

E/ICEF/2006/P/L.38/Rev.1

26 October 2006

English only

United Nations Children's Fund

Executive Board

First regular session 2007

16-19 and 22 January 2007

Revised country programme document

Zambia

Summary

The revised country programme document (CPD) for Zambia is presented to the Executive Board for final approval. At the second regular session of 2006, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been reviewed, taking into account, as appropriate, comments made by delegations during that session. Any changes have been indicated in red. A summary results matrix is presented separately.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2007 on a no objection basis, unless at least five members have informed the secretariat in writing by 6 December 2006, of their wish to bring the country programme before the Board.

*Basic data[†]**(2004 unless otherwise stated)*

Child population (millions, under 18 years)	6.1
U5MR (per 1,000 live births)	182
Underweight (% , moderate and severe, 2002-2003)	23
Maternal mortality ratio (per 100,000 live births, 1995-2001)	730
Primary school attendance (% net, male/female, 2001-2002)	68/68
Primary school children reaching grade 5 (% , 2001)	88
Use of improved drinking water sources (%)	58
Adult HIV prevalence rate (% , end 2003)	16.5
Child work (% , children 5-14 years old)	11
GNI per capita (US\$)	450
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	84

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

The situation of children and women

1. Zambia's economy has started to reverse its decline. The gross national income per capita increased from \$330 in 2002 to \$450 in 2004. The main goal of Zambia's three-year poverty reduction and growth facility continues to be improving fiscal discipline and management, and since Zambia has reached the completion point for the Heavily Indebted Poor Countries initiative, World Bank financing is now possible. Despite these positive trends, Zambia continues to be one of the poorest nations in the world, ranking 166 out of 176 on the Human Development Index in 2005.

2. Zambia has an estimated population of 11 million people. It is one of the most highly urbanized countries in Africa, with 35 per cent of its population living in urban areas. Slightly more than one half of the total population is comprised of children and young people below 18 years of age. The under-five mortality rate has shown signs of decline, although it is still very high at 182 per 1,000 live births. Life expectancy at birth has fallen to 37.5 years, the fourth lowest in the world, and it is expected that 60 per cent of babies born will not survive to the age of 40. Among urban young women in particular, HIV infection rates reach 22 per cent by age 20-24 years and rise to 38 to 42 per cent for women aged 25-39 years. The number of Zambians living below the poverty line is increasing steadily, and is now 53 per cent in urban areas and 78 per cent in rural areas. In December 2005, the Zambian kwacha gained in value over the United States dollar by over 17 per cent. Yet, there were no reductions in the cost of essential food and non-food items. After copper, agriculture is the most important sector and the country's main source of employment. Zambia is prone to periodic drought emergencies. As in 2002-2003, the output of maize, the main staple food, was again hit hard by inadequate rainfall in 2004-2005. However, a bumper harvest is expected in 2006.

3. Zambia's development is being substantially and systematically undermined by the mutually re-enforcing 'triple threat' of a high prevalence of HIV and AIDS, chronic and acute food insecurity and poverty, and weak governance.

4. The pandemic of HIV infection and the large numbers of people living with AIDS constitute Zambia's single most important development challenge. The last representative sample survey on HIV prevalence was conducted over five years ago and the results revealed that one of every six (16 per cent) Zambians in the 15-to-49 year age group is infected with HIV. Data from the antenatal sentinel surveillance reporting system, which is not strictly comparable, are available for 2004 and show little change from the 2001 situation. However, only 43 per cent of people aged 15 to 24 years have correct knowledge of HIV.

5. Only 25 per cent of HIV-positive pregnant women currently receive a complete course of antiretroviral (ARV) prophylaxis to reduce the risk of mother-to-child transmission of HIV. This has resulted in a major secondary epidemic of AIDS in young children. AIDS is now one of the major causes of infant and under-five mortality. An estimated 40,000 babies are infected annually, the majority dying before the age of five. In August 2005, the Government introduced a free ARV policy to rapidly increase the number of people on antiretroviral therapy (ART) to 50,000 out of the 200,000 in need of ARVs. However, testing for children below age 18 months and paediatric treatment for HIV-positive children remains a major challenge.

6. A total of 1 million children, about 19 per cent of those below the age of 18, are orphaned and only 13 per cent of orphans and vulnerable children (OVCs) receive free basic external support. Other children are vulnerable because their parents or caregivers are chronically ill or they themselves are HIV-positive. Many children, especially girls, drop out of school to care for the chronically ill, because of unwanted pregnancy or to supplement the family income, often resorting to high-risk sexual behaviour, thus increasing the risk of HIV infection. Unfortunately, traditional family structures can no longer be counted upon to offer a social safety net for these children when parents and guardians succumb to the illness. Their elderly grandparents are too frail and too poor to support them.

7. There are an estimated 75,000 street children in Zambia and 20,000 child-headed households. There is also an alarming increase in gross violations of human rights in the form of sexual and gender-based violence and child labour. In recent years, violence against children and women has been recognized as a significant threat to many families in Zambia.

8. Availability of safe water and sanitation facilities is a critical problem. In the rural areas, about 4.8 million people lack access to safe water and 6.6 million lack access to adequate sanitation. This situation contributes to a high incidence of diarrhoea and chronic malnutrition among children under five years of age, and to the annual cholera outbreaks.

9. At the national level, there is an unprecedented deterioration in the health and productivity of the work force, particularly in the areas of health and education. Despite the introduction of a free basic education policy, school enrolment is still compromised by poverty, lack of school places and the long distances that children in rural areas have to walk to school. The education system is staggering under the impact of HIV and AIDS due to heightened rates of morbidity, absenteeism and

mortality among teachers. Furthermore, children, particularly girls, are leaving school to support their families. Improving the quality of education and keeping children, especially girls, in school remains a challenge.

10. The health system is working at 50 per cent of capacity and patients with HIV occupy more than 50 per cent of hospital beds in the major hospitals. In addition, the health system is ill-equipped in terms of facilities, medical supplies and drugs. Worse still, many health workers have either died or emigrated in search of better paying jobs.

11. The key recommendations of the Committee on the Rights of the Child include: the review of existing legislation and customary laws to bring them in conformity with the Convention on the Rights of the Child; the development of a system of comprehensive disaggregated data covering all children below the age of 18 years; the reinforcement of birth registration procedures; and prohibition of all forms of physical and mental violence, including corporal punishment.

12. Clearly, Zambia is not on track to achieve most of the Millennium Development Goals, mainly because of its heavy disease and poverty burden. Malaria accounts for one third of deaths of children under age five, the other main causes being HIV and AIDS, diarrhoea, respiratory infections and neonatal conditions. The rate of chronic malnutrition (stunting) in children under age five years is as high as 50 per cent. It is the underlying cause of child mortality and low learning achievement in school. The maternal mortality ratio stands at 730 per 100,000 live births, and is showing no sign of decreasing.

13. The diverse nature of the HIV and AIDS pandemic demands a collaborative and targeted response from all. However, the response and resources have not been commensurate with the evident devastation wreaked on families, communities and especially children. The Government has established a number of national support structures, including a High-Level Cabinet Committee on HIV and AIDS to provide policy guidance, and the National AIDS Council, which was established in 1999 to coordinate and support the development of a multisectoral national response. A positive development is the endorsement by the Government of the 'three ones' principle promoted by the Joint United Nations Programme on HIV/AIDS. In 1995, the Government adopted the national policy on HIV/AIDS, sexually transmitted infections and tuberculosis. The policy demonstrates the country's highest political commitment to the fight against HIV and AIDS, tuberculosis and other opportunistic infections.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

14. The overall goal of the country programme for 2002-2006 was to collaborate with partners in building the capacities of counterparts to implement programmes that realize the rights of children and women to quality social services. This approach fostered strategic partnerships and promoted the participation of children and young people, particularly in relation to HIV and AIDS. Advocacy efforts were focused on the inclusion of children and women as priority groups in Zambia's reform and poverty reduction agenda. The incorporation of advocacy and

programme communication strategies at the planning stage is beginning gradually to enhance programmatic impact, through promoting participation by children, youth and women, especially with regard to HIV and AIDS and child protection concerns.

15. UNICEF has contributed to the reduction by 10 per cent of malaria incidence by assisting with the procurement and distribution of insecticide-treated nets (ITNs), leading to household ownership increasing from 10 per cent in 2002 to 28 per cent in 2004. The coverage rates of the expanded programme on immunization (EPI) have been maintained at above 80 per cent since 2002. Successful polio and integrated measles campaigns in 2002 and 2003 resulted in a dramatic reduction in measles cases, while no polio cases have been reported since 2002. To reduce the spread of HIV and AIDS, the programme contributed to the roll-out of prevention of mother-to-child transmission of HIV (PMTCT) services at 250 sites in 36 out of 72 districts in 2005. UNICEF supported the Government to conduct biannual Child Health Weeks to reach all children with EPI, vitamin A supplementation, de-worming, growth monitoring and ITN distribution. Besides ITNs, UNICEF assisted the Government to procure ARVs and vaccines. UNICEF took the lead in the 2002-2003 and 2005-2006 nutritional emergencies by supporting nutrition surveillance and rapid assessments, as well as therapeutic feeding and public health interventions in the drought-affected districts.

16. UNICEF and its partners supported the Ministry of Education with the implementation of its strategic plan (2003-2007). The plan aims to achieve the Millennium Development Goals and Education for All goals based on a sector-wide approach (SWAp). Through high-level advocacy and a pilot project, UNICEF was able to convince the Government to include the early childhood care and development and education (ECCDE) component as a priority in the Fifth National Development Plan (FNDP) 2006-2010. The UNICEF-supported "Go Girls" Campaign resulted in the enrolment of over 600,000 school-age children (20 per cent), mainly in community schools.

17. In the water, sanitation and hygiene education (WASHE) programme, schools have been used as an entry point. Safe water supply and sex-segregated sanitary latrines and hand-washing facilities were provided to 602 schools (80 per cent of the schools in five project provinces). In the 2,200 villages within the school catchment areas, over 626,000 persons received safe water supply from hand-pumps, comprising 520 new facilities and 1,200 rehabilitated systems.

18. In the child protection programme, completion of a situation analysis on OVCs and the 2004 Rapid Assessment, Analysis and Action Planning Initiative for OVCs shifted UNICEF support to strategic national policy planning and development. A national plan of action for OVCs aligned with the FNDP has been drafted. During this period, the youth policy and child policy were revised and the youth health cost scheme was developed. Under a multisectoral partnership with the Government and civil society, UNICEF spearheaded a multimedia campaign against sexual and gender-based violence in June 2004. Since then, the Penal Code has been amended to enhance protection for children and a separate Gender Violence Bill has been drafted. Lastly, after extensive lobbying, a submission was made to the Cabinet for the domestication of the Convention on the Rights of the Child into national law.

19. UNICEF supported the development of a statistical database (ZambiaInfo) in the Central Statistical Office. It will be used as a planning and monitoring tool for

the FNDP and will strengthen the reporting mechanisms for the Millennium Development Goals.

Lessons learned

20. HIV and AIDS interventions were fragmented in the previous country programme. The nature of the pandemic requires strong, targeted, intersectoral and lateral planning, coordination and response across all the programmatic areas **and a heightened awareness of the gender implications and impact of HIV and AIDS**. The strong donor response to OVCs requires UNICEF to be more strategic and focused on its comparative advantage since it is one among many partners. Support for government capacity- and institution-building and coordination is essential in order to maximize benefits for OVCs and their households. A strategic balance needs to be defined between the two supporting Ministries, the Ministry of Sport, Youth and Child Development and the Ministry of Community Development and Social Services.

21. Strong partnerships that are aligned with government priorities are integral to the success of child survival interventions, as demonstrated by the Child Health Weeks and conclusions drawn by the Inter-agency Coordinating Committee. The previous country programme highlighted the effectiveness and efficiency of multi-intervention child survival packages, e.g., Integrated Management of Childhood Illnesses (IMCI), PMTCT Plus and Focused Antenatal Care.

22. The effective coordination mechanism established at the National Disaster Management Committee, under the Office of the Vice-President, has facilitated a more efficient response to the drought crisis.

23. In the previous country programme, UNICEF tried to provide support in too many areas. Convergence and focus will be crucial in the next country programme to improve effectiveness, efficiency and impact. A lateral and coordinated approach between programmes is necessary to reach targets and results.

The country programme, 2007-2010

Summary budget table*

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	6 000	16 000	22 000
Basic education	4 000	11 500	15 500
Child protection and empowerment	4 000	9 000	13 000
Water, sanitation and hygiene education	1 500	14 079	15 579
Policy advocacy, communication, monitoring and evaluation	2 500	2 121	4 621
Cross-sectoral support	2 048	2 300	4 348
Total	20 048	55 000	75 048

* Additional funds may be raised to respond to emergencies as needed.

Preparation process

24. Preparations for the 2007-2010 country programme began with the mid-term review (MTR) of the previous programme in October 2004. The proposed programme is based on: (a) recognition of the three threats, namely HIV and AIDS, food insecurity, and governance; (b) the United Nations Development Assistance Framework (UNDAF) and national strategic priorities; (c) lessons learned from the MTR, evaluations and annual reviews; and (d) follow-up of key recommendations from the Committee on the Rights of the Child. Discussions were also informed by the updating of the situation analysis of children and women, completed in February 2006. Following the Government's announcement in 2005 on the preparation of the FNDP, the United Nations Country Team (UNCT) opted to discontinue the Common Country Assessment and to support the development of the FNDP under the leadership of the Ministry of Finance and National Planning. The UNCT prepared a draft UNDAF focusing on the four areas where the United Nations can best contribute its accumulated experience, technical expertise and financial resources towards the achievement of the Millennium Development Goals: HIV and AIDS; basic social services; governance; and food security. The UNDAF is the United Nations contribution to the Joint Assistance Strategy for Zambia (JASZ), which in turn is the joint response of the Government and its cooperating partners to the FNDP.

25. The UNCT also set up "One United Nations Team, One United Nations Programme" on HIV and AIDS. The UNCT will thus be able to effectively and efficiently respond to the HIV and AIDS challenge from a leadership position within the JASZ framework.

26. The UNICEF-supported 2007-2010 country programme, "HIV and AIDS: Children — the Missing Face — A Call for Action" is the response to this major challenge and will be implemented in line with the UNDAF priorities and the "three ones" national strategy. The proposed country programme will address the "four Ps" of the "Unite for Children, Unite against AIDS" campaign: PMTCT; paediatric treatment; prevention of new infections among children and young people; and protection and support of children infected with and affected by AIDS.

Goals, key results and strategies

27. The overall goal of the country programme is the progressive realization of the rights of every child and mother through achievement of the Millennium Development Goals. The strategic result of the country programme will be a contribution to the reduction of the impact of the HIV and AIDS pandemic on children and their families, and their active participation in the development of their communities. The focus will be on the "four Ps" and to build government capacities and institutions to implement them. HIV/AIDS will be a lateral component in all subprogrammes.

28. The country programme will have to change the direction and role of the UNICEF country office in the context of the new aid environment and United Nations reform. A new role is envisaged where UNICEF will focus more on institutional reform, capacity-building, policy support and technical assistance both to government and other partners, and to ~~support coordination function as a "broker"~~ support coordination function—as a "broker"—between the Government and bilateral donors and other actors, and as a

voice for children in all discussion fora. In addition, UNICEF has to assist government institutions to improve monitoring and evaluation. A fragmented programme will have to be converged and coordinated to create one comprehensive programme.

29. The proposed country programme envisages the following key results by the end of 2010: (a) the rate of access to a complete course of ARVs by HIV-positive pregnant women increased from 25 to 60 per cent to reduce mother-to-child transmission of HIV through roll-out of PMTCT services from 36 districts to all 72 districts; (b) paediatric AIDS treatment increased from 5 to 20 per cent of infected children aged < 15 years; (c) an increase in the percentage of young people aged 15-24 years with correct knowledge of HIV from 80 to 90 per cent, as measured by agreed criteria; (d) enrolment in primary schools increased from 85 to 95 per cent among basic and community schools in five targeted provinces; (e) percentage of new entrants to primary school who have had access to some form of ECCDE increased from 16 to 30 per cent; (f) the percentage of households headed by children and grandparents receiving social transfers in a predictable and consistent manner increased from 5 to 30 per cent; (g) national legal framework and enforcement mechanisms are in place, in line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, especially in relation to sexual and gender-based violence; (h) population with access to clean water increased from 37 to 50 per cent and sanitation from 13 to 35 per cent in over 600 schools, 40 rural health centres and 2,220 villages in five targeted provinces; (i) increased participation of children and young people is institutionalized in schools and communities (from 300 to 360 institutions); and (j) stakeholders' capacities for collection, analysis and dissemination of strategic information on children and women improved at national, provincial and district levels through the use of ZambiaInfo.

30. The following proposed programme strategies are guided by a human rights-based and results-based management approach to programming and by the lessons learned in the previous programme cycle: (a) strengthened human resources capacities to manage high-impact interventions through policy dialogue, support for experimental approaches and sharing of best practices with other countries, including the training of paraprofessional workers to undertake much of the supportive work; (b) the joint programme for HIV and AIDS prevention and care within the UNDAF, as well as the programmes funded by the United States and other partners, as part of which UNICEF interventions will focus on targeted provinces to maximize results for children and women **and greater emphasis on gender analysis and impact**; and (c) forging partnerships with non-governmental organizations (NGOs), donors and United Nations agencies to leverage resources more effectively, and including elements of awareness-raising and evidence-based advocacy for children and women's rights; and (d) the integration of key interventions to support the development and maintenance of social services in the areas of health, HIV/AIDS, nutrition and WASHE. This approach also entails advocacy and providing technical support to duty bearers to ensure that they adhere to their commitment to children and women as rights holders.

Relationship to national priorities and the UNDAF

31. The country programme addresses the social priorities of the FNDP in education, health, HIV and AIDS, water and sanitation and social protection. It takes

into account the sectoral strategic policies and programmes, as well as the Zambia AIDS Strategic Plan, in line with the “three ones” national strategy. It will contribute to achieving the UNDAF results in HIV and AIDS, basic social services, governance and food security.

Relationship to international priorities

32. The proposed country programme will contribute to government efforts to achieve all Millennium Development Goals, the objectives of the UNICEF medium-term strategic plan 2006-2009, the goals of *A World Fit for Children*, adopted by the General Assembly Special Session on Children, and of the Declaration of the General Assembly Special Session on HIV/AIDS, and follow-up to the recommendations of the Committee on the Rights of the Child.

Programme components

33. **Health and nutrition.** In combating HIV and AIDS, the most effective approaches will be pursued in promoting universal access to PMTCT Plus and paediatric AIDS treatment. Under the framework of the health SWAp and the national strategic plan on HIV and AIDS, UNICEF will contribute to halting and reversing HIV and AIDS and the reduction of child and maternal mortality. This programme has three result areas: (a) PMTCT Plus and paediatric AIDS treatment; (b) maternal, newborn and child survival; and (c) child nutrition and household food security and emergencies.

34. The PMTCT Plus and paediatric AIDS treatment project will support the integration and provision of holistic care services bringing together PMTCT and paediatric ART, safe motherhood, emergency obstetric care, essential neonatal care and IMCI. The quality of health services for neonatal, maternal and child care will be enhanced by developing the capacities of health care personnel, community health workers, paraprofessionals and traditional birth attendants. The project will be complemented by the maternal-newborn-child survival project, which integrates paediatric AIDS services into routine primary health care services. Immunization “plus” activities will be stepped up using the Reach Every District strategy. The aim is to support the procurement, distribution and retreatment of ITNs, as well as measles control and efforts to maintain the country’s polio-free status, vitamin A supplementation, de-worming and broader child survival interventions, including neonatal care through IMCI by both facilities and communities.

35. UNICEF will continue to play a central role in nutritional emergencies, mainly in reducing malnutrition and micronutrient deficiencies among children under five years of age. Special emphasis will be placed on reducing underweight among children under age five in drought-affected and food-prone districts. Interventions include the promotion of infant and young child feeding strategies and the management of severely malnourished children in hospitals and communities. Finally, support will be provided to improve the quality and sustainability of nutrition surveillance and to institute policies that ensure effective implementation of food fortification programmes.

36. **Basic education.** Under the education SWAp and the education chapter of the FNDP, UNICEF will support the Government to achieve Education for All and Millennium Development Goals related to education. This programme is comprised

of three result areas: (a) HIV and AIDS and life skills; (b) quality basic education; and (c) ECCDE.

37. The HIV and AIDS and life skills project will focus on preventing the spread of new HIV infections among schoolchildren and teachers. UNICEF will advocate at policy level for the Ministry of Education to implement a comprehensive strategy to mitigate the impact of HIV and AIDS on the education system. This strategy calls for mainstreaming of HIV and AIDS prevention education into the curriculum at basic, secondary and higher levels of education. The quality basic education project will focus on improving the quality of basic education, particularly for girls in five target provinces. Technical and financial support will be provided to the Ministry for the development of policies and standards; capacity-building for teachers and education administrators to enable them to effectively plan and manage education services; provision of teaching and learning materials; and monitoring and evaluation. In response to the FNDP on ECCDE for children 0-6 years, the project will begin with the development of policy, guidelines and strategies in coordination with other ministries and sectors to enhance best practices. This project will strengthen the capacities of parents, teachers, caregivers and other child welfare service providers.

38. **Child protection and empowerment.** The child protection and empowerment programme is focused on providing support to the Government to strengthen social protection and justice mechanisms to assist families, communities and other duty bearers affected by the HIV and AIDS pandemic. The programme is comprised of two result areas: (a) OVC care and support; and (b) legislation and enforcement.

39. Under the OVC care and support project, UNICEF will contribute to at least 10 per cent of most vulnerable households (especially those headed by children and grandparents) receiving regular and consistent social welfare assistance, resulting in secondary benefits such as increased access by children to basic services (primarily health care and education). Lastly, through legislation and enforcement activities, UNICEF will contribute to realizing the national target of reducing incidences of sexual abuse and violence against children and women by 25 per cent and to increase birth registration of children under age five to 50 per cent. This project will also address recommendations by the Committee on the Rights of the Child and follow-up to the United Nations Study on Violence against Children.

40. **WASHE.** This programme will contribute to achieving Millennium Development Goals 1 and 7 and the FNDP goals related to water and sanitation. The programme consists of two result areas: (a) school WASHE, with a gender focus; and (b) community water, sanitation and hygiene education.

41. UNICEF will advocate for water and sanitation as a national priority, matched by appropriate financial and human resources at high level, and will promote SWAp and effective policy frameworks and strategies for the sector. UNICEF will continue to provide technical support and supplies for the construction of water systems, latrines and hand-washing facilities in schools and health centres, and water systems in surrounding communities. The communities will be empowered through training to own and manage the water systems.

42. **Policy advocacy, communication, monitoring and evaluation.** Policy advocacy and programme communication strategies will focus on strengthening capacities for behavioural change communication, using approaches that are gender-

sensitive, inclusive and participatory to prevent and control the spread of HIV. Through partnerships and networks, the right to participation by children and young people will be institutionalized in communities and schools. Planning, monitoring and evaluation activities will build government capacities to monitor progress towards the Millennium Development Goals and FNDP goals, through technical support for the improvement of routine management information systems and surveillance systems. Monitoring of preparedness and response to humanitarian situations will also be strengthened.

43. **Cross-sectoral costs** will cover operational, administrative, staff and staff training costs.

Major partnerships

44. In line with United Nations reform, collaboration with United Nations agencies will underpin all UNICEF programme efforts. There will be one United Nations programme and one United Nations team on HIV and AIDS. UNICEF and the World Food Programme will have joint programmes in areas of food security and nutrition, and school feeding. Close partnerships will be maintained with the donor community, in particular, the Governments of Australia, Germany, Japan, the Netherlands, New Zealand, Norway, Sweden, United Kingdom and United States, as well as National Committees for UNICEF. The key partners at the local level will continue to be the Government, local and international NGOs, local authorities and community- and faith-based organizations. UNICEF will strengthen its capacities to better participate in such harmonization and alignment initiatives as SWAps and JASZ, and such global mechanisms as the Global Alliance for Vaccines and Immunization, Roll Back Malaria, the United States President's Emergency Plan for AIDS Relief, the Global Alliance for Improved Nutrition and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Monitoring, evaluation and programme management

45. The monitoring framework for the country programme will be formulated in a four-year integrated monitoring and evaluation plan (IMEP), which will be updated in an annual IMEP supporting annual work plans. It will include research, studies, surveys, evaluations and key monitoring indicators for tracking progress on the key results. The IMEP will support the UNDAF and FNDP monitoring matrices.

46. The Ministry of Finance and National Planning will be the national coordinating body for the programme of cooperation. Implementation and management of the programme will be carried out by relevant government agencies and NGOs. The country programme management plan will reflect the new country programme structure and respond to the expected programme results and required staff competencies.

47. The country programme will be reviewed annually. In 2008, the MTR of the country programme will be a component of a joint MTR of the UNDAF. The results of the annual and mid-term reviews and field trips will be used for advocacy, policy dialogue, improvement of programme and project planning, and effective programme implementation. **A particular emphasis will be based on gender disaggregated analysis in all areas, but most particularly in the impacts of HIV and AIDS.**
