Executive Summary

2011 saw the mid-term review and evaluation of UNICEF’s country programme, under the umbrella of Delivering as One, which highlighted the organization’s continued relevance, efficiency, and effectiveness in contributing to results for Rwandan children, as well as its focus on upstream policy support, capacity building and programming through an equity lens.

As part of the development of the new Economic Development and Poverty Reduction Strategy, a key achievement of UNICEF’s partnership with the Ministry of Gender and Family Promotion and the National Children’s Commission was the organization of consultations on national development priorities, children and equity. Over 10,000 children nationwide, including children with disabilities, refugee children and orphans and vulnerable children, highlighted in particular the need for greater inclusion of children with disabilities and support to the right of children to grow up in a loving family to be addressed in Rwanda’s national development plan.

Other key achievements include the Cabinet’s adoption of the Gender-based Violence Policy and Strategic Plan, the Integrated Child Rights Policy and the Early Childhood Development Policy. The DHS 2010 was also finalized and UNICEF helped strengthen the capacity of the National Institute of Statistics to apply DevInfo, bringing new data on child and maternal health for equity analysis. Another notable development was the establishment of the National Children’s Commission (at the request of children who attended the 6th Children’s Summit in 2010). The NCC is mandated to promote the realization of child rights and will be a key partner for UNICEF in the coming years.

UNICEF was also instrumental in influencing government and its partners to:

· **Break the silence around the issue of violence against children** through the organization of a first-ever conference on the subject;
· **Sustain advocacy around nutrition**, supporting all 30 districts of the country to develop plans for the elimination of malnutrition, as well as assisting the Ministry of Health to organize the second national summit on nutrition, which contributed to a commitment by the government to address many of the root causes of malnutrition in 2012;
· **Model successful approaches** for maternal health (using RapidSMS technology) and for the response to gender-based violence and child abuse with other UN agencies (through a one stop centre for survivors of violence);
· **Focus on quality education and the missing face of adolescents** in the HIV response.

Areas that remained a challenge but are being addressed include a strong monitoring and evaluation system for the office and the challenge of mobilizing adequate resources to fund programme activities, particularly in the context of the global financial situation and restrictions on local fundraising.

Key partnerships with government, UN and development partners have seen children’s issues become increasingly prominent in the thematic sector groups and within UN Delivering as One. Partnerships with civil society and local authorities were strengthened, particularly in line with equity focus and reaching the most vulnerable children. The National Children’s Commission and MIGEPORF emerged as key strategic partners around the promotion and protection of the rights of children and families.

Country Situation

Rwanda is one of a few African countries on track to achieve seven of the eight MDGs. The slow pace of poverty reduction, however, remains a challenge. In 2011, 46% of the population lived below the national poverty line, down from 57% in 2005. Earlier data showed that at least 60% of children lived below the poverty line and income disparities between groups and quintiles persist (the Gini coefficient increasing from 0.47 (2000) to 0.51 (2005). Gross National Income per capita reached US$540, the second highest in East Africa.

The 2010 DHS, funded in part by UNICEF, indicated a decline in both infant and under-five mortality from
2005. Under-five mortality, for example, fell from 103 per 1,000 in 2005 to 76/1,000 in 2010, noting a significant improvement in child survival.

Malnutrition as measured by the proportion of stunted under-five children declined from 51% in 2005 to 44% in 2010, but the high rate remains an issue. The positive offshoot of this situation is the strong commitment by the government to address the root causes of malnutrition, as evidenced by the organization of the second National Nutrition Summit, and the development of district plans for the elimination of malnutrition, both with UNICEF support. These plans now need to be financed and operationalized to ensure that key nutrition promotion activities are supported.

2011 also saw changes in Cabinet, with a new Prime Minister, a new Minister of Education and a new Minister of Gender and Family Promotion – each demonstrating strong commitment to early childhood development and the family, which bodes well for integrated programming for children.

Another positive development for the realization of children’s rights in 2011 was the creation of the National Children’s Commission, mandated to promote children’s rights; along with the beginning of an exercise to evaluate the first Economic Development and Poverty Reduction Strategy (EDPRS) – setting the stage for the development of EDPRS 2. The evaluation and planning process will provide a forum for UNICEF to highlight challenges and achievements related to results for children.

2011 saw the approval of the policy on Early Childhood Development and a greater momentum towards 12 years fee-free basic education (announced in 2010). Provision of additional classrooms to meet the expansion may constrain resources for quality initiatives, in spite of a very strong push for this from the Ministry and its key partners. Notwithstanding, investing in quality will continue to be a key component of UNICEF support to government in 2012 given the current challenges that the education sector faces, including a high pupil-teacher ratio (68:1), double shift arrangements (where students are staggered in two shifts – half coming in the morning and the other half in the afternoon) and the fact that children with disabilities and children from the poorest families remain at risk of dropping out.

On the health front, while more families accessed health insurance in 2011 and the government invested heavily in new vaccines (HPV and Rotavirus, the latter which will be introduced in 2012), reaching the most vulnerable – i.e. those who do not come to health centres and continue to die from preventable causes, will remain a priority in 2012.

On HIV prevention and response, a key development in 2011 was support, under the UNDAF, to the organization of a campaign to eliminate the transmission of HIV from mother-to-child (EMTCT) and to host a national paediatric conference. The latter brought the issue of adolescents living with HIV to the forefront for the first time and set in motion an action plan that will be implemented by the Rwanda Biomedical Association. The EMTCT campaign is very forward looking because Rwanda already has a vertical transmission rate estimated at 6.8%, (Effectiveness of National PMTCT Programme Study 2011). Through this campaign, the country has now committed to bringing transmission rates below two per cent by 2015, a goal that partners, including UNICEF feel is realistic if progress continues along the same track.

2011 also saw violence against children take centre stage in national dialogue, resulting in a campaign against violence, launched by the First Lady, as well as an action plan that will be monitored by the Ministry for Gender and Family Promotion.

UNICEF also supported the government in the commissioning of the following studies and or publications:

- Rwanda Demographic Health Survey, 2010
- Understanding Children’s Work and Youth Employment in Rwanda
- Evaluation of Processes and Perceptions on the Community Based Nutrition Program (CBNP)
- 6 Weeks PMTCT study (On-going)
- BSS Youth 2010 and Male Circumcision KAP-Survey
- Community Perception of Male Circumcision as a new HIV Prevention Strategy
- UNICEF Rwanda Mid-term Evaluation
GNI per capita is GNI divided by country’s midyear population, where GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income from abroad.

**Who are the deprived children in your country context?**

Large disparities in income, outcomes and access to services exist by socio-economic groups and geography. Children and rural residents are more vulnerable to poverty (60% and 65.7%, respectively). Poor children, malnourished children, children with disabilities and children in refugee camps are amongst the most disadvantaged children. High population growth (2.8% p.a.), fertility rates (4.6 children per woman) and population density (almost 400 people/sq. km), leading to small landholdings, constrain poverty reduction efforts. Fertility rates are higher in rural areas, 5.7 children against 4.7 in urban areas (DHS 2007-8). In 2009, 17% of households were vulnerable to food insecurity.

Approximately 500,000 people (over 61,154 children) live with disabilities (5% of the total population). Rwanda is home to over 32,000 children in refugee camps.

Other disadvantaged/at-risk-of-abuse/exploitation children are child domestic workers, orphans, children in institutions, children living on streets, children (especially adolescents) living with HIV, and children from historically marginalized groups. Trac-Plus estimates over 20,000 children to be living with HIV, but many adolescents do not know their HIV status and could be putting themselves and others at risk.

Malnutrition (stunting/underweight among U5 children) is higher in the poorest quintile (55% stunted/ 30% underweight) relative to richest quintile (30% stunted/ 8% underweight). School enrolment is lower among the poor (80% in poorest quintile vs. over 90% richest), diarrhoea prevalence is higher among poor U5 children (16% in poorest quintile vs. 13% richest) and fewer poor women (43% poorest quintile vs. 71% richest) receive health professional’s assistance during delivery compared.

**Data/Evidence**

UNICEF continues to build and use knowledge in the areas of health, nutrition, water, sanitation, HIV and AIDS, education, social and child protection. The office partially funded the DHS 2010, which will be launched in February 2012, and will provide dis-aggregated data by residence, income, gender, age on key vulnerabilities and inequities. UNICEF was also involved in the EDPRS sector assessments, which will point to key gaps in either data or the realization of child rights objectives and bring to the table key issues affecting deprived children (this process is still on-going). Further analysis of the DHS 2010 will avail new data on equity and disparities to inform next programme cycle. UNICEF also supports the implementation of the Vision Umurenge Programme (VUP), a flagship social protection programme of the EDPRS, through building capacity for analysis and assessment of impact and data generation (*Ubudehe* database) to improve targeting. UNICEF is supporting the National Institute of Statistics of Rwanda to build district data profiles to enhance evidence for equity analysis.

UNICEF has funded surveys on vulnerable groups – including children who work and children who live on the street. The Child Labour Survey revealed that close to 11% of all children work, while the results of the street children survey will be out in 2012.

In 2011, UNICEF introduced the child protection systems mapping that will enable child protection stakeholders to better understand where gaps and inequities exist in the system and what can be done about them.

UNICEF also supports the building on knowledge on equity gaps in the education sector – through the monitoring of learning achievement. This system identifies disparities in learning achievement within children in one classroom, between districts and even provinces and allows policy makers to see where investments and further support is needed.

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[1] GNI per capita is GNI divided by country’s midyear population, where GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income from abroad.
UNICEF will sustain support to building knowledge on key equity gaps through a partnership with the National Institute to Statistics to build district profiles showing vulnerabilities, as well as by keeping track of key areas where disaggregated data is needed.

To ensure that issues affecting deprived children, families and groups are being identified and analyzed on a regular basis, each UNICEF programme uses an iterative process of assessment, analysis and action, hence the survey on street children, the child labour survey, the child protection mapping exercise, the enhanced targeting of social protection interventions and the monitoring of learning achievement. These exercises not only help the government and its partners identify who is most vulnerable, but because they are part of an overall programming cycle, it enables key stakeholders to immediately tackle the issues and see what can be done about them.

**Monitoring Mechanism**

Assessing, tracking and evaluating progress towards achieving results for the most disadvantaged children is an integral part of the UNDAF-based UNICEF programme cycle. For instance, when UNICEF decided to focus on street children a few years ago, the office developed a programme to regularly track the number of children that are supported and reintegrated into families and what more needs to be done. For child survivors of violence, UNICEF works with UN agencies, the Ministry of Health and the Rwanda National Police through one-stop centres to monitor how many children come in for help and how the system is following up on their cases. For adolescents living with HIV, UNICEF monitors with TracPlus how many children come for regular services and meets with them on an annual basis to hear their views on how services can be improved.

UNICEF staff members maintain consistent communication with implementing partners, carry out regular visits and flag bottlenecks or challenges to be addressed. In addition, under the UNDAF umbrella, UN theme groups conduct regular bi-annual and annual reviews – both internally and with programme partners, to assess progress and challenges.

The office agreed with partners early in 2011, on studies to support, focusing on: surveys on child labour; street children; and adolescent knowledge on HIV to shed light on the situation of disadvantaged children. In spite of this, the CO recognizes that this is not enough and is placing greater focus in 2012 on children living with disabilities, children in refugee camps and children who live in institutions.

Setting up an integrated monitoring and evaluation system remains a challenge, not least because of human resource constraints. Management is focusing on strengthening the CO Level 3 Monitoring (L3M) to assess progress and bottlenecks in the delivery of results and identify gaps in key outcomes. HQ and ESAR support is being sought to have in-depth discussions and agreement on practical measures to implement L3M in Rwanda CO including using the “CUP” and bottlenecks approach and review of the office PCRs/IRs Initial efforts will focus on the “1,000 days in a land of 1,000 hills” and “ECD and the Family” interventions. UNICEF also intends to introduce DevTrack to map all UNICEF-supported interventions for ‘real-time’ monitoring and enhance synergies and complementarities between programmes.

**Support to National Planning**

The Government of Rwanda places strong emphasis on aid effectiveness and good coordination between partners, as provided for in the Rwanda Aid Policy 2006 and through the Division of Labour. Well-run, government-led sector working groups operate, and are co-chaired by an assigned representative of the development partner community. UNICEF has a leading role in education and social protection in particular and is active in several other sectors. Rwanda’s government organizes regular meetings between partners (NGO, UN, donor, etc.), in addition to bi-annual and annual reviews to track and assess progress and outcomes. In addition, as Rwanda is a Delivering as One country, UNICEF’s activities fall under the UN common operational plan and are also overseen and monitored by UN-led theme groups which review progress on UN work plans, where UNICEF’s activities are included, and raise challenges and areas of further coordination. UNICEF accompanies the government to achieve its national development priorities related to children.
Implementing partners, supported by UNICEF, carry out regular project monitoring visits to ensure that activities are on track and submit regular reports to UNICEF. UNICEF staff also engage in field monitoring and follow up on findings to address any challenges and bottlenecks and continues as part of providing programme oversight to partners in project implementation.

UNICEF supported both government and implementing partners to better understand results-based management and monitoring & evaluation through a series of workshops. The UN family, through a joint UN programme took this partnership to the next level by supporting the Ministry of Finance to develop a national monitoring and evaluation framework, with UNICEF focusing its support on the development of the national M&E Policy, Strategic Plan and Guidelines. UNICEF also helped organize a training on M&E for Planning and M&E Officers from key ministries and will continue this support in 2012 by focusing on capacity building in planning, results-based management and M&E for both central and district-level staff.

Any other relevant information related to data/evidence?
During 2010–2011, UNICEF supported the National Institute of Statistics of Rwanda (NISR) to implement the Demographic and Health Survey (DHS 2010) and other partners (World Bank) supported the conduct of the National Household Survey 2011. The findings of both surveys will be disseminated in early 2012 and the NISR has promised to share the final datasets with partners to promote further analysis. The two datasets are critical to taking forward the equity agenda - for the first time, both surveys provide district-level statistics. The finalization and dissemination of the findings of both surveys come at an opportune time when the preparation on the next round of the Economic Development and Poverty Reduction Strategy, and the next UN Development Assistance Plan (2013–2018) are being initiated.

Country Programme Analytical Overview
UNICEF Rwanda will ensure that all programming and data collection in 2012 focuses on the most vulnerable and will use key strategies of strategic partnerships including through Delivering as One; communication for development; and high level advocacy. Knowledge generation and management will continue to be a pillar of UNICEF’s work to deliver results for children. Support for de-institutionalization – to find a family friendly solution for children living in institutions and orphanages, will be stepped up and the office will focus on the inclusion of children with disabilities in child-friendly schools and in the community.

Because the Mid-term Evaluation – completed in 2011 – recommended a stronger emphasis on capacity building, UNICEF will focus its programming for disadvantaged children around building the capacity of partner organizations to cater to the rights and needs of these children in the most efficient and effective way.

UNICEF provides strategic support to the government and other Implementing Partners with an equity-focus in the areas of its comparative advantage, including upstream support (policy advisory and advocacy); modeling and innovation; technical support and resource leveraging; and knowledge generation and management. Interventions are tailored to those areas where they add the most value to developing national institutional capacity while ensuring sustainability.

Within the context of DaO, UNICEF’s comparative advantage and capacity to strengthen collaboration with UN agencies and lead on key areas (evidence generation; modeling/innovations; advocacy) and on key results (HIV/AIDS; education; social protection) leading to greater results for children and women.

Effective Advocacy
Mostly met benchmarks
In 2011, UNICEF successfully advocated for the approval of the Integrated Child Rights Policy and the Early Childhood Development (ECD) Policy and Strategic Plan. These important policies were approved by Rwanda’s cabinet in the fall of 2011 and will lay the foundation for strengthened coordination for child rights related programming, in general, and specifically on ECD. UNICEF provided major technical inputs into the drafting of both policies and will be working closely with line ministries and their partners on the roll-out in 2012.

In addition, UNICEF was instrumental in helping the Ministry of Gender and Family Promotion organize the first ever conference on violence against children. The idea for the conference was tabled by children at the 2010 Children’s Summit and reinforced by data from Kigali’s One Stop Centre for Survivors of Gender-based Violence that indicated that 65% of all cases of violence were children (mainly girls) under the age of 18.

The conference was organized to break the silence around issue of violence and spur a campaign and public discourse on the subject (to be evaluated in 2012). Rwanda’s First Lady added her public support to addressing violence against children by opening the Conference, which helped position the issue on the national stage. Key outcomes of the conference – other than the development of a multi-sectoral action plan to prevent and respond to violence.—included national debate and discussion around the causes of violence, social norms, positive parenting and even research related to harmful traditional practices against children.

Another area where UNICEF has and will continue to advocate around is stunting, which currently affects 44% of children under the age of five. UNICEF helped bring this issue to the national stage in 2009 and 2010 and continued its advocacy in 2011 to ensure that each district developed an action plan for the elimination of malnutrition. In addition, UNICEF also supported the Ministry of Health in organizing the second summit on nutrition, highlighting how investments, particularly for the most vulnerable, will enable Rwanda to reach and sustain the MDGs. A key outcome of this conference, which brought national and international experts and political leaders together, including UNICEF's Director of Programmes from New York, was government taking full ownership of the district plans for the elimination of malnutrition. Rwanda is the only country in Africa to have such plans, and UNICEF will support MoH in 2012 to follow up on conference outcomes by seeing what elements of these district plans can be financed and scaled-up by the government in 2012.

Finally, based on data that indicates that adolescents have become the missing face of AIDS both globally and in Rwanda, UNICEF supported a series of advocacy events, including symposia on early infant diagnosis and a paediatric conference on HIV and AIDS to highlight (in association with the Rwanda Biomedical Centre and its partners), the importance of programming for adolescents. This has led to an action plan that will be followed up in 2012.

Changes in Public Policy
Rwanda remains committed to good governance, shared growth and equitable delivery of services to all people. Since 2010, there have not been any major changes in public policy. Following the Presidential election in 2010, a new seven-year national plan (2010–2017) which is consistent with the Vision 2020 and EDPRS-1 was developed. The Early Childhood Development Policy and the Integrated Child Rights Policy together with their Strategic Plans were approved in 2011, creating room for increased focus on early child development and learning as well as promoting children’s rights including their right to the family and attention to the most vulnerable children and families. During the 7th Annual Children Summit, the Prime Minister pledged increased government effort to de-institutionalize children (orphanages and other centres hosting children) through finding alternative families/homes for children.

Government social protection programmes to address poverty and vulnerability include the Vision 2020 Umurenge Programme with three flagships (direct cash transfers to poor families with no labour, public works programmes for poor families with some labour, and Financial services - micro-credit and training); One-Cow-Per Poor Family; fee-free basic education and national Health Insurance Scheme, all implemented under a decentralized framework.
Rwanda is positioned to attract increased foreign investment through development of infrastructure, information technology and zero-tolerance to corruption. Performance Contracts (Imihigo) promote accountability at all levels; Performance-Based Financing promotes equitable service delivery through incentives for qualified personnel in hard-to-reach rural areas. The 2011 Citizens Scorecard conducted by Rwandan Governance Board shows broad satisfaction with service delivery: 75% satisfied with health services, about 70% satisfied with water provision and 78% satisfied that their children can find a school within 2km.

EDPRS-1 review/evaluation is on-going through sector self-evaluations, to be consolidated in one report (with UN support) as the basis for EDPRS-2 development.

Two key national-level meetings are held each year: the National Retreat of government leaders, at the beginning of the year and the National Dialogue involving national and district leaders, at the end of the year. Both meetings are chaired by the President of the Republic, with public participation through telephone and online commentary, provide important recommendations for policy action.

**Leveraging Resources**

Due to the global financial crisis, in-country ONE UN guidelines against local fundraising, Rwanda’s perception as a middle income country and the trend for bilateral donors to give to direct or sector budget support, as well as the decrease in the ONE UN Fund (which provided 30% of additional resources to UNICEF in 2010), the country office faced a critical funding situation for key programmes in 2011. While US$28.8 million was planned, only about US$20 million was available during 2011, representing a funding gap of US$9.2 million that affected programming, especially for Education and HIV.

To counter this, a fundraising crisis plan was drawn up, a fundraising task force set up and a staff member from the UK Natcom seconded to develop a set of key proposals for Natcoms and selected donors. Positive feedback was received for these proposals from the US Fund for UNICEF, the Swiss Natcom and others, with positive inroads also developed with the Canadians, EU and Belgian Cooperation. A fundraising visit to key donors was also scheduled in August 2011, but then postponed to 2012.

To explore the possibility of additional resources within the private sector in Rwanda, the office also brought in two interns from INSEAD Business School in Switzerland to do an assessment of private sector fundraising possibilities. This pointed to potential funding from at least ten donors, an area that will be followed up in 2012.

In addition, it was agreed that the office required additional human resource capacity to follow up on fundraising actions, for which a recruitment process was initiated in late 2011. It is expected that this process will be completed in January 2012 and a person on board by the end of the first quarter.

The main objective of the crisis fundraising plan for 2011 and 2012 is to broaden the CO’s fundraising base to reach out to new donors, get more from current donors and ensure that the “equity” focus of its programmes is made visible and marketed. This is especially important because of two reasons:

- Rwanda is perceived as a middle income country because of its impressive social services infrastructure and progress towards the MDGs (on track to achieve 7 of the 8). However, many indicators do not capture the equity challenges, poverty levels and income disparities that Rwanda still faces. UNICEF is working to collect disaggregated data to highlight equity challenges for the most vulnerable.
- Rwanda's aid policy imposes an upstream approach to all development assistance, including in emergencies, which means we lose out to donors who prefer to fund countries where needs are perceived as greater and where UNICEF takes a more hands on approach

These factors continue to be challenges, making innovative, equity-focused fundraising a priority for 2012.

**Capacity Development**

*Mostly met benchmarks*

Under the UN *Delivering as One framework*, UNICEF provides key capacity building and institutional support
to both government and implementing partners. Key examples include:

Joint planning exercises at the end of the year between government, NGO and UN partners to come to a common operational plan that UN agencies, including UNICEF can support on an annual basis.

- The annual collection of data, through impact studies and evaluations to inform programme direction. For instance in 2011, UNICEF supported studies to better understand gaps and challenges in the areas of community-based nutrition and the prevention of HIV from mother and child.

- UNICEF technical support as the lead UN agency in the areas of education, social protection and water and sanitation. This position has enabled UNICEF to contribute to government strategic thinking in these areas and led to, for instance, a focus on equity in WASH services, greater emphasis on inclusive quality education and advocacy for a strengthened focus on the most vulnerable in social protection strategies.

- Support to implementation of project activities through decentralized national systems, including empowering communities to manage water and sanitation infrastructure and supporting districts in the construction and/or rehabilitation of schools or health facilities. UNICEF seconded an international expert to the Construction Unit of the Ministry of Education to ensure quality infrastructure standards for school infrastructure and worked with the *Equipment and Infrastructure Department* of the Ministry of Health to provide technical assistance in quality assurance mechanisms and checks. Since 2009, the office has tried to take this support to the next level through, its WASH project, funded by the Government of Netherlands, which is unusual in its complete use of national systems, through district authorities. Although the project has run into some hurdles which have affected implementation, including in terms of capacity gaps at local level, the approach of the local authorities taking the lead in planning and managing the installation and maintenance of infrastructure has potential for the future within an overall umbrella of accompaniment. To continue to support the process, UNICEF has seconded a technical advisor to the National Project Management Unit.

- The use of DevInfo, E-MIS, H-MIS and other national data collection systems to systematically gather and analyze information on performance and progress towards results.

- The completion of the Japanese-funded *Community Empowerment Grant* to help rebuild communities in two districts affected by the earthquake of 2008. This project worked through local district authorities and NGOs to rebuild 21 schools and three health centres destroyed by the earthquake, as well as helped to start up a youth centre for disadvantaged children and a one-stop centre for survivors of violence.

### Communication For Development

*Mostly met benchmarks*

In 2011, UNICEF provided strategic technical support to key government and civil society partners to strengthen communication for behaviour change. UNICEF co-chaired the National Behaviour and Social Change Communication Technical Working Group and provided technical support to the development of a National Social and Behaviour Change Communication sub-strategy for Maternal, Newborn and Child Health.

Strategic partnerships with the Rwanda Interfaith Network, Rwanda Office of Information (ORINFOR) and Urunana Development Communication to harness the power of interpersonal and social networks (church groups, community radio and radio drama) were established to facilitate community engagement and dialogue for behaviour and social change.

Led by the Ministry of Health, and UN partners (including UNICEF), an illustrated Kinyarwanda version of Facts for Life (*Menya Urengere Ubuuzima*) was produced with translations, illustrations and layout pretested...
in communities. The first 4,000 copies will be distributed to supervisors of community health workers, key programme producers of community radios and Rwanda Interfaith Network to start the dissemination of key messages.

The office supported national partners put in place mechanisms to develop, implement and monitor strategic communication interventions related to male circumcision and the elimination of mother-to-child transmission of HIV.

To support an increase in the technical capacity to deliver high-impact evidence-based communication for development activities, UNICEF also helped build the capacity of relevant staff of key government and implementing partner institutions in the design, implementation and evaluation of strategic behaviour and social change communication interventions through a series of targeted five-day training workshops. UNICEF also helped enhance the skills of 50 staff from the RBC in current behaviour change communication approaches to motivate clients for male circumcision, and to address rumours and misconceptions on male circumcision. In addition over 330 national and provincial level leaders of faith-based organizations enhanced are now able to facilitate dialogue and interpersonal engagement on key child survival and development issues for behaviour and social change.

**Service Delivery**

*Fully met benchmarks*

**Under the UNDAF, UNICEF supports the collection and use of evidence for policy making, engages in capacity building, advocacy and resource mobilization for the realization of child rights and where appropriate, supports implementing partners to “model” approaches or ways of delivering services to certain vulnerable groups. These models are then documented for eventual government scale-up.**

In the area of nutrition, UNICEF and a number of NGO partners and other UN agencies, helped to model two approaches – one for community-based nutrition in 16 districts and another on how to implement the district plans for the elimination of malnutrition in three districts. The strategies used in both models have been documented and included in the 2012 Joint Action Plan for the Elimination of Malnutrition.

In the area of maternal health, UNICEF helped model the provision of RapidSMS technology in one district that resulted in the tracking of all pregnancies in that area, ensuring that all women, including the most vulnerable and those that lived in hard to reach areas, were transported to a health centre for delivery. The office also provided community health workers in an additional 16 districts with skills to operate the technology for eventual scale-up.

In the area of HIV prevention, the office continued to support the Imbuto Foundation to model a comprehensive “family package approach” for pregnant HIV+ positive women and their families in selected centres. UNICEF also undertook a study on the effectiveness of the Family Package Approach to see how it could be scaled up in all 424 health centres in the country.

UNICEF supported the piloting of a Male Circumcision Campaign in two districts of Nyanza and Musanze as one of the key strategies for preventing HIV infection. A communication intervention was designed, tested and implemented in the two districts for scale-up nationally after six months. Demand for circumcision as a result of the campaign outstripped the ability of the health facilities and trained providers to provide the service. About 2210 males aged 15-49 were served during the pilot phase.

In the area of child protection, UNICEF continued its support to NGOs working on family reintegration of children that live on the street as well as to survivors of violence through One Stop Centres. Lessons learned and guidelines from both these models are being drafted for presentation to the government.
Strategic Partnerships

Mostly met benchmarks

Following the Mid-term Evaluation, which highlighted the key role partnerships have played in achieving results for children, UNICEF maintained and developed alliances with key partners to promote programme objectives in a number of areas.

Key among these was the establishment of a first time partnership with the National Children’s Commission, created by Presidential Decree in late 2011. This partnership enabled the organization of pre-summit consultations with over 10,000 children around the country in the run up to the 7th annual Children’s Summit.

2011 also saw the creation of the Rwanda Biomedical Centre and the Rwanda Education Board – both umbrella institutions convening a number of smaller agencies in their respective sectors. UNICEF worked closely with both institutions to organize two conferences, both of which were successful in bringing the key issues of adolescent HIV programming and inclusive quality education on the national agenda. UNICEF remained the co-chair (with DFID) of the Education Development Partners Sector-wide group and was able to influence policy dialogue on issues of equity and quality in education. UNICEF also continued its support to the NGO co-ordination platform on education, facilitating NGOs to feed into policy and planning in areas such as special needs education and early childhood development.

In addition, through UNICEF support, the Rwanda Civil Society Platform for advocacy on Social Protection was approved as a member of the Africa Civil Society platform on social protection and contributed to the World Bank Social Protection Strategy in Africa.

UNICEF also established a partnership with the School of Public Health to undertake a study on the effectiveness of mother-to-child HIV prevention services and worked with several UN agencies and the government to finalize the policy and strategic plan on gender-based violence.

Key partnerships within the UN have been around joint interventions with sister agencies on key issues of education, child health, nutrition and protection. The Dao framework has helped to raise children’s issues to become increasingly prominent in the thematic sector groups.

Mobilizing Partners

In 2011, UNICEF strengthened its strategic partnerships with key civil society organizations to harness the power of radio, and interpersonal and social networks to facilitate dialogue and community engagement for behaviour change and social transformation.

Partnerships with institutions, such as the Rwanda Interfaith Network; an umbrella body of the major faiths, community radios (through the Rwanda Office of Information) and Urunana Development Communication (a NGO that works through edutainment) brought key child survival and development issues and information on live-saving interventions to communities across the country. They also mobilized communities to participate in national events, such as Mother and Child Health Weeks and Global Hand Washing Day, etc.

In addition, a twice-weekly radio serial drama and magazine programme with URUNANA Development Communication now reaches over 90% of the population on key child survival and development issues. Urunana ensures the messages transmitted through these radios are further reinforced to disadvantaged communities by transforming these shows into issues community theatre performance in hard-to-reach areas, as well as in churches, mosques and other faith-based gatherings across the country.

In partnership with the Ministry of Health, UNICEF supports Community Health Workers (CHWs) to deliver services to the communities, especially in the hard-to-reach areas. Using RapidSMS technology for example, CHWs are provided with mobile phones to monitor antenatal care, identify and refer women at risk, and improve communication with health facilities. CHWs can proactively identify and address reasons why women and young children die and suggest possible interventions. Rapid SMS is used to remind CHWs
of scheduled visits with pregnant clients and to send alerts and referrals for emergency interventions once a problem is coded and submitted. In partnership with the MoH, a plan to scale-up RapidSMS technology for use by all the 15,000 CHWs across the country has been developed and training plans devised.

In 2011, the voices of disadvantaged children came to the fore through local level consultations down to the village level, using established forums for children which were expanded as part of the preparation for the January 2012 Children’s Summit which focused on equity and national development planning. This process was supported by UNICEF and will be built upon in 2012 to ensure that children with disability are included in established local structures for child participation.

Within the Dao, UNICEF is co-chair of the Education Sector Working Group and lead in Social Protection and WASH, and active participant in Health and Nutrition Working Groups. UNICEF is also co-chair of the Justice and the evidence-based policy making sub-groups of the Governance Theme Group.

Knowledge Management

*Fully met benchmarks*

In 2011, UNICEF helped support research and data collection, facilitated the sharing of information and strengthened internal knowledge management systems. Most notable was the support provided to the National Institute of Statistics for the DHS 2010 and for the maintenance and use of DevInfo Rwanda that provides socio-economic data disaggregated data by gender and province. UNICEF supported NISR to update key information on child and maternal health indicators. UNICEF also supported research on child labour, street children, HIV programme effectiveness, male circumcision and community nutrition, some of which was used for programming and others that were disseminated by government departments.

In addition, the office helped organize conferences on community health, sanitation, violence against children, adolescent HIV programming, nutrition and quality education, which led to the development of several abstracts. These abstracts, many of them based on research findings by different partners, added to the knowledge bank in these areas, as well as helped inform conference recommendations. UNICEF also helped ensure that these abstracts and all information related to these conferences was made available on a conference website as well as through UNICEF Rwanda’s website and Facebook page.

Internally, UNICEF supported the sharing of knowledge through daily news reviews, brown bag lunch discussions on emerging programme issues (such as Level 3 monitoring and early childhood development), as well as regular weekly email updates on knowledge management (including updating programme staff on global developments). UNICEF also hosts the UN Resource Centre that includes a collection of books, magazines and journals as well as computers to access the Internet. The centre is open to the public from Monday to Friday.

Human Rights Based Approach to Cooperation

*Fully met benchmarks*

As part of UNDAF 2008–2012, UNICEF’s grounded on the human rights based approach to programming. UNICEF is a lead player in mainstreaming the human rights based approach to UN programming and capacity building efforts in Rwanda: UNICEF is an active participant in the UN Human Rights Task Force that is tasked with ensuring mainstreaming of HRBA in UN interventions.

2011 was a significant year for the application of a human rights-based approach to programming (HRBAP) amongst partners, as UNICEF was asked to train key ministry staff in these principles as well as to organize a separate training for Imbuto Foundation on HRBAP and results-based management. The results of these trainings will be seen in the sectoral development plans of ministries as well as the Imbuto Foundation’s results matrix.
In addition, UNICEF supported the participation of children in the conference on adolescents and HIV as well as ensured that children’s voices and views were heard nationwide during the pre-consultations held for the National Children’s Summit.

Rwanda is signatory to most of the international conventions on human rights including the Convention on the Rights of the Child (CRC). In 2011, Rwanda submitted its periodic report on the CRC to the Committee of the CRC in Geneva as well as responses to the UN General Assembly the Universal Periodic Review (UPR) report (2010) on Human Rights.

### Gender

*Mostly met benchmarks*

In 2011, UNICEF continued to mainstream gender concepts in programme work, most notably by striving for all data collection to be dis-aggregated according to gender, that key UNICEF and UN staff better understood gender concepts, that promoting girls’ education remained a best practice, and that project staff dealing with survivors of violence understood how to handle both sexes. UNICEF also continued supporting the construction of gender-sensitive latrines with separate blocks being built for boys and girls in a bid to reduce disparities and encourage attendance to school.

UNICEF also ensured through the pre-consultations of the National Children’s Summit and at the paediatric conference on HIV and AIDS, that both the views of girls and boys were heard and their suggestions included in final conference recommendations.

Under joint UN support to the National Institute of Statistics, development of Gender Statistics Framework is one of the key areas of intervention to ensure availability of gender-disaggregated data at all levels. UNICEF actively participates in the One UN Gender Taskforce that is mandated to mainstream gender across the UNDAF results, annual CAPs/interventions and reviews joint interventions for gender mainstreaming.

As enshrined in Rwanda’s Constitution (2003) the government is committed to gender equality including creating favourable conditions to promote gender equality, enacting laws specifying equality between men and women and affirmative action, such as ensuring a minimum of 30% women’s representation in decision-making positions. With 56%, Rwanda has the highest female representation in parliament.

Capacity to apply Human Rights-Based Approach and gender mainstreaming in programming was strengthened for key government ministries and implementing partners, and as part of capacity building in preparation for the next UN Development Assistance Plan (2013–2018), UNICEF supported training on gender equality and gender mainstreaming UN Staff.

### Environmental Sustainability

*Mostly met benchmarks*

Under the government Division of Labour, UNICEF is not a lead agency in promoting environmental sustainability. However within the context of the Government of Netherlands funded Water and Sanitation Programme, environmental sustainability issues are included. This resulted, most notably in the continued promotion of eco-can latrines, bio-gas technology and the use of cost-effective water filter technology for household water treatment, storage and handling.

UNICEF also supported the National Forestry Authority to organize a school greening programme and sensitization campaign in the Northern Province, leading to better understanding of environmental issues.
among school children. UNICEF also partnered with the Rwanda Environmental Management Authority to celebrate World Environment Day by helping to organize competitions for school children on essay writing and drawings related to environmental issues.

**South-South and Triangular Cooperation**

UNICEF supported South-South cooperation in 2011 through a number of ways, including study tours and regional networking. The office sent a Ministry of Education delegation to Zambia to study the monitoring of learning achievement, which contributed to the establishment of a similar system in Rwanda; a government delegation was sent to Uganda to study community-level reporting using cellphones (U-report). This is now being explored to promote accountability and monitoring of EDPRS targets, MDGs and performance contracts at the grassroots level. UNICEF also fostered a partnership with the University of Cape Town on applied research methodology, as part of the on-going facility impact study on the prevention of HIV from mother-to-child. UNICEF supported the government to host a Regional Summit on Quality Education: “Achieving Quality Education for All” that brought together policy makers and practitioners in the education sector to discuss ways of strengthening the quality of education in the region.

In terms of exporting knowledge from Rwanda, UNICEF supported members of a Togo delegation to learn about performance-based financing in the health sector here as well as helped bring in delegations from neighbouring countries to better understand Rwanda’s community-based health insurance scheme and coordination and budgeting in the education SWAp.

UNICEF also helped organize the Sustainable Sanitation Alliance Meeting in Kigali, which brought together experts in the region to discuss sanitation issues. The office supported key government officials to present papers at international seminars organized in Kenya, Senegal and France and helped government invite international experts from both within and outside the continent to speak at conferences on community health, nutrition, violence against children and quality education (supported by UNICEF) as well as played a key role in advancing the Rwandan Civil Society Platform’s membership in the Africa Platform for Social Protection.
**Country Programme Component: Good governance**

### PCR (Programme Component Results)

<table>
<thead>
<tr>
<th>PCR</th>
<th>EQ Rank</th>
<th>OT Details</th>
</tr>
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<tr>
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### Resources Used in 2011 (USD)

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<thead>
<tr>
<th>Resource Type</th>
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<th>Allocated in 2011</th>
<th>Estimated Year-End Expenditure</th>
<th>%Spent (4)/(3) * 100</th>
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</table>

**Results Achieved**

In 2011, under the UNDAF Governance for Child Rights Programme, UNICEF planned to support the strengthening of rule of law and human rights protection; enhancing child participation in democratic processes; and strengthening socio-economic planning using quality disaggregated data.

Key results included the adoption of the Integrated Child Rights Policy and Strategic Plan, the establishment of the National Children’s Commission to coordinate child rights issues and the strengthening of the capacity of the National Child Rights Observatory to report cases of child rights’ violations leading to 2,218 cases being handled in 2011, up from 837 in 2010.

In the area of juvenile justice, a key law (27/2001) was revised, aligning it with the CRC to ensure (1) limits on the time children can be held in custody before trial (not more than thirty days), (2) that incarceration be the last resort for pregnant or lactating mothers and that where incarcerated pregnant women or mothers with children are held, that there is a separate space allocated to them to promote their well-being; (3) that all children are registered within 15 days of their birth, and (4) that no child be held liable for criminal charges under the age of fourteen.

In addition, access to justice for vulnerable children and women was expanded at the district level with Child Rights and Gender-based Violence focal points trained and placed in 30 legal aid centres (Maison d’Accès à la Justice). Over 5,000 civil cases and some 700 criminal cases were handled, reducing delays and the caseload in courts.

UNICEF helped model an approach for the integrated care (nutrition, health, recreation and psychosocial support) of some 400 children under the age of three who are detained in Gitarama Prison with their mothers and also helped transform the Nyagatare children’s prison into a rehabilitation centre through the provision of learning and accommodation facilities; UNICEF will continue to advocate for detention to be considered as a measure of last resort.

In terms of contributing to national development planning, UNICEF supported the implementation of the National Strategy for the Development of Statistics (2009–2014) as well as enhanced the skills of staff from the UN M&E Taskforce and 14 NGOs (as well as 62 officials form six districts working on the development of district plans for the elimination of malnutrition) to use of DevInfo.
UNICEF also supported the finalization of the 2010 DHS, a situation assessment on district administrative statistics, the drafting of a national M&E Policy (through a joint UN project) and enhanced the skills of 30 EDPRS coordinators, 22 Imbuto Foundation officials and 20 UN staff on how to apply M&E, results based management and human rights based approaches in programming. The latter training resulted in the development of a simulated EDPRS-2 results framework and a work plan for the Imbuto Foundation for 2012.

To enhance child participation, UNICEF helped organize the preparations for the 7\textsuperscript{th} annual Children’s Summit, which focused on equity, including the pre-consultations that were held in every sector and involved thousands of children.

**Most Critical Factors and Constraints**
Data disaggregated by vulnerability including children with special needs is still lacking. Furthermore, it has been difficult for the office to find suitable local consultants and this resulted in delays in implementation. There is also some limitations in institutional capacity at organizational, national and decentralized levels to coordinate, document and scale up best practices.

**Key Strategic Partnerships and Interagency Collaboration**
UNICEF is continuously exploring new opportunities for partnerships to improve the welfare of women and children. Strategic partnerships and interagency collaboration in 2011 included:

- **Evidence generation:** National Institute of Statistics of Rwanda (NISR); Ministry of Health through RBC/IHDPC, the school of Public Health in Rwanda, and CDC; Ministry of Education
- **Policy and Planning:** Ministry of Finance and Economic Planning; Ministry of Health, Ministry of Education, Ministry of Youth; RBC/IHDPC, WHO, UNFPA.

UNICEF Rwanda has established strategic partnership with UNHCR to develop the *Child Protection Strategy in Refugee Settings* and its subsequent roll-out in camps. Under the new strategy, community leaders, local authorities, social workers and children themselves have specific roles in creating awareness, preventing and responding to cases of abuse or violence against children.

**Humanitarian Situations**
Not applicable.

**Summary of Monitoring, Studies and Evaluations**
- **Title:** Rwanda Demographic Health Survey, 2010
  - **Year:** 2011
  - **Sequence Number:** 2010/03
  - **Type of report:** Survey
  - **Themes:** Health & Nutrition indicators

- **Title:** Understanding Children’s Work and Youth Employment in Rwanda
  - **Year:** 2011
  - **Sequence Number:** 2008/06
  - **Type of report:** Survey
  - **Themes:** Child Labour

- **Title:** UNICEF Rwanda Mid-term Evaluation
  - **Year:** 2010
  - **Sequence Number:** 2010/06
  - **Type of report:** Evaluation
  - **Themes:** UNICEF Evaluation
Management response: Yes, a management response to the evaluation was developed in compliance to Guidance on management response and uploaded in the global tracking system.

**Future Work Plan**
The programme will also start to articulate a strengthened focus on inclusion of children with disabilities, in line with the recommendations of children themselves in the grassroots consultations prior to the national children’s summit on equity and national development planning.

In terms of national development planning, UNICEF will support the EDPRS 2 process as well as the collection and use of disaggregated data for enhanced equity-focused programming, including the development of district profiles.

**Country Programme Component: Health, population, nutrition and HIV**

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<thead>
<tr>
<th>PCR</th>
<th>EQ Rank</th>
<th>OT Details</th>
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</thead>
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</table>

**Resources Used in 2011(USD)**

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Planned for 2011 (as per CPAP ceiling )</th>
<th>Allocated in 2011</th>
<th>Estimated Year-End Expenditure</th>
<th>%Spent (4)/(3) * 100</th>
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<td>$9,841,353.05</td>
<td>$9,791,583.63</td>
<td>99.64</td>
</tr>
</tbody>
</table>

**Results Achieved**

**Under Health, HIV and Nutrition**, UNICEF planned supporting improved health system effectiveness; increased access and health care quality; increased water/sanitation access; improved coordination of national HIV prevention and response strategies.

UNICEF and partners in **HIV Prevention and Response Programme** supported the Rwanda Biomedical Centre (RBC) to design a male circumcision strategy and elimination of mother-to-child HIV transmission; convene forums to assess gaps in adolescent programming and early infant diagnosis, leading to actions for the sector work plan; and to finalize policies on HIV and adolescent/sexual reproductive health.

UNICEF supported: MoH to implement the 7th annual paediatric conference (attended by HIV-positive children, among others), raising the profile of adolescents in national HIV-response; deliver quality integrated paediatric HIV and MCH services in remote districts; strengthen the capacity of national partners to deliver timely inputs for HIV-positive infants; two districts to model EMTCT services; Ruhengeri District Hospital to provide over 600 HIV-positive adolescents with friendly services (joint UN project); studies on impact of Family Package Approach; effectiveness of PMTCT; and **Comprehensive Equity-Focused Bottlenecks Analysis of PMTCT**, contributing to the EMTCT strategy and strengthened capacity of 1,667 healthcare providers/CHWs to apply comprehensive HIV prevention services for pregnant women. Preventive care was modeled, strengthening ability of over 80,000 children (12–19 years, over 2,000 with disabilities) to protect themselves from HIV.

**Health and Nutrition Programme** supported the Health Sector SWAp, advocated for including nutrition indicators in the HMIS M&E framework; developing district plans to eliminate malnutrition; organizing the...
second Nutrition Summit; operationalizing the national multi-sectoral strategy to eliminate malnutrition; studies on feasibility of home fortification, and perceptions on community-based nutrition and contributing to Neontal Services at Health Centres Assessment.

UNICEF supported MoH to: scale-up RapidSMS technology (tracking pregnancies/neonatal life-cycles) to 17 districts; deliver high-impact lifesaving interventions through bi-annual Mother/Child Health Weeks, reaching over 1.6 million U5 children, 2 million school children, and 48,000 breastfeeding mothers; implement vaccine management assessment to ascertain vaccine security before introducing Rotavirus vaccine; organize the International Conference on Community Health (underscored community health approaches as equity-focused cost-effective interventions), and the Conference on Cervical Cancer (97% of school girls vaccinated against HPV afterwards and knowledge base increased); health staff in 16 districts to implement mother/newborn home-based care services (antenatal care visits, deliveries at health centres and referrals of home-delivered newborns to health facilities increased).

**Water/Sanitation Programme** supported districts to implement the Government of Netherlands-funded project (constructing/rehabilitating new/existing water-supply systems), and the Japanese-funded Community Empowerment Grant. Over 14,000 households, 28 schools, 13 health centres accessed clean water; and 49 primary schools and 8 health centres got improved gender-sensitive sanitation facilities. ECOSAN latrine-technology was extended to 300 households, 4 incinerators installed in health centres improving medical waste management; School Hygiene Clubs and Committees revived in 50 primary schools to manage water/sanitation facilities and promote hygiene amongst school children, parents and teachers. The CO supported studies on: “Safety of reusing ECOSAN latrines waste on agricultural fields” and “A psychometric survey of risk-perception and risk-communication on use of ECOSAN latrines.”

**Most Critical Factors and Constraints**

For WASH activities the MTR revealed several implementation constraints such as: delays in execution of activities, budget utilization, human resources management at national and district levels, WSS management/ infrastructure sustainability, district level monitoring, quality control, and coordination.

**Key Strategic Partnerships and Interagency Collaboration**

HIV/AIDS mitigation and prevention and PMTCT: Government institutions: Ministry of Health; Ministry of Youth; RBC/IHDPC; Rwanda National Youth Council; Health Facilities; Non-governmental organizations and funding agencies: Handicap International; Imbuto Foundation; Kigali Hope; Right to Play; Vision Jeunesse Nouvelle; PEPFAR; and UN agencies: UNAIDS; UNESCO; UNFPA; and WHO.

In Health and Nutrition, the strategic and participatory partnership with USAID was strengthened in supporting government nutrition initiatives. UNICEF also worked closely with CIDA and the SWISS co-operation in leveraging resources for nutrition; with GAVI and GoR on introduction of new vaccines introduction.

WASH Partnerships include the World Bank’s Water and Sanitation Programme; Kigali Health Institute, Swedish Environment Institute and International Water Resource Centre, IRC, the Netherlands.

**Summary of Monitoring, Studies and Evaluations**

Title: Evaluation of Processes and Perceptions on the Community Based Nutrition Programme (CBNP) in Rwanda
Year: 2011
Sequence Number: 2008/05
Type of report: Evaluation
Themes: Community Based Nutrition
Title: 6 Weeks PMTCT study (On-going)
Year: 2011
Sequence Number: 2011/04
Type of report: study.
Themes: PMTCT

Title: BSS Youth 2010 and Male Circumcision KAP Survey
Year: 2011
Sequence Number: 2008/06
Type of report: Survey.
Themes: Youth and Male Circumcision

Title: Community Perception of Male Circumcision as a new HIV Prevention Strategy
Year: 2011
Sequence Number: 2011/01
Type of report: publication report.
Themes: Male Circumcision

Future Work Plan
In HIV/AIDS, the office will focus on how to improve programming for vulnerable adolescents.

In Health and Nutrition, the key focus will be on supporting a campaign on fostering behaviour change for improve infant feeding practices as well as using RapidSMS to track the first 1,000 days to reduce stunting.

In Water and Sanitation, UNICEF will continue its support to the implementation of the Government of Netherlands-funded WASH project as well as support to campaigns for environmental health and hygiene.

Country Programme Component: Education

PCRs (Programme Component Results)

<table>
<thead>
<tr>
<th>PCR</th>
<th>EQ Rank</th>
<th>OT Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children in Rwanda acquire a quality basic education, knowledge and skills for a knowledge-based economy and enriched cultural society.</td>
<td>0</td>
<td>FA2OT1, FA2OT2, FA2OT3, FA2OT4, FA2OT5, FA2OT6, FA2OT7</td>
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</table>

Resources Used in 2011(USD)

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<th>Resource Type</th>
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<td><strong>$9,841,353.05</strong></td>
<td><strong>$9,791,583.63</strong></td>
<td></td>
</tr>
</tbody>
</table>

Results Achieved
Under the UNDAF Education Programme, UNICEF planned to support further increases in enrolment, retention and completion rates and the strengthening of the education policy framework and management system.
The Education Programme maintained focus on improving education quality and strengthening planning, implementing and monitoring capacities of interventions for equitable access to quality education. The sector witnessed significant reforms including establishment of the Rwanda Education Board (REB) to comprehensively address quality and improve coordination of stakeholders.

UNICEF supported REB to improve supply of equitable teaching/learning materials; to monitor learning achievement; to assess numeracy/literacy (with UNESCO support) and to conduct teacher development and management reforms. By advocating for the devolution of authority to schools to choose their own textbooks and reading materials, UNICEF contributed to books being distributed directly by publishers to schools.

UNICEF also supported a study on Learning Achievement in Rwandan Schools to improve the measurement of learning outcomes; and in partnership with VSO, helped nine Teacher Training Colleges establish and equip teacher resource centres. Teachers in 26 child-friendly schools (CFS) also received training on child-centred learning methodologies.

In collaboration with WHO, UNICEF supported the Ministry of Education to develop a national School Health Policy, a School Health Guide and training modules as well as helped train school principals and mobilize local authorities on school health and nutrition in ten districts.

To enhance equitable access, retention and completion rates, UNICEF helped districts to build 66 classrooms and rehabilitate an additional 77, as well as put in place teacher resource rooms playgrounds, separate latrine blocks for boys/girls and hand washing points in 15 CFSs. With Japanese funding, 21 schools (enrolling about 22,000 children) were rebuilt to make them earthquake resistant.

In addition, UNICEF was instrumental in the development of the Early Childhood Development (ECD) Policy and Strategic Plan (approved by Cabinet in September 2011). The Policy’s integrated approach requires inter-sectoral coordination of Education, Health, Nutrition, Sanitation, and Child Protection sectors, to ensure that services/programmes for children 0–6 years are fully harmonized, integrated and provide a holistic approach to children’s development needs.

In terms of capacity development, UNICEF supported the Ministry of Education to build the skills of 30 District Education Officers in evidence-based planning and analysis so they can help schools track enrolment, attendance/drop-out, achievement and to identify children at risk of dropping out. UNICEF also helped build the skills of staff from the planning department on policy design, strategic planning, budgeting, and M&E for the most vulnerable children.

Most Critical Factors and Constraints
Analysis of retention and learning achievements from a socio-economic and geographic perspective is missing. Limited funding constrained programme implementation. Through re-prioritization some initiatives e.g. CFS programme evaluation and support to school libraries were postponed/put on hold pending additional funding. Fundraising proposals were developed detailing the under-funded IRs and consultations with the Regional Office and HQ on strategies to raise more funds.

Key Strategic Partnerships and Interagency Collaboration
UNICEF co-chairs (with DFID) the Education Development Partner’s Group within the SWAp, positioning it to influence policy dialogue, ensuring prioritization of key issues: equity and quality. UNICEF co-chairs the UN DaO Education Theme Group, coordinating the UN education programme. UNICEF supports the NGO co-ordination mechanism (RENCP) to implement its action plan (2010–2011). This support to RENCNP allows civil society to play a greater role in policy dialogue in the education sector.
Summary of Monitoring, Studies and Evaluations
No major studies to report at this stage.

Future Work Plan
In Education, UNICEF will continue to support the Rwanda Education Board to implement inclusive quality education reforms, model ECD services (including family outreach and early learning), and help launch the Rwanda Reads Initiative.

Country Programme Component: Social protection

PCRs (Programme Component Results)

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<tr>
<td>Social Protection &amp; Vulnerability Reduction. Rwandan population benefits from food security and economic growth, including productive employment, and is less vulnerable to natural, social and economic shocks.</td>
<td>0</td>
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Resources Used in 2011(USD)

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</table>

Results Achieved
In Social and Child Protection, UNICEF planned to support the establishment of effective safety nets for the most vulnerable and to strengthen child protection.

The UNDAF (Child) and Social Protection programme contributed to defining the national social protection policy framework, including the development of an implementation plan (emphasizing cash-based programmes for low-income, vulnerable households).

UNICEF brought in experts from the UK and South African universities to provide over 60 district and ministry officials in charge of social affairs with an intensive course on the key principles and objectives of social protection. This will set the basis for UNICEF’s continued work with the Vision Umerenge Programme (Rwanda’s social protection programme) in 2012 to ensure child-sensitive social protection. In addition, through support from WHO and ILO, the government’s flagship Vision Umurenge 2020 Programme now has improved mechanisms to target vulnerable children and their families.

The office was successful in advocating for a systemic approach to child protection and was able to model how this should be implemented in two districts and refugee camps, resulting in the development, with UNHCR, of a Child Protection Strategy in Refugee Settings and its subsequent roll-out in camps. Under the new strategy, community leaders, local authorities, social workers and children themselves have specific roles in creating awareness, preventing and responding to cases of abuse or violence against children.

UNICEF also helped document its contribution to reintegrating former child soldiers to help the government develop a Standard Operating Procedures Manual.

On the advocacy agenda, UNICEF was instrumental working with the Ministry of Gender and Family
Promotion to come to a common understanding for the need to map child protection interventions in 2012 as well as to bring the issue of violence against children to centre stage, through the organization of a conference on the subject, with the Ministry of Gender and Family Promotion, which resulted in key recommendations being incorporated into the work plan of the Ministry.

The office also helped develop the GBV Policy and Strategic Plan and a draft strategy for the scaling-up one-stop centres for the survivors of violence.

UNICEF sustained modeling the provision of comprehensive care in the two one-stop centres, where 95% of all survivors are girls (as well as supported a yoga project where rape survivors from the genocide were able to alleviate some of their trauma). For professionals in the one-stop centres (including police, social workers, and medical doctors), in collaboration with several UN agencies, the Ministry of Health and the Rwanda National Police, the office helped organize a series of courses that enhanced their skills in handling survivors of abuse. This innovative training on Multidisciplinary Interventions and Investigations was complemented by another joint capacity building initiative (by the same partners) that resulted in the development of standard operating procedure manuals and standard national treatment protocols for survivors.

**Most Critical Factors and Constraints**
Equity analysis, data management, and evaluation are weak. Data disaggregated by vulnerability including children with special needs, children from the poorest families etc. are lacking.

**Key Strategic Partnerships and Interagency Collaboration**
UNICEF Rwanda is strengthening partnership with the World Bank in support of the Social Protection agenda in Rwanda. UNICEF co chairs the UN Theme Group on Social Protection and works closely with DFID, Swedish SIDA and several partners within social protection.

**Summary of Monitoring, Studies and Evaluations**
Social protection is incorporated within key government and UNICEF documentation, including major surveys and evaluations undertaken in 2011.

**Future Work Plan**
Support mapping and reinforcement of the child protection system and design a comprehensive Child Care System Reform focused on: de-institutionalization of children; professionalization of social welfare workforce; reinforcing the family (positive parenting) as a centre of protection, education and development of the child; scale up integrated services for survivors of child abuse and GBV; and ensure national social protection programmes are child- and women-sensitive.

**Country Programme Component: Cross-sectoral costs**

**PCRs (Programme Component Results)**

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<thead>
<tr>
<th>PCR</th>
<th>EQ Rank</th>
<th>OT Details</th>
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<tr>
<td>Effective &amp; efficient programme and operations support to programme delivery.</td>
<td>0</td>
<td>FA6OT9, Support 1, Support 2, Support 3, Support 4, Support 6</td>
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Resources Used in 2011(USD)

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</table>

Results Achieved
The achievement in this component was centered in three areas: 1) effective and efficient governance systems; 2) effective and efficient management stewardship of financial resources; and 3) effective and efficient management of human capacity.

Effective and efficient governance systems include:

- Risk management including HACT: All activities related to HACT have been managed by the HACT taskforce. The CO conducted micro-assessments of 25 partners in addition to the partner assessed in 2010. This will enable the CO to be HACT compliant as of January 2012.
- Business Continuity Plan: The plan was updated twice in 2011 due to turn over of senior management.
- External relations: A fund fundraising strategy was developed and the fundraising taskforce managed all issues related to fundraising.
- Effective and efficient management stewardship of financial resources: This area covers the salaries of staff from Finance, HR and Supply, C4D and Quality Assurance, and therefore providing support to all programmes component in achieving their results.
- Effective and efficient management of human capacity: This relates to staff learning, training & development.

Future Work Plan
The Cross-sectoral programme will continue to address the same 3 component areas: 1) effective and efficient governance systems; 2) effective and efficient management stewardship of financial resources; and 3) effective and efficient management of human capacity. Detailed priority areas – other than those related to risk management, staff development and staff cost – will be determined during the 2012 AMP planning process.
Effective Governance Structure

Country office objectives and priorities were well defined in the annual management plan (shared with all staff), with clear indicators for monitoring progress at CMT level. New challenges including VISION roll out and other change management initiatives meant that the office was unable to update the EWER system, now identified as key priority for early 2012.

Key oversight structures include: weekly Senior Management Team (SMT) meetings where priorities and challenges facing the office are discussed; monthly Programme Coordination meetings, and Operations meetings, chaired by Deputy Representative and Operations Chief respectively, which discuss and monitor progress on key interventions, challenges and risks affecting programme and operations performance. The weekly “stand up” meetings provided an opportunity for all Section and Unit Chiefs to update management on key priorities and challenges affecting UNICEF interventions, partnerships, advocacy, etc. in delivering results for children.

Programme Coordination Meetings and Operations meetings reviewed the respective management indicators prior to CMT where key management oversight issues were discussed, and critical decisions relating to the challenges faced in achieving targets of management indicators were made. During the fourth quarter, CMT revised the management indicators to ensure focus on key priorities.

The Contracts Review Committee (CRC) and Programme Cooperation Agreement-Review Committee (PCA-RC) with membership from both programme and operations provide an important level of risk management. All PCAs and contracts exceeding US$20,000 are reviewed by the relevant committees and then submitted to the Representative for approval.

2011 also saw the office focus on liquidating outstanding DCTs exceeding 6 and 9 months, as well as some from 2010 and prior. Programme sections were required to provide updates and recommended actions at every CMT, enabling the office to clear outstanding DCT below 6 months as well as all prior ones, meeting the AMP targets for the year. There were no open audit recommendations in 2011.

Monthly staff meetings and a quarterly meeting between GS Staff and the Representative (initiated in November 2011) were convened by the Representative to increase information sharing and provide a forum for open discussions. The Staff Retreat held in October 2011 and facilitated by an external consultant was devoted to team building, particularly in light of a complete rotation of senior management (new Operations Chief arrived in April 2011; new Deputy Representative in July 2011; and a new Representative in August 2011). The retreat brought together all staff to discuss various issues including CO strengths and weaknesses which led to agreement on four key themes for particular focus in 2012: Leadership with a Human Touch; Clear Vision and Planning; Recognition; and Team Spirit.

Strategic Risk Management

The CO has continued to address the risks identified by the Rwanda Risk Profile (2010) that ranked the risks facing the office into: high risk, medium-to-high, medium-to-low and low risk areas. The CO has established a risk enterprise management committee with a dedicated focal person to systematically address these risks with a focus on the high-risk areas: predictability of funding (in programme); process, procedures and controls; rewards and sanctions; supplies and logistics management; and talent management (in operations). The risk medium-to-high risks include: aid environment; country environment; natural environment; partner’s relations, UN Reform, RBM, measurement and results reporting; ability to change; governance and accountability; knowledge management and information sharing; organizational competences and budget management. The CMT was briefed on the status of ERM during last quarter of 2011 and management adopted concrete action points to address the identified high risk areas.
A revised work flow process including supply and logistics management will be prepared in line with new system of VISION. The new work flow process will be simplified and user-friendly and will be shared with other countries with in the region as agreed during the DROPS meeting. The other 2 high risks: Rewards and Sanctions and Talent Management were addressed during the staff retreat and recommendations made on the way forward. A group was established to work on recognition: staff members who implemented the HACT rollout, and those who supported VISION training were awarded certificates of appreciation for during the end of year staff meeting for their dedication and extra effort.

The CO Business Continuity Plan was revised twice in 2011 due to turn over of senior management. With the introduction of VISION, the plan will be revised again in the first quarter of 2012. UNICEF Rwanda has a team of VISION super users and VISION coordinator who supported the training of all staff in VISION application and will continue to support the office in addressing issues relating to the change.

### Evaluation

The Country Office has a robust IMEP covering all programme sections, which is reviewed and updated regularly. Progress on the IMEP is discussed during the Programme Management Meeting. Programme sections support implementing partners to evaluate specific interventions. Some of the sectoral evaluations completed in 2011 including Evaluation of the Family Package implemented by Imbuto Foundation and the Evaluation of Processes and Perceptions on the Community Based Nutrition Program in Rwanda whose findings are informing the strategic orientations for the national strategy for eliminating mother-to-child HIV transmission and the plans for elimination of malnutrition. On-going evaluations include: the sustainability check of the GoR-GoN-UNICEF WASH project.

The Country Office supports independent evaluations of the UNICEF programme and sector-specific interventions. In 2010, UNICEF supported the Country-led Evaluation (CLE) of the DaO that highlighted a number of areas in for strengthening coordination. During 2011, UNICEF with other UN agencies under the leadership of the UN Resident Coordinator’s Office continued to implement some of the recommendations of the CLE including stronger programme and operations, establishing ways of cost savings, etc.

The UNICEF Mid-term Evaluation (MTE) initiated in 2010 was completed, highlighting several areas where UNICEF has had great impact on children and women in Rwanda through upstream support to government, innovations and modeling, capacity development and advocacy in the areas of governance, education, health, HIV/AIDS, water and sanitation and environment. The MTE also highlighted areas requiring improvement/strengthening including: monitoring and evaluation system, documenting capacity building, knowledge management and economies of scale. Management responds positively and in a timely manner to evaluation findings and recommendations. The CO is already implementing some of the MTE recommendations.

The main challenge in evaluation is limited availability of in-country skills in evaluation at national level. Most of the planned evaluations have to be implemented by external evaluators whose recruitment process is time consuming.

### Effective Use of Information and Communication Technology

Following the successful modeling of RapidSMS technology to monitor pregnancy and neonatal lifecycles in Musanze district, the government requested additional support to scale-up services, including training in 16 districts. The CO responded positively, providing technical support.

Standardization of IT systems among all UN agencies to ensure delivery as one UN remained a major challenge. The UN ICT working group conducted regular meetings to evaluate the ICT requirements to support all agencies, especially those with a smaller presence. Several initiatives were proposed: common Internet service from a Local ISP provider; case study for Knowledge Management system for DaO; single maintenance contract, etc. The main challenge on adopting these solutions stems from the need to adhere
to corporate requirements by individual UN agencies, thus all the proposed solutions were not implemented. However, inter agency UN ICT team is working hard with UN RC office to finalization of single business continuity plan for entire UN in Rwanda.

UNICEF Rwanda has setup alternative backup systems and is experimenting with ‘office-home’ remote access using wireless solutions (WiMAX) for the Senior Management team. By the beginning of 2012, WiMAX setups at the residences of Senior Management team will be confirmed as an alternate connectivity option, which is expected increase the bandwidth speed required for the new applications including VISION. The CO received the “digipass” keys for use with "open system device“ for two factor authentication to be used by all section chiefs ensuring remote access to all UNICEF corporate applications and shared drives on LAN from anywhere.

While the CO used complex and slow traditional back-up methods by maintaining the tape outside the office premises, the new the Windows Server 2008 Virtualization at alternate recovery sites to be finalized in 2012 will simplify disaster recovery, making it faster and cost effective.

During the year, procurement of all new IT equipment was completed; all staff have VISION-compatible IT equipment. The CO conducted 1 PSB in which 1 car, 10 laptops, 8 Desktops and 5 printers were disposed of. In 2011, considerations for one ISP provider and common ICT supplies for joint procurement of IT supplies were floated but not effected due to other priorities.

### Fund Raising and Donor Relations

UNICEF Rwanda mobilized US$11.2 million in 2011 out of an OR ceiling of US$19 million (58% of its fund-raising target) OR available and allocated came from 24 donors and 75% of funds in 2011 were coming from five top donors (Government of Japan (12%), the One UN Fund (19%), and the Government of Netherlands (18%), and USA USAID US agency (11%).

All donor reports were sent on time and PBAs were fully expended (99%) before the expiry date. Only 1 PBA out required extension and the request was sent before the expiry date. The reason for the extension was because the donor did not transfer all funds are per the schedule mentioned in the proposal.

UNICEF’s presence in sector and technical coordination groups, both within the UN and the larger government/bilateral donor sector, enabled it to ensure that the case for investing in children was always made, even if funds did not come to UNICEF directly. For instance, UNICEF was instrumental in persuading GAVI to continue to provide funds to Rwanda and also helped leverage E 200,000 from the Norwegian Catalytic Fund to scale up RapidSMS in the country. UNICEF also tabled the idea of earmarking funds for malnutrition under EU sector budget support (in a discussion with EU auditors) that led to a portion of the US$30 million EU health sector budget support being allocated for malnutrition. UNICEF also played a leading role in influencing the Bill and Melinda Gates Foundation to contribute to the impact evaluation of the community environmental health promotion programme in 2012. We don’t yet know how much this will amount to, but the partnership is extremely important because it brings with it internationally reputed universities who will help in the data collection and analysis.

The country’s office also drew up fundraising crisis plan, established a fundraising task force and brought in a seconded staff member from the UK National Committee to develop a set of key proposals for Natcoms and selected donors.

To explore the possibility of additional resources within the private sector in Rwanda, the office also brought in two interns from INSEAD Business School in Switzerland to do an assessment of private sector fundraising possibilities. This pointed to potential funding from at least ten donors, an area that will be followed up in 2012.

The main objective of the crisis fundraising plan for 2012 is to broaden the CO’s fundraising base to reach out to new donors, get more from current donors and ensure that the “equity” focus of its programmes is made visible and marketed. This is especially important as Rwanda is perceived as a middle income country
because of its impressive social services infrastructure and progress towards the MDGs (on track to achieve 7 of the 8).

Many indicators, however, do not capture the equity challenges, poverty levels and income disparities that Rwanda still faces. UNICEF supports the collection and analysis of disaggregated data to highlight equity challenges for the most vulnerable and will use this to raise funds around the unfinished agenda for Rwandan children.

### Management of Financial and Other Assets

Good practices include strong systems based on previous audit recommendations have been established to ensure adequate safeguard organization finances and assets. The CO Table of Authority is updated regularly to ensure segregation of duties among staffs. Office committees are empowered to ensure effective internal control.

All previous years account payables and receivables have been cleared. Receivables for 2011 (especially VAT entries) are under control – VAT refunds up to September 2011 were claimed and cleared before migration to VISION and October claims were submitted but not yet refunded by Rwanda Revenue Authority. Receivables for November and December 2011 will be claimed in January 2012.

The monthly Operations meetings review operations indicators: cash optimization; bank reconciliations; and implementation rate particularly for cross-sectoral and support budgets. A summary of key issues is presented to the CMT for review and guidance. The findings are also jointly reviewed along with programme budget implementation, budget management, donor contribution status etc., in order to ensure efficient use of funds.

Programme and Operations teams worked together to clear all outstanding DCTs beyond 6 months. By end 2011, the CO had cleared all DCTs from 2010 and earlier and had significantly reduced 2011 outstanding DCTs. Challenging issues around DCT are presented to CMT for concrete decisions and decisions on the way forward.

Overall, support budget reached over 95% and RR funds were spent at 94%, this rate exclude OBOs which represent 5% of total RR. PBAs and their utilization are regularly monitored during monthly, weekly meetings ensuring funds are appropriately utilized, especially expiring PBAs. Cross-sectoral and support budgets are monitored regularly to ensure efficient use – by end 2011. Apart from minor exceptions, the budgets were utilized as planned.

The CO maintained a strong contribution management system in 2011. Management indicators including DCT, donor reports due, and PBAs expiry expiration were closely monitored during Programme Coordination Meetings. Critical areas of concern with management indications were also reported to the CMT. This led to satisfactory results for the indicators: 100% of due donor reports were sent before or on due date; the office managed to have less 5% of outstanding DCT over 9 months during the year and a zero balance as of 15 December 2011.

PBAs expiring in 2011 were spent at 99% and were used as per donor conditions and within the original duration except for one PBA, which the donor extended in order to be able to transfer the last installment of contribution.

As part of DaO, UNCT has 9 Long Term Agreements (LTAs) signed at UN-RCO level that benefit the CO through cost savings (financial, time and improved efficiency), particularly in motor-vehicle maintenance, travel services and security services.

And finally, to facilitate the move to HACT, the CO conducted micro-assessments of 11 partners using its own staff, rather than sub-contracting out, which led to considerable cost-savings.
Supply Management

The main function of the Supply Unit is to support the CO in procurement and logistics supply by delivering required supplies for programme implementation as well as procurement services for the government including medical supplies through the Supply Division in Copenhagen. In 2011, the CO procured goods worth almost US$2.2 million consisting of medical and cold-chain equipment, long-lasting insecticide-treated nets, bed nets, therapeutic foods, micronutrients, motorcycles, kerosene and printing.

The CO supported the Ministry of Health to procure EPI commodities - including GAVI Alliance support for new vaccines, DTP-HepB-Hib and PCV-13, worth about US$18.4 million. In preparation for introduction of the rotavirus vaccine in 2012, UNICEF supported MoH to expand vaccine storage capacity (at national level and health centres) by procuring cold-chain equipment.

With the focus on upstream support and encouraging use of national procurement procedures rather than UN processes, the CO emphasized extending DCT to government institutions for supplies that could be locally procured, which led to decreased UNICEF-supported procurement for Education and Health Sector supplies.

For better planning and monitoring of supplies, the CO submitted a consolidated supply plan to Supply Division at the beginning of the year, which was reviewed periodically and feedback provided to respective sections. The quality of local supplies was assessed through samples and spot checks.

Under the Delivering as One umbrella, UNICEF participated in UN Procurement Group activities. Common LTAs agreed at UN level helped to ensure savings, especially in staff time. Several LTAs set up in 2010 will be monitored and evaluated as necessary.

In collaboration with government, the physical counting of emergency supplies stored at the Ministry of Infrastructure warehouse in Gikondo was conducted twice during the year. This helped to ensure accurate data in preparation for VISION roll-out and also enhanced the CO’s monitoring system.

Supply Division provided assistance and technical advice on procurement issues and supplies like cold-chain, micronutrients and LLINs. The CO received support from the Regional Office on supply issues, which helped to enhance supply capacity in CO.

Human Resources

With a female/male ratio of 52/48, UNICEF Rwanda has a diverse team, representing 16 nationalities. During 2011, the CO received a new Senior Management team (Representative, Deputy Representative and Operations Chief); three National Professionals moved to international postings and the NOC WASH Specialist was elected Chair of the Global Staff Association.

Following the MTE 2010, the HR section facilitated or began the recruitment of new posts in social protection, early childhood development and health sector policy analysis. Recruitment of the National Monitoring and Evaluation Specialist was delayed, due to a lack of skilled candidates in the field. UNICEF Rwanda supported the Horn of Africa emergency by seconding two staff members and also provided – short-term support to UNICEF Malawi for capacity building in Knowledge Management.

The paper-based Performance Appraisal System (PAS) was introduced for national staff, with the HR Officer facilitated orientation and bilateral sessions with staff. The e-PAS and PER completion rate was 76% and 96%, respectively. Completion of Performance Appraisal is now closely monitored at CMT level and is included in the check list for off-boarding staff, to ensure 100% completion.

The staff retreat held in October 2011 helped to orient new management to key issues of concern to staff; an anonymous survey was administered beforehand to identify the team’s strengths and weaknesses. Staff came out energized and four key themes: Leadership with a Human Touch; Clear Vision and Planning; Recognition; and Team Spirit were identified for attention in 2012.
The Caring for Us Committee, Peer Support Volunteers team and the Staff Association Executive Committee worked with Senior Management, to promote staff wellbeing and foster a conducive work environment. The HR UNIT successfully influenced Van Breda International to expand the pool of medical care providers and pharmacies.

UNICEF actively participated in UN Cares activities including the launch of the Rwanda UN Plus Chapter and in two international meetings (Malawi and Nairobi).

**Efficiency Gains and Cost Savings**

UNICEF is an active member of the UN Operations Management Team (OMT) and supported efforts to conclude nine long term agreements (LTAs) for travel, vehicle/maintenance, security and printing services that led to significant monetary and staff-time savings, and improved quality of supplies/services.

The OMT will expand coverage of LTAs to courier and banking services, office supplies/stationary procurement and computer supplies, leading to further cost-savings through utilization of these common services in 2012. Rationalization and efficiencies in CO vehicle fleet management will create further cost-savings. At least 21 UN staff members were trained on Salary Survey Methodology for Non-Headquarters locations.

**Changes in AMP and CPMP**

Within the DaO environment, a new Country Programme will be developed during 2012 to start in July 2013 in line with the new UN Development Assistance Plan (2013–2018) and Common Country Programme Document. While no major changes are envisaged in the Annual Management Plan, all staff will be involved in the articulation of key management priorities through an all staff one-day retreat in order to secure understanding and ownership of office management priorities, and management priorities will be adjusted to reflect new developments, including VISION. The composition of Office Committees will be reviewed in line with the need for rotation and to replace staff who are no longer with the CO.

**Summary Notes and Acronyms**

- **AMP:** Annual Management Plan
- **BSS:** Behavior Surveillance Survey
- **C4D:** Communication for Development
- **CAP:** Consolidated Action Plan
- **CBNP:** Community Based Nutrition Program
- **CFS:** Child-Friendly Schools
- **CHWs:** Community Health Workers
- **CLE:** Country-Led Evaluation
- **CMT:** Country Management Team
- **CO:** Country Office
- **CRC:** Contracts Review Committee
- **CRC:** Convention on the Rights of the Child
- **DaO:** Delivering as One
- **DCT:** Direct Cash Transfer
- **DevInfo Rwanda:** Development Information of Rwanda
- **DiID:** Department for International Development (UK)
- **DPEM:** District Plans for Elimination of Malnutrition
- **DTP:** Diphtheria Pertussis Tetanus
- **ECD:** Early Childhood Development
- **ECOSAN:** Ecological Sanitary latrines
- **EDPRS:** Economic Development and Poverty Reduction Strategy
EMIS: Education Management Information System
EMTCT: Elimination of Mother-to-Child Transmission of HIV
e-PAS: Electronic Performance Appraisal System
EPI: Expanded Programme on Immunization
ERM: Enterprises Risk Management
FAO: Food and Agricultural Organization
FBOs: Faith-Based Organizations
GAVI: Global Alliance for Vaccines Initiative
GBV: Gender-Based Violence
GBV: Gender-Based Violence
GoN: Government of Netherlands
GoR: Government of Rwanda
GS: General Staff
HACT: Harmonized Approach to Cash Transfers
HepB-Hib: Hepatitis B
HIV/AIDS: Human-Immuno-deficiency Virus/Acquired Immuno-Deficiency Syndrome
HMIS: Health Management Information System
HPV: Human Papilloma Virus
HR: Human Resources
HRBA: Human Rights-Based Approach
HRBAP: Human Rights-Based Approach to Programming
ICT: Information Communication Technology
IMEP: Integrated Monitoring and Evaluation Plan
IT: Information Technology
KAP: Knowledge, Attitudes and Practices survey
L3M: Level 3 Monitoring
LLINs: Long-Lasting Impregnated Nets
LTAs: Long-Term Agreements
M&E: Monitoring and Evaluation
MAJ: Maison d’Accès à la Justice
MC: Male Circumcision
MDGs: Millennium Development Goals
MIGEPROF: Ministry of Gender and Family Promotion
MINALOC: Ministry of Local Government
MINECOFIN: Ministry of Finance and Economic Planning
MINEDEUC: Ministry of Education
MINJUST: Ministry of Justice
MoH: Ministry of Health
MTE: Mid-term Evaluation (of UNICEF Rwanda CO)
NCC: National Children’s Commission
NGOs: Non-governmental Organizations
NISR: National Institute of Statistics of Rwanda
OMT: Operations Management Team
OR: Other Resources
ORINFOR: Rwanda Office of Information
OSC: One-stop Centre
PAS: Performance Appraisal System
PBAs: Project Budget Allotment
PCA-RC: Programme Cooperation Agreement-Review Committee
PCM: Programme Management Meeting
PCV: Pneumococcal Conjugate Vaccine
PER: Performance Evaluation Review
PMTCT: Prevention of Mother-to-Child Transmission of HIV
PSB: Property Survey Board
RapidSMS: Rapid Short Message Service technology
RBM: Results-Based Management
REB: Rwanda Education Board
SMT: Senior Management Team
SWAp: Sector-Wide Approach
### Evaluations

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<td>Survey</td>
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<td>Evaluation of Processes and Perceptions on the Community Based Nutrition Program (CBNP) in Rwanda</td>
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