Delegations are kindly invited to use this template to share their comments on the draft country programme documents being presented to the Executive Board during the forthcoming session.

### Delegation name: United States of America

### Draft country programme document: Namibia

In accordance with Executive Board decision 2014/1, draft country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline stated above will be posted on the Executive Board website.

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<th>Delegation’s comments</th>
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<td><strong>General comments</strong></td>
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<td>The United States welcomes the Country Programme Document and its costed evaluation plan. The U.S. welcomes the inclusion of planned El Nino drought response activities into the evaluation design. <strong>General Comments:</strong> We suggest improving the alignment of the information in the CPD and the CEP. There is relevant, important, contextual information in the CPD that is not included or referred to in the CEP leading to poor linkage between the two documents.</td>
<td>We thank the United States of America for their observations and comments on the draft country programme and costed evaluation plan, which underscore the importance of aligning the Country Programme Document (CPD) to the Costed Evaluation Plan (CEP). The current template of the CEP doesn't provide sufficient space to include background information captured in the CPD. However, we reaffirm that the 3 evaluations prioritised in the CEP are fully aligned with the strategic evidence requirement for this country programme cycle, i.e., to evaluate the overall Country Programme itself, and the two strategies (social behaviour change and social protection) to be deployed to achieve the Country Programme objectives.</td>
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Vaccine-preventable diseases like polio, measles, and other important causes of maternal and child mortality like malaria, tuberculosis are not covered, and there are no indicators or targets for them. Please clarify.

Survey data like National Demographic and Health Survey or National Immunization Coverage Survey-Multi-Cluster Indicator Survey (NICS-MICS) are not used to determine the targets. Why is this the case?

There is nothing on routine immunization in general or on zero dose in particular which are both critical to child health especially in low- and middle-income countries. Why are these not included?

On the query on vaccine preventable diseases, the Namibia Health Systems implements an integrated approach to program delivery that covers the comprehensive Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) service package. The Country Programme acknowledges the sustained high immunization coverage for the first year of life of children and aims at achieving similar results for the second year of life. This commitment is reflected in the Country Programme Results and Resource Framework as an outcome-level indicator, namely the measles vaccination coverage during the second year of life. Also, UNICEF Namibia is a key partner providing technical assistance supporting Government to deploy health care services to fight against paediatric diseases as part of the integrated packages.

UNICEF did not use the mentioned surveys given that the available data is outdated. For example, the last National Demographic and Health Survey (NDHS) was conducted in 2013; there have been changes in the epidemiologic profile of the country; and the advent of the COVID-19 pandemic significantly affected the health system. In that regard, the country program sought to use more recent data sources referenced in the CPD, such as District Health Information System. Furthermore, Namibia has prioritised the National Demographic and Health Survey (NDHS), instead of the NICS-MICS, due to funding constraints.

The Country Programme duly acknowledges the importance of immunisation and will strengthen government systems to implement more equitable and evidence-based health sector policies, plans and budgets, boosting access for children, adolescents and women to the Government’s integrated primary health-care services, including
Specific Comments:

- The CEP has statements or terms that are not clearly defined and makes the document difficult to comprehend. In addition, there are issues with the targets set as some are unrealistic. We suggest UNICEF revising and improving these.

To clarify, the CEP only covers the evaluation activities of the CPD and therefore does not have targets.

Comments on specific aspects of the draft country programme document

(Delegations providing comments may wish to include details, such as the page number, paragraph number, or page of the annexed results and resources framework.)

Given the emergency declaration of the drought in Southern Africa, with Namibia being impacted, and the fact that 7.1 per cent of children are suffering from acute malnutrition (2022) (section 14 on page 5), how will UNICEF integrate emergency response and preparedness of nutrition in times of emergency? Does UNICEF have plans on integrating nutrition indicators into the early warning systems present in Namibia?

To improve the preparedness aspect of the nutrition response, the Government with technical assistance from UNICEF developed national and regional contingency plans for nutrition. The scope of the contingency plan for nutrition includes both preparedness and response, and implementation is both through government and non-government actors under the leadership of the National Disaster Management institutions. With support from UNICEF and partners, the Government is planning to establish an emergency operation center that will provide oversight on public health emergencies, nutrition and climate related risks.

For the El Nino drought, UNICEF is supporting the Government to develop and implement its response plan. UNICEF is providing in-country response spanning from evidence generation (national vulnerability assessment and SMART surveys); building government capacity on all aspects including coordination, nutrition information, prevention, early detection and treatment of wasting; strengthening supply chain management which will entail procurement and prepositioning of nutrition supplies in the most affected provinces as part of the response, and at the same time leveraging more Government financing through the Match Fund for full financing of RUTF pipelines by the Government, to ensure that supplies are always available. UNICEF is also providing direct support for the nutrition response including for treatment of severely immunization services. UNICEF is the major technical assistant partner to the Government on immunization, where we focus on zero dose communities.
Outcome 4:

B) HEALTH & NUTRITION

- The maternal mortality ratio (per 100,000 of the population) at the baseline is 215, so reducing it to 70 will be difficult to achieve within five years. We suggest UNICEF revise this.

- MMR should be corrected per 100,000 live births, not per population.

- wasted children - which will be boosted with the upcoming support from BHA. CO will also enhance coordination between health, WASH, social protection and food sectors for a holistic approach.

- UNICEF is also prioritizing multi-sectoral resilience-focused programming especially at community level. Central to the resilience focus will be the new UNICEF sub-regional initiative on food systems for children, which includes Namibia. The initiative aims to make an important contribution to building nutrition resilience and preventing wasting, through identifying and investing in local food value chains and enterprises that can supply nutrient dense, affordable foods and supplements to young children.

- At the level of the wider SADC region impacted by the El Nino drought, UNICEF has issued a Call for Action highlighting the food crisis in Southern Africa (including Namibia), and joined forces with SADC, other UN agencies and other partners on the response to drought and other emergencies.

- As part of the contingency plan, Namibia CO is supporting the inclusion of nutrition indicators into the multisectoral disaster risk reduction early warning system, under the Office of the Prime Minister. UNICEF has also been supporting the inclusion of nutrition into vulnerability assessments, for several years now. UNICEF is also supporting the Government to better utilize the early warning systems for anticipatory action to prevent crises, and data-driven decision-making will be emphasized.

There might be a confusion since the Namibia Country Programme Outcome 4 is programme effectiveness. In fact, the Country Programme does not have an outcome on Health & Nutrition and consequently no indicator on maternal mortality.