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Short-duration country programme document

Rwanda

Summary

The short-duration draft country programme document for Rwanda is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$4,949,000 from regular resources, subject to the availability of funds, and \$8,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007.

* E/ICEF/2006/10.

The situation of children and women

1. Socio-political stability and economic prospects are improving the environment for implementation of the Convention on the Rights of the Child. For instance, through the annual Children's Summit, organized with a view to establishing a Children's Parliament, children have gained a platform for dialogue with authorities, Parliament, civil society, donors and United Nations agencies, at all levels of society. By being empowered to monitor and report on results of summit recommendations, children are now effectively promoting duty-bearer accountability. The Government's decision to establish a National Children's Commission for coordination and strategic orientation to scale up child rights is a good example of this. The creation of a children's cluster, the positioning of a children's "tutelle" (guardian) in the Prime Minister's Office, the New Partnership for Africa's Development country peer review/self-assessment process regarding children and the evaluation of the First Poverty Reduction Strategy have further improved coordination among actors and raised the profile of children on political and development agendas. Cluster forum discussions are becoming more rights-centred. United Nations agencies are reinforcing their own capacities in the rights-based approach to help the Government use this approach for planning, monitoring and integrating the rights of vulnerable groups during the development of the Second Poverty Reduction Strategy.

2. Despite steady gross domestic product (GDP) growth of 6-10 per cent during 2000-2003 and 4.2 per cent in 2004, gross national income per capita stands at \$220, and 60 per cent of the population lives below the poverty line. Disparities in access to basic services persist; and health and education expenditures represented only 5.9 per cent of GDP in 2005, with expenses largely concentrated in tertiary institutions. Some positive trends include a reduction in the infant mortality rate (IMR), from 107 in 2001 to 86 in 2005, and in the under-5 mortality rate (U5MR), from 196 in 2001 to 152 in 2005 (Demographic and Health Survey [DHS] 2000 and 2005). The reasons for this include high coverage of the expanded programme on immunization; improved malaria control; vitamin A distribution; and increased access to services for prevention of mother-to-child transmission (PMTCT) of HIV, antiretroviral treatment, and safe drinking water. New approaches need to address the high maternal mortality ratio, currently at 1,071 per 100,000 live births; neonatal mortality; and the fact that 45 per cent of children under 5 suffer from chronic malnutrition, 22 per cent are underweight and 4 per cent are acutely malnourished (DHS, 2000 and 2005).

3. Primary net enrolment increased from 73.3 per cent in 2001 (girls 74.9 per cent; boys 72.9 per cent) to 93.5 per cent in 2005 (girls: 94.7 per cent; boys: 92.2 per cent), with the gender breakdown suggesting that Rwanda has achieved parity in primary education (Ministry of Education, 2004 and 2005). The rate of primary school children reaching grade 5 rose from 39 per cent in 1999 to 47 per cent in 2004 (*State of the World's Children Report 2006*, UNICEF), and a specific girls' education budget exists in the education sector strategic plan. However, one out of every four to five pupils drops out at the upper primary grades; hence, the completion rate is only 42 per cent (Ministry of Education, 2004 and 2005). The reasons for this include under-qualified teachers, non-adapted curricula and low household incomes.

4. HIV/AIDS prevalence in the 15-49 age group is 3 per cent — 3.6 per cent for females and 2.3 per cent for males (DHS 2005) — which is down from 5 per cent in 2004 (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2004). However, among the 20-24 age group, the prevalence for girls (2.5 per cent) is 5 times higher than for boys (0.5 per cent). These discrepancies stem from poverty, low literacy and lack of necessary life skills for positive behaviour change. UNAIDS estimates that 22,000 infants are born annually to women who are HIV positive, while PMTCT services are available in 50 per cent of the 400 health facilities. Of the 8,000 children who are HIV positive and in need of antiretrovirals, 1,443 are on treatment; this is an improvement over 2004, when fewer than 400 children were on treatment. Children make up 52 per cent of the population, and close to 30 per cent of them are orphaned and vulnerable children (OVC). The high percentage is a direct consequence of the genocide, war and HIV/AIDS. Among the OVC, 100,096 are living in child-headed households (Population Census, 2002), and there are an estimated 7,000 children who live or work on the street.

5. Vision 2020 is looking at regional integration to sustain peace, stability and security in the Great Lakes Region. The International Conference on the Great Lakes Region resulted in greater openness and dialogue, especially for youth and women. Regarding security and humanitarian operations, the United Nations country team (UNCT) is working to ensure that the Government is prepared to address volcanic-eruption risk in Gisenyi and Goma; the threat of the avian flu; and recurrent food insecurity resulting in population movements to neighbouring countries. The United Nations contingency plan is being updated through the United Nations Disaster Management Task Force. Humanitarian responses included support during the cholera outbreaks and assistance to returnees and to 180,000 refugees (55 per cent women; 45 per cent children) from the Democratic Republic of the Congo and Burundi throughout 2001-2005.

The country programme, 2007

Summary budget table

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival, growth and development	1 599	2 432	4 031
Education and development	992	2 749	3 741
Child protection	248	2 058	2 306
HIV/AIDS	468	579	1 047
Social planning and rights advocacy	850	182	1 032
Cross-sectoral costs	792	0	792
Total	4 949	8 000*	12 949

* Additional funds may be mobilized through Consolidated Appeals for emergency purposes.

Reasons for the one-year extension of the 2002-2006 country programme

6. In line with the Paris Declaration on Aid Effectiveness (2005), the Government is pushing for the greater alignment of partners' work with national priorities, strategies, and planning and budgeting cycles. An integrated policy will guide the modus operandi for aid reception, management and accounting, auditing and reporting. In July 2005, the United Nations country team froze the Common Country Assessment/United Nations Development Assistance Framework (UNDAF) process in order to align it with the Government planning cycle. After an evaluation of the First Poverty Reduction Strategy showed that it had weak integration of HIV/AIDS and gender, that it did not have the Millennium Development Goals and Millennium Declaration at its core and that it needed to include OVC issues, the Government launched the preparation of an interim Economic Development and Poverty Reduction Strategy for 2006-2007, laying the groundwork for a full strategy covering 2008-2012. The DHS 2005 report and the Integrated Survey on Household Living Conditions, expected for release in 2006-2007, will provide a revised poverty profile for the new Strategy.

7. The United Nations programme document for 2008-2012 will derive from the new Economic Development and Poverty Reduction Strategy. For this reason, the Executive Committee agencies agreed to a one-year bridging programme for 2007, allowing the United Nations to prepare for major changes in role, positioning and implementation. For UNICEF, the transition period includes a phasing out of long-term direct support to non-governmental organizations/associations and service delivery in favour of more capacity-building and upstream work at the policy level. The new approach will rely on evidence-based advocacy and technical expertise in economic and social policy to achieve greater accountability on the part of duty bearers in the promotion and protection of child rights.

Goals, key results, strategies and relationship to national and international priorities

8. The bridging programme will continue to work towards the goals of the country programme 2001-2006, which were re-validated at the mid-term review (MTR) in 2003: (a) reduce the high infant, under-5 and maternal mortality; (b) ensure universal access to quality primary education; (c) prevent all forms of abuse, exploitation and violence against children; (d) prevent HIV/AIDS among children and adolescents; and (e) promote the involvement of children in decision-making that affects them. The programme will sustain and advance positive trends observed in infant and under-5 mortality, education enrolment and HIV/AIDS prevalence in line with the global AIDS campaign. The bridging programme will work towards these expected key results: (a) increased access to quality health and social services, including for mothers and children who are HIV positive; (b) increased numbers of adolescents accessing comprehensive HIV/AIDS care, support and treatment; (c) increased numbers of orphans, children who live or work on the street and the disabled accessing quality education; (d) an improved legal framework and strengthened protective environment for children at the community level; and (e) increased use of evidence-based advocacy to accelerate the realization of child rights by duty bearers.

9. **Relationship to national and international priorities.** Vision 2020 has articulated Rwandan goals and targets for human capacity development and socio-economic development. The bridging programme will contribute to the attainment of the Vision 2020 targets by addressing Millennium Development Goals 1 through 7, and will rely on several good policy bases for accelerating implementation: Child Health Assessment, Young Child and Infant Feeding Practices in the HIV/AIDS context, the scaling-up plan for PMTCT, the nutrition policy and the policy for water and sanitation. There is a 10-year education sector strategic plan and a fee-free policy for children in primary education. The gender in education reviews 2003-2004, the OVC baseline and the education census in 2004-2005 are also shaping the ground for achieving Millennium Development Goals 2 and 3. The children's protection normative environment has improved with the creation of the following frameworks: (a) The National Policy for OVC in 2003 and its subsequent National Plan of Action; (b) the National Family Policy and the Social Protection Policy; (c) the Five-Year Plan against Harmful and Exploitative Child Labour; (d) the strategic guidelines for children who live or work on the street; and (e) the United Nations General Assembly Resolution 59/137 of 10 December 2004 on assistance to survivors of the 1994 genocide. In addition to these, and the other international frameworks and goals that shaped the country programme 2001-2006, the bridging programme is guided by the UNICEF MTSP 2006-2009, the concluding observations of the Committee on the Rights of the Child in 2004, United Nations reform and harmonization, the Paris Declaration, and the AIDS campaigns "Unite for Children, Unite against AIDS" and "Treat every child as your own".

Programme components

10. Since the MTR, new domains of focus are the scaling-up of the quality PMTCT/family package approach, paediatric care support and treatment, emergency obstetric care, acceleration of a normative environment for OVC, the strengthening of water, sanitation and hygiene education (WASH) in schools and the participation of children and adolescents.

11. The **child survival, growth and development programme** has the following expected results: (a) increased access to a quality antenatal care package and emergency obstetric care for 60 per cent of pregnant women, including care and treatment for mothers who are HIV positive and their families; (b) community-based nutrition, management of childhood illness and early childhood development scaled up in 15 districts; and (c) increased access to safe drinking water and adequate sanitation for 60 schools, 10 health centres and 120,000 people in rural communities. The increased availability of funding for WASH from the Netherlands, Japan and the Schools for Africa Initiative may necessitate a revision of the structure and staff profile for this sector.

12. The **education** programme has the following expected results: (a) a minimum quality package mainstreamed in policies and strategies; (b) retention and completion ensured for 30 per cent of OVC and 50 per cent of girls; (c) life skills developed and monitored for 50 per cent of girls and OVC; (d) child participation strengthened in existing mechanisms, including the Girls' Education Alliance, the monitoring of the Children's Education Fund, and the First Lady's Girls' Education Excellence Prize.

13. The **child protection programme** has the following expected results: (a) a sustainable data collection system established for monitoring the status of orphans, child-headed households, juvenile justice, child labour and children who live or work on the street; and (b) a minimum package on protection, care and support implemented at the community level, using gender-based and domestic violence guidelines, for at least 50,000 OVC. The programme will negotiate the systematic integration of Rwandan children and adolescents from neighbouring countries as a means to nurture peace and stability in the Great Lakes Region. Given the post-conflict environment and the low number of professional social workers, UNICEF will need to advocate for and support the capacity development of these workers in social protection, especially in the areas of trauma counselling and psychosocial support geared specifically to children and women.

14. The **HIV/AIDS and child participation programme**, in support of the commitments of the Head of State, First Lady and the Government, will have the following expected results: (a) scaled-up primary prevention services to increase knowledge and behaviour change among at least 20 per cent of young girls and boys, while ensuring their participation; and (b) ensured access to paediatric treatment, including psychosocial care, for 4,000 children who are HIV positive.

15. The **social planning and rights advocacy programme** has the following expected results: (a) increased upstream work for policy analysis and evidence-based advocacy for child rights; (b) preparation of the Economic Development and Poverty Reduction Strategy, supported and accompanied by United Nations agencies' participation in sector/thematic working groups; (c) a new United Nations programme prepared; and (d) a Children's Summit and the establishment of the National Children's Commission supported.

Major partnerships

16. There are new opportunities to work with Parliament to advance the rights of children, taking advantage of the high ratio (49 per cent) of women Parliamentarians. Collaborations with the World Bank will include the Marginal Budgeting Bottleneck approach; the elaboration of the Social Protection Policy Plan of Action, the establishment of the Social Fund for Vulnerable Groups; and community and insurance health schemes. The ongoing engagement of the Head of State, the First Lady, and the United Nations agencies around the global campaign on children and AIDS will be nurtured. Current partnerships with the private sector will be reinforced to leverage additional resources. Partnerships with the Children's Summit groups and other youth movements and associations will also be reinforced. The sector-wide approaches in health, education, HIV/AIDS and the protection of OVC will operationalize the commitment of partners to contribute resources and technical assistance. The expansion of civil society and media networks is increasing social mobilization. Links will continue with the National Committees for UNICEF of the Czech Republic, Germany and Switzerland and with the United States Fund for UNICEF as well as with additional National Committees (Canada, France and Italy). Continued support is also expected from the Government of Japan and the Japanese International Cooperation Agency.

Monitoring and evaluation

17. Progress made towards achieving the targets of the Millennium Declaration and the Millennium Development Goals will be monitored using *DevInfo* in collaboration with the Rwanda Institute of Statistics. Evaluation will include support to assessing and costing the Economic Development and Poverty Reduction Strategy, preparing a child poverty profile and carrying out a child budget audit. The Office of the Prime Minister is responsible for planning, implementation, monitoring and coordination of child rights and participation.

Programme management

18. The Ministry of Finance and Economy will continue to serve as the national coordination body through the Development Partners Coordination Group and the cluster system. The Central Public Investments and External Finance Bureau of the Ministry of Finance and Economy will continue to assume the overall coordination for the country programme. UNICEF will join in with and align its planning and review processes with the national planning process and budget cycle. The Public Financial Management System is improving, with support of the World Bank, the Department for International Development (United Kingdom) and other donors, and UNICEF will participate in this capacity development in the areas of planning, implementing and reporting on children rights. Changes in the country's administrative structure, (reducing 12 provinces to 5 regions, and the number of districts from 106 to 30) will require some adjustments in the country programme.
