1 EXECUTIVE SUMMARY

The Programme contributed to national priorities, achieving results in four of five UNDAF results areas. The country led-evaluation and Mid-Term Review of the ‘One UN programme’ demonstrated alignment to national priorities, greater complementarities/coherence, reduced transactional costs to Government and greater impact of the multifaceted-capacity building from varied UN technical expertise. The UNICEF mid-term evaluation demonstrated gains made by UNICEF in this environment including: upstream positioning, leveraging resources, complementarities and high programme performance, earning the respect of Government/partners.

The report illustrates development results achieved through evidence-based policy analysis, capacity development, and policy dialogue, and innovations and contributions to quality standards/norms through research and modelling.

Under governance for child rights, three key institutions were strengthened: the National Institute of Statistics (to gather, analyse and disseminate data, use DevInfo and introduce quality assurance into DHS 2010); the Child Rights Observatory (to make timely reports on child rights violations); and the Ministry of Gender, for planning and gender monitoring.

Health, Nutrition, HIV and WASH interventions contributed to improving child survival through: Mother and Child-Health-Weeks (1.6 million children received life-saving interventions and 3 million school children de-wormed), development of multi-sectoral district plans for elimination of malnutrition and leveraging resources for implementation, modelling a RapidSMS tool for monitoring pregnancy outcomes, development of action plans to mainstream HIV in EDPRS sectors and enabling four districts to plan, mobilise communities, coordinate and implement WASH interventions.

Technical support and co-leadership of the Education SWAp contributed to: finalisation of the ESSP, an FTI commitment of US$70m; successful joint sector reviews; and quality assurance in construction of over 3,000 classrooms and 6,000 toilets under the nine-year basic education (NYBE) expansion; as well as strengthening of MoE/institutions to support active learning and strategies for ECD.

Under social protection, modelling of child protection systems and partnerships within the social protection sector were key achievements for promoting an equity agenda. Plans to complete the DHS 2010, GBV policy/strategic plan and the targeted 41CFS were affected by the elections, as well as weak capacity and the rapid implementation of the NYBE initiative.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

The Government is committed to implementing policies/programmes for shared growth while reducing poverty and vulnerability, and is on track to meeting the MDGs, except for MDG1. The Vision 2020 and EDPRS 2008-2012 spell out the development objectives, priorities and policies and put in place three flagship programmes monitored at the highest level: Growth for Jobs and Exports; Good Governance; and Vision 2020 Umurenge. Macroeconomic stability remained strong, creating a base for sustained growth and poverty reduction. Economic growth for 2010 was projected at 7.2%, up from 6% in 2009.

An adaptive policy environment has been created, including; the Decentralisation policy and the Performance Contracts (Imihigo), providing opportunities to take services closer to the population. Performance-Based Financing ensures availability of qualified health personnel in hard-to-reach rural areas. The Early Childhood Development (ECD) policy is designed to break the inter-generational poverty cycle.

 Citizens’ participation in democratic governance is evolving. Presidential elections in 2010 were peaceful, children’s participation in decision making was sustained through
annual Children’s Summits and Paediatric AIDS Conferences, and women’s involvement in decision-making is high - 56% of Parliamentarians are women.

A country-led evaluation and Mid-Term Review of the UN DaO initiative undertaken in 2010 showed a strong programme and high commitment by UN agencies to deliver results. The UNICEF MTR showed that within the DaO, UNICEF interventions are relevant to GoR priorities and achieved significant results for children, while attaining high respect for innovation and upstream work.

**MDG 1:** About 57% of the population live in poverty, with extreme poverty at 37% and child poverty at 60.5%. The prevalence of chronic under-nutrition is high (45% stunting and 22% underweight) and a national multi-sectoral response was spearheaded by the President. Interventions aimed at reducing vulnerabilities and graduation from poverty include Vision 2020 *Umurenge* Programme (VUP), the ‘one cow per family’ programme and community health insurance.

**MDG 2:** Primary school net enrolment and completion rates are high in 2010 at 95% and 75.6%, respectively. Transition from primary to secondary increased to 95% in 2009 from 88% in 2008, due to the NYBE reform. Repetition (14%) and dropout (12.2%) rates both declined in 2010. However, the rapid expansion of the NYBE is straining the system – worsening education quality, creating high pupil/teacher ratios (68:1) and demanding double-shift arrangements. The switch to English as the language of instruction adversely impacts the quality of education.

**MDG 3:** Net enrolment rate for girls is 96.5% (boys 94%) and completion rates increased to 75.6% in 2010 from 52% in 2008 with better performance (girls 80%, boys 71.4%). Dropout rates declined for both girls (12.3%) and boys (12.2%) in 2009 from 15.6% and 14.7%, respectively in 2008. The Education Sector Strategic Plan (ESSP, 2010-2015) outlines the sector’s medium-term goals and strategies, including gender tracking. Through the FTI Rwanda received US$70 million to close gaps over the next three years.

**MDGs 4& 5:** The infant mortality rate decreased to 62/1,000 in 2008 from 86/1,000 in 2005 and USMR declined to 103/1,000 from 152/1,000. Maternal mortality declined to 383/100,000 in 2008 from 750/100,000 in 2005. Since 2008 access to health services improved through strengthened health systems, increased health insurance coverage (over 90%) and community-based healthcare. High immunisation coverage (95%) was sustained through routine immunisation and bi-annual mother-child health weeks.

**MDG 6:** The adult HIV prevalence is 3%, reaching 4.3% among pregnant women. Prevalence is highest in Kigali City (11.5%) among pregnant women and 16.8% among pregnant adolescents (15-19 years). Prevalence among girls aged 15-24 (2.5%) is six times higher than that of same age boys (0.4%). About 2.2% of heterosexual couples are HIV sero-discordant. HIV/AIDS comprehensive knowledge among youth (15-25) is low (11%). The National HIV/AIDS Strategic Plan (2009-2012) benefited from US$300 million from the GFATM National Strategic Application (NSA). HIV testing in antenatal centres reached 73%, and a new efficacious antiretroviral regimen aims at virtual elimination of MTCT. A 12-fold increase in the number of HIV infected children in need of, and receiving, ARTs between 2004 and 2010 was recorded.

**MDG 7:** At least 76.2% (74% in 2009) Rwandans have access to safe water supply, within 500 meters in rural areas and 200 meters in urban. About 58% of the population has access to hygienic sanitation, whilst 98% of Rwandans have access to some type of latrine.
3 CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview

The UNICEF Rwanda Country Programme derives from the UNDAF 2008-2012, covering several result areas (R1-Governance; R2-Health Population and HIV/AIDS, R3-Education; and R5-Sustainable Growth & Social Protection.). The UNCT agreed to split UNDAF Result-2 into 2A-HIV/AIDS and 2B-Health/Population to accommodate different mechanisms for implementation. However by that time UNICEF’s CPD had already been approved with four programme components. This will be addressed through the MTR.

The CO is organised into five programme sections (GPS, Health & Nutrition, HIV/AIDS, WASH and Education) and four supporting cross-sectoral units on External Communications, C4D and SPRE, all contributing to specific UNDAF results areas. UNICEF continues to advocate for the rights of women and children and is contributing to the Government’s development results enshrined in Vision 2020/EDPRS, through upstream actions including evidence-generation, support to policy analysis, innovations, modelling and design and establishment of norms/standards, as well as capacity development at the national and district levels for effective programme development/implementation. The CO support contributes significantly to the UN’s achievement of Paris Declaration targets of alignment to Government systems, and ensures strong engagement among the sector development partners groups/clusters and IP capacity building for sustainable development.

UNICEF is using the opportunity of the UN DaO, to leverage resources, utilise advocacy platforms and technical expertise of other UN agencies through UN theme groups and in joint programmes to achieve results for children. Though reducing transactional costs to government this partnership tends to increase costs for UNICEF. Further analysis is necessary to quantify the impact.

In 2010, both the country-led evaluation of the UN DaO and UNDAF-MTR were conducted; both underscored UN/UNICEF’s strong relevance in Rwanda, alignment to GoR priorities and UNICEF’s clear leadership on children and women’s issues.

Strategic partnerships such as with Ministry of Finance (for M&E framework), key civil society groups and UN agencies have enabled significant contribution to evidence-based policy-making and policy dialogue.

Key challenges include the weak capacity of many implementing partners, especially at decentralised levels, as well as frequent changes in government structures and staff movements, with implications for programme implementation, consistency and institutional memory. Stronger internal capacity in evaluation is needed.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development

Achievement of the MDGs and national development targets depends on capacities of individuals, organisations and societies to unleash their potential. Supportive strategies, laws and procedures; well-functioning organisations; and educated and skilled people are vital ingredients. Rwanda’s government and implementing partners lack the foundation necessary to plan, implement and review national and development strategies and are weak in the areas of evidence-generation and rights/results-based programming. The UN (and UNICEF) adopted capacity development as a key strategy for upstream programming to achieve the UNDAF targets. UNICEF capacity development efforts in 2010 included:

In Governance, tools for HRBA/RBM were developed and used to train Government ministries and key implementing partners; also a national M&E framework was developed. The Institute of Statistics was continuously strengthened to analyse, manage data and use DevInfo. Technical capacities of the Human Rights Observatory, MINAFFET and MIGEPROF were enhanced to enable reporting on human rights violations and the CRC.
In Health and Nutrition, capacity was developed in one model district to use RapidSMS to monitor and respond to maternal and child-health outcomes. Acknowledging high malnutrition rates and inadequate national capacity, the MoH received technical support to develop a multi-sectoral strategy and for participatory district planning for the elimination of malnutrition.

Under HIV/AIDS, national capacity to generate evidence, document achievement and to programme based on evidence was enhanced. WASH enhanced capacity at the Ministry of Infrastructure and in four districts funded under the Government of Netherlands (GoN)-supported project to assess, plan, empower communities and implement interventions to increase access to WASH.

In Education, technical assistance helped the MoE to develop a sector capacity-building plan on priorities, including EMIS development, central and district planning and proficiency in English. The MoE and its institutions were strengthened to improve the curriculum and implement active learning methodologies. To implement the CFS initiative, capacity to design infrastructure, to cost, procure services, and supervise works was enhanced at the national and district levels through hiring of engineers and quality assurance.

In relation to social protection, weak capacity to target available SP interventions, leading to efforts to strengthen the Ubudehe database, ensuring linkage with the nutrition and disability databases. TA to develop the gender-based violence policy, integrated child policy and social protection strategic plan helped to ensure participatory processes.

3.1.2.2 Effective Advocacy

UNICEF took advantage of the UN DaO to position children on the development agenda, ensuring that 66% of UNDAF outputs are child-focussed and benefit from a common advocacy platform. Advocacy with Government counterparts, Sector Working Groups, One UN Theme Group and the development partners group was used to achieve consensus on strategic initiatives.

UNICEF advocated for and received buy-in from the Government and UN to use DevInfo as an evidence-based tool for development planning. DevInfo Rwanda was launched, and is a major of source socio-economic data. The UNDAF database was finalised and capacity built to generate quality reports and maps.

Alliances with civil society were strengthened in relation to CSO’s role in child rights and social protection and in modelling and documenting successful innovations. An MoU was signed with a network of faith-based organisations to promote child survival, development and protection, using the Facts for Life tools to influence behavioural and social change of their constituents (about 94% of the population). Bi-annual mother/child health weeks were supported, and over 1.5 million infants received life-saving interventions. Advocacy on nutrition and maternal/child health led to the launch of a hand-washing and breastfeeding campaign and the Conference on Community Health (planned for 2011).

The RapidSMS model for maternal and neonatal tracking was adopted following evidence-based advocacy. Sustained advocacy ensured high levels of immunisation and support for the introduction of new vaccines in 2011 (Rotavirus and HPV). The 6th Paediatric AIDS Conference highlighted progress made and challenges in early infant diagnosis, adolescent care, treatment and support and advocated for HIV mainstreaming in all EDPRS sectors.

UNICEF’s advocacy and convening role in the education sector kept quality issues on the policy agenda and contributed to improvements in the design of CFS. UNICEF participation in the ESSP development ensured that equity, inclusion and ECD were prioritised.

UNICEF supported the GoR to convene an Interagency Emergency Simulation exercise that defined gaps in the national disaster preparedness and response. The external communication section spearheaded fundraising efforts and coordinated 15
delegations to Rwanda. A knowledge management strategy was drafted and a UNV position supported its implementation during 2010.

3.1.2.3 Strategic Partnerships

At the UN strategic partnerships ensured that 16 of 22 joint interventions funded with One Fund achieved results for children. Together with UNDP and UNFPA, UNICEF supported MINECOFIN to strengthen national capacity in Monitoring and Evaluation and HRBA/RBM. Through partnership with the RCO, UNICEF successfully advocated against the reversal of the age of criminal responsibility from 14 to 12 years.

The UN Theme Group on Health, Nutrition and Population continued to serve as a common platform to support the Government in leveraging resources for priority interventions through One Fund. Partnership with USAID mobilised stakeholders to support the President’s emergency nutrition initiative, leveraging more than US$650,000 for the district-based plans. The Health SWAp established partnerships to implement the HSSP; UNICEF chaired the MCH and BCC working groups.

UNICEF co-leads both the SWAp Development Partners Group and the UN Theme Group on Education, keeping children’s issues on the agenda and leveraging resources.

A co-ordination mechanism for NGOs was recognised by MINEDUC and supported by UNICEF to develop and implement an action plan that strengthens the role of civil society in the education sector.

UNICEF’s presence on the Country Coordinating Mechanism of the GFATM ensured leveraging of resources for children in the National Strategic Application (NSA).

3.1.2.4 Knowledge Management

KM efforts in 2010 focused around two areas: a) creation, sharing and use of knowledge on children and; b) improving the CO KM system and learning environment.

Key initiatives for (a) include support for:

i. National institutions, with a focus on institutions of higher learning, for key research/studies aimed at orienting policy action; e.g., PMTCT impact study, equity and inclusion in education study, 5th DHS working with several national/international partners, VUP quick impact assessment

ii. Knowledge exchange, networking and South-South cooperation to devise context-appropriate solutions or share successful experiences from Rwanda; e.g., MINEDUC study mission to Vietnam; focus on teacher reform, an emerging priority for the education sector in Rwanda; CAR government team study visit: learning from Rwanda national PMTCT scale-up programme; establishment of the Rwanda Education NGO Coordination Platform, a networking project to improve coordination/representation of civil society in the sector, and contributing to collaborative learning among partner institutions.

iii. Adaptation of local technologies and/or innovations to accelerate progress towards the MDGs; e.g., partnership with Kigali Institute of Technology to use traditional Batwa pottery as filters for water purification, contributing to low cost, sustainable access to safe water at household level and raising the profile/livelihood of traditionally marginalised groups; modelling RapidSMS technology in one district to monitor/report data on maternal/child health at the community level and ensure emergency response from health centres/district hospitals.

Key initiatives for (b) include:

i. Conversion of an existing UNV post to a KM Officer position to further structure, organise and expand existing KM initiatives

ii. Maintaining and regularly updating an internal reference electronic library with weekly updates shared with all staff; the E-library includes other databases documenting specific components of the CP, such as partnerships with civil society, districts, etc., and is accessible outside the office via Citrix

iii. Development of a KM survey and KM concept/strategy to identify existing KM tools, their weaknesses how these can be improved, and new ones created

iv. Creation of a change management team charged with guiding and engaging all staff
in taking up the opportunities –including learning- of the aid environment in Rwanda and organisational improvement initiatives.

### 3.1.2.5 C4D - Communication for Development

During 2010 C4D was used as a cross-cutting strategy to achieve higher results across programme components. Key government ministries were introduced to the principles of C4D, use of evidence to promote positive behaviours and the importance of engaging children and communities. The achievements below include targeted advocacy, partnerships, use of strategic media and alliance with communication units of Government ministries.

Several local studies on behaviour change communication, media habits, audiences and resources were reviewed and a strategic approach to C4D was defined. ‘Facts for Life’ was translated into the local language as one of the tools to be used.

Child participation remained a feature contributing to decision-making and moved from merely supporting children’s summits to strengthening District Children’s Forums and modelling citizenship education through sports for behaviour change.

Strategic partnerships were developed with the Interfaith Network of Rwanda (RCLS), Urunana Development Communication (NGO specialised in Behaviour Change Communication using radio and Interpersonal Communication) and the Rwanda Health Communication Centre. Orientation workshops were conducted for national executives, ensuring buy-in of the C4D principles and methods.

The HIV/AIDS component required a new approach to behaviour change for introducing male circumcision (MC) as an HIV prevention approach in a non-circumcising community. The National AIDS Control Commission (CNLS) was supported to develop a communication plan for MC and, based on evidence, specific communication materials for men, women and community health workers were developed and pre-tested for national use.

New C4D approaches for social mobilisation and advocacy were used to promote bi-annual mother-child health weeks, including a checklist to assess the effectiveness of the channels and tools used.

Taking advantage of the opportunity created by the year-long Presidential Hygiene and Sanitation Initiative, a communication plan and support materials were developed and used for Global Hand-washing Day and World Breastfeeding Week.

Simplified materials to inform children on rights (booklet, 'Rights guaranteed under Law 27') were developed for the 6th Children’s Summit with participation by children, who also assumed responsibilities and commitment. The World Cup in My Village Initiative was a success in Rwanda, and was used to share information using short videos developed by children.

### 3.1.3 Normative Principles

#### 3.1.3.1 Human Rights Based Approach to Cooperation

A human rights-based approach is the cornerstone of the One UN programme in Rwanda. A Human Rights taskforce was established to provide operational support to planning and implementation. UNICEF is a co-lead and active member, and developed a manual for training on HRBA/RBM to move from knowledge to programme development.

Using these tools UNICEF led capacity building for applying the HRBA and trained government and UN staff, resulting in a project for Integrated Development (UN) and one for ECD (Government).

Capacity to report on international obligations is a challenge in Rwanda, resulting in delayed reporting on the CRC and other instruments. UNICEF technical assistance to the Ministry of Gender and Ministry of Foreign Affairs enabled the finalisation of the combined 3rd and 4th CRC report and the World Fit for Children country report.

Rwanda hosts a children’s summit and a Paediatric AIDS conference each year. The Children’s summit included participation of 450 Rwandan children and representatives from four East African countries. The theme was “The role of children in Education fit for
them”. These children exercised their right to participate and express themselves, contributing their perspectives on education and informing the Minister of Education of the challenges they face and their vision of how they might be addressed. The MoE took seriously the contributions of children. The children also gave feedback to their constituents in local districts.

The theme of the paediatric AIDS conference was ‘Mainstreaming HIV in EDPRS sectors focus on Education.’ Sixty children participated, offering their perspectives on the fight against HIV, identifying gaps and ensuring equitable access to services. The children’s recommendations are included in the work-plan for implementation in 2011. The Paediatric AIDS Conference included a symposium on equity, to highlight Rwanda’s successes in tackling equity issues and service gaps.

Using evidence obtained from the legal system on children in jail awaiting trial, UNICEF supported the Justice Sector to conduct a ‘Child Legal Week’ that enabled 160 children in conflict with the law to obtain legal representation. As a follow-up, UNICEF is working with the Justice Sector to strengthen child protection networks.

3.1.3.2 Gender Equality and Mainstreaming

The Government of Rwanda has created favourable conditions to promote gender equality, putting in place laws that specify equality between men and women. The Constitution dated 04/06/2003 stipulates that all Rwandans are free at birth and remain free and equal with respect to their rights and obligations. It also underscores the equality between men and women with affirmative action to solve specific problems, such as 30% representation of women in decision-making positions. Rwanda has exceeded this; 56% of its parliamentarians are women. The Institute of Statistics is able to provide disaggregated data for all major studies.

The Government commitment to gender equality remains strong, and in 2010 there was progress towards combating gender-based violence. Development of the GBV Policy was initiated, and training of healthcare personnel on the standardised guidelines for treatment of GBV survivors was conducted. UNICEF successfully advocated for the inclusion of questions on domestic violence in the 2010 DHS.

UNICEF is a member of the One UN Gender Taskforce, mandated to mainstream gender across the UNDAF results. In 2010 the GTF developed a checklist for planning and reviewed the UNDAF Consolidated Action Plan to ensure gender mainstreaming. Joint UN programmes focusing on gender included: the One Stop Centres in Rwanda and support for the National Gender Machinery as well as advocacy events such as Women’s Day, Africa Unite to End Violence against Women Campaign and 16 Days of Activism. Good practice in gender mainstreaming in 2010 included: invitations to Government counterparts to meetings and theme-based discussions, e.g. a review of the study on masculinity and GBV in Rwanda. However capacity among UN staff to mainstream gender within the Theme Group is weak.

The HRBA/RBM manual was enhanced with a module on gender mainstreaming. The CO recruitment process makes an effort to ensure gender balance and the change management taskforce prioritises gender. Across UNICEF programmes, gender initiatives include: male-involvement in PMTCT, scale-up of the One Stop Centre model for prevention and response to child-, domestic-, and gender-based violence. However, the 2009 Gender Audit recommendations have not been fully implemented.

3.1.3.3 Environmental Sustainability

Rwanda’s position in the Rift valley and Great Lakes region is susceptible to different causes of environmental degradation; the impact of climate change is recognised at the highest political level and considered to be a barrier to realising Vision 2020 and EDPRS. This has been translated into a resolve by the GoR to effectively control pollution, conserve biodiversity, and restore productive ecosystems. A visionary strategy for sustainable development and environmental protection has been developed, with new policies and laws for environmental management, monitoring and evaluation processes. UNICEF is a key player in the WASH sector in Rwanda and has supported the
government to ensure access to water and sanitation for communities in districts with very difficult terrains (Volcanic region).

New evidence points to a need to focus on sustainability of water resources for long-term use. For this reason the WASH section would like to become more involved in the UNDAF result on environment management (result 4). The planned UNICEF interventions will be focusing on establishing partnerships (WB, AfDB, UNDP) to support policies, strategies, regulations, guidelines and standards for environmental protection, rehabilitation of ecosystems, climate change and urban environment; institutional capacity of central and local government to coordinate environmental management; capacity to manage forestry, water resources and land effectively; and environmentally friendly agricultural and industrial development. UNICEF support will be based on the experience gained through implementing the GoN-supported WASH project in four districts.

Rwanda has strong frameworks to achieve its long-term WSS targets. Project implementation by central agencies and districts shows remarkable transparency in procedures and good governance. However, key issues are identified in budgeting, monitoring & evaluation, and capacity building, mainly at decentralised level. Local government budgets and expenditures are not yet sufficiently well documented.

UNICEF and the UN will take the opportunity of the GoR having subscribed to the Sanitation and Water for All (SWA) initiative, a global partnership between developing countries, donors, multi-lateral agencies, civil society and other development partners working together to achieve universal and sustainable access to drinking water and sanitation, with an immediate focus on achieving the MDGs.

### 3.2 Programme Components

**Title: Good governance**

**Purpose**

In line with MDG 1 and 3 and Millennium Declaration section VI, the Rwandan Constitution, the CRC and other international human rights instruments ratified by Rwanda, the EDPRS, 2008-2012, the Vision 2020 and MTSP focus area 4, the Good Governance programme component seeks to contribute to UNDAF result One, Good Governance Enhanced and Sustained. Outcome; Rule of Law: i.e. Capacity of Government and partners to sustain a peaceful state where freedom and human rights are fully protected and respected enhanced. These outcomes were achieved through four UNDAF outputs: (1) Capacity of Parliament and relevant government ministries to review and draft laws and policies, and oversee their implementation, including their conformity with human rights and international commitments, enhanced; (2) Capacity of the Justice Sector in the areas of administration of justice and law enforcement enhanced; (3) Capacity of Human Rights institutions, Government and civil society to promote, monitor and report on Human Rights enhanced; (4) Access to justice, especially for vulnerable people, increased.

Planned results:

1. Integrated Child Policy completed and validated
2. Quality of DHS 2010 enhanced
3. Group of HRBA/RBM champions trained as TOT and materials adapted to Kinyarwanda context.
4. The national reporting system on child and women's rights within MINAFFET and the NCHR's Child Rights Observatory is strengthened for regular and timely reporting, with involvement by civil society
5. Child participation maintained at the highest level of decision-making
6. Nationwide awareness campaign on child labour conducted
7. National C4D planning capacities strengthened at central level and policy validated
8. National reporting system on child and women's rights within MINAFFET and the NCHR's Child Rights Observatory are strengthened to carry out regular and timely reporting, with involvement by civil society.
Resources Used

Resources used:
Total approved for 2010 as per CPD: US$2,140,000 (RR US$1,200,000 OR US$940,000)
Total available for 2010 from all sources: RR US$2,798,097.01; OR US$899,296.19;
Total: US$3,697,393.2

Donors
1. UNICEF (for GR allocations only) - PBA Nr GC/2007/0509-01 – Amount: US$1,448,097.01
2. UNICEF (for GR allocations only) - PBA Nr GS/2009/0131-00 – Amount: US$1,350,000.00
3. UNDP - USA Administrative Services Section (The UN Fund) - PBA Nr SC/2008/0517-00 - Amount: US$3,026 and PBA Nr SC/2010/0301-00 - Amount: US$471,739

Results Achieved

Significant upstream achievements were made in governance for child rights including: strengthening of key institutions, such as the Ministry of Finance, to plan and monitor results for children and women; National Institute of Statistics (NISR) to gather, analyse and disseminate data, use DevInfo and introduce quality assurance into DHS 2010; Child Rights Observatory to timely report on child rights violations; and the Ministry of Gender for policy analysis, planning and gender coordination. The final draft of the combined 3rd and 4th CRC report was completed and the Integrated Child Policy formed a key milestone for advancing the rights of children.

Capacity of key government ministries, civil society organisations and UN in HRBA/RBM and M&E was strengthened. The HRBA/RBM training manual was adapted to the Rwanda context and pre-tested. With joint UN support, the Ministry of Finance developed a roadmap for the establishment of the national M&E Framework.

DevInfo Rwanda and IMIS were web-deployed and launched for public access. MDG, EDPRS, and UNDAF indicators were updated in DevInfo and information used for reports. The capacity of the NISR and districts was strengthened to coordinate, collect, analyse and disseminate data and use DevInfo Rwanda and IMIS. Technical support was provided to NISR for quality assurance of the 4th DHS 2010, and monitoring of field work was conducted by technical teams.

Children and women in conflict with the law often cannot afford legal representation and face challenges in accessing justice. A framework to provide legal aid and judicial assistance to vulnerable children and women was strengthened. Child Legal Aid Weeks accorded free legal representation, increasing access to justice for children (760 over the last two years). An assessment of the status of children in remand/preventive custody was launched, aiming at presenting their cases before the court in the shortest time possible. A sustainable child protection system is under development to prevent and address access to justice and legal representation.

Law 27/2001 on rights/protection of the child against violence was revised and approved by the lower chamber. The new law includes mechanisms for international adoption and placement of children in foster families and centres, some aspects of juvenile justice, birth registration mechanisms, and local authorities’ accountability to monitor and report on child rights. Training on child rights for all MPs of the lower chamber was conducted.

Capacity of Justice Sector stakeholders to handle juvenile cases with child-friendly investigations, gender and child rights considerations was strengthened (315/460 judicial police, 57/100 judges and 162/300 lawyers).
Advocacy for a child-friendly juvenile justice system was successful, resulting in agreement for a Juvenile Justice Policy; a model for reintegration of children in conflict with the law, including transformation of Nyagatare prison for minors into a rehabilitation centre; and better services for sentenced children and those in prison with their mothers. Child domestic and gender-based violence (CD&GBV) are a concern in Rwanda. A GBV Policy was finalised and a joint action-plan for the Gender Machinery and Gender Cluster Strategic Plan validated. The One-Stop-Centre model was strengthened, and a national scale-up strategy finalised and adopted by stakeholders. A specialised team of 50 service providers (including police, legal, medical and psychosocial staff) offer multi-disciplinary services; 70% of the cases handled involve children.

**Constraints**

a) Persisting weak capacity of, and poor coordination among, implementing partners
b) High population growth and density, small territory, low agricultural productivity and high poverty levels strain service provision
c) Insufficient disaggregated data hinders policy dialogue, planning and appropriate targeting

**Partnerships**
The UN Dao ensured partnerships for capacity building for MINECOFIN in M&E and HRBA/RBM, as well as strengthening of the One-Stop-Centre for GBV and successful advocacy against the reversal of the age-of-criminal-responsibility from 14 to 12 years.

**Humanitarian action**
A one-stop-centre for CDGBV, also providing psychological support, was established in earthquake-affected districts.

**Future Workplan**

a) Scale-up the One-Stop-Centre for CDGBV
b) Map child-protection interventions, develop a sustainable child-protection system and a model for juvenile justice
c) Institutionalise HRBA/RBM training and support sustainable application
d) Implement the National M&E Framework road-map
e) Critical analysis of DHS 2010 data on children, with a focus on equity and on building capacity for vital registration systems including to increase birth registration

**Title:** Health, population, nutrition and HIV

**Purpose**
The Rwanda CP was aligned to the first draft of the UNDAF where the Health, Nutrition and HIV components were under Result2. However, in the final UNDAF the component was split into 2A (HIV/AIDS) and 2B (Health, Population & Nutrition). The CPD was already approved and the CO intends to makes changes following the MTR. The HIV/AIDS component responds to MDG 6 with a focus on children, adolescents, young people and women, and supports the country’s efforts to meet the UNGASS 2001 and Abuja Declarations targets through UNDAF result 2A. Expected results include: (i) The government fully manages the Paediatric AIDS Conference as an advocacy platform; (ii) The National Youth-Strategic Plan is developed; (iii) The National PMTCT scale-up plan 2007-2012 is reviewed and an Acceleration Plan (2010-2012) developed; (iv) Findings of MC-KAP study are validated and disseminated; (v) MC services modelled); (vi) Model comprehensive services for HIV+ adolescents designed.
The Health and Nutrition component represents the UN’s contributions to meeting the health sector targets contained in Vision 2020 and the EDPRS. The component contributes to UNDAF Result Area 2B, focusing on reducing child and maternal mortality and morbidity through: 1) Quality, effectiveness and efficiency of the health system; including nutrition, reproductive health, maternal and child health services improved; 2) Health care, nutrition, and hygiene practices at family and community level improved; and 3) Prevention and response to communicable and non-communicable diseases and major epidemics improved.

The WASH component addresses the targets set in the global WASH strategy 2006-2015, which are recognised and upheld by the GoR and WASH sector stakeholders: Target 1: Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation; Target 2: All schools have adequate child-friendly water and sanitation facilities and hygiene education programmes. Contributes to i) development, review/update and dissemination of national policies, strategies and standards for WASH; ii) strengthening capacities of key ministries to, analyse, plan, implement and monitor programmes; iii) strengthening capacity of basic social services agents and communities to participate in development iv) Increase equitable access to safe water and improved sanitation and hygiene.

Resources Used
Total approved for 2010 as per CPD: US$10,435,000.00
Total available for 2010 from all sources: RR; US$4,387,355.10 OR; US$5,628,677.84

Special allocations
UNITAID procurement services for PMTCT commodities valued at US$2,737,000

Donors
1. UNICEF (for GR allocations only): PBA Nr GC/2007/0509-01 – Amount: USD 3,695,757.24; GS/2009/0012-00 – Amount: USD 456,597.86; GS/2009/0094-00 – Amount: USD 85,000.00; GS/2009/0131-00 – Amount: USD 150,000.00
2. Micronutrient Initiative Formerly IDRC: PBA Nr KC/2010/0024-00– Amount: USD 55,402.00
8. Child Protection: Preventing/ R: PBA Nr SC/2006/9904-00 – Amount: USD 11,000.00
9. OPEC Fund: PBA Nr SC/2007/0180-00 – Amount: USD 179,809.16
SC/2010/0416-00 – Amount: USD 118,176.35
12. UNICEF Slovenia: PBA Nr SC/2008/0594-00 – Amount: USD 25,615.64
13. United Kingdom Committee for UNICEF: PBA Nr SC/2008/0824-00 – Amount: USD 61,590.96
14. Swiss Committee for UNICEF: PBA Nr SC/2008/0837-00 – Amount: USD 284,163.21
15. USA USAID: PBA Nr SC/2008/0846-00 – Amount: USD 7,326.04
16. Netherlands: PBA Nr SC/2008/0993-00 – Amount: USD 1,685,353.95
19. UNDP - USA Administrative Services Section: PBA Nr SC/2008/0517-00 – Amount: USD 12,049.59; SC/2010/0302-00 – Amount: USD 293,256.45; SC/2010/0303-00 – Amount: USD 530,015.79
Results Achieved

HIV/AIDS results include successful advocacy and leveraging of resources through the GFATM-NSA application that yielded US$300 million, and bringing together partners to address equity and mainstreaming of HIV/AIDS in 'EDPRS sectors' through the Paediatric AIDS conference. CNLS was enabled to support the mainstreaming of HIV/AIDS in key sectors and align with NSP 2009-2013. Youth profiles, norms and standards for provision of Youth-Friendly Services were finalised; partners provided HIV-prevention services to 150,000 youth. An operational plan for male circumcision was finalised and modelled to inform scale-up to a targeted 2 million men by 2013.

The PMTCT scale-up plan 2007-2012 was reviewed; the national Acceleration Plan (2010-2012) updated and PMTCT-ARV guidelines now include HAART for all pregnant women, aiming for virtual elimination of MTCT by 2012. National PMTCT coverage is increasing steadily: from 10.5% (2002) to 73% (2009).

A model of comprehensive services for HIV+ adolescents covered 400 adolescents and is informing programming. Paediatric care/treatment efforts contributed to increased EID - National 10.5% (2005) to 96% (2010) and increasing numbers of children on treatment regimens nationally: from 4% (2004) to 60% (2009).

Health and Nutrition achievements included strengthened coordination, engagement within the SWAp and development of the SWAp Manual of Procedures/Roadmap. An improved programming environment through strengthened M&E system, finalisation/adoption of key instruments including: the Community Health strategy, National Multi-sectoral Strategy and district plans to Eliminate Malnutrition, guidelines for maternal/childcare services Roadmap for the Reduction of Maternal and Newborn Mortality, Child-Health Policy and Child Survival Strategic Plan.

Consensus statements for improving child and maternal health were made through the International Conferences on Prevention of Maternal, Newborn and Child Deaths and Scientific Conference on Food and Nutrition Security. Modelling innovations for maternal and neonatal death reduction included: design/construction of model maternity theatres, use of RapidSMS Technology to track/respond to pregnancy and newborn outcomes, and a model for maternal/newborn Care at Home. The GoR is scaling up the RapidSMS tool to track 400,000 pregnancies/births annually.

Capacity for delivering EPI was enhanced, and the cold-chain supplied new equipment/kerosene for sustaining immunisation coverage over 95%. PCV was integrated into the routine system; 400,000 infants were covered. Contribution to saving children's lives was made through Bi-annual MCH weeks where over 1.6million U5 children received vaccines, Vitamin A and LLINs, and 3million school children were dewormed and presented with C4D interventions covering hand-washing and breastfeeding. Incorporation of updated MCH training into the curricula of the Kigali Health Institute and five nursing schools and institutionalisation of MBB in the SPH are achievements that will contribute to health capacity development.

WASH achievements were in policy development, evidence-generation, implementing a GoN-funded WASH project in four districts (1,350,000 population) and two district earthquake recovery actions. A national water resource management policy and strategy were developed. A baseline survey on water and sanitation access at household, school and health centre levels was undertaken in four supported districts and strong capacity built for district-level implementation. In the four districts 40,000 people accessed safe drinking water, including 13,800 new users and more than 7,000 school-children. Rainwater harvesting was established in 145 schools (about 140,000 children). About 10,000 community members accessed improved sanitation (traditional/Ecosan). School sanitation (separate VIP latrine-blocks for boys and girls) reached about 48,000 children. About 2,000 patients and medical personnel accessed WASH facilities and at least 8,000 people received WASH emergency support after flood/landslides in two districts.
Constraints
a) Government’s ambitious targets raise concerns about sustainability beyond global
funding
b) Limited numbers of Government technical staff, high attrition and competing priorities
c) Weak UNDAF theme group coordination and inadequate funding

Partnerships
Strong partnerships exist within the Health/WASH SWAp and with HIV/AIDS partners.

Studies
a) MC-KAP study revealed low prevalence (16.5%) and higher acceptance of
circumcision (50.2% uncircumcised men would accept circumcision and 78.5% would
support circumcision of their sons).
b) “PMTCT-family package” project Evaluation sowed average cost at US$5 per capita
and potential family social-economic gains.
Partnerships:
a) With health SWAP Development partners and UN agencies under the DaO
b) With PSI for Youth Friendly Centres;
c) with CDC, HealthQual in health quality improvement
d) With SPPH/NUR, and the UWC-SA for PMTCT impact study
e) with WB/WSP for WASH

Humanitarian action
a) Interagency Emergency Simulation exercise identified gaps in national disaster
preparedness/response; national contingency plans were developed
b) Reconstruction of health facilities in two earthquake-affected districts and cholera
interventions in one district
  c) 29 CO staff trained in EPR.

Future Workplan
HIV/AIDS
a) Support the CNLS in policy and planning for the development of a national BCC plan
aligned with the NSP 2009-2012
b) With UNAIDS, support the MoH to conduct an economic analysis of the new PMTCT
protocol
c) Support the national dissemination of findings of the MC-KAP, PMTCT effectiveness
(household survey) and BSS studies and modelling of the MC intervention
d) Support Bugesera district capacity to design, implement and evaluate virtual
elimination of MTCT of HIV as a model for scale up
e) Support the testing of a model for mentorship as part of quality improvement for
priority child health services.

Health
a) Capacity development for programming, evidence-based policy analysis and equity-
  focussed community approaches
b) Strengthen health systems and contribute to the capacity building pooled funds
c) Support components of the community health insurance
d) Nutrition modelling with ECD
e) Community Health Conference
f) A national health communication strategy for behaviour and social change
g) With SPRE, continue support for the M&E unit of MoH
**WASH**

a) M&E framework for implementation of Water Supply & Sanitation Services policy and strategy facilitated, various guidelines developed and disseminated and evidence-based planning enhanced

b) 300,000 people, 150,000 school children at 150 schools and 30,000 users/staff of health facilities have access to safe drinking water and adequate sanitation

c) Over 70% of children in 200 targeted schools and 300,000 community members adopt better hygiene practices

d) Effective preparedness and response mechanisms in place to ensure access to adequate WASH facilities for populations affected by emergencies (cf. CCC definitions)

e) Dialogue on climate change, biodiversity and management of natural resources established in schools countrywide

f) Degraded water catchment areas of main water supply systems rehabilitated and protected in four districts.

**Title: Education**

**Purpose**

The Education component supports the Government’s commitment to achieving Universal Primary Education and Education for All by 2015, in line with MDGs 2 and 3. Within the priorities outlined in the UNDAF/COD Result3, the programme contributes to ensuring that all children in Rwanda acquire a quality basic education and skills for a knowledge-based economy through the achievement of four main outcomes: 1) increased enrolment for all children, especially girls, vulnerable children and children in emergencies; 2) increased retention and completion rates for all children in primary and lower secondary school; 3) ensuring that key learning outcomes for children, including life skills and competencies for lifelong learning, are achieved and 4) ensuring that an effective education management system is established and operational.

The programme has five key strategies: (1) Promoting a holistic and child-centred approach to quality education through advocacy for greater resource allocation, developing the CFS model and technical support to the MoE for the adoption of quality standards for scale up. (2) Build capacity to develop a comprehensive, high-quality pre- and in-service teacher training and development system; (3) technical assistance to develop community-based ECD services; (4) advocacy and capacity building for policy analysis at both national and decentralised levels; and (5) enhanced leadership within the sector to ensure that plans, strategies and financial resources are geared towards delivering quality, equitable education.

Expected results for 2010 included: (a) strengthened capacity of the MoE and 30 districts to construct schools using the quality standard designs; (b) minimum quality standards and norms for CFS and inclusive quality education implemented in 54 model schools; (c) school health package developed and adopted by MoE to promote improved health and hygiene practices among students, (d) capacity of national trainers and teacher training colleges enhanced to promote active learning, effective teaching practices and inclusive learning methods, e) capacity of the MoE and Inspectorate General of Education to develop a Monitoring of Learning Assessment System tools and system, f) key partnerships strengthened including with the NGO coordination platform, the UNGEI partnership and National Youth Council to promote equity and inclusion and; g) key policies and strategic plans.

**Resources Used**

Total approved for 2010 as per CPD: US$ 4,900,000 (RR 1,400,000 OR US$3,500,000)

Total available for 2010 from all sources: RR US$1,362,466.41; OR: US$10,317,904.41

Donors
1. UNICEF (for GR allocations only) – PBA Nr GC/2007/0509-01 – Amount: US$1,362,466.41
3. Canadian UNICEF Committee – Amount: SC/2008/0773-00 – Amount: USD 144,854.69
10. Swiss Committee for UNICEF – PBA Nr SC/2008/0827-00 – Amount: USD 133,177.39
11. UNDP - USA Administrative Services Section (the One UN Fund) - PBA Nr SC/2008/0517-00 – Amount: USD 411.1; SC/2010/0062-00 – Amount: USD 3,682,324.00

Results Achieved
To increase enrolment and retention, MoE and district capacities were strengthened through TA and orientation of engineers in the use of standard planning and construction monitoring tools. Financing through existing government systems ensured: construction of 3,172 classrooms (>750,000 children) and over 10,000 blocks of latrines under the NYBE reform; construction of 160 classrooms and rehabilitation of 155 classrooms in model CFS (>50,000 children); completion of 63/200 model CFS; and rehabilitation of 21 schools (>20,000 children) affected by earthquake. UNICEF leveraged US$2.7m for a phase 2 construction of 3,068 classrooms and 5,834 latrines (2011 completion).

Capacity of teachers in 54 CFS, 10 TTCs, and National Curriculum Development Centre to promote inclusive basic education was enhanced.

A School Health Package and teacher training module were developed, a teacher training manual on care/support and inclusive education for children with special needs/learning difficulties was finalised and 82 national core trainers trained. A quality education standards training manual was developed for national roll-out.

A CFS advocacy package was developed; 5,000 copies were produced for a mobilisation campaign and 24 schools rewarded for championing girls’ education.

These initiatives contributed to improve: net enrolment from 94% in 2009 to 95% in 2010 (girls 96.5%, boys 94%); national primary completion rate from 74.5% in 2009 to 75.6% in 2010; transition from primary to lower secondary from 88% in 2008 to 95%; and reduce school dropout from 15.6% to 12.3% for girls and 14.7% to 12.2% for boys.

To improve quality in education, UNICEF supported the Quality Implementation Working Group to develop a three-year Quality-Action-Plan; MoE to develop an Active Learning and Life Skills teacher training manual, training for 12 national ToTs and 60 teachers; with UNESCO, developed capacity for learning assessment/monitoring system of early literacy/numeracy skills; NCDC to procure over 1 million English and Kinyarwanda readers for primary schools in support of the Change-to-English as the teaching language.

The MoE was supported to finalise a teacher development 21 action point-plan, develop a roadmap for Teacher Development and Management (TDM), a Strategic Plan for Continuous Professional Development and a TDM M&E framework.

Results under systems included: contribution to developing the ESSP 2010-2015, ensuring prioritisation of access to education for vulnerable children and CFS-based
With DfID, UNICEF supported the MoE to develop/implement a capacity-building plan for the ESSP. A Special Needs Education Strategic Plan was developed and the Girls Education Policy and Strategic Plan disseminated. UNICEF contributed to the FTI process, leveraging US$70 million for three years to meet the ESSP funding gap. On behalf of the WB and DfID, UNICEF coordinated the sector equity and inclusion study as part of the FTI application.

UNICEF co-chaired the Education Development Partner group, allowing the UN to influence policy dialogue at decision-making levels, and supported two joint sector reviews to document progress and prioritise actions for the coming period. Sustained advocacy ensured recognition of the education civil society coordination mechanism by the MoE, and 450 girl achievers were recognised through the First Lady Awards.

**Constraints**

a) Delays in construction due to government procurement procedures, high district staff turnover, funding disbursement delays and weak capacities of construction companies  
b) MoE human resource constraints, especially for planning/oversight  
c) TTCs’ limited capacity to effectively prepare teachers, especially with the switch to English.

**Studies**

With DfID and WB, supported the sector equity and inclusion study; findings were used for FTI application and to inform equity-focused planning.

**Humanitarian action**

Completed construction of the 22 schools affected by the earthquake and conducted a training for the MoE on Education in Emergencies.

**Partnerships**

As co-chair of the SWAp, UNICEF has strong partnerships with all Education development partners. It also serves as co-chair of the UN Education Theme Group, and has partnerships with civil society groups working in education.

**Future Workplan**

a) Quality education through replication of CFS model and mainstreaming CFS principles  
b) Expanding school capacity through technical support for the NYBE construction  
c) Disseminating the School Health Package and supporting capacity building of teachers/schools to implement CFS-quality standards  
d) Modelling integrated, community-based ECD centres for school readiness  
e) Roll-out CFS active teaching and learning methodology in 10 schools within their cluster  
f) Collaborate with MoE to develop/test the National Learning Assessment tools  
g) Collaborate with MoE to implement a capacity building plan and develop a school construction strategy embedding equity and inclusion.

**Title: Social protection**

**Purpose**

In line with MDGs 1 and 3 and the Millennium Declaration section VI, the Rwandan Constitution, the CRC and other international human rights instruments ratified by Rwanda, the EDPRS 2008-2012, the Vision 2020 and MTSP focus areas 4 and 5, the Social Protection programme component seeks to contribute to UNDAF Strategic Result
5: Rwanda’s population benefits from economic growth and is less vulnerable to social and economic shocks. The programme contributes to two UNDAF outcomes: (i) Disaster Management, i.e. effective national disaster management established and operational; and (ii) Safety nets, i.e. effective safety nets for protection of the most vulnerable implemented. These outcomes will be achieved through four UNDAF outputs: (1) a National Emergency Package is available for appropriate and rapid response; (2) the national social protection policy framework is reviewed and strengthened; (3) a National Social Assistance Fund is operational to support the most vulnerable households and to respond to recurring emergencies; and (4) community care and support mechanisms for vulnerable households are integrated into decentralised social protection plans and strategies.

Main planned results for 2010 under this component were: 1. All social protection partners involved in children’s issues are able to coordinate, plan and implement a child-sensitive social protection system; 2. Child-sensitive approaches are integrated into the VUP; 3. Relevant local authorities are knowledgeable of the VUP and mechanisms to exist to ensure beneficiary communities graduate from poverty; 4. JAF members in at least five Districts are knowledgeable in Social Protection, child protection and GBV and able to better coordinate for planning, implementation and M&E; 5. Model for systemic approach between NGOS and local authorities developed and piloted in 2 districts; 6. Model for Child Protection System developed and piloted in one district and in 3 refugee camps; 7. Child protection components integrated into Child-Friendly Schools.

**Resources Used**

Total approved for 2010 as per CPD: US$2,500,000 (RR US$840,000 OR US$1,760.000)
Total available for 2010 from all sources: RR - US$1,221,211.70; OR – US$980,155.10.40; total: US$2,201,366.80.

**Donors**

1. UNICEF (for GR allocations only): PBA Nr GC/2007/0509-01 – Amount: USD 930,155.09; GP/2010/0030-00 – Amount: US$ 50,000.00
4. The United Kingdom of Great Britain and Northern Ireland: PBA Nr SI/2006/0059-00
5. UNDP - USA Administrative Services Section (The UN Fund): PBA Nr SC/2010/0304-00 – Amount: US$251,472.12

**Results Achieved**

The social protection (SP) component developed rapidly, especially following the UN agreement to split UNDAF result 5 into: sustainable growth 5A, and social protection 5B. This gave UNICEF more room to provide upstream support to the Ministry of Local Government for implementation of the SP policy. At the same time, child protection efforts will benefit from existing social protection mechanisms through a database that informs targeting.

SP efforts in 2010 focused on four deliverables within the UNDAF CAP 2010 and met over 80% of the targets set. Under Outcome 1 (Disaster Response), capacity of 55 persons from the Rwanda Red Cross and District Disaster Management committees was strengthened in Child Protection in Emergencies (CPIE), and an awareness leaflet on risks of heavy rains and flooding was produced.

For Outcome 2 (Safety Nets) results included: increased knowledge and skills of key Government personnel to design and implement child-sensitive SP programmes; successful advocacy increased the involvement of MIGEPROF, contributing toward the
establishment of a civil society platform; and improved implementation, targeting and monitoring for the VUP, through supporting the updating of the national “UBUDEHE” socio-economic stratification database. MIGEPROF was supported to test a model for provision of a minimum package for OVC, through which 5,400 children accessed education, health care, psychosocial support, shelter, and income-generating activities. A Child Protection working group was established and co-chaired by MIGEPROF and UNICEF to strengthen coordination, ensure joint planning and improve quality. Child Protection Systems (CPS) were supported in Gatsibo district, in three refugee camps and for urban refugees, including awareness-raising and training to reinforce a protective environment for children. A CPS mapping exercise, using the internationally approved toolkit, was initiated as part of a regional nine-country study.

A sustainable model for family reintegration of children on the street was successfully tested and adopted by the MIGEPROF for use at the national level. The model is being used to transform the Government-run Gitagata centre into a centre of excellence, open to communities and including a Child-Friendly School.

Despite these efforts, an internal survey of the VUP showed that child- and women-headed households are graduating from poverty much more slowly than male-headed households. This has raised concern, and UNICEF will focus on evidence-generation, quality monitoring and reporting on the VUP.

Constraints
a) The National Social Protection Strategy was not approved, resulting in lack of guidance for partners working in the sector
b) The change to a systemic approach for supporting vulnerable children has progressed slowly, with most implementing partners (mainly NGOs) still focusing on delivery of a minimum OVC package
c) Sensitivities about data on child protection resulted in delays in validation of the MVC situation analysis
d) On-going need for capacity building in coordination and leadership at MIGEPROF, mainly in the areas of gender and child protection, despite an increasing number of technical staff.

Partnerships
Ministries of Gender, Local Government and Disaster and Vision2020 Umurenge Programme (VUP). Development partners include DfID, European Union, WB and international and local civil society organisations with mandates on social protection and/or child protection. Within the UN Theme Group, main partnerships were with WFP, ILO and UNHCR.

Studies
a) Situation Analysis for Most vulnerable children provided data for targeting and awaiting validation
b) VUP Quick impact assessment waits validation and will guide interventions.

Partnerships
a) In SP key strategic partnerships were made/strengthened with ILO, DFID, World Bank and European Union and cooperation with the Rwandan Civil Society established. With One UN funding, a joint CP project with UNHCR was successfully implemented in all refugee settings in Rwanda, covering more than 30,000 refugee children. A partnership with IOM to combat trafficking in persons was established.

Humanitarian Action;
For Coordination, 55 persons from the Rwanda Red Cross and District Disaster Management Committees were trained in Child Protection in Emergencies.

Future Workplan
a) Evidence-generation and strengthening capacity among key Government ministries and civil society to plan with an equity focus.
b) Technical and financial support to MINALOC and other key ministries to improve data generation for targeting the most vulnerable with SP interventions.
c) Building the capacity of VUP to track, monitor beneficiaries and improve technical aspects of the programme, to achieve a more equitable graduation from poverty.
d) Strengthen capacity of civil society to advocate for and support implementation of SP programmes within the joint sector.
e) Finalise CPS mapping, strengthen the functioning of the CP working group and CP/GBV Committees and document the model for reinsertion of children on the streets.
f) Advocate for a national conference on violence against children and for scaling-up the ‘One Stop’ centre model for GBV survivors.

4 OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure

The achievements reported here occurred in an Office environment of highly motivated staff numbering 86 (23 IPs, 26 NPs and 37 GS). Gender equity was ensured in recruitment with overall female/male ratio of 45/43 and 43/57 for IPs. Management strategies for 2010 were: supporting staff capacity development, identifying talent in new recruitments, improved planning, technical guidance and support, transparency, partnerships within the UN DaO and beyond, fund-raising and leveraging resources and remaining aligned to national priorities while ensuring an equity lens for advocacy and policy guidance.

a) Office objectives and those of the UN DaO were shared consistently with staff and tools for programming, monitoring and reporting were developed and guided by the quality assurance unit. The EPRP was updated and all staff trained in EPR.
b) Key oversight structures included the Senior Management Team (SMT) that provided overall guidance as stipulated in the AMP. The CMT made recommendations to the representative on management issues, the Head of Section team supported oversight of weekly programme activities, the Programme Coordination Committee supported discussions of innovations and key programme changes, the Operations Team reviewed key bottlenecks to achievement of results and also supported the UN DaO process of Common Services and One office. Risk-control systems included the CRC and PCRC, which reviewed documents that commit resources and bind UNICEF to third-parties (Contracts and PCAs).
c) All 2007 audit recommendations were addressed; follow-up is on-going to ensure sustainability. Management indicators were continuously monitored by the CMT, and at the end of the year showed very good results – including achieving Zero DCT over nine months.
d) To ensure smooth implementation of global and local improvement initiatives, change management teams with specific ToRs were set up to lead, engage staff and effectively manage the large number of changes required, while improving organisational performance and delivering results for children.
e) The Office continues to improve its governance process; an operations peer-review and Midterm Evaluation 2010 noted good progress in achieving results while managing risks.

4.1.2 Strategic Risk Management

a) The Office went through the RCSA training session to understand the rationale behind UNICEF’s Enterprise Risk Management (ERM), key concepts of the risk management process and tools to identify areas of strength and weakness, as well as make recommendations for improving the ERM process. An Action Plan around the eight components was drafted, which identified: the timeline for implementation of the recommendations, staff responsible for ensuring that the recommendations are
implemented, and indicators of success. The Action Plan will be regularly monitored as part of the CMT ERM follow-up, to ensure that recommendations are implemented and actions sustained.

b) The Office has an ERM focal point to coordinate the process; ERM is one of the key focuses of the change management team. Office management and the CMT are the main oversight structures.

c) Over 90% of staff member received training in EPR; an emergency taskforce is in place. The Disaster Management Taskforce is co-chaired by the Government of Rwanda and UNHCR; the UNICEF emergency task force is involved, and EPR supplies for the most common emergencies (floods and cholera outbreaks) are pre-positioned to target at least 1,500 people. Through various trainings, including the office retreat, staff are kept abreast of crises and an emergency response process is maintained through the use of both radio and SMS to communicate.

d) A BCP is in place and is in the process of being updated for 2011. The Office management structure is strong; different heads of sections/unit are responsible for providing oversight and immediate response. However weekly heads of sections meeting identify any key challenges, local and global, that may require action by individuals, management or collectively, with close support from ESARO or HQ.

e) Established oversight mechanisms are able to respond to needs. Also in place is a quality assurance unit, which includes budget monitoring as well as programme monitoring, reporting directly to the Deputy Representative.

4.1.3 Evaluation

Rwanda is a pilot country for UN DaO reform and is implementing the UNDAF through a 'One Programme' with annual Common Action Plans. A common IMEP is in place. The Midterm Review, the Country-Led Evaluation (CLE) and the R-DHS were key activities planned for 2010.

An independent mid-term evaluation of the UNICEF CP was undertaken to provide evidence on relevance, effectiveness, efficiency and sustainability of the Country Programme in delivering results for children within the DaO environment. The results show advantages, including: positioning UNICEF upstream, increased resource leveraging, reduced transaction costs for government and a broader range of technical expertise. However challenges, such as increased transaction costs for UNICEF and slow implementation of joint-interventions persist.

UNICEF strengthened capacity of the Strategic Planning Unit to engage in policy analysis, monitoring and research, and also ensured high-quality evaluations by hiring competent technical assistants for the Government.

Findings of the mid-term evaluation of the CP will be used to improve the CPMP and to inform UNICEF-HQ on performance within the DaO environment. Key findings include: sustained relevance to government priorities, upstream positioning, efficiency gains and contribution to sector performance, enhancing sustainability.

UNICEF and UNDP supported the Ministry of Finance and Economic Planning to develop an M&E framework, policy and strategy that will guide M&E capacity development in Rwanda. The National Institute of Statistics receives continuous support in capacity building, to ensure that technical expertise for research is available in the country. The GoR identifies strong institutions to assist in conducting major evaluations. The CLE of the DaO was conducted by a strong consulting firm, UNIVERSALIA, resulting in a high-quality product.

Within the UN, the response to the findings of the CLE was immediate; the UNCT quickly developed an implementation plan. The mid-term evaluation report on the CP is already being used to inform modifications of the CPMP and integrated budget.

4.1.4 Information Technology and Communication

ICT Solutions: Activities focused on global initiatives and change management (Implement 360), preparing to rollout changes in ICT infrastructure and Information Management tools; finalising the Office ICT strategic plan; aligning UNICEF's ICT
function as a technical discipline in the evolving business of the organisation and the UN system; and use of Technology in programmes; e.g., RapidSMS.

To embrace new rollouts, ICT led the VISION Change Management Cluster. IPSAS training modules were installed on the LAN and critical issues of HR payroll and ProMS 9.1 for VISION roll were studied. ICT participated in the ERM strategy development and, under KM and Business Automation, explored opportunities with use of SharePoint, Video Conferencing and Webinars.

In relation to UN DaO, UNICEF participates in: the UN ICT Working Group team to discuss and follow-up on the UN ‘ICT Road map’; Knowledge Management Collaborative System process for one UN; Common ICT Infrastructure design; and Hardware/Software platform standards selection.

To improve remote connectivity ICT looked into migrating from EMC VSAT as the primary link to local ISP, as terrestrial fibre connections improve in the country and more than one ISP service provider provides links at competitive rates. The UN ICT working group has already contacted different ISP providers and reviewed their proposals.

A Service-level Agreement contract for hardware maintenance to all UN agencies was prepared, and UN OMT is in process of selecting a suitable provider.

The Office decided to dispose of obsolete equipment through PSB to avoid contravening local environmental laws.

Windows 7 is the standard UNICEF desktop and laptop O.S.; Windows XP became obsolete in 2010. The Office procured new equipment and is ready to implement all new roll-outs. A contract is in place with the UN International Computing Centre (UN-ICC) for migration from Lotus Notes. This will be an externally hosted model with all mail services managed by UN-ICC. RCO needs a manageable bandwidth and high-speed connectivity; a budget for purchase of WAN is planned. Accelerators for the networks will increase the use of bandwidth.

The existing BCP is under review, as is procurement of new equipment to ensure reliability.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations

Donor reports: The CO has a good reputation on donor reporting, both for quality and timeliness, and was rated ‘exemplary’ by the Regional Office quality review. This year 97% of reports were submitted; one CIDA report was briefly delayed (4 days) due to changes in reporting formats.

Mobilised Resources: Total OR in 2010 was US$19,938,479 constituting 86% of the US$13,400,000 CPD ceiling (new 2010 funds were US$11,488,316), the major sources were the GoN (US$1,670,411.4), UN One Fund (US$5,244,773) and Government of Japan (US$4,136,920). Fundraising through National Committees was most effective for education (US$ 5,475,382), through use of the Toolkit. Health and nutrition received much less NATCOM funding (US$761,633); new approaches will be sought for 2011.

Appeal needs: No emergency appeal in 2010, but the CO implemented the earthquake recovery programme funded by GoJ. The total funds used this year were US$4,136,920, to construct/rehabilitate classroom, latrines, health facilities and a youth centre.

Optimal utilisation of funds: A total of 21 PBAs worth US$3,109,858 expired in 2010. The utilisation rate was optimal for all PBAs, attaining an expenditure rate of 99%. One PBA with offshore procurement was not completely utilised due to over-estimation of a PGM.

Funds monitoring mechanisms: One of the key responsibilities of the budget officer is to provide monthly data on the status of management indicators, which are discussed at the Heads of Section, CMT and PCM meetings. Programme assistants also have monthly meeting where issues of funds monitoring are critical, including liquidation and programme performance. The section meetings are also used for weekly monitoring of expenditure and follow-up on procurement
Mobilising resources through new modalities: Through joint programmes within the UN DaO, the CO received a total of US$5,244,773, (Governance US$471,739; HIV/AIDS US$462,939.06; Health/nutrition US$462,939.06; WASH US$67,543; Education US$3,682,324; Social Protection US$251,472.12) and a commitment of US$650,000 from USAID for the elimination of malnutrition. UNITAID provided PMTCT commodities worth US$2,737,000 through UNICEF procurement services and US$100,000 for operational costs.

4.2.2 Management of Financial and Other Assets

Good management practices: Systems are in place to safeguard financial and other assets of the organisation. The RCO received a ‘satisfactory’ internal audit rating for Operations Management in 2007. Financial control systems, including Office Committees, are in place. The ToA is being updated to accommodate the MTR recommendations, ensuring clear allocation of duties within programme and operations teams. The good practice of affixing an embossed stamp on payment orders and cheques was sustained. Payments higher than RWF2,000,000 (US$2,000) are always confirmed by the bank to ensure legitimacy of payments.

All previous years account payables/receivables were cleared and for 2010 are under control, including the PAR account. VAT refunds as of October 2010 (US$293,900.00) were cleared; receivables for November/December (US$40,700.00) will be refunded in January 2011.

Toward Planned results: Disbursements are better forecast, ensuring achieving results for children and better use of UNICEF’s liquidity for good bank optimisation (reasonable monthly closing balances). Very good closing balances (US$79,349) were recorded for both local bank accounts as of 31/12/2010. The cross-sectoral and support budgets were used efficiently, with over 93% of programme and SBA financial implementation at 31/12/2010 (local & offshore OBOs not included) and local OBO list verified on time.

CMT: The CMT addresses emerging management issues, taking timely appropriate decisions supported by quarterly management indicators reports.

Key results: Management indicators, including DCT, were closely monitored by the CMT. This led to satisfactory results, especially for DCT. Even with a high volume of DCT (US$15,490,492), the Office managed to have less than 5% outstanding DCT over nine months and zero balance as of 31 December 2010.

Gains/Resources: Gains on Forex exchange were evident and noted by the DFAM Treasury Office. The conversion of US$ to local currency is at preferential and negotiated rates (lower than UN rates) and the local bank applies to UNICEF the best prevailing conditions at the local market (cash transfers free of charge, conversion rate at Central bank daily average). The RO systematically recovers costs from SMs using office cars and telephones for authorised personal use. Through common services arrangements UNICEF recovered US$16,062 for shared Office premises, security & cleaning (from OMS, JICA, NPA and UNESCO).

4.2.3 Supply

The supply component obtained supplies worth US$3,351,103, including: hospital equipment, LLINs, vaccines/injection materials (US$36,563), cold-chain equipment, vitamin A, therapeutic foods and school furniture, and also supported procurement in printing, construction, conferencing and transport services. UNICEF provided procurement services to the GoR in the amount of US$1,982,474.40 for routine programme vaccines, increasing national investment in children. Assistance to the MoH/EPI effort included quantification, cost-estimates, follow-up of funds transfers and orders with customers and supply division.

Strategic, quality & timeliness: The CO focused on improving supply-planning with the consolidated supply-plan submitted in March, 2010 and 50% of PGMs raised within target. Programme SMs were trained on supply-chain management, improving staff awareness of rules, regulations and procedures for procurement of goods and services and improving collaboration. Further improvement in planning, coordination with IPs and
communication is necessary. The identification of potential local supply sources supported rapid implementation of the supply plan. The quality of local supplies was ensured through samples and spot checks.

Local markets development: An expression of interest for pre-qualification of suppliers was launched, which will provide baseline data for the postponed market survey. Within the UN DaO, UNICEF participated in Procurement Group activities where selection for various common services (travel agencies, cleaning, freight-forwarding and clearing, printing, interpretation/translation, office supplies/stationeries, vehicle maintenance) was made; the identified companies will be issued LTAs.

Warehousing and Government Collaboration: UNICEF collaborates with CAMERWA, the agency that procures and provides warehousing of health supplies for MoH. The MINIFRA provides warehousing for UNICEF’s pre-positioned emergency supplies and WASH materials. Government capacity in warehousing, stores and inventory control management needs strengthening.

UNICEF contributes and ensures delivery of procured goods to end-users. Regular monitoring of progress in delivery of goods was undertaken by both programme and supply, but needs strengthening.

Innovations: Supply standard operating procedures were drafted, providing guidelines on the management of stocks in warehouses, describing workflow and responsibilities of Programme and Supply staff and major deadlines.

Supply services: SD supported a review of procurement of construction services and gave guidance on the requisite structure for the level of construction supported in-country, amounting to US$7,513,470.

4.3 Human Resource Capacity

The major component of HR capacity building for UNICEF Rwanda is the gradual shift from project/service delivery to upstream programming, policy analysis and development. High-calibre staff were recruited during the current Country Programme and efforts maintained to attract new talent. Staff technical capacity is continuously strengthened through external learning with specialised institutions and universities. The CO continued to build UNICEF staff capacity in RBM/HRBA, as well as among UN staff and GoR officials. The Office maintained capacity building efforts in leadership and supervisory skills through participation in the Supervisory Skills and LDI programmes. On-the-job learning and coaching was also pursued through inclusion of learning components in various forums, such as the staff retreat, general staff meetings, section meetings and programme coordination meetings. The e-library established in 2009 was strengthened in 2010 with the recruitment of a UNV to handle Knowledge Management. A change management team (composed of programme and operations staff) was appointed to oversee local implementation of the improvement initiatives and catalyse the change.

The shift to e-PAS for internationally-recruited staff was smooth: the HR Officer facilitated an orientation session for phase 1, and regular communication was maintained thereafter. A briefing session on e-PAS, highlighting its potential benefits, was presented to all staff at the staff retreat in July 2010.

UNICEF Rwanda trained all staff in EPRP and organised a Joint Government/Inter-Agency Emergency simulation, co-facilitated with OCHA and WFP. Key staff also participated in sectoral emergency workshops organised by ESARO.

The Caring for Us Committee conducted awareness sessions, including HIV in the workplace during the staff retreat. Rwanda UN Cares used the opportunity of World AIDS Day celebrations to introduce its members, watch the video 'Living in a World with HIV' and to refresh staff on the 10 minimum standards on HIV in the workplace.

Rwanda Country Office has four Peer Support Volunteer staff members trained in the first module. Stress awareness sessions were also part of the staff retreat agenda. In addition, the Office has an active Crisis Intervention Management team.
4.4 Other Issues

4.4.1 Management Areas Requiring Improvement

Under the UN DaO environment, UNICEF received a total of US$5,235,327 from the ‘One fund’, increasing the funding base and performance of the organisation. Working under the UN DaO UNICEF benefited from improved efficiency and economies of scale realised by common services such as contracting for travel, transport, printing, banking, security and cleaning. At the programme level collaboration led to a reduction in transaction costs due to high degree of harmonisation among UN agencies and their interactions with Government and other IPs. The mid-term evaluation indicates that the programme is being delivered with greater efficiency, and hence achieving results greater results.

4.4.2 Changes in AMP

Following the UNDAF mid-term review, CLE and UNICEF CO Midterm evaluation changes in the annual management plan are expected, especially on programmatic aspects: a) Changes were made to the UNDAF framework reducing outcome and outputs and splitting the Sustainable Growth/Social Protection results. UNICEF will improve competencies for social protection and will also contribute to Environment. b) Implementation of the aid policy, including the Division of Labour, necessitates that UNICEF takes leadership within the UN of the education, WASH and social protection sectors. c) ECD will play a stronger role in the development and equity agendas, and UNICEF will respond appropriately.

5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations

1. Inclusion and Equity Study for the 9-Year Basic Education
2. Rapid Assessment of the Vision 2020 Umurenge Program (VUP)
3. Survey of Knowledge, Attitudes and Practices on male circumcision in Rwanda
4. Post-Introduction Evaluation of 7-valent Conjugate Pneumococcal
5. Assessment of the PMTCT “family package” approach/project
6. Biological and Behavioural Surveillance Survey (BSS) among Female Commercial Sex Workers in Rwanda
7. Baseline survey on the implementation of TUSEME process in the Child Friendly Schools in Rwanda

5.2 List of Other Publications

1. HIV-free survival among 9-24 month old children born to HIV positive mothers in the national PMTCT program in Rwanda

6. INNOVATION & LESSONS LEARNED

Title: Local production of affordable colloidal ceramic water filter

Contact Person: Guy Mbayo, gmbayokakumbi@unicef.org

Abstract:

Colloidal-silver ceramic water filter is a household water treatment unit that falls in the category of appropriate technologies. It is generally affordable if the manufacturing process is mastered by local community, especially since the bulk of raw materials are usually available in the local environment (clay) and the technology can easily be transferred to skilled potters. Ceramic water filters are made of clay mixed with saw dust to make them light and porous following a mix material burnout. Once the ceramic filter is burnt, it is coated with colloidal silver, which disinfects filtered water. The silver ceramic filter removes microbiological pathogens and turbidity up to 99.99%, but does not remove chemical contaminants.
The project objective was to transfer knowledge to indigenous potters and communities for local production of silver ceramic water filters to minimise waterborne and sanitation-related diseases among the population to meet vision 2020, EDPRS and the MDGs.

**Innovation or Lessons Learned**

The relative improvement of social living conditions (poverty reduction) was experienced during the implementation phase, as cooperative members were the first ones to be employed in ceramic factory installation activities. As a result, all members of cooperative and other employees were able to pay school fees for their children, health insurance and access credit and saving shares in UMURENGE SACCO. The potters are currently using the ceramic water filter produced by Kigali Ceramic Factory.

**Potential Application**

It is very likely that the production unit installed will respond to a regional demand for these affordable filters, selling them to Burundi and Democratic Republic of Congo in addition to the local Rwandan market. Currently the nearest production unit of this type of filters is in Kenya. Nonetheless, considering the fragility of the main element, the clay filter, which is susceptible to breakage during transport, adequate modalities would need to be found if commercialisation should become successful. Ensuring availability of silver coating will remain a challenge, as this is the principal component not available on the local market.

**Issue/Background**

In Rwanda poor sanitation and hygiene and unsafe water contributes to 80% of diseases. Water-borne diseases are considered to be endemic, and most commonly affect the most vulnerable and marginalised populations. Even if the coverage of safe water supply is successfully increased to 100%, inadequate sanitation and poor hygienic conditions can affect dramatically the quality and safety of drinking water. The weak link in the chain is handling and storage in households. Intense behaviour change communication remains key to addressing this, but change also requires different types of household-level treatment for contaminants, including chlorination, filtration, boiling.

**Strategy and Implementation**

This effort is a partnership with the Kigali Institute of Technology (KIST), which provided the technical knowledge transfer and equipment, including:

1. Installation of demonstration silver ceramic water filter production unit in Kigali (including several process performance improvements: kiln, pug mill, hammer mill, potter’s wheel, saw dust screen, clay mixer and hydraulic press)
2. Training local potters, women and men, on the production of ceramic water filters
3. Integration of gender issues in technical development and awareness-raising about use of water filters
4. Marketing and distribution of water filters throughout the country
5. Integration of household water treatment in running water and sanitation projects in Rwanda
6. Monitoring and evaluation of the impact of the research project on public health.

KIST has invested in the mission of technology transfer and research since its creation in 1997. The joint project is funded by UNICEF, for the benefit of a local potters association. Initially prepared with WSP and GWA, the project also received contributions by Potters without Borders and the Kind World Foundation.

The project ensured that 50% of potters trained were women. Potters are expected to begin producing filters and sustain production, without continued support, after establishing an adequate product marketing and distribution chain.

**Progress and Results**
Progress
a) Partnership established with an institution of higher learning for knowledge transfer
b) An economic project benefitting the potter community, mainly of the Batwa ethnic group, increasing their knowledge and contributing to income and quality of life
c) A functional factory ready for full production after family testing of filters for use and social acceptance
d) Expected rate of production of up to 40 ceramic filters daily

Enabling factors
a) High level of support from the Ministry of Infrastructure
b) Funding from the Netherlands Government, with innovation as a major intervention
c) The existence of a potter’s cooperative
d) Availability of local materials
e) Ease of procuring needed equipment

Constraints
a) Marketing strategy still remains to be developed
b) Challenges with ensuring compliance with environmental impact and marsh rehabilitation policy.

Next Steps
The other stakeholders are expected to chip in after the family testing of these filters, as UNICEF will not continue financing the project but will provide technical and facilitation support.

Title: RapidSMS New Technology Innovation saves mother’s lives

Contact Person: Dr. Friday A. Nwaigwe

Abstract
The purpose of sharing this innovation is to disseminate the potential of RapidSMS as a technological innovation for saving mother’s lives, supporting the reduction of maternal mortality in Rwanda and the possibility of replicating this project in other developing countries with a similar programming environment.

Ten months of using RapidSMS to monitor and track pregnancy and newborn life cycles, the technology has shown modest results, including increasing antenatal visits by about 19% above average rates compared to same period in past year and increased institutional deliveries and reduction of home deliveries. RapidSMS provides real time easy access to details of each pregnancy and is a strong management tool for district or country-wide management of pregnant mothers. A tool that could potentially ‘Reach every pregnancy, RapidSMS data also include women who do not to attend ANC for various reasons. These hard-to-reach groups can be known, reached and their challenges addressed.

Innovation or Lessons Learned
RapidSMS has revolutionised the management of maternal care in Rwanda. RapidSMS, used well and in committed hands, has the capacity to reduce maternal mortality below the MDG level. With an internet-based database, various cadres of health workers, including managers and senior Ministry management staff assess the situation of maternal care in a district. RapidSMS capacity to sequence delivery notification has improved the proactive planning of health workers at health centres to prepare for deliveries two-to-four weeks in advance, under the monitoring of the District Medical Officer. The previous pregnancy status of mothers can be known early, classified and easily listed by RapidSMS, showing geographical location and health centres responsible. Emergency care, including ambulances, is triggered; human interest stories have been documented on ambulance service and proactive care at appropriate district health facility recommended by RapidSMS auto response.
Use of RapidSMS encourages increased utilisation of health facility services, and health workers are forced to respond immediately to alert, including seek ambulance services to RED Alerts. Monitoring officers responsible for monitoring RapidSMS must regularly review notifications, reminders, and alerts with corresponding analysis of data to improve staff performance and services. Constraints include a lack of electricity to recharge telephones, but is being addressed by the MOH; another constraint concerns some husbands who take their wives’ telephones.

**Potential Application**

a) The Government of Rwanda has already commenced national scale-up of RapidSMS to all 15,000 villages to track 400,000 pregnant women annually. This is a revolution in a developing country. Monitoring of all pregnancies in the country would be unprecedented, and will reduce maternal mortality.

b) UNICEF Rwanda plans to expand the use of RapidSMS to other community health approaches, including strengthening newborn care at home, childhood nutrition up to nine months, convergent interventions in nutrition and social protection involving developing a database of heads of household’s socio-economic status and nutrition vulnerabilities of their children. There are ample opportunities to also apply RapidSMS in the Education sector, for Child-friendly Schools and ECD-Nutrition projects, as well as GBV reporting and interventions (only at discussion stage). RapidSMS could be used with mothers for family planning, possibly by UNFPA, which could impact on maternal mortality reduction and improved child survival outcomes.

c) Key considerations from experience to date are a reduction in high recurrent telephone costs, after the initial investment with telephone companies on the basis of corporate social responsibility; software integration with multiple e-health initiatives coming up and considering technical parameters in the maintenance of the Government’s ICT infrastructure.

**Issue/Background**

The Government of Rwanda prioritised the reduction of existing high MMR (750/100,000 in 2005), focusing on the contributing factors (45% institutional deliveries and 53% skilled attendance at birth). Programme development considered the enhancing factors such as Rwanda’s small-size country 10 million, good governance and high political commitment; well-developed sub district administrative structures-(15,000 villages); national telephone coverage; the presence of one CHW per village specifically for maternal health. Rwanda has 400,000 annual pregnancies, amounting to 26-30 per village per annum. CHWs search for two or three new pregnancies monthly; once registered in RapidSMS pregnancies are tracked to delivery, with reminders in cases of missed reporting.

**Strategy and Implementation**

UNICEF Rwanda advocated for use of RapidSMS to support reduction of maternal mortality as a real-time, proactive system enhancing workers performance, quality of care, alert and rapid response to emergencies, and ultimately improving key maternal health indicators, saving mothers’ lives and fast tracking attainment of MDG-5. UNICEF presented the RapidSMS project as One UN strategic support to a Government development priority. The Minister of Health set up a National RapidSMS Taskforce consisting of key partners: MOH, UNICEF, WHO, UNFPA, MSH, Voxiva. Strong political leadership and ownership was demonstrated. Implementation approach was for to begin in one district, as a model, and scale up nationally after an evaluation of the initial model.

The design phase produced nationally adaptable technical specifications for hardware and software enhancement and access to telephone networks. Training modules developed were used for the cascade district training of five Master trainers, 24 Supervisors and 435 CHWs. Consultants from UNICEF HQ, RapidSMS Program Manager
and Software Programmers provided technical support to the MOH. An additional 15,000 telephones were procured by UNICEF for national scale-up, at Government request. Strong co-ordination, field trips, follow-up, reviews with CHWs and feedback supported the software enhancement. Early successful results stimulated strong Government interest for immediate national scale-up, before evaluation of the district model.

**Progress and Results**

The first Musanze District training was conducted in September 2009, with a refresher in April 2010 for all Maternal Health specific CHWs. The RapidSMS trial commenced in April 2010. This was followed by quarterly field supervision. Sustainability issues were addressed through community understanding of what RapidSMS could achieve, hence immediate acceptability was high. Some 14,250 pregnant women are expected to be registered and tracked in the District in the space of 12 calendar months.

In December 2010, a five-month review (June-October 2010) was conducted on data RapidSMS has registered. Key findings were: improved ANC attendance at 7,605 pregnant women, 19% above expected value of 5,935, when compared to same period of 2009. The single ANC rate increased from 74.6% to 91%, compared to same period of 2009. There are marginally observed increases in facility delivery, up from 1,875 to 1,901 cases within the five-month periods before and after initiation of the RapidSMS project. Also, a corresponding decline in home deliveries was recorded during same period, from 605 to 440.

**Next Steps**

a) Support the Government in the area of quality assurance, for good performance of RapidSMS during the scale-up phase  
 b) Mobilise funds to support the scale-up and model RapidSMS in other sectors, to promote equity-focussed programming to attain universal child’s rights  
 c) Support the MoH to develop a strategy for maintenance and coordination of the e-health system.  
 d) Documentation as best practice.

**7 SOUTH-SOUTH COOPERATION**

During 2010 UNICEF Rwanda facilitated and was involved in two South-South cooperation arrangements, including facilitating study tours from Burkina Faso and the Central Africa Republic to Rwanda, as well as arranging for a keynote speaker from Kenya to address the 6th National Paediatric Conference, Songhai Integrated Development Project in Benin.

UNICEF Central Africa Republic (CAR) and UNICEF Rwanda organised a study tour for a delegation of eight officials from the CAR’s Ministry of Health and National AIDS Commission to attend the 6th National Paediatric Conference and learn from Rwanda’s experience in managing the HIV epidemic. Several discussions were held between the delegation and their counterparts in the Ministry of Health, CNLS and UNICEF Rwanda, focusing on initiatives such as decentralisation of HIV prevention among youth, PMTCT and Paediatric Care. The delegation was briefed on the national coordination mechanisms of the HIV response. The delegation learnt from the successful coordination and advocacy, as noted during the conference, and promised to replicate the experience in CAR.

UNICEF WCARO and the Burkina Faso Country Office organised a study visit, which included government and MoE officials from Burkina Faso, to observe how UNICEF Rwanda is engaged in the education sector in Rwanda. The trip also coincided with the Joint Review of the Education Sector (JRES), where the delegation was able to observe the process of planning and review of the education sector in Rwanda and UNICEF’s role therein. The JRES also provided the delegation with an opportunity to interact with Government and development partners in Rwanda. The delegation made field visits to
selected model Child-friendly Schools in Rwanda to gain an overview of this model, recently adopted by Government as a framework for quality education.