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Draft country programme document**

Rwanda

Summary

The draft country programme document (CPD) for Rwanda is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$39,375,000 from regular resources, subject to the availability of funds, and \$67,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/13.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2008.

*Basic data
(2005 unless stated otherwise)*

Child population (millions under 18 years)	4.7
U5MR (per 1,000 live births)	164
U5 underweight (% , moderate/severe)	23
Maternal mortality ratio (per 100,000 live births)	750
Primary school attendance (% net, male/female)	(84/87)
Primary schoolchildren reaching grade five (%)	84
Use of improved drinking water sources (% , 2004)	74*
Adult HIV prevalence rate (%)	3.1
Child labour (% , 5-14 years old, 2000)	35
GNI per capita (US\$)	230
One-year-olds immunized with DPT3 (%)	95
One-year-olds immunized with measles vaccines (%)	89

* DHS 2005 data: improved drinking water sources excluding spring water = 34%.

Introduction

1. To improve the coherence, effectiveness and relevance of the United Nations system, the Government requested that Rwanda be a pilot for a United Nations reform initiative called “delivering as one United Nations.” The “one United Nations” programme described in the United Nations Development Assistance Framework (UNDAF) is the heart of this initiative; this country programme document (CPD) summarizes the commitments of UNICEF. The joint management, monitoring and control mechanisms for the UNDAF are described in the “one operational plan” and “one budgetary framework”. The United Nations reform process will be supported by a common communication strategy to help forge a common identity and voice for the United Nations system; UNICEF will ensure that the voice of children is amplified as the United Nations delivers as one.

2. This document is organized differently than the usual CPD, with an emphasis on the common results of the UNDAF, in keeping with commitment to the Government to demonstrate clearly that the UNICEF country programme is part of the “one United Nations” programme” in Rwanda.

Preparation process

3. To align the UNDAF with the national planning cycle, the members of the United Nations country team extended their 2001-2006 country programmes by one year. Throughout 2006, the country team and other development partners participated in the analysis of development challenges and their prioritization in the National Economic Development and Poverty Reduction Strategy 2008-2012 (EDPRS), derived from Rwanda’s “Vision 2020”. Children’s views were considered through district-level consultations. The UNDAF 2008-2012, completed in early 2007, supports the EDPRS and was prepared with inputs from internal and external stakeholders. Subsequently, the UNICEF country programme of cooperation was

prepared through a third consultative process, involving UNICEF partners and staff in a more specific elaboration of the UNICEF programme.

Relationships to international priorities

4. The Millennium Declaration and Development Goals define the strategic objectives of the United Nations in the area of development. The UNICEF inputs into the UNDAF included acceleration strategies for progress on the health-related Millennium Development Goals for children and women. The UNICEF country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the 2004 concluding observations of the Committee on the Rights of the Child. Planned results are consistent with the Millennium Development Goals, the Paris Declaration, the “Unite for Children, Unite against AIDS” campaign, the campaign to “treat every child as your own”, the Plan of Action adopted by the General Assembly Special Session on Children, the Abuja Declaration and the UNICEF medium-term strategic plan for 2006-2009.

Relationship to national priorities and the UNDAF

5. The UNICEF programme of cooperation adheres completely to the commitments made in the UNDAF, which in turn supports the EDPRS and “Vision 2020”. These documents are the basis for mutual accountability in development cooperation. The UNDAF describes the United Nations system’s contributions to the national development goals, programmes and strategies in the EDPRS and “Vision 2020”, and the UNICEF country programme articulates the responsibilities of UNICEF within the UNDAF.

Major partnerships

6. UNICEF will convene a major partnership on education with the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and the World Health Organization (WHO). UNICEF will convene a partnership on water and sanitation with WFP, WHO and the United Nations Centre for Human Settlements (Habitat). With UNDP, UNFPA and the United Nations Capital Development Fund, UNICEF will be the convener for strengthening social information systems in Rwanda. UNICEF and other agencies will partner with UNDP in the area of governance, with a focus on justice for children. In social protection, UNICEF will complement the work of UNDP, UNHCR and WFP on community safety nets and strengthening of capacities, with a focus on most vulnerable children and families.

7. In addition to these partnerships, UNICEF will be the convener of three joint programmes: (a) evidence-based policymaking with UNDP, the United Nations Development Fund for Women (UNIFEM), the United Nations Economic Commission for Africa and UNFPA; (b) child-friendly schools, with UNESCO and WFP; and (c) minimum standards of protection, care and support for orphaned and vulnerable children (OVCs), including children on the streets, with the International Labour Organization (ILO), WFP and other partners.

8. UNICEF will be a partner with FAO, ILO, the Joint United Nations Programme on HIV/AIDS, UNDP, UNFPA, UNHCR, the United Nations Industrial Development Organization, UNIFEM, WFP and WHO in 13 other joint programmes on gender, rule of law, capacity-building for civil society organizations and social partners, accountability of Government, HIV and AIDS, nutrition, reduction of maternal mortality, youth disease control and epidemic prevention, school feeding and gardens, primary school health, transition of refugee areas into settlement, disaster management, mutual health insurance and protection of refugees and returnees.

9. In accordance with Rwanda's Donor Aid Policy, the success of the UNDAF rests on government leadership and major support from partnerships with bilateral and multilateral agencies, national and international non-governmental organizations (NGOs), the private sector and the media. The UNICEF country programme will rely on continued support from National Committees for UNICEF, bilateral and multilateral partners and the involvement of children's groups.

The situation of children and women

10. Rwanda has experienced a remarkable recovery since the 1994 war and genocide. In some cases, values of human development indicators are better than pre-war levels. The country now faces the challenge of achieving its "Vision 2020" development objective of transforming Rwanda from a country with a subsistence-based agricultural economy to a middle-income country.

11. About 90 per cent of Rwanda's population live in rural areas, dependent on subsistence agriculture. The percentage of people living below the poverty line dropped from over 70 per cent at the end of 1994 to 57 per cent in 2005 (the poverty line and the extreme poverty are defined respectively as the percentage of people living on less than 90,000 Rwandan francs (\$164) and 63,500 Rwandan francs (\$114) per year, according to the Integrated Household Survey, 2006). However, wealth is highly concentrated among a small percentage of the population. In two provinces, poverty has worsened and nationally there are two poor women for every poor man. To reduce poverty and encourage economic growth, Rwanda must break the negative cycle of land fragmentation, overcultivation, decreasing agricultural productivity and rapid population growth, which is fuelled by an average 6.1 births per woman.

12. The infant mortality rate decreased from 107 to 82 per 1,000 live births from 2001 to 2005, and the under-five mortality rate from 196 to 164 per 1,000 live births during the same period. The maternal mortality rate decreased by one third. The rate of access to health insurance increased remarkably, from 7 to 75 per cent, leading to increased use of health services, including antenatal care and assisted deliveries. However, disparities persist. Among the lowest income quintile, a newborn child has a 20 per cent chance of dying before the age of five years, mainly due to malaria, acute respiratory infections, diarrhoeal diseases and anaemia. The percentage of underweight children has changed little in recent years, and 45 per cent of children under age five years suffer from chronic malnutrition. Increasing access to clean water and sanitation, particularly in rural areas, remains a major challenge.

13. There is pressure on both the public health system and on families who care for the sick. HIV and AIDS contribute to low productivity and have deepened the feminization of poverty. Among those aged 20-24 years, the rate of sero-prevalence

among women is five times higher than for men. Only 45 per cent of girls and 49 per cent of boys have comprehensive knowledge of HIV and condom use. An estimated 27,000 children under age 14 years are infected with HIV, primarily through mother-to-child transmission. Services for prevention of mother-to-child transmission of HIV (PMTCT) are available in just over one half of 424 health facilities. In 2004, no treatment was available, but by 2006 up to 50 per cent of those identified as needing treatment were receiving anti-retroviral medicines (ARVs). However, the percentage of children receiving treatment is much lower and the number in need is growing.

14. A target-based education strategy and effective donor coordination through the sector-wide approach (SWAp) have facilitated progress in meeting primary-school enrolment and parity goals. Between 2001 and 2005, enrolment increased from 75 to 87 per cent for girls and from 73 to 84 per cent for boys, but only 16 per cent of girls finish primary school. Enrolment rates for secondary education are 11 per cent for boys and 9-10 per cent for girls. In 2006, Rwanda joined the Education for All Fast-Track Initiative to increase school retention, but the key challenge is to ensure sufficient infrastructure and the organizational and human resources capacities to deliver the minimum quality education to all children. Predictable funding of the education sector and attention to equity and balance in spending will be key issues over the coming years.

15. The establishment of institutions, public sector reform, decentralization, effective aid coordination and anti-corruption measures have contributed to strengthening governance and the rule of law. Rwanda's first presidential elections followed the adoption of a new Constitution in 2003 and local elections in 2001 and 2006. Political and socio-economic stability have facilitated the implementation of the Convention on the Rights of the Child. However, in 2004 the Committee on the Rights of the Child expressed concern over the low level of birth registration, weak implementation of existing legislation and insufficient compliance with the provisions on access to justice. With the administrative reform and downsizing of the Ministry of Gender and Family Promotion, there is a need to ensure sufficient capacity to coordinate the implementation of both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Insufficient investment and human resources capacities, poor alignment between planning and budgeting processes, poor donor coordination and alignment with national priorities remain major challenges.

16. OVCs constitute one third of the population, but less than 1 per cent of children aged 10-17 years receive basic medical, emotional, social, material and educational support. A comprehensive national protective framework for children does not exist. Data on abuse are scarce, but a random national check of hospitals showed five girls under age 18 per day reporting being raped. Police data indicate that 75 per cent of reported domestic abuses are of children aged 8-18 years. The underlying causes of this violence need to be addressed in schools, communities and families, including breaking the norm of acceptance and silence.

Key results and lessons learned from previous cooperation, 2001-2007

Key results achieved

17. The child survival, growth and development programme contributed to maintaining immunization coverage above 90 per cent for all antigens. The programme strengthened the capacity of the Ministry of Health in planning and budgeting through use of the Marginal Budgeting for Bottlenecks (MBB) tool, used for the medium-term expenditure framework. With UNICEF assistance, the Ministry of Health drafted a maternal mortality reduction road map, built capacity in emergency obstetric care and equipped district hospitals. Based on the 2006 Neonatal, Maternal and Child Health Assessment carried out with the support of UNICEF, the World Bank and the United States Agency for International Development, a maternal and child health unit was created and new policies were adopted on malaria treatment and nutrition. The Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy was combined with the community-based nutrition programme and expanded in 6 of 30 districts. Access to safe water and improved sanitation increased in 44 primary schools, three early childhood centres, seven health facilities and 15 surrounding communities in hard-to-reach areas, with 120,000 people reached overall.

18. The HIV/AIDS programme supported evidence-based advocacy through two government-led paediatric AIDS conferences and mainstreamed the principles of the “Unite for Children, Unite against AIDS” campaign. With support from the Clinton Foundation and the Treatment and Research AIDS Centre, the programme developed the plan to scale up paediatric AIDS treatment and care, the implementation of which resulted in 34 per cent of children who needed antiretroviral therapy (ART) receiving it by end-2006, compared to less than 1 per cent in 2004. The UNICEF contribution, together with Lux Development and Partners in Health, was the training of health workers and improved service delivery at two hospitals. UNICEF supported 20 PMTCT sites out of 234 nationally. In 2005, PMTCT services adopted a more effective ARV protocol. Other prevention interventions reached 500,000 adolescents annually through sports events, “edutainment”, peer education and counselling, media and youth-friendly services.

19. UNICEF supported National Children’s Summits in 2004 and 2005, which established child participation on the political agenda. Based on the mandate conferred by the Convention on the Rights of the Child, the Ministry of Gender and Family Promotion has facilitated annual summits, providing children with a nationally recognized forum to state and claim their rights. District-level forums organized for children to share their perspectives on the EDPRS resulted in their recommendations being incorporated into the document.

20. The education programme worked through the education SWAp to institute norms and standards for child-friendly schools within a minimum quality framework. The programme demonstrated these norms and standards in 20 of 50 schools, mobilized \$70 million through the Fast-Track Initiative, created adequate and safe learning spaces, including classrooms and sanitation facilities for over 50,000 children in 50 primary schools, and developed key policies for the education of girls and OVCs. The programme contributed to a five-year school campaign aimed at girls’ retention and achievement in primary and secondary school;

developed capacities for quality education that focus on outcome-based curriculums which integrate life skills and gender sensitivity; and increased access, retention and participation for 18,000 OVCs through the “Catch Up” programme and 9,000 OVCs through child-friendly schools, and integration of care and support in 50 model schools.

21. The child protection programme contributed to a more protective environment for children through the development of legal, policy and institutional frameworks such as the OVC National Plan of Action; a multisectoral, rights-based plan against harmful and exploitative child labour; strategic guidelines on children on the streets; minimum standards of care, protection and support; and basic indicators for child protection. Community safety nets have been strengthened through social mobilization that reached 45,000 children, and through support for vocational training, income-generating activities, enrolment in primary school and access to health insurance. UNICEF was instrumental in helping the Government raise \$8 million for OVCs from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

22. The social planning and rights advocacy programme enhanced the capacities of partners in human rights-based programming; strengthened capacities for data collection and information systems at national and local levels; expanded partnerships and alliances with Parliament, NGOs, faith-based organizations, donors and children that generated greater attention to children’s rights; and improved the coordination of interventions and events targeting children.

23. Through the National Early Warning System, the United Nations Disaster Management Task Force is assisting the Government to manage the risk of volcanic-eruption in Gisenyi and Goma, the threat of avian flu and recurrent food insecurity. UNICEF assisted the Government to respond to cholera outbreaks, to support 34,000 returnees from Burundi and the United Republic of Tanzania, and to assist children under age five years who are suffering from malnutrition. UNICEF also assisted 36,000 released prisoners with basic health kits, cooking sets for women, water tanks and portable containers, ARV treatment, voluntary counselling and testing services and condoms provided by UNFPA.

Lessons learned

24. The evidence base for programming in HIV and AIDS changed dramatically during the country programme period. Innovative and bold use of new evidence to advocate for children can provide the necessary basis for high-level engagement and for leveraging resources to focus on children. Credible new evidence was used to influence rapid scale-up of paediatric care and treatment and adoption of new and effective ARV prophylaxis for PMTCT. To maintain momentum and ensure quality, the programme must continue to advocate, establish partnerships and leverage resources from major partners; strengthen national and decentralized programme monitoring and feedback; strengthen national mechanisms for coordination and management of the agenda for children and AIDS; and work within the “one United Nations” framework to leverage resources and results for children.

25. The education SWAp was demonstrated to be an effective, nationally owned channel for realizing girls’ rights to education and for scaling up of best practices that improve retention and achievement. The SWAp partnerships led to strong national commitments to minimize barriers to girls’ participation in school and to increase retention and achievement. The multi-pronged approach of UNICEF to

equity for girls and OVCs in education was a positive lesson learned, as UNICEF was able to facilitate the achievement of many results. However, skills need to be developed for advocacy, budget analysis and nurturing of partnerships.

26. While the programme achieved sector-specific results, greater magnitude and sustainability could have been achieved through intersectoral linkages. An integrated approach to child survival and early childhood development must strengthen strategies that consider existing care practices, knowledge and attitudes, as well as reasons for low use of services. Participatory research, promoting the involvement of men in child care and equal participation of women in household decision-making will be central in achieving improved health outcomes for children, women and families.

27. Community participation also needs to increase and ensure sustainability of the child-friendly school approach; to do so, more research is necessary on local level decision-making structures.

The country programme, 2008-2012

Summary budget table

<i>Programmatic Axes</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources*</i>	<i>Total</i>
Good governance	6 000	4 700	10 700
Health, population, nutrition and HIV	16 175	36 000	52 175
Education	7 000	17 500	24 500
Social protection	4 200	8 800	13 000
Cross-sectoral costs	6 000	0 00	6 000
Total	39 375	67 000	106 375

* Additional funds may be raised through Consolidated Appeals to meet emergency needs.

Goals, key results, strategies

28. The goal of the country programme is to contribute to the realization of child-focused results in four of the five strategic results of the UNDAF: (a) good governance enhanced and sustained; (b) mortality due to child and maternal morbidity, the incidence and impact of HIV and AIDS and other major epidemics are reduced, and the growth of the population is slowed down; (c) all children in Rwanda acquire a quality basic education and skills for a knowledge-based economy; and (d) Rwanda's population benefits from economic growth and is less vulnerable to social and economic shocks.

29. The **good governance** programme, with United Nations and other partners, will contribute to 12 UNDAF output results:

(a) legal and policy frameworks are in line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women;

- (b) districts prioritize child rights in policy implementation, planning and budgeting;
- (c) law enforcement systems, legal and judicial institutions promote child rights;
- (d) effective coordination and monitoring mechanisms exist;
- (e) national planning, sector policies and budgets prioritize child rights using evidence from reliable, valid, updated disaggregated data;
- (f) child rights are maintained on the national agenda through upstream advocacy based on evidence and analysis;
- (g) social policies are effectively implemented at the district level and child-related outcomes are evaluated;
- (h) the principles of gender equity and participation are mainstreamed in programme planning;
- (i) high-quality research, studies and evaluations provide information on the impact and outcome-level results of development programmes on the status of women and children;
- (j) reliable, valid, updated data are collected, analyzed and used through surveys such as the Demographic and Health Survey “plus”, the multiple indicator cluster survey and the Integrated Household Survey;
- (k) national- and district-level capacities for data collection, analysis and dissemination are strengthened;
- (l) decision makers have improved access to and use of socio-economic data through Rwanda DevInfo.

30. The **health, population, HIV and nutrition** programme, with United Nations and other partners, will contribute to 15 UNDAF output results in the area of health and nutrition:

- (a) policies and budgets prioritize maternal, neonatal and child health and nutrition using the MBB tool;
- (b) technical standards for service delivery exist;
- (c) coverage of children under one year of age by full immunization with six antigens and vitamin A supplementation increased from 75 to 85 per cent, and the rate of anaemia (iron deficiency) among children under five years reduced from 56 to 35 per cent;
- (d) rate of chronic malnutrition decreased from 45 to 35 per cent and the rate of underweight reduced from 23 to 14 per cent;
- (e) sufficient capacity exists to provide comprehensive antenatal and postnatal care and emergency management of maternal, obstetric and neonatal care;
- (f) quality care exists in the prevention and management of neonatal and childhood illness and maternal health;
- (g) community-based nutrition scaled up in eight additional districts;

- (h) 90 per cent of children under age five years and 90 per cent of women sleep under an insecticide-treated net;
- (i) 57 per cent of children diagnosed with acute watery diarrhoea receive oral rehydration therapy;
- (j) 60 per cent of children are exclusively breastfed through six months of age;
- (k) all children, pregnant women, lactating mothers and children under ART receive appropriate nutrition;
- (l) at least 80 per cent of children from child-friendly schools are using safe water sources and improved sanitation facilities;
- (m) surveillance systems for epidemic diseases are established;
- (n) governmental capacity is strengthened to respond to epidemics;
- (o) strengthened capacity of civil society duty bearers to prevent disease transmission.

31. The **health, population, HIV and nutrition** programme, with United Nations and other partners, will also contribute to nine UNDAF output results in the area of HIV and AIDS:

- (a) national HIV policies and strategies are informed by up-to-date knowledge and reflect family-centred and youth-friendly strategies;
- (b) issues related to children and AIDS are prioritized in national and decentralized plans and budgets;
- (c) young mothers and couples have information on HIV/AIDS and access to the PMTCT package in UNICEF-supported sites;
- (d) all HIV-positive mothers, couples and their babies receive a comprehensive package of services using a family approach in UNICEF-supported sites;
- (e) a comprehensive package of HIV preventative services is available to respond to the needs of children, adolescents and youth;
- (f) capacities of civil society and youth organizations are strengthened to nurture the role of youth in HIV prevention at the national and community levels;
- (g) HIV-infected children receive treatment, care and support and are monitored for compliance in UNICEF-supported sites;
- (h) HIV-positive adolescents and young people have access to youth-friendly care and treatment services in UNICEF-supported sites;
- (i) in districts covered by IMNCI, communities have strengthened capacities to support HIV-positive pregnant women, children and adolescents.

32. The **education** programme, with United Nations and other partners, will contribute to 16 UNDAF output results:

- (a) capacities of local government to deliver the minimum package for OVCs are strengthened;

- (b) access of out-of-school children to alternative and complementary education increased;
- (c) access to adequate learning spaces ensured;
- (d) access to basic education for children in emergencies ensured;
- (e) the minimum quality package, incorporating the health package and care component, is successfully modelled and 50 child-friendly model schools are scaled-up to 400 surrounding schools;
- (f) minimum standards are developed for early childhood development and for the integration of school health and nutrition, school feeding, HIV/AIDS and water, sanitation and hygiene;
- (g) all 0-6 year-old children in districts covered by Community Integrated Management of Neonatal and Childhood Illnesses (C-IMNCI) have access to early childhood development programmes;
- (h) critical life skills integrated into the curriculum;
- (i) child-centred teaching methods established in model schools;
- (j) minimum proficiencies in literacy, numeracy and life skills ensured;
- (k) a system for monitoring learning achievement is in place;
- (l) increased capacities of local government and NGOs for participatory planning, management and monitoring of schools and early care centres;
- (m) enhanced participation of civil society and the private sector in planning processes;
- (n) strengthened capacities of local governments in using school planning and costing models;
- (o) improved education information system;
- (p) strengthened national and district capacities for gender-based policy analysis and planning.

33. The **social protection** programme, with United Nations and other partners, will contribute to six UNDAF results:

- (a) the national disaster early warning system is strengthened, including ensuring that emergency preparedness and response plans are regularly updated;
- (b) availability of a national emergency package and response ensured;
- (c) national and sectoral budgets allocate sufficient resources for OVC issues;
- (d) national social assistance schemes include OVCs;
- (e) at least 100,000 OVCs (20 per cent of the target of the National OVC Plan of Action) are reached with the comprehensive package of care and support and access to basic social services through existing social protection mechanisms in targeted districts;

(f) 80 per cent of the families in the 15 C-IMNCI districts use established protection mechanisms to identify, oversee and refer cases of exploitation, abuse and violence.

34. Key **strategies** for the country programme will be: (a) using the human rights-based approach to direct the design, implementation, monitoring and evaluation of all programmes; (b) strengthening capacities at decentralized levels; (c) supporting evidence- and results-based policy analysis, programme design and implementation; (d) strengthening partnerships and intersectoral approaches for improved investment, resource allocation and results for children; (e) promoting innovative models and scaling up of successful models; (f) promoting meaningful participation of children and women; and (g) mainstreaming gender, early childhood development, HIV and AIDS and emergency preparedness into programme components.

Programme components

35. The contribution of the UNICEF **good governance** programme to the UNDAF strategic result I (convener: UNDP) will include interventions in justice and the rule of law, citizen participation, gender equality and evidence-based policy-making. Good governance entails a strong justice system with effective legislation and regulatory frameworks for the promotion of human rights, especially for the most vulnerable, and including enforcement of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF will support national efforts to: strengthen the rule of law in the area of access to justice for children and human rights reporting; enhance the participation of children in decision-making processes; mainstream gender equality into policy and planning; and facilitate evidence-based policy and planning to accelerate the realization of child rights. Through a joint United Nations programme, UNICEF will strengthen national monitoring and evaluation systems and capacities for analysis, reporting and use of evidence.

36. The UNICEF **health, population, HIV and AIDS and nutrition** programme will contribute to UNDAF strategic result II (conveners: WHO and UNFPA) through the areas of health, nutrition, water, sanitation and hygiene and HIV and AIDS. It is critical to increase investment in improving the health status of the poor, especially in rural areas, including through more effective policy and planning to facilitate their access to integrated services. UNICEF will support efforts to improve the health of the population by promoting good health practices at the community and family levels and by building capacities to control and prevent disease and epidemics. Central to this will be ensuring sufficient capacities for strategic planning and budgeting for primary health care, including water, sanitation and hygiene, and effective coordination of donor interventions. UNICEF will support national efforts to reduce HIV infections and enhance the well-being of those infected through strengthening institutional capacities and promoting protective behaviour and increased access to comprehensive treatment, care and support services.

37. UNICEF will be the convener for UNDAF strategic result III (**education**). Interventions by FAO, UNFPA, UNESCO, UNHCR, UNICEF, WFP, WHO and other partners will be channelled through the Education Sector Plan and the SWAp. The programme has four result areas: enrolment; retention and completion;

achievement; and the Education Management System. UNICEF will support scaling up of the child-friendly school framework and promote alternative non-formal education to enhance enrolment among girls and vulnerable children; improve retention and completion rates of girls and OVCs through the promotion of school norms and standards and community mobilization; contribute to acquisition of relevant life skills for learning and establishment of systems for monitoring achievement; and strengthen education management and information management systems.

38. The UNICEF **social protection** programme will contribute to UNDAF strategic result V (conveners: FAO and WFP) through the areas of national disaster management and institutionalizing effective social safety nets for vulnerable children and families. UNICEF will contribute to ensuring that all people in Rwanda are less vulnerable to social and economic shocks by supporting effective national disaster management and effective safety nets for the most vulnerable, with special emphasis on comprehensive social protection for OVCs. Participation of the most vulnerable will be promoted.

39. **Cross-sectoral costs** will cover management and support of the overall country programme, including programme communication; fund-raising and media outreach; programme planning, research, evaluation, monitoring and coordination; and staff and operating expenses related to supply, logistics, administration and finance.

Monitoring, evaluation and programme management

40. To support a more coherent United Nations system that delivers as one, and to strengthen national monitoring and evaluation systems, UNICEF will reinforce its strategic planning, monitoring and evaluation functions. UNICEF will provide technical support to the Office of the Resident Coordinator to ensure that progress on targets is monitored and necessary corrective actions are identified, using indicators, sources of data, studies, reviews, surveys and evaluations as per the UNDAF monitoring and evaluation plan. UNICEF will also prepare annual integrated monitoring and evaluation plans to ensure that resources are efficiently allocated to this component across all programmes, and that research is well coordinated and of good quality. The UNDAF allocates to UNICEF the leadership role in strengthening social information systems in Rwanda at the national and district levels. This will entail ensuring sufficient internalization of DevInfo within the United Nations system and its effective use at national and district levels.

41. A Steering Committee jointly convened by the Ministry of Finance and Economic Planning and UNICEF will manage the country programme. Periodic reviews will take place through coordination meetings of thematic groups, which will report progress and challenges to the Steering Committee, as described in the One United Nations Operational Plan. The United Nations agencies will conduct joint annual reviews of the UNDAF, and will increasingly utilize the joint review process of the EDPRS for monitoring progress in implementation of the UNDAF and individual country programmes. Inter-agency collaboration, effective coordination with bilateral, multilateral and civil society partners and “one programme” modalities, including results-based joint programming and harmonized organizational processes, will serve as core mechanisms for the coordination and execution of the country programme.