Proposed Country Programme Document for Namibia 2014-2018

Presentation to the Executive Board
September 2013
Namibia

Key Child Development Indicators – State of Progress

• Mixed progress towards some MDGs.
  - Progress made in reducing U5MR, but neonatal mortality remains high
  - HIV prevalence halved among 15-24 year olds; Mother-to-Child transmission reduced from 33% to 5% (between 2002 and 2012). But prevalence among pregnant women remains high at 18%
  - Birth Registration has increased, but still only 67% of under-five children are registered

• Unlikely to achieve the goals on nutrition and sanitation
  - Stunting (29%) has stagnated over the past decade
  - 50% of the population continue to practice open defecation

• Almost reached goal of universal primary education, but issues of retention and education quality remain
  - 9% of children aged 6-16 years have never attended schools
  - 44% of children entering Grade 1 go on to reach Grade 12

• Inclusive economic growth remains an issue with 49% of youth unemployed
Namibia

Inequities and disparities

- Child development indicators not commensurate with UMIC status. Gini coefficient at 0.58 one of the highest worldwide.

- Although Child Poverty rate has fallen from 43% to 34% between 2003/04 and 2009/10, almost 30% of children remain at higher risk of poverty than the general population.

- U5MR is 3 times higher at 92 deaths per 1000 live births in the lowest wealth quintile than in the highest quintile at 29/1000.

- Stunting is higher in poorest quintile (37%) than in richest (13%).

- Open defecation higher in rural areas (77% rural vs. 14% urban).

New Country Programme will focus on achieving equitable outcomes in child development across the country.
Namibia

Key results achieved 2006-2013

- Strengthening of the district health system and child health days contributed to **high immunization rates** (DPT 3: 82%; polio: 97%)

- Government developed **national policy and endorsed guidelines for adolescents living with HIV**, based on pilot project for adolescents living with HIV/AIDS

- Grade 8 learners benefitted from **3-day HIV prevention life skills programme** at the beginning of the school year (based on success of UNICEF-supported programme)

- UNICEF’s provision of evidence on mandatory contributions to the School Development Fund as barrier to school enrolment and advocacy has led to introduction of **universal free education**

- Support to government humanitarian response in 2008, 2011 and 2013 for flood and drought affected populations
The new Country Programme is

- closely aligned to priorities of National Development Plan 4
- based on evidence from the Situation Analysis of Children and Adolescents in Namibia: Towards a Namibia fit for all children (UNICEF, 2010 and 2013)

The primary platform for developing the new Country Programme is the United Nations Partnership Framework (UNPAF).
Namibia

Country Programme Components

- Child Health and Nutrition
- Child Protection and Social Protection
- Education
- Social Policy, Research and Communication
- Cross-sectoral Support

UNICEF ESARO, September 2013
Namibia

Key Country Programme Results 2014-2018

Health and Nutrition

- Strengthen health capacity to provide services and links between national and community levels
- Establish and strengthen multi-sectoral coordination mechanisms to promote exclusive breastfeeding and reduce stunting prevalence among children <5

Education

- Strengthen capacity of the education system to ensure continuity in education

Child Protection and Social Protection

- By end of 2018, social protection system set up and institutionalised, with adequate financial resources to progressively support all families with children
- By end of 2018, more vulnerable individuals and families demand for and benefit from integrated child protection and justice services
## Namibia

### Summary Budget Overview 2014-2018

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<th>Programme Area</th>
<th>RR US$ Mil.</th>
<th>OR US$ Mil.</th>
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<td>Education</td>
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<td><strong>Total</strong></td>
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<td><strong>27</strong></td>
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Total resources required are US$30,770,000 (excluding emergency funds).
Midterm Reviews of Botswana and Burundi Country Programmes

Presentation to the Executive Board

September 2013
Botswana

Country Overview

- Upper-middle income country with a mature and stable democracy, and remarkable progress in social and human development.

MDG Status

- The country has met or is likely to achieve the majority of the MDGs.
- Government austerity, high inequality and lack of quality social services are hampering progress on lagging MDGs, particularly maternal and child health.

Partners

- Delivering as One has provided opportunities for UN agencies to use their comparative advantages to support the Government in agreed priority areas.

Major issues

- Over 40% of its population under the age of 18, and youth unemployment rate is very high.
- Reduction in OR funding led to significant restructuring of the Country Office and the Country Programme as well as move to “upstream” programming
Botswana MTR – Recommended Adjustments

The MTR concluded that the Botswana Country Programme is on-track and relevant. Based on MTR findings and lessons learned, the Country programme has been adjusted to:

1. Better integrate social policy, knowledge management, monitoring and evaluation into core programming.

2. Emphasize programme focus around areas of UNICEF comparative advantage: (i) HIV and AIDS; (ii) Social Protection/Social Policy; and (iii) Monitoring of Results for Equity System (MoRES).

3. Better align programmes and expected results with available human and financial resources.

4. Support better reporting and demonstration of the combined contributions of UNICEF and partners’ engagement under the DaO context.
Burundi

**Country Overview**

- Post-conflict, low-income country with low development indicators and high levels of inequity.
- 2010-2014 Country Programme is the first UNICEF programme to be oriented towards medium to long-term development since onset of civil war in 1993.

**MDG Status**

- Unlikely to reach MDGs by 2015. Some progress on maternal and child health.
- Of 18 MDG targets, Gender Parity (Target 4) alone of is likely to be met — that too only at the primary education level.

**Major Issues**

- Inequities in social indicators persist — across geographical locations, gender, wealth quintiles, and education levels of household heads.
- Two-thirds of Burundi's children are chronically malnourished (a major underlying cause of child mortality, costing an estimated $102 million/year).
- A significant population of children and adolescents remain vulnerable — partly a legacy of the civil war.
Burundi MTR – Recommended Adjustments

MTR confirmed performance, relevance and appropriateness of design of the Burundi Country Programme. No major changes envisaged in programme structure. However, the MTR reinforced the need to:

1. Strengthen equity-focused programming and innovations and apply them especially to cross-cutting issues (e.g. malnutrition, early childhood development, adolescents and HIV/AIDS).

2. Pay particular attention to:

   1. Implementing a coordinated and multi-sectoral response to chronic malnutrition and integrated development of children up to 6 years, with emphasis on community-based interventions, innovations and C4D
   
   2. Strengthening interventions for adolescents and scaling up innovation through use of new technologies such as Rapid SMS
   
   3. Using a conflict-sensitive approach to programming and strengthening peace-building
   
   4. Strengthening social protection as a cross-sectoral approach to confront poverty
   
   5. Enhancing decentralized planning and service delivery for children.
“The Horn of Africa has the largest pocket of under immunized children in the world, estimated at over 1,000,000” - WHO

Confirmed WPV Type 1 Cases in ESARO (as of 29/08/13)

- Somalia N=152
- Kenya N=13
- Ethiopia N=1 (tbc)

Outbreak Risks
Thank you.