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Draft country programme document****Dominican Republic***Summary*

The Executive Director presents the draft country programme document (CPD) for the Dominican Republic for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$3,505,000 from regular resources, subject to the availability of funds, and \$10,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/18.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

<i>Basic data[†]</i> (2004 unless otherwise stated)	
Child population (millions, under 18 years)	3.5
U5MR (per 1,000 live births)	32
Underweight (% moderate and severe, 2002)	5
Maternal mortality ratio (per 100,000 live births, 1992-2002)	180
Primary school attendance (% net, male/female, 2000)	92/93
Primary schoolchildren reaching grade 5 (% , 2002)	93
Use of improved drinking water sources (% , 2002)	93
Adult HIV prevalence rate (% , end 2003)	1.7
Child work (% , children, 5-14 years old)	9
GNI per capita (US\$)	2 080
One-year-olds immunized with DPT3 (%)	71
One-year-olds immunized against measles (%)	79

[†] More comprehensive country data on children and women is available at www.unicef.org.

The situation of children and women

1. Despite several decades of strong economic growth, the country has not advanced correspondingly in terms of human and social development. According to the *National Human Development Report 2005*, and as highlighted in the Common Country Assessment (CCA), the country has followed an economic model that allows high levels of income and wealth concentration. This, when coupled with weak democratic governance and institutions and inadequate social investment, has resulted in large-scale social exclusion and inequality. The weak progress in human and social development is largely due to a lack of commitment of the nation's political and business leaders and the absence of participation and empowerment for the majority of Dominican society. All these factors contribute to major challenges in the achievement of the Millennium Development Goals and many commitments regarding *A World Fit for Children*.

2. Around 41 per cent of households were classified as poor in 2005, with rural poverty being higher (55.6 per cent) than in urban areas (32.6 per cent). Marginalized communities include the urban slums located in and around the cities of Santo Domingo and Santiago; the *bateyes*, the communities originally concentrated in and around sugar plantations and mills; and communities in the provinces along the Dominican-Haitian border. However, there were two and an half times as many poor people in the two most populous provinces of Santo Domingo and the National District — which actually have the lowest poverty rates in percentage terms — than in the ten frontier and adjacent provinces combined.

3. Although infant and under-5 mortality rates have decreased since 1986, respectively, from 69 to 31 and from 46 to 38 per 1,000 live births, the neonatal mortality rate, at 22 per 1,000 live births, has remained virtually unchanged. All these rates are much higher than in other countries with similar economic levels. Average immunization coverage is in the range of 80-90 per cent, but shows significant variation between provinces and municipalities. Malnutrition rates

among children under 5 decreased from 6.0 per cent to 5.3 per cent, and chronic malnutrition from 11.0 per cent to 9.0 per cent between 1996 and 2002, while acute malnutrition increased from 1.2 per cent to 1.8 per cent in the same period, affecting primarily children under 2. A 2002 Demographic and Health Survey (DHS) showed that exclusive breastfeeding rates for children less than 4 months old had fallen alarmingly, from 25 per cent in the 1990s to around 13 per cent. Another survey showed that in 2004 only 13 per cent of the salt sampled in the country met national standards for iodization, a serious decline compared to earlier years.

4. The DHS 2002 estimate for maternal mortality is 178 per 100,000 live births, although current health sector estimates place it in the 120-140 range. These figures are high, considering the wide coverage of prenatal services and the fact that 98 per cent of births take place in health facilities and are attended by professional personnel. Many deaths are attributed to the poor quality of services and attention. A growing related concern is the high level of teenage pregnancy, with recent surveys revealing that up to 30 per cent of deliveries in the largest maternity units were to girls under 18, many of them in their early teens. These findings point to a potential crisis for adolescent girls' health and welfare, evidenced further by recent data on HIV prevalence among the 15-24 age group and worrying trends regarding early commencement of sexual activity and sexually transmitted infections (STIs), and the high numbers of cases of abuse and commercial and sexual exploitation.

5. HIV/AIDS is a priority concern due to the changing nature of the pandemic and the geo-political position of the Dominican Republic. The 2002 DHS estimated that 1.0 per cent of the population from 15- 49 years old was HIV positive. The general population rate in 2005 was estimated to be 1.11 per cent, according to the 2005 sentinel studies. The infection rate for those 15-24 was almost the same as for those 25-49, indicating a worrying downward spread of the epidemic, which has increasingly affected females. Among pregnant women, infection rates ranged from 0.6 per cent to 4.4 per cent in different areas, with a mean of 2.3 per cent. Other studies have shown higher than average rates in *bateyes*, some tourist areas and in the regions bordering Haiti, particularly among young people. The higher prevalence rates in Haiti and issues of migration make HIV/AIDS a priority issue for programme cooperation.

6. There have been significant improvements in coverage for prevention of mother-to-child transmission (PMTCT) of HIV and in access to antiretrovirals for persons living with HIV/AIDS and for children. But the goal of sustainable universal coverage/access to treatment remains a major challenge. Though the number of preventive campaigns have increased, more efforts are needed in education for prevention, in increasing the availability of counselling and sexual and reproductive health services for young people, and in combating stigma and discrimination. Orphaned and vulnerable children have only recently been given attention.

7. Education is largely hampered by insufficient classrooms, inadequately trained and poorly performing teachers, outdated teaching methods and irrelevant curricula, all leading to low learning achievement. The country has traditionally had one of the lowest levels of education expenditures as a percentage of gross domestic product in Latin America and the Caribbean, and education investments are used inefficiently. Net primary school enrolment is 93 per cent; however, only 66 per cent of students entering the first grade reach the fifth grade, according to some United Nations data,

and only 53 per cent finish eight years of primary school. Gender disparities are not pronounced, although given such issues as gender-based violence and exploitation, attitudinal and behavioural changes need to be promoted. To meet the basic education Millennium Development Goal, as well as other Goals dependant on education, the amount and efficiency of expenditure will need to be significantly increased.

8. One year of pre-primary schooling for 5-year-olds is an integral part of the basic education system and has been incorporated into the country's millennium development goal of children completing nine years of quality education by 2015. Though "pre-school" services for children 3-5 years old (at 33 per cent for 2002/2003 school year) have increased, they do not cover the vast majority of children. For children under 3, integrated early child development (IECD) services are almost non-existent.

9. The 2004 survey on child labour estimated that some 279,000 children 5-14 years old worked, and large numbers of Haitian children were seasonally employed in the agriculture sector. Other child protection challenges include high levels of intra-family violence and abuse, particularly against girls and women; high levels of social violence in general, often associated with criminal activity; sexual and commercial exploitation of children, and the limited protection and support afforded to children who live or work on the street or in conflict with the law. Also of increasing concern is the trafficking of women and girls in and out of the country (especially into the country from Haiti, associated with irregular migration), and commercial sex activity.

10. Many children (up to 25 per cent in some areas, and including children of mixed Dominican-Haitian descent) are unregistered, and this issue has become more difficult and sensitive in recent years because of increased migration. Haitian migrant children and undocumented children experience high levels of exclusion from social services and from the means of accessing their rights.

11. The new Code for the Protection and Fundamental Rights of Children and Adolescents (Law 136-03), which came into force in 2004, harmonizes national legislation with the Convention on the Rights of the Child and defines national- and municipal-level responsibilities for child rights, establishing an integrated framework for formulating public policies for children and creating a system for juvenile justice and child protection. Good progress has been made in implementing the law, but its full implementation will require the strengthening of administrative, legal and other structures, with such efforts tied to general State reform and decentralization.

12. Despite a commitment to decentralization, the country's local-level institutions remain weak and reflect a model based on political clientelism and central control of key sectors and resources. While 10 per cent of the national budget is transferred directly to the municipal level, implementation suffers from inadequate local-level capacity, limited transparency and accountability, and limited, albeit increasing, civil society oversight and involvement. Weak statistical capacity, data collection and analysis hamper the monitoring of progress on national and international development goals and commitments, and also hinder evidence-based policy development, management and budgetary control.

13. There is a clear desire for social change and greater equity in the country, bolstered by several new developments and opportunities: completion of the national Millennium Development Goals needs assessment; the new Code for children and adolescents (Law 136-03); the increasing embrace of human rights — in particular children's, women's and family rights; increasing interest in a social pact for poverty reduction, education and health as national development priorities; and the strengthened role of civil society organizations (CSOs).

Key results and lessons learned from previous cooperation 2002-2006

Key results achieved

14. The previous programme focused on developing national policies and creating local protection systems for children's rights. With UNICEF support, the Code for children and adolescents (Law 136-03) was elaborated, approved and set on a course of implementation. Important achievements were made in the judicial and legal areas and in the strengthening of the National Council for Children and Adolescents (CONANI).

15. Support to the Child Friendly Municipalities (CFM) initiative, which to varying degrees has covered around two thirds of municipalities, helped to increase awareness of children's rights and place children's issues on local development agendas. CFM facilitated the participation and empowerment of families, communities and organized groups in the exercise and demand of children's rights, stimulating local demand for services related to children and women. Children and adolescents participated in decision-making through municipal youth councils.

16. UNICEF helped to increase awareness on child abuse and commercial sexual exploitation through campaigns launched Government and other partners. The Attorney General's Office created a department to deal with sexual commercial exploitation, tasking a subcommission with the prosecution of perpetrators. Capacity-building involved the training of police officers and health and education sector staff and the strengthening of their roles in prevention. A community-based prevention strategy was also developed. In 2006, a national and international awareness campaign, ground-breaking for its explicit addressing of these sensitive issues, was launched.

17. Because of advocacy and strong donor/partner support, the national immunization programme has been one of the strongest elements of the primary health system. UNICEF provided support — thanks largely to a contribution of the Government of Japan — for the successful incorporation of pentavalent vaccine, for increasing the efficiency of vaccination, and for improved planning and monitoring. Costs were reduced and coverage reached 80 per cent and above for children under 1. With UNICEF advocacy and support, immunization became a core commitment of the health policy agenda and the national budget. For 2006, the Ministry of Health will purchase all vaccines, including the pentavalent vaccine, as well as related supplies. In HIV/AIDS, UNICEF and its partners helped to initiate action for PMTCT as well as for the creation of strong networks and alliances in support of children and others living with HIV/AIDS.

18. In education, UNICEF completed assistance to the innovative rural multi-grade schools project, and the model was incorporated into national education policy, receiving support for expansion from the Inter-American Development Bank. A key study on child-rearing practices was also completed, strengthening planning for IECD with strong involvement of parents and families.

19. The United Nations system's advocacy and support for the preparation of the first national progress report on the Millennium Development Goals helped to bolster Government commitment to attaining the Goals, which now form part of the national priorities and political agenda. The 2005 Goals costing exercise is an important tool for planning and resource allocation at all levels.

Lessons learned

20. National capacity-building for the formulation and application of public policies, alliance-building and communication and social mobilization strategies for children's participation has a strong synergistic effect on the inclusion of children's rights in the country's political agenda, on fostering social demand and monitoring of children's rights, as well as on promoting programmes and initiatives for children. On the other hand, the CFM experience showed that mobilizing commitment is not an end in itself; commitments must be matched by concrete achievements before the "child-friendly" label is bestowed. The need for the application of a more results-oriented, Goals-based approach is a lesson already being applied in CFM.

21. To reduce poverty and social exclusion, it is essential to support the Government and civil society in designing strategies and mechanisms to reinforce dialogue and citizens' participation around fiscal policies and public budget formulation and implementation, as well as around the social monitoring of children's rights and results and interventions.

22. The previous programme tried an integrated approach to implementing local systems for the protection of children's and adolescents' rights. However, the approach was hindered by the centralized and sectoral management of basic services and weak local capacity. The programme will need to balance support for coordination and articulation mechanisms at the local level with support to sectoral approaches.

The country programme, 2007-2011

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	855	2 500	3 355
Children, adolescents and HIV/AIDS	440	1 750	2 190
Protecting children against violence, abuse and exploitation	875	2 500	3 375
Public policies and alliances for children	715	2 000	2 715
Cross-sectoral costs	620	1 250	1 870
Total	3 505	10 000	13 505

Preparation process

23. The process started with the CCA and UNDAF, which were informed by the draft Situation Analysis of Children and Women. All United Nations agencies participated, and theme groups provided technical inputs. Both documents were validated with national authorities, including the Technical Secretariat of the Presidency, relevant Ministries, including those for Health and Education, as well as key non-governmental organization (NGOs) and representative municipalities. Following this, work on the draft CPD began.

24. In addition to the CCA/UNDAF, the CPD took into consideration discussions at the annual planning meeting for 2006, the main recommendations from the midterm review and several key evaluations carried out since then, especially of CFM. The main strategies of the draft CPD were discussed with relevant central and local government authorities, civil society leaders and other United Nations agencies. Preparation of the Country Programme Action Plan will take place in close consultation with all key implementation partners as well as United Nations sister agencies to ensure consistency with UNDAF outcomes and outputs and to develop joint projects.

Goals, key results and strategies

25. The overall goal of the programme is to support Government and civil society efforts to realize the rights of all children to survival, development, protection and participation. The programme will focus on strategies that strengthen national policies, implementation frameworks and budgetary allocations and their effectiveness in order to improve access to and use of quality basic social services and strengthen child protection systems. At the same time, the programme aims to enhance civil society and community involvement — particularly of young people — in decision-making and planning and monitoring of actions and programmes. The primary strategies will be capacity-building, social mobilization and advocacy for social policy. Ensuring that children are protected in emergencies and natural disasters will be a cross-cutting objective.

26. Key results will include the following: strengthened capacities at national and local levels for the development and delivery of sustainable child survival and development policies and programmes, including the formulation and implementation of effective IECD approaches focusing on the 0-3 age group and the family; a national response to HIV/AIDS that significantly reduces its impact on children and prioritizes prevention; the strengthening of national and local systems and structures for the protection of children against all forms of exploitation and abuse, including a more child-friendly justice system; and effective social policies and expenditures that respond to and prioritize children's needs and rights, including in emergencies and disasters.

27. UNICEF and its United Nations partners will also collaborate in support of the country's involvement in national, subregional and regional forums and initiatives relating to programme goals.

Relationship to national priorities and the UNDAF

28. The Government is committed to achieving the Millennium Development Goals and protecting human rights, including children's rights. Within the UNDAF

framework, UNICEF and the United Nations system will support two national development goals: (a) strengthening democracy through social and territorial cohesion; and (b) modernizing the country's economy within the international context. The focus will be on strengthening national capacities towards achieving the Goals.

29. The UNDAF identified four priority intervention areas: (a) strengthening democratic governance; (b) promoting growth and development with equity; (c) ensuring quality basic social services for all; and (d) sustainable management of the environment and management of risk associated with emergencies and natural disasters.

30. By supporting national capacity-building for formulating and implementing social policies and legal and institutional reform to protect children's rights and by advocating for increased and sustained social investments and the strengthening of national capacity in natural disasters and emergency preparedness and response, UNICEF will contribute to the following UNDAF outcomes: (a) strengthening democratic governance through State reform and modernization, and decentralization and citizenship-building, so as to achieve greater transparency, zero tolerance of corruption, respect for human rights, greater social participation and gender equality; (b) the development of a new socially inclusive, sustainable and decentralized economic model, which will allow for increased social investment and the creation of employment with dignity, as well as the more efficient utilization of resources geared to the achievement of the Goals; (c) improving the quality and management of social services and increasing access to and the utilization of such services, fostering inclusion, equity and sustainability; and (d) formulating public policies and strengthening national and local capacities for the protection and sustainable management of the environment, including the management of risks and response to emergencies and natural disasters.

Relationship to international priorities

31. The programme will support the country in meeting its major international commitments made in the Millennium Declaration and Millennium Development Goals, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and *A World Fit for Children*, and in playing a more proactive role in regional and global forums. The new programme aligns with the UNICEF medium-term strategic plan (MTSP).

Programme components

32. The programme has been structured around four components corresponding directly to four MTSP focus areas and supporting the fifth, education, through advocacy, social policy and resource-leveraging as well as through interventions related to health, early childhood development (ECD), HIV/AIDS, gender and protection issues.

Child survival and development

33. This programme has two elements: (a) strengthening primary health care; and (b) ECD. The programme will advocate and support Government and civil society efforts to formulate and implement public policies for integrated child survival and development and foster the policies' application within institutions, communities

and families, focusing on underserved and excluded groups and children in the 0-3 age group and their mothers.

34. The programme will seek to strengthen the capacity of the Ministry of Health to provide and monitor immunization and other key child health services, as well as to reduce neonatal and maternal mortality, primarily through support to key interventions within the health sector's "Zero Tolerance" initiative. Efforts will also contribute to improving children's and women's nutritional status and reducing the prevalence of anaemia, iodine deficiency disorders and other micronutrient deficiencies through advocacy, policy and programme development and support for key interventions in food fortification, supplementation, improved feeding practices and promotion of breastfeeding.

35. The programme will promote and develop policies and approaches for improving family and community practices for the care and development of children under 5, focusing on those under 3 and their families. Approaches that integrate health, education and other relevant sectors and actors and that promote sustainable community-based models will be supported. The programme will seek to build stronger linkages with the education sector by supporting school readiness. Support will also be provided for communication and social mobilization processes to strengthen public awareness and social monitoring regarding early childhood rights and needs.

36. Initiatives such as CFM and other decentralized planning and implementation efforts will be used to promote and strengthen child survival and development interventions at the local/community level. The programme will also ensure support for preventing and responding to emergency situations in accordance with UNICEF Core Commitments for Children.

Children, adolescents and HIV/AIDS

37. This programme will focus on two areas: (a) prevention of HIV/AIDS transmission; and (b) treatment and care for infected and affected children. Efforts will be made to reinforce the national response to HIV/AIDS, focusing on PMTCT and infection among adolescents, as well as on supporting initiatives towards providing universal treatment and care to infected and affected children.

38. UNICEF will engage in alliance-building, provide technical and financial assistance to the development and implementation of public policies and programmes, and advocate for greater public investment in HIV and STI prevention and care. The national strategies for strategic alliances based on population groups, which are being developed as part of the national HIV/AIDS response, will be a key framework for UNICEF support, particularly the alliance for children and adolescents, which UNICEF has supported and which represents a national response to the global "Unite for Children, Unite against AIDS" campaign.

39. UNICEF will work with the Ministry of Health as well as the Presidential Council on HIV/AIDS and its member entities and other United Nations agencies. Other partners will include NGOs, the media and national and local networks of organizations working on the issues and those working with young people in general.

40. UNICEF will help to develop communication and social mobilization strategies to increase public awareness, reduce stigma and discrimination,

strengthen social monitoring of the HIV/AIDS response, and reach young people. HIV/AIDS prevention, care and support will be a key element in decentralization, including CFM.

Protecting children against violence, abuse and exploitation

41. The programme will promote a broad range of child protection and children's policy issues, working with CONANI and its member entities, including the Secretariat for Women, as well as with civil society and local networks. The programme will focus on two areas: (a) preventing violence, child abuse and commercial sexual exploitation; and (b) strengthening care, protection and juvenile justice.

42. Building on work initiated under the previous programme and the framework provided by Law 136-03, the programme will provide technical and financial assistance to strengthen local and national capacities to prevent all forms of violence against children, including intra-family violence, child abuse and commercial sexual exploitation, child trafficking and hazardous child labour. This will include ensuring that vulnerable children and child victims of abuse have legal protection and access to support and rehabilitation programmes. Support will be provided for training and capacity-building of key entities, such as the Office of the Public Prosecutor, the justice system, the national police, the National Commission against Violence, Abuse and Exploitation of Children and Adolescents, the Secretariat for Women as well as CONANI itself.

43. The programme will support the generation of a culture of "zero tolerance" for any form of violence, abuse and exploitation of children, helping the country to carry out studies and research for better protection measures, planning and decision-making. The programme will also support capacity-building and social mobilization in favour of birth registration.

Public policies and alliances for children

44. This component encompasses two broad elements: (a) promoting and monitoring social investment and children's rights; and (b) decentralization of social policy. The component will support capacity-building of government and civil society at all levels for the formulation and application of policies to support children's rights and the attainment of the Goals, emphasizing inclusion of the most marginalized and poorest groups. In collaboration with national and local authorities and the United Nations system, the programme will help to develop and implement mobilization, coordination and planning strategies for achieving specific goals and targets for children at local level and for monitoring progress.

45. UNICEF will build on the experience developed in other Latin American countries in advocacy and consensus-building regarding social investment priorities, leveraging resources, and focusing on child rights and the Goals. The programme will support research and analysis as a basis for dialogue, decision-making and social monitoring for social-sector resource allocation to improve the quantity and quality of investments in education, health, nutrition, water and sanitation and child protection, based on greater transparency and equity. The greater involvement of the private sector will be promoted.

46. As part of the coordinated inter-agency effort to strengthen national information and statistical systems and support social participation and the monitoring of national and global goals, UNICEF will support the creation of a “child rights index” and the dissemination of reports on national progress. Evaluation activities will aim to improve programme delivery and strengthen national and local monitoring and evaluation capacity.

47. The Code for children and adolescents will be supported at all levels through the creation of municipal-level “directorates” that will design policies and allocate resources for local plans of action for children; and the creation of Municipal Offices for Children and Municipal Protection Boards, which will follow up on and monitor child rights violations.

48. The programme will provide technical assistance for developing a national framework for decentralization, and will assist in strengthening municipal participatory planning, budgeting and management, involving children and young people and reinforcing municipal information systems to monitor children’s rights and goals. CFM and other approaches will be used to promote alliances and delineate the contributions of key sectors and actors at local level, including mayors, local councillors, decentralized sectoral Ministry structures, NGOs, CSOs and young people, in support of children’s rights and the Goals.

Cross-sectoral costs

49. Cross-sectoral costs cover a proportion of common operational costs, monitoring and evaluation as well as technical assistance for several country programme components.

Cross-cutting issues and strategies

50. Gender equity will be part of all programme strategies and activities, including through promotion of sex-disaggregated data and analyses. In addition, all major programme strategies will be cross-cutting.

51. Addressing natural disasters and emergencies, which will also involve a cross-sectoral approach, in cooperation with the United Nations sister agencies and national and international partners, will focus on several areas: strengthening emergency preparedness and response planning; prevention-education through schools; training counterparts on child rights during emergencies; providing support for the coordination of inter-institutional responses to emergencies; and technical assistance to carry out rapid assessments and concrete responses to children’s needs.

Major partnerships

52. Main partner organizations in programme planning, implementation, monitoring and evaluation will include Government partners at all levels, as well as key multi-sectoral entities such as CONANI, the Presidential Commission for the Millennium Development Goals and Sustainable Development, the Presidential AIDS Council, and the National Commission on State Reform. Academic and research institutions, NGOs and community-based organizations will also be key partners. Partnerships with NGOs and community groups developed through CFM

will be strengthened. At the national level, partnerships will be strengthened in support of decentralization and local governance. Local governments will play a key role in articulating efforts at local level towards fulfilling children's rights. The Technical Secretariat of the Presidency will play a key role as the institution in charge of inter-institutional coordination for optimizing the use of available resources. The private sector will be encouraged to share programme implementation costs and foster corporate social responsibility. The media will continue to be a partner in advocacy and programme communication.

53. Collaboration will take place with United Nations agencies, as agreed in the UNDAF, and joint projects and programming will be developed as appropriate. In HIV/AIDS, the concept of the joint United Nations team and programme will be implemented. Partnerships with other international agencies and donors, including the International Organization for Migration, the United States Agency for International Development, and the Japan International Cooperation Agency and other bilateral institutions, will be engaged in for funding and technical collaboration. In basic education, UNICEF will coordinate with those agencies that are providing large-scale support to the sector, including the European Union, the Inter-American Development Bank and the World Bank. Existing partnerships with Catholic Relief Services, Plan International, World Vision and other local and international NGOs will continue in such areas as children's rights, birth registration, local-level mobilization and planning, HIV/AIDS, and child protection.

Monitoring, evaluation and programme management

54. A results-based approach will measure UNICEF contributions to the programme and key process and project outputs, as indicated in the results matrix. A primary aim of the programme is the strengthening of national statistical and information management and evaluation capacity at national and local levels. Key national indicators to assess overall progress and measure results for children will be monitored, and capacity-building will be carried out as part of those activities, in collaboration with national and United Nations partners. UNICEF will strengthen its internal monitoring and evaluation capacity. *DevInfo (InfoDom)* will be a key tool for managing and presenting information and data.

55. An integrated monitoring and evaluation plan will be developed, aligned with the UNDAF plan to the extent possible, and joint evaluations and assessments will be carried out with United Nations partners wherever possible. UNICEF is part of the inter-agency monitoring and evaluation team being developed for the UNDAF.

56. The Technical Secretariat of the Presidency will organize periodic inter-Ministerial reviews, involving other agencies and donors when appropriate. The Inter-Institutional Advisory Committee for UNICEF collaboration will be revived to provide overall guidance for the country programme. A midterm review will take place in 2009, linked to the midterm review of the UNDAF.