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**For discussion**

## **Summary of midterm reviews of country programmes**

### **Eastern and Southern Africa region**

#### *Summary*

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the regional midterm reviews (MTRs), specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Executive Board is to comment on the report and provide guidance to the secretariat, if necessary. The MTRs described in this report were conducted during 2007.

## **Introduction**

1. This report includes MTRs for Angola (2005-2008) and Uganda (2006-2010). It also discusses an innovative review process for the Tanzania country programme (2007-2010), following the inception of the One UN Programme in this Delivering as One pilot country.

## **Midterm reviews**

### **Angola**

2. **Introduction.** The MTR of the 2005-2008 programme of cooperation took place at a time when accelerating progress towards achievement of the Millennium Development Goals and *A World Fit for Children* goals within the country was evident. The MTR examined progress made towards improvement of the rights of children and women within the context of the overall country programme strategy, focussing on strengthened advocacy; capacity reinforcement; strengthening of data collection and establishment of suitable management systems; formation of effective alliances and partnerships; leveraging government funds and ownership; and, above all, ensuring the participation of children and women. The MTR included a review of pertinent documents, stakeholder and sectoral consultations – a wide range of consultations took place with the Government, national partners and agencies – and field visits

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\* E/ICEF/2008/16.

were conducted jointly with other United Nations agencies and partners to review programmes being implemented at the provincial and *município* (district or municipal) level. Meetings with staff in United Nations partner agencies, government line ministries, and non-governmental organizations (NGOs) were held on child and maternal mortality and morbidity, including water, sanitation and hygiene education (WASH) and nutrition; education; and HIV and AIDS. The final MTR meeting was combined with a series of strategic review and vision meetings, held towards the end of 2007.

3. **Update on the situation of children and women.** There is clear evidence of recovery from the effects of the civil war, despite a paucity of data. The 2007 'Best Estimate' study, a desk review of all available data existing on Angola, provides some indication about the situation of women and children. According to its projections, the under-five mortality rate (U5MR) has decreased since 1990, from 280 per 1,000 live births to 250 per 1,000 live births. While this is a positive trend, it still only represents half of the reduction rate required to attain the Millennium Development Goal. There has also been some improvement in the maternal mortality ratio (MMR), with a decrease from 1,500 to 1,400 maternal deaths per 100,000 live births. This ratio, nevertheless, continues to be amongst the highest in the world.

4. The number of measles cases has declined dramatically, from 10,000 in 2002 to 1,200 in 2003. By 2006, following additional immunization campaigns, the immunization coverage against polio and measles was estimated at 90 per cent. There has, unfortunately, been little change in the prevention of other childhood diseases, such as diphtheria and whooping cough, tuberculosis, tetanus and hepatitis.

5. The use of insecticide-treated mosquito nets to protect infants and young children and pregnant women against malaria has been very low in the past. However, by 2006, over 870,000 nets had been distributed, and 2.5 million more are expected to be distributed before the end of the country programme, which should result in the reduction of malaria deaths. However, there are still many more children and pregnant women who need insecticide-treated mosquito nets than are available in Angola.

6. To achieve universal primary education and literacy, the country faces the challenge of increasing the number of children in primary school, from an estimated 1.5 million in 2000 to 5 million by 2015; such an increase implies rapid increases in the net primary school enrolment and retention rates. In addition, out-of-school adolescents need to be reached with primary life skills education. Wide disparities exist in enrolment between rural and urban areas and between regions, with some areas having enrolment rates of less than 30 per cent. Although there is little disparity between boys and girls in terms of attendance, girls have higher drop-out rates and lower completion rates than boys. However, gender disparity regarding literacy is significant, as only 54 per cent of women over the age of 15 are literate, compared with 82 per cent of men.

7. **Progress and key results.** Progress in the protection and enhancement of the rights of children and women was made, in part due to changes in government policy, such as the government launch of 11 Commitments to Children<sup>1</sup>, leading to the approval of free birth registration for children under five years of age, the establishment of child protection networks in 12 out of the 18 provinces of the country and the implementation of data tracking systems to monitor child victims of violence and trafficking. A draft course curriculum for the police on child rights has also been distributed for comment and further analysis. A review of crimes

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<sup>1</sup> The 11 Commitments to Children are in the following areas: (1) Life expectancy; (2) Food and nutritional security; (3) Birth registration; (4) Early childhood education; (5) Primary education; (6) Justice for children; (7) Prevention and reduction of the impact of HIV/AIDS on the family and children; (8) Prevention and mitigation of violence against children; (9) Family capacity; (10) Children and the media; (11) Children and the state budget.

against children was included in the revised penal code, and a training course on juvenile justice and child protection was held for judges and prosecutors of all provincial courts. Local and international NGOs implemented field-based mine risk education activities in the eight provinces most affected by landmines, reaching approximately 120,000 people, 52 per cent of whom were children.

8. The mass media campaign organized by the Government of Angola and UNICEF reached 47 per cent of the population through radio spots during the World Cup, and over three million people were provided with materials on World AIDS day. An alliance with UNITEL, a mobile telephone network, was forged to deliver HIV and AIDS prevention messages to youth on significant occasions. The country programme supported the strengthening of the existing prevention of mother-to-child transmission (PMTCT) and paediatric AIDS services in the four provincial capitals and the establishment of PMTCT and voluntary counselling and testing services in an additional eight municipalities. Some 2,000 teachers, 3,000 peer activists and 300 community activists were trained on the dissemination of accurate information on the prevention of the spread of HIV and AIDS.

9. The current national strategy for reduction of infant and maternal mortality aims for a reduction in the maternal mortality ratio by 75 per cent by 2015 and a reduction in the under-five mortality rate by 50 per cent by 2008. An integrated national 'African Child Survival and Development' framework and five provincial plans for the revitalization of municipal health services were developed in conjunction with the training of health workers and the provision of mobile health services. Almost one million insecticide-treated mosquito nets were distributed in seven malaria endemic provinces. Communication materials regarding the importance and usage of insecticide-treated mosquito nets have been disseminated for radio and television, public places, communities and clinics. Health workers and community activists were trained to use the communication package for information and education purposes. The national campaign for the prevention of measles included all provinces undertaking micro-planning activities, which resulted in approximately 30,000 people being trained for campaign activities. In total, four million children were vaccinated concurrent with the delivery of three million doses of vitamin A and 2.9 million doses of albendazole. As polio is still endemic, two additional polio National Immunization Days were organized, introducing the pentavalente vaccine. A subnational National Immunization Day, integrating vitamin A supplementation, was also carried out in four provinces, resulting in 790,000 children being vaccinated, and it is anticipated that further campaigns will be synchronized with those in the Democratic Republic of Congo and Namibia, to be carried out in June and July of 2008. Two million doses of tetanus toxoid vaccine are scheduled to be given through a campaign due to start in July 2008. Legislation concerning the promotion of iodized salt consumption has been revised and submitted for approval by the Council of Ministers. Twenty-seven salt producers have been trained, and salt importation controls have been implemented. Posters and leaflets on exclusive breastfeeding have been designed, and national guidelines, manuals and tools to implement the Baby-Friendly Hospital Initiative have been validated.

10. In the water and sanitation sector, 62,000 new users were provided with access to safe water, accounting for 1.2 per cent of the total rural population without access to safe water supply systems, thus closing the gap on attainment of the Millennium Development Goals by 2.5 per cent. Some 49,000 pupils in 53 primary schools realised their right to improved school water and sanitation facilities. With UNICEF support, two major recent political achievements were the commitment by the Government to provide water for all (\$200 million leveraged) and the endorsement of sanitation as a critical issue to be rapidly resolved.

11. A national study on gender disparities was carried out, reviewing the situation of inequalities within the formal education sector; the results will be utilized to better increase girls' enrolment, retention and performance in schools. Training courses were conducted for 16,000 primary school teachers, 67 provincial education managers and 180 primary school directors, resulting in school staff being better equipped to implement, monitor and evaluate the pilot phase of the education reform process. Improvements in the education information system are urgently required to prioritize efforts and to advocate with the Government on the need to focus on quality education. To this end, UNICEF is now working with the UNESCO Institute for Statistics and the European Union to develop a more comprehensive system. Training was carried out for education management and information system data collection, resulting in an increase from 61 per cent to 90 per cent of provinces providing education data by late 2006. In addition, national and provincial education planning officials have been trained in the use and basic application of EduInfo. As part of the strategy on school health promotion, 3.5 million tablets of albendazole were distributed to children attending school in the provinces of Kwanza Norte, Kwanza Sul, Cabinda, Zaire, Uige, Bengo and Luanda. This successful campaign paved the way for future systematic inclusion of deworming in school health programmes.

12. **Resources used.** In 2005, actual regular resources received amounted to \$7.9 million, or 139 per cent of expected regular resources planned in the country programme document (CPD). In 2006, these regular resources increased to \$11.1 million (197 per cent of expected regular resources as per the CPD). Other resources received also exceeded expectations in 2005 and 2006 (133 per cent and 198 per cent, respectively, compared to the planned amount in the CPD). In 2005, expenditure of regular resources exceeded 97 per cent overall for all individual programmes, with the exception of **water and environmental sanitation** (80 per cent). In 2006, expenditure of regular resources was 91.5 per cent overall, and exceeded 90 per cent for all individual programmes, with the exception of **health and nutrition** (86 per cent). Other resources received in 2006 also dramatically exceeded expectations as per CPD, since more than \$35 million were received (218 per cent of expected regular resources as per the CPD). Low expenditure in WASH was due to reorientation of the programme towards implementation of a new initiative with the European Commission; low expenditure in Accelerated Child Survival and Development (ACSD) strategy was due to the Government cancelling planned Child Health Days.

13. **Constraints and opportunities affecting progress.** Angola lacks good-quality data in many areas, and there are currently few mechanisms in place for standardized data collection. The absence of a strong national monitoring system and the lack of systematic data collection processes, such as regular surveys, are key constraints to making informed policy and programme decisions, setting targets, tracking progress and measuring the impact of programme interventions. These gaps create severe challenges in planning, resource allocation and provision of timely solutions for bottlenecks in implementation. Another major challenge is the inadequate number of skilled technical human resources within the country; this has frequently made it difficult for ministries and government partners to fully address issues related to institutional planning, procurement and supply management, information systems and monitoring and evaluation mechanisms. The ongoing national survey of households, organized by the Government of Angola, World Bank and UNICEF, will provide critical data for analysis, discussion and policy decisions.

14. Ongoing crises, such as the cholera epidemic or the need for recurring polio campaigns, divert resources and attention from strengthening routine programmes and activities.

15. Mobilizing financial resources for social development from traditional development partners is increasingly difficult in the face of high government revenues from oil, diamonds and

other sources. Budget allocations to the social sectors have increased progressively, but more is needed for the development of institutional capacity for service delivery, technically capable human resources and national coverage of child protection. In particular, child protection services require heavy subsidies to build essential structures and systems.

16. Sexual abuse and exploitation of children, especially against girls, and violence against children in families still need to be addressed at the level of policy-making and legislation. Stringent policies and laws are required to prevent early marriages, child sexual abuse, rape and other forms of abuse. Relevant authorities, notably the police and administration, still have insufficient training and experience to translate existing laws into practice.

17. Opportunities exist for securing financial resources for social development by leveraging government resources and by mobilizing private sector companies through social responsibility initiatives. The Government of Angola has been encouraged to establish, with the support of the international community, a viable system for information collection, analysis and dissemination, and to formulate and incorporate the data in national policy analysis and formulation. Examples of such initiatives can be seen in Huila province, where UNICEF funds have been matched tenfold by provincial authorities for the development of projects in the water sector.

18. In 2007, United Nations agencies, led by UNICEF, developed an investment plan for the Accelerated Child Survival and Development (ACSD) strategy, to ensure an acceleration of continued action for child survival and maternal morbidity and mortality reduction, and to further improve and strengthen programme delivery at the national level related to immunization, water and sanitation, nutrition surveillance, malaria prevention, girls' education and HIV/AIDS.

19. **Adjustments made.** The MTR of the United Nations Development Assistance Framework (UNDAF) concluded that the original UNDAF, as prepared in 2004, had unrealistic expectations regarding the commitment of the Government of Angola and regarding the funding commitment of donors. It further had unclear information regarding the situation on the ground, involving a somewhat challenging partnership with the Government. Moreover, the United Nations agencies were not well aligned in their development support agenda, in part due to the complex process of transition in Angola, from an emergency situation to a post-conflict and development scenario. Consequently, the United Nations country team adjusted the expected results, the results hierarchy and the resource estimates in the UNDAF, and redesigned areas of joint programming to achieve greater convergence.

20. Within the revised UNDAF framework, and in light of the new draft National Development Plan supporting UNDAF, both the current and the following country programme will be regrouped around three pillars: ACSD; social policy and protection; and education and learning outcomes.

21. The ACSD programme will be implemented under the leadership of the Ministry of Health (National Directorate for Public Health), with the support of the Ministry of Energy and Water and in partnership with the European Union, the World Health Organization (WHO), the United Nations Development Programme, the World Bank and other key partners. Partnerships have been formalized within the United Nations to harmonize their support to the Government to reach the Millennium Development Goals health targets for Angola by focusing on increased convergence of interventions and decentralized programming. Encompassing the areas of child and maternal health, nutrition, water and sanitation, HIV/AIDS and PMTCT, and also linking with education and child protection, the ACSD programme will focus on policy development and partnerships; institutional capacity building for decentralized planning and management of

health budgets and services; increased quality and improved access to service delivery; community participation and behaviour change; and establishment of institutional systems for strengthening monitoring and evaluation.

22. In the health sector, the development of a roadmap on reproductive health was recommended, and UNICEF will work with the United States Agency for International Development and the United Nations Population Fund (UNFPA) in this area, with an increased focus on addressing the issue of early pregnancy, given that nearly 50 per cent of women in Angola give birth to children before reaching 18 years of age.

23. Another major area of work for UNICEF is strengthening social policy and social protection systems that can effectively and adequately address core issues of child poverty, vulnerability and exclusion. In an oil-rich economy, with donor aid rapidly declining and government spending in the social sectors still insufficient, strengthened advocacy and leveraging of resources with the Government in the interests of children and women, is imperative. The social policy programme will seek to strengthen partnerships with the Government of Angola towards developing effective strategies related to social protection and adequate policy-making in favour of the rights of children and women.

24. In the education sector, UNICEF will place further emphasis on increasing its contribution to sector planning and policy development. Programming for out-of-school adolescents (80 per cent of 12 to 17-year-olds) and retention of girls in primary education will also be strengthened, in collaboration with the Government of Angola and UNFPA.

## Uganda

25. **Introduction.** The MTR of the 2006-2010 country programme started in February 2007 and culminated in a review meeting held on 19 March 2008. The MTR took place 27 months into the country programme, earlier than planned, to take advantage of the signing of the cessation of hostilities agreement in August 2006 and the anticipated signing of a peace agreement between the Government and the Lord's Resistance Army in April 2008. The process involved broad consultations with over 2,000 members of the central Government, local authorities, donors, the United Nations country team (UNCT), NGOs and UNICEF regional office staff. It provided an opportunity to review the 2005 situation analysis, using new data from the 2006 Uganda Demographic and Health Survey, thus allowing UNICEF and the Government of Uganda to determine the priority areas for the remainder of the country programme. It drew on a Programme Performance Assessment and an audit conducted by UNICEF headquarters staff. The review details experiences gained from implementation of the country programme, based on a human rights-based approach to programming, at both district and national levels, and offers a rationale and guide for the programme's remaining period, focusing on the realisation of the rights of children and women in Uganda.

26. **Update on the situation of children and women.** Child mortality rates have shown notable improvement for the first time in the last 15 years. In 2006, the under-five mortality rate was estimated at 37 per 1,000 live births. This represents a decline of 13 per cent between 2001 and 2006. However, an estimated 375 children under five years of age are still dying in Uganda each day, with an infant mortality rate estimated at 76 per 1,000 live births, representing more than half of the under-five mortality. Neonatal mortality, the probability of dying in the first four weeks of life, currently at 29 per 1,000 live births, represents nearly 40 per cent of infant mortality. Disparities in child survival persist. Infants born in Kampala are half as likely to die in the first year as those born in the southwest region. Similarly, children born in rural areas or born to poorer families are at greater risk of dying.

27. In Uganda, the maternal mortality ratio declined from 505 per 100,000 live births to 435 per 100,000 live births between 2001 and 2006. On average, 11 women die each day from causes related to pregnancy. The majority of maternal deaths are due to direct obstetric causes, such as postpartum haemorrhage, sepsis, hypertensive disorders, prolonged and obstructed labour, and complications of abortion. The major indirect causes of maternal deaths comprise malaria, AIDS, anaemia, diabetes mellitus, cardiac disease and tuberculosis. While small gains have been made in both child mortality and maternal mortality rates, these are unlikely to be significant enough to ensure achievement of the Millennium Development Goals targets by 2015.

28. Overall there is a declining trend of HIV prevalence, from a peak of 18 per cent in 1992 to the current figure of about 6 per cent. The national HIV and AIDS Sero-Behavioural Survey 2004/2005 reports a 6.5 per cent HIV prevalence among pregnant women. Mother-to-child transmission of HIV is responsible for an estimated 21 per cent of all new HIV infections in Uganda and is the main source of infection for young children. With an average transmission rate of 30 per cent, it is estimated that about 20,000 children are infected with HIV every year through mother-to-child transmission. At the end of 2006, the prevention of mother-to-child transmission (PMTCT) intervention was available in only 36 per cent of all health facilities providing antenatal care services in Uganda. Twenty five percent of all pregnant women nationwide received counselling for HIV in 2006, and 22 per cent of HIV-positive pregnant women were given antiretrovirals to reduce mother-to-child transmission.

29. Despite the introduction of universal primary education, three in ten girls have never attended school, and the percentage increases to 38 per cent among girls of the lowest economic quintile. Girls are more likely than boys to drop out of school, although the data shows negligible differences in the primary school completion rates, which are 54 per cent for girls and 55 per cent for boys; however, in some regions it drops as low as 22 per cent for girls.

30. **Progress and Key Results.** During the country programme preparation in 2005, it was agreed that UNICEF would intervene directly in 23 (originally 19 but later increased, due to formation of new districts) of the 80 districts. Among the key criteria for intervention was whether a district was in a conflict or post-conflict situation, as these have some of the worst socio-economic indicators of the country. The 23 districts include the nine districts in northern Uganda affected by the Lord's Resistance Army insurgency; four post-conflict districts in Teso, five districts in western Uganda and five districts in Karamoja. Karamoja was selected because of the disarmament programme of the Government in that region and also because the continued violence and cattle raiding there has very negative effects on a population that is already economically disadvantaged.

31. **Social Policy Advocacy and Alliances for the Rights of Children (SPAARC).** Under the SPAARC programme, which aims to provide an environment in which women and children participate in decision-making, a social cash transfer pilot was designed through collaboration between the Ministry of Gender, Labour and Social Development and the Ministry of Finance, Planning and Economic Development. In addition, a human rights-based approach to programming evaluation was conducted in 2006, and the recommendations were used to strengthen the 2007-2008 planning guidelines for the elaboration and implementation of sector and district development plans. A training for social sector technical staff, with skills in basic data processing, data analysis and interpretation, report writing and presentation skills, were trained, following a management information systems capacity assessment baseline study, which took place in 23 districts supported by UNICEF.

32. **The right of all children to education.** UNICEF successfully advocated for an early childhood development (ECD) policy and supported the development of national guidelines. Direct support to ECD led to increased enrolment in ECD, up from 2 per cent to 12 per cent in focus districts, and also to an increase in the number of functioning community-based ECD centres, rising from 56 in 2005 to 692 in 2007. Support to primary school enrolment through go-back-to-school campaigns in nine districts led to an increase in primary school enrolment by 15 per cent. In Kitgum and Pader districts, almost half of all children aged 10 to 16 who had never attended school have been enrolled. Girls' education movement clubs are now established in 22 per cent of primary schools, and access to water in schools increased from 58 per cent to 90 per cent. Furthermore, the pupil-to-latrine stance ratio improved from 75:1 to 64:1.

33. **Child survival and development.** In collaboration with WHO and UNFPA, UNICEF helped the Government to develop the Uganda Child Survival Strategy and to create a roadmap for the reduction of maternal and neonatal mortality. It also provided support for the development of policy guidelines for infant and young child feeding and a plan for scaling-up the emergency obstetric care strategy in 50 districts. In collaboration with NGOs and government partners, UNICEF contributed to a number of health interventions: over 80 per cent diphtheria/pertussis/tetanus vaccine coverage in 20 out of the 23 focus districts; prevention of tetanus in 773,033 girls and women of child-bearing age (and 76 per cent of newborns); increased access to 300,000 insecticide-treated mosquito nets; strengthened community response capacity through training and equipping of 2,500 community-owned resource persons and village health teams; treatment of more than 320,000 children for malaria, acute respiratory infections and diarrhoea; improved access to safe water in camps for internally displaced persons (IDPs) (up to 19.5 litres per day); improved latrine stance in IDP camps, from an average 50:1 to 26:1; restoration of safe water supply and storage to more than 300,000 households in flood-affected regions; treatment of 8,000 severely malnourished children, with a case fatality rate below 9 per cent; and emergency sanitation services for 11,700 school children.

34. **Children and AIDS.** At the policy level, UNICEF support resulted in a number of outcomes: a revised national HIV peer educators curriculum, a national HIV and AIDS prevention road map, finalization and approval of the proposal for Round 7 of the Global Fund to AIDS, Tuberculosis and Malaria; an HIV communication strategy for the Karamoja region; and national and regional stakeholders' consultations on medical male circumcision. UNICEF also helped increase access to youth friendly services, condom access, and access to correct and reliable information on the treatment of sexually transmitted infections. It facilitated the testing of 97,465 young people. In addition, UNICEF support led to a revised PMTCT policy; revised policy guidelines on infant and young child feeding; and the establishment of 20 PMTCT sites, offering rural HIV paediatric care and support in five districts. In 2007, UNICEF entered into a partnership with the Baylor International Paediatric HIV/AIDS Initiative (BIPAI). Seed funding was provided to establish 2 rural HIV paediatric care and support pilot sites. In October 2007, BIPAI was awarded a 5-year grant for \$25 million from the United States President's Emergency Plan for AIDS Relief to scale up this pilot. As a result of this scale-up, the number of pregnant mothers attending antenatal care in PMTCT sites increased from 113,323 in 2006 to 189,686 by the end of September 2007. This corresponds to 53 per cent of all expected pregnant women in 2007.

35. **Protecting the vulnerable.** Support to the Government led to the adoption of minimum standards and guidelines for community-based child protection structures; development of standard modules for orientation of community structures for child protection; adoption of a child labour policy and a National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children; and the inclusion of birth and death registration among local government performance indicators. Accelerated registration campaigns registered 638,431

children (52 per cent girls) under the age of eight, allowing them to claim an array of legal rights.

36. UNICEF support also led to the establishment of child protection mechanisms in 75 per cent of the sub-counties in seven conflict-affected districts and to community referral support for 48,353 children (52.9 per cent girls) receiving conventional and specialized services. Other results include the establishment of gender-based violence (GBV) coordination structures for prevention and response in the conflict-affected districts; establishment of the national GBV consultative group; revision of legislation on sexual abuse, as well as the establishment of post-rape care services in 45 per cent of sub-counties in seven conflict-affected districts. An action plan was written to prevent the recruitment of children by armed forces. This has led to the revision of recruitment procedures by strengthening the age verification process; the establishment of the Country Task Force for Monitoring and Reporting; and the training of over 5,000 police and defence forces on national and international legal frameworks for the prevention of child recruitment. UNICEF participated in the development of an inter-agency plan for the return and reinsertion of children and women associated with the Lord's Resistance Army; helped to establish a monitoring and reporting mechanism on gross child rights violations; and is putting the plan into action by facilitating the reception, family tracing and reunification of 2,609 children formerly associated with the Lord's Resistance Army. In addition, over 350,000 children (over half of them girls) received birth certificates in the 23 districts.

37. **Resources used.** Since the beginning of the country programme, in 2006, until the end of the first quarter of 2008, the total UNICEF expenditure was \$115,600,139, broken down as follows: \$32,597,558 (28 per cent) regular resources, \$17,602,331 (15 per cent) other resources and \$65,400,250 (57 per cent) for humanitarian response. With regard to combined regular and other resources, this represents 61 per cent of the originally planned Country Programme Action Plan (CPAP) budget of \$82.88 million. For the remainder of the country programme, additional resource requirement is estimated at \$105,723,299, comprising \$51,060,031 from regular resources and \$27,008,168 from other resources, to be jointly raised with the Government of Uganda, as well as \$27,655,100 for humanitarian response. This represents a more than 50-per cent budget increase for CPAP activities over the originally planned budget. Of the \$115,600,139 available to the country programme between 2006 and the first quarter of 2008, 40 per cent (or \$63 million) was allocated for the **child survival and development programme**; 20 per cent for the **protection programme**; 15 per cent for the **education programme**; 11 per cent for the **HIV and AIDS programme**; and 2 per cent to the **social policy programme**. Other available funds (some 12 per cent) were allocated to cross-sectoral activities (communication, monitoring and evaluation, coordination and operations). Over 80 per cent of regular and other resources allocated between 2006 and 2008 were spent; 100 per cent obligated, during this period.

38. **Constraints and opportunities affecting progress.** Challenges include insufficient human and financial resource allocation at the national and district levels to support programme implementation; poor quality of facilities; shortage of equipment to deliver services; frequent and lengthy delays in complying with international commitments to children; and lack of capacity to use and account for UNICEF funds at the national and district levels. Service delivery was also hampered by lengthy administrative processes in UNICEF, resulting in delays in delivery and weak monitoring of and inadequate reporting on results achieved. Frequent disease outbreaks, other emergencies and movements of displaced people due to insecurity overstretched already limited resources. The Programme Performance Assessment and other components of the MTR highlighted the imperative of improving programme communication, and the office is working on a clear strategy in 2008, to overcome the lack of available technical expertise. Although UNICEF resources allocated in Northern Uganda have topped \$100 million,

the impact of the programme still needs to be evaluated, in partnership with other stakeholders. The need to engage stakeholders in evaluations and to implement better impact evaluations in districts in which UNICEF has ceased to provide assistance has also been noted.

39. **Adjustments made.** In 2007, the Government of Uganda drafted and presented the Uganda Child Survival Strategy, intended to scale up a proven package of high-impact, low-cost interventions and strategies. The MTR recommended that UNICEF take advantage of this new strategy to strengthen and align its own ACSD programme for the remainder of the current country programme. This signifies supporting the scale-up of the minimum package of interventions: malaria prevention and treatment; immunization; diarrhoea prevention and treatment; promotion of water, sanitation and hygiene; acute respiratory infection treatment; antenatal care; nutrition; primary school enrolment and retention and completion (especially for girls); and expanding the protective environment focus to reduce all forms of violence against children.

40. Empirical evidence is needed to measure progress, in the form of more and better evaluations, with monitoring in real time and use of community information systems strengthened. UNICEF must also increase its input to the policy and legal framework, ensuring that macroeconomic reforms and national policies are in the best interests of children and women, by producing convincing analysis and recommendations. The country programme will also expand communication for behaviour change and development, to increase knowledge and awareness around priority areas and to boost use of related services.

41. In northern Uganda, where UNICEF is seen as the most credible partner, it will focus on supporting the Peace, Recovery and Development Plan, ensuring that local government capacity to implement it is strengthened. Capacity building is necessary to ensure that local officials are capable of monitoring the impact of interventions in their areas, using nationally agreed performance indicators. Delivery systems need to be strengthened to improve health service provision in IDP return areas and to foster social and behavioural change, empowering duty bearers at different levels to fulfill, protect and respect the rights of children and women.

### **Tanzania country programme**

42. The Tanzania CPD for the period 2007 to 2010 stated that a traditional MTR would not be carried out for the four-year programme, and would be replaced by joint reviews of the Joint Assistance Strategy (JAS) and joint annual reviews of the UNDAF. It was not envisioned that, in January 2007, Tanzania would join seven other countries in becoming a pilot for the Delivering as One initiative.

43. Throughout 2007, the UNCT, with active participation and support from UNICEF, was engaged in defining Delivering as One in terms of one programme, one leader, one budget and one office. The One UN Programme was defined for an initial pilot phase as seven joint programmes, encompassing about 40 per cent of United Nations programme work. In the second, expanded phase of the One UN Programme, starting in January 2009, three additional joint programmes will be introduced, including one on social protection with UNICEF as the managing agent. Seven joint programme documents and results matrices were written and agreed on, as was a memorandum of understanding that includes governance and management of the One UN Fund. UNICEF is involved in all seven joint programmes that constitute the One UN Programme, and is the managing agent for the Joint Programme on Strengthening National Disaster Preparedness and Response Capacity.

44. All the joint programmes report to the Joint Government-United Nations Steering Committee, which guides the One UN programme process. Unfunded portions of the joint programmes are to be funded from a pooled fund, called the One UN Fund. It is notable that by March 2008, 75 per cent of the resources required to close the funding gaps of the joint programmes had been made available from the One UN Fund, a mark of great donor confidence in this initiative. To date, UNICEF has received over \$1.3 million from the One UN Fund for implementation in three joint programmes.

45. Although only one and a half years into the new four-year country programme, in view of so much change, the UNICEF country office consolidated the findings of a series of joint stocktaking and assessment processes, as well as internal reviews, to assess what adjustments might be needed in the programme and management structures of the UNICEF country programme. These review processes included several components: (a) a UNICEF programme review retreat (November 2007); (b) a One UN stocktaking report (December 2007); (c) a United Nations Country Management Team (UNCMT) retreat and review (December 2007); (d) a UNICEF management review (December 2007); and (e) a United Nations capacity needs assessment (May 2008). The Government of Tanzania was well represented and active in all these processes.

46. The One UN stocktaking report and the UNCMT review noted major changes in the way the United Nations was prepared to do business in Tanzania, as a result of nearly one year of structural and operational adjustments. The Government, in its own stocktaking report on the One UN pilot, noted that the process had provided an opportunity for integrating the initiative into national reforms, leading to a number of benefits: streamlining coordination to facilitate focus on United Nations activities in Tanzania, thus reducing transaction costs; providing clearer focus on the comparative advantage and specific role of the United Nations, based on its mandate, in support of national priorities; scaling up resource inflows for Tanzania through a coordinated, focused, efficient, and result-oriented partnership; promoting national ownership and leadership of the development process; using government structures and systems; and offering more coherent and effective ways to measure the real impact of United Nations support.

47. The UNCMT review also noted a rapidly changing situation in northwest Tanzania, with the closure of six out of eleven refugee camps within six months. Refugees were either repatriated or relocated to consolidated camps. The review recommended that the United Nations should help the Government not only to find a solution to the immediate refugee situation, but also to promote the longer-term development of the refugee-affected regions.

48. Among the findings from the UNICEF internal reviews (programme and management) was that the Delivering as One pilot has offered UNICEF an excellent opportunity to leverage results for children. However, there is a need to identify shifts in competencies and programme structures, towards more substantive strategic planning and policy engagement, within the frameworks of general budget support, sector-wide approaches and basket funding. UNICEF now has an opportunity to be more effective as an advocate for children's rights through the joint United Nations programmes, the Tanzania Joint Assistance Strategy, and more generally under the aegis of the MKUKUTA [a Kiswahili acronym for Tanzania's national poverty reduction and economic development strategy]. UNICEF should play a stronger role as a resource for advice, knowledge and operational expertise in the formulation and implementation of policies, budgets and programmes for children and women. Negotiation, financial analysis, strategic planning and statistical and policy analysis were additional areas that needed strengthening within UNICEF. The 2008 United Nations capacity needs assessment in Tanzania reinforced these internal review findings, and recommended changing the mix of services and interventions to carry out more policy advice, technical assistance, advocacy and research. It

also noted that a change in programme delivery would require a parallel shift in the skills mix of the United Nations staff, who would increasingly deliver support through national systems while strengthening their capacity. All of these findings and recommendations are consistent with strengthening delivery of organisational targets in focus area 5 of the medium-term strategic plan of UNICEF.

## Conclusion

49. The MTRs for Angola and Uganda were both linked with UNDAF MTRs, reflecting a trend in the region towards greater United Nations system coherence, beyond the official One UN pilots. The Tanzania UNCMT committed to using joint review processes, and the UNICEF country office was able to draw on a series of these to inform decisions on changes needed to accelerate and strengthen delivery of results and meet the expectations of the One UN Programme in Tanzania. Another innovation was that the Uganda MTR was informed by a pilot Programme Performance Assessment of UNICEF. All three country programmes benefited from their reviews to sharpen programme focus, define needed shifts towards more upstream work, and demonstrate flexibility in response to evidence of changed situations and needs.

50. In Angola, five strategic country programme management decisions were made based on MTR findings and recommendations:

(a) The country programme was reconfigured from six programmes – (i) health and nutrition; (ii) education; (iii) water, environmental sanitation and hygiene; (iv) child protection; (v) HIV/AIDS and youth; and (vi) social policy, advocacy and communication – and integrated into three major pillars: (1) Accelerated Child Survival and Development (ACSD); (2) Social Policy and Protection; and (3) Education and Learning Outcomes. Cross-cutting areas, including HIV/AIDS, emergency preparedness and response, behaviour change and social mobilization, and monitoring and evaluation, were merged into these pillars.

(b) Strengthening ACSD within the country programme aligned programme interventions with the immediate Millennium Development Goals priorities of the Government of Angola. Encompassing the areas of child and maternal health, nutrition, HIV/AIDS and PMTCT, water and sanitation, and linking with education and child protection, the ACSD programme now focuses on policy development and partnerships; institutional capacity building for decentralized planning and management of health services; increased quality and access to service delivery; community participation and behaviour change and development of institutional systems for strengthening monitoring and evaluation.

(c) The country programme was reoriented towards strengthening the social policy and social protection systems capacity of the Government, to effectively address core issues of child poverty, vulnerability and exclusion. UNICEF will use evidence and analysis to leverage resources within the national budget in the interests of children and women.

(d) The evaluation function in the country office was made independent of programme implementation through the establishment of an evaluation working group that reports to the Representative. This group is responsible for ensuring that strategic decisions are made on studies and evaluations, including resource allocations; that good-quality terms of reference, selection of consultants, and supervision lead to high-quality findings and recommendations; and that management actions are taken based on these recommendations.

(e) The country office dramatically changed its resource mobilization strategy, seeking different financing opportunities that exist within the public and private sectors in

Angola, in order to implement the social development agenda. New opportunities include the leveraging of government resources and the mobilization of private-sector companies through social responsibility initiatives.

51. In Uganda, three strategic country programme management decisions were made based on MTR findings and recommendations:

(a) The country programme was reorganized from a programme with a focus primarily on emergencies to one focused on transition and recovery in the North, with very specific interventions in two other key regions, which are greatly lagging behind the rest of the country on the targets of the Millennium Development Goals. Engagement with NGO partners is becoming more strategic for recovery. This means moving from an orientation primarily on service delivery to one focused on strengthening the capacity of the Government to deliver the same programmes. Emphasis is now on knowledge-sharing and integration into sector working groups, envisioning the eventual phase-out of the Inter-Agency Standing Committee cluster coordination. However, strategic service-delivery contracts for some critical areas and emergency response remain.

(b) The country programme is strengthening support to the Child Survival Strategy of the Government of Uganda by providing evidence-based advocacy and leveraging for scaling up a proven package of high-impact, low-cost interventions. The country programme has aligned itself with government structures by separating Water, Sanitation and Hygiene from Health and Nutrition and creating two separate UNICEF programmes. This action recognizes the distinct roles, approaches and staffing competencies of the two programmes. It also enables them to concentrate on specific interventions and work closely with their respective Government Ministries and other partners on sector-wide approaches to accelerate results. These two closely linked sectors will continue to coordinate for a combined impact.

(c) The country programme is strengthening strategic leadership capacity in UNICEF, to support increased focus on upstream policy analysis and advocacy for disparity reduction. A large share of development funds is channelled through direct budget support, and the MTR found that the Government and development partners would like UNICEF to play a stronger role in strengthening capacity for data analysis, presentation of policy options and documentation of best practices in implementation that can be brought to scale. UNICEF needs to present much more convincing analysis and evaluation to ensure that more human and financial resources are allocated to address disparities and gender discrimination. UNICEF can help the Government to identify obstacles to efficiency and impact, and to identify synergies through convergence. There is a renewed opportunity, after a recent international conference on social protection in Kampala, to develop a comprehensive social protection policy and strategy in Uganda, and to test and evaluate new approaches. Another change is increasing access to international expertise, to strengthen technical support available to government partners.

52. The strategic management decisions taken by UNICEF Tanzania reflected an adaptation to a changed way of doing business and included:

(a) The UNICEF Representative, together with two other United Nations country representatives, has taken on a leadership role in the Delivering as One initiative in Tanzania, and chairs the joint United Nations groups for information and communication technology, procurement and human resources. UNICEF adjusted staff time, and in some cases, management structure, in order to honour additional commitments to Delivering as One, including participation or leadership in thematic groups for joint programmes and cross-sectoral themes and areas, such as human rights, gender, communication, and monitoring and evaluation.

(b) The expected results in the CPAP were adapted to tighten the results hierarchy, and to reflect commitments in the joint programme work plans. In some cases, indicators and targets were adjusted to reflect common agreements in the Delivery as One Monitoring and Evaluation Framework.

(c) UNICEF Tanzania is making strategic use of the One UN Fund for implementation of joint programmes in emergency preparedness (where UNICEF is managing agent); maternal and newborn health; and the geographical programme in Zanzibar. As part of the pilot, UNICEF staff have been co-located to a joint United Nations office in Zanzibar. The closure of refugee camps in the Ngara region and the subsequent transfer of United Nations Emergency Operations to the Kigoma region led UNICEF to also close its zonal office in Ngara and open one in Kigoma, in shared United Nations premises, as part of the 'One Office' principle.

(d) The resource mobilisation plan for the country programme was revised, to take into account how resources will be mobilised for the One UN Fund, and which funds can be independently mobilised by each agency. The early success of this plan is evident from the fact that, as of June 2008, of the \$55 million to be funded between 2008-2010, 38 per cent is already funded; this is in addition to what donors are giving for general budget support and to the One UN Fund.

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