

Approved by the Executive Board
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United Nations Children's Fund
Executive Board

Revised country programme document

Kenya (2009-2013)

The draft country programme document (CPD) for Kenya (E/ICEF/2008/P/L.20) was presented to the Executive Board for discussion and comments at its second regular session of 2008 (15-18 September). The Executive Board approved the aggregate indicative budget of \$41,269,500 from regular resources, subject to the availability of funds, and \$163,750,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2013.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the second regular session. The revised CPD was approved by the Executive Board at its first regular session of 2009.

<i>Basic data</i> [†] (2006, unless otherwise stated)	
Child population (millions, under 18 years)	18.2
U5MR (per 1,000 live births)	121
Underweight (% , moderate and severe, 2003)	20
Maternal mortality ratio (per 100,000 live births, 1993-2003)*	410
Primary school enrolment (% net, male/female, 2005)	78/79
Primary school children reaching grade 5 (% , 2004)	83
Use of improved drinking water sources (% , 2004)**	61
Use of adequate sanitation facilities (% , 2004)**	43
Adult HIV prevalence rate (% , 2005)	6.1
Child labour (% , children 5 to 14 years old, 2000)	26
GNI per capita (US\$)	580
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	77

[†] More comprehensive country data on children and women are available at <http://www.unicef.org/>.

* This figure is a 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, which is adjusted for underreporting and misclassification of maternal deaths.

** Water and sanitation indicators are 57% and 84%, respectively, according to the 2005/2006 Kenya Integrated Household Budget Survey (KIHBS).

The situation of children and women

1. Kenya is a nation of children and youth; over half the estimated population of 36 million is under the age of 18 years. An estimated six million children require special care and protection, and approximately 2.4 million children are orphans. Orphans with no direct adult care or supervision are heading twelve percent of Kenyan households. Protective services responding to violence against children are not yet available throughout Kenya. Young people aged 15 to 30 years (Government of Kenya definition), who number about 9.1 million, account for about 32 per cent of the population. They form 60 per cent of the total available labour force; however, some 75 per cent of them are unemployed. Kenya is rapidly urbanizing, with an equally fast growing urban poor population that poses enormous challenges for economic and social development.

2. The Government, elected in 2003, has introduced widespread public sector reforms and changes in governance. The economic growth rate increased steadily, from 4.9 per cent in 2004 to 6.1 per cent in 2006 and an estimated 7 per cent in 2007. The Government of Kenya made concrete its commitment to prioritise human capital development, with increased budget allocations to education and social protective services. The budgetary allocation to the education sector increased from \$131.41 million in 2004 to \$1.92 billion in 2007-2008, and the allocation to the cash transfer programme grew from \$892,000 in 2005-2006 to \$2.69 million in 2007-2008. The allocation to health increased from \$256.49 million in 2003-2004 to \$432.83 million in 2006-2007.

3. The robust public sector reforms outlined in the national development plan, “Kenya Vision 2030” are producing important dividends for children. The plan rests on three pillars: (a) an economic pillar that aims to achieve an average growth rate of 10 per cent per annum over the next 25 years; (b) a social pillar that aims at creating a “just and cohesive society with social equity in a clean and secure environment”; and (c) a political pillar that aims at creating a “democratic political system founded on issue-based politics that respects the rule of law, and protects the rights and freedoms of every individual in the Kenyan society”. The plan aims to transform Kenya into a prosperous, globally competitive middle-income country over a succession of five-year planning periods, the first of which spans 2008 to 2012.

4. On the basis of trends illustrated in the 2005 Millennium Development Goals status report for Kenya, the country is likely to achieve Millennium Development Goals 2 and 6, and is making impressive progress to achieve one target under Millennium Development Goal 3. With better policies and increased funding, Kenya may be able to achieve some of the water and sanitation targets of Millennium Development Goal 7.

5. Progress towards the Millennium Development Goals requires accelerated pro-poor economic growth and reduced inequities in access to assets and opportunities. Poverty, especially income poverty, remains one of the most formidable challenges for Kenyans, with over 45 per cent of the population living under the poverty line. Rural communities, particularly those living in arid and semi-arid areas and in informal urban settlements, are the most affected among the 16.2 million Kenyans living below the poverty line. The recent Kenya Integrated Household Budget Survey (KIHBS) reported a decline in the overall incidence of poverty, from 56 per cent in 2003 to 46 per cent in 2005-2006. However, preliminary estimates by the World Bank in early 2008 indicate that poverty has increased by 22 per cent, amid rising food prices and inflation, presenting a major barrier to progress towards achieving Millennium Development Goal 1.

6. The 2003 Kenya Demographic and Health Survey reported an infant mortality rate (IMR) of 77 deaths per 1,000 live births and an under-five mortality rate (U5MR) of 115 deaths per 1,000 live births. Following rapid declines from 1980 to 1990, there have been no improvements, and a recent study points to the prevalence of HIV/AIDS and decreased attention to health services as major constraints. Despite renewed focus on child survival, the Government faces serious challenges in achieving the Millennium Development Goal targets in reducing U5MR (33 per 1,000 live births) and IMR (26 per 1,000 live births) by 2015. Geographic disparities prevail, with an U5MR of 54 per 1,000 live births in Central Province, compared to 250 per 1,000 live births in Nyanza Province. It is similarly unlikely that the Government will achieve its maternal mortality ratio (MMR) target by 2015. The current MMR of 414 per 100,000 live births means that, on average, some 4,500 women are still dying every year due to pregnancy-related complications.

7. The Government of Kenya expenditure on education is 28.9 per cent of the national budget and is nearing the expected 30-per cent target. However, 1.2 million children are still out of school. These include the most disadvantaged groups (orphans and other vulnerable children, as well as children with special needs and children living in slums or in the geographically challenging areas. Furthermore, Kenya still has low rates of primary school completion and transition to secondary

schooling, with girls particularly facing challenges to complete and continue their education.

8. National water and sanitation targets for 2015 are set at 86 per cent and 79 per cent, respectively. Achievement of the water targets is well on track; currently 83 per cent of people living in urban areas and 48 per cent of people in rural settings have access to safe water. However, regional disparities still prevail, with arid and semi-arid lands underserved and prone to conflicts over access to water. In North Eastern Province, less than 22 per cent of the population have access to safe water. National sanitation levels are currently estimated at 67 per cent; but hygiene practices remain poor, with only 25 per cent of primary care-givers washing their hands before high-risk transmission tasks, resulting in a high incidence of diarrhoeal diseases among children and women that is particularly grievous.

9. Levels of child malnutrition in Kenya are on the rise. The 2005-2006 KIHBS shows marginal increases since 2003 in stunting (33 per cent), wasting (6.1 per cent) and underweight children (20.2 per cent). Exclusive breastfeeding rates are extremely low, at about three percent. Low prioritisation, poor funding and limited understanding of nutrition issues across multiple sectors continue to be major challenges.

10. Kenya has seen a reduction in the prevalence of HIV from 6.9 per cent in 2005 to 5.1 per cent in 2006; but preliminary figures from the 2008 National AIDS survey indicate that this figure may be higher. Even a prevalence rate of 5.1 per cent means 55,000 new infections a year. The higher incidence of HIV among young women is linked to cultural practices that endorse gender-based violence, inter-generational sex and multiple concurrent partners. According to the National AIDS Control Committee data, prevalence among women aged 15 to 49 years is 6.7 per cent, compared to only 3.5 per cent of men in the same age group. Some 33 per cent of pregnant women have access to prevention of mother-to-child transmission services. An estimated 30 to 40 per cent of all infants delivered by HIV-positive mothers become infected with the AIDS virus. New infections in infants and children are estimated at 34,000 per year. While 44,000 children are in need of antiretroviral therapy, only 15,000 are known to be receiving treatment.

11. The conflict arising from the disputed elections in December 2007 threatens to undermine gains made during the period 2003 to 2007, and underscores the fragility of Kenya's democratic institutions. Post-election violence exposed interethnic tensions, highlighted deep-seated economic, social and gender inequalities, stoked political turbulence and economic uncertainty, and revealed the dangerous exclusion of youth from participation in development and its benefits. Clashes left over 1,000 people killed and 350,000 internally displaced, although many more were displaced outside official camp registration. There was mass destruction of property, loss of livelihoods, widespread gender-based violence and separation of children from caregivers. At best, economic growth in 2008 will be half that of 2007. Inflation hit 26.6 per cent in April 2008. The crisis has already resulted in cuts in certain development expenditures, as budgetary resources needed to be reallocated to fund control, mitigation and recovery activities.

12. The Government has introduced new policy instruments to tackle poverty and vulnerability. The Ministry of Gender and Children leads the development of a national social protection strategy and implementation framework. The National Children Policy is now ready to be presented to the Cabinet. The National Youth

Policy of 2006 focuses on youth participation in community and civic affairs, and spells out the strategic areas for their all-round development. A national drought contingency fund and a sustained cash transfer programme for people facing chronic food insecurity in the arid and semi-arid regions are under consideration by the Government. The national early recovery strategic framework currently under development identifies the support needed to ensure security and resolve underlying risks that contributed to the post-election violence. The National Food Security and Nutrition Policy is pending approval in Parliament.

13. In its concluding observations of the second periodic report on the Convention on the Rights of the Child (2007), the Government of Kenya identified the need for harmonisation of national legislation for effective implementation of the Children's Act and adoption of a national plan of action that covers all the rights in the Convention and takes into account *A World Fit for Children*. Other recommendations of the Convention on the Rights of the Child, such as tracking budgets from a child rights perspective, strengthening data collection and analysis to monitor rights realization, a focus on equal access and adequate resources to social services, have been considered in the Children's Policy and will form the basis of the National Plan of Action for Children. An annual children's poll will be held to identify, publicise and advocate for child rights at district, provincial and national level.

Key results and lessons learned from previous cooperation, 2004-2008

Key results achieved

14. The 2004-2008 country programme of cooperation, through close collaboration with national and local governments, contributed to the following national policies and strategic frameworks: (a) the National Policy on Orphans and Vulnerable Children and the National Plan of Action for Orphans and Vulnerable Children; (b) the National Policy on HIV/AIDS, and life skills in HIV/AIDS education; (c) a child health policy and a child survival strategy, developed in partnership with the World Health Organization (WHO); (d) the National Food Security and Nutrition Policy, the National Strategy on Infant and Young Child Feeding, and the National Guidelines on Nutrition and HIV/AIDS; (e) the National Sanitation and Hygiene Policy, developed with WHO and the Water and Sanitation Partnership led by the World Bank; (f) the Early Childhood Development Policy Framework and National Service Standard Guidelines, developed jointly with the United Nations Educational, Scientific and Cultural Organization (UNESCO); (g) the development of a gender policy in education, with support from the Canadian International Development Agency; (h) the draft non-formal education policy of the Ministry of Education; (i) the National Children's Policy, based on recommendations of the United Nations Convention on the Rights of the Child; (j) the National Social Protection Strategy, developed in collaboration with the Department of International Development (DFID) of the Government of the United Kingdom and the World Bank; and (k) national social budgeting policy briefs for the Ministry of Finance advocating increased allocations to the social sector.

15. Successful service delivery at the community level provided evidence of effective approaches for scaling up by the Government and other development

partners. In collaboration with the Ministry of Health and other partners, the percentage of fully immunized children under the age of one increased to 76, and polio coverage during immunization days was 104 per cent in 28 districts with the highest risk of polio in Kenya. With funding from the European Union, UNICEF support for reducing maternal mortality in the Northern Areas has contributed to an increase in skilled attendance at delivery in 10 focus districts from 14 per cent in 2005-2006 to 26 per cent in 2006-2007. Some 96 per cent of children below five years received vitamin A supplementation by 2006 and about 95 per cent of households are using iodized salt. UNICEF, in collaboration with the United States Agency for International Development, developed and advocated establishment of child-friendly schools (CFS) to enhance the quality of teaching and learning for around two million school children. Orphans and other vulnerable children in around 60,000 households have improved nutrition and are able to access health services and attend school as a result of the cash transfer programme. Sustainable solar water systems are serving 14,000 children from 46 schools in four districts, and these schools are also providing nutritious lunches, with vegetables from irrigated school gardens.

Lessons learned

16. Well-funded vertical interventions do achieve objectives, but at a cost to sustainability and the delivery of regular health services. The vertical vitamin A supplementation campaigns, while having a significant impact, proved to be expensive and unsustainable, and led to the decision by the Government to refocus on increasing demand for routine services while empowering families with better child-care knowledge and practices. The change in service strategies resulted in a significant decrease in the number of children receiving vitamin A in 2007, but long-term expectations are for more sustainable coverage. The Ministry of Health is committed to the new strategy to rapidly recover coverage figures; however, it aims to improve coverage through routine services rather than using supplementation campaigns, as the campaigns, while producing high coverages, are difficult and costly to sustain thereafter.

17. The country programme increased the proportion of its upstream engagement in Government-led sector wide approaches (SWAs) in education, health, and water and sanitation programmes. The upstream focus is enabling more effective policy development and leveraging of resources for education, child health, nutrition, and water and sanitation services through the Medium Term Expenditure Framework. The child-friendly schools initiative (CFS) that was piloted in eleven districts has now been taken up by the Ministry of Education for mainstreaming at the national level. The CFS demonstrated the impact of improved capacities for more than 40,000 teaching staff and their school management committees, building upon a joint partnership to develop schools as friendly spaces for children. The country programme is advocating budget allocations to the CFS as part of the SWAs in education. The SIDA-led evaluation of thematic contributions to child protection programmes undertaken in 2006 recommended that the lead agency of the Government of Kenya ensure priority and visibility to the child protection programme and intensify specific activities around availability and flow of information, capacity building of service providers, and advocacy for the realization of protection rights for children and women, including through adequate budgeting. Following the midterm review, adjustments were made to the programme to respond

to the evaluation findings, which also form the basis for the child protection programme in the new cycle.

18. Communication experience revealed that progress towards national goals can be accelerated through the development, branding and marketing of clearly defined programme strategies. The brand *Malezi Bora* (“Good Nurturing”) promotes increased use of routine health services to achieve sustainable gains in reducing infant, child and maternal mortality. The Ministry of Health has mainstreamed the programme strategy, and is expanding use of the *Malezi Bora* brand beyond child health and nutrition weeks to promote gains in improving family health and well-being.

19. Increased capacity of both UNICEF and the Government in emergency preparedness and response to natural and humanitarian crises has made timely and effective responses to humanitarian needs possible. The Ministry of Water, for example, has responded to natural disasters quickly through diversion of funds from its regular budget to meet the humanitarian needs of the communities in affected districts. In the pre-election period, the country office conducted a risk analysis as part of its emergency planning exercise, leading to stand-by arrangements with implementing partners and repositioning of essential emergency supplies, as well as securing donor pledges for preparedness and building capacities of staff. During the response to the 2008 post-election violence, the United Nations system provided a coordinated response and was ready to fulfil cluster lead responsibilities.

The country programme, 2009-2013

Summary budget table

<i>Programme</i>	<i>(In United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	10 847 000	87 750 000	98 597 000
Education and young people	3 572 000	20 000 000	23 572 000
Child protection	2 988 000	42 500 000	45 488 000
Policy, planning, advocacy and communication	16 108 000	13 500 000	29 608 000
Cross-sectoral costs	7 754 500	—	7 754 500
Total	41 269 500	163 750 000	205 019 500

Preparation process

20. The country programme preparation process started with a joint United Nations situation analysis. Eleven United Nations Development Assistance Framework (UNDAF) clusters were created to compile available data and review progress on national strategies, such as the Economic Recovery Strategy and Vision 2030. UNICEF was responsible for leading three clusters. Based on the cluster review, the United Nations agreed on aligning three priority areas with the Vision 2030 and the Kenya Joint Assistance Strategy: (a) improving governance, realizing human rights and gender equality; (b) empowering the poor and reducing

disparities; (c) promoting sustainable and equitable economic growth for poverty and hunger reduction, with a focus on vulnerable groups. Six UNDAF outcomes were developed for the three priority areas.

21. The UNDAF was signed in December 2007. However, in light of the extensive post-election violence, a two-day retreat of the United Nations agencies took place in March 2008 to update the UNDAF outcomes, strengthening particularly peacebuilding and programming for adolescents. The modified document was validated by the United Nations country team, the technical teams and the government participants. UNICEF reviewed results and key lessons learned during the previous country programme as an input to the development of the new country programme document. This was followed by a meeting of the Inter-Ministerial Committee of the Government of Kenya to validate the components proposed in the new country programme.

Goals, key results and strategies

22. The overall goal of the 2009-2013 country programme is to contribute to national efforts to ensure that all children in Kenya enjoy respect, protection and fulfilment of their rights as a result of improved capacities and capabilities and increased opportunities for access and achievement, as embodied in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The National Strategy for Transformation (2008-2012), which is built on the three pillars of Vision 2030 and represents the first five years of the Vision, will guide the new country programme framework 2009-2013. The four overarching priorities for the country programme will be addressed by the combined efforts of the whole country programme: child survival and development; increased use of evidence for policy, prevention of HIV and AIDS; and involvement of youth in their own development.

23. The programme will implement a strong rights-based strategy, focusing on the most disadvantaged geographical zones and vulnerable population groups, including families who are internally displaced or living in informal urban settlements. Priority will be given to areas where key child rights indicators are well below national averages and where natural and human disasters have had a significant impact on children and their families. At the national level, the programme will focus on public policies, legislation and public spending, and will employ an evidence-based approach to technical support by generating key knowledge and information from monitoring and evaluation activities. Priority will be given to strengthening the collection and analysis of disaggregated data in order to better understand and counter gender, social, geographic and ethnic disparities and to implement gender sensitive programmes, as well as sharpen programme focus on the most vulnerable. Aiming at policy and institutional change, the programme will emphasize the strengthening of capacities of national duty bearers and increased informed, evidence-based demand by rights holders in order to reduce inequalities that exclude large numbers of people, especially children and women, from full enjoyment of their rights.

24. Communication for behavioural and social change will support programme implementation with communication strategies that place children's issues and actions at the centre of the national agenda, generate awareness and a greater demand for the realization of child rights and promote positive changes in attitudes

and behaviours, including for the prevention of HIV among young people. The HIV-prevention strategy for the office will guide the programmatic response to the epidemic, with special attention to the high-risk group of young women 15 to 22 years of age. Particular emphasis will be given to the institutionalization of participation and gender mainstreaming as core determinants of programme sustainability. Emergency preparedness and response systems and structures will be strengthened through a number of new initiatives, including an effort to mainstream gender issues into emergency preparedness and response.

25. The country programme will build upon the social protection strategy, including cash transfer initiatives established in the current cycle, and seek ways to influence the Government to allocate a larger share of the fiscal resources of national budgets towards addressing and, more importantly, preventing shocks arising from economic or political crises. The existing measures to promote and protect the health of women and children (voucher scheme for free deliveries) and education (school bursaries) will be reviewed for evidence of their impact on budget processes.

Relation to national priorities and the UNDAF

26. The 2009-2013 UNDAF priorities and the subsequent individual plans of action of each agency constitute together the strategic contribution of the United Nations system to support the implementation of the national priorities addressed in the Vision 2030 and Kenya Joint Assistance Strategy. Aligned to the goals and values of the Millennium Declaration, the UNDAF is equally guided by External Resources Policy of the Government, which lays out its envisioned relationship with development partners.

Relation to international priorities

27. The Convention of the Rights of the Child remains the guiding principle for the country programme. In addition, *A World Fit for Children*, the Convention on the Elimination of Discrimination against Women, the Millennium Declaration and the Millennium Development Goals have guided the programme design and targeted results. Key outcomes correspond to all five focus areas of the UNICEF medium-term strategic plan.

Programme components

28. The **child survival and development (CSD) programme** will integrate interventions in health, nutrition, prevention of mother-to-child transmission (PMTCT) and paediatric HIV, water, sanitation and hygiene (WASH), and empower families for improved caring practices. It will support finalization and review of the health sector-wide approach and child survival strategy, and ensure a child focus in HIV programming. The CSD programme will fully integrate emergency preparedness and, when necessary, mitigation, response and recovery to ensure that core health-related commitments to children in humanitarian situations are met. The programme will foster nationwide interventions, aimed at achieving a number of outcomes by 2013: increased use of routine integrated health, nutrition and HIV services, reaching 80 per cent of women aged 15 to 49 years and 80 per cent of children under five; improved caring capacities for 50 per cent of households in nutrition, sanitation and hygiene and health; increased utilization of water and

sanitation services by 50 per cent of households, schools and health facilities, benefiting particularly vulnerable populations; and development and effective implementation of women and child-friendly policies. The health subcomponent will address child health and paediatric AIDS, maternal health, PMTCT and newborn care, and will strengthen health systems and enhance the community strategies elements of the National Health Sector Strategic Plan. The nutrition subcomponent will focus on promotion of optimal infant and young child feeding practices, enhance capacity for nutrition monitoring, prevention and management of severe malnutrition and establishment of systems for nutrition interventions (including micronutrient supplementation) at the district level in all arid and semi-arid land districts, as well as in Nyanza and Western Province. The water, sanitation and hygiene subcomponent will strengthen coordination mechanisms at the national level and improve harmonization of actions by all water-sector stakeholders. It will increase access and utilization of water and sanitation services for at least 1,000 schools, 90 health facilities and 275,000 households in the 20 districts with the lowest coverage.

29. The **education and young people programme** will contribute to three key result areas: access to basic education, quality of education and empowering youth (15 to 24 years of age), including integration of peace education in basic education. The access to basic education subcomponent will contribute to disparity reduction in education and, targeting the arid and semi-arid land districts and the informal settlements of Nairobi, Mombasa and Kisumu, will achieve a 15-per cent increase in enrolment in early childhood development programmes as well as in primary school enrolment. The education quality subcomponent will use the child-friendly schools package as a measure of quality in teaching and learning in preprimary, primary and secondary schools nationwide, and establish a framework for National Complementary Basic Education, with clear linkages to formal education implemented in selected districts. The WASH component in schools will improve access and attendance, contributing to the improvement of learning outcomes. The young people subcomponent will enable youth in selected districts to participate in quality learning and relevant skills-building programmes that are responsive to the needs of the labour market. Peace education will be integrated into the curriculum nationwide by 2013.

30. The **child protection programme** will support the following results by 2013: a strengthened legal and policy framework for child protection; a reinforced national protective services system to respond to cases of violence and exploitation of children, expanded to at least 20 selected districts; some 500,000 of the most vulnerable girls and boys in at least 40 districts retained or reintegrated with their families or alternatively receiving adequate family-based care; and, in the same 40 districts, community-based mechanisms established to prevent family separations, HIV infections and violence against girls and boys. Through these measures, the impact of HIV and AIDS will also be mitigated for the affected children.

31. The **policy, planning, advocacy and communication (PPAC) programme** will achieve the following results: children's rights and women's rights prioritized in national policies and budgeting for Vision 2030; the participation of young people and women in policy planning and monitoring institutionalised; high-quality data (disaggregated by sex, age and geographical area) available for evidence-based planning, monitoring and evaluation of the rights of children and women; private-sector and media partnerships mobilized to leverage resources and deliver results for

children; vulnerability systems and structures supported to respond to emergencies. Participatory communication strategies will be pursued for social and behavioural change. The programme will also pursue prevention of HIV and AIDS through evidence-driven communication strategies. It will also continue to support the development and implementation of the One UN communication strategy. The programme will ensure emergency preparedness and response as necessary, providing operational and technical support at all levels and to all humanitarian partners.

32. The **cross-sectoral budget** provides operational support to the planning, implementation, management, monitoring and evaluation of the country programme at the national level. It covers some staff salaries and related costs for national and subnational levels.

Major partnerships

33. The 2009-2013 programme will be managed by the Government of Kenya and UNICEF in consonance with the UNDAF and the mechanisms governing four SWAps in education; health; water and governance; and justice, law and order. While partnerships in relevant line ministries will continue at the technical level, the overall coordinator of the country programme will be the Ministry of Planning. The programme will also benefit from expanding alliances with private sector leaders, such as the Kenya Private Sector Alliance, faith-based organizations and civil society partners. Partnerships with donors will be maintained through regular information exchange and field visits. The research agenda for the country will be implemented through academic and research institutions.

Monitoring, evaluation and programme management

34. Monitoring and evaluation of the country programme outputs and outcomes will ensure that they contribute to UNDAF outcomes, national priorities, the Millennium Declaration and the Millennium Development Goals. The programme will be monitored, using the five-year Integrated Monitoring and Evaluation Plan. An inter-sectoral coordination group will review the relevance, timeliness and quality of monitoring and evaluation through the use of DevInfo. Joint annual reviews through the various inter-agency coordination groups will be managed by the Office of the United Nations Resident Coordinator. The joint United Nations programmes, such as those on HIV/AIDS (UNAIDS as lead), information management (WFP/OCHA as lead), gender (UNIFEM as lead) and food security and nutrition (FAO as lead), will contribute to the One UN programme, and will require joint management mechanisms. During the course of UNDAF implementation, other joint programmes will be identified and monitored. Field monitoring and end-user supply monitoring will be institutionalised in the new country programme. Annual reviews will be conducted with partners, based on their operational calendar, and will be documented. The office will conduct its midterm review in 2011, jointly with its partners in the Government, as well as the United Nations system and other development agencies.