

2ND MILLENNIUM **DEVELOPMENT** GOALS
REPORT | NAMIBIA

2008



REPUBLIC OF NAMIBIA

PROGRESS AT MID-TERM
SEPTEMBER 2008



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NATIONAL PLANNING COMMISSION

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The report benefited from the guidance and contributions from the following United Nations agencies: UNDP, UNFPA, UNICEF and UNESCO in particular. The National Planning Commission gratefully acknowledges substantive inputs received from all members of the Steering Committee and all other individuals that were interviewed in several ministries, offices and agencies including those in the private sector and NGOs.

We would especially like to acknowledge the Namibia Economic and Policy Research Unit (NEPRU) for their hard work and dedication on the research, data collection, analysis and write-up of this report.

Data are still not available for all indicators related to the MDGs, nevertheless, this report has been completed with hard work and great effort from all concerned. For this, we thank all those who were involved in producing and preparing it.

FOREWORD

The year 2008 is critical for the Millennium Development Goals – half way towards the target date of 2015. This is therefore a good point to take stock whether we are half way towards meeting the goals. This second progress report addresses this question for Namibia, assessing how successful we have been in moving towards each of the goals and their associated targets, and signaling what would be required to turn this historical moment into historical opportunity to fulfill the spirit and the promises of the Millennium Declaration.

Some targets under poverty and gender have been achieved way before 2015. The education goal is likely to be achieved soon and, progress is being made in reaching the targets for HIV/AIDS, as well as environmental sustainability. Not satisfied with these achievements, Namibia has committed itself to a set of more ambitious targets under the Third National Development Plan (NDP3) through to 2012. This bold agenda is a tribute to Namibia's results-based approach to accelerating and deepening rural development for poverty reduction.

In spite of progress in some goals, serious issues and challenges remain. To meet all the MDGs targets by 2015, Namibia will have to achieve GDP growth of 5 to 6% per annum or even higher as proposed in our NDP3, ensure continuity and sustainability of prudent policies, allocate additional resources and ensure their effective use, and above all increasingly involve communities in the development process. We should realise that although the MDGs are global they can most effectively be achieved with the active and continuous involvement of national and regional levels of government, civil society and local communities at large. National plans and actions are critical. But experience has shown that national plans must be linked with both local realities and the people they serve in order to be successful.

The Government sees the MDGs as rallying points for development efforts and resource allocation for optimal outputs. This report will be used as a tool for policy dialogue and advocacy, at all levels of government and civil society. It should influence national decision-making on socio-economic investment, public resource allocation and management, focusing on national, regional, and local communities.

As greater fiscal space becomes available, even more resources will be allocated to the social sectors. Equally, we expect our development partners to provide enhanced resources to help us achieve the MDGs. Let me reiterate that the Government of Namibia is fully committed to achieving the MDGs by 2015.



Nahas Angula,

PRIME MINISTER

PREFACE

The second progress report on the MDGs in Namibia has been produced in 2008, thus mid-way between 2000 and 2015. It is intended to provide a mid-term review of both the encouraging achievements and the challenges that remain, and on the way towards the full realisation of the MDGs by 2015. Like the first report in 2004, this report emphasises certain policy changes and gives a picture of where we are and where we are going.

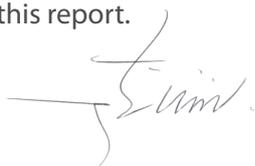
It indicates our profound commitment to working towards achieving the goals in order to eradicate poverty and to cooperate with other governments and international institutions as part of a broader global campaign for a prosperous world with peace and security, the ultimate aim of the MDGs.

It is of vital importance that this report coincides with the implementation of Namibia's Third National Development Plan (NDP3). The NDP3 serves as the first systematic attempt to translate the Vision 2030 into concrete programmes and activities to improve the quality of life for our people to the level of the developed world. Therefore, the NDP3 serves as the country's road map for sustainable social and economic development in which the Millennium Development Goals have been fully and systematically integrated with vigour and enthusiasm.

This report shows that good progress has been made towards the achievement of most of the set targets. This is clear particularly to poverty reduction, primary education and gender equality. Some progress has been made on environmental sustainability, while a slight improvement has been made on HIV/AIDS prevalence. However, with respect to the global partnership for development (Official Development Assistance), our achievement so far is unfortunately less encouraging.

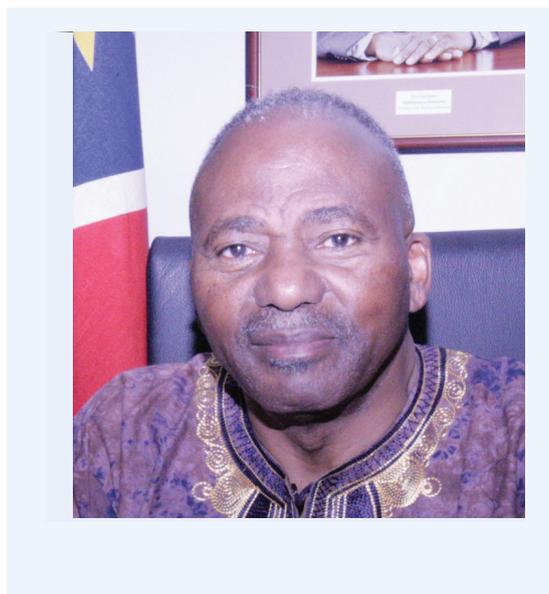
It is worth noting that this report provides information on core development issues of the country. Accordingly, it is a source of information of critical importance and interest. Therefore, we would like to present this report to planners, policymakers, researchers and academics for their indepth discussion and deliberations. An intensive consultative process based on efforts, resources and inputs from a wide group of stakeholders from Government institutions and the United Nations Agencies in Namibia, laid the foundation for this collaborative endeavour.

The preparation of the report was led by the National Planning Commission, assisted by a Steering Committee whose members were drawn from a group of different stakeholder across the country. The United Nations Development Programme (UNDP) provided technical and financial support to the production of this report.



Hon. Prof. Peter H. Katjavivi
DIRECTOR GENERAL

NATIONAL PLANNING COMMISSION



MAP OF NAMIBIA

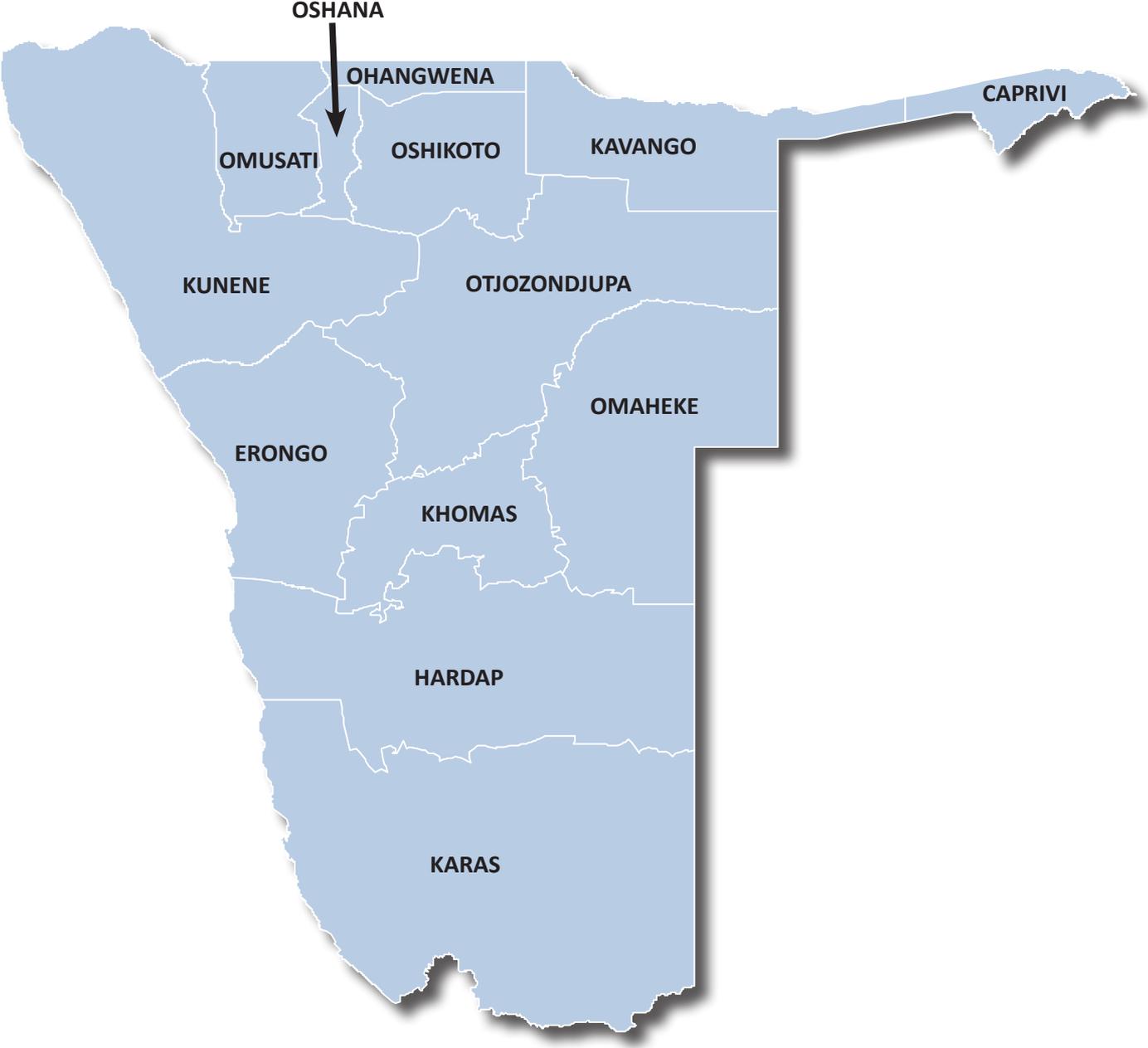


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LIST OF ABBREVIATIONS

AFASS	Accessible, Feasible, Affordable, Safe and Sustainable
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Care
ART	Anti-Retroviral Treatment
ARVs	Anti-Retrovirals
BEmOC	Basic Emergency Obstetric Care
BTP	Build Together Programme
CBS	Central Bureau of Statistics
CDR	Case Detection Rate
CMA	Common Monetary Area
CMR	Child Mortality Rate
CBO	Community Based Organisation
CNR	Case Notification Rate
CEMoC	Comprehensive Emergency Obstetric Care
DBTP	Decentralised Build Together Programme
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Short Course
EPA	Economic Partnership Agreement
EPI	Expanded Programme on Immunisation
EmoC	Emergency Obstetric Care
EU	European Union
GDP	Gross Domestic Product
HIV	Human Immuno-deficiency Virus
HRDC	Habitat Research and Development Centre of Namibia
IMR	Infant Mortality Rate
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
MAWF	Ministry of Agriculture, Water and Forestry
MTCT	Mother-to-child Transmission
MDG	Millennium Development Goal
MET	Ministry of Environment and Tourism
MGECW	Ministry of Gender Equality and Child Welfare
MLSW	Ministry of Labour and Social Welfare
MMR	Maternal Mortality Rate
MoE	Ministry of Education
MoF	Ministry of Finance
MoHSS	Ministry of Health and Social Services
MRLGHRD	Ministry of Regional and Local Government, Housing and Rural Development
n.a.	not available
NDP	National Development Plan
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organisation

NHE	National Housing Enterprise
NHIES	Namibia Household Income and Expenditure Survey
NPC	National Planning Commission
NTCP	National Tuberculosis Control Programme
PHC	Population and Housing Census
PMTC	Prevention of Mother-to-child Transmission
PNC	Post-natal Care
SACU	Southern African Customs Union
SADC	Southern African Development Community
STI	Sexually Transmitted Infections
SDFN	Shack Dwellers Federation of Namibia
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
NANASO	Namibia Network of AIDS Services Organisations

EXECUTIVE SUMMARY

To reduce and overcome the challenges and bottlenecks encountered on the way to a modern and prosperous society, Namibia has made some far-reaching strategic development policy decisions which are guided by the document "Vision 2030" and are implemented through National Development Plans and specific sector plans. However the achievement of the MDGs which otherwise would have been relatively easy to reach are challenged by high levels of regional income disparities, the impact of HIV/AIDS on public sector service delivery and relatively new fledging institutions that need consistent and quality technical support. The main observations and conclusions under each Millennium Development Goal are summarised below and in Table A.

GOAL 1 – ERADICATE EXTREME POVERTY AND HUNGER

Poor and severely poor households currently make up around 28% and 4% of all households respectively. Both figures have decreased significantly since the beginning of the 1990s. The 2012 target for severely poor households has already been achieved, and meeting the target for the poor households is possible. The Gini-coefficient, a measure of the inequality of the distribution of income, has improved considerably but remains unacceptably high. The growth of gross domestic product has been modest although the trend is increasing somewhat. However, the unemployment rate remains high and rising. It currently stands at around 37% (including people who are unemployed and not looking for jobs), while the youth unemployment figure is even higher. The proportion of undernourished and stunted children has been declining since the 1990s and is now around 24%. Meeting the target of 18% for 2012 is possible.

GOAL 2 – ACHIEVE UNIVERSAL PRIMARY EDUCATION

The net primary school enrolment rate stands at around 92%. Since 2003 enrolment has been on a downward trend. The target of 99% will be difficult to meet. The survival rate to grade 8 has increased from 75% in 2000 to 81% in 2006, and the target of 80.2% has already been achieved. The survival rate to grade 5 is improving, so even if the rates in 2000 and 2006 were the same (94%), the target (99.2%) can possibly be achieved. The literacy rate (93%) has not experienced much progress, and it is not likely that the target of 100% will be reached. Furthermore, the general competence level of learners in Namibia is low compared to other southern and eastern African countries.

GOAL 3 – PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

The ratio of females to every 100 males in primary education stands at 98, in secondary education at 117, and in tertiary education at 88. The target to have gender parity in education has been achieved in secondary education; it is likely to be achieved for primary education, and it will possibly be achieved in tertiary education. Nationally, there are 103 literate women to a 100 men, and the gender parity goal has thus been achieved. The proportion of women employed in the non-agricultural sector is 47%, and the target of 50% is likely to be achieved. During 2007 women occupied 27% of seats in Parliament, and the 2015 target of 50% can only be achieved if the political will is there. Before gender equality can be a reality, issues such as gender-based violence, harmful cultural practices and female poverty must be dealt with.

GOAL 4 – REDUCE CHILD MORTALITY

Infant mortality as well as under-five mortality was decreasing until 2000, but has been on an upward

trend since then. Currently the infant mortality rate stands at 46 deaths per 1,000 live births, while under-five mortality is at 69 deaths per 1,000 live births. The increase is mainly due to the combination of HIV/AIDS and inadequate nutrition. Given the rising trend for infant and under-five mortality, it is unlikely that the targets concerning infant and under-five mortality set for 2012 of 38 and 45 respectively can be met.

Immunisation of children against measles has made steady and uninterrupted progress since the early 1990s and currently stands at around 84% of all one-year-old children. The target for immunisation of one-year-old children coverage for 2012 is likely to be met. However, there are considerable regional disparities in immunisation coverage.

GOAL 5 – IMPROVE MATERNAL HEALTH

Maternal mortality has been on a rising trend since the beginning of the 1990s. At present, it stands at around 450 deaths per 100,000 live births. It is unlikely that the target of 337 deaths in 100,000 live births will be met. At the same time, the proportion of births attended by trained health personnel is steadily increasing and is currently at around 80%. It is likely that the target of 95% will be achieved by 2012. However, this latter development could not compensate for the combined effects of limited access to emergency obstetric care, HIV/AIDS as well as poverty on maternal health, offering an explanation for the rise in maternal mortality.

Reproductive health indicators have improved across the board, and reaching the set targets is likely for most of the indicators. The contraceptive prevalence rate for married women is on a steady increase from 38% in 2000 to currently 47%. The adolescent birth rate is still high, currently at 15%, but is steadily decreasing on national level. Antenatal care is increasing and at present covers 70% of all births. It is possible that the target of 80% will be met. Only 7% of families in need of family planning have not received assistance. Meeting the target for 2015 of 6% is likely.

GOAL 6 – COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

The HIV prevalence rate has gone down from 12% in 2000 to 5.1% in 2008 for the age group 15-19 years, and from 20% to 14% for the age group 20-24 years. The 2012 targets of 8% for the age group 15-19 has been exceeded while the 12% target for the age group 20-24 could possibly be reached if these declining trends continue. The number of people living with HIV is however increasing as ARV treatment has been rolled out in the public sector. Women are more at risk of getting HIV than men, both due to physical attributes and trans-generational and transactional relationships. Furthermore young women's condom use during higher-risk sexual intercourse is much lower than men's.

The prevalence of tuberculosis has decreased since 2004 and currently stands at 765 cases per 100,000 people. Programmes and policies are in place, which are likely to further contribute to the lowering of TB cases. This is also reflected in treatment success which has increased from 64% to around 76% currently.

Cases of malaria have considerably declined over the past 15 years to the current ratio of 48 cases per 1,000 people. The target for 2012 – to halt and reverse the trend – has been achieved. This development is the result of an intensive anti-malaria campaign.

GOAL 7 – ENSURE ENVIRONMENTAL SUSTAINABILITY

The area of protected land has increased and currently stands at 18%. The target set for 2012 of 20% is likely to be achieved. Communal conservancies have expanded considerably and at present cover 14%

of the total area. The target for 2012 is likely to be achieved. However, less progress has been made in expanding freehold land conservancies which currently cover 6% of the land area. It is nevertheless possible though that the target set for 2012 of 10% will be met.

Access by urban households to safe drinking water is only slightly less than 100%, but is slightly decreasing. It is possible that the target set for 2012 of 100% will be achieved. Access of rural households to safe drinking water is increasing and currently stands at 80%. The target set for 2012 of 87% is likely to be achieved. Access of urban households to basic sanitation is decreasing and stands at 58%. The target of 98% is unlikely to be met. For rural households the access to basic sanitation is stagnating at 14%. The target set at 65% is likewise unlikely to be met. Urban migration makes it difficult for municipalities to provide sufficient drinking water and sanitation.

GOAL 8 – DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Namibia is an active participant in the international family of nations. The country is engaged in promoting South-South relations generally and relations in Africa and Southern Africa specifically. Namibia has established a business-friendly economic framework which welcomes foreign investors.

The Namibian people use increasingly modern techniques of communication within the country as well as with the rest of the world. Currently, 4.8% of the population are internet users. Cellular phone subscribers account for 49% of the population. Around a third of households possess a fixed telephone line.

The classification of the country by the World Bank as a “lower middle income” country has disadvantageous consequences for the amount and concessionality of multilateral and bilateral aid flows to Namibia. The Namibian Government regards this as inappropriate in the context of the legacy of the colonial past and the remaining challenges confronting Namibia on its way towards becoming a prosperous nation.

TABLE A THE QUANTITATIVE INDICATORS AT A GLANCE

GOALS AND INDICATORS	1990/1993 BASELINE	CURRENT STATUS (2008)	2006 TARGET	2012 TARGET	TARGET/ GOAL ACHIEVABLE?
ERADICATE EXTREME POVERTY AND HUNGER					
Poor HH (including severely poor HH), % of all HH	38**	28	28	19*	POSSIBLE
Severely poor HH, % of all HH	9**	4	4	3.5*	ACHIEVED
Unemployment rate, broad concept, nationwide in percent	34.5 (1997)	36.7	33.8	33.3	POSSIBLE
Employment growth, % p.a., average in period	-	-	2.6	2.6--3.2	POSSIBLE
GDP growth rate p.a., average percent in period	3.6	4.7	4.3	5.0-6.5	POSSIBLE
Gini-coefficient	0.701	0.604	0.6	0.58	LIKELY
Children under five, malnourished, stunted, in % of all children under five	28.4	24.2	-	18	POSSIBLE
ACHIEVE UNIVERSAL PRIMARY EDUCATION					
Net primary school enrolment (percent)	89	92.3	95	99.1	UNLIKELY
Youth literacy rate (percent)	88	93	94	100*	UNLIKELY
Survival rate grade 5 (percent)	70	94	95	99.2	POSSIBLE
Survival rate grade 8 (percent)	59	81	-	80.2	ACHIEVED
PROMOTE GENDER EQUALITY AND EMPOWER WOMEN					
Females per 100 males in					
Primary education	102	98	100+	100	LIKELY
Secondary education	124	117	100+	100	ACHIEVED
Tertiary education	175	88	100+	100	POSSIBLE
Literacy	106	103	100	100	ACHIEVED
Share of women employed in non-agriculture (percent)	39	47	-	50	LIKELY.
Share of seats held by women in parliament (percent)	6.9	26.9	26.9	50	POSSIBLE
REDUCE CHILD MORTALITY					
Infant mortality rate deaths per 1,000 live births	56.6	49	36	38	UNLIKELY
Under-five mortality rate deaths per 1,000 live births	83.2	69	54	45	UNLIKELY
Share of one-year old children immunized against measles (percent)	75.7	83.8	80	85	LIKELY
IMPROVE MATERNAL HEALTH					
Maternal mortality rate, deaths per 100,000 live births	225	449	268	337	UNLIKELY
Birth attendance by trained health personnel (percent)	68	81	88	95	LIKELY
Use of contraceptives (percent)	23	47	50	56.6	LIKELY
Adolescent birth rate (percent)	22	15	-	13	LIKELY
Ante-natal care coverage (percent)	56	70	-	80	LIKELY
Unmet need for family planning (percent)	24	7	-	6*	LIKELY

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

HIV/AIDS

HIV prevalence, 15 – 19 years (percent)	6	5.1	9	8	ACHIEVED
HIV prevalence, 20 – 24 years (percent)	11	14.0	15%	12	POSSIBLE
People living with HIV, 15 – 49 years (percent)	-	15.3	-	-	LACK OF DATA
Condom use at the last higher-risk sex, women 15 – 24 years (percent)	-	64	45	-	LACK OF DATA
Condom use at the last higher-risk sex, men 15 – 24 years (percent)	-	81	-	-	LACK OF DATA
Proportion of population with advanced HIV infection with access to ARV drugs (per cent)	-	66	-	75	LIKELY

TUBERCULOSIS, MALARIA

TB cases detected per 100,000 population	656	765	-	<300	POSSIBLE - LIKELY
TB cases treated successfully (percent)	64	76	75	85	LIKELY
Incidence of malaria per 1000 population	207	48	-	Halt and begin to reverse	ACHIEVED

ENSURE ENVIRONMENTAL SUSTAINABILITY

Protected areas	14	18	15	20	LIKELY
Communal conservancies	0	14	11	15	LIKELY
Freehold land conservancies	5	6	9	10	UNLIKELY
Community forestry (ha)	0.0	460000	300000	2.5 mio	

PERCENT HOUSEHOLDS WITH ACCESS TO SAFE DRINKING WATER

Urban	99	97	95	100	POSSIBLE
Rural	74	80	80	87	LIKELY

PERCENT HOUSEHOLDS WITH ACCESS TO BASIC SANITATION

Urban	86	58	-	98	UNLIKELY
Rural	14	14	50	65	UNLIKELY

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Official development assistance to Namibia (per capita US\$)	80	88 (2006)	-	90	LIKELY
Internet users, per 100 population	-	4.8	-	-	LACK OF DATA
Cell phone subscribers, per 100 population, 16 years and older	-	49	-	-	LACK OF DATA
Telephone lines, per 100 households	-	34.6	-	-	LACK OF DATA

* NDP3, **1993/1994

DEVELOPMENT CONTEXT

Namibia covers 824,000 km² with a population of around 2 million. The population growth rate is around 2.5% per annum and is slowly declining. Although relatively sparsely populated, 60% of the population lives in six northern regions of the country where the population density is much higher than the average density would suggest. Two-thirds of the population live in rural areas. Apart from the northern regions which benefit from perennial rivers, the rest of the country has an arid climate which permits cattle ranching – if it is cautiously managed – but little rain-fed agriculture. Namibia is blessed with a wealth of mineral resources comprising diamonds, uranium, copper, zinc and gold. The cold Benguela current on Namibia's Atlantic shore contains rich – albeit varying – quantities of marine resources.

Namibia's developmental aspirations are explicitly formulated in the national long-term plan "Vision 2030". All development policy decisions are guided by "Vision 2030" and are implemented through National Development Plans. Education, much neglected in colonial times, has turned into a cornerstone of development policy with about 25% of the budget allocated to education.

Namibia shares many developmental challenges with the partner countries of the Eastern and Southern African region. These include poverty of large strata of the population, natural disasters such as floods, drought or cyclones, the HIV epidemic, quality education for all and exposure to the forces of globalisation, with fluctuating prices for raw materials and rising food and fuel prices. Attempts are being made to correct the inherited highly uneven distribution of land through a relatively moderate approach of land reform, which follows the principle of "willing buyer, willing seller". For several years now the country has embarked on a programme of decentralisation, intended to strengthen the decision-making power of regional and local authorities. Providing a social safety net is a policy priority. Government provides a monthly social pension to all residents beyond the age of 60 years and a social grant to all vulnerable children. Targeted food aid is provided to schools and orphanages. In case of natural catastrophes, Government distributes food to those affected.

Namibia pursues sound macroeconomic policies and has a past record of stable economic growth rates. The foreign public debt stock of 5.4% of GDP is relatively low by international comparison. According to the UN classification, Namibia is a "middle income" country with per capita GDP of around US\$3,000. This classification is however simplistic and misleading, because income and wealth are very unevenly distributed in Namibia. A sizable proportion (28%) of the population is poor and about 4% are severely poor. At the same time, a segment of the society is very wealthy even by international standards. The consumption of the richest 10% of households is more than 20 times higher than that of the poorest 10%.