



Republic of Namibia
Ministry of Health and Social Services



FAMILY PLANNING 2030

COMMITMENTS FOR NAMIBIA

FP2030
COUNTRY COMMITMENTS



FOREWORD

In Namibia, Family planning is enshrined within the Sexual Reproductive Health policy, National Roadmap for Path to Elimination of PMTCT of HIV and Congenital Syphilis, 2019-2023 and the National Strategic Framework for HIV/AIDS, 2017/18 -2021/22. Additionally, the essential package of family planning interventions has been defined and the services provided at different levels of care clarified.

Family planning services are offered at all public health facilities free of charge. Hospitals provide the full contraceptive method mix including male and female sterilizations and family planning methods in special cases such as: post abortion, post rape and after giving birth before discharge as required. The method mix at different levels of health service provision varies depending on the health system support, infrastructure and health workers assigned to that health service delivery level. In this regard, counselling, male & female condoms, pills, and injectable contraceptives (DMPA) are provided in all health facilities including during outreach. Hospitals provide the full contraceptive method mix including male and female sterilization. At household level, community health workers are allowed to distribute condoms.

A robust contraceptive commodity logistics management system is in place and demands accurate and timely orders and reports from providers help supply chain managers (pharmacists) determine what contraceptive supplies are needed, how much to order, and where to distribute them. Family planning is integrated in both pre- and in-service training for all nurses to ensure the availability of competent health care providers necessary for provision of quality family planning services.

Community awareness on FP is carried out by civil society organisations, community health workers in outreach programs and through mass media on television and radio talk shows. For measurement and tracking, family planning data collection tools (tally sheets, registers, and monthly summary forms) are available and basic FP indicators have been defined.

Although family planning services are free in Namibia, access and utilisation may be limited by long distances, lack of transport, insurmountable terrain, floods, sociocultural norms, hidden costs and unfavourable hours of service. Furthermore, unmet need for FP in WLHIV, women with no education, and those in the lowest wealth quintile is very high. This underscores the need for community engagement and multisectoral collaboration in FP service provision.

As a result, the Government of Namibia is making commitments to the Global FP2030 partnership that is working towards advancing family planning around the world to improve family planning services so that more women and girls are empowered to make informed choices on their Sexual Reproductive Health and Rights (SRHR) and have equitable access to affordable, high-quality family planning commodities and integrated services. In Namibia, the importance of family planning to the improvement of qualities of lives has been recognized since independence in 1990. The government is therefore committed to harnessing the health and socio-economic benefits of Family planning and meeting the demand for family planning through making the services available, accessible, acceptable and affordable to all women and men of the reproductive age.

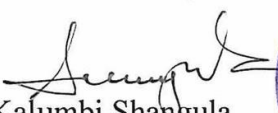
The country's FP2030 commitments will build on the existing strong relationship that the government, development partners, Civil Society Organisations (CSOs) and other stakeholders has which will assist in coordination, implementation, and monitoring of the commitments.

The Ministry of Health and Social Service as the custodian of ensuring the implementation of quality and equitable Sexual and Reproductive Health and Rights programmes will remain at the forefront of ensuring that the set commitments are achieved.

Therefore, as we launch the country's FP2030 commitments, I would like to thank all our partners and stakeholders for their invaluable contribution to the family planning programme. I would also like to urge all health and non-health partners, Ministries, the Donor community, CSOs humanitarian and development communities, multilateral organizations, the private sector, academic institutions and researchers to work collaboratively towards empowering women and girls to make their own decisions on fertility and make contraception choices. We should all work together to ensure men are engaged and that no one is left behind.

Our joint efforts will lead to a further decline in the unmet needs for Family Planning and an increase in the modern contraceptive prevalence rate (mCPR) to an impactful level by 2030. This investment will ultimately result in improved health of the citizens and economic benefits of the country.

Finally, the Ministry of Health and Social Services pledges to strengthen all coordination efforts and, calls upon all stakeholders to work with us to support and implement the FP2030 commitments. These concerted efforts will ensure the success of the National Family Planning Programme achieve its intended goal of improving the quality of life and well-being of the Namibian people.


Hon. Dr. Kalumbi Shangula
Minister of the Ministry of Health and Social Services



VISION STATEMENT

“By the end of 2030, Namibia envisions a society where all people, including vulnerable populations, are empowered to make informed choices on their Sexual Reproductive Health and Rights (SRHR) and have equitable access to affordable, high-quality family planning commodities and integrated services.”



COMMITMENT OBJECTIVES

OBJECTIVE 1:

“Strengthen data systems and management for Family Planning commodities and services at all levels for better decision-making”

TIMELINE: November 2022 – October 2030

RATIONALE:

- Currently pharmaceutical supply service level remains 61%, including for FP commodities, due to poor forecasting, inefficient procurement procedures, and stock management practices.
- Suboptimal use of inventory management tools, absence of real-time stock data visibility and lack of interoperability between various inventory management tools across the supply chain are among the determining factors for the current low availability of these essential commodities.
- Inadequate human resource capacity, both in terms of quality and quantity, also contributes to the status quo.

STRATEGIES:

- Improve FP Commodities Inventory, data quality management and visibility
- Improve data quality for FP services through efficient use of District Health Information System 2 (DHIS 2)
- Regularly upgrade stock management tools
- Capture stock transactions on stock management tools and compile stock status reports
- Improve stock data visibility through the Pharmaceutical Information Dashboard
- Continuous training for pharmacy staff and nurses on stock management
- Aggregate Health Facility data at the district, regional, and national levels
- Improve FP services data visibility through the DHIS dashboard

OBJECTIVE 2:

“By 2030, the Government of the Republic of Namibia is committed to increasing resources for family planning commodities and services by at least 36% annually.

TIMELINE: November 2022 – October 2030

RATIONALE:

Currently, funding for pharmaceutical supply including FP commodities is allocated based on historical allocation from previous years, this has resulted in inadequate funding leading to unmet needs and limited availability of these essential commodities and services.

The budget allocation for family planning commodities is also not known due to it being part of the overall budget vote for pharmaceuticals. Therefore, it is important for the GRN to create a separate sub-vote for family planning to ensure that these commodities and services are available and support men’s and women’s choices to limit and space pregnancies as well as maintain desired family size.

STRATEGIES:

- Create a separate sub-vote under the pharmaceutical supply vote for FP commodities
- Increase budget for FP commodities by an average of 36% annually from the current NAD 25,974,191.94 to achieve at least 90% service level and track the financing by 2030
- Conduct demand-based quantification for FP commodities (Quantification based on the needs of the end user). Service level data on type of methods provided at each Health Facility, District and Region will be obtained from HIS division. This data will be used as one set of data sources and data triangulation will be done comparing this with demographic data, issue and invoices data from Central Medical Store to determine final quantities for each FP method.
- Ensure equitable distribution and proper stock management to avoid wastage
- Provide capacity building training on PF Commodities management based on identified needs
- Manage supplier relationships and performance

OBJECTIVE 3:

“By 2030, the Government of the Republic of Namibia is committed to decreasing unmet need for family planning for all women and men of reproductive age from 15% to 12%”

TIMELINE: November 2022 – October 2030

RATIONALE:

Sexual and Reproductive Health and Rights (SRHR) encompass the rights of all individuals to enjoy a state of complete physical, mental, and psychological wellbeing in matters related to sexual and reproductive health. Namibia must ensure that all women and couples' access different family planning methods and services. Special efforts must be made to ensure that adolescent girls, young women, and women with disabilities are reached with family planning services and methods of their choice.

Namibia has experienced a significant increase in the delivery and uptake of contraceptives, particularly modern contraceptives. As a result, the contraceptive prevalence rate (CPR) was at 61% in 2020. However, the country still has a long way to go to meet its national CPR target of 80 % by 2030. Although the majority of users of modern contraceptives (73 %) obtained methods from public health facilities, the unmet need remained above the national targets. Therefore, to increase the uptake of modern contraceptives within a growing population and recognize the decline in domestic financing, there is a need to estimate the cost of scaling up mCPR in Namibia.

STRATEGIES:

- Increase demand for accurate FP information and services through SBCC and demand creation approaches that address common myths and misconceptions regarding FP commodities targeting community leaders, parents, faith-based leaders
- Provide quality stigma-free FP counseling on the full contraceptive method mix, including information that addresses myths and misconceptions regarding FP commodities
- Strengthen the capacity of Health Care Workers through continuous in-service training on new RH policies/guidelines and methods
- Integrate high-quality FP counseling and services at multiple health service delivery points
- Increase targeted FP information and services in underserved populations targeting adolescence and young people
- Strengthening monitoring and evaluation of the provision of Family Planning services by conducting quarterly supportive supervisory visits by all levels (National, Regional, District)

OBJECTIVE 4:

Improve adolescent access to and utilization of modern contraceptives to reduce teenage pregnancy.

TIMELINE: November 2022 – October 2030

RATIONALE:

Adolescents and young people in Namibia constitute a significant proportion of our population. The National Population Housing Census 2011 indicates that Namibia has a relatively young population and 66% of young people below the age of 25 constitute 58 % and adolescents (10-24 years) constitute 33% of the total population. The Government acknowledges that adolescents and youths are central to the development agenda and safeguarding their rights and investing in their future should be prioritized. Notwithstanding young people in Namibia bear the brunt of challenges like high unintended pregnancy at 19%.

STRATEGIES

- Strengthen capacity building for teachers on skills-based HIV & Health Education (Include out of school youth and faith-based leaders)
- Scale up the integration of AYPHS with a special focus on integrating FP and HIV services
- Implement integrated social and behavior change communication interventions to address barriers to accessing AYSRH information and services for in and out-of-school youth including the vulnerable populations
- Build the capacity of service providers on the provision of integrated AYPHS
- Strengthen implementation of ASRH policies, guidelines, and strategies including Capacity Building, Advocacy and Service Delivery
- Strengthen the Coordination of AYPHS organizations to empower young people in demanding and utilizing AYPHS services

COMMITMENT CONSULTATION PROCESS

The commitment-making process began with a virtual introductory meeting between MoHSS and FP2030 Leadership Team on 18 March 2022, and the meeting was chaired by Deputy Executive Director for the Department of Health Policy and Social Welfare and the Primary Health Care Directorate. The Directorate of Primary Health Care, under which the Family Health Division is nestled convened a meeting to undertake a preliminary stakeholder mapping exercise to ensure the inclusion of all relevant stakeholders and that the process was transparent. The SRHR TWG, which was dormant, was revitalized, and the ToR was reviewed to ensure the inclusion of all necessary components. It was approved by the Executive Director of the MoHSS. All members of the SRHR TWG, including the newly proposed members from

key organizations, were nominated and endorsed by a formal communication from the Executive Director.

The 1st SRHR TWG meeting was conducted on 2nd June 2022 to introduce members to FP2030 and Namibia's intention to make commitments. The SRHR TWG members went through the FP2030 development process requirements and discussed achievements, gaps and challenges on issues of SRHR including family planning. As a result, additional key stakeholders were identified and invited to the subsequent SRHR TWG meetings.

The members drafted the vision statement and commitments and shared them with the other SRHR TWG members for their review and input. Comments received from the TWG members were incorporated into the draft document and presented again to the members in the next TWG meeting. The document was reviewed again in the meeting and the draft was presented to FP2030 Leadership, who visited Namibia on 20 July 2022. The FP2030 Leadership provided inputs which was also incorporated into the document.

The FP2030 stakeholders are as follows:

1. Ministry of Health and Social Services - Directorate of Special Programmes (DSP)
2. Ministry of Health and Social Services - Central Medical Store (CMS)
3. Ministry of Health and Social Services - Health Information and Research Directorate (HIRD)
4. Ministry of Education Arts and Culture (MoEAC)
5. Ministry of Youth Sport and National Services (MYSNS)
6. Ministry of Gender Equality Poverty Eradication and Social Welfare (MGEPEWS)
7. Ministry of Finance (MoF)
8. Ministry of Higher Education, Technology and Innovation (MHETI)
9. Namibia Statistics Agency (NSA)
10. Namibia Networks of AIDS Service Organizations (NANASO)
11. Society for Family Health (SFH)
12. Namibia Planned Parenthood Association (NAPPA)
13. Intra Health Namibia
14. African Youth and Adolescent Network (AfriYAN)
15. USAID
16. Project Hope
17. Star for Life
18. United Nations Population Fund (UNFPA)
19. World Health Organization (WHO)
20. United Nations Educational, Scientific and Cultural Organization (UNESCO)
21. The University of Namibia - School of Nursing and School of Medicine
22. Supply Chain - Chemonics
23. Namibia University of Technology – NUST
24. Association of People Living with Disabilities

FP2030 focal points at country level: MoHSS, MoEAC, MYSNS, UNFPA, WHO, USAID, and the CSO focal points are from the following organizations; Intra Health Namibia, SFH, NAPPA and AfriYAN and Supply Chain – Chemonics.

COMMITMENT ACCOUNTABILITY APPROACH

Namibia's FP2030 commitment-making process has adopted mutual accountability approach where the Government in collaboration with key development partners, Civil Society Organizations (CSO) and Youth-Led Organizations (YLO), pledged to deliver on the FP2030 commitments the country has made. The different stakeholders will be galvanized to support the implementation of agreed action plans and engaged in monitoring the progress towards achieving the commitments on regular basis. The SRHR Technical Working Group and the FP2030 focal points will also play a leading role in ensuring the Government, stakeholders and donor community join hands for the effective implementation and success of the FP2030 commitments. Existing national, regional, and community-based platforms will provide opportunities for dialogue and cooperation between various government actors, civil society, and other key stakeholders to implement, review and monitor the progress of the FP2030 country commitments.

The Government of Namibia intends to strengthen the existing national and sub-national mechanisms to ensure mutual accountability for the FP2030 commitments. All accountability mechanisms and frameworks at national and sub-national level will be used to measure and monitor individual rights and needs.

The Ministry of Health and Social Services is in the process of reviewing the National RMNCAH & Nut strategy documents, which provide avenues for government and other stakeholders, including Civil Society Organizations and Youth Led Organizations at national and sub-national levels, professional associations, academia, commercial stakeholders, faith based organization and traditional leaders, and the private sector to interact, coordinate efforts and hold each other accountable on SRH and FP.

Civil Society Organizations with better leverage to work closely on grassroots levels and Youth Led Organizations that include youth and adolescents aged 10-24 will be galvanized to support the implementation of agreed action plans. It will monitor the progress towards achieving the commitments on regular basis. National, regional, and community-based platforms, which are guided through the Community Based Engagement Framework, will be used to provide opportunities for dialogue and cooperation between various government actors, civil society, and other key stakeholders such as Tertiary Institutions and the communities at the grassroots levels to implement, review and monitor the progress of the FP2030 country commitments.

The existing internal government accountability processes and systems will be looped to strengthen accountability for FP2030 commitments; this will all be facilitated through intentional dialogue and shared responsibility between commitment makers and other stakeholders. Furthermore, as it is a requirement through the social accountability mechanisms, a collaborative process and how to closely work with civil society and other key partners will be facilitated; as a result, it will enable citizens to hold the Government accountable.

Accountability tools/mechanisms which will be used to track commitments

- DHIS 2, Track 20 FP module
- Surveys/Studies
- FP dashboard
- SADC SRHR Score Card
- RMNCAH & Nut Strategy and Scorecards

Social accountability mechanisms to be used at the subnational level

- TWG
- Data review meetings
- Country budget tracking mechanisms

Bottom-up accountability approach that elevates the role of civil society partners and youth partners and how they will be engaged in tracking progress on commitments

The participation and engagement of Civil Society Organizations (CSO) and Youth-Led Organizations (YLO) at the national and regional levels will be strengthened by ensuring adequate representation and participation of representatives and membership in relevant TWG and other mechanisms such as the Country Coordinating Mechanisms (CCM), FP TWG and AGYW TWG that track and report on financial and non-financial commitments and progress on SRH programmes. Furthermore, CSO and YLO are constantly engaged in the periodic review of any strategic documents, amendment of relevant legislative pieces/policies on SRH, and studies on relevant topics. The Ministry of Health and Social Services (MoHSS) signed a memorandum of understanding with CSO such as NAPPA and SFH, allowing these entities to directly provide services on SRHR/FP, including the distribution of FP commodities.

The financial assistance from donor agencies improved the capacity of the CSOs and Youth-Led Organizations to provide proper oversight, which holds the Government accountable and enables them to monitor progress made on different programmes, including SRH. In addition, they work with high-level offices such as the Parliamentary Standing Committees on Gender and Social Development on issues of SRHR and other Line Ministries. As a result, they can enhance tracking of the FP2030 commitments.

The FP2030 Focal Point will work closely with CSOs and Youth Led Organizations to establish regional advisory committees from their constituencies that promote two-way traffic of information sharing to promote mutual accountability, especially on the FP2030 commitments.

- CSOs are included in the SRH TWG and FP2030 Focal Points
- CSOs implement some of the strategies
- CSOs such as SFH and NAPPA is directly engaged in the provision of SRHR/FP services
- There are National and Regional forums where CSOs share information and experiences

Meaningful participation of Traditionally Underserved and Overlooked Groups

The Namibian Government is committed to ensuring inclusive and meaningful participation in the developing of the commitment process. This is demonstrated with the full participation of different Key Line Ministries, Youth-Led organizations, Civil Society Organizations, and key donor partners. In addition, appropriate steps, such as establishing the SRH TWG and selecting the FP2030 Focal Point inclusive of diverse organizations, have been put in place to ensure continuous and inclusive engagement of the youth groups, people living with disability, and CSO.

Participation of these stakeholders in the different platforms mentioned above for coordination, implementation, and monitoring of the commitments is already guaranteed through their membership.

Visibility and Transparency in sharing information on the country's progress towards meeting the commitments:

For Namibia, the development and crafting of the commitments have been a team effort with a myriad of key stakeholders who have the same vision and goal on the current issues around SRH and the goal to deliver a service that is equitable and accessible for all women and men with a specific focus on adolescents and young women and boys. This approach is serving as a springboard for the commitments made for the country as all stakeholders have a vested interest in achieving the goal. The country would like to amplify the usage of new and existing platforms such as the National Family Planning Dashboard, FP2030 global resources, Track 20 Progress Brief, Technical Working Groups, Parliamentary Standing Committees on Sexual and Reproductive Health, National Population Management Committee, Development Partners' Forum, National FP Commodities TWG, National and Regional School Health Taskforce, UN Joint Country Team Working Group CSO Coalition Forum and Media Engagement Platforms as well as other relevant data gathering and reporting mechanisms to ensure visibility in tracking progress from budgeting, allocation, release, and expenditure.

All the above-mentioned structures are already institutionalized and will ensure that relevant authorities could be held accountable for their commitments and related actions/inactions. The roles of the public and private sectors as well as CSOs are crucial to support advocacy and track and report country progress towards commitments.

Establishing a system for annual review of progress data through identified multi-stakeholder fora to monitor the country's commitments will be put in place. Country-specific self-assessment reports will be tabled at the mid-term review to assess progress and made available to the international and local communities through media and press releases. The country will also leverage on World or National commemorative days like World Contraception Day, and World Population Day to share progress. Lastly, dissemination will also be done through mainstream media, social media, and the Ministerial website.

SOCIAL ACCOUNTABILITY MECHANISMS

Namibia's accountability mechanism intends to adequately engage CSOs and citizens, including young people and other vulnerable populations, to ensure adequate sub-national civic engagement in demanding accountability. All National platforms, including the National Reproductive, Maternal, Newborn, Child, Adolescent, and Health plus Nutrition (National RMNCAH & Nut strategy) Multi-stakeholder Coordination Platform, and the National Sexual Reproductive Health Technical Working Group (SRH TWG) which shall be available at the Sub-National level, and would be engaged to strengthen social accountability. All these platforms have significant participation from the CSOs.

Other platforms that ensure the engagement of citizens at the National and Regional levels include the multi-stakeholder coalitions comprising the Government, health professional associations, the media, civil society, and traditional institutions, which will act as a bridge between Government officials and citizens to promote transparency and accountability of the financial and non-financial commitments. Formal consultations and stakeholders' meetings took place and enabled the participation of relevant individuals and organizations in the development, launching and dissemination of the countries FP2030 Commitments.

ALIGNMENT WITH OTHER NATIONAL PROCESSES

To ensure alignment with international, regional, and national processes, the country will continue to leverage the existing platforms such as the FP2030 Partnership, Technical Working Group on Universal Health Care Financing, as well as other relevant stakeholders at the National Assembly, Ministries of Gender, Finance, the National Planning, National Statistics Agency, Ministry of Education, etc.

FP indicators will be incorporated as part of annual reporting to International Conference on Population and Development (ICPD+25), Universal Health Coverage (UHC) 2030, Sustainable Development Goals, local commitments in the national and subnational Family Planning Blueprint, Harambee Prosperity Plan etc. The government will also strengthen existing platforms and identify new ones for CSOs to help shape commitments and participate in the implementation and monitoring of progress. In addition, stakeholders shall ensure full participation of NGOs and Young People as members of the country's mechanisms and structures to promote accountability and transparency.

The country will also build and strengthen synergies with PPPs through proactive engagements while leveraging and integrating the FP2030 indicators into the existing monitoring framework. The Government and other stakeholders will ensure efficient deployment of the strategies outlined in the National Private Sector Engagement Strategy, particularly leveraging the resource mobilization potential to address supply chain challenges.

Country process for annually (or more frequently) Reviewing Data on Progress and Sharing that data with partners:

The country has robust mechanisms to review data regularly through different systems, such as the DHIS2 for the Ministry of Health and Social Services and the Education Management Information System (EMIS). However, these mechanisms would be optimized in line with the country's intention to drive data and evidence-informed decision-making.

The country will work toward planning and holding annual data consensus meetings to validate national data for planning purposes.

At the national level, there are plans to institute quarterly and bi-annual FP technical review meetings to provide an avenue to review and update progress with Government and key relevant stakeholders, including private sector partners, CSOs, YLOs, and donor partners. The implementation of the revised RMNCAH & Nut Strategy will also use data to track progress and share it with high-level Government and Civil Society organizations for more strategic decision-making.

The FP2030 partners and stakeholders will regularly review the implementation process's progress. All focal points will have their own respective communication platform to measure their contribution and the progress of their FP 2030 implementation. Every quarter CSO and youth focal points will convene a progress update meeting while the Ministry of Health and Social Services will lead the overall review meeting the frequency will be determined.

Remedial actions to be taken at the country level if there is a lack of progress or if there are outright violations of sexual and reproductive health and rights:

In the event of a lack of progress, mechanisms are in place to ensure remedial actions are taken. These include ensuring appropriate people attend and participate in all relevant coordination meetings by sending timely reminders, regularly reviewing the roles and responsibilities of stakeholders, and following up on actions and decisions. There are also robust measures and evidence-based processes for identifying, discussing, and addressing data gaps and lapses at all operational levels. In addition, current platforms have leadership teams that escalate issues to appropriate quarters and provide authority to implement remedial issues. In cases of poor performance to reach the established goals, in the context of the commitments made, the SRHR TWG will analyze, discuss, and identify the main challenges, as well as the root of the problems that contribute to the poor performance, in order to develop a specific and adapted action plan.

As necessary, relevant Government institutions responsible for safeguarding the rights of citizens will be engaged to continue to pay appropriate attention to deliberate hindrances to and violations of people's ability to access SRHR. A thorough analysis of available data will be made to measure the progress of the FP2030 implementation. Data and evidence-based decisions will be used to measure the progress of the FP2030 against the plan.

Advocating for policy change will be part of the action to be considered if the policy itself or its implementation is identified as a barrier. In addition, relevant line ministries such as the Ministry of Gender Equality and Poverty Eradication, with the mandate to ensure equality for all, will be given the role of monitoring and following up on whether women's and girls' rights are violated and immediate action will be considered whenever it happens.

How the above Accountability Approach will be funded:

Current accountability platforms are jointly funded by the government, Bilateral and Multilateral donor agencies (USAID) and the UN, such as UNFPA, all these platforms will be continued, and advocacy will be intensified to ensure they are sustained.

Within governments, there will be sustained advocacy to key policymakers (National Assembly Parliamentary Standing Committees, Ministries of Finance to allocate more funds for accountability approaches. The FP 2030 commitments will be included in the Medium-Term Expenditure Framework and Fiscal Strategy Paper (MTEF/FSP) at the National level.

Advocacy will be carried out to local and international donors and philanthropists to secure their buy-in to provide funding for the implementation of the FP2030 commitments. In addition, advocacy will be conducted to key private sector companies, including corporate bodies, to generate funds and other relevant resources to support accountability approaches.

The country will also continue its advocacy in using the recently developed investment case of ending unmet need for family planning as an advocacy tool for resource mobilization. The investment case outlines three scenarios if the country was to increase its CPR. Investing in Family Planning will reduce the number of unintended pregnancies, maternal deaths, and unsafe abortions over the years. In total 619,870 unintended pregnancies will be averted between 2020 and 2030 if current CPR of 60.6% remains unchanged (mCPR of 58%). This will increase to 767,135 if CPR is increased to 75% (mCPR of 72%) and to 818,312 if CPR is increased to 80% (mCPR of 77%).

Technical Assistance needed to fully implement the above Accountability Approach:

In collaboration with other stakeholder, the Ministry of Health and Social Services (MoHSS) and other relevant line Ministries will provide a platform for providing necessary technical assistance and coordination.

Financial and technical support is crucial for effectively implementing the accountability frameworks. Leveraging the resource at hand within the Government and stakeholders is also considered.

The MoHSS will leverage existing platforms. These include but are not restricted to the Technical Working Groups, Task Forces, and TA from major development partners, including UNFPA, WHO, USAID as well as the FP2030 Partnership.

Technical support in data collection, analysis, and packaging especially on SRH and FP.

Additional information:

To ensure that government at all levels live up to its promises, key members of the FP 2030 partnership (local and international) must conduct regular and sustained high-level advocacy to facilitate the complete and timely release of budgeted/pledged funds and other resources.

COMMITMENT LAUNCH TIMELINE

1. National FP 2030 commitments were launched and endorsed by the Minister of Health and Social Services on the 9th of November 2023 in Namibia during the week of the International Conference on Family Planning (ICFP), in Thailand.
 2. Commitments were posted on the Ministry of Health and Social Services web pages (Facebook and Twitter) on the 10th of November 2022 after the official launch.
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