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Revised country programme document

Madagascar

Summary

The Executive Director presents the revised country programme document (CPD) for Madagascar for final approval by the Executive Board. At the Annual Session of 2003, the Board commented on the draft CPD and approved the aggregate indicative budget for the county programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been revised, taking into account, as appropriate, comments made by delegations during that session and a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2004 on a no objection basis, unless at least five members have informed the secretariat in writing, by 12 December 2003, of their wish to bring the country programme before the Board.

*Basic data
(2001 unless otherwise stated)*

Child population (millions, under 18 years)	8.4
U5MR (per 1,000 live births)	136
Underweight (% , moderate and severe) (2000)	33
Maternal mortality ratio (per 100,000 live births) (1990-1997)	488
Primary school enrolment and/or attendance (% net, male/female) (1999, 2000)	66/67, 50/53
Primary school children reaching grade 5 (%) (1998)	51
Use of improved drinking water sources (%) (2000)	47
Adult HIV prevalence rate (%)	0.29
Child work (% , 5-14-year-olds) (2000)	19
GNI per capita (US\$)	260
One-year-olds immunized against DPT3 (%) (2001)	55
One-year-olds immunized against measles (%) (2001)	55

The situation of children and women

1. Madagascar is among the poorest countries in the world in spite of its great natural wealth and development potential. Although some improvement in terms of the under-five mortality rate and malnutrition levels have been reported between 1997 and 2000, subsequent events in the country may have led to a reversal in key social sector indicators. According to the *Human Development Report 2002*, Madagascar has seen a decline in the Human Development Index from 2000, and ranks 147th out of a list of 174 countries.

2. The year 2002 was characterized by political turmoil, which impacted severely on the economic and social situation of the country. The World Bank estimated that the gross domestic product for 2002 fell by more than 10 per cent instead of growing by an anticipated 6 per cent. During the same period, the poverty level in the country increased to 73 per cent. The consequences of this crisis affected mainly workers in the formal sector, the urban poor in the informal sector and rural producers, who together account for up to more than 80 per cent of the population.

3. There were shortages in essential commodities and price increases for rice, cooking oil, salt and sugar, as well as fuel. With reduced incomes, thousands of families changed their food consumption patterns. Women, in particular those heading households, were hard hit by the crisis since their coping mechanisms had eroded and their children were among the first to show signs of malnutrition.

4. Inadequate basic services, combined with the increased inability of families to pay user fees, led to a sharp drop in health coverage and school attendance. Increased vulnerability of families led to a further increase in problems related to child protection, including child labour, destitution and increased **sexual exploitation**. An outbreak of influenza in the south-eastern region claimed more than 500 lives, with about one half of them being children under five years of age. Low immunization coverage claimed its toll, with at least six cases of recombined vaccinal polio virus being reported in the southern region.

5. Compounding the above crisis, a severe drought hit the southern part of the country, and in May 2002, the cyclone "Kesiny" severely damaged the north-eastern part of the country.
6. By the second half of 2002, the new Government took charge of the situation. It initiated a national rapid recovery and sustained development programme, which, *inter alia*, prioritizes the social sectors, with an emphasis on women and children. The second report to the Committee on the Rights of the Child submitted by Madagascar will be discussed at the 34th session of the Committee in September 2003.
7. Malnutrition remains the major underlying cause of high morbidity and mortality among children less than five years of age. Due to unfavourable socio-economic conditions, the nutritional situation of children under five has probably deteriorated further from the level of 33 per cent in 2000. The three major killers of children less than five years old in the hospitals are malaria (36 per cent), diarrhoea (23 per cent) and acute respiratory infections (ARI)/severe pneumonia (9 per cent). Measles mortality rates have fallen dramatically to less than 1 per cent, while morbidity has not changed over the last 10 years. The biannual vitamin A campaigns implemented since 1997 have helped to reduce measles mortality and ARI.
8. The relatively high diarrhoeal morbidity and mortality rates are due partly to inadequate access to safe water and sanitation services. Coverage rates over the last seven years show a gradual decline due mainly to poor maintenance and inadequate investment in infrastructure. Up to 2002, the national budget allocated for water and sanitation was only 0.30 per cent of the total budget, with external aid allotting only 0.70 per cent.
9. During the period 1998-2001, the immunization rates have varied. Madagascar has continued to face difficulties in both increasing and sustaining coverage levels. While successful polio National Immunization Days (NIDs) were organized in 1997, 1998 and 1999, routine expanded programme on immunization coverage levels have not improved. Since the mid-1990s, deterioration in key coverage indicators such as antenatal care and assisted birth attendance has been observed. Civil unrest in the country in 2002 resulted in serious disruptions in routine activities. Causal factors include a lack of human resources (average of 1.5 staff per health centre), low salaries of health workers (\$48 a month), and a total lack of supervision, resulting in poor public health services.
10. There is incomplete information on HIV/AIDS prevalence in the country; available information, however, suggests that HIV/AIDS prevalence is still relatively low. Conscious of the threat posed by the pandemic, national authorities give high priority to containing the spread of AIDS. A national HIV survey among pregnant women is currently being carried out. A National Strategic Plan has been formulated by the Government (Presidency) and submitted to national and international partners. Since February 2003, action plans are being developed at decentralized levels, focusing on 15 districts identified as being of high risk.
11. The education system continues to be affected by problems of access, retention and learning achievement. While 80 per cent of children have access to school, repetition, estimated at over 25 per cent, linked to poor quality, results in only 51 per cent of children reaching grade 5. Gender and regional disparities have been noted in all major indicators of primary education.

12. In 2000, nearly one quarter of children below five years of age were not registered at birth. The levels were 21.9 per cent at 9 years and 17.7 per cent at 17 years, suggesting that birth registration is showing a steady decline in the country. A survey in 1998 suggested that 1 out of 5 children were subjected to acts of violence, with family members involved in almost 35 per cent of cases. One third of children aged 7-14 years are engaged in child labour. According to a 2001 study, sexual exploitation among girls aged 10-17 years is an increasing phenomenon, particularly around cities and ports.

Key results and lessons learned from previous cooperation, 2001-2003

Key results achieved

13. The country programme responded to the challenges of the unstable situation in the country by partly redirecting programme efforts to respond to the humanitarian crises. Key areas of support for the population during the period were focused around water, sanitation, nutrition, health and child protection interventions aimed at expanding basic social services for children and women in the affected areas of the country. However, activities related to education and HIV/AIDS, which focused on changing attitudes and behaviour, were slower.

14. Between 1997 and 2001, integrated community-based nutrition and Integrated Management of Childhood Illness (IMCI) activities, implemented in 644 sites, demonstrated a reduction in malnutrition levels of between 10 and 15 per cent. In the education sector, contracts between 850 communities and target schools established obligations on the part of the communities for improving enrolment, attendance and accountabilities at the school level; improving learning achievement; and introducing at the same time a monitoring tool for communities to manage education and schools. A significant achievement in the health sector was the successful organization of NIDs for polio in 2002. The two rounds covered nearly 3.7 million or 97 per cent of children under five years of age. During the second round of the campaign, vitamin A capsules were also provided. Two local-level projects to increase birth registration were successful, and their implementation on a wider scale is now being considered as a part of the new programme.

Lessons learned

15. A major lesson learned during the short-duration country programme was the successful implementation of programmes in the areas of nutrition and education with the involvement of local leaders from the community. In nutrition, collaboration with local leaders and non-governmental organizations (NGOs), and the rapid achievement of tangible results through interventions related to growth monitoring and IMCI, created demand and improved participation rates. Improvements were made in the education sector in part because of the use of contracts for school achievements between schoolteachers and the community.

16. There was increased sensitivity to the issues of rights and protection as a result of the dissemination of information and the creation of awareness among partners and communities in the project areas. Strong government leadership and a broad partnership of local and international actors were key to the success of the polio NIDs and of the growing momentum in the fight against HIV/AIDS. During

a 10-week long campaign, national and international communities demonstrated their commitment and capacity to avert a larger polio problem through the successful conduct of NIDs. Although the prevalence rate for HIV is below 1 per cent, the commitment from the very top, starting with the President, and the leadership provided by his Government were instrumental in mobilizing wider support aimed at preventing a further increase in HIV in the country. However, **without** national policies, particularly in the areas of HIV/AIDS, sanitation, rights and protection, birth registration and nutrition, these short-term gains **cannot be** sustained. Although limited progress was made in all of these areas, it is acknowledged that local-level action within a national policy-level framework would have produced results on a larger scale.

The country programme, 2004

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	1 510	1 740	3 250
Nutrition	345	590	935
Education	675	1 250	1 925
Water and sanitation	386	925	1 311
Child rights and protection	270	115	385
Information and communication	155	50	205
Coordination, planning, monitoring and evaluation	293	130	423
Cross-sectoral costs	465	50	515
Total	4 099	4 850	8 949

Preparation process

17. UNICEF prepared a short-duration programme of cooperation for 2001-2003 to harmonize cycles with other United Nations agencies. The political crisis of 2002 resulted in delays in finalizing the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) and in preparing the new programme. As a result, all United Nations agencies agreed to extend their ongoing programmes by one additional year. The country programme strategies of this one-year short-duration programme are basically the same as for the previous programme of cooperation, taking into account some of the changes in the national context. They have been reviewed and approved by national partners, United Nations agencies and other development partners during the annual review meeting in December 2002.

Goals, key results and strategies

18. The goals and objective of the programme in 2004 are the same as those of the 2001-2003 country programme: supporting government efforts to ensure the

realization and protection of the rights of children and women, including their increased survival and development. The country programme aims at achieving the following goals: (a) to improve the survival of women and children; (b) to promote the integrated development of children and their preparation for adulthood; (c) to promote the participation of women and children; and (d) to protect children, particularly those who are vulnerable in the community. The UNICEF-supported country programme will contribute to these objectives by: (a) developing policies and strategies for social protection, water and sanitation, quality primary education, malaria control, cholera control and vaccine independence; (b) reinforcing community capacity development (CCD) through a human rights approach to programming; (c) ensuring that plans for emergency response are prepared; and (d) improving access, quality and use of basic social services.

19. The one-year country programme will continue with the seven programmes of the previous country programme. Each of the programmes will include emergency preparedness and response as an integral part of the programme. There will continue to be a mix of strategies contributing to, *inter alia*: rights-based decentralized CCD, social mobilization and support to service delivery; partnerships and advocacy with civil society, media, NGOs and the private sector; participation by children and other actors in the communities; and synergy in both programme activities and geographic locations. Early childhood development (ECD) and HIV/AIDS prevention will be addressed as an intersectoral issue in all sectoral programmes.

Relationship to national priorities and UNDAF

20. The country programme aims to contribute to the objectives of the new Government's poverty reduction strategy, which is currently being finalized. The Poverty Reduction Strategy Paper (PRSP) covers 2003-2005 and has three major strategic thrusts: (a) to ensure the rule of law and good governance; (b) to rejuvenate and promote economic growth with a broad social base; and (c) to rejuvenate and promote enhanced human and material security and social protection system, including universal primary education, maternal and child health (MCH), water and sanitation, and child protection. The PRSP aims at rapid and sustained development to reduce by one half the levels of poverty in 10 years. The Government is playing a key role in the preparation of the CCA and UNDAF. The second generation CCA for the country was ready in June 2003, and the UNDAF for the period 2005-2009 will be prepared by December 2003. The United Nations system, together with national, civil and private partners as well as donors, is fully engaged in these critical processes.

Relationship to international priorities

21. The PRSP of Madagascar has embraced the Millennium Development Goals. The Government of Madagascar-UNICEF programme of cooperation will continue to focus on the targets and objectives contained in the UNICEF medium-term strategic plan (MTSP). Priority will be given to child mortality reduction through an integrated ECD strategy aimed at controlling malnutrition, malaria, diarrhoea and ARI. In support of the Abuja goals, the Government exempted taxes on impregnated bednets and began preparing plans for covering 60 per cent of the households with bednets by 2005.

Programme components

22. **Health.** This programme will contribute to reducing child and maternal mortality. The focus will be on improving immunization coverage through routine services in 57 out of the 111 health districts. A national measles campaign will be implemented based on epidemiological criteria and with funding from other resources. Capacities for improved MCH services will be strengthened in 24 out of the 111 health districts. Special attention will be given to the prevention and care of the three major killer diseases: malaria; ARI; and diarrhoea. UNICEF will support the **implementation of the** national policy for malaria control. In 24 districts, the focus will be on improving access through the provision of subsidized impregnated bednets to nearly 165,000 pregnant women and 165,000 young children. If additional funding becomes available, these activities will be expanded to additional districts. Pregnant women and young children from 10 health districts of stable malaria transmission areas will receive support for treatment through community-based distribution mechanisms. In addition, support will be provided for increasing access to prevention and care, including case management of ARI and diarrhoea. The focus will also be on HIV/AIDS prevention among young people, including young mothers, using information, communication and education materials and through peer education groups. Support will be given to expand prevention of mother-to-child transmission services from 8 to 23 centres. Health issues will also be addressed through support for the development of policies in nutrition, rights and protection, and sanitation.

23. **Nutrition.** The programme aims at contributing to reducing malnutrition, morbidity and mortality of children through community-based nutrition interventions in 30 health districts. The Government's aim is to reduce under weight to less than 30 per cent. UNICEF will support ECD activities linked to community-based growth monitoring and other IMCI interventions. Strategically linked to these activities, **nutritional rehabilitation and services for low birth-weight children will be provided.** Micronutrient deficiencies will be addressed through the **interventions to combat iodine deficiency disorders, including provision of vitamin A and iron** capsules. The vitamin A and iron supplements will contribute to the reduction of anaemia levels among women from 42 per cent (1997) to 30 per cent and among children under five years old from 67 per cent (1997) to less than 50 per cent in 2004.

24. **Education.** The programme priority will be improving enrolment, **achievement** and **the** quality of basic education. The objectives in the 10 education districts will be to increase the enrolment rate by 3 per cent and the primary school completion rate by at least 5 per cent through teacher training in multi-grade classroom management and life skills education, including HIV/AIDS prevention, as well as operations research and capacity-building for improved learning achievement assessment. The use of community-level contracts for learning achievement and family-level monitoring tools will be expanded to additional areas of the country. Another priority will be to improve intersectoral collaboration, particularly with the nutrition and health sectors, by strengthening parenting skills for child care and development **in 48 sites of 24** health districts where community nutrition activities are **being** carried out. An assessment of the gaps in educational statistics during the year will help support developing and improving the Educational Management Information System in the country as a part of the programme of cooperation.

25. **Water and sanitation.** This community-based programme will give priority to improving access, quality and utilization of basic social services around schools. Technical assistance will be provided for the development of a national sanitation policy and related legislation. In support of the national objective of improving coverage for drinking water, UNICEF will support improving access to 20,000 people in underserved areas, to 30,000 people in urban areas, and to 110 primary schools with 6,000 children. In addition, support will be given for improving access to sanitation facilities in these 110 schools, which will contribute to improving girls' education. In selected areas around schools, family latrines will be constructed for 15,000 people, and hygiene education will be provided to educators, members of school committees and families.

26. **Child rights and protection.** This programme aims at contributing to the creation of a protective environment and networks that promote child rights and protection in eight locations. Support services will be established to provide psychosocial assistance to children who are at risk or are victims of violence or exploitation. The development of protocols for action in cases of abuse and sexual exploitation, as well as for orphans, will be included in the plans of action. Partners in this initiative will include, *inter alia*, local authorities, police, judiciary, social workers, tourism employees, NGOs and civil society. Efforts will be made to link birth registration for children under five years old with immunization. Care for disabled children in the family and community environment, and meeting the needs of children orphaned by AIDS and other vulnerable children will be other areas of focus. Greater focus will be on adequate monitoring and reporting on rights and protection issues. The programme will also contribute to the dissemination of the second report on the Convention on the Rights of the Child and the Concluding Observations of the Committee on the Rights of the Child, and will support the development of plans and their implementation based on the recommendations.

27. **Information and communication.** This programme aims at providing overall technical and practical assistance to the sectoral components of the country programme. Information and communication strategies in support of nation-wide campaigns will be developed to ensure universal immunization coverage for both routine immunization and for polio eradication efforts. UNICEF will support efforts to ensure that at least 60 per cent of young women and men between 10 and 18 years old, who are living in 20 areas prioritized by the Government as "high risk", have the necessary information to protect themselves from HIV infection. The programme will also support the sensitization of parents in ECD and in the promotion of child rights and protection.

28. **Coordination, planning, monitoring and evaluation.** This programme will help to ensure that the country programme contributes efficiently and effectively to achievement of agreed development goals in favour of children and women, specifically the Millennium Development Goals and those of the MTSP. More precise information on the situation of children and women will emerge through support to the analysis of the 2003 Demographic and Health Survey and implementation of the National Census in 2004. UNICEF will also support the establishment of a national capacity to monitor the situation and rights of children in the context of a subregional Indian Ocean Commission initiative. This programme will support the involvement of communities in routine monitoring and serve as focal point for reviews, studies and evaluations that will be part of the preparation of the next country programme cycle. The contributions of the country programme will be factored into national efforts to reduce poverty and promote sustainable development.

29. **Cross-sectoral costs.** Part of the programme budget will be used to cover cross-sectoral expenses for the implementation of the country programme and the management of the office. Operating costs not covered by the support budget will be shared on a pro-rata basis among the various components of the programme and funding sources.

Major partnerships

30. The country programme objectives will be achieved through collaboration with a number of partners, including the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme (UNDP) and the World Bank; the Governments of Norway and France in the area of education; the Governments of France, Switzerland and Japan, German Technical Cooperation, the United States Agency for International Development, the Pasteur Institute, the United Nations Population Fund, the World Health Organization, the World Bank and the European Union, among others, for the health programme; and with United Nations organizations, bilateral agencies and several NGOs in the area of HIV/AIDS prevention. CARE, Catholic Relief Services, WaterAid, Population Services International and the *Groupe de recherche et d'échanges technologiques* (Research and Technological Exchange Group) are among the NGO partners in the water and sanitation and nutrition programmes. *Médecins sans frontières* (Doctors without Borders), the International Labour Organization and UNDP are the key partners in the child rights and protection programme.

Monitoring, evaluation and programme management

31. The Ministry of Economy, Finance and Budget is responsible for coordination of the country programme. An intersectoral mechanism for monitoring and coordination, comprising the Ministries of Economy, Finance and Budget, and Foreign Affairs, UNICEF and other partners, will be responsible for routine implementation and monitoring of the country programme. Annual plans of action for each project will be prepared jointly by the relevant ministry or department and UNICEF. The Government and UNICEF will conduct a joint annual review of all country programme components. United Nations agencies, NGOs and donors will be invited to participate in these reviews.

32. The existing Integrated Monitoring and Evaluation Plan will be updated and used as the framework for monitoring and evaluating sectoral programmes, as well as the overall country programme. Country programme monitoring will be facilitated by regular field visits and specific surveys. Efforts will be made to strengthen the evaluation function, and certain evaluations of the ongoing country programme will be completed.

Annexe to the Country Programme Document: Summary Results Matrix

Programme of Cooperation between UNICEF and the Government of Madagascar, 2004

UNICEF MTSP ¹ Priority Areas	Key results expected in this priority area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The key results expected in this priority area will contribute to : ²
GIRLS' EDUCATION	Increase in enrolment and completion for primary schools in 10 districts and improvement in quality of primary education in 12 demonstration sites	<p>3% increase in the enrolment rate for the first year of school in 10 districts</p> <p>5% increase in the primary school completion rate in 10 districts</p> <p>All children in the first three years of school in 12 demonstration sites are schooled in and evaluated in the life competency approach to education</p>	<p>School enrolment statistics</p> <p>Annual statistical report of the Ministry of Primary and Secondary Education</p> <p>Demonstration site reports and evaluations of students</p>	<p>Ministry of Primary and Secondary Education</p> <p>World Bank</p> <p>Local communities, authorities and schools and other dutybearers in 10 districts</p> <p>Non governmental organisations</p>	<p><u>WFFC</u>:³ Reduce the number of children not enrolled in school by half and improve all aspects of the quality of primary education by 2010</p> <p><u>MDG</u>:⁴All boys and girls complete primary school and girls and boys have equal access to all educational levels</p> <p><u>PRSP & Business plan of MINESEB</u>:⁵ Ensure that all Malagasy children obtain a quality fundamental education</p>

¹ MTSP : UNICEF Mid Term Strategic Plan

²UNDAF is not mentioned here because the first UNDAF programme will take place from 2005-2009

³ WFCC World Fit for Children 2000

⁴ MDG Millennium Development Goals 1990-2015

⁵ PRSP & Business Plans : Poverty reduction strategy paper 2003 and corresponding ministerial work plans

UNICEF MTSP Priority Areas	Key results expected in this priority area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The key results expected in this priority area will contribute to :
IECD	<p>Improved nurturing and development of young children by parents in 2 sites in 24 districts</p> <p>Development and implementation of a national action plan for the application of the birth registration section of the Convention on the Rights of the Child</p>	<p>At least 50% of parents in the project area report that they have improved their child raising practices</p> <p>100% of births are registered in the 6 provincial capitals, after implementation of the birth registration action plan</p>	<p>Knowledge, Attitude and Practice survey of parents in 2 sites per district</p> <p>Civil Registration system</p>	<p>Ministry of Primary and Secondary Education Ministry of Health Ministry of Population Ministry of Justice Local authorities, project parents and other dutybearers Non-governmental organisations</p>	<p><u>WFFC Goal:</u> Expand and improve the education and care of young children by 2010</p> <p><u>MDG:</u> N/a</p> <p><u>PRSP & Business plan of MINESEB:</u> Develop a policy on early childhood development and pre-school education, that can correct inequalities of access to primary education</p>
EXPANDED PROGRAMME ON IMMUNI- SATION	<p>Increased vaccination coverage among children < 1 year old at the national level</p> <p>Increased coverage of measles vaccination for children < 15 years old at the national level</p>	<p>60% of infants under age one completely vaccinated</p> <p>90% of children under age 15 vaccinated against measles</p>	<p>District monthly statistics reports</p> <p>Measles campaign report</p>	<p>Ministry of Health at the national level and health centres at the district level World Health Organisation</p>	<p><u>WFFC:</u> Reduce by at least 1/3 the mortality rate of infants under age one and the mortality rate of children under 5 years of age by 2/3</p> <p><u>MDG:</u> Reduce the mortality of children under 5 by 2/3 by 2015</p> <p><u>PRSP & Business plan of MoH:</u> National level vaccination coverage of at least 80%</p>

UNICEF MTSP Priority Areas	Key results expected in this priority area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The key results expected in this priority area will contribute to :
CHILD PROTECTION	<p>Established environment of protection and active networks for promoting protection and rights of children in eight sites</p> <p>Increased dissemination of child rights in Madagascar</p>	<p>Existence of an intersectoral network that is effective in protecting the rights of children in 8 sites</p> <p>Implementation of a national action plan in the two principal areas identified by the Committee on the Rights of the Child (Geneva)</p> <p>Implementation of 2 demonstration projects for the care and support of handicapped children, orphans and other vulnerable children</p> <p>A pilot NGO partner successfully integrates child rights into all activities and is prepared to take a mentorship role with other NGOs.</p>	<p>Quarterly activity reports on rights activities and on cases treated by networks</p> <p>The National Action Plan document</p> <p>Partners' activity reports and action plans</p> <p>Plan of Action Programmes and Reports from partners and NGOs</p>	<p>Ministries of Population, Justice and Public Security</p> <p>The Executive Secretariat of the National Council for the Fight Against AIDS</p> <p>UN agencies</p> <p>Non-governmental organisations, inc. MSF</p> <p>Media</p> <p>Local authorities</p> <p>Other members of civil society</p> <p>Ministry of Post, Telecommunications and Communication</p> <p>Ministry of Population</p> <p>NGOs</p> <p>Media</p>	<p><u>WFFC</u>: 43 a,c,d,e et 44 (1,2,6,10,11,) 46 (c) and the objectives in the 2 areas of the « fight against child labour » and « the elimination of sex trafficking and sexual exploitation of children »</p> <p><u>MDG</u>: To ensure that AIDS orphans receive special assistance; that rights are strengthened; that vulnerable groups are protected and that the Convention on the Rights of the Child is implemented</p> <p><u>PRSP</u>: Develop and promote civil systems to protect human and material security and society at large; restore a State of Law and a well governed society</p>

UNICEF MTSP Priority Areas	Key results expected in this priority area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The key results expected in this priority area will contribute to :
FIGHT AGAINST HIV/AIDS (intersectoral programme)	<p>Increased access to PMTCT services in 15 districts</p> <p>In and out of school youth aged 10-18 in 20 districts have increased access to information and life skills</p> <p>See also « protection » above</p>	<p>Extension of PMTCT services from 8 to 23 centres</p> <p>60% of students aged 10 to 18 of both sexes, in 20 high risk districts, have attended at least one meeting of an Anti-AIDS Club</p> <p>60% of out of school youth aged 10 to 18, of both sexes, in 20 high risk districts, have attended at least one meeting led by peer educators</p>	<p>Health centre activity reports and district Health reports</p> <p>School-based Anti-AIDS Club reports and school enrolment data</p> <p>Peer educators' reports and census data on the number of youth in the 20 districts</p>	<p>Ministry of Health at the national and district levels</p> <p>Ministry of Education</p> <p>The Executive Secretariat of the Nation Council for the Fight Against AIDS</p> <p>UNAIDS</p> <p>Secondary schools in target areas</p> <p>Forum of partners in the Fight Against AIDS</p> <p>Peer educators</p>	<p><u>WFFC</u>: From 2000-2005, reduce the proportion of children infected by AIDS by 20%, and by 2010 reduce it by 50%. From 2000-2005, reduce by 25% and from 2005 to 2010 reduce by another 25% HIV prevalence among 15 to 24 year olds of both sexes.</p> <p><u>MDG</u>: Reduction of the mortality rate of children under 5 by 2/3 by 2015</p> <p><u>PRSP</u> Operationalize interventions in areas of high risk, including preventive education based on behavioural change communication.</p> <p><u>National Strategic Plan for the Fight Against HIV/AIDS</u>:⁶ Lead in and out of school young people to adopt lower risk behaviour</p>

⁶ National Strategic Plan for the Fight Against AIDS, The Executive Secretariat of the Nation Council for the Fight Against AIDS, 2002

UNICEF MTSP Priority Areas	Key results expected in this priority area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The key results expected in this priority area will contribute to :
MALARIA PREVENTION AND CONTROL	<p>Increased availability of insecticide treated mosquito nets to pregnant women and children under one year in 10 districts with stable malaria transmission</p> <p>Increased access to treatment for malaria for pregnant women and children in 10 districts with stable malaria transmission</p>	<p>60% of pregnant women and 60% of children under one year in 10 districts have access to subsidised insecticide treated nets</p> <p>60% of pregnant women in 10 districts receive presumptive intermittent treatment for malaria</p>	<p>Health centre and district health reports</p> <p>Health centre and district health reports</p>	<p>Ministry of Health and health centres Roll Back Malaria Initiative Community level distribution agents World Bank World Health Organisation Population Services International</p>	<p><u>WFFC</u>: Reduce the infant and under 5 mortality rates by 1/3 ; Reduce the maternal mortality rated by 1/3 by 2010</p> <p><u>MDG</u>: Reduce the under 5 mortality rate by 2/3 by 2015 ; Reduce the maternal mortality rated by 1/3 by 2010</p> <p><u>Abuja Declaration</u>: ⁷At least 60% of pregnant women and children under age 5 sleep under an insecticide treated mosquito net ; By 2005, at least 60% of pregnant women have access to and use intermittent preventive treatment ; at least 60% of children under age 5 receive anti-malarial treatment within 24 hours of the onset of symptoms</p> <p><u>PRSP & Business plan of the MoH</u>: Inclusion of all the IMCI+ components of in all health training and increase in the number of community level IMCI+ sites</p>

⁷ Abuja Declaration on malaria at the African Summit, 2000

UNICEF MTSP Priority Areas	Key results expected in this priority area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The key results expected in this priority area will contribute to :
NUTRITION	<p>Increased number of children and pregnant women benefiting from monitoring and counselling on their nutritional status, in 24 districts</p> <p>Improved micronutrient status of children and women at the national level</p>	<p>At least 60% of children under age 5 have been regularly weighed and their parents have received the appropriate advice</p> <p>60% of pregnant women have received iron and folic acid supplementation</p> <p>95% of children and 60% of post-partum women have received Vitamin A capsules</p> <p>95% of households consume correctly iodised salt</p>	<p>Community monitoring data</p> <p>Monthly health centre reports</p> <p>Sentinel surveillance site reports</p> <p>Sample surveys in the markets</p>	<p>Ministry of Health Ministry of Agriculture, Livestock and Fishing Ministry of Higher Learning and Scientific Research (through the Programme on Food and Nutritional Surveillance) Ministry of Industrialisation, Commerce and Private Sector Development Non governmental organisations and local authorities in 30 districts Other members of civil society</p>	<p><u>WFFC</u>: Reduction in the malnutrition rate of children under age 5 by 1/3, and particularly a reduction for those under 2 years old and a reduction of at least 1/3 in the percent of new-borns who are underweight</p> <p><u>MDG</u>: Reduce the number of people who suffer from hunger by half</p> <p><u>PRSP</u>: Reduce the percent of new-borns who are underweight by at least 30%</p>

UNICEF MTSP Priority Areas	Key results expected in this priority area	Key progress indicators	Means of verification	Major partners, partnership frameworks and cooperation programmes	The key results expected in this priority area will contribute to :
WATER AND SANITATION	Reduced prevalence of diarrhoeal morbidity in 60 urban and 50 rural educational communities	In 110 educational communities: - reduction in the diarrhoeal morbidity rate from 12 to 8% - 50,000 people are using potable water - 6000 pupils and 2500 households are using hygienic waste disposal systems and practising adequate hygiene	Health centre and district health reports Reports from project managers Biannual and Annual reports	Ministry of Energy and Mines (Water Bureau), at national and provincial levels Ministry of Health (Sanitation and Civil Engineering Departments) Ministry of Education (Unit for Studies and Pedagogical Research) Five non governmental organisations and local authorities in the 110 communities Other members of civil society Teachers of 110 primary schools	<u>WFFC</u> : A 1/3 reduction in the number of households that do not have sanitary facilities and that do not have access to reasonably priced water <u>MDG</u> : Reduce by half the percent of the population that do not have sustainable access to a potable water supply <u>PRSP</u> : Between now and 2005, 37% of the rural population and 92% of the urban population should have access to effective and sustainable services for the supply of potable water. Also by 2005, the rate of access to sanitary waste disposal infrastructure should increase to 60% for the rural population and 97% for the urban population.