSDCF outcome 1 (outputs 1.1 and 1.2) (for governance); 2 (output 2.3) (promoting a human rights-based economy) and 4 (output 4.1) (boosting access and use of social and protection services). The programme component will seek to ensure that vulnerable children and adolescents, especially those with disabilities, benefit from optimal public investments, comprehensive social protection, more strategic partnerships and greater political commitment to reducing child poverty and furthering child rights and climate action.

23. UNICEF will strengthen government capacity to generate and use disaggregated, equity-focused data to plan and boost public and private investments in and for children and adolescents. This includes support to institutionalizing the Namibian Multidimensional Child Poverty Index as a permanent, official poverty measure. UNICEF will also conduct advocacy and provide technical assistance to ensure implementation of policies and reforms that aim to increase the transparency, equity and efficiency of public finance management for children, particularly in the context of future economic growth.

24. The organization will strengthen the social protection system at the national and local levels to design, implement, monitor and adjust the delivery of shock-responsive programmes for children, which are key for poverty reduction and resilience-building. These efforts, including advocacy, budget analysis, evidence generation, partnership-building and technical support for capacity strengthening, will strive for more sustainable financing of social protection, greater inclusion, efficiency and equity in coverage of mechanisms such as child grants, and improved linkages to complementary social services. They will also promote adequacy and universal coverage, stronger coordination and better management information systems.

Learning, development and participation in a protective environment

25. This programme component will contribute primarily to UNDSCF outcome 4 (outputs 4.1, 4.2 and 4.3) (promoting access to and use of social services), but it will also have an impact on outcome 1 (outputs 1.1 and 1.2) (as it supports more inclusive decision-making); 2 (output 2.3) (as it enhances the employability of adolescents and youth) and 3 (output 3.2) (as it promotes participation in climate action and sustainable resource management). The programme component will also respond to recommendations made by the Committee on the Rights of the Child to adopt a new policy to succeed the National Agenda for Children (2018–2022), to adopt legal measures to criminalize any practice that promotes child marriage and to ensure
effective coordination across sectors. It will seek to ensure that children, adolescents and young people, particularly the most vulnerable and those with disabilities, have improved learning outcomes, are protected from HIV, violence, exploitation and abuse, and practice their skills and agency to meaningfully engage in their communities, transitioning from learning to earning.

26. In education, UNICEF will provide technical support for the roll-out and implementation of key legislation and policies designed to boost the quality and equity of pre-primary, primary and secondary education, ensuring that learning environments are safer and more inclusive. This will require improved generation, analysis and utilization of data to improve sector governance and pro-poor resource allocations, particularly for the early years of schooling. UNICEF will also support government efforts to enhance pre- and in-service professional development of teachers and other key education personnel. This includes the development, piloting and roll-out of the national foundational learning strategy and the assessment tools for tracking learning outcomes. UNICEF will support the modelling of innovations for learning recovery, remote or distance learning, digitization of education services, parental engagement and learner participation.

27. UNICEF will also strengthen the capacity of subnational institutions and service providers to provide more integrated and well-coordinated adolescent-friendly services and skills development and participation opportunities that are demand driven, inclusive and equitable. This includes support to institutionalize good practices, such as sport for development programmes, and to model skills development programmes with local authorities and the private sector, helping adolescents to transition from school to employment. UNICEF will also support national and subnational partners to increase their engagement with adolescents, and channel support to young people and youth-led organizations that are leading social and behaviour change around prevailing social issues that affect them, such as climate change, mental health, nutrition challenges, violence and HIV prevention.

28. The programme component will also strengthen government capacity to update, enact or develop additional legislation to protect children against violence, abuse and exploitation in all settings, including online. UNICEF will strengthen institutional capacity to promote better planning, costing, funding, implementation and enforcement of policies and plans. This will include support to strengthen protection systems’ data management and to expand social and behaviour change interventions that boost birth registration, reduce violence, address harmful practices and increase utilization of child protection services. UNICEF will also promote greater investments in the social services workforce and enhance the technical skills of service providers in integrated case management.

Maternal and child survival and development

29. This programme component will contribute primarily to UNSDCF outcome 4 (output 4.1 and 4.3) (ensuring access to and use of an integrated package of basic social services that reduces high levels of neonatal, child, adolescent and maternal mortality, morbidity and malnutrition). In partnership with institutions and service providers across multiple sectors, the programme will seek to ensure that mothers, newborns, children and adolescents, especially those with disabilities, have improved access to, and utilization of, gender-responsive, high-impact and well-integrated services that help them to develop to their fullest potential.

30. This programme component will strengthen government systems to implement more equitable and evidence-based health sector policies, plans and budgets, boosting access for children, adolescents and women to integrated primary health-care services, including those that promote nurturing care for optimal child development.
and sexual and reproductive health, including HIV testing and treatment. UNICEF will support data collection and strategic use of evidence across sectors impacting health and nutrition; implementation of quality-of-care standards; integrated management of essential commodities for health, immunization and nutrition; and the adoption of innovations that support outreach to remote or underserved communities. UNICEF will also support government efforts to institutionalize and train community health workers, promote good hygiene and health-seeking behaviours, actively reduce the risk of public health emergencies, and prepare for – and respond to – emergencies. UNICEF will also leverage public resources to underserved regions and priority interventions for children, while mobilizing private sector investments.

31. This programme component will also seek to enhance the multiple systems that support the nutrition, growth and development of children, adolescents and mothers through quality diets, optimal family care practices and the delivery of high-quality nutrition services and interventions in multiple sectors. UNICEF will strengthen the capacity of the Government to convene, coordinate and implement nutrition interventions within an enabling nutrition policy environment that includes legislation and regulations to further adequate nutrition and prevent undernutrition, overweight and obesity, as well as policies and programmes to offer stimulation, care, early learning, health and protection at scale, as part of the ECD agenda. UNICEF will also enhance linkages to social protection systems and promote access to locally produced, affordable and nutritious foods. UNICEF will support the Government to enact and enforce legislation to regulate the marketing of breast-milk substitutes and unhealthy foods and beverages.

Programme effectiveness

32. This component is aligned to UNSDCF outcome 1 (output 1.1) and 3 (output 3.2) to ensure results-based planning, monitoring and evaluation of programmes, external relations and communications and the coordination of priority change strategies, including partnership development, promotion of South-South technical cooperation and social and behaviour change strategies. The programme component will also include strengthening the collection and strategic use of disaggregated data by public institutions and timely submission of State party reports to human rights treaty bodies. Finally, there will be a direct focus on promoting a more enabling environment for climate adaptation linked to WASH sector policy and governance, disaster risk reduction and emergency preparedness and response.

Summary budget table

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Regular resources</th>
<th>Other resources*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social policy and social protection</td>
<td>1 100</td>
<td>425</td>
<td>1 525</td>
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<tr>
<td>Learning, development and participation in a protective environment</td>
<td>1 000</td>
<td>8 460</td>
<td>9 460</td>
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<tr>
<td>Maternal and child survival and development</td>
<td>1 000</td>
<td>7 960</td>
<td>8 960</td>
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<td>Programme effectiveness</td>
<td>1 595</td>
<td>450</td>
<td>2 045</td>
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<td><strong>Total</strong></td>
<td><strong>4 695</strong></td>
<td><strong>17 295</strong></td>
<td><strong>21 990</strong></td>
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</tbody>
</table>

* Other resources (emergency) funding may be mobilized, as required, through humanitarian appeals processes.
Programme and risk management

33. This country programme document outlines UNICEF contributions to the UNSDCF 2025–2029, NDP6 and the Sustainable Development Goals and serves as the primary unit of accountability to the Executive Board for the achievement of results and resources assigned to the programme. Accountabilities of managers at country, regional and headquarters levels for country programmes are prescribed in the organization’s programme and operations policies and procedures. The programme is implemented in consultation with the Government and upon the request of relevant government authorities through multi-year workplans. As part of the United Nations country team, UNICEF will drive implementation of the UNSDCF, leading the results group on basic social services, while making substantial contributions to other pillars.

34. UNICEF is committed to risk-informed programming and to ensuring preparedness to deliver the Core Commitments for Children in Humanitarian Action. Several focused risk responses are conducted through the United Nations system, in line with its business operations strategy. For example, UNICEF continues to use the harmonized approach to cash transfers; strengthen accountability to affected populations; implement zero-tolerance measures to prevent sexual exploitation and abuse; and support efforts to promote greater environmental sustainability in the management of facilities and operations.

Monitoring and evaluation

35. Programme monitoring will be based on the results and resources framework annexed to this document. UNICEF will endeavour to have all relevant indicators and targets disaggregated by sex, gender, age and geography, wherever possible. Regular joint field monitoring and programme reviews with the Government and United Nations entities will assess progress on output-level results and inform course corrections. UNICEF will use result group platforms to report its UNSDCF contributions.

36. Through the programme effectiveness component, UNICEF coordinates with the United Nations, the Namibia Statistics Agency and various line ministries through the joint workplan to strengthen census, survey and administrative data-collection and monitoring systems. UNICEF will leverage its international expertise to institutionalize evaluation, improve the collection and use of disaggregated data, digitize data systems and adopt innovations and other means to enhance child and adolescent participation.
Annex

Results and resources framework

Namibia—UNICEF country programme of cooperation, 2025–2029


**National priorities:** Sustainable Development Goals 1, 2, 3, 4, 10, 16; Sixth National Development Plan

**United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:**

By 2029:
1. More young people and marginalized communities in Namibia actively participate in transparent gender-inclusive governance systems and institutions that prioritize accountability, transparency and human rights.
2. Namibia has a diversified, resilient, and human rights economy that champions sustainable decent jobs, livelihoods and reduces inequalities inclusive of young people and marginalized communities.
3. Namibia has integrated gender-inclusive systems for sustainable management of natural resources; reduced climate change vulnerability and enhanced resilience of marginalized communities and young people.
4. Young people, women, and marginalized communities, have equal access to, and use of quality, affordable, gender-inclusive, and human rights-sensitive basic social services.

**Related UNICEF Strategic Plan, 2022–2025 Goal Areas:** 1–5

<table>
<thead>
<tr>
<th>UNSDCF outcomes</th>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
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<tbody>
<tr>
<td>1, 2 and 4</td>
<td>1. By 2029, vulnerable children and adolescents, especially those with disabilities, benefit from optimal public investment, comprehensive social protection, increased strategic partnerships and</td>
<td>1.1 Proportion of children living in poverty in all its dimensions, according to national definitions B: 53.1% (2021) T: 40%</td>
<td>Namibia Household Income and Expenditure Survey/Namibia Multidimensional Poverty Index reports</td>
<td>1.1 Government has improved capacity to generate evidence and use disaggregated equity-focused data to mobilize, plan and leverage private investments for social sectors. 1.2 The social protection system is strengthened to</td>
<td>Government, United Nations, civil society and private sector</td>
<td>100 425 1525</td>
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<td>UNSDCF outcomes</td>
<td>UNICEF outcomes</td>
<td>Key progress indicators, baselines (B) and targets (T)</td>
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<td>political commitment for child rights, poverty reduction and climate action.</td>
<td>1.2 Number of children covered by government social protection systems, including disability grants.</td>
<td>Social Protection Management Information System</td>
<td>implement and monitor inclusive, efficient, integrated and equitable shock-responsive programmes for children and adolescents, key for poverty reduction and resilience-building.</td>
<td>1.2 Number of children covered by government social protection systems, including disability grants.</td>
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<td></td>
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<td>B: 360,000 (2023) T: 450,000</td>
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<td>1.2 Number of children covered by government social protection systems, including disability grants.</td>
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<td>1.3 Proportion of total government spending on essential services (education; health; nutrition, early childhood development, early childhood education; water, sanitation and hygiene; child protection) for children.</td>
<td>Annual budget/ budget briefs</td>
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<td>B: 50.7% T: 53.0%</td>
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<td>1.3 Proportion of total government spending on essential services (education; health; nutrition, early childhood development, early childhood education; water, sanitation and hygiene; child protection) for children.</td>
</tr>
<tr>
<td>1, 2, 3 and 4</td>
<td>2. Children, adolescents and young people, particularly the most vulnerable and those with disabilities, have improved learning outcomes, are</td>
<td>Proportion of children under the age of 5 years whose births have been registered</td>
<td>Civil statistics report</td>
<td>2.1 The national basic education system has increased capacity to implement and monitor quality, safe, equitable and inclusive education for children and adolescents,</td>
<td>Government, United Nations, universities, civil society, youth-led organizations, private sector</td>
<td>1,000 8,460 9,460</td>
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<td>2. Children, adolescents and young people, particularly the most vulnerable and those with disabilities, have improved learning outcomes, are</td>
<td>B: 67.5% (2020) T: 85.0%</td>
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<td>2. Children, adolescents and young people, particularly the most vulnerable and those with disabilities, have improved learning outcomes, are</td>
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<td>protected from violence and abuse and practice their skills and agency to meaningfully engage in their communities.</td>
<td>Number of children in pre-primary education</td>
<td>B: 50 403 (2022) T: 80 000 (30,000 girls and 50,000 boys)</td>
<td>Education Management Information System report</td>
<td>especially for children with disabilities.</td>
<td>2.2 Government and partners have enhanced capacity to generate data and provide demand-driven, equitable and inclusive skills development and participation opportunities for adolescents and young people.</td>
<td>2.3 Government has improved capacity to develop or update legislation and policies, and regulate, implement, and monitor the provision and quality of child protection services.</td>
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<td>Proportion of children in lower primary school achieving at least a minimum proficiency level in reading and mathematics</td>
<td>B: To be established in 2025 T: To be confirmed</td>
<td>Ministry of Education, Arts and Culture assessment results (baseline survey planned for 2024/25)</td>
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<td>Proportion of youth (aged 15–24 years) by gender not in education, employment or training in targeted regions</td>
<td></td>
<td>B: Female 34.3%, male 29.4% (2018) T: Female 30%, male 20%</td>
<td>Labour Force Survey</td>
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<td>Number of girls and boys who have experienced violence reached by</td>
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<td>Electronic case management system for child protection</td>
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<td>UNSDCF outcomes</td>
<td>UNICEF outcomes</td>
<td>Key progress indicators, baselines (B) and targets (T)</td>
<td>Means of verification</td>
<td>Indicative country programme outputs</td>
<td>Major partners, partnership frameworks</td>
<td>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</td>
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<td>1, 3 and 4</td>
<td>3. By 2029, mothers, newborns, children and adolescents, especially those with disabilities, have improved access to and utilize gender-responsive, quality, high-impact integrated services and develop to their fullest potential.</td>
<td>Percentage of children less than 24 months who receive two doses of measles-containing vaccine. B: 84% (2023) T: 95%</td>
<td>District Health Information System</td>
<td>3.1 Government systems strengthened for development and implementation of inclusive and equitable child rights-sensitive policies and quality high-impact interventions for child survival and development, including adolescents. 3.2 Government capacity strengthened for coordination and evidence-based decision-making for optimal practices to improve maternal, early childhood and adolescent development across relevant systems, with a focus on nutrition and early childhood development.</td>
<td>Government, United Nations, civil society and private sector</td>
<td>1 000 7 960 8 960</td>
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<td>Proportion of children aged 6–23 months who receive a minimum acceptable diet. B: 23.5% (2023) T: 40%</td>
<td>Annual Vulnerability Assessment and Analysis Survey</td>
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<td>Percentage of children aged 0–4 years accessing early childhood development centres B: 29% (2023) T: 60%</td>
<td>Early Childhood Development Management Information System</td>
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<td>Percentage of girls and boys aged 0–14 years living with</td>
<td>District Health Information</td>
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<td>UNSDCF outcomes</td>
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<td>HIV who are receiving antiretroviral treatment.</td>
<td>Software 2/Spectrum</td>
<td>4.1 Effective implementation and coordination of multisectoral programmes, change strategies and enablers. 4.2 UNICEF efforts to strengthen national data collection, analysis, evaluation and the strategic use of evidence to further child rights is effectively coordinated. 4.3 The enabling environment for water, sanitation and hygiene and child-centred climate change adaptation is enhanced.</td>
<td>Government, Namibia Statistics Agency, United Nations, civil society and private sector</td>
<td>RR</td>
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<td>1, 3 and 4</td>
<td>4. The country programme is efficiently and effectively coordinated and managed to achieve results for children</td>
<td>Percentage of management and programme indicators on track  B: 94% (2023) T: 100%</td>
<td>Internal UNICEF reports</td>
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<td>Total resources</td>
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