

17 July 2008

United Nations Children's Fund

Revised country programme document

Nigeria

Summary

The draft country programme document (CPD) for Nigeria was presented to the Executive Board for discussion and comments. The Board approved the aggregate indicative budget of \$153,200,000 from regular resources, subject to the availability of funds, and \$302,690,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2012.

Basic data[†]

(2006 unless otherwise stated)

Child population (millions, under 18 years)	73.7
U5MR (per 1,000 live births)	191
Underweight (% , moderate and severe)	29
Maternal mortality ratio (per 100,000 live births, 2005*)	1 100
Primary school enrolment (% net, male/female)	72/64
Primary schoolchildren reaching grade 5 (%)	73
Use of improved drinking water sources (%)	48
Use of adequate sanitation facilities	44
Adult HIV prevalence rate (%)	3.9
Child work (% , children 5-14 years old)	13y
GNI per capita (US\$)	640
One-year-olds immunized against DPT3 (%)	54
One-year-olds immunized against measles (%)	62

* WHO/UNICEF/UNFPA and the World Bank developed this 2005 estimate, which is adjusted for underreporting and misclassification of maternal deaths. <http://www.childinfo.org/areas/maternalmortality/>.

Note: “y” indicates data differ from standard definition.

The situation of children and women

1. Nigeria is the most populous nation in Africa, with more than 140 million people, including 40 million children under five years old. Well over half of the population lives in poverty, with wide regional disparities. Progress in achieving the Millennium Development Goals in Nigeria will contribute tremendously to attainment of the Goals for the continent. The design and implementation of programmes, including ‘upstream work’, in Nigeria is influenced by its governance structure, which is unique in the region. It includes a federal capital territory and a federal Government of 36 states that exercise a considerable degree of autonomy.

2. Nigeria is the sixth-largest oil producing country in the world. Between 2001 and 2006 the gross domestic product (GDP) grew an average of 6 per cent. In 2007, oil production declined because of heightened insecurity in the Niger Delta. Agriculture and oil account for almost 70 per cent of GDP, evidence that the Nigerian economy has yet to transform itself into a broader-based and diversified structure. Revenues, mainly from oil, represent opportunities for resources to be allocated to programmes and sectors benefiting children and women. In 2007, budgetary allocation to education was 10.6 per cent; health 7.1 per cent; environment and water resources 6.8 per cent.

3. According to the 2006 Millennium Development Goals report for Nigeria, the country may reach several targets related to universal primary education, environmental sustainability, combating HIV/AIDS and fostering a global partnership for development. Progress has been made towards eradicating extreme poverty but at too slow a pace to reach the targets. Nigeria has shown strong commitment to achieving the Millennium Development Goals: the Government made the Goals the basis for the National Economic Empowerment and

Development Strategy (NEEDS 2); established a presidential committee on the Goals (of which UNICEF is a member); set up an office within the presidency for following progress on the Goals; and allocated \$1 billion from debt relief funds for specified programmes related to achievement of the Goals.

4. Child and infant mortality continue to be major challenges in the face of the widespread occurrence of malaria, vaccine-preventable diseases, diarrhoea and acute respiratory infection. The country has a high infant mortality rate of 86 per 1,000 live births, and an under-five mortality rate of 191 per 1,000 live births.

5. The percentage of children who sleep under insecticide-treated mosquito net is unacceptably low, ranging from 3 per cent in the north to 8 per cent in the southeast. The Government, UNICEF and many development partners are increasing efforts to scale up distribution.

6. Routine immunization coverage is still very low. Immunization services are now integrated into the National Primary Health Care delivery systems, and are expected to strengthen routine immunization and enhance sustainability. Sustained measles campaigns in 2005 averted the annual peak levels of measles outbreaks in the north. **The country still faces tremendous challenges in interruption of transmission of wild polio virus.**

7. Protein-energy malnutrition is the silent emergency resulting from food insecurity, poverty and HIV/AIDS, aggravated by a recent prolonged drought in the north. One third of all children under five years old are either stunted, underweight or wasted. Vitamin A supplementation, however, is now reaching many children and fortification is enriching wheat flour, sugar and vegetable oil. In 2007, Nigeria became the first country in Africa to receive certification for universal salt iodization.

8. The 2005 seroprevalence survey by the Federal Ministry of Health shows that HIV/AIDS prevalence has declined from 5.0 per cent in 2003 to 4.4 per cent in 2005, driven in part by a drop in prevalence in the 15-19 age group, to 3.6 per cent. Much higher rates prevail in the north central states: The rate in Benue State is up to 10 per cent. Four in every five women aged 15-49 years lack comprehensive knowledge of HIV/AIDS. Less than 5 per cent of pregnant HIV-positive women are reached by services to prevent mother-to-child transmission (PMTCT). More than 73,000 children are born with HIV each year, yet access to antiretroviral therapy is still low.

9. The 2007 Multiple Indicator Cluster Survey (MICS3) reports that half the population has access to safe water nationally, but coverage drops to as low as 18 per cent in some rural areas in the north. Only one third of all schools have access to safe water. Sanitation coverage averages 70 per cent in urban areas and 30 per cent in rural areas. The water and sanitation sector suffers from weak planning structures at all levels of government. Diarrhoea is the second largest killer of children, responsible for 16 per cent of child deaths every year. A recent upsurge in dracunculiasis is ascribed to population movements from an endemic zone to areas previously free of the disease.

10. Basic education became compulsory, free and universal in 2004, providing for nine years continuous education. The national primary school net enrolment rate is 69.6 per cent (73.1 per cent boys and 66.0 per cent girls), yet 10 of 16 states in the north have net enrolment rate less than the national average, with some, such as

Zamfara, as low as 38 per cent. Wide regional and gender disparities continue to exist, with girls' net enrolment rate as high as 70 per cent in some states in the south, and as low as 24 per cent in the north. Nearly 80 per cent of Nigerian children do not benefit from pre-primary education, which is mostly privately owned. Non-formal and special education form an integral part of basic education. Increasing numbers of Koranic schools have added secular instruction to the curriculum as a way to integrate into the formal education system. Violence against children in school contributes to school absenteeism. Literacy rates among women aged 15-24 improved from 45 per cent in 2004 to 56.3 per cent in 2007.

11. The 2003 Child Rights Act, which provides the framework for the realization of child rights, calls for a Family Court and a special police unit for children, among other measures. Only one in four children is registered at birth, some 15 million children below the age of 14 are working, and HIV/AIDS has added 1.8 million to the country's orphans and vulnerable children (OVCs), who now total 10.7 million. Violence against children and women has increased due to weak social security systems, poor or dysfunctional families and gender discrimination. Child marriage is widely practiced in the north, as is female genital cutting in the south. Growing momentum in addressing gender disparities, however, can be seen in the Government's national gender policy, gender mainstreaming strategy and gender statistical profile. Cross-border cooperation with Benin has strengthened tracking, repatriation and reintegration of trafficked children.

12. Current levels of knowledge at the community and household levels to address basic preventable diseases are low, according to MICS3. These knowledge gaps, coupled with negative attitudes and harmful practices, contribute to the low indicators of social well-being among children and women. This situation hinders achievement of the Millennium Development Goals.

Key results and lessons learned from previous cooperation, 2002-2008

Key results achieved

13. The current country programme contributed to the following national policies and strategic frameworks. They reflect advocacy and expanded partnerships, as well as provision of technical support and enhancement of service delivery among state and local governments:

(a) Passage of the Child Rights Act at the federal level and in 17 of 36 states, which created a legal framework, a protective environment and an opportunity for child justice administration. The Act also contributed to development of gender policy, a national gender statistical profile, a strategic plan for gender in education, and early child care policy and strategy;

(b) Development of key plans and policies: a child health policy; a national health development plan; and a costed integrated maternal, neonatal and child health strategy to accelerate child survival. Key results also include development of the water and sanitation policy, water sector strategic plan, and plan of action for the International Year of Sanitation 2008;

(c) Creation of the National Agency for the Control of AIDS with a national strategic plan; national plan of action for orphans and vulnerable children; and mechanisms for federal and state planning, partnership and coordination.

14. The following key results were achieved in service delivery at the community level, providing evidence-based approaches for replication by the Government and other development actors:

(a) Enhanced collaboration moved Nigeria within reach of polio eradication with national-level partners such as the Centers for Disease Control and Prevention (United States), the European Union, the Government of Japan, Rotary International, the United States Agency for International Development (USAID) and the World Health Organization (WHO), and community level collaboration with traditional and religious leaders.. Other key results include reduction of measles mortality, in some areas by over 90 per cent; marked increases in coverage of three doses of diphtheria/pertussis/tetanus (DPT3) vaccine in the north, in some areas up to 70 per cent; and vitamin A supplementation with measles and polio vaccination for more than 70 per cent of all children. In addition, 100 per cent of wheat flour and sugar are now fortified with Vitamin A, along with 55 per cent of vegetable oil. Iodized salt is used in 98 per cent of households in Nigeria, which has received certification for universal salt iodization;

(b) Nearly 72 per cent of focus communities in states with endemic dracunculiasis now have at least one safe water source, which has resulted in a drop in reported cases. Over 7.5 million people at risk of onchocerciasis (river blindness) were treated with Mectizan and, in cooperation with selected local governments, coverage of nearly 30 per cent was achieved in the use of insecticide-treated bed nets;

(c) In partnership with Canadian International Development Agency (CIDA), and through the National Youth Service Scheme, scaled-up HIV prevention services for young people engaged 1.3 million peer educators and contributed to a decline in HIV prevalence in this age group;

(d) The girls' education project implemented in six northern states in a partnership between UNICEF and the Department for International Development (United Kingdom) (DFID) reported an increase in girls' enrolment from 56 per cent in 2005 to 78 per cent in 2007 for focus schools;

(e) The National Emergency Management Agency has been equipped and its staff trained to implement vulnerability and capacity analysis and contingency planning. National and state partners including the National Bureau of Statistics use DevInfo exclusively to manage the national and state socio-economic databases. The software is also applied in monitoring progress in achieving the Millennium Development Goals in the United Nations Development Assistance Framework (UNDAF).

Lessons learned

15. In the previous country programme it was observed by the Government, UNICEF and other development partners that more resources could be channelled to programmes benefiting children and women. In addition, there was limited costing of development plans and programmes and public sector reviews. Therefore the recommendation was to place greater emphasis on social policy dialogue, improvement of public sector review, and social budgeting. This recommendation also was made by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. This focus on investment in the

social sector is important for Nigeria, which does not depend on official development assistance. A main contribution of UNICEF to this effort will be in strengthening the evidence base.

16. Efforts to improve public sector performance over the years have not produced desired results partly because of low human and institutional capacity, especially in state and local government, and an overemphasis on improving staff skills at the expense of empowering institutions. Therefore the new country programme will address the challenges of human and institutional capacity development through a coordinated approach with the Government, development partners, the private sector and civil society. The emphasis will be on developing systemic capacities for training, planning, research and service delivery for Government staff and for relevant civil society institutions and groups.

17. Increasingly, donors, including bilateral agencies, are undertaking service delivery projects, gaining comparative advantage in areas where UNICEF traditionally has been considered strong. This shift demands a strategic repositioning of the contribution of UNICEF. There is an opportunity to leverage greater impact through better coordination, capitalizing on lessons learned and creating synergy with all development actors. UNICEF will continue to be a convenor and catalyst in child rights.

The country programme, 2009-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	40 800	110 000	150 800
Basic education and gender equality	13 400	82 200	95 600
Water, sanitation and hygiene	14 400	75 300	89 700
Children and HIV/AIDS	13 400	18 700	32 100
Child protection	10 000	12 000	22 000
Social policy, advocacy and communication	15 200	4 490	19 690
Cross-sectoral costs	46 000	—	46 000
Total	153 200	302 690	455 890

Preparation process

18. The situation analysis for children and women was undertaken with data from the Demographic and Health Survey, MICS3 and other relevant surveys and studies. It was carried out in close collaboration with the National Planning Commission, the National Bureau of Statistics and Nigerian universities. The situation of children of women was assessed using gender analysis tools and a human rights-based approach. Participatory consultations were conducted with children in some states. The results of programme implementation in the focus Local Government Areas (LGAs) and communities were evaluated through technical reviews held jointly with LGA counterparts.

19. Preparation of the 2009-2012 country programme was guided by the simultaneous elaboration of the second UNDAF 2009-2012. This included independent comparative analysis of the contribution of United Nation agencies, country analysis, and the development of a socio-economic profile and statistical baseline. The UNDAF results matrix to which the country programme contributes was endorsed at the Joint Strategy Meeting held with the Government in February 2008 and attended by key partners from the Government, donor community and civil society. Observations and Recommendations of the Committee on the Rights of the Child and Committee on the Elimination of Discrimination against Women were taken into consideration. They included, among others, strengthening the legal and policy framework for children, gender mainstreaming and reduction of maternal mortality.

Goals, key results and strategies

20. The overall goal of the country programme is to contribute to the progressive realization of children's rights to survival, development, protection and participation with emphasis on reducing regional and gender disparities and eliminating exclusion of vulnerable and disadvantaged children.

21. The country programme will contribute to the national goals in the following strategic results:

(a) National legislation, policies and financing frameworks provide an enabling environment for increased investment in children and women in the government budgets at federal and state level;

(b) Public, private and civil society institutions enhance their organizational and human capacities to plan, budget, implement, monitor, evaluate, coordinate and leverage results for children, including through delivery of services to children and women at all levels;

(c) Partnerships and networks enhance their capacities to mobilize, advocate and participate meaningfully in policy dialogue, service delivery, emergency response and leveraging resources for realizing the rights of children and women.

22. The overarching strategies for the country programme are the following:

(a) Contribute to building the evidence base by playing a major role in the collection, analysis and use of data for children and women. Highlight vulnerable groups, marginalized and excluded populations, and disparities, including gender, in support of more equitable social policies and programmes;

(b) Advocate for budgets focused on children and women in the federal and state parliaments, contribute to strengthening social sector review mechanisms, and identify gaps to influence and increase investment in children and women;

(c) Contribute to the development of human and institutional capacities of government and civil society at different levels to sustain the acquisition and use of knowledge, skills and expertise in planning and managing programmes — with an emphasis on transparency and accountability;

(d) Create opportunities and spaces for children and women to express their views, participate meaningfully and influence decision-making and policies;

(e) Enhance partnerships with communities, religious/traditional leaders, media, civil society organizations and other United Nations agencies for leveraging resources; catalyse commitment to deliver results for children.

Relation to national priorities and the UNDAF

23. The country programme is fully aligned with national priorities as embodied in the seven-point presidential agenda (e.g., human capital development: health and education) and NEEDS2 (e.g., social sector and cross-cutting issues; gender, environment and HIV/AIDS). Acceleration of primary health care is anchored in the Government's integrated strategy for maternal, newborn and child health. Basic education is driven by the national policy of free and compulsory basic education for all children. Key outcomes of the country programme relate to three out of four UNDAF pillars: (i) governance and accountability in areas of timely, reliable national data on the Goals and other social and economic targets; (ii) transforming social service delivery regarding policies and plans based on evidence, basic systems at state level for service delivery, demand creation and community participation, prevention and management of cross-border public health threats; and (iii) reduce the risk of crisis, conflict and security for effective emergency preparedness and response. The programme will be implemented at two levels. At the federal level, it will promote policies, advocacy, resource mobilization and specific nation-wide programmes such as immunization. At the level of focus states, specific areas of capacity-building will strengthen service delivery and community and social mobilization. The choice of focus states in the UNICEF programme will be influenced by the UNDAF decision to provide coordinated support to the Niger Delta region and some selected states for collective accountability. Other criteria include levels of disparity, poverty and vulnerability of children and women, as well as the presence or absence of donor support and development partner interventions.

Relation to international priorities

24. The Convention on the Rights of the Child remains the beacon for the country programme. The programme structure has been guided by the UNDAF 2009-2012, the Millennium Declaration, the Millennium Development Goals, the Declaration and Plan of Action of *A World Fit for Children* and the Core Commitments for Children in Emergencies. Key outcomes correspond to all five focus areas of the UNICEF medium-term strategic plan for 2006-2009.

Programme components

25. The **health and nutrition** programme will be delivered in three major components: maternal, newborn and child health; vaccine-preventable diseases; and nutrition. The main thrust is to strengthen the weak primary health care delivery system in order to address the causes of child morbidity and mortality. High-impact and cost-effective interventions will be scaled up in states rolling out the integrated maternal, newborn and child health strategy, Nigeria's initiative for Accelerated Child Survival and Development (ACSD).

26. The **maternal and newborn** component aims to eliminate maternal and newborn tetanus and implement a continuum-of-care approach for pregnant women, emphasizing attendance at delivery by skilled attendants. To address the high burden of malaria, the component will contribute to a target of at least 50 per cent of

children under five and pregnant women sleeping under insecticide-treated mosquito nets. It will also address diarrhoeal diseases through promotion of oral rehydration therapy, zinc supplementation and exclusive breastfeeding for up to six months.

27. The **vaccine-preventable diseases** component will contribute to achievement of at least 80 per cent coverage for priority vaccines in focus states; sustainability of service delivery through vaccine procurement services and effective cold chain management; and interruption of measles outbreaks through routine services and focused measles campaigns.

28. The **nutrition** component will focus on promotion of optimal child and infant feeding practices with dietary diversification at the household level for both prevention and management of childhood malnutrition. It also will focus on improving management of severe and acute malnutrition at facility and community level. Routine nutritional surveillance will be coupled with continued emphasis on prevention and control of deficiencies of iodine, vitamin A and iron in children and women, through supplementation in the short-term; food fortification in the medium term; and dietary diversification in the longer term.

29. All of the above components will be supported by efforts to promote key health household practices, with the aim of achieving adoption of these practices in at least 50 per cent of households.

30. **Emergency preparedness and response** will be positioned to address emergency issues related to child survival, nutrition and maternal and neonatal health in line with the Core Commitments for Children.

31. The **basic education** programme aims to support increased access to basic education especially for girls, reduction of regional disparities and the gender gap, and provision of quality education. The programme will have three components: basic education system development, early child care and development (ECD), and school health and quality education. The aim is to achieve the following results: the number of children accessing ECD increased by 20 per cent in focus states (state-level baselines to be determined in 2008); financing frameworks and organizational systems strengthened for implementation of the national ECD policy; net enrolment rate increased by at least 20 per cent and the completion rate by 10 per cent in focus states; the gender gap reduced by at least 5 per cent; the proportion of out-of-school children in non-formal education centres and integrated Koranic schools increased by 90 per cent (baseline to be determined); proportion of schools with school health programmes (including HIV/AIDS education) increased to 50 per cent from a baseline of 22 per cent.

32. The **water, sanitation and hygiene** programme aims to increase access to safe water sources, hygienic practices and improved sanitation, especially in the rural areas and among vulnerable populations. The programme will have three components: policy and institutional environment, improved water and sanitation services, and community behaviour change and practices. Programme targets include an increase of 5 per cent of the proportion of population in focus states with access to and use of improved water sources (2007 baseline); an increase of 3.5 per cent in the proportion of the population with access to and use of improved sanitary and hygiene facilities (2007 baseline); an additional 800 schools have safe water sources and sanitation facilities; adoption of sustained behaviours for water, hygiene and sanitation in 2,000 communities; Nigeria certified dracunculiasis-free.

33. Community and household management of water and sanitation programmes will emphasize the greater participation of women. Rapid access to safe water for internally displaced persons and all victims of emergencies will be ensured through capacity development for emergency management agencies.

34. The **HIV/AIDS** programme contributes nationally to reducing the spread of HIV/AIDS in children and young people and increasing their access to treatment, care and support services. The programme components will include PMTCT, prevention of HIV/AIDS among adolescents and young people, and scaling up access to treatment and care for children.

35. The HIV/AIDS programme will contribute to the following results: at least 50 per cent of pregnant women have access to PMTCT services in focus states; all exposed infants have access to early infant diagnosis and infant feeding options; at least 30 per cent of HIV-infected children have access to antiretroviral drugs and treatment for opportunistic infections in focus states; up to 40 per cent of children and young people aged 10-24 have comprehensive information and life skills to reduce HIV/AIDS risk and vulnerability; and the proportion of children orphaned or made vulnerable by AIDS receiving care, support and protection is increased by 20 per cent in focus states.

36. The programme will strengthen the participation of children and adolescents, especially girls and women, through the promotion of peer education in schools and through youth and women's groups. The programme will develop tools and packages to be implemented during emergencies and displacement of populations.

37. The **child protection** programme aims to support the creation of a protective environment for children, with emphasis on improving legal and social framework in the country. The programme will contribute to achievement of the following results: passage of the Child Rights Act in the remaining 20 states; compliance with the Convention on the Elimination of All Forms of Discrimination against Women and full implementation of the National Gender Policy; family courts and specialized police units functional in 24 states; at least 80 per cent of children under five registered with the National Population Commission and issued birth certificates; quality gender-disaggregated data on harmful practices, gender-based violence, and orphans and vulnerable children collected and utilized; strengthened services for children with disabilities, victims of child trafficking, orphans, working children and children living and working on the street.

38. The programme will promote emergency preparedness and effective response in line with the Core Commitments for Children, with emphasis on family tracing and prevention of sexual abuse and exploitation, including gender-based violence.

39. The cross-cutting **social policy, advocacy and communication** programme aims at strengthening the capacity of social-sector actors to influence social policy and budgeting for children and women. It also will generate data and analysis for advocacy and behaviour change.

40. The social policy component will ensure that the human rights-based approach is fully considered in NEEDS 2 and the State Economic Empowerment and Development Strategy; results-based budgetary provisions for children and transparent tracking systems are developed; social protection mechanisms and programmes are strengthened; disaggregated national and state databases on

children and women are routinely updated, and monitoring mechanisms on child poverty are established.

41. The advocacy and communication component will promote behaviour and social change to create an enabling environment for sustained practice of positive and healthy behaviours through access to information and community engagement approaches. These include dialogues, use of traditional media, theatre for development, and community viewing and listening efforts. This component will also aim to ensure that children's issues are at the forefront of the political agenda.

42. Advocacy and communication will promote key health household practices, including immunization, basic personal and environmental hygiene, education for all children, including girls, and establishment of community information databases and community surveillance systems on violence and harmful traditional practices in select communities. Access to information and mass public education will be ensured through the active engagement of the media in promoting children's issues. The programme will coordinate contingency planning and development of emergency preparedness plans as well as early warning systems. In the Niger Delta region, the programme will strengthen community-based disaster preparedness planning and capacity-building for emergency management.

43. **Cross-sectoral costs** provide operational support to the planning, implementation, management, monitoring and evaluation of the country programme at national and field levels. It covers the cost of staff salaries and related costs for national and subnational levels.

Major partnerships

44. The country programme is implemented in collaboration with the Government of Nigeria, bilateral/multilateral partners and other United Nations agencies within the UNDAF for 2009-2012. These partners include DFID, the European Union, Rotary International, the Government of Japan, the Red Cross, USAID and WHO on polio eradication; CIDA, the World Bank and USAID on roll-out of the integrated maternal, newborn and child health strategy; The Netherlands, the Swedish International Development Agency and the United Kingdom National Committee for UNICEF on child rights; CIDA, the United Nation's Foundation, USAID and various National Committees on different aspects of HIV/AIDS; DFID on girls' education; and the European Union and DFID on rural water supply, sanitation and hygiene. Partnerships also exist with various United Nations agencies in relevant areas of their mandates within UNDAF. The programme will also maintain collaboration with international and local non-governmental organizations, faith-based organizations and traditional and religious leaders. It will strengthen the involvement and contribution of children and young people in order to enhance their participation in all aspects of their development at all levels of society. The local private sector is interested in supporting efforts for children at community level, and the programme will build on strong partnerships with banks, telecommunication companies, manufacturers and other corporations.

Monitoring, evaluation and programme management

45. The National Planning Commission, in collaboration with the Ministry of Women Affairs and Social Development, oversees the implementation of the country programme. The National Bureau of Statistics maintains the national

socio-economic database and tracks progress towards achievement of the NEEDS 2 targets and the Millennium Development Goals. DevInfo has become the reference for management of information systems in all line Ministries and its roll-out at state level is accompanied by training in application and hardware installation. UNICEF will take the lead in strengthening the UNDAF monitoring and evaluation framework and its operationalization, based on DevInfo. Primary sources for tracking progress will include the Demographic Health Survey; round 4 of the Multiple Indicator Cluster Survey; population census; surveys on immunization, nutrition, girls' education and HIV/AIDS; participatory research on knowledge, attitude, behaviour and practice; and audits of community engagement approaches; community boards and reports from the field. Major evidence-based research is planned for several issues: orphans and vulnerable children, child labour, violence in communities and schools, and children with disabilities. A midterm review will be held at the end of 2010 within the UNDAF.
