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Draft country programme document**

Djibouti

Summary

The draft country programme document for Djibouti is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$3,950,000 from regular resources, subject to the availability of funds, and \$9,000,000 in other resources, subject to the availability of specific-purpose contributions for the period 2008 to 2012.

* E/ICEF/2007/8.

** 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 not later than six weeks after the Board's discussions on the country programmes at its session. It will then be approved by the Executive Board at its second regular session of 2007.

<i>Basic data*</i> <i>(2005 unless otherwise stated)**</i>	
Child population (millions, under 18)	0.4
U5MR (per 1,000 live births)	133
Underweight (% , moderate and severe) (2002)	27
Maternal mortality ratio (per 100,000 live births) (2000) [†]	730
Primary school enrolment/attendance (% net, male/female) (2000)	36/29
Primary schoolchildren reaching grade 5 (% , 2001)	88
Use of improved drinking water sources (% , 2004)	73
Adult HIV prevalence rate (%)	3.1
Child work (% , children 5-14 years old)	—
GNI per capita (US\$)	1 020
One-year-olds immunized against DPT3 (%)	71
One-year-olds immunized against measles (%)	65

* More comprehensive country data on children and women are available at www.unicef.org.

** Changes may be made subject to confirmation of the DMICS figures for 2006.

[†] WHO/UNFPA/UNICEF estimate, adjusted for misclassification and underreporting.

The situation of children and women

1. Djibouti is a stable country in the Horn of Africa which had a human development index of 0.494 in 2006 and ranks 148th in the world. It had a 3.2 per cent economic growth rate in 2005 and a per capita income of \$1,020. In 2002, extreme poverty¹ and relative poverty affected 35 and 68 per cent of households, respectively; these rates were higher in the rural areas and in the outskirts of urban areas. Extreme poverty affects 42 per cent of individuals while 74 per cent are affected by relative poverty. In 1996, extreme and relative poverty of individuals was estimated at 10 and 45 per cent, respectively. Life expectancy at birth was estimated at 47 years in 2002. An analysis of causes shows that poverty is linked to unemployment, which affects 60 per cent of the active population, particularly young people and women.

2. The under-five mortality rate has declined considerably, although it is still high. Between 1989 and 2006, it fell from 165 to 94 per 1,000 live births (according to the preliminary report of the third Djibouti Multiple Indicator Cluster Survey (DMICS)). The under-five mortality rate declined by 1.9 per cent a year between 1989 and 2002, and by 7.6 per cent between 2002 and 2006. This annual decrease must be 5.8 per cent between 2006 and 2015 in order to achieve Millennium Development Goal 6 (reduce child mortality). The main causes of child mortality are neonatal problems (infections, asphyxia and premature births), acute respiratory infections, diarrhoeal diseases, malaria and malnutrition. Curative and preventive health-care coverage is still inadequate with the health-care systems being stymied

¹ The relative poverty line is estimated at 198,229 Djibouti francs per adult equivalent per year, or expenditure of US\$ 3.00/day, which is very high in the African context. The extreme poverty line, estimated at 114,096 Djibouti francs per adult equivalent per year, or spending equivalent to US\$ 1.08/day, seems to be more meaningful and better suited to international comparisons.

by organizational, staffing, management and logistical constraints, shortages of essential supplies and funds and constraints in terms of social mobilization.

3. The nutritional situation of under-five children remains a cause for concern. The low birth weight indicator rose from 27 per cent in 2002 to 29 per cent in 2006, while the acute malnutrition rate rose from 18 to 20 per cent in 2006 (DMICS). The severe acute malnutrition rate increased from 6 per cent in 2002 to 7 per cent in 2006. Malnutrition may be attributed to many factors having to do with the shortage and uneven distribution of food, lack of income, health or education problems. The proximate causes are factors associated with food and diseases. The underlying causes include lack of access to food, insufficient health care for children, poor sanitation and lack of access to medical care. Poverty is the cause of the food and nutritional problems. For many years now, Djibouti has also been battling recurring drought, which has severely affected food and animal production.

4. Remarkable strides have been made in the area of maternal health, although much still remains to be done in order to achieve Millennium Goal 5. The maternal mortality rate fell from 740 to 546 deaths per 1,000 live births between 1996 and 2002 (according to the 2002 Pan Arab Project for Family Health (PAPFAM)). The percentage of births was 93 per cent in 2006. Contraceptive coverage increased from 15 to 18 per cent in 2006. There was also a significant decrease in female genital mutilation. The PAPFAM survey indicated that 2.2 per cent of women 15-49 years have not been mutilated. A survey of schools conducted in 2006 showed that 55 per cent of girls in the first year of primary education (7 year-olds) and 14 per cent of girls in the fifth year (12 to 13 year-olds) had not been mutilated. The prevalence of genital mutilation among women 15-49 years fell from 98 per cent in 2002 to 93 per cent in 2006.

5. While access to drinking water has improved, more needs to be done to reduce the urban-rural disparity in sanitation coverage. The proportion of the population with access to a safe drinking water source rose from 92 per cent in 2002 to 96 per cent in 2006 (DMICS). The proportion of the population with access to modern toilet facilities is 68 per cent in urban areas and 19 per cent in rural areas. The fact that cholera and other diseases that are transmitted through the faecal-oral route are so widespread demonstrates the inadequacy of sanitation coverage and the need to improve hygiene practices.

6. Substantial progress has been made in education, although much still remains to be done in order to achieve Millennium Development Goals 2 and 3. The net enrolment rate increased from 43 per cent in 2002 to 55 per cent in 2006. The net secondary school enrolment rate was 37 per cent (DMICS). Gender parity was nearly attained nationwide in 2006: 98 per cent at the primary school level against 86 per cent at the secondary school level. Sixty-four per cent of primary school pupils decide to go on to secondary school, while 60 per cent decide to stop at the primary level. Primary school repeat and dropout rates were 7 and 2 per cent, respectively, in 2005. According to DMICS, 48 per cent of women aged 15-24 were literate in 2006. The educational system is still faced with challenges with respect to access, quality and illiteracy.

7. A nationwide survey conducted in 2002 showed that 3 per cent of those aged 15-49, about 7,000 people, were infected with HIV. That rate tended to be stable. In 2006, 18 per cent of women aged 15-49 had a comprehensive knowledge of HIV (could specify two methods of prevention and three prejudices concerning its

transmission). Of the young people aged 15-24, 44 per cent reported using a condom during their most recent high-risk sexual encounter.

8. In the area of child protection, the main concerns are failure to register births, female genital mutilation, children in conflict with the law, early marriage, and orphans and vulnerable children. According to DMICS, 89 per cent of children aged 0-59 months were registered at birth. High cost, distance and ignorance were the main reasons for the non-registration of births. The number of orphans in Djibouti is estimated at 33,000, of which 5,000 are attributable to AIDS. In 2006, 3 and 10 per cent of women were married before they turned 15 and 18, respectively (DMICS).

Key results and lessons learned from previous cooperation, 2003-2006

Key results achieved

9. The cooperation programme between Djibouti and UNICEF, in collaboration with other partners, has helped to reduce U5MR through support for vaccination activities, the distribution of vitamin A, the reduction from 11 to 6 per cent of severely malnourished children, the integrated management of childhood illnesses at the community level, and the 11 per cent increase in access to safe drinking water.

10. In education, this programme contributed to the trend towards gender parity in primary education and to the increase in the net enrolment ratio through the provision of school kits to pupils and furnishings to teachers and social mobilization for girls' education.

11. With regard to combating HIV/AIDS, the programme contributed substantially to the expansion of prevention of mother-to-child transmission of HIV (PMTCT) services, enabling about 63 per cent of pregnant women to benefit from PMTCT services during prenatal check-ups. Tens of thousands of young people have also received awareness training in HIV prevention through life skills taught in schools, community development centres and sports tournaments.

12. The programme contributed to the reduction in female genital mutilation through advocacy and awareness raising. A national strategy and a plan of action have been prepared.

13. As far as protection of the most vulnerable children is concerned, the capacity of civil registry services has been strengthened, hundreds of orphans have been assisted and a national strategy for the provision of assistance to orphans and vulnerable children has been drawn up.

Lessons learned

14. The chances of achieving results at scale are better when the process followed ensures total ownership of the programmes by national partners and the capacities of the latter are strengthened. They are completely involved in implementation and mobilize resources to maintain the results.

15. While temporary emergency programmes are often established in the wake of disaster situations, the resources mobilized in that regard could form the basis for the establishment of more sustainable national programmes to address structural problems. It is in that context that very important national priority components such

as the provision of drinking water and nutrition have been included in the ongoing cooperation programme between UNICEF and Djibouti.

Country programme, 2008-2012

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	1 250	3 500	4 750
Basic education and gender equality	850	2 500	3 350
Child protection	450	1 250	1 700
Preventing HIV/AIDS among young people	400	1 500	1 900
Cross-sectoral costs	1 000	250	1 250
Total	3 950	9 000	12 950

Preparation process

16. This document is the culmination of a participatory strategic planning process during which the common country assessment, based on the realization of the Millennium Development Goal, was drawn up. This intensive process was conducted under the joint leadership of the Ministry of Foreign Affairs and Cooperation and the Resident Coordinator of the United Nations system. Representatives of many line ministries, the private sector and non-governmental organizations were also involved.

17. The strategic planning workshop, which was conducted in a participatory manner, resulted in the United Nations Development Assistance Framework (UNDAF) the agreed outputs of which relate to the following areas: (a) support for local development; (b) access to quality basic social services; and (c) strengthening governance and partnership.

Goals, key results and strategies

18. This cooperation programme between Djibouti and UNICEF will contribute to the achievement of the following goals in 2012:

- (a) Reducing the child mortality rate from 67 to 55 per 1,000 live births and the under-five mortality rate from 94 to 85 per 1,000 live births;
- (b) Increasing the proportion of children aged 6 to 11 enrolled in quality elementary schools from 55 to 93 per cent;
- (c) Fostering the development of a protective environment for children;
- (d) Stopping the spread of HIV and starting to reverse the current trend.

19. The reduction of child mortality will be contingent upon achievement of the following key results: (a) giving more than 80 per cent of under-five children access to a minimum package of quality curative and preventive health services and nutrition; (b) providing three quarters of rural households with access to drinking water and

40 per cent with access to sanitation facilities and adopting better hygiene practices; (c) giving 80 per cent of pregnant women and newborns access to quality services, including PMTCT services, and caring for women and children living with HIV.

20. The results required to achieve universal enrolment are: (a) increased capacity in schools and an improved school environment; (b) a lower dropout rate; (c) a four-fold increase in access to preschool education for 4 to 5 year old children; (d) innovative teaching methods and improved training and supervision of teachers.

21. The following key results will be used to promote a protective child environment: (a) ensuring that 90 per cent of children under 11 years of age have a birth certificate; (b) ensuring that 80 per cent of girls are protected from female genital mutilation; and (c) more OVCs have access to adequate protection services.

22. The goal of full participation of adolescents and youth in society will be achieved through the following results: (a) drawing up a national policy, disseminating and regularly monitoring it; (b) provision to a larger number of marginalized adolescents and young people of complementary basic education through alternative school strategies; (c) strengthening youth organizations and developing social, sports and cultural activities; (d) ensuring that more adolescents and young people acquire basic life skills for the prevention of AIDS and abstention from the consumption of khat, alcohol and other drugs; and (e) ensuring that adolescents and young people have access to social services that cater to their needs.

23. The main strategies of the country programme are: (a) expanded access to and improvement of the quality of basic social services; (b) national and local capacity-building; (c) support for the development of policy frameworks, coordination and monitoring and evaluation; (d) support for decentralization, local development and community participation; (e) national capacity-building for the prevention and management of emergencies; (f) application of the human-rights- and gender-equality-based approach; (g) communication for social change and advocacy for the participation of women and children and the mainstreaming of their views; (h) results-based planning and management; and (i) partnership.

Links with national priorities and the United Nations Development Assistance Framework (UNDAF)

24. This country programme document has been prepared on the basis of UNDAF, which in turn is aligned with the priorities and goals of the poverty reduction strategy paper (PRSP) that served as a benchmark for the identification of the UNDAF areas of cooperation and results.

25. Under the first UNDAF area, support for local development, which is related to the national PRSP priority of creating conditions for strong economic growth, the present country programme contributes comprehensively to building the capacities of the most disadvantaged grass-roots communities. The country programme, together with other United Nations agencies, will provide direct support for the expected Programme impact relating to youth.

26. The second UNDAF area, access to basic social services, related to the national priority on the development of human resources, is reflected in its three expected programme outcomes. The most vulnerable groups, especially women and children, benefit from access to the basic social services of health, education, water and sanitation.

27. Under the third UNDAF area and national PRSP priority, the strengthening of governance and partnership, this country programme will focus on contributing to the establishment of an effective monitoring and evaluation system, developing a protective social and legal environment for children and women, and providing support for emergency preparedness and response plans.

Links with international priorities

28. The present programme is related to the Millennium Development Goals: as the results matrix shows, the eight goals are taken into account. It is also related to the goals of the Plan of Action entitled "A world fit for children" adopted by the special session of the General Assembly on children.

29. The priorities of the UNICEF medium-term strategic plan 2006-2009 are taken directly into account (four are programmes). The priority on "Advocacy, policies and partnership for the rights of the child" is cross-cutting. The fight against HIV/AIDS will also be mainstreamed into all programmes.

Programme components

30. The UNICEF Djibouti country programme for 2008-2012 has four programmes: (a) young child survival and development; (b) basic education and gender equality; (c) child protection; and (d) HIV/AIDS prevention among young people.

31. **Young child survival and development.** This programme will include the following components: (a) national development of high-impact interventions to reduce mortality among children and women, inter alia, through the widespread establishment of integrated services including vaccination drives; (b) micronutrient supplementation; (c) the promotion of exclusive breastfeeding; (d) the promotion of insecticide-treated nets; (e) community-based prevention and treatment of acute respiratory infections, diarrhoea and malnutrition cases; (f) establishment of services integrating the health of mothers and newborns; and (g) prevention of mother-to-child transmission.

32. At the family level, parental and family capacity-building will be supported to improve crucial family practices for child survival and development, taking gender equality into account. The development of innovative and culturally sensitive approaches capable of bringing about swifter individual and collective behavioural changes is planned.

33. In addition to a package of interventions, particular attention will be given to two areas developed in the context of the drought-related emergency response: nutrition and water. With respect to nutrition, support will be provided for the implementation of a national food security and nutrition policy and programme. In the area of water, direct support will be continued for the improvement of access to water supply services, particularly in rural areas and disadvantaged urban neighbourhoods. The sanitation component will also be developed.

34. As part of emergency response, there are plans to contribute further to building the capacity of actors to prepare for and respond to emergencies, particularly those caused by natural disasters, epidemics or other disasters in order to reduce their impact on children and women.

35. **Basic education and gender equality.** This programme will continue the efforts undertaken to ensure the enrolment of all children, with broad-based social mobilization and partnership activities. Consistent efforts will be made to reduce disparities in access based on gender or affecting children from underprivileged backgrounds and specific geographic areas. Access to preschool education, including for children from disadvantaged families, will be enhanced in tandem with efforts to promote universal enrolment to ensure a better transition to and preparation for primary school, including early instruction in the mother tongue.

36. Efforts will be made to improve the quality of education, including through the promotion of child-friendly schools which offer support for a better school environment through water, energy, sanitation and hygiene and for the decentralization of school management. Support for initiatives designed to enhance the scholastic achievement of children and life skills education (including for protection against HIV/AIDS) will be developed further, particularly for the most vulnerable persons, using gender-sensitive approach.

37. In the area of non-formal education, support will be provided for initiatives capable of serving as gateways to formal education or providing for second-chance schools to children. Efforts will be made to establish auxiliary after-school training programmes for children.

38. **Child protection.** The primary focus area of this component will be advocacy and the promotion of human rights, the rights of children and women, and monitoring of the implementation of relevant international conventions. As part of the efforts to implement the rights of the child, support will continue to be provided for universal birth registration through the establishment of permanent structures and special provisions for the registration of children beyond the statutory time limits under special waivers.

39. Under the national strategy to combat the practice of female excision, interventions will focus on areas relating to social communication, human rights education and research, monitoring and assessment. Close collaboration with civil society and work at the community level will be strengthened.

40. The protection of orphans and vulnerable children will involve support for the implementation of the strategic framework for their care and the development of social protection and legal measures for orphans and vulnerable children and their families.

41. **HIV/AIDS prevention among young people.** This programme seeks to teach adolescents and young people how to protect themselves against HIV/AIDS and the social evils of tobacco abuse and the use of khat or other drugs.

42. The ongoing efforts to update and implement the national youth policy will be continued. The involvement of adolescents and young people in identifying problems, seeking solutions and implementing and monitoring measures taken will be at the centre of this policy. Such involvement will take place through existing youth organizations or school counselling centres, local governments, NGOs, the Parliament or ministries. Community development, sports and leisure and cultural centres will be used to reach out to adolescents and young people in order to brief them on how to protect themselves against social ills, empower them, help them develop life skills, participate in society as full-fledged citizens and contribute to the country's economic development.

43. **Cross-sectoral costs** will permit coverage of staff costs not relating to specific programmes and other operating costs of the UNICEF office. Such costs should be reduced in anticipation of the office together with other United Nations agencies.

Major partnerships

44. The active and efficient partnerships established at the national level in the health and education sectors will be supported, inter alia through the partner groups. In the area of water and sanitation and the youth sector, there will be advocacy for the establishment of coordination mechanisms for sustained action by partners. In the area of child protection, the multisectoral technical committees established in specific areas (birth registration, female genital mutilation and violence against women) or the convention monitoring committees will be maintained, but advocacy will be conducted so that they are coordinated.

45. Within the framework of the United Nations system, UNDAF will help to build partnerships with line ministries, United Nations agencies and bilateral and multilateral partners or civil society organizations. Joint programmes and projects will be established based on their relevance to the programmes and promotion of synergy and complementarity.

46. In the implementation of the programme, partnership at the national level with civil society organizations such as associations and networks, and the media and national and international NGOs will be strengthened. At the local level, grass-roots community organizations such as parent-teacher associations and women's or youth associations in neighbourhoods, community development centre management committees will be key partners.

47. Partnership with multilateral and bilateral organizations will be strengthened, including with the European Union in the water sector and the United States Agency for International Development (USAID) in the areas of health and education. Efforts will be made to collaborate closely with the Intergovernmental Authority on Development (IGAD) and the World Bank in the areas of health and the fight against AIDS. International partners will be approached as necessary to provide support for emergency response efforts.

Monitoring, evaluation and programme management

48. The mechanism for coordination, monitoring and assessment of this country programme will be incorporated into the programme established under UNDAF. Capacity-building of the statistical system of the country will continue on the basis of the successful experience with the DMICS. The establishment of a common database like DjibInfo (national adaptation of DevInfo) will be supported to collect monitoring and assessment data of use for monitoring UNDAF and progress in various sectors. Efforts will be made to ensure that these data are widely disseminated.

49. The programme will be implemented on the basis of annual plans of work established and signed between UNICEF and each of the ministries responsible for sectors or subsectors and based on the plan of action of the country programme as well as the recommendations from annual joint reviews. The resource transfer modality used will be in accordance with the procedures agreed upon between the United Nations and the Government.

10 **Summary results matrix: Government of Djibouti-UNICEF programme of cooperation, 2008-2012**

<i>Focus area of the medium-term strategic plan</i>	<i>Key results expected in this focus area</i>	<i>Key progress indicators</i>	<i>Means of verification of results</i>	<i>Major partnerships, frameworks and cooperation programmes</i>	<i>The expected key results in this focus area will contribute to:</i>
1. Young child survival and development	<p>1.1 More than 80 per cent of children under the age of 5 have access to a minimum package of decent curative and preventive health and nutrition services (Baseline 2006: DPT vaccine 56.8 per cent)</p> <p>1.2 75 per cent of households have access to safe drinking water and 40 per cent to sanitation services and apply improved hygiene practices (baseline 2006: 52.5 per cent for water and 18.8 per cent for sanitation)</p>	<p>1.1.1 Exclusive breastfeeding rate</p> <p>1.1.2 Percentage of children up to the age of 12 months having received DPT</p> <p>1.1.3 Under 5 mortality rate from acute malnutrition</p> <p>1.2.1 Proportion of the rural population with access to an improved source of water</p> <p>1.2.2 Proportion of the rural population with access to sanitation</p>	<p>DMICS 2006 and 2010</p> <p>Ministry of Health statistics</p> <p>DMICS 2006 and 2010</p>	<p>Ministries of Health, Education, Youth and for the Advancement of Women and NGOs</p> <p>Ministry of Agriculture, Ministry of Health, the private sector, NGOs and communities</p>	<p>PRSP priority:</p> <p>3. Promotion of sustainable local development and enhanced access to safe drinking water and universal services</p> <p>Expected UNDAF impact:</p> <p>By 2012, vulnerable segments of population have improved access to and use quality basic social services throughout the country</p> <p>Goals of a world fit for children:</p> <p>1. To promote a better and healthy life</p> <p>Millennium Development Goals:</p> <p>1. Eradicate extreme poverty</p> <p>4. Reduce the under five mortality rate</p> <p>5. Improve maternal health</p> <p>7. Ensure environmental sustainability</p>
2. Basic education and gender equality	<p>By 2012, 93 per cent of school-age children (6-11 years old), girls as well as boys, will have access to decent basic educational services (baseline 2006: 55.3 per cent; 0.86 boy:girl ratio)</p>	<p>2.1 Net enrolment rate</p> <p>2.2 Boy:girl ratio in primary education</p>	<p>DMICS 2006 and 2010</p> <p>Statistical notebook, Ministry of Education and Higher Education, 2006 and 2012</p>	<p>Ministries of Education, for the Advancement of Women and Health, NGOs, the private sector, civil society and parents</p>	<p>PRSP priority:</p> <p>2. Promote the gradual development of human resources</p> <p>Expected UNDAF impact:</p> <p>By 2012, vulnerable segments of the population will have improved access to and use quality basic social services throughout the country</p> <p>Goals of a world fit for children:</p> <p>2. Provide high quality education</p> <p>Millennium Development Goals:</p> <p>2. Achieve universal primary education</p> <p>3. Promote gender equality and empower women</p>

<i>Focus area of the medium-term strategic plan</i>	<i>Key results expected in this focus area</i>	<i>Key progress indicators</i>	<i>Means of verification of results</i>	<i>Major partnerships, frameworks and cooperation programmes</i>	<i>The expected key results in this focus area will contribute to:</i>
3. Child protection	<p>3.1 90 per cent of children under the age of 11 have a birth certificate (baseline 2006: 75 per cent)</p> <p>3.2 80 per cent of girls are protected against female genital mutilation (baseline 2006: 55 per cent)</p> <p>3.3 More orphan and vulnerable children have access to adequate social protection services (baseline 2006: less than 100)</p>	<p>3.1.1 Rate of birth registration for children under the age of 11</p> <p>3.2.1 Prevalence of female genital mutilation among school-age girls</p> <p>3.3.1 Number of orphan and vulnerable children receiving free external basic support</p>	<p>DMICS and specific surveys</p> <p>Evaluation report on the implementation of the strategy to combat female genital mutilation</p> <p>Reports on the activities of agencies</p>	<p>Ministry for the Advancement of Women, Ministry of the Interior and Decentralization, Ministry of Justice, Parliament, the courts, Ministry of Health, NGOs and civil society (media and women's organizations)</p>	<p>PRSP priority:</p> <p>Expected UNDAF impact: By 2012, all national actors will develop and implement in a participatory and transparent manner development policies guaranteeing human rights</p> <p>Goals of a world fit for children: 3. Protect children from harm, exploitation and violence</p> <p>Millennium Development Goals: 1. Eradicate extreme poverty 2. Achieve universal primary education 3. Promote gender equality and empower women 5. Improve maternal health 8. Develop a global partnership for children</p>
4. HIV/AIDS and children	<p>4.1 80 per cent of pregnant women and newborns have access to quality services, including prevention of mother-to-child transmission services (baseline 2006: 63 per cent for PMTCT)</p> <p>4.2 More adolescents and young people have acquired basic life skills to prevent HIV transmission and khat abuse (baseline 2006: 45 per cent behaviour with no risk of contracting HIV/AIDS)</p>	<p>4.1.1 Percentage of pregnant women infected by HIV who receive antiretroviral treatment to reduce the risk of mother-to-child transmission</p> <p>4.1.2 Percentage of young people between the ages of 15 and 24 who say they have used contraceptive methods with their last non-regular, extramarital partner</p>	<p>Assessment study of the HIV prevention programme, hospital statistics</p> <p>DMICS 2006 and 2010 and knowledge, attitude and practices surveys among young people, 2005 and 2011</p>	<p>Ministry of Health, Ministry for the Advancement of Women, NGOs, civil society and communities</p> <p>Ministries of Youth, Health, Education, for the Advancement of Women, Labour, the Interior and Decentralization, and youth organizations</p>	<p>PRSP priority: 1. Revive economic growth and strengthen the competitiveness of the economy</p> <p>Expected UNDAF impact: By 2012, vulnerable segments of the population have improved access to and use decent basic services throughout the country</p> <p>Goals of a world fit for children: 4. Combat HIV/AIDS</p> <p>Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases</p>

<i>Focus area of the medium-term strategic plan</i>	<i>Key results expected in this focus area</i>	<i>Key progress indicators</i>	<i>Means of verification of results</i>	<i>Major partnerships, frameworks and cooperation programmes</i>	<i>The expected key results in this focus area will contribute to:</i>
5. Policy advocacy and partnership for the rights of children	<p>5.1 Establishment of an assessment framework for monitoring and assessing progress in the implementation of national development strategies and sectoral programmes</p> <p>5.2 Enhanced national and local capacities for natural and man-made disaster prevention and management</p> <p>5.3 Local actors (community, local officials and decentralized administration) identify and implement projects to respond to their priority needs</p>	<p>5.1.1 Existence of a functional assessment framework</p> <p>5.2.1 Existence of an emergency preparedness and response plan updated every year in each sector</p> <p>5.3.2 Percentage of community facilities (health clinics, schools and water facilities) kept in operation</p>	<p>Annual reports of monitoring and assessment systems</p> <p>Reports from the relevant ministry and regional institutions</p> <p>Annual reports of monitoring and assessment systems</p>	<p>Office of the Prime Minister, line ministries, private sector, World Bank and national and international NGOs</p> <p>Ministry of the Interior and Decentralization and decentralized agencies (including line ministries)</p>	<p>PRSP priority:</p> <p>4. Promote good governance through the strengthening of democracy, decentralization, transparent management of public resources and improvement in their efficiency</p> <p>Expected UNDAF impact:</p> <p>By 2012, all national actors will have developed and implemented in a participatory and transparent manner development policies which protect human rights</p> <p>By 2012, greater involvement of the most disadvantaged grass-roots communities in efforts to improve their living conditions</p> <p>Goals of a world fit for children:</p> <p>Millennium Development Goal 8:</p> <p>Develop a global partnership for development</p>