United Nations E/ICEF/2001/P/L.6/Add.1

Economic and Social Council

Distr.: Limited
10 October 2001

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2001
10-14 December 2001
Item 5 of the provisional agenda*

Country programme recommendation**

Namibia

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Namibia which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $2,584,000 from regular resources, subject to the availability of funds, and $13,416,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2005.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-57553 (E) 301001

Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	0.9
U5MR (per 1,000 live births) (2000)	69
IMR (per 1,000 live births) (2000)	56
Underweight (% moderate and severe) (1992)	26
Maternal mortality ratio (per 100,000 live births) (1992)	230
Literacy (% male/female) (2000)	83/81
Primary school enrolment (% net, male/female) (1998)	84/88
Primary school children reaching grade 5 (%) (1997)	84
Use of improved drinking water sources (%) (2000)	77
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	1 890
One-year-olds fully immunized against:	
Tuberculosis	80 per cent
Diphtheria/pertussis/tetanus	72 per cent
Measles	66 per cent
Poliomyelitis	72 per cent
Pregnant women immunized against tetanus	81 per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.6). In April 2001, the Ministry of Health and Social Services released the results of the 2000 Sentinel Sero Survey which showed an increase in national HIV prevalence among pregnant women from 19.3 per cent (1998) to 22.3 per cent. The report also estimated that 190,000 people between the ages of 15 and 49 years, out of an estimated adult population of 850,000, were living with HIV/AIDS in 2000. HIV/AIDS is the major challenge facing Namibia and has the potential to reverse many of the child health, care and development gains made over the past programming cycle.

Programme cooperation, 1997-2001

2. The country programme was designed with six programmes and 19 projects. Although the human and financial resources required for the effective management of the country programme were inadequate, substantial results were achieved. As a result of the mid-term review, the number of projects in the country programme was reduced from the original 19 to 11, and the country programme was refocused on

addressing the HIV/AIDS crisis, selected World Summit for Children goals and advocacy for the reduction of the glaring socio-economic disparities.

3. The country programme helped to increase routine expanded programme on immunization (EPI) coverage from 65 per cent in 1997 to 70 per cent in 2000 through the provision of management training and logistic support in the six most poorly performing districts. UNICEF provided polio vaccine, vitamin A and operational costs for National Immunization Days. No polio cases have been confirmed since 1997. Through improved integrated child-care services, vitamin A supplementation coverage increased from 25 per cent in 1996 to over 70 per cent in 2000. Measles cases declined from 470 in 1997 to 21 in 2000. UNICEF advocacy led to the adoption of the Integrated Management of Childhood Illness (IMCI) approach in 1999. HIV/AIDS prevention and care was added to the IMCI strategy.

4. National Adolescent-Friendly Health Services (AFHS) guidelines and a peer counselling pilot project were supported. Health workers were trained in interpersonal communication skills. The health information system (HIS) was revised and new data collection indicators were developed. UNICEF supported the provision of 270 wells and the development of a National Strategy for Sanitation and Hygiene Promotion. Through advocacy by the United Nations theme group on HIV/AIDS, a task force developed HIV disease management and anti-retroviral treatment guidelines.

5. UNICEF helped to develop performance criteria for school management teams and inspectors. Through a local non-governmental organization (NGO), members of 255 school boards, covering 18 per cent of schools in the country, were provided with school management skills. UNICEF-supported research into the causes of low primary school enrolment of the marginalized San population and farm workers' children resulted in the development of the National Policy Options for Educationally Marginalized Children.

6. In-service training was supported for 654 early childhood development (ECD) caregivers. UNICEF advocacy led the Government to offer material incentives (pit latrine, crayons and paper, etc.) to ECD facilities to provide free day care to orphans. UNICEF also assisted the Government to undertake two assessments of orphans and to develop programming guidelines for community-based care. The capacity of the National ECD NGO Association to effectively transfer skills, monitor activities and manage new initiatives was developed.

7. Just over 100,000 young people — 15 to 18 years of age — received 20 hours of peer-facilitated life skills training, called "My Future is My Choice" (MFMC). The programme also trained 118 young people as master trainers and 1,238 young people as MFMC facilitators. In late 1999, through the United Nations theme group on HIV/AIDS, a national multisectoral media task force was established which launched the "Take Control" multi-media campaign. Under "Take Control", UNICEF supported 40 television commercials, 45 radio spots, three documentaries and over 3 million print materials for young people and parents. A rapid assessment demonstrated that the campaign had reached 72 per cent of young people by early 2000.

8. With UNICEF assistance, the number of woman and child protection units were increased from three to eight. These units provide medical, psychosocial and legal support to physically and sexually abused women and children. A child abuse

awareness package for teachers was developed and piloted in 21 schools. The juvenile justice diversion project, which keeps young people in conflict with the law in their families and communities, was expanded from 1 to 10 of Namibia's 13 regions. For incarcerated young offenders, the project ensures that they are separated from adults and provided with educational and recreational services.

Lessons learned from past cooperation

9. The lessons learned remain essentially the same as described in the country note. With limited human and financial resources, the UNICEF/Government of Namibia programme of cooperation needs to focus on a few priorities that were identified through the Common Country Assessment (CCA), the situation analysis and consultative process to be HIV/AIDS and disparity reduction. The country programme also needs to be intersectoral and will need to build strategic alliances with new partners, including young people. This will require capacity development for decentralized programme management that focuses on the most disadvantaged areas. It will also require the programme to aim for a convergence of services around established structures, such as day-care centres, as a means to address parents' and communities' capacity gaps.

Recommended programme cooperation, 2002-2005

	Estimated annual expenditure (In thousands of United States dollars)				
	2002	*2003*	*2004*	*2005*	*Total*
Regular resources					
Young children's health, care and development	166	166	166	166	664
Adolescents' HIV prevention	198	198	198	198	792
Special protection and disparity reduction	150	150	150	150	600
Cross-sectoral costs	132	132	132	132	528
Subtotal	**646**	**646**	**646**	**646**	**2 584**
Other resources					
Young children's health, care and development	1 334	1 334	1 334	1 334	5 336
Adolescents' HIV prevention	1 137	1 137	1 137	1 137	4 548
Special protection and disparity reduction	750	750	750	750	3 000
Cross-sectoral costs	133	133	133	133	532
Subtotal	**3 354**	**3 354**	**3 354**	**3 354**	**13 416**
Total	**4 000**	**4 000**	**4 000**	**4 000**	**16 000**

Country programme preparation process

10. The National Planning Commission (NPC) Secretariat coordinated the country programme preparation process. NPC chaired the Steering Committee, which at its first session on 18 May 2000 reviewed, amended and approved the work plan. The Steering Committee included representatives from all of the key government ministries, directorates, national multisectoral task forces, NGO partners, adolescents and young people. The actual work on strategy development, programme and project definition, and the preparation of documentation was undertaken by joint teams of technical staff from relevant ministries, NGOs, United Nations partners and UNICEF. Three working groups were formed, each of which developed a separate strategy document through consultation with programme partners. These three papers were reviewed by the Steering Committee on 17 August 2000 and subsequently consolidated into a strategy document. The strategy document was reviewed and approved by all involved ministries, NGOs and donors during a one-day meeting, chaired by the NPC, on 28 September 2000. The strategy document was summarized into a country note that was reviewed by the Executive Board in January 2001, and forms the basis for the formulation of the present country programme recommendation. The fourth Steering Committee meeting, which approved the logical framework for the 2002-2005 country programme, was held on 31 May 2001.

11. The development of the United Nations Development Assistance Framework (UNDAF) took place in parallel to the development of the new country programme, and discussions were mutually reinforcing. The country team re-started work on the preparation of the UNDAF at the beginning of 2000. United Nations heads of agencies developed the UNDAF work plan in April 2000. In May 2000, multisectoral working groups were formed around the four issues identified in the concluding chapter of the 1998 CCA as key issues for United Nations work in Namibia: HIV/AIDS; poverty eradication; gender; and governance. The NPC also coordinated this process and increasingly saw the exercise as a step towards improved coordination among donors, strongly encouraging bilateral agencies and others to participate. The document was completed by the end of August 2000 and subsequently approved by Cabinet.

Country programme goals and objectives

12. The overall objectives of the country programme are to: (a) strengthen the caring capacity of parents, families, communities and service providers to fulfil the rights of children to adequate health, and physical and psychosocial development, resulting in improved nutritional status, reduced morbidity and better learning achievements; (b) strengthen the capacity of adolescents, communities and service providers to fulfil adolescents' rights to correct information, appropriate skills and quality services for HIV prevention, leading to a 25 per cent reduction in HIV incidence among 15- to 18-year olds; and (c) expand protection services for vulnerable children and women, and contribute to the elimination of conditions that create or perpetuate disparities.

Relation to national and international priorities

13. The programme will have a four-year duration to align it with the planning cycle of the Government and other United Nations Development Group agencies. Its programme and project objectives reflect the priorities and objectives emerging from the draft second National Development Plan 2001-2005, the second medium-term plan on HIV/AIDS, and the draft second report to the Committee on the Rights of the Child that highlights the need for the increased participation of children, parents and communities. The programme also reflects the recently developed global strategic priorities of UNICEF, namely: girls' education; HIV/AIDS; EPI Plus (in terms of health systems management); and ECD policy development. Programme choices have also been guided by the new global agenda for children and the priorities identified in the CCA. They also benefited from the development of the UNDAF, emphasizing the promotion of children's and women's rights.

Programme strategy

14. The programme strategy remains essentially the same as described in the country note. The country programme objectives will be reached by focusing on children in two critical developmental periods — 0-10 and 10-18 years — by developing the capacity at household, community and national institutional levels to enable duty bearers to respect and fulfil their obligations towards children. The country programme structure is comprised of three interrelated and mutually supportive programmes which focus at different levels of communities, sectors and policy-making institutions on how to ensure the realization of children's rights through addressing the priority themes of family care practices, HIV/AIDS and disparity reduction.

15. **Young children's health, care and development**. This programme will strengthen the capacity of parents, families and service providers to care for children during their first decade of life. The programme will aim to improve the child health, care and development environment within the household, as well as parental involvement in and access to health and child care services. It will also strengthen the provision and management of these services. The programme will be achieved using multisectoral, family-focused, community-based and child-centred approaches. In view of the limited resources, and for meaningful impact, the programme will focus on 18 of 34 health districts, in a phased manner, over the programme cycle. In line with the disparity reduction objective of the country programme, these 18 districts will be selected using government-based disparity indicators, such as low EPI performance and maternal health performance.

16. The communication for improved child and maternal care project aims to reach at least 50 per cent of all parents with relevant information on basic child care and maternal health care to promote the adoption of better child-care practices. The project will identify a standard set of good family care practices for improved child health and psychosocial development. It will help extension workers and other potential mobilizers to communicate such knowledge to communities, and transfer those skills to parents. The project will provide opportunities for extension workers from different ministries and civil society organizations to synthesize their interaction with communities. Indicative activities include community-based research, the development of communication materials and the training of

community mobilizers. This project will have a diverse number of partners. It will utilize a multisectoral working group, with members from key ministries (Health, Information and Broadcasting, Women and Child Affairs and Local Government), NGOs and key donors to coordinate information activities at the national level and facilitate intersectoral collaboration at community levels.

17. The health system support project will develop the management capacity of 80 per cent of health programme managers at national levels and in 18 of 34 health districts. This will result in more effective supervision of health workers in respect of their interaction with communities. It will contribute to improved quality assurance and enhanced supervision and monitoring of IMCI, ECD and AFHS, and the effective delivery of key maternal and child health (MCH) services, such as EPI and antenatal care.

18. The maternal health project will improve service delivery by raising the utilization of basic maternal care and emergency obstetric services by 25 per cent. Counselling, testing and treatment services will be improved for the prevention of mother-to-child transmission (MTCT) of HIV under the MCH services. Community-based health facilities will also be made adolescent-friendly. Indicative activities will be the development of training packages and the training of key duty bearers. Various mechanisms exist to coordinate health sector support. They include a health sector donors group; the United Nations theme group on HIV/AIDS; and ministry-led task forces for HIV/AIDS coordination, treatment, MTCT and AFHS. Key partners will be the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), the Swedish International Development Authority (SIDA), French Cooperation and German Technical Cooperation (GTZ).

19. The collective promotion of early child care and development project aims to improve access to quality ECD service for 80 per cent of orphans. This will be achieved by targeting support to ECD facilities that provide free day care to an agreed number of orphans. The networking and organization capacity of existing ECD services will be strengthened, and services will be expanded into vulnerable communities through capacity development training with key duty bearers. The National Early Childcare Association has the main coordinating role to bring together the ministries of Local Government, Women and Child Affairs, and Basic Education with NGO partners. USAID and SIDA are also focusing assistance on collective orphan care.

20. **Adolescents' HIV prevention**. This programme supports the national goal of reducing new HIV infections among young people. As the programme will build on two existing national initiatives — the "Take Control" media campaign and MFMC life skills training — programme partners are confident that the programme will make a major contribution to bringing about a 25 per cent reduction in HIV incidence. This will be achieved by continuing to develop the capacity of adolescents and duty bearers to reduce risk behaviours that contribute to HIV infection, sexually transmitted diseases, teenage pregnancy, substance abuse and adolescent violence. They will also be involved in meeting adolescents' rights to information, life skills and services. Young people will play a critical role in the planning, development and testing of programme activities. They will also be the main implementers and will be responsible for monitoring the impact of the activities.

21. Through the communication for an enabling environment project, the programme aims to reach 70 per cent of parents, teachers, and health and youth service providers to support adolescents' access to sexual health information and skills. Over 90 per cent of adolescents will be reached through multi-media channels and interpersonal communication to strengthen their risk reduction skills. Indicative activities include the development and dissemination of television, radio and print materials. These will be supported with advocacy, social mobilization and community-level interpersonal capacity-building activities. A multisectoral task force involving key government, United Nations and bilateral partners (USAID, SIDA, French Cooperation, GTZ) will coordinate at the national level in support of the government's regional and district HIV/AIDS coordinating structures.

22. The life skills project has an emphasis on empowering girls, and should reach 90 per cent of 15-year-olds each year with peer-facilitated participatory life skills training. School- and community-based peer education activities will be expanded across the country. A life skills training intervention for 10- to 14-year-olds will be piloted in at least 4 of 13 regions. This will involve undertaking research, reviewing and adapting curriculum materials from other countries in the region, and training school inspectors, management teams and teachers. The existing Youth Health National Steering Committee will coordinate this project. The ministries of Basic Education, and Higher Education, the National Youth Council, UNFPA, SIDA, USAID and the Government of the Netherlands are already committed to the life skills intervention. The programme will also seek other partners.

23. The third project will focus on meeting adolescents' rights to participate in the delivery of friendly health services in the 18 health districts supported under the young children's health, care and development programme, while scaling up the current peer counselling pilot. Using a phased approach aimed at reaching 75 per cent of facilities over four years, young people will be trained as peer counsellors, and they will provide services two days a week at health and youth facilities. Adolescent consultative committees will be established, and they will be involved in the certification of the facilities. UNFPA will replicate peer counselling in three other regions, and WHO will complement through its support to the school health initiative. The Ministry of Health coordinates a multisectoral working group for AFHS, with members from the ministries of Basic Education, Higher Education, and Women and Child Affairs, the National Youth Council, the University of Namibia, Planned Parenthood, GTZ, WHO, UNFPA and UNICEF.

24. **Special protection and disparity reduction**. This programme will address child rights violations that are linked to social and economic disparities between regions and language groups. The programme will produce research on the extent and causes of persistent inequity and vulnerability that contribute to violations of children's and women's rights. It will undertake advocacy and raise awareness of the problems identified in the research and develop mechanisms for effective legal and programmatic responses.

25. The research and communication project will ensure that 80 per cent of all legislation related to children will be in conformity with the Convention on the Rights of the Child. As the amount of legislation is limited, documented programme partners view this as a realistic objective. Other indicative activities under this project will include new research, advocacy and sensitization activities. The multisectoral working group, led by the Social Welfare Directorate of the Ministry

of Health, which developed this programme, will coordinate the research and communication activities.

26. The special protection project will continue to provide technical and operational support to expand the government's juvenile justice programme and protection services for abused women and children. By the end of the country programme, 80 per cent of urban and 60 per cent of rural cases of children in conflict with the law will be administered according to the Juvenile Justice Act, and reported cases of women and child abuse will have decreased by at least 20 per cent. The project will develop guidelines, train service providers and assist in the development of diversion options suitable to local conditions. The sub-projects are coordinated by the Violence against Women and Children Task Force, with support from the United Kingdom Department for International Development (DfID) and USAID, and the Interministerial Committee on Juvenile Justice, with support from Austrian Development Cooperation.

27. The ensuring access to services for vulnerable children project will, for children orphaned by AIDS and other causes, review basic education, medical care, school welfare, counselling and legal services to ensure that exemption guidelines exist for those unable to pay. The project will establish monitoring and reporting systems to detect the exclusion of orphans from basic social services, and work with concerned ministries to ensure compliance with existing or future exemption guidelines or regulations. For families and children living with HIV, the project will assist in the establishment of self-help organizations. These organizations will be assisted to monitor access to services and rights violations. The Social Welfare Directorate of the Ministry of Health, the Ministry of Justice, the Namibian Network of AIDS Service Organizations, Catholic AIDS Action, AIDS Care Trust, the Legal Assistance Centre and the Ford Foundation will be the key partners, together with USAID, SIDA, DfID and WHO. In collaboration with the intersectoral Task Force for Education for Marginalized Children, the Omaheke San Trust and the Working Group of Indigenous Minorities in Southern Africa, the project will focus on three regions to ensure that at least 50 per cent of the educationally marginalized children have access to primary education. Technical support will be provided to government and NGO counterparts for advocacy among community leaders, awareness-raising for parents, and the development of community-run activities and monitoring mechanisms to ensure effective implementation. The Norwegian Agency for International Development currently supports UNICEF, and the European Union also funds activities in this area.

28. All three programmes will utilize regular resources to support the management capacity for programme delivery. This will ensure that the country programme has the technical capacity, knowledge base and skills to ensure the credibility of UNICEF as a programme partner. The technical programme officers will be responsible for developing the proposals for attracting other resources, and then effectively managing programme implementation.

29. **Cross-sectoral costs** will provide communication, information, advocacy, supply, and monitoring and evaluation support to the three programmes. These essential support functions do not often attract other resources and, therefore, they will be provided through regular resources.

Monitoring and evaluation

30. The integrated monitoring and evaluation plan (IMEP) and the programme/project logical frameworks are the principal monitoring and evaluation tools. IMEP includes knowledge, attitudes, practices and beliefs/focus group discussion baselines that will be required by all of the programmes. An integrated baseline will be developed utilizing key logical framework programme indicators. Key baseline findings will be monitored using rapid assessments at the MTR and in the final year of the programme. Some select studies will be undertaken to support, for example, interventions for the prevention of MTCT; improved access to key services for children, adolescents and women; and the compliance of national legislation with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The 2000 Demographic and Health Survey, HIS, HIV sentinel surveillance studies and other national surveys, studies and assessments will also provide monitoring data for the programme. The key programme and project indicators around the adoption of good family care practices, HIV/AIDS and exclusion will be monitored and reviewed periodically to improve sub-project planning and implementation. Annual project plans of action will be developed and implemented, and annual programme reviews will be conducted to assess, measure and retool programme interventions. An MTR evaluation will enable the readjustment of the overall country programme. Implementing partners will prepare progress reports against annual plans for annual reviews, which will be monitored by the NPC. All programme evaluations will be designed so that their outcomes will influence government strategic planning.

Collaboration with partners

31. While there is no permanent presence of Bretton Woods institutions nor sector investment programmes or sector-wide approaches, UNICEF participates in the strategic planning process of the Ministry of Basic Education with all the bilateral agencies involved. UNICEF also participates in the Health Donors Group, which is a forum for information-sharing on support to the health sector. Each programme collaborates with other donors and United Nations agencies to ensure effective sectoral and intersectoral cooperation and coordination. Bilateral donor presence in Namibia has been decreasing. The UNICEF office in Namibia aims to intensify collaboration with those agencies still in the country, while proposing results and rights-based approaches to those operating from their regional centres. The United Nations theme groups on HIV/AIDS and poverty will continue to harmonize operations and resource mobilization based on joint annual work plans and mechanisms established for joint annual programming based on UNDAF. The United Nations theme group on HIV/AIDS has recently extended a partnership forum of all the key bilateral donors to initiate a more coordinated effort on external assistance to HIV/AIDS.

Programme management

32. The Government of Namibia/UNICEF programme of cooperation will continue to be coordinated by the NPC and the National Steering Committee. The NPC signs the master plan of operations and conducts annual and mid-term reviews through the

Steering Committee. The Steering Committee consists of representatives of the key partner ministries, including Health and Social Services; Higher Education, Youth and Culture; Basic Education, Women and Child Welfare; etc. The three intersectoral teams that had been formed to prepare the new programme of cooperation will continue to be the managing partners for the respective programmes that will conduct programme reviews and coordinate inter-ministerial or inter-directorate joint action programmes.

33. Monitoring mechanisms have been established through each implementing partner. In special programmes that entail partnerships beyond the government structure, special monitoring mechanisms will be continued and strengthened. This includes the adolescents' HIV prevention programme and the partnership with the National ECD Association, both of which involve NGO partners.

34. The overall structure of the country office has been maintained. The only significant modifications to the country office management plan include: (a) ensuring base programme delivery capability to avoid over dependence on other resources; (b) separation of external communications, programme communications and special protection functions in line with global guidelines; and (c) strengthening and streamlining key support functions, such as monitoring and evaluation and information technology.