



**Investment Cases Towards Ending Unmet Need
for Family Planning and Gender-Based Violence**

NAMIBIA

SYNTHESIS REPORT

September 2021



CONTENTS



1

COUNTRY CONTEXT

- | | |
|--|---|
| 1.1 Making a case for investing in transformative results | 1 |
| 1.2 Enabling policy and legislative environment for rights and choices for all | 3 |

2

SCALING UP EFFECTIVE COVERAGE OF PRIORITY INTERVENTIONS

- | | |
|---|---|
| 2.1 Projection scenarios | 4 |
| 2.2 Cost and impact of meeting the transformative results | 5 |

3

COUNTRY COMMITMENTS TO ACHIEVE THE SDGS AND DELIVER ON ICPD25

8

4

COSTS AND FINANCING GAPS TO ACHIEVE THE TRANSFORMATIVE RESULTS

- | | |
|---|----|
| 4.1 Total costs of resources needed and financing gaps to achieve the targets for family planning | 9 |
| 4.2 Total costs and financing gaps to address GBV in Namibia | 10 |

5

RECOMMENDATIONS

- | | |
|---|----|
| 5.1 Ending unmet need for family planning | 11 |
| 5.2 Ending gender-based violence | 12 |
| 5.3 Country strategies for domestic resource mobilization | 12 |

CONCLUSION

14

List of figures

- | | |
|--|----|
| Figure 1: Number of cases and cumulative cases of IPV averted between 2020 and 2030 from anti-GBV interventions under different scenarios | 7 |
| Figure 2: Total costs of resources required to achieve the mCPR targets under the different scenarios for family planning in Namibia (US\$), 2020-2030 | 9 |
| Figure 3: Total costs required for investing in GBV under the different scenarios (US\$), 2020-2030 | 10 |



1. COUNTRY CONTEXT

Namibia is an upper-middle-income country situated in the Southern Africa region. The population in 2020 was estimated at 2,541,000, of which 52 per cent are female and 48 per cent male.¹ Namibia's socioeconomic development aspiration, as expressed in its long-term vision (Vision 2030), is to become a prosperous and industrialized country transformed by its skilled and agile human capital. Namibia has a relatively young population, with about 37 per cent aged below 15 years. Its current population growth rate is estimated at 1.9 per cent but is expected to decline to 1.7 per cent by 2030. Close to 60 per cent of the population today is in the working-age group, between the ages of 15-64 years. Because of the large number of young women who will soon enter their reproductive years, Namibia's population is expected to continue to grow significantly for the next few years, even as the fertility rate declines.



© UNFPA Namibia



¹ <https://knoema.com/atlas/Namibia/topics/Demographics/Population/Male-to-female-ratio#:text=Namibia%20%2D%20Male%20to%20female%20ratio%20of%20the%20total%20population&text=In%202020%2C%20male%20to%20female,per%20100%20females%20in%202020>



7,000
unsafe abortions



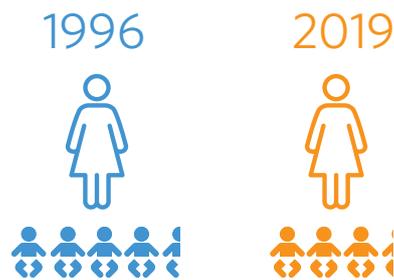
Available data suggests that UNSAFE ABORTIONS REACHED THE 7,000 MARK IN 2017 and ACCOUNTED FOR about 12% TO 16% of MATERNAL DEATHS.

In the past decade, Namibia has experienced a significant increase in the delivery and uptake of contraceptives, particularly modern contraceptives. The contraceptive prevalence rate (CPR) increased from 23 per cent in 1992 to about 61 per cent in 2020. Modern contraceptive prevalence rate (mCPR) increased from 21 per cent to 58 per cent within the same period (2020). The proportion of married women with unmet need for family planning has declined from 24 per cent in 1992 to 15 per cent in 2019. However, the country still has a long way to go to meet its national CPR target of 80 per cent by 2030. Although the majority of users of modern contraceptives (73 per cent) obtained methods from public health facilities, the unmet need remained above the national targets. To sustain the increase in modern contraceptives uptake within a growing population and recognizing a decline in domestic financing, there is a need to estimate the cost of scaling up mCPR in Namibia.

Namibia recorded significant progress in decreasing under-five mortality rate from a high rate of 118 deaths per 1,000 live births in 1968 to 31 deaths per 1,000 live births in 2012. However, the rate was still above the target of 24 deaths per 1,000 live births set for attainment in 2015. Although there has been a significant decline in fertility rate from 4.5 children per woman in 1996 to 3.3 in 2019, the teenage pregnancy rate remains high at 19 per cent. This means that one in five woman aged 15 to 19 years has begun childbearing.² Evidence of increased fertility rate among teenagers indicates the estimated number of

teenage pregnancies doubled in 2020, which may also be a result of the COVID-19 lockdown restrictions. Many cases of unintended pregnancies among adolescent girls lead to school drop-out, spread of STIs, including HIV, death from pregnancy complications and unsafe abortion. In Namibia, it is difficult to determine the scale of unsafe abortion and associated consequences on maternal health outcomes and the health-care costs to individuals and society because abortion is criminalized. Available data suggests unsafe abortions may have reached the 7,000 mark in 2017³ and accounted for about 12 per cent to 16 per cent of maternal deaths.

To achieve its desired socioeconomic transformation, Namibia needs to accelerate targeted investments in its youthful population to ensure they become an empowered and productive workforce and change agents for prosperity.



Although there has been a SIGNIFICANT DECLINE IN THE FERTILITY RATE from 4.5 children per woman in 1996 to 3.3 in 2019, the TEENAGE PREGNANCY RATE REMAINS HIGH at 19%.



² <https://namibia.unfpa.org/en/news/teenage-mother-tells-her-story-5#:~:text=Namibia%20has%20a%20young%20population,similar%20situations%20as%20%2F%2FGar>

³ [Unsafe abortions reach 7 000 mark - The Namibian.](#)



1.1 Making a case for investing in transformative results

This investment case provides the evidence required to achieve the transformative results of (a) ending unmet need for family planning and (b) ending gender-based violence (GBV) by 2030 in Namibia. The smart investments in these transformative results is the “best buy” to accelerate progress towards the Sustainable Development Goals (SDGs). Investments in these transformative results are expected to have high returns of health and non-health benefits to individuals, families and society.

Investing in family planning and related enablers would lead to reduced unintended pregnancies, infant and maternal mortality, while improving lives saved and scaling up public sector savings in health-care costs. In addition, the investments will contribute to gender equality, increased productivity and achieve inclusive economic growth, thereby putting the country on a path to achieving the SDGs and harnessing the demographic dividends. Similarly, investment in GBV saves lives, supports realization of basic human rights, and engenders full participation of women, men and girls in social, economic, civil, and political spheres of society. The multiplier effects of ending GBV and unmet need for family planning include long-term

benefits that cut across several sectors of the economy, including health, education, agriculture, infrastructure and beyond.

The investment cases for the transformative results will enable the Government to determine the need for scaling up effective coverage of high-impact interventions and close financing gaps. This will also inform and strengthen strategic partnership efforts and mobilization of additional domestic and external financing required to achieve the transformative results in Namibia. Given the continuously evolving financing landscape, situating country-level investments within the development, humanitarian and peace nexus is critical, in recognition of the increased occurrences of public health emergencies. This is particularly pertinent given the current public health crisis brought about by the COVID-19 pandemic and its disruptive impact on the supply chain for modern contraceptives and other health commodities around the world.

1.2 Enabling policy and legislative environment for rights and choices for all

There has been significant progress in the provision of enabling legal and policy frameworks on gender equality and women’s social and economic empowerment, and ending gender-based violence, including the Constitution of the Republic of Namibia, the amendment of the combatting of Rape (Act 8 of 2000) and the combatting of Domestic Violence (Act 4 of 2003), Vision 2030, the National Gender Policy 2010-2020, the National Development Plans (NDPs) and National Plan on GBV 2019-2023. Namibia has also ratified and adopted international agreements including, among others, the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of the Child, the UN Declaration on the Elimination of Violence against Women, and the SADC Protocol on Gender and Development. However, translation of policy frameworks into concrete policy actions remains a major challenge in Namibia.



© UNFPA Namibia



2. SCALING UP EFFECTIVE COVERAGE OF PRIORITY INTERVENTIONS

The investment case defined three scenarios to model the benefits that could be gained by investing in family planning and gender-based violence prevention and response in Namibia. The majority of the baseline estimates and intervention coverage targets were based on existing government reports, plans and strategies, while others were defined based on projections and assumptions to reflect the country situation and context. The baseline was set at 2020, and the targets for all the projections were set for 2030, with 2021 as the first year of impact.



© UNFPA Namibia

2.1 Projection scenarios

i. Investment in family planning

The three projection scenarios for ending unmet need for family planning are: (1) the baseline (status quo) scenario in which the CPR is projected to remain the same as the 2020 baseline of 60.6 per cent with no change



through 2030; (2) the moderate scenario, which assumes a moderate increase in scaling up high-impact family planning interventions with appreciable financing level to reduce unmet need for family planning and meet the CPR target of 75 per cent by 2030; and (3) the ambitious scenario that reflects significant increase in scaling up delivery of cost-effective and high-impact family planning interventions to achieve a CPR target of 80 per cent by 2030.

ii. Investment in gender-based violence prevention and response

The investment case for ending GBV in Namibia estimates the impact of scaling up effective coverage of interventions between 2020 and 2030 aimed at addressing intimate partner violence, as a tracer dimension of GBV, with the required costs and the resultant benefits. Three alternative scenarios were defined, namely: (i) status quo (or baseline) scenario, (ii) moderate scenario, and (iii) ambitious scenario. The status quo (scenario 1) assumes no change in GBV intervention coverage and minimal investment of resources in GBV interventions between 2020 and 2030. Scenario 2 estimates moderate progress and investments in scaling up effective coverage of high-impact interventions by 2030, with GBV intervention coverage increasing by 10 per cent annually from scenario 1 level. Scenario 3 (or ambitious scenario) estimates significant investments in scaling up GBV prevention and response by 2030 with an ambitious coverage of a 20 per cent increase annually from the baseline scenario or an additional 10 per cent annually over the moderate scenario 2.

2.2 Cost and impact of meeting the transformative results

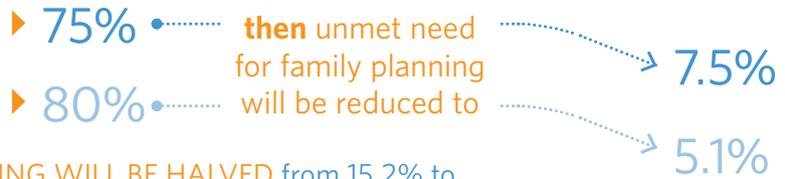
Overall, if Namibia invests additional resources to enhance equitable access to quality family planning services and increase CPRs, as well as scales up GBV prevention and response, there would be significant returns on investments in terms of well-being.

i. Ending unmet need for family planning

- Increasing CPR of 60.6 per cent for married and/or women in union aged 15-49 years to 80 per cent by 2030 requires significant investment in tailored family planning interventions.
- The total fertility rate target of 2.0 by 2030 hinges on the Government's ability to increase CPR to at least 75 per cent by 2030.
- Unmet need for family planning will decline from 15.2 per cent to 7.5 per cent if the CPR is increased to 75 per cent and to 5.1 per cent if the CPR is increased to 80 per cent by 2030.
- The proportion of modern contraception in Namibia will be increased between 2020 and 2030 across the scenarios.
 - Under the status quo scenario with 60.6 per cent CPR, there will be a cumulative total of 1,593,008 modern contraceptive users.
 - At 75 per cent CPR, there will be a cumulative total of 1,787,315 users of modern contraceptives, 12 per cent more than the status quo scenario.
 - In the ambitious scenario with a target of 80 per cent CPR, there will be a cumulative total of 1,854,899 users of modern contraceptives by 2030, 16 per cent more than the status quo scenario.



if CPR is increased to



UNMET NEED FOR FAMILY PLANNING WILL BE HALVED from 15.2% to 7.5% IF THE CPR IS INCREASED to 75%, and reduced to 5.1% if the CPR is increased to 80%.

- Investing in family planning in Namibia will avert unintended pregnancies, maternal deaths, and unsafe abortions by 2030.
 - A total of 619,870 unintended pregnancies will be averted between 2020 and 2030 if the current CPR of 60.6 per cent remains unchanged (with 58 per cent mCPR).
 - Cumulatively, the number of unintended pregnancies averted will increase to 767,135 if the CPR is increased to 75 per cent (with 72 per cent mCPR) and to 818,312 if CPR is further increased to 80 per cent (with 77 per cent mCPR) by 2030, representing an additional 24 per cent and 32 per cent over the status quo scenario, respectively.
- Similarly, by 2030, a cumulative total of 1,256 maternal deaths will be averted if the current CPR of 60.6 per cent remains unchanged (and mCPR will remain at 58 per cent)). This will increase to 1,556 (or 24 per cent more) if the CPR is increased to 75 per cent (and mCPR to 72 per cent), and to 1,658 (32 per cent more) if the CPR is increased to 80 per cent (and mCPR to 77 per cent).
- With the same three scenarios, the number of unsafe abortions averted between 2020 and 2030 will increase from 129,429 under

the status quo scenario, to 160,179 under the moderate scenario, and to 170,863 under the ambitious scenario, or 25 per cent and 32 per cent more than the status quo scenario, respectively.

- Maintaining current CPR between 2020 and 2030 will require a total additional cost of about US\$3.2 million (annual average of US\$319,903). Scaling up CPR to 80 per cent in 2030 will require a total additional cost of US\$7.3 million (annual average of US\$729,956).

The trend analysis for this case shows that overall, scaling up interventions to increase the delivery and uptake of family planning services in Namibia will yield significant multiple, direct benefits to the country in terms of the number of maternal deaths averted, unintended pregnancies averted and the number of unsafe abortions averted. More broadly, these benefits would have multiplier effects spread across different sectors and spheres, including the potential for generating inclusive economic growth and development and reducing socioeconomic and gender inequalities and inequities, among others.

Relative to the status quo, the number of UNINTENDED PREGNANCIES AVERTED between 2020 and 2030 WILL INCREASE BY 24% to 767,135 if the CPR IS INCREASED to 75%, and BY 32% to 818,312 if CPR is increased to 80%.



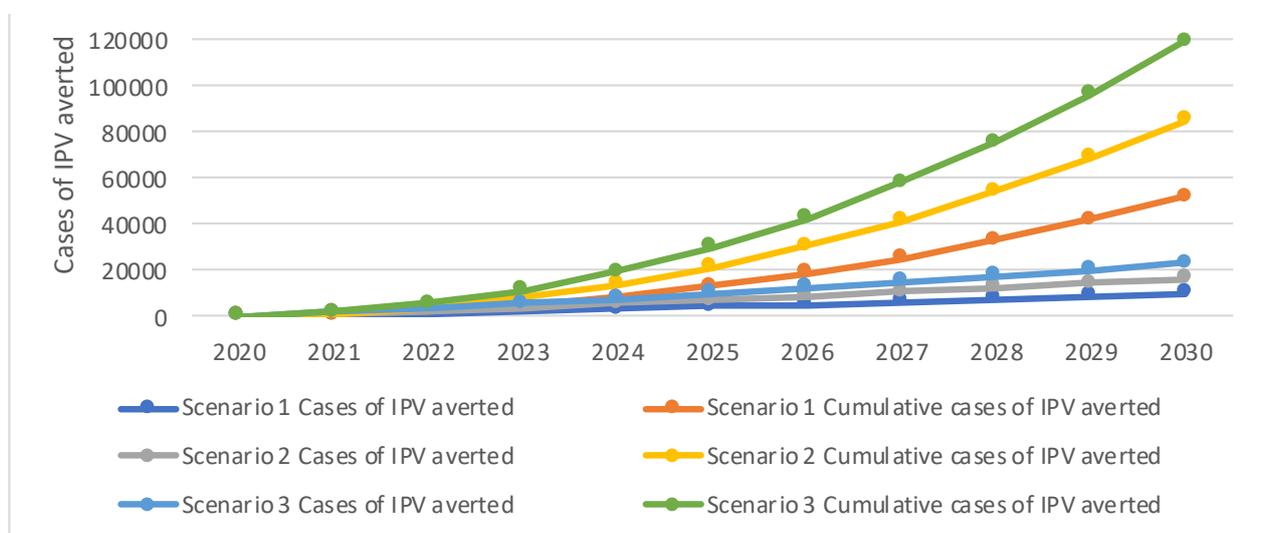


WITHOUT ADDITIONAL INTERVENTION, the number of women REPORTING INTIMATE PARTNER VIOLENCE in a year WOULD INCREASE from 113,539 in 2020 to 127,697 in 2030, with a cumulative TOTAL OF ABOUT 1.3 million women by 2030.

ii. Ending gender-based violence

- Without additional intervention, the number of women reporting IPV in a year would increase from 113,539 in 2020 to 127,697 in 2030, with a cumulative total of about 1.3 million women by 2030 (an annual average of 120,903).
- With the status quo scenario (scenario 1), a cumulative total of 52,111 cases of gender-based violence will be averted in 2020-2030. Scaling up the different GBV interventions (prevention and response) will reduce the number of partners experiencing GBV in Namibia, with a cumulative total of 85,543 GBV cases averted under the moderate scenario 2, and 119,430 cases under the ambitious scenario 3.
- Maintaining current levels of GBV interventions in the status quo scenario (scenario 1) would cost US\$98 million, in total (annual average of US\$8.9 million), with economic empowerment intervention accounting for 63 per cent, followed by programme support accounting for 13 per cent.
- Achieving the scaled-up intervention coverage in scenario 3 would cost US\$114.5 million, in total (annual average of US\$10.4 million), with economic empowerment and programme support interventions also accounting for about 63 per cent and 13 per cent of the total costs, respectively (Figure 1).

Figure 1: Number of cases and cumulative cases of IPV averted between 2020 and 2030 from anti-GBV interventions under different scenarios





3. COUNTRY COMMITMENTS TO ACHIEVE THE SDGS AND DELIVER ON ICPD25

Namibia has integrated the SDGs and ICPD25 commitments into its national development agenda through its 5th National Development Plan (NDP 5) 2017/18 - 2021/22 and Vision 2030 to secure their successful implementation and ensure that no one is left behind. The NDP 5 focuses on four pillars: economic progression, social transformation, environmental sustainability, and good governance. These align with the five Ps of the Sustainable Development Goals (SDGs) - people, prosperity, planet, peace and partnership.



© UNFPA Namibia

With regard to ICPD25, the Government of Namibia has expressed a strong desire to accelerate progress towards addressing the unfinished agenda by achieving its four ICPD25 commitments by 2030 to promote sexual and reproductive health and rights, reduce inequalities and improve the health of women and children. Specifically, the Government of Namibia is committed to reducing teenage pregnancies by 30 per cent by the year 2025, as well as ending GBV and unmet need for family planning by 2030.

Within a holistic approach to scaling up domestic resources and investments in high-impact interventions, the country launched the Development Finance Assessment (DFA) Report in 2021 and is developing an integrated national financing framework (INFF) focused on achieving the SDGs, Vision 2030 and the National Development Plan.



4. COSTS AND FINANCING GAPS TO ACHIEVE THE TRANSFORMATIVE RESULTS

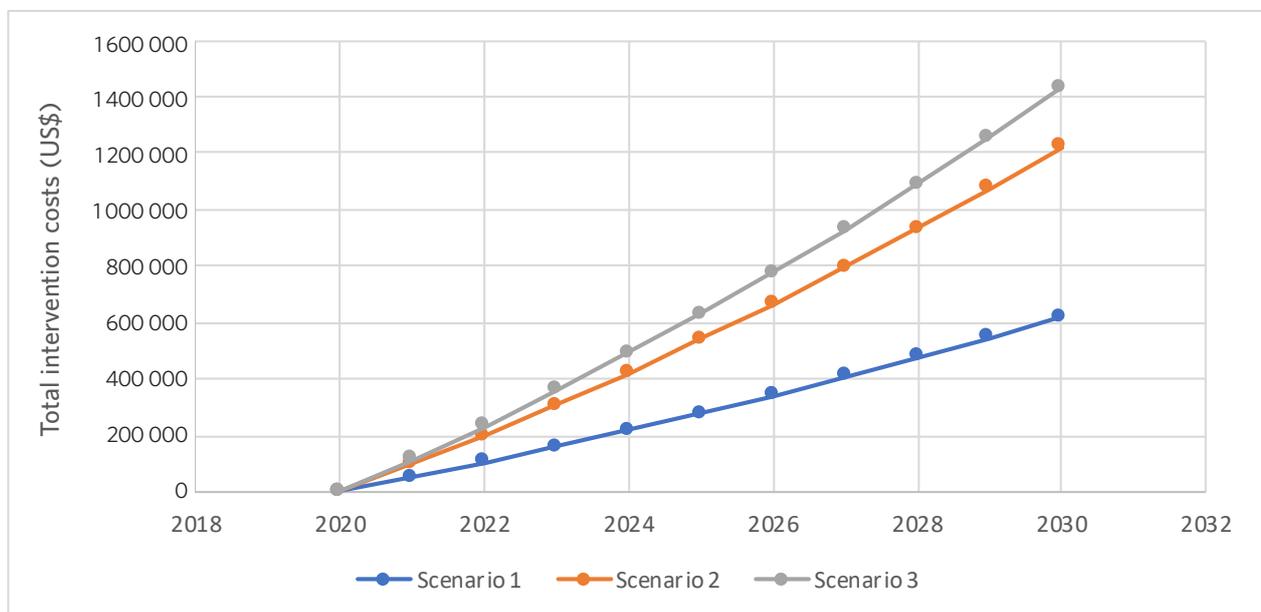


4.1 Total costs of resources needed and financing gaps to achieve the targets for family planning

This investment case provides estimates of family planning financing gaps in Namibia. Specifically, it estimates additional resources needed to fully implement high-impact interventions and increase the CPR from 60.6 per cent to 75 per cent or optimally, up to 80 per cent, between 2020 and 2030. The gap analysis for Namibia suggests that “business as usual” with no change in contraceptive prevalence will require a total investment of about US\$8.9 million by 2030. By choosing

the ambitious third scenario, an estimated US\$13.1 million will be needed between 2020 and 2030 to reach the CPR target of 80 per cent—about US\$4.2 million or about 47 per cent more than the “business as usual” coverage. Under the moderate scenario, an investment of about US\$12.0 million will be required to increase the CPR from 60.6 per cent to 75 per cent—approximately US\$3.1 million or about 35 per cent more than the cost of “business as usual”. (See Figure 2). The major cost driver across the scenarios is labour costs, accounting for about 67 per cent of the total cost. This is followed by capital costs, accounting for about 15 per cent of the total cost across the different scenarios in 2030.

Figure 2: Total costs of resources required to achieve the mCPR targets under the different scenarios for family planning in Namibia (US\$), 2020-2030



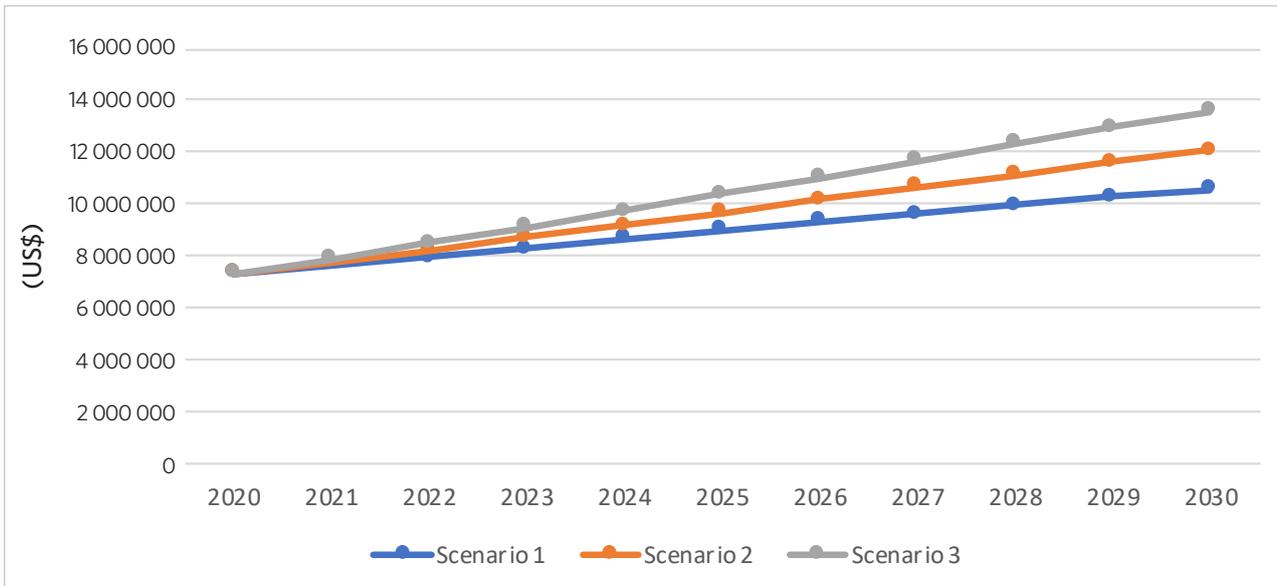


4.2 Total costs and financing gaps to address GBV in Namibia

The investment case provides estimates of the total and additional costs for various interventions and financing gaps in preventing and combatting GBV and harmful practices including reducing the cases of intimate partner violence during the next decade in Namibia. In the baseline scenario, the total amount needed for GBV prevention and

response interventions would increase from US\$7.3 million in 2020 to US\$10.5 million in 2030, for a cumulative cost of over US\$98 million for 2020-2030. About US\$106 million and over US\$114.5 million would be required under the moderate and ambitious scenarios, respectively (Figure 3). To achieve these targets, substantial domestic resource mobilization will be required between 2020 and 2030 to bridge the financing gap in the face of declining external resources in Namibia.

Figure 3: Total costs required for investing in GBV under the different scenarios (US\$), 2020-2030





5. RECOMMENDATIONS

To meet the coverage targets and promote equitable access to family planning and GBV prevention and response services in Namibia, the following recommendations are put forward.



© UNFPA Namibia





5.1 Ending unmet need for family planning

- Promote the inclusion of all family planning services (such as modern contraceptive method mix, counselling, and follow-up) in the essential benefits package of all health insurance schemes in Namibia.
- Strengthen advocacy to increase domestic resources to finance family planning interventions and introduce innovative financing mechanisms to mobilize additional revenue in Namibia.
- Promote community involvement and address gender inequalities that can impact agency, bodily autonomy and rights-based family planning decisions.
- Improve efficiency in the use of available family planning resources at all levels to increase the value of spending and foster multi-stakeholder partnerships to support innovative financing initiatives at all levels.
- Ensure that development programmes targeting the poor and vulnerable groups are mandated to contribute towards family planning within the context of Universal Health Coverage.

5.2 Ending gender-based violence

- Strengthen delivery of GBV interventions within municipal plans and budgets.
- Streamline development programmes to contribute towards addressing the high prevalence of GBV in Namibia.
- Strengthen the capacity of justice, law enforcement and human rights institutions to accelerate prevention and response to GBV while creating special mechanisms to ensure perpetrators of violence are prosecuted in a timely manner.
- Take measures to strengthen equitable access to quality education and skills development as an important tool to reduce vulnerabilities and end GBV.

- Integrate women's economic empowerment and gender equality in the employment and social protection systems.
- Strengthen and reinforce GBV data availability for proper targeting of interventions.

5.3 Country strategies for domestic resource mobilization

The COVID-19 pandemic has affected almost every country in the world, resulting in reduced domestic and external financing to all sectors of the economy of many developing countries, including Namibia. This calls for greater advocacy for increasing the government budget to finance priority interventions towards achieving transformative results for sexual and reproductive health and rights in Namibia. Furthermore, government allocation of domestic resources of SRHR services is key to accelerating progress towards Universal Health Coverage and the SDGs. Innovative financing mechanisms are necessary to finance high-impact interventions in a sustainable manner in the face of declining donor funding for SRHR. Key financing options to achieve ICPD25 commitments and improve sustainability include the following:

- **Increasing government health and gender responsive spending through taxation and introduction of innovative financing mechanisms.** This includes, for example, introducing a dedicated health and gender tax, wealth taxes, or sin taxes to raise additional financing to meet its commitments. Tax reforms should be regarded as a long-term strategy that should be explored once the economic situation has improved and stabilized. Prioritizing measures for a more effective and progressive tax system will be an important step for Namibia to address socioeconomic inequalities that have further widened due to the COVID-19 pandemic.
- **Strengthening advocacy for pooling of financial resources for the prepayment of medical expenses.** Prepayment through a mandatory health insurance scheme can be the foundation for effective coverage



of essential health interventions (including family planning, and GBV prevention and response interventions), and inclusive health and gender responsive financing reforms.

- **Enhancing alignment, harmonization, and coordination of external resources for more effective cooperation.** International development cooperation and donor support are crucial to the achievement of the ICPD25 commitments and the SDGs by 2030 and in support of government efforts to close the financing gaps.
- **Enhancing efficiency and effectiveness of health and gender related programmes by reducing wastage of resources** could save and free up resources that could be allocated to priority programmes and cost-effective interventions that yield the greatest return on investment and improvements in health and gender related outcomes.
- **Enhancing synergies and inter-sectoral programming through partnerships and collaboration with stakeholders.**

A whole of system response and life course approach should be prioritized to advance Sexual and Reproductive Health and Rights (SRHR) interventions for vulnerable and minority groups. This could be achieved through effective multi-stakeholder partnerships with engagement with government actors, donors and development partners, local communities, faith-based organizations, youth networks, the private sector, and civil society organizations.

- **Strengthening evidence generation, analysis and utilization of data for planning, monitoring, review and evaluation of the achievement of transformative results.** Timely, quality, open and disaggregated data and statistics are needed to effectively monitor progress and identify trends towards achieving national targets and the SDGs. Disaggregated data and statistics are essential for designing both short and long-term interventions to put the country on track to meet the transformative targets.

“...take measures to strengthen equitable access to quality education and skills development as an important tool to reduce vulnerabilities and end GBV...”





CONCLUSION

The investment cases estimate additional financing required to scale up effective coverage of family planning interventions, as well as gender-based violence prevention and response. It is important to underscore that while total costs of achieving the target coverage and impacts is quite significant in the moderate and ambitious scenarios, the returns on investment are much greater and cut across many sectors. Considering the decline in donor funding when the country transitioned into upper-middle-income status, increasing domestic financing is critical as the country accelerates towards 2030. Increased financing of prioritized interventions for SRHR across the scenarios will also help strengthen the resilience of key social and economic sectors and communities, which will, in turn, contribute to the country building forward better from the COVID-19 pandemic.

Efficient utilization of the resources will depend on concerted and coordinated efforts of the Government, development partners, civil society, local communities, academia, the private sector and various interest groups. The Government of Namibia should also promote a whole of system response and life course approach to advance SRHR focusing on vulnerable and minority groups.

Strengthening monitoring and accountability mechanisms for results remains an important area for action that requires improved availability of disaggregated data to inform and guide policy and programme decision-making.

Recognizing the country's vulnerability to climate-related shocks, Namibia should also enhance national adaptation planning and coordinated actions that position SRHR in national climate policy and financing.



© UNFPA Namibia

