Executive Summary

2013 was a significant year for UNICEF Rwanda. Following approval by the Executive Board of Rwanda’s CCPD, a new five-year Country Programme (CP) cycle began on 1 July, and the UN Development Assistance Plan (UNDAP) was signed shortly thereafter. The content of the new UNICEF Country Programme is mirrored in the new Economic Development and Poverty Reduction Strategy (EDPRS II), notably the chapter on "foundational issues". All of UNICEF’s key programmatic priorities, including Early Childhood Development, Accelerating Reduction of Stunting; Quality Education; Child Survival and Development; Water and Sanitation; HIV and AIDS and Child Care Reform and Social Protection are specifically articulated as priorities in the new national development plan.

In order to secure a smooth transition to the new Country Programme, the CO went through an extended period of strategic repositioning and change management. The restructuring of the programme and staffing was done with full participation of staff and based on extensive analytical work, and as a result the overall transition has been smooth, although there have been challenges in ensuring continuity in key functional areas during periods of staff turnover. The programme has shifted from a sectoral to an integrated approach, and has heightened emphasis on operational research and full integration of the Monitoring Results for Equity System (MoRES). With the majority of the new team members on board, and in the context of the new programming approach, in December 2013 the CO organised a team-building retreat which set the tone for the coming period.

Accelerating the reduction of stunting took centre stage in 2013, as Rwanda launched the nationwide initiative “A Thousand Days in the Land of the Thousand Hills”, with support from UNICEF. Nutrition programming also received a major boost with over US$24 million arriving within the first six months of the new programme, including through a new strategic partnership with the Embassy of the Kingdom of Netherlands in Kigali, culminating in the signing of a US$17.7 million contract for UNICEF to coordinate a multi-partner nutrition programme.

The Early Childhood Development and Family Programme got off to a flying start in July with the launching of the first model ECD+F centre in Kayonza by H.E. the First Lady of Rwanda. It provides centre-based and outreach early childhood services with a focus on strengthening family engagement and support to young children. The focus on the right of every child to grow up in a loving family environment continued to gain momentum at the highest levels of support within and beyond Rwanda.

The spirit of “A Promise Renewed” is embedded in Rwanda, with the introduction of combined Measles-Rubella vaccine for the first time in Africa in 2013 and the expansion of the use of Rapid SMS technology to save maternal and new-born lives through a new strategic partnership with KOICA. The collaboration with UNHCR in response to the influx of refugees from DRC continued to be outstanding in 2013, with UNICEF playing a leading role in a number of sectors and the two agencies cementing a firm partnership with DfID to ensure preparedness for the ongoing situation.

Country Situation as Affecting Children & Women

In July 2013, the Government of Rwanda launched its second five-year Economic Development and Poverty Reduction strategy (EDPRS II), which recognises the importance of ‘Human Development’ as a key pillar or necessary foundation for supporting sustainable economic growth. This ‘foundational pillar’ of EDPRS II includes Health and Nutrition, Education, ECD, Social Policy and Child Protection – all areas where UNICEF plays a leading role in supporting Government.

Early Childhood Development (ECD) has emerged as a national priority, identified as one of the areas in the ‘foundation pillar’ of EDPRS II. A bottleneck analysis identified lack of coordination among stakeholders and allocation of budget for ECD as major barriers to the efficient provision of integrated services for young children. The bottleneck analysis also identified insufficient supply of affordable ECD services as a major constraint, with only 13 per cent of children between the ages of four and six accessing any type of early learning and development programmes. This analysis influenced the shape of the new Country Programme,
with the ECD component focusing first on expanded access, through modelling of ECD and Family services and pre-primary programmes, as well as successful advocacy for greater levels of investment, which contributed to a substantial increase in the budget allocation for pre-primary education for the period 2013-2018.

The 2010/11 EICV household survey reported a reduction in poverty by 12 per cent since 2005/06, though the poverty rate remains high at 44.9 per cent nationally. The malnutrition rate, while declining, remains high; 44 per cent of U-5 children are stunted. Acute malnutrition was down to 2.8 per cent while underweight was at 11 per cent of all children under 5, according to EICV data.

RDHS (2010) revealed that the country has achieved almost universal access to basic health services. The Inter-agency Group for Child Mortality in 2013 estimated that infant mortality had dramatically declined from 92 (1990) to 39 (2012), and the U-5 mortality rate from 151 (1990) to 55 (2012) in Rwanda. According to the RDHS (2010), the maternal mortality ratio for Rwanda is 476 deaths per 100,000 live births. However, the 2012 Maternal Mortality Estimation Inter-Agency Group (MMEIG) produced trends in maternal mortality for Rwanda from 910 (1990) to 340 (2010).

Rwanda is on track to achieve universal access to primary education by 2015 with a primary net enrolment rate of 96.5 per cent (98.0 per cent for girls) (EMIS 2012). The new Education Sector Strategic Plan (2013-2018) was developed during the year in consultation with development partners, including UNICEF, with a renewed focus on improving the quality and relevance of education as well as addressing remaining disparities in access to school, based mainly on wealth quintiles and disability. The quality bottleneck, identified as the first priority for the sector, has informed the new UNICEF programme; support for curriculum review, teacher development and measurement and use of learning achievement assessments will be core areas of UNICEF support to Government.

According to RDHS (2010), the prevalence of HIV/AIDS is 3.0 per cent for women and men aged 15-49, compared with 3.7 per cent for women and 2.2 per cent for men in 2005. With respect to drinking water, 74 percent of households have access to an improved source of drinking water at the national level, although hand-washing as a key practice in child survival is at only 10 per cent in the general population according to RDHS 2010. With respect to disparities by residence, urban households are more likely than rural households to use improved drinking water (90 per cent versus 71 per cent) and 55 per cent of households have access to an improved/not shared toilet (57 per cent in rural areas and 42 per cent in urban areas) (RDHS, 2010).

A Knowledge, Attitudes and Practice (KAP) assessment on Early Nurturing, carried out in 2013 revealed a high prevalence of many positive practices in the area of child health. The assessment also identified some practices that need to be improved. For example, although virtually all respondents are aware of the importance of hand-washing with soap before feeding a child or preparing food, only one-quarter practiced the same. Efforts need to be made to close such discrepancies between knowledge and practice. The survey also revealed that one of the underlying causes of high prevalence of stunting is food availability/feeding practices: over 70 percent of one- and two-year-old children are not receiving the recommended three meals per day – most of these children are from poorer families, living in rural areas.

Social protection remains a Government priority, as evidenced by the dominance of this theme in the rural development thematic area of EDPRS II. Core social protection programmes include: the Vision 2020 Umurenge Programme (VUP), the Genocide Survivors Support and Assistance Fund, and Rwanda Demobilisation and Reintegration Commission. Other initiatives include: One cow per poor family- Girinka programme; free basic education; community health insurance; in-kind social care services; and contributory mechanisms enabling people in formal employment to access medical care and old-age pension. The New Sector Strategy (2013-2018) is visionary and sets out five priority areas, two of which are critical for achieving results for children.

The ‘slow drip’ emergency influx of refugees from eastern DRC into Rwanda continued to be a cause of concern in 2013. According to UNHCR figures, a total of 11,009 refugees arrived in Rwanda between 1 January and 26 September 2013, of whom 86 per cent are women and children, mainly housed in Kigeme Refugee Camp and Nkamira Transit Centre, which have a combined population of approximately 27,000
refugees. The Government of Rwanda is developing a new refugee camp for the Nkamira caseload at Mugombwa in Gisagara District in the Southern Province of Rwanda. Prepositioning supplies and improving Government and partner capacity to respond to refugee flows remains a priority for the UN and UNICEF, to allow for rapid and effective response to meet the basic needs of refugees arriving from DRC. UNICEF’s engagement in supporting the rights of refugee children and women in the areas of WASH, Health and Nutrition, Education and ECD has been in the context of the One UN response, based on a strong partnership with UNHCR and the Government.

Country Programme Analytical Overview

Over the past five years, Rwanda accelerated the implementation of Vision 2020, which aims at achieving middle-income status by 2020, while maintaining its strong commitment to attaining the MDGs. In 2013 One UN in Rwanda launched the United Nations Development Assistance Plan 2013-2018 to contribute to the positive development results Rwanda had achieved over the past five years. In line with the UN Quadrennial Comprehensive Policy Review (2012), the Rwanda UNDAP enhances national ownership and UN accountability by articulating the precise UN contribution at the level of programme outcomes, outputs and specific actions to the national priorities outlined in the EDPRS 2. Furthermore, it is now fully aligned with the national annual planning cycle, July to June.

UNICEF’s new CP for 2013-2018, which is fully aligned with the UNDAP, began in July 2013. It is an integrated programme that follows the life cycle of the child, building on the achievements made in the previous CP and fully aligned with the Foundational Issues of the new Economic Development and Poverty Reduction Strategy (EDPRS 2). In particular, UNICEF supports efforts for children to be born healthy, to survive and thrive, grow up in a family environment, benefit from integrated early childhood development services and be ready to attend school, to learn, and be protected from any forms of violence and exploitation and be HIV-free. Throughout the cycle, UNICEF continues to advocate for the rights of women and children. The One UN has influenced the shape of future priorities on social protection through active engagement and strategic support on the quality assurance and drafting team of the new social protection strategy, and also by providing input into the EDPRS II. The biggest achievement for UNICEF was the fact that child poverty and vulnerability was identified as a sector priority for 2013-2018. Practical priorities were also informed by our strong engagement with stakeholders in this process.

In 2013 key barriers and bottlenecks to programme delivery include limited capacity of implementing partners, especially at decentralised levels. District-level capacity development is one of the major strategies of EDPRS II and will be a mainstay of UNICEF-supported capacity building next year.

Internal planning and monitoring capacity was strengthened in 2013. A series of results-based management (RBM) and rights-based field monitoring training was organised, and a field monitoring system was established. In December, a mid-year review was organised and the first six months’ achievements were reviewed with a clear focus on establishing better synergy among sectoral approaches. In 2014 a robust integration of MoRES into programming and establishing an IMEP to identify a strategic formative programme evaluations and gender audit of the Country Programme as a step to MTR will be some of the key planning priorities. In discussion with the Regional Office, there will be a review of existing PCRs/IRs to further strengthen the integrated approach to programming, while sharpening accountability for results.

Humanitarian Assistance

According to UNHCR, over 11,000 refugees arrived in Rwanda in the first nine months of 2013, 86 per cent of whom are women and children, mainly housed in Kigeme Refugee Camp and Nkamira Transit Centre, which have a combined population of 27,000 refugees who have arrived since 2012.

Partnerships were developed with the Government of Japan, DFID and CERF to respond to current needs and ensure standing preparedness for future refugee or humanitarian crises, with a contingency supply in stock to respond to the needs of up to 4,000 individuals.

Throughout 2013, UNICEF continued to support the rights of refugees, leading or contributing in the areas of WASH, Health and Nutrition, Education, Child Protection and ECD, in the context of the One UN, based on
strong partnerships with UNHCR and Government.

UNICEF supported the education of approximately 5,000 refugee children, provided integrated ECD and nutrition services to over 4,500 young refugee children and their families, supported protection services for 32,000 children in five camps, provided infrastructure support and equipment to Kigeme Hospital to improve maternal and child health services for refugees and local population and provided for the water and sanitation requirements of approximately 27,000 refugees in two camps.

**Effective Advocacy**

*Mostly met benchmarks*

The Advocacy agenda focused on national priorities targeted at ensuring key results for children. UNICEF continued to engage in substantive policy dialogue and action, notably in the child protection, education, health and social protection sectors.

UNICEF supported the design of a comprehensive strategy for de-institutionalisation resulting in the development of a robust programme for child care system reform and meaningful coordination among partners in support of child protection.

As part of the One UN family in Rwanda, UNICEF contributed to supporting the development of a new Social Protection Sector Strategy as part of Rwanda's EDPRS II 2013-2018 – with a focus on child poverty and vulnerability. In Education, advocacy has led to a greater emphasis and budget support to key areas, including pre-primary and special needs education as well as a strong focus on curriculum improvement.

UNICEF also played a key role in the promotion and dissemination of an Early Childhood Development (ECD) policy to key stakeholders leading to the modelling of the first ECD & Family centre in Kayonsa District, which will inform the roll-out of Government-supported modelling across the country.

UNICEF continued to be a leading partner to the Government of Rwanda in efforts to reduce malnutrition and scale-up critical innovations such as Rapid SMS to track the first thousand days along the maternal and child continuum of care. The highlight was the development and launch of the “1,000 days in the land of 1,000 Hills” National Campaign to combat malnutrition – in which UNICEF played an instrumental role, with the leadership of the intervention at the highest levels coordinated by the Prime Minister’s office. It is dubbed "the 1000 days" since it involves the 1000 days period - from pregnancy through the first two years of a child’s life.

Child participation was significantly improved in 2013, including the integration of children’s recommendations into national planning. Existing platforms such as the National Children Summits, and commemorative days such as Day of the African Child were effective platforms for advocacy around child rights issues.

The 8th and 9th National Children’s Summits were organised at the beginning and end of the year, respectively. Child representatives from all 416 sectors participated, focusing on implementation of the recommendations from previous summits and resulting in commitments from policy makers. A notable achievement was the Rt. Honourable Prime Minister pledging to consider the summit recommendations in the planning of all public institutions.

UNICEF played a key role partnering with Girl Hub Rwanda in the collection of over 30,000 opinions of children regarding the post-2015 agenda. UNICEF supported going beyond online surveys to direct consultations with children for "My World Survey", resulting in Rwanda winning the “My World Outreach Award for Africa".
Capacity Development

Mostly met benchmarks

The development of the new United National Development Assistance Plan (July 2013- June 2018) presented an opportunity to engage all UN partner agencies in results based planning exercises. UNICEF, with support from the Regional Office, held a series of sessions with UN agencies on the bottleneck analysis approach to planning and oriented partner agencies through exercises to develop the new UNDAP. The approach was adopted by UN partner agencies, as it allowed for the articulation of a common vision, based on an agreed-upon approach and equity-focused analysis.

The new UNDAP is informed by a series of studies, evaluations and lessons learned from the previous UNDAF. The Focus Study on UN Comparative Advantage, completed in 2012, recommended that the UN system in Rwanda focus on three ways of working, chief among them capacity building of Government partners, bringing to bear the technical expertise of UN agencies. This renewed focus on capacity building is reflected in the new UNICEF CP results framework and strategies, in all components of the programme.

The Child Survival and Development component focuses on building the capacity of health service providers at district level and on expanding the capacity of community health workers (CHWs) service to identify and respond to the issue of malnutrition, in particular for young children.

The Education component continues to support the capacity development of teachers in the areas of pedagogy and English language proficiency, directly with 1,498 teachers in 48 schools, improving the quality of teaching and learning for 70,624 children, but also through the national school-based mentoring working group, which has impacted on all schools and teachers in Rwanda.

As part of efforts to upgrade and strengthen existing pre-primary services, the Ministry of Education requested UNICEF to provide ECD kits to and train pre-school teachers in 1,260 pre-primary schools. The materials were procured and delivered in 2013; planning for the capacity-building training of pre-school teachers was also carried out and will take place in early 2014.

UNICEF strengthened health sector capacity, at both national and district levels, to use RapidSMS mobile technology to track maternal and child continuum of care for improved, equitable, real-time monitoring of health and nutrition outcomes in 17 districts.

UNICEF strengthened capacities within the Ministry of Health to establish a DevInfo-based nutrition monitoring system for multi-sectoral interventions, and contributed to the mainstreaming of bottleneck analysis and tracking bottleneck reductions in the National and District Health Planning manual, while providing technical assistance for 28 districts to enable health teams to develop equity-focussed health plans. To effectively support children to raise their voices and to participate, UNICEF trained children committees at the grassroots level. Capacity development focused on advocacy for the integration of children’s priorities and rights in district plans.

UNICEF supported the health, nutrition and water sectors to develop a national food and nutrition policy and strategic plan to eliminate stunting, and also supported the Ministry of Health to document maternal and child health impact interventions including maternal and new-born home based care (MNHBC).

Communication for Development

Mostly met benchmarks

Communication for Development (C4D) is an integral component of the new Country Programme, which supports behaviour and social change aspects as part of all programmes. The year has seen C4D intensified in a number of priority areas including research, capacity building, social mobilisation and development of national strategies.

Combating malnutrition in Rwanda was identified as a key C4D priority, as 44 per cent of children under five
are stunted (Rwanda DHS 2010). Based on evidence emphasising the importance of the first 1,000 days of life of a child - from conception to two years old – and the results of a Knowledge, Attitudes and Practices Assessment on Early Nurturing of Children, which revealed gaps in knowledge and behaviours towards nutrition – the Government and UNICEF, with support from partners, successfully launched a nationwide campaign “A 1000 Days In The Land of a 1000 hills”. The “Thousand Days” campaign, which will run for 1,000 days, will change behaviours and practices as part of the fight against malnutrition among children under five, with a special focus on pregnant women and children under two years of age. It is also part of the global Scaling Up Nutrition (SUN) Movement, aimed at increasing investments and action to eliminate malnutrition and stunting to achieve the Millennium Development Goals. Under the leadership of the Prime Minister’s office, all seven social cluster ministries and partners are implementing a series of activities in line with a comprehensive Communications Strategy that includes mass media, social mobilisation, training and interpersonal communication. The first phase was in full implementation at end-2013, with the development of IEC materials, radio programmes, orientations with Parliamentarians, faith-based organisations, media and district officials – all aimed at increased awareness of the importance of nutrition and changing behaviours and practices.

At the upstream level UNICEF, as co-chair of the National Health Promotion Technical Working Group, was instrumental in the development of the Health Promotion Strategy adopted by the Ministry of Health, and the health promotion policy (currently under finalisation), which will guide all interventions related to behaviour and social change communication in the health sector.

Capacity building was used extensively to train community health workers for curative, preventive and promotional health activities. Employing the cascade approach, UNICEF supported the Ministry of Health to develop capacities of health facilities officers to train and mentor community health workers, complemented by adaptation of the global publication “Facts for Life”.

Radio, as the lead medium of communication in Rwanda, was used strategically to generate listenership coverage of 90 per cent of the population through popular radio soaps, discussions, spots related to the key health and hygiene behaviours.

C4D in emergencies was used extensively in the refugee camps to reach the vulnerable and displaced population. The approach included to support capacity development of implementing partners, including training of “child ambassadors” as hygiene champions, social mobilisation, local media and community outreach activities, which covered over 80 per cent of the targeted population.

## Service Delivery

*Mostly met benchmarks*

While the main focus of the UNDAP and the UNICEF CP is on capacity building, policy development and knowledge transfer to Government and partners, there are references to strategic service delivery, mainly based on modelling of services and innovations in order to advocate for scale-up, as well as in respect of the organisation’s commitments and responsibilities in the humanitarian sphere, as outlined in the Humanitarian Assistance section of this report.

UNICEF contributed to the modelling of integrated family and child services to demonstrate the impact of ECD services on holistic childhood development, especially for the most vulnerable children, with the purpose of informing the national scale-up of ECD and mobilising resources. In 2013, UNICEF developed architectural model designs for ECD+F services and pre-primary facilities. Construction of nine ECD+F centres and five pre-primary facilities has been on-going since July 2013, in partnership with Plan International, Imbuto Foundation and ADRA. In July, the first ECD+F centre in Kayonza was launched, in a partnership between UNICEF and the Imbuto Foundation. The launch was attended by the First Lady of the Republic and several Government Ministers, attracting significant Government interest for the national scale-up strategy, as per the national ECD Strategic Plan.
In 2013 UNICEF supported the successful nationwide integrated measles-rubella (MR) campaign (introduction of MR and catch-up supplementation with Vit.A & HPV). UNICEF also continued its focus on maternal and new-born supplies and on accompanying the RapidSMS expansion to cover nearly all districts, to help track and prevent new-born and maternal deaths.

UNICEF and partners, especially the Government of Japan, provided support to Kigeme and Gisenyi District Hospitals to improve infrastructure and equipment, assisting them to respond to increasing demand for maternal and child health services by refugees and the local population.

UNICEF continued to support the water and sanitation sector reform initiative through improved service provision – resulting in access to water and sanitation to about 75 per cent of households. UNICEF supported the Ministry of Health to organise social mobilisation events on awareness of improved personal and public hygiene practices, including hand-washing with soap, and supported the design and use of a child-friendly latrine for ECD centres to sustain the health of children and caregivers.

In collaboration with the Government of the Netherlands UNICEF continued support increased access to water and sanitation for approximately 500,000 people in four districts (Musanze, Nyabihu, Burera and Rubavu) where people were encouraged to adopt improved sanitation facilities in their homes; 83 per cent of households reached now have improved sanitation facilities at home.

Working in collaboration with NGOs, including SNV and World Vision, UNICEF supported the scaling-up of Community Environmental Health Promotion, specifically in the four districts mentioned above. UNICEF also supported the formation of Community Hygiene Clubs to cover all communities in 12 sectors in Rubavu District.

Strategic Partnerships

 Mostly met benchmarks

In 2013, UNICEF Rwanda continued to maintain and strengthen alliances with key partners to maximise development outcomes for women and children.

Notable among is a partnership with the National Commission for Children and the Ministry of Gender and Family Promotion to advocate for the realisation of children’s rights. This led to the organisation of two successful National Children’s Summits with the participation of over 20,000 children from all over the country. More significantly, it resulted in commitment by the Government to key children’s recommendations.

UNICEF reinforced its partnership with key civil society organisations in both humanitarian and development programming. The Office also worked in partnership to harness the power of mass media and social networks for behaviour change and social transformation. The Interfaith Network is a good example: it brings together five different religious groups at national, provincial and district levels, including clubs at the community level. Some 112 trained faith-based organisations facilitated community dialogue and engagement on child survival and development issues in churches, mosques and villages, reaching a majority of the targeted population through this effective collaboration.

UNICEF continues to use other co-ordination mechanisms to gain leverage for child rights. UNICEF is co-chair of the Education Sector working group which was instrumental in the development of the Education Sector Strategic Plan 2013-18, and in the process strengthened the spirit of partnerships. UNICEF provided technical support within the UN family and among implementing partners to develop operational plans for primary prevention of HIV for children and adolescents.

In the health sector, UNICEF is co-chair in a number of fields, such as the Maternal & Child Health, Community Health and Health Promotion Technical Working groups. This has led to greater impact and influence on our strategic partnerships in the health sector.

Partnerships in the corporate sector experienced significant improvement with the IKEA Foundation, UNICEF’s
largest global private sector partner, organising two missions in 2013 alone.

In terms of global programme partnerships, UNICEF’s strategic positioning and leverage with the Government of Rwanda has resulted in the successful launch of a “1,000 days campaign” to combat malnutrition - a key public health concern. This campaign is a partnership programme of the global SUN movement aimed at increasing investments and action in nutrition to eliminate malnutrition and stunting to achieve the Millennium Development Goals.

Knowledge Management

* Mostly met benchmarks *

The office continued to strengthen Knowledge Management among staff and partners, in part through the country programme preparation process, reviews, studies, surveys and evaluations, as well as through internal and external sharing of information. Internally, the Office continued to use the New Electronic Library, Temporary Shared Drive, and Archived Electronic Library. UNICEF-designated staff shared a Knowledge Brief on a monthly basis, focused on the country programme, key articles from ICON and change management.

UNICEF Rwanda helped support research and data collection, facilitated the sharing of information and strengthened internal knowledge management systems. In the new CP, knowledge management is embedded in three key sections – the (newly formed) Social Policy and Research; Planning Monitoring and Evaluation; and Communication, Advocacy and Partnership.

In addition to the development of the new CP and UNDAP in 2013, which required considerable analytical work and knowledge-sharing, several key assessments were completed either by UNICEF, or with UNICEF input: Knowledge, Attitudes and Practice (KAP) assessment on Early Nurturing, Government sector strategies, Gender Audit of the VUP Social Protection programme, Menstrual Hygiene Management in schools assessment (draft), and an Assessment of Ten Child-Friendly Schools. UNICEF continued to support DevInfo to promote data use and SMS Alerts to collect real-time data and disseminate information on specific data to the wider public.

Regular programme reviews and reporting provided a sound basis for knowledge generation and sharing among staff and partners. Many other learning events and research findings by different partners added to the knowledge bank in different areas. UNICEF also helped ensure that all presentations and recommendations related to conferences were made available on UNICEF Rwanda’s e-library for the purpose of knowledge sharing. Programmatic information generated from evaluations, surveys and studies was also systematically managed and constituted an important knowledge bank.

UNICEF Rwanda used other strategies for knowledge management and supported the sharing of knowledge through daily news reviews, brown-bag lunch discussions on emerging programme issues (such as Social Policy, Early Childhood Development and Inclusion of Children with Disability) as well as regular monthly email updates on knowledge management (including updating programme staff on global developments).

Human Rights Based Approach to Cooperation

* Mostly met benchmarks *

UNICEF and sister UN agencies developed the new UNDAP (2013-2018) and its results framework in 2013, with UNICEF underpinning the HRBM approach to UNDAP development by facilitating a series of bottleneck analyses among UN agencies.

In 2013 UNICEF supported the Child Rights Observatory to record cases of child rights abuse and produce quarterly reports on violations. Government ownership of the Observatory has increased, and the Observatory is now fully incorporated within the National Human Rights Commission (CNDP) mandate and operations, including a budget line for the Observatory Commissioner.
In May Rwanda presented its latest periodic report to the UN Committee on the Rights of the Child, updated from the 2010 submission. The Committee made several recommendations on key issues such as birth registration, data and budgeting for children, legal framework, violence against children and institutional care, offering an opportunity to strengthen UNICEF’s continued work with Government on Child Care Reform implementation.

UNICEF supported the National Council of Persons with Disabilities to develop a five-year Strategic Plan in support of rights of people with disabilities, especially children. This provided an opportunity to advocate for the establishment of a National Partnership on Children with Disabilities, which was launched in September.

**Gender Equality**

*Initiating action to meet benchmarks*

In 2013 UNICEF, in collaboration with other UN agencies (UNWOMEN and UNFPA) under the umbrella of One UN, continued to support a joint intervention to fight Gender-Based Violence and Child Abuse through strengthening the existing two One Stop Centres at Kacyiru Police Health Center and Gihundwe district Hospital with a multidisciplinary care to victims of GBV and child abuse. The scale-up strategy for the One Stop Centres received a boost with over U$3 million channelled through the One UN Fund to UN Women from the Government of Netherlands. UNHCR also joined the One UN intervention, expanding the “One Stop Centre” approach to addressing GBV to the refugee population in Rwanda.

In partnership with FAWE, UNICEF in 2013 supported Tuseme (Speak out) clubs in 54 schools across the country. The clubs, which comprise boys and girls from all secondary school grades, provide an opportunity for students to come together to discuss and speak out about the challenges they face at school, as well as issues from their community, using a creative/theatre approach.

UNICEF's partnership with Girl Hub was strengthened in 2013, most notably around the post-2015 agenda and mobilisation of over 30,000 girls and boys to complete the My World survey.

UNICEF worked with the Ministry of Gender and Family Promotion and the Rwanda National Commission for the Child (NCC) during the preparation and celebration of the International Day of the Girl Child, with the theme: “I am a girl with vision; I value my education, my rights, and my future”.

Based on the findings of a survey on Knowledge, Attitudes and Practices of caregivers of children under six, the national nutrition campaign “A Thousand Days in the Land of a Thousand Hills” has a specific emphasis on the role of men in promoting good nutrition. The campaign, supported by UNICEF and multiple partners, highlights the important role of fathers in ensuring that their pregnant and lactating wives and their children get the right nutrition during the critical 1,000-day period.

The capacity of UNICEF, UNHCR, UNWOMEN and UNFPA humanitarian staff was strengthened for gender mainstreaming in humanitarian response programming through a three-day training workshop in July 2013. UNICEF conducted the same training for its partners in emergency interventions – mainly for CARE staff, Anglican Church of Rwanda and the refugee volunteers (ECD caregivers and mother leaders).

UNICEF programme staff were continuously mobilised to position the gender dimension/lens in studies, survey, and evaluation, as well as in project cooperation agreement partnerships with NGOs and reporting. A gender audit is planned in 2014 as part of the early preparations for the mid-term review.

Overall, Rwanda pays significant attention to gender equality. About 64 per cent of Parliamentarians are female and equal opportunities for males and females actively encouraged.
Environmental Sustainability

**Partially met benchmarks**

UNICEF strengthened environmental awareness at the district level through an environmental restoration programme organised among community members and schools. In addition, a greening programme was supported at 32 schools, which included environmental awareness training, tree planting and waste management.

Also, rainwater harvest was included in the construction of ECD+ F primary and pre-primary schools. The ECOSAN design of latrines at ECD centres helps communities to produce organic fertiliser for farming activities.

UNICEF and UNHCR have paid particular attention to environmental awareness in humanitarian response, most notably in water and environmental sanitation, drainage and terracing.

South-South and Triangular Cooperation

UNICEF, the School of Public Health (SPH) in Rwanda, Rwanda Biomedical Centre (RBC) and the Medical Research Council (MRC) of South Africa collaborated in exchanging ideas on conducting and using impact evaluation studies of PMTCT programmes. A team from MRC visited Rwanda twice to support capacity building in the area of PMTCT evaluation, while teams from SPH, RBC and UNICEF visited South Africa to gain hands-on data analysis and interpretation experience. The outcome of this collaboration was the successful completion of a PMTCT study in Rwanda.

The Early Childhood Development (ECD) programme in Kigeme Refugee Camp was developed by UNICEF and funded initially by the Government of Brazil. It was implemented in partnership with civil society, through a partnership between UNICEF and CARE. The main goal of the programme is to ensure that all young children in Kigeme are protected against abuse and enjoy an environment that nurtures their physical, emotional and cognitive development. Overall, the programme has provided a caring environment and structured programme of services to over 2,400 young children, with the Government of Brasil providing a grant of US$93,460 and setting an example for South-South cooperation and financial support.

In collaboration with Rwanda National University and the Ministry of Health of Rwanda, UNICEF facilitated a study tour by a Togolese Government and partner delegation, including the Togolese Minister of Health, UNFPA, UNICEF and WHO Togo Office Representatives in June. The visiting team learned about strategies used in Rwanda to accelerate access to quality of health care services, the implementation of performance-based financing and other community health initiatives, including the implementation of community case management, maternal and new-born home-based care, community-based nutrition, community-based health Insurance and the RapidSMS tool. The delegation had extensive discussions with the Rwanda Minister of health and UNICEF and commended the recent progress made by Rwanda in improving the lives of women and children.

UNICEF assisted the Government of Rwanda to implement its Strategy for National Child Care Reform through the *Tubarerere Mu Muryango Programme* (Let us raise children in families). Considering the significant developments that are currently taking place in Africa with regard to alternative care and child care reform, particular emphasis was placed on establishing a community of practice between child care and protection practitioners in Government and non-governmental institutions. In February, the National Commission for Children (NCC) hosted a delegation from the South African National Association for Child Care Workers (NACCW). The objective of the mission was to facilitate knowledge exchange and reflect on good practices in strengthening community-based child care mechanisms based on the South African “Isibindi” model.

In July, UNICEF supported NCC participation in the bi-annual NACCW Conference on Child Care in South Africa. The NCC delegation also had the opportunity to discuss with the NACCW and observe the daily work of the community-based childcare structures supported by the NACCW, to inform the development of Rwanda's
model for community-based child protection mechanisms, to be established in 2014.
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<th>Narrative Analysis by Programme Component Results and Intermediate Results</th>
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<td><strong>On-track</strong></td>
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<td><strong>PCR 3750/A0/04/110</strong> Good governance enhanced and sustained: 1.1 Rule of law, Access to Justice &amp; Peace consolidation 1.2 Evidence based policy making &amp; accountability 1.3 Decentralisation &amp; Participation 1.4 Gender equality</td>
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<td><strong>Progress:</strong> This PCR combines governance issues related to child rights, social policy and C4D.</td>
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<td>An assessment of the situation of children facing justice was conducted in the beginning of 2012, providing a baseline for further programming. It showed poor quality of legal assistance, long pre-trial detention for children and lack of consideration of children's background, leading to harsh punishments of more than two years imprisonment. Based on these findings, UNICEF piloted a new model of quality child legal assistance in 13 districts, reducing from more than 80 per cent to less than 3 per cent the percentage of children condemned to more than two years imprisonment. UNICEF continued to support the Ministry's project of MAJ (Bureaux of access to justice), involving some 3,481 cases in 2013, while developing an exit strategy to ensure its sustainability.</td>
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<td>The Child Rights Observatory reported 1,889 cases in nine months, and UNICEF is exploring how to make this mechanism stronger and more connected to both the National Children's Commission and to response services on the ground. A Justice for Children policy was being developed in 2013 to codify all best practices introduced during the current Country Programme.</td>
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<td>With UNICEF support, Law 54/2011 on Child Rights and Protection is now providing a broader legal framework for child protection in Rwanda. UNICEF submitted a report to the CRC Committee. The pre-sessional meeting resulted in a series of key recommendations by the Committee to the country.</td>
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<td>Technical and financial support need to be provided to Government institutions at central and decentralised levels, particularly to implement the child protection law and the new sector strategy. Capacity of NISR to manage and disseminate disaggregated data was strengthened, including management/update of DevInfo Rwanda, design of district profiles and EICV thematic reports. Capacity of 39 implementing partners to apply RBM principles in their programming was strengthened. Progress in development of the national M&amp;E framework was slow.</td>
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<td>C4D contributed to the achievement of enhanced and sustained good governance with a strong focus on child participation and representation in decentralised decision-making administrative entities, as well as promoting social transformation at community level by promoting community dialogue on key family practices that promote child health survival, development and protection.</td>
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<td>Effective decentralised administration with emphasis on child democratic participation and representation was enhanced through child-friendly centres, school media clubs and children's forums/committees at decentralised level.</td>
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<td>Social transformation was promoted and adopted through community dialogue engagement on key family practices that promote child health survival, development and protection.</td>
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<td>For the remaining six months of the programme, C4D will strengthen this effort through partnership with Government institutions and other key partners.</td>
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<td><strong>On-track</strong></td>
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<tr>
<td><strong>IR 3750/A0/04/110/001</strong> 1.1.1 Capacity of Parliament and relevant Government ministries to review and draft laws and policies, and oversee their implementation, - including their conformity with human rights and women's rights and international commitments, enhanced</td>
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<td><strong>Progress:</strong> As planned, UNICEF supported the review of Law 27/2001, related to the rights and protection of the child against violence, and was able to significantly influence the content of the new law (Law Nr 54/2012), which provides a broader protective framework for children, in line with the CRC and other international commitments. Major innovations include: lowering the time of pre-trial custody from one year to 15 days, and only in case of recidivism; prohibition of violent punishment in schools and families, prohibition of imprisonment of women with infants or expectant women; detailed provisions for placement of children into foster families or institutions, that are now to</td>
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be further defined by a ministerial order currently developed with UNICEF support; and a remarkable paradigm shift in the administration of juvenile justice with the introduction of the principle that "the release on parole of the child is the rule, while the full completion of the punishment is the exception".

In 2012 and during 2013, UNICEF successfully advocated for and supported the development of a Justice for Children Policy that marks the fulfilment of a five-year plan to strengthen the justice system and make it more accessible and fair for children and women. The new policy intends to provide guidance on alternatives to the current ordinary juvenile justice, with greater focus on prevention of delinquency and the rehabilitation of child offenders within the community. It will provide guidance for diversion of most child offenders from the classic justice system (police, prosecution, courts and prison) and handle their cases through restorative mechanisms (including conciliation, mediation and reparation) at the community level, with the contribution of local authorities, families and the community.

**On-track**

**IR 3750/A0/04/110/002 1.1.2 Capacity of the Justice Sector in administration of justice, application of international human rights and law enforcement enhanced, while ensuring access to justice of the most vulnerable**

**Progress:**

Child Protection and GBV officers have continued providing legal aid (legal advices, drafting legal submissions, referral and follow-up) to children and vulnerable women in all 30 Bureaus of Access to Justice on cases of parental recognition, inheritance, orphans’ property and domestic conflict mediation between spouses. Between January and September 2012, about 3,481 cases (including 1,970 related to women) were handled. This project has been strongly appreciated by district and sector leaders, as it allows peaceful settling of administrative conflicts at community level and referral to court of criminal cases, reducing the backlog of pending cases in courts and administrative instances.

For sentenced children, Rwanda Correctional Service (RCS) has agreed to develop standard operational guidelines for the management of the new rehabilitation centre in Nyagatare. Advocacy continues for progressive elimination of child imprisonment and the management of most child-related criminal cases at community level.

Early Childhood Development services were piloted in Muhanga prison for about 60 children living with their detained mothers, including emotional stimulation, healthcare, psychosocial support, and nutrition (milk, vegetables and other supplementary nutrients). RCS is progressively taking over and scaling-up the establishment of ECD centres at all prisons where mothers are detained with infants: such facilities were also introduced at two other prisons (Kibungo and Huye), reaching more than 350 infants.

To respond to the identified weaknesses in legal assistance/representation for children, GBV victims and vulnerable women, UNICEF launched a pilot project in 13 districts with AJPRODHO. From March to November, legal representation was provided to 91 children (child abuse, paternity recognition, child maintenance, property recovery, etc.) and 431 children in conflict with the law received legal assistance from the police, prosecution and courts.

**On-track**

**IR 3750/A0/04/110/003 1.1.3 Capacity of Human Rights institutions, Government and civil society to promote, monitor and report on human rights and women’s rights and promote reconciliation and peace building enhanced**

**Progress:**

For monitoring of child rights, UNICEF continued to support the Child Rights Observatory (CRO), which is managed by the National Human Rights Commission (NHRC) at national, district and sector levels. Between January and September, 1,889 cases of child rights violations were reported. The NHRC identifies emblematic cases to follow up with executive or judicial institutions. After the initial two-year financial and technical support by UNICEF, the Commission has committed to fully take over the cost of the Observatory, starting with the next fiscal year, as the CRO has been now included into the Commission’s regular budget. UNICEF will continue providing technical support for monitoring the programme and training CRO volunteers.

In preparation for the presentation of the combined 3rd & 4th Government report to the CRC, UNICEF Rwanda and Rwandan civil society organisations developed and submitted reports on the implementation of the CRC to the UN CRC Committee. The process provided an opportunity to assess the implementation of the CRC by the Government of Rwanda, the identification of gaps, bottlenecks and the formulation of recommendations. Major issues and requests for clarification raised by the Committee to the State party are around the implementation of key policies for children, such as the Integrated Child Rights Policy, ECD Policy and the Child Care System Reform; the independence of the Child Rights Observatory; ministerial overlaps in the area of social welfare and implementation of the Convention; measures taken to eliminate institutionalisation of children with disabilities and address discrimination against most vulnerable children, including those historically marginalised; low level of birth registration; high levels of malnutrition; and disaggregated data on children in the Gikondo transit centre.

**On-track**

**IR 3750/A0/04/110/004 1.2.2 National capacities to generate, manage, analyse and disseminate gender disaggregated socio-economic data for decision making at all levels strengthened**

**Progress:**
District data analysis was done to produce district profiles and EICV thematic reports were published. NISR is designing an SMS system to link with DevInfo Rwanda for the dissemination of data via mobile technology. DevInfo Rwanda continues to be updated by NISR and users receive alerts whenever the system is updated. A refresher training for 15 DPEM data management team members was conducted and districts are updating their database. The Knowledge, Attitude and Practices (KAP) Survey on early nurturing on children is on-going - report is being finalised. The situation of street children study was completed and the report is available, with validation/endorsement by NISR.

On-track

IR 3750/A0/04/110/005 1.2.3 National Participatory Planning, Monitoring and Evaluation system to track progress disaggregated by sex towards MDG and EDPRS targets strengthened

Progress:

The study on the impact of EDPRS1 on children is on-going – a draft report was received, comments provided and is being revised. Capacity building of partners in Human Rights-Based Approach to Programming (HRBA) and Result-Based Management (RBM) was conducted, targeting a total of 39 Implementing Partners (73 participants) who were trained in HRBA and RBM. In addition 12 NGOs were trained on PCA guidelines.

On-track

IR 3750/A0/04/110/006 1.3.2 Mechanisms for participation and representation of children, young people, women, PLHIV, disabled and historically marginalised people in decision making, including elections at national and decentralised level strengthened (UNICEF, UNDP, UNFPA, UN-Habitat, UNV, UNW)

Progress:

Participation of children in rights advocacy and community engagement strengthened through the capacity development of 250 members of secondary school-based Media Clubs and 50 teacher-patrons from all five provinces in print and broadcast journalism and adolescent-focused issues. Media clubs produce school-based newsletters and journals, and facilitate broadcast of weekly children’s radio programs on 7 community radio stations on critical child rights issues.

Participation of children in national decision making was strengthened with the democratic election of children’s representatives at Village, Cell, Sector and District levels. Each 6-member executive included at least one child with a disability, which was a concrete outcome of the 7th National Children’s Summit. District-level representatives participated in the 7th Annual Children’s Summit in January 2012 which provided a platform for inclusion of children’s voices in national planning. Children’s representatives at the summit assessed the impact of EDPRS 1 on children and made recommendations to Government on EDPRS II.

Advocacy and visibility for children’s issues strengthened with the celebration of special advocacy and visibility days and events such as Day of the Africa Child focusing on children with disabilities and the first International Girls’ Day, which highlighted advocacy on child marriage.

National Coordination of Child Participation mechanisms was strengthened through support for the development of Draft Guidelines on Child Participation to provide a framework to guide participation of children in the country.

On-track

IR 3750/A0/04/110/007 1.3.3 Capacities of national institutions, media and civil society organisations and social networks to promote social transformation strengthened

Progress:

About 112 interfaith provincial-level leaders understand key CSD issues of concern and lead dialogue in group discussions, sermons and talks in churches and mosques, through a strategic partnership with the Rwanda Interfaith Network. Twice-weekly episodes of the Ururnana radio drama series increased audience knowledge on key issues including ECD, Violence against children, hand washing, exclusive breastfeeding, appropriate complementary feeding and maternal nutrition, reaching over 90 per cent of the population, while a weekly radio magazine program (Umuhoza) enhanced audience interaction on the issues addressed by the radio drama episodes.

Over 30 scriptwriters, producers and program managers of Ururnana acquired the knowledge and skills to write or produce the radio drama based on strategic C4D theories and principles, Result-based Management, and to monitor and evaluate the programs.

In partnership with ORINFOR, Seven community radio stations air dialogue-based programs on key CSD and protection practices reaching approximately 99 per cent of audience.

Through technical support to the Rwanda Health Communication Centre, communities’ knowledge, skills and motivation to demand quality health services has improved through communication on the introduction of new vaccines (Rotavirus and HPV), special immunisation activities and the development of evidence-informed plans, messages and materials.

The launch and dissemination of a Kinyarwanda Facts for Life Menya Urengere Ubusima enhanced the capacity of community-level health service providers and mobilisers with an accurate and reliable resource. About 653 in-charges of CHW and Environmental Health Officers have the knowledge and participatory training skills to develop the capacity of 60,000 CHW to facilitate social dialogue on the essential household child practices.
Coordinated mechanism for health promotion and disease prevention have been strengthened through the re-activation of the BSCC Technical Working Group and support to the Rwanda Health Communication Centre (RHCC) including to two core staff of RHCC to acquire BSCC strategic planning, implementation, monitoring and evaluation knowledge and skills.

IR 3750/A0/04/110/010 Programme Support for all IR of Governance

PC 210 - R2B HIV & AIDS

On-track

PCR 3750/A0/04/210 2A. Response to HIV: 2A.1 Coordination, planning, M&E, partnership & Leadership 2A.2 Prevention of HIV

Progress: The UNICEF HIV and AIDS program contributes to the three outcome-level results articulated in UNDAF results area 2A: (New HIV infections reduced, and survival and wellbeing of people infected by HIV and affected by AIDS improved), the 2009-2012 National Strategic Plan on HIV/AIDS and the 2008-2012 National Health Sector Strategic Plan, with the main goal of reducing and reversing the impact of HIV and AIDS in Rwanda. UNICEF, in collaboration with UN agencies and the RBC, identified bottlenecks for universal access to and utilisation of HIV prevention, treatment and care services and prioritised key determinants of success of the HIV and AIDS response. These determinants have been acted on through: development of evidence informed policies and strategies, advocacy, service delivery and demand creation. Building on the successes and lessons learned in the last four years, additional determinants were identified and addressed in the 2012 annual work plan: district level planning, norms and standards, youth policy on HIV, as critical determinants for achievement of program component results.

Overall, Rwanda has made excellent progress in PMTCT and treatment and care services, with 62 per cent of HIV-positive pregnant women and 53 per cent HIV-infected children receiving services. However, inequity and quality of PMTCT and Treatment and care services, and low uptake of Primary HIV prevention services among adolescents will require to be addressed not only during the life of this country program but in the new 2013-2018 Country Programme as part of implementation of EDPRS II.

On-track

IR 3750/A0/04/210/001 2A.1.1 National capacities to develop/review national policies, plans and strategies based on evidence (research & M&E) strengthened (UNAIDS and All UN Agencies)

Progress: UNICEF Rwanda is contributing significantly in supporting the Government of Rwanda to create an enabling environment to address HIV and AIDS issues for children. The major support goes to evidence-based policy formulation and planning on the 4Ps (Prevention of HIV among adolescents and Young people; PMTCT; Paediatric care and treatment; Protection of OVC). In the past four years, the support UNICEF has provided to Rwanda Biomedical Centre to address relevant policies and strategies has resulted in increased coverage and uptake of prevention and treatment services generally. To address quality and performance issues, UNICEF in collaboration with RBC, SPH and MRC supported finalisation of the study on the impact of the PMTCT programme and conducted an assessment of the district implementation plans. In order to strengthen coordination of EMTCT, UNICEF and UN coordinated development of EMTCT plans at district levels. In the area of primary HIV prevention among young people, RBC and Ministry of Youth and ICT were supported to develop a Youth Policy and Strategic Plan on HIV prevention and Sexual Reproductive Health, and a communication plan on male circumcision. The results of the impact study indicate that the PMTCT programme is working and availability of policies and strategies for HIV prevention among young people provide an excellent opportunity to prevent new HIV infections. Sustaining high coverage and quality of PMTCT and implementation of the policies and strategies for HIV prevention among young people will contribute to reducing new HIV infections in the new Country programme and EDPRS II.

On-track

IR 3750/A0/04/210/002 2A.1.2 National and regional coordination of and partnership on HIV with public institutions, civil society, private sector and donors strengthened (UNAIDS and All UN Agencies)

Progress: UNICEF Rwanda is supporting the GoR through RBC-IHDP to organise and coordinate an advocacy forum aiming at bringing different stakeholders to address children, women and HIV issues. Since 2005, UNICEF has supported Rwanda to develop annual themes to advocate for improved access and utilisation of HIV prevention, treatment and care services for children, adolescents and mothers.

On-track

IR 3750/A0/04/210/003 2A.2.1 National capacities (public, private, civil society) to stimulate individual and social change and provide a comprehensive package of preventive interventions, including new preventive technologies with a focus on the most at risk populations and young people increased (WHO, UNICEF, UNFPA, UNAIDS)

Progress: Approximately 330,000 people (3 per cent of Rwanda’s population) is infected with HIV and could potentially pass the infection to the rest of the population. The latter are in need of HIV prevention services, such as condoms and male circumcision backed by comprehensive knowledge of social and behaviour change mechanisms to reduce the risk of HIV infection. Over the past years of the country programme, UNICEF and the UN at large has supported the Rwanda Government’s response to HIV through evidence based programming and capacity building in HIV prevention among young people, especially adolescents. Advocacy for evidence based programming and strengthening coordination mechanisms for HIV Prevention and support in innovative ways of delivering services and paying a special focus on adolescent’s access to sexual information, condoms, HTC and post-test services has been the mainstay of primary prevention of HIV.
Health Technical working Group, effectiveness introduction of a district based Multistakeholders' monitoring framework as part of a general monitoring and tracking of policy and strategic plan; the mainstreaming of MoRES bottleneck analysis to policy dialogue; technical support in the development of the Health Sector Strategic Plan III (HSSP III); the review of the Ch  
UNICEF contributions to these annual achievements include: an Effectiveness study on diversification.  
Plan for the Elimination of Malnutrition as a national grass root movement for households to improve household nutrition and partners also developed the district health planning process for all 30 districts. The approaches achieved include enhancing public private partnership to sustain community-based water projects. The development (CSD) related services. Hence obtaining the evidence base was prioritised. Strategies and approaches that address disparities specifically in vulnerable populations to access and utilisation of health care. Policy and sector strategies reviews were conducted including Health Sector Strategy III development and special focus on new (EDPRS 2) period from EDPRS 1 by June 2013 in her Vision 2020 road map towards a middle-income country.  
The reporting period saw the attainment of an improved, equitable, effective and efficient national health system. The programme is managed in the context of a wider One UN mechanism to support Government development priorities in the health sector. The reporting period saw the Government preparing to transit to another 5 year Economic Development and Poverty Reduction Strategy (EDPRS 2) period from EDPRS 1 by June 2013 in her Vision 2020 road map towards a middle-income country. Policy and sector strategies reviews were conducted including Health Sector Strategy III development and special focus on new sector strategies and approaches that address disparities specifically in vulnerable populations to access and utilisation of child survival and development (CSD) related services. Hence obtaining the evidence base was prioritised in the Health sector. The new priorities and approaches achieved include enhancing public private partnership to sustain community-based water projects. The Government and partners also developed the district health planning process for all 30 districts. The Government launched the multisectoral Joint Action Plan for the Elimination of Malnutrition as a national grass root movement for households to improve household nutrition and food diversification. UNICEF contributions to these annual achievements include: an Effectiveness study on Home fortification in Nutrition for evidence based policy dialogue; technical support in the development of the Health Sector Strategic Plan III (HSSP III); the review of the Child Health policy and strategic plan; the mainstreaming of MoRES bottleneck analysis to the national district health planning manual as well as introduction of a district based Multistakeholders’ monitoring framework as part of a general monitoring and tracking of progress and initial phase of development of communication initiative of 1000 days in the land of 1000 Hills to prevent stunting before the first two years of life to be launched in the first quarter of 2013. Other areas supported include partner co-ordination of the Maternal and Child Health Technical working Group, effective knowledge leadership and management in areas of nutrition and new innovative mobile technologies with national scale up of the use of RapidSMS in tracking pregnancy cycle to Tracking the First 1000 days of life.  
UNICEF offered technical support in developing a district based equity focussed health planning process and specifically mainstreamed the bottleneck analysis in the National District Health planning document to support the strengthening of a district based health management for the delivery of health care services. Despite these successes constraints of funding in the beginning of the year did not
permit early initiation of evidence generation activities in the areas of children with disabilities and marginalised populations. The next 6 months before the end of the programme will be dedicated to completion of planned models, documentations, assessments and evaluation studies.

**On-track**

**IR 3750/A0/04/220/002 2B.1.2 Institutional capacity of key ministries strengthened in sectoral coordination, planning and M&E at central and decentralised level (WHO, UNICEF, UNW, WFP)**

**Progress:** UNICEF contributed to building capacities of the ministry of health on sectoral partner co-ordination, planning and monitoring and evaluation both at national and district levels. The results have contributed to clear delineation of geographical coverage of various stakeholders work in the Health sector for implementation of agreed nationally adopted packages of care avoiding duplication of stakeholders’ efforts in the SWAP process. There is strengthened MOH capacity at national and district levels on district health planning (as inputs to their District development plans), effective monitoring of nutrition interventions in 3 districts using Devinfo, and the introduction of the concept and use of Level 3 Monitoring in tracking bottlenecks that cause child deprivation in the Health Sector. 4 quarterly Maternal and Child Health Technical Working Group (MCH TWG) meetings of partners were held during the reporting period. The MCH adopted the L3M as a tracking tool for reviewing implemented interventions to reduce bottlenecks causing child deprivation. The Nutrition L3 Monitoring Framework was fully developed to track malnutrition, reviewed by the National Nutrition Technical Working Group and being used in 3 districts to track bottleneck reduction in the elimination of stunting. The MCH TWG with UNICEF as co-chair continues to be an effective platform used to introduce nationally adopted, peer reviewed and validated initiatives to support child survival and development. This process has entrenched effective knowledge management as the basis of nationally adopted initiatives. UNICEF contributed the mainstreaming of bottleneck analysis and tracking bottleneck reduction in the National District Health Planning manual, specifically supported two districts in building capacities to develop equity focused health plans. UNICEF continues to use other co-ordination mechanisms to gain leverage for child rights including the Health Sector Working Group, the Development Partners Group co-ordination and the technical subcommittees of the MCH TWG.

**On-track**

**IR 3750/A0/04/220/003 2B.2.1 Capacity of health services and CSOs to promote and provide a complete and integrated package of health & nutrition services appropriate to different target groups and levels strengthened (UNFPA, UNICEF, WHO)**

**Progress:**

UNICEF maintained capacity building of districts to render child survival and development related services as a key component of upstream development programming, and during the reporting period focussed on supporting districts in building capacities in various specific initiatives maternal care services and in 3 areas: i) nutrition; ii) combating childhood killer diseases; and iii) new-born care. Specifically 100 per cent (70 per cent target) of all villages in 6 districts have functional services on maternal, new-born and child care services using the integrated community health care packages. UNICEF has supported introduction of the rotavirus vaccine strengthening vaccine security with provision of 6000 fridge tags; and UNICEF has supported upgrade of vaccine space capacity of the national cold chain store system for new vaccine introduction; 100 per cent (448) immunisation centre cold chain systems in 30 districts were functional with supplies of fuel. The immunisation coverage of the new Rotavirus is 93 per cent of 334,330 infant cohort. Capacities were built to render Reach Every District (RED) services in all 30 districts with 80 health workers skills built targeting the 40,000 children not fully immunised. Proportion of deliveries assisted by skilled attendants was improved from 69 per cent to 85 per cent (75 per cent target in 6 districts) cumulatively for 6 UNICEF supported districts, and during the period, with capacity building of 25 service providers in all 83 Health facilities of 6 districts for a beneficiary population of 69,260 pregnant women. Nutrition rehabilitation services are on-going in 100 per cent of health facilities without stock outs (baseline of 80 per cent), while 50 per cent (baseline 0 per cent) of all CHWs in all villages in 9 districts have been skilled to render maternal, infant and young child feeding counselling to mothers to improve feeding practices and reduce malnutrition. UNICEF also support the Government build capacity of 954 Health workers and 7,217 community health workers in 27 of 30 districts to render Maternal, Infant and Young Child complementary food counselling for more than 500,000 of the 800,000 under 2 children. With this the foundation is laid for the National scale of community based nutrition activities to 30 districts previously supported by UNICEF in 15 districts. 2 of 6 districts targeted in home fortification for prevention of anaemia in children have attained 100 per cent coverage of children 6 to 23 months old receiving >90 Micronutrient package (MNP) sachets per year.

**On-track**

**IR 3750/A0/04/220/004 2B.2.3 Capacity at national and decentralised levels for rapid response to epidemics and other health & nutrition emergencies strengthened (WHO, UNFPA, UNICEF, WFP)**

**Progress:**

The reporting period saw the escalation of conflicts in North Kivu province of Eastern DRC and mass displacements of populations. The first SitRep documented influx of about 5000 people while at the time of reporting there has been more than 24,000 people with the expansion of space in Kigeme, Nyamagabe district to accommodate the refugees. UNICEF worked in concert with UNHCR, WFP and WHO to ensure prompt proactive response and effective co-ordination of all partners with the leadership of the Ministry of Disaster Management and Refugees (MIDIMAR). 3 Nutrition Screen exercises were conducted during the period and nutrition indicators were found to be marginal with Severe acute malnutrition of under 5 children in the camp being. About 2817 children were immunised in the first immunisation campaign exercise against measles with Vitamin Supplementation
while 1353 were screened with an overall acute malnutrition rate of 9.4 per cent. Follow up of children in the camp clinics were conducted to ensure welfare of children of and women. Two peaks of population displacements were recorded at the beginning in May 2012 and 7 months later in December 2012 corresponding to escalation of conflicts in North Kivu. Nutrition screen in 2013 of 461 children shows a global acute malnutrition rate of 11.2 per cent.

UNICEF supported the One UN emergency co-ordination activities led by UNHCR and was responsible for planning inputs addressing the care of women and children and humanitarian mandates of UNICEF to the National Contingency Plan for 100,000 people developed by MIDIMAR. UNICEF leveraged her resources at regional level for special technical assistance to review nutritional activities and management of children issues in the Nkamira camp as well as technical and logistics support in the development of the National contingency Plan.

Healthy and Nutrition emergency supplies were procured and distributed (RUTF & BP5 high energy biscuits) to the refugees; and ORS procured and prepositioned in UNICEF emergency store.

**IR 3750/A0/04/220/005 Programme support for all IRs of Health, Population and Nutrition**

**On-track**

**IR 3750/A0/04/220/006 2B 1.3 Integrated surveillance systems for communicable and non-communicable diseases fully operational (WHO, UNICEF)**

**Progress:** The Children with Disability programme was a special request made by the Ministry of Health due to UNICEF corporate mandate for children. During the reporting period 5 co-ordination meetings were held on bilateral basis with UNICEF. The issues of children with disabilities were domiciled and co-ordinated with stakeholders through the Non Communicable Diseases Technical Working Group and in another front through UNICEF support in Early Child Development and Family programme. In all these the children with Disability programme concept was agreed to be managed as a social issue (rather than medical) and a family centred intervention. UNICEF contributed to the development of the tools for national assessment of Non-Communicable Diseases in children. Also was the represented as Co-chair of Paediatric Cancer subcommittee of the Non Communicable Diseases Technical Committee. The Government and partners worked during the reporting period to develop strategies to address children with disabilities as part of the Non communicable Diseases Policy and strategic plan. UNICEF and MOH have developed a concept note on the assessment of children with Disability in 1 sector of 1 district.

**PC 230 – R2B & R4: WASH**

**On-track**

**PCR 3750/A0/04/230 2B.2 Health practices and Quality of health service 4.1 Effective Environmental management framework**

**Progress:** The Government of Rwanda set an ambitious goal to provide access to clean water to the whole population by 2017. According to the 2005 DHS, access to water was estimated at 64 per cent. In 2010, DHS showed that 74 per cent of the Rwandan population has access to an improved water source.

Children who drink from an improved water source have a lower prevalence of diarrhoea (13 percent) compared with those who drink from a non-improved water source (15 percent); 11.7 per cent of children who use an improved, not shared toilet compared to 15 per cent of children who use non improved toilets had diarrhea. There is no data for the correlation between hygiene practices and the incidence of diarrhoea, especially hand washing with soap. With the financial support of the Government of Netherlands, the Government of Rwanda and UNICEF, a WASH project is being implemented in the districts of Burera, Musanze, Nyabihu and Rubavu. The four districts had the lowest coverage, lower than the national average in 2008. The lowest was in Rubavu, 42.2 per cent and the highest was Musanze with 62 per cent. Sanitation facilities were also improved, especially in schools and health facilities. The environmental law was adopted and disseminated; different policies are in place, including the Environmental Protection Policy, the Integrated Water Resources Management policy, etc. With the establishment of different institutions, human and financial resources for the sector increased which led to more impact including ecosystem restoration (Rugesi wetland in Burera District is a good example).

Other sectors also mainstreamed environmental protection in their planning. The Ministry of Health for example put in place an Environmental Health Desk, which integrates environmental health aspects (hygiene education, waste management, food safety, etc.) in the Ministry’s overall policy and planning. The Ministry of Education integrated environmental protection in the overall curriculum, and environmental clubs were established in schools.

**IR 3750/A0/04/230/001 2B.1.1 National policies, strategies and standards for health and nutrition, developed based on research and evidence and with a focus on equity and financing (WHO, UNFPA, UNICEF, UN-Habitat)**

**Progress:** Support was provided to MININFRA to develop national guidelines for latrines construction in Rwanda. The guidelines for latrines construction were approved by the Ministry of Infrastructure and dissemination is planned for 2013. It takes into consideration aspects of environmental protection, land conservation and productivity using human refuse. Every district / community will adopt the design which is appropriate to its land and geographical situation, provided that every family / institution has a hygienic latrine. UNICEF provided financial and technical support for the design of this guideline.

Support to MoH to scale up the Community Based Environmental Health Promotion Program (CBEHPP). In 2009 the Ministry of Health
launched the CBEHPP strategy. This strategy is a community approach to total sanitation, which started in response to the Presidential Initiative for Hygiene and Sanitation. UNICEF supported the Ministry of Health to design the strategy, develop and produce training materials for this strategy, and training of trainers who are scaling up the establishment of hygiene clubs in different districts.

Provided technical support to elaborate EDPRS II, integrating WASH priorities: UNICEF contributed significantly in WASH sector working groups to elaborate the draft EDPRS II

National advocacy events: UNICEF is the lead agency in hygiene promotion, water and sanitation. The national events are key channels of messages to the broad population and policy makers. The Global Hand Washing day was also celebrated, and the campaign also launched the "Mother and Child health week". Hygiene and sanitation messages were provided through IEC materials, mass media and national event by the Minister of Health.

### IR 3750/A0/04/230/002 2B.1.2 Institutional capacity of key ministries strengthened in sectoral coordination, planning and M&E at central and decentralised level (WHO, UNICEF, UNW, WFP)

**Progress:** With WHO, UN-Habitat and MoH, a joint proposal for water quality monitoring was developed. The main objective is to support the Government of Rwanda to prevent water borne diseases. UNICEF participated in the design of the project proposal and provided technical and financial support to Ministry of Health in this intervention. During 2012, UNICEF provided 38 Water quality testing kits (22 provided by UNICEF, 16 provided by WHO) for districts hospitals. 44 motorbikes were availed to MoH to be used in the field sampling of water, by Environmental Health Officers based at District hospitals. Drinking water quality surveillance will lead to improved quality of potable water supplied to the population by various providers.

Technical and financial support was also provided to Ministry of Infrastructure to better coordinate the GoN WASH project, and a technical advisor was hired for this purpose. There were also exchange meetings and conferences for key Government Partners for a better coordination of the WASH sector. Annual review, mid-term review meetings were regularly held to assess the implementation of WASH project, and some major institution reforms were done as a result of these meetings recommendations, for a smooth implementation of WASH project.

UNICEF provides continuous technical support to districts through regular validation meetings of major projects bidding documents. This brought a major improvement in the speed up of project implementation and the quality of work by skilled companies. District staff also benefited from these validation meetings, as their technical capacities were reinforced. The team work between UNICEF staff, Ministry of Infrastructure and Districts ensured transparency and quality of working documents.

### IR 3750/A0/04/230/003 2B.2.2 Equitable access to and promotion of safe water and improved adequate sanitation and hygiene in slums, health services and surrounding communities, including those in emergency situation, increased (UNICEF, WHO, UNHCR, UN-Habitat)

**Progress:** In line with international and national water and sanitation targets, UNICEF is contributing to improve child survival through increased access to sustainable safe water and sanitation and improved hygiene practices. The WASH project interventions in Burera, Musanse, Nyabihu and Rubavu districts registered many achievements:

- At least 117,000 people in 4 districts were served with safe water for the first time and around 56,000 people were served through rehabilitated schemes.
- 49 per cent of the population in 4 district use adequate latrines with washable slabs.
- 59 schools in 4 districts have improved gender sensitive latrines
- 50 schools were connected to safe WSS
- 8 Health Centres were provided with adequate sanitation
- The pilot phase on Menstrual Hygiene Management (MHM) evaluation program in 10 schools of Gicumbi District was done and the data collection is completed. Preliminary findings were presented to main stakeholders, including the Ministries of Health and Education. The final report, will inform a basic package of soft and hardware interventions to address MHM needs for girls in schools, and will lead to a full action research programme.
- All cell leaders received a 3 days orientation on CBEHPP approach and their role in implementing Community Hygiene Clubs. A total of 148 CHWs were trained as facilitators in their respective villages, in Musanse districts. In 3 districts Burera, Musanse and Nyabihu CBEHPP training materials were distributed to CHWs. This is in line with the Government's Community Approach to Total sanitation, which reinforces the communities' role in hygiene promotion.
- The emergency response to refugees is going on in Kigeme camp. 15,000 Congolese refugees are receiving adequate WASH services with the support of UNICEF.

### IR 3750/A0/04/230/004 4.1.1 Policies, strategies, regulations, guidelines and standards for environment protection, rehabilitation of critical ecosystems, climate change and urban environment developed and implemented (UNDP, UNECA, UNEP, UNESCO, UNICEF, UNIDO, UN-Habitat, WHO)

**Progress:** The Rwandan Government enacted an Integrated Water Resource Management policy with the creation of a separate Ministry that deals with water resource management in a multi-sectorial approach. The rationale is that water is a finite resource that needs responsible management and protection as economic activities in some sectors could destroy this unique resource that is vital to human wellbeing. Based on a request from Government, UNICEF, together with other stakeholders supported the development of the Integrated Water Resource Management Policy and supported its dissemination among economic actors and different institutions members (Private Operators, Civil Society, Government institutions, UN agencies, Educational Institutions like Schools, ...) The dissemination of the Integrated Water Resource Management policy was done at decisions makers' level. Government officials, Development partners, Donors and Un Agencies were involved in the process of policy elaboration and disseminations. The next step to
be coordinated by Rwanda Environment Management Authority will be the policy dissemination among school's children so that they can act as change agents in environment issues.

On-track

IR 3750/A0/04/230/005 4.1.3 Institutional capacity of central and local Government strengthened to coordinate environment management, ecosystem conservation and monitoring of the quality of natural environment (UNDP, UNICEF, UNEP, UNESCO)

**Progress:** In order to engage more school children in environmental protection activities, Rwanda Natural Resources Authority in collaboration with UNICEF worked to engage children in hands-on activities, aiming at creating environmental friendly living conditions at school. This has been done through the creation of permanent tree nurseries at selected schools. REMA in collaboration with the Ministry of Education (MINEDUC) with financial support from UNICEF have implemented a greening schools project aiming at protecting the school environment that could enable both better learning and teaching.

On-track

IR 3750/A0/04/230/006 4.2.1 Capacity of communities and local Government for ecosystem conservation & rehabilitation and for adaptation to climate change strengthened with attention to women's & children’s higher vulnerability (FAO, UNIDO, UNDP, UN-Habitat, UNV, WFP, UNICEF)

**Progress:** UNICEF supported the protection of water source catchment areas through the Water Supply System construction that was implemented in 4 districts since 2010. The work consists of fencing the spring catchment so that it is inaccessible to people or to animal grazing that could lead to underground water contamination by faecal coliforms. The catchment surface zone is always covered with an anti-soil-erosion grass plantation (passparum) and a water drainage trench of 40 cm deep and 60 cm wide in a radius of 100 m wide where the people settlement allows this standards.

In support of community-based interventions to conserve or enhance productivity and use of natural resources in an environmentally sustainable manner, Kigali Health Institute is organising a restitution workshop on the research conducted in Burera district about the use of ECOSAN organic manure in farming. The workshop recommendations will decide whether to mainstream this ECOSAN technology among other district population that should be interested in improving their crop production with human faeces manure.

IR 3750/A0/04/230/007 Programme Support for all IRs of WASH

PC 310 - R2: Education

On-track

PCR 3750/A0/04/310 All children in Rwanda acquire a quality basic education, knowledge and skills for a knowledge-based economy and enriched cultural society: 3.1Enrolment & Retention 3.2 Achievement 3.3 Effective system

**Progress:** Rwanda made steady progress towards achieving the MDG 2 target of universal primary enrolment by 2015. The primary school enrolment for boys and girls is high at 94.3 per cent and 97.5 per cent (2011) respectively.

On-track

IR 3750/A0/04/310/001 3.1.1 Gender-sensitive quality standards for child friendly schools (both hardware and software) adopted for national scale up, and implemented in model schools promoting the inclusion of vulnerable children (UNICEF, UNESCO, UNHCR)

**Progress:** This IR addresses bottlenecks under the Supply side, specifically the determinants of availability of essential materials / inputs/infrastructure and Access to adequately staffed services, facilities and information. At the start of the country programme, supply of child friendly school infrastructure was a bottleneck to achieving access to and retention in school of all children, though this has been addressed through national school construction programmes, supported by UNICEF and other development partners, including DFID.

On-track

IR 3750/A0/04/310/002 3.1.2 Capacity for delivery of a comprehensive School Health & Nutrition Programme, including School Feeding & School Gardening implementation and expansion strengthened (WFP, FAO, WHO, UNICEF)

**Progress:** Since 2010 UNICEF supported the Ministry of Education to develop a national School Health Policy and its plan, in partnership with WHO, as well as a school health guide and training modules. In addition to the training of 1,000 teachers in first aid, psychosocial support, and how to teach hygiene and sanitation, a training of 200 school principals and mobilisation of local authorities on school health with a special focus on school nutrition was carried in 10 Districts.

On-track

IR 3750/A0/04/310/003 3.1.3 Access to basic education for children affected by emergencies including those affected by conflict ensured (UNICEF, UNHCR, WFP)

**Progress:** 2012 saw an influx of refugees from the Democratic Republic of Congo (DRC) to Rwanda. Among these refugees, there are approximately 2,000 of pre-school age and 4,500 of school-going age, all now located in Kigeme refugee camp in Nyamagabe District.
A Memorandum of Understanding has been prepared between the Ministry of Disaster Management, Nyamagabe District authorities, local schools, UNICEF and UNHCR dealing with the issue of refugee education. The MOU puts in place a strategy to integrate the refugee children into two local schools nearby the camp. A total of 4,500 children are in age of 9-year basic education.

UNICEF also initiated ECD services for approximately 1,500 refugee children between ages of 3-6 within Kigeme camp, in partnership with CARE.

UNHCR and UNICEF have also been supporting MIDIMAR on the development of a national contingency plan. There is a need for the Ministry of Education to become more involved in this process to ensure that education in emergencies is reflected in the plan.

**Progress:**

The determinant for this IR is on quality and relevance of education with the bottleneck being the need for a revised curriculum to ensure it responds to labour market demands and needs of young people in Rwanda. UNICEF supported the development of a concept note on building blocks to a strengthened and reviewed curriculum in Rwanda. Terms of reference have been developed addressing the comprehensive review of the curriculum from pre-primary to upper secondary. The ToRs have been approved, advertised and bids evaluated. In 2013 UNICEF will engage the winning bidder through an SSA to support REB on the curriculum review as well as lead the coordination and involvement of other development partners in the review process.

Addressing a supply related barrier to learning of a shortage of appropriate textbooks and reading materials to assist in teaching and learning, a text book reform has been implemented. UNICEF supported the establishment of the Learning and Teaching Materials (LTM) information system through which a decentralised approach to textbook procurement and distribution has been implemented. The system has enshrined more decision making responsibility to schools to choose the textbooks and reading materials they require, with publishers delivering directly to schools. The capacity of REB has been built to effectively manage the LTM system independently. This reform has seen all schools receive quality relevant textbooks in a timely manner, a 99 per cent execution rate for the textbook budget in 2012, and an improvement in pupil-textbooks ratios. UNICEF is also contributing funding through the system to procure readers for pre-primary and primary classes.

**Progress:**

Responding to a quality of services related determinant of the need for improved instruction in the classroom, Teachers’ Resource Centres (TRCs) in 11 Teacher Training Colleges (TTCs) have been established and equipped. Use of child-centred methodology was enhanced through training a cadre of methodology tutors and pre-service student teachers in all 11 TTCs. The teacher training curriculum has been enhanced with a course on methodology and foundations of education through a review of the teacher training curriculum done in collaboration with Kigali Institute of Education (KIE). This course is now taught to teacher trainees in all TTCs and will transform the manner in which teacher preparation is done in Rwanda.

Through UNICEF support modelling of a pilot School-Based Mentoring (SBM) programme in 40 schools was enhanced. The lessons learned have informed and guided the implementation and roll out of the National SBM programme now implemented by Rwanda Education Board (REB) with support from other development partners. SBM professional standards and training materials have been developed and will be used for preparation of SBMs deployed in all schools across the country. In 2013, the partnership with The International Education Exchange (IEE) on the SBM programme will continue to inform the national programme on issues of monitoring and evaluation of SBM in the field.

Addressing the bottle neck of the need to create an enabling environment for teacher management and development a National Teacher Management System (TMS) has been developed. The system will support overall management of the teaching force in relation to recruitment, deployment, development & training and promotion enhancing effective teacher management and teacher support to quality education.

**Progress:** In 2012, to address the quality-related bottleneck, UNICEF designed a hardware model for ECD services, with input from communities, stakeholders and children and also developed a package of services to be provided through the ECD model, in partnership with national ECD task force.

**Enabling Environment:** UNICEF with partners continued advocacy for pre-primary education/school readiness has resulted into its consideration a major priority for the new ESSP with greatly increased budget. There is also increased understanding and awareness of ECD due to Stakeholders’ meeting, ECD action week and dissemination of ECD Policy building on the integrated approach and inter-
ministerial coordination.

The ECD Global Action Week Campaign, comprising of public awareness campaign were also conducted focusing on instilling a reading culture at a young age. More communication is needed at all levels of Government to get message across about ECD and stakeholders’ role. All relevant Government partners and Un agencies need to be involved to a greater extent in the planning of the ECD programme and this will be the focus of 2013 and beyond.

Supply Side: Future plans including the development of ECD standards and guidelines, as well as integrated packages for provision of ECD services. This guide future modelling of integrated ECD services in support of the implementation of the national ECD strategic plan to address the supply side bottleneck. Important here is to set up a strong M&E framework, with key indicators and baselines, to allow the programme to demonstrate the effectiveness of integrated ECD and its impact on health and education indicators. Ten Districts have been chosen for the modelling of integrated ECD services and the exact location in each District is being discussed at District level.

- On-track

IR 3750/A0/04/310/007 3.2.4 Capacity of MoE for monitoring of learning achievement developed focusing on numeracy, literacy and life skills at the primary school level (UNICEF, UNESCO)

**Progress:** On the quality determinant related to the bottleneck of lack of a system for measuring learning achievement a Learning Assessment in Rwanda Schools system (LARS) was developed. Through collaboration with UNESCO under the Delivering as One mechanism, a pilot assessment was conducted. With this assessment baseline data for learning achievement in numeracy and literacy at P3 level has been established which marks a positive milestone in the education system in Rwanda. In addition the development process of the system ensured capacity building of a 14-person REB team now able to design and conduct learning assessment. The team drawn from various departments of REB, districts and school teachers have enhanced skills in item/tools development, test administration, coding of questionnaires, data entry and data analysis.

With UNICEF support the final report of the pilot learning assessment was validated and now ready for translation into Kinyarwanda and dissemination to policy makers and other stakeholders.

- On-track

IR 3750/A0/04/310/008 3.3.1 Institutional capacity of Ministry of Education and districts in sector coordination, research, strategic planning for inclusive quality education, technical innovation and monitoring strengthened (UNICEF, UNDP, UNECA, WHO, WFP)

**Progress:**

Given that there was need to strengthen capacity of Ministry of Education to coordinate sector planning processes in a more inclusive approach. One area of the draft plan which has been identified, to be supported by the UN, is capacity building of the Ministry planning function, with UNESCO IIEP and UIS mentioned as possible resources.

The capacity building consultancy support to the Rwanda Education Board construction unit concluded in 2012. The support included: Training of trainers for site supervision training; Engagement of Design Consultant for Multi-Storey Classroom Block Design; Training on procurement process and contract management process. The construction consultancy report developed several recommendations for REB’s construction unit, which REB will take forward with the support of UNICEF.

As co-chair of the development partner group, UNICEF supported the successful development of the new ESSP (2013-2018), which provides greater priority and budget to key areas including pre-primary education, special needs education, and quality improvement. As well as the sector working group, UNICEF continued to provide a leadership role in several sub working group, Quality Implementation Working Group, National ECD task force, Girls Education Task Force, Rwanda Reads, and the UN Theme Group.

The Joint Reviews of the Education sector took place on April and September, supported by UNICEF. Key recommendations were made on ECD, special needs education, teacher development and learning assessments - areas where UN will continue to support. UNICEF’S role in coordination of all partners, including civil society ensured that the planning and review processes are inclusive of all key stakeholders and reflect the concerns and inputs of partners in the areas of equity and inclusion, and quality education for all.

- On-track

IR 3750/A0/04/310/009 3.3.2 Evidence-based, gender and equity focused national policies, plans and strategies developed. (UNICEF, UNDP, UNECA, UNESCO, UNFPA, WFP)

**Progress:** Considering that there was need for policy and strategic coordination girls’ education, while changing the cultural beliefs and practices on girls’ education and early childhood development (ECD), UNICEF supported the development of the Girls Education Policy and Strategic Plan (2009) as a lead partner in promoting gender equality in education in Rwanda. In 2012, 24 schools were awarded with prizes as part of the National School Campaign, with UNICEF support. Winning schools were awarded for initiatives /strategies aimed to address barriers to girls’ education.

IR 3750/A0/04/310/010 Programme support for all IRs of Education
**PCR 3750/A0/05/001** Key learning outcomes including literacy, numeracy and employability skills for all children improved, with special attention to vulnerable children and school readiness.

**Progress:**

The new Education Sector Strategic Plan (ESSP) which came into effect in July 2013 provides for a much greater focus and priority on early learning and pre-primary education, with a corresponding increase in budget allocation, thanks in part to UNICEF advocacy and leadership in supporting the Ministry of Education to develop the national education strategy. In support of that national strategy, UNICEF has embarked on modelling ECD services and pre-primary programmes in 15 locations nationwide, and construction activities are taking place in all fifteen sites, due to be completed in February 2014. This is the first stage in modelling integrated services to demonstrate impact of ECD on holistic childhood development, especially for the most vulnerable children, with a purpose of informing the roll-out of Government-supported modelling as well as mobilising resources.

In the area of quality education and learning outcomes, UNICEF supported the Rwanda Education Board (REB) to develop the concept and strategy for the comprehensive review of the primary and secondary curriculum. UNICEF also provided funding to contract technical assistance to REB from July 2013 to oversee the first three phases of the curriculum review, which involves research and analysis of current curriculum to identify strength, weaknesses and gaps. The National Consultative Curriculum Conference in November 2013, funded by UNICEF, presented findings of research and engaged stakeholders in discussions around the vision for a new skills and competency based curriculum. The major outcomes of curriculum conference include awareness created on the need for change; the requirement that a new curriculum will focus on competencies; key characteristics of the new curriculum identified; requirements for successful curriculum implementation outlined and discussed; and the curriculum development process was defined. UNICEF also supported the development of a detailed roadmap and curriculum framework to guide the development of the new curriculum, which seeks to provide children with the skills and knowledge required for the modern Rwandan economy and society. The *new country programme is less than six months old and so progress at the PCR level and changes in PCR-level indicators are modest, reflecting the time-frame required for such results to be achieved.* A bottleneck analysis for education is planned for January 2014.

**IR 3750/A0/05/001/001** Inclusive Education: Equitable learning opportunities and outcomes for the most vulnerable children

**Progress:** This Intermediate Result will support the Government to plan and implement specific interventions targeting girls’ retention and improved learning achievements, education provision for children with disabilities and access to learning for children from poorer backgrounds. UNICEF will also strengthen the capacity of MINEDUC and disaster-prone Districts to provide timely education response to children affected by emergencies including refugee and returnee populations

In the area of education and ECD in emergency, UNICEF has supported the construction of 8 pre-primary classrooms in Kigeme refugee camp in partnership with ADRA. The construction was completed in October and the rooms are in use. The official inauguration is planned for December. ECD services include daily meal of porridge and home based support for approximately 2,500 children. UNICEF carried out trainings for 30 caregivers and mother leaders and provided 30 ECD kits and other learning and stimulation materials through the support of the Government of Japan.

UNICEF also provided 10 School in Box kits for primary school age refugee children and supported the training of 135 teachers in two schools serving refugee population trained in partnership with International Education Exchange. In October, UNICEF established ECD services for 2000 refugee children between ages of 0-6 in Nkamira Transit Camp in partnership with CARE International. UNICEF also participated in joint assessment of Mugombwa—the site of new refugee camp—with MIDIMAR and UNHCR to develop the strategy for new refugee education program. 14,556 books and 14,080 readers were delivered to Kigeme in November.

An assessment of water and sanitation facilities and hygiene practices in 22 schools supported by UNICEF was completed to inform the WASH in schools strategy for the new country program. UNICEF continues to participate in the equity and inclusion working group in the NGO coordination platform.

**IR 3750/A0/05/001/002** Quality of Education Optimised towards improved learning outcomes and skills

**Progress:** UNICEF supported Rwanda Education Board (REB) to develop the concept and strategy for the comprehensive review of the primary and secondary curriculum. UNICEF also provided funding to contract technical assistance to REB from July 2013. Several studies have been completed to identify strength, weaknesses and gaps in current curriculum. In November a two day National Curriculum Conference took place discuss findings of research and engage stakeholders in discussions around the vision for a new curriculum.

UNICEF has been supporting REB to manage the procurement and supply of textbooks, readers, and supplementary readers in 2013 and prepare for 2014 cycle.

In partnership with International Education Exchange, UNICEF modelled an innovative school based teacher training program (SBM) which deploys mentors on a full-time basis to targeted schools to work with teachers to improve both the English language proficiency and teaching skills. Thus far, the program has worked with 1498 teachers in 48 schools improving the quality of teaching and learning for 70,624 children out of whom 35,680 are boys and 35,644 are girls. In Kigeme, the program has reached 7358 children and 128 teachers.

UNICEF as a member of the school based mentoring Technical Working Group helped to develop the strategy for the national SBM
program and the standards and tools to be used by 940 SBM employed by Government. In partnership with IEE, UNICEF supported the national program strategy which included appointing senior mentors who would be responsible for M&E and quality assurance of national program.

In partnership with REB, UNICEF established the teacher licensing and registration system. This was launched in December 2013 and will support the management, deployment of teaching workforce.

UNICEF completed a Child Friendly School assessment to inform the Whole School Improvement Initiative that will address specific components of improved quality of basic education provided to children.

**Progress:** UNICEF will contribute to the modelling of integrated family and child services to demonstrate impact of ECD services on holistic childhood development, especially for the most vulnerable children, with a purpose of informing the roll-out of Government-supported modelling as well as mobilising resources.

UNICEF has developed architectural model designs for ECD+F and pre-primary facilities. Construction of 9 ECD+F centres and 5 pre-primary facilities has been ongoing since July 2013 in partnership with Plan International, Imbuto Foundation and ADRA. In July, ECD+F centre in Kayonsa was launched and attended by the First Lady and Ministers and attracted Government interest for the national scale up strategy. ECD has been included as one of the foundation issues in the EDPRS 2, thanks in part to UNICEF advocacy.

UNICEF is supporting the provision of ECD services for children in Kayonsa, Gicumbi and Kigeme Refugee camp through a starters training package for caregivers in these areas and through provision of UNICEF ECD kit. 12 caregivers were trained in Kayonsa to support 80 families and 140 children between the ages of 0-6. In Gicumbi, 24 practitioners received training and will further train 148 caregivers to improve ECD services for 4798 children across 109 ECD sites in the district. In Kigeme, 30 caregivers received support to improve services for 2500 children in the camps.

As part of efforts to upgrade and strengthen existing pre-primary services, the Ministry of Education has requested provision of ECD kits in 1260 pre-primary schools, which are currently being supported by parents and parent teacher associations. As a first input (while packages and services for pre-primary programs are still being developed), contribution of ECD kit would help improve play based activities and inspire pre-primary teachers and parents to further develop locally produced affordable play based materials.

**Progress:** UNICEF Rwanda has a new country programme since July 2013 aligned to the new Economic Development and Poverty Reduction Strategy (EDPRS II) and One UN UNDP. The focus of the national health strategy is the fast tracking of implementation of pro equity and proven critical interventions that will narrow health disparities as well as attain MDG 4 and 5 in the spirit of “A Promise Renewed”. The CSD programme supports the Rwandan Government to attain these milestones in the context of a new global UNICEF MTSP, the Rwanda national health sector strategy, with associated goals of environmental sustainability.

During the reporting period, the Policy environment in the Health sector improved aimed at consolidating the gains towards attainment of the national VISION 2020. 2 National Policies (Nutrition and Child Health Policy and their implementation frameworks) were reviewed with support of UNICEF ensuring a sharpening of a “mid-income lens” driven Health sector services. UNICEF supported the development of a new National Strategic Plan for HIV/AIDS bringing a new momentum to bear in the national fight against this global epidemic. A significant paradigm shift supported by UNICEF at high decision-making level was the institutionalisation of an improved multi-sector approach and inter-ministerial co-ordination of nutrition to reduce stunting. The result is an approved mechanism for nutrition co-ordination domiciled at the social cluster of ministries reporting to the office of the Prime Minister, which will facilitate the flow of coordination and information from central level down to communities, tracking each malnourished child to the household through a network of women groups.

UNICEF has contributed health inputs to the ECD and Family integrated package of services. This package provides a family centred approach that aims at empowering families and households to nurture children in the early years giving them a firm start in life. The integrated nature of the UNICEF programme of support to these national development priorities has made possible the effective care of the child in a maternal and child continuum employing sets of related interventions.

Another major drive is the Government's resolve to fast track attainment of MDG 5 before 2015 using the application of mobile innovations and motivation of different levels of health workers towards preventing maternal and new-born deaths with a slogan "No woman or new-born will die of preventative deaths in pregnancy" supported by UNICEF. One key result is an operationalised tracking system for each pregnant woman set up in all 30 districts with mobilised district committees.

CSD and its WASH component has strengthened the integrated nature of Government interventions to speed up maternal and child mortality reduction. The effective implementation of hygiene initiatives in all 15,000 Community Based Nutrition (CBN) sites is showing results as the first milestone towards national scale up of hygiene and sanitation interventions. The campaign of "A thousand Days in the land of a thousand Hills" adds to these integrated packages of interventions to support social and behaviour change in early nurturing of the child.
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On-track

**IR 3750/A0/05/002/001** Government capacity to develop/review/update policies, strategies, standards/protocols for health, nutrition, HIV/AIDS and WASH programming improved

**Progress:** UNICEF supported the MoH to finalise the HSSP III specifically the MCH outcomes which UNICEF contributed to through the co-chairing of the MCH technical working group. UNICEF also contributed to the EDPRS 2, Child Survival and Community Desk Health Strategic Plans (2013-2018), and District Hospital Health Strategic Plans (2013-2018). UNICEF supported the documentation of Maternal and Child Health High Impact interventions including Maternal and New-Born Home Based Care (MNHBC). Support was also provided for the upgrading and scaling up of RapidSMS to track maternal and child continuum of care in 14 out of 30 districts to accelerate reduction in child and maternal mortality with a greater involvement of community leaders and community health workers. UNICEF also supported the MoH to conduct a rapid assessment of maternal and new-born health in 17 districts which allowed the national programme to prioritise community based interventions to reduce maternal and child mortality.

UNICEF, in collaboration with USAID and other partners, supported the GoR to develop a Policy brief on scaling up home fortification using micronutrient powders to advocate for a broader ownership and review of the National Multi-sectoral Strategy for the Elimination of Malnutrition Plan co-sponsored by the MoH, MINAGRI and MINALOC under the auspices of the Social Cluster. UNICEF supported the GoR's fight against malnutrition by mobilising resources for scaling up of nutrition in 20 districts for the period 2013-16. UNICEF provided technical and financial support to develop a communication strategy and also supported the launch of the "1000 Days in the Land of a 1000 Hills" Campaign.

UNICEF continues to support the water and sanitation sector reform initiative through capacity development of MININFRA/EWSA for improved service provision - access to water and sanitation for around 75 per cent of households. UNICEF supported the Ministry of Health to organise social mobilisation events (in Nkombo in Rusizi District) on awareness of improved personal and public hygiene practices including hand washing with soap. UNICEF has also supported the design of a child friendly latrine for ECD centres to sustain the health of children and caregivers.

On-track

**IR 3750/A0/05/002/002** System to track/monitor health, nutrition, HIV/AIDS and WASH services and outcomes for mothers/children established at national/subnational levels

**Progress:** UNICEF worked with Government to introduce the Monitoring Results for Equity system (MoRes) in the area of Maternal and Child Health resulting in MoRes being used to track and address bottlenecks in 6 intervention areas of Maternal and Child health. This key result has improved the resolve of Government to detect and reduce factors that cause child deprivation in the Health sector. This Multistakeholders Monitoring framework, validated by MOH as a tracking system, will be used by all partners in MCH initiatives of the MOH in all 30 districts of the country. During the reporting period, UNICEF supported the Government to complete a RapidSMS national scale up capacity building of CHWs and their supervisors in all 30 districts in the use of RapidSMS mobile innovative technology to track the first 1,000 days of life along the maternal and child continuum of care. In the development and enhancement of the software, two water and sanitation indicators were added to track WASH activities at household level enabling further integrated tracking of the maternal and child continuum. UNICEF has further supported Government in the use of RapidSMS to track maternal and new born health in 10 districts. The commencement of this project in 2013 aims to strategically support the reduction of maternal and new born deaths to near zero in 10 districts.

UNICEF supported 16 of 30 districts to improve Health workers’ and Community Health Workers’ skills in community case management as well as strengthening CHWs’ skills in use of data collection tools that detect disparities amongst vulnerable children. UNICEF supported a data reconciliation program to harmonise the data collection in the water sector which will enable improved district planning.

On-track

**IR 3750/A0/05/002/003** National and district capacity to coordinate and track/monitor implementation of pro-nutrition evidence-based interventions by key sectors strengthened

**Progress:** UNICEF is supporting 5 districts (Rubavu, Gakenke, Gasabo, Burera and Ngororero districts) to scale up nutrition interventions in the context of District Planning for Elimination of Malnutrition (DPEM) and has already sensitised 1,572 local leaders (Gakenke and Gasabo districts) on the district-specific scale of malnutrition and its consequences. UNICEF also supported cooking demonstration sessions and formative supervision of DPEM/CBNP in all of the 5 districts.

UNICEF also built the capacity of 3,023 service providers (Gasabo, Nyabihu and Gatsibo districts) on CBN and supported the distribution of small livestock to 570 households with malnourished children.

UNICEF supported nationwide facility-based nutrition rehabilitation services in all health facilities through provision of 100 per cent requisite therapeutic milk. UNICEF supported strengthening of coordinated implementation of multi-sectoral interventions at national level through advocacy with the Prime Minister’s Office and with key Social Cluster ministries resulting in joint ownership of the 3-year "1,000 Days in the Land of 1000 Hills Campaign" as well as the revised Food and Nutrition Policy and the Food and Nutrition Strategic Plan 2013-18, which aim to eliminate malnutrition and stunting.

UNICEF also strengthening the capacity of key sectors to monitor and coordinate implementation of nutrition interventions at central and decentralised levels. At central level, UNICEF has advocated for multi-sectoral leadership and coordination including the strategic decision to organise a Food and Nutrition National Steering committee within the Social Cluster under the Prime Minister's Office. Five districts were supported to establish multi-sectoral data management teams who were trained on using the DevInfo database to monitor...
the implementation of their District Plan to Eliminate Malnutrition.

**IR 3750/A0/05/002/004 Programme support**

- **On-track**

**PCR 3750/A0/05/003 Improved equitable access to/utilisation of high-quality promotional/preventive/curative/rehabilitative Health, HIV/AIDS, WASH, Nutrition services for children adolescents, youth, women**

**Progress:** During the reporting period, the Government focussed on ensuring effective utilisation of integrated services that address key factors causing maternal and child mortalities and specifically focussing on new born care services and nutrition. UNICEF supported this result with interventions that improved mobilisation of people to utilise services including campaign of 1000 days, community based nutrition initiatives. Specifically WASH interventions were integrated in community based nutrition activities.

Strong partnerships have been established with UN agencies, WHO, WFP, bilateral agencies, USAID, DFID, University of Rwanda, Health sector working group in supporting Government of Rwanda to improve access to quality services, develop standards and guidelines towards facility certification and to develop multi-stakeholders bottlenecks analysis and monitoring framework.

Capacity building to provide improved maternal and child health services and to support districts level implementation on essential new-born care, contributed to develop the 2013-2014 national roadmap and action plan to reduce maternal and new-born mortality. UNICEF built the capacity of 1,430 health facility providers on immunisation services to reach every district (RED)/every child (REC) targeting 40,000 children who had not been fully immunised.

UNICEF continued to support the water and sanitation sector reform initiative through capacity development of water authorities (MININFRA/ EWSA) for improved service provision - access to water and sanitation for around 75 per cent of the households.

UNICEF supported the Ministry of Health to improve its capacity in social mobilisation and programme communication planning at District and Provincial level to improve personal and public hygiene practices.

- **On-track**

**IR 3750/A0/05/003/001 Equitable access to quality Health, Nutrition, HIV and AIDS ,and WASH services for children, adolesscents, youth and women reinforced,**

**Progress:** UNICEF focused on maternal and new-born supplies. UNICEF also leveraged resources at regional level for technical assistance to support the review of health and nutritional activities and management of child health in the Nkamira camp. UNICEF also provided technical and logistics support in the development of the National contingency Plan, with a focus on health. UNICEF and partners, especially the Government of Japan provided support to Kigeme and Gisenyi District Hospitals to improve infrastructure and equipment to respond to increasing demand for maternal and child health services by refugees and the local population.

UNICEF in collaboration with the Government of the Netherlands continued support in increasing access to water and sanitation for approximately 500,000 people in 4 districts of Musanze, Nyabihu, Burera and Rubavu where people were encouraged to adopt improved sanitation facilities in their houses, with the result that 83 per cent of households now have improved sanitation facilities at home.

UNICEF in collaboration with NGOs, including SNV and World Vision has supported scaling up Community Environmental Health Promotion specifically in the 4 districts mentioned above. UNICEF also supported the formation of Community Hygiene Clubs to cover all communities in 12 sectors in Rubavu District.

Household water quality monitoring supported by UNICEF is raising the community members’ awareness of water quality in these four Districts together with local leaders’ advocacy and coordination with the MoH. UNICEF emergency WASH response continued in Nkamira Transit Centre and Kigeme Camp supporting approximately 27,000 refugees.

UNICEF supported the MoH to carry out an EPI inventory, train health staff on integrated community health package and clinical IMNCI. UNICEF supported the Government to conduct a national Measles-Rubella (MR) campaign.

- **On-track**

**IR 3750/A0/05/003/002 95 per cent pregnant women and 80 per cent HIV-positive children/adolescents receive quality PMTCT and HIV services**

**Progress:** UNICEF transitioned into the new country program in July 2013 and while building on the activities of the last country program, continued to support the Government of Rwanda’s response to HIV and AIDS.

To date, UNICEF has provided technical support to the finalise the national strategic plan for HIV and AIDS for 2013-2018, which has a particular focus on male circumcision, thanks to UNICEF advocacy and technical support to promote nationwide facility based male circumcision as a key long term strategic response to the prevention of transmission of HIV.

UNICEF also supported the development of evidence based operational plans for care of HIV positive adolescents, a key age group which is now receiving increased attention in Rwanda. UNICEF also helped finalise District EMTCT plans and jointly with CDC, helped to develop a protocol to conduct a programmatic gap analysis for access to ART for children, which will inform Government and partner programmes to ensure all those who need ART have access to treatment.
UNICEF is leading the One UN joint PMTCT project implementation in three districts and is supporting a national mentorship and supervision program for quality improvement of general HIV and PMTCT services.

Progress:

IR 3750/A0/05/003/003 80 per cent adolescents/young people are empowered with comprehensive knowledge/practice protective behaviours

The education curriculum is also being reviewed and this review provides an opportunity to strengthen education on HIV and AIDS in the national school system. To support the review process, UNICEF has worked with UNFPA to undertake an analysis of HIV and AIDS in the current curriculum to identify gaps and propose recommendations for the review.

As a long term strategy to ensure male children are circumcised for HIV prevention, agreement has been reached with Government to establish early infant male circumcision in public health facilities, a strategy which will be supported by UNICEF.

IR 3750/A0/05/003/004 Social policies, strategies and social protection system improved to reduce poverty, vulnerability, inequality among children and their families

PC 503 - Child Protection

On-track

IR 3750/A0/05/004/001 Institutional Framework for coordination/management of child protection services strengthened

Progress: UNICEF played a key role in supporting the Government of Rwanda (GoR) in the coordination and management of the national child protection system through the establishment of more efficient child protection coordination mechanisms both between Government institutions and civil society child protection stakeholders.

In partnership with the Ministry of Gender and Family Promotion (MIGEPROF) and the National Commission for Children (NCC), UNICEF facilitated the establishment of a Government-led coordination mechanism for child protection and gender-related issues. Within this framework, technical assistance was provided to develop a costed bi-annual action plan.

With regards to civil society partners, UNICEF led a process of developing Terms of Reference for the establishment of a Child Protection Working Group (CPWG) including key child protection stakeholders. In line with UNICEF efforts to strengthen GoR leadership capacity in the Child Protection Sector, chairmanship of the CPWG will be assured by MIGEPROF/NCC while UNICEF will act as co-chair.

With regards to legal and policy reform, major achievements over the past six months included the finalisation of the Justice for Children Policy that foresees the permanent establishment of access to justice through decentralised centres at district level under the supervision of the Ministry of Justice with special focus on child abuse and gender-based violence cases. UNICEF also provided support to NCC to revise national guidelines regulating alternative care and adoption so as to constitute a solid framework for the implementation of the Child Care Reform in Rwanda.

Likewise, UNICEF also collaborated with the Ministry of Justice in the development of Ministerial Orders regulating educational and positive discipline measures and health insurance affiliation for vulnerable children. These regulations constitute a significant step for implementing the 2012 landmark Law on the Rights and Protection of the Child. Both policies and guidelines are to be approved by Cabinet.

IR 3750/A0/05/004/002 Decentralised multi-sectoral child protection services available

Progress: Over the reporting period, UNICEF supported the provision of timely and quality protection services to children and women in
Rwanda thereby contributing to strengthening the response capacity of the national child protection system. Significant results were achieved in four key areas: (i) justice for children, (ii) violence against women and children, (iii) alternative care and (iv) humanitarian interventions.

UNICEF continued supporting the Ministry of Justice in ensuring children’s access to a child-friendly justice system, by supporting the “Maisons d’Acces a la Justice” at district level, as well as the provision of legal aid. With regards to violence against children and women, continuous assistance was provided along with other UN agencies to the two One Stop Centers established in Kigali and in the Eastern Province that provide holistic prevention and response services to victims of gender-based violence and child abuse. Within the child care reform process UNICEF contributed to the deinstitutionalisation and the safe reintegration into family-based care of 48 children formerly living in the Orphanage Noel de Nyundo through its support to NCC and its implementing partners while more than 600 have been reintegrated nationally.

Finally, continued attention was given to the situation of refugee women and children both in emergency and protracted settings, by providing them with multi-disciplinary protection services ranging from psychosocial support, counselling, recreational activities, while putting a greater emphasis on the identification and monitoring of child abuse cases and strengthening referral mechanisms for legal, psychosocial and medical assistance.

**On-track**

**IR 3750/A0/05/004/003** Human resources capacity for child protection system strengthened

**Progress:** One of UNICEF’s major achievements towards strengthening human resources for the national child protection system at national and decentralised levels has been its significant support to the capacity development of the newly introduced Rwandan social workforce within the Tubarere Mu Muryango (Let’s raise children in families) programme designed to drive the implementation of child care reform in Rwanda.

Following the recruitment by the NCC of a first cadre of 28 psychologists and social workers dedicated to support the care reform process, UNICEF in partnership with Tulane University and Hope and Homes for Children designed and delivered a comprehensive capacity development plan for the social workforce that include innovative pedagogic approaches and evaluation methodologies coupled with practical knowledge and experience in child care and family welfare practice.

Specific training was delivered according to a sequencing of pre-service and in-service modules from July to December 2013, in conjunction with supervised field experience. The social workforce was also provided with tablets so as to maximise their learning opportunities, but also allow them to practice their skills in information and communication devices and prepare them for their future routine child monitoring functions.

With regards to integrating child protection standards into allied sectors, UNICEF supported the Rwanda National Police to participate in the development of a comprehensive action plan for child friendly policing in Africa to be rolled out in 2014. All of these interventions aimed at enhancing the responsive capacity of the child protection system through an extended and qualified human resources capacity.

**On-track**

**IR 3750/A0/05/004/004** Institutional Capacity for evidence-based policy formulation/planning for child protection system strengthened

**Progress:** In conformity with the national Integrated Child Rights Policy that called for increased evidence on child protection issues to inform policy and programme development, UNICEF has supported MINIJUST, MIGEPROF and NCC to build the evidence base for the child protection system in four key areas:

The development of a comprehensive situation analysis of children within the Justice system underpinned the formulation of the Justice for Children Policy. Secondly, within the One UN framework for cooperation an evaluation of the two pilot One Stop Centers was conducted and informed the development of an implementation plan for the Strategy for National Scale-up for One Stop Centers in October 2013.

UNICEF also contributed to the technical preparations and secured funding for a comprehensive Violence against Children and Youth Survey in partnership with the Center for Disease Control which will take place in 2014. This important piece of research that will be led by the Ministry of Health and MIGEPROF/NCC will include both a general household survey on violence against children and youth, as well as an additional survey on violence with a focus on children with disabilities.

Finally, considering Rwanda’s efforts to strengthen case management and accountability in the provision of services for children through robust information management systems, UNICEF in collaboration with the International Rescue Committee (IRC) supported MIGEPROF/NCC in conducting an assessment of existing child protection information management systems (CPIMS), so as to inform a national action plan for establishing a harmonised CPIMS. While the assessment has been conducted within the child care reform programme, the GoR has agreed to follow an incremental approach to establishing a national CPIMS which would support data collection, referrals and case management services in all settings in Rwanda. A bottleneck analysis for the Child protection sector will also be conducted in 2014.

**IR 3750/A0/05/004/005** Programme support
UNICEF Annual Report 2013 – Rwanda

PC 504 - Social Policy and Research

On-track

PCR 3750/A0/05/005 Social policies, strategies and social protection system improved to reduce poverty, vulnerability, inequality among children and their families

Progress:

In the last year we have sustained support to the Sector via engagement in the SP sector working group. The One UN has influenced the shape of the future priorities on social protection through active engagement and strategic support on the quality assurance and drafting team of the new social protection strategy and also by providing input into the EDPRS2. The biggest achievement for UNICEF within the last year is the fact that child poverty and vulnerability has been identified as a sector priority for 2013-2018. The practical priorities have also been informed by our strong engagement with stakeholders in this process. For instance, the advocacy of linking VUP public works to ECD, the links of the sector to rural development and the research on child poverty. UNICEF continues to actively participate on all sector sub committees.

UNICEF has successfully advocated for and directly supported access to essential water and sanitation, health, education, ECD and children protection services for approximately 27,000 refugees during 2013, in partnership with UNHCR and the Government of Rwanda and based on the Core Commitments to Children (CCCs) in humanitarian situations.

Under the umbrella of the new operational research strategy, UNICEF has provided TA support to specific programmes and has been able to strengthen the design of impact evaluations and monitoring of programmes that are child-sensitive. Specifically, the sample of the new EICV4, national household survey, has been increased by 2600 households to ensure evaluation of the VUP. With support from UNICEF, the results of an assessment of the re-integration of children into families from institutions will feed into the child care reform architecture currently being set up. The findings are critical for evaluating and improving the nascent child care system in Rwanda.

Other research support has led to a study on informal workers and their access to social security. The RCSP will use these results to feed into advocacy within the social protection sector. Partnering with the Ministry of health and CDC, UNICEF has been successful in securing a research grant to conduct a national level Violence against Children study, which will inform policy and programming for children. Furthermore, within this VAC study UNICEF successfully advocated to include a smaller study on children living with disabilities. Support to strategic secondary data analysis has included the funding of 3 census reports as well as the DHSS through a Joint Intervention by the One UN. As UNICEF has moved into a new phase of programming, public expenditure reviews and social budgeting have become a priority. A scoping exercise began in September with the main Development Partners engaged in PFM and exchanges with MINALOC and MIGEPROF and NCC. A community sensitisation manual has been finalised and UNICEF is supporting the training for capacity building has been provided through focused and customised training.

Finally, we have supported the revision of Rwanda’s Family Policy which will be critical for supporting programmatic areas such as ECD, positive parenting, the importance of fathers and fatherhood in ECD, social protection and the family.

On-track

IR 3750/A0/05/005/001 Capacity of national/decentralised institutions to target/deliver equitable/holistic child-sensitive social protection services strengthened

Progress: UNICEF’s contribution has been critical in drafting the new Social Protection sector strategy and adding child poverty & vulnerability and Early Childhood Development (ECD) as new Government priorities within the sector.

Through technical support to specific programmes (such as Vision 2020 Umurenge Programme(VUP) UNICEF has been able to strengthen the design of impact evaluations and monitoring of programmes that are child-sensitive. Through sustained UNICEF advocacy a new EICV4 will include an additional 2600 households within the survey in order to identify the impact of the VUP on a range of indicators. A gender audit of the VUP is complete. With UNICEF’s support, training for district level officials was provided through custom-made courses. Twenty staff were successfully trained as trainers on a 5-day social protection course and 4 of these staff have already trained 30 civil society members in the area of social protection, in turn enabling a better understanding of child sensitive social protection in the community. Technical assistance has been provided to the Social Protection sector through training of sector personnel in social protection, finalisation and printing of a community sensitisation manual that constitutes the fourth pillar of the VUP programme.

Training for capacity building has been provided through focused and custom-made courses, delivered in a variety of Ministries, including MINALOC and MIGEPROF and NCC. A community sensitisation manual has been finalised and UNICEF is supporting the dissemination of over 2000 manuals to all sectors to ensure that families benefit from services and knowledge complementary to the VUP in order to promote resilient livelihoods. A training manual of social protection has also been disseminated to the district level. UNICEF has continued to partner with «La Plateforme de la Societe Civile Rwandaise», has helped to build capacity of the Local Civil Society Organisations in order to have skills and improved understanding on social protection.

On-track

IR 3750/A0/05/005/002 Accountability mechanisms for vulnerable/at-risk populations to claim their rights strengthened

Progress: A partnership with the “Rwandan Civil Society Platform (RCSP)” has helped build capacity of the local civil society organisations in order to have skills and improved understanding on SP. 30 members of Rwanda’s Civil Society Platform were trained in a 4 days training course on Social protection. As a first step, a thematic group on social protection was established for Civil Society. Follow-up work remains to be done to strengthen this thematic group so that it is confident and able to engage with the Social
Protection Working group hosted by Government.

UNICEF supported the RCSP to conduct a survey on access to social security and social protection of informal sector workers. The results of the survey will inform the SP sector on the current situation and particularly the risks faced by women and children and will allow developing strategies for advocacy and actions in SP programs.

Under the strategic partnership for advocacy for children with disabilities, UNICEF is providing Technical and Financial support to the National Council of People living with Disabilities (NCPD). This has resulted in the development of a Strategic Vision and Plan for the organisation, to allow it to design in consultation with stakeholders their interventions in order to reinforce their coordination role and monitoring of national engagements to International Instruments for Protection of Persons with disabilities. Furthermore, UNICEF is providing technical assistance to the Government as it report on the UN convention on the rights of People Living with Disabilities.

**IR 3750/A0/05/005/003 Social Protection Sectoral strategies are HIV-sensitive and inclusive**

**Progress:** Since 2006, UNICEF has supported the Government of Rwanda to respond to ‘children and HIV’ guided by the principles of four Ps: 1- prevention of mother to child transmission of HIV, 2- Paediatric HIV treatment and care, 3- primary prevention of HIV among young people and 4- protection of children infected or affected by HIV (impact mitigation). While the rest of the three Ps have progressed well, the Ministry of Health and the Rwanda Biomedical Centre (RBC) in 2013, identified the child protection component as not being responded to adequately, deciding that the National Children Commission (NCC) with technical support from RBC could respond better to the needs of HIV infected or affected children. The latter are considered to be more vulnerable than the general population and more in need of support to access quality HIV services and hence the need for strengthening the capacity of social and child Protection systems to identify vulnerable women, children and adolescents, and support them to access HIV prevention and care services.

**From July 2013, regular consultations with NCC have resulted** in a decision to hold a workshop to conduct a mid-term review of the “protection of OVC” pillar of the action plan from the 2012 Paediatric Conference. The workshop will be led by NCC, with participation of all key stakeholders involved in the implementation of the pillar. The main objective of the workshop is to revise and operationalise the action plan, based on what has been done since the Paediatric Conference and what can realistically be achieved by the next Conference in 2014.

**IR 3750/A0/05/005/004 Evidence/research on child-poverty/disparities inform national/sub-national policy formulation/implementation**

**Progress:** UNICEF supported NISR by committing funds through a One UN joint Intervention and by supporting analysis of the census data 2013 in regard to three themes: disability, children and educational profiles.

The Revised Draft Family Policy has been finalised, together with the Strategic Plan validated and submitted to Cabinet for approval. This policy is critical for establishing and supporting a range of cross-sectoral initiatives on ECD, positive parenting, social protection and family strengthening. UNICEF will support the translation in Kinyarwanda for large dissemination early 2014.

UNICEF has supported a number of pieces of operational research work: Thematic surveys and assessments such as the Knowledge, Attitudes and Practices on Early nurturing and the impact of EDPRS I on children, which are ready for dissemination; the baseline report for the rapid assessment of re-integrated children is completed and draft report available; the VAC proposal has been successfully funded; and the contract has been awarded to Harvard University to conduct the ECD and Family baseline study. Furthermore, the Social Policy and Research team has provided input into a range of surveys and evaluations, including, Menstrual Hygiene Management, nutrition survey, DHS5, EICV4.

The GoR ‘National Disaster Management Policy’ continues to be the basis of UNICEF’s cooperation with the Ministry for Disaster Management and Refugees (MIDIMAR). **During the second half of 2013**, the following MIDIMAR Sectoral Papers were reviewed: Education, WASH, Nutrition and Protection

**IR 3750/A0/05/005/005 National and sub-national policies and strategies on disaster management, preparedness and response are child-focused.**

**Progress:** During the reporting period, training was conducted, both internally and for partners, on the application of the CCC (Core Commitments to Children in Humanitarian Action) and UNICEF leveraged resources at the regional level for technical assistance to review health and nutritional activities and management of children issues in the Nkamira transit camp as well as technical and logistics support in the development of the National Contingency Plan.

UNICEF, with the support of several partners, particularly the Government of Japan and DFID, strengthened the capacity of Kigeme and Gisenyi District Hospitals, through improvements in infrastructure and the provision of equipment, to provide maternal and child health services to an increasing numbers of refugees as well as the local population. Also medical kits and medicines were procured and distributed to Gisenyi DH to support the refugees in Nkamira Transit camp.

Together with UNHCR, UNICEF worked with the Nyamagabe District authorities, the Ministry of Education and schools for the successful
integration of over 5,000 refugee children into the local school system from January 2013. UNICEF contributed teaching and learning materials for over 7,000 children and strengthened the teaching capacity of 135 teachers in the host schools along with advocacy at the District and national level in support of the integration strategy. This model of integration has placed the education of refugees at Kigeme refugee camp on a sustainable footing, and is now being replicated in the new refugee camp in Mogambwa as well as at Nyabiheke refugee camp, through support from UNHCR and UNICEF.

**IR 3750/A0/05/005/006 All children and women in disaster situations and refugees have access to key interventions as per UNICEF Core Commitments for Children**

**Progress:** UNICEF constructed 8 pre-primary classrooms in Kigeme refugee camp in partnership with ADRA, and provided ECD services including a daily meal of porridge for approximately 4,500 children between the age of 0-6, in partnership with CARE. UNICEF trained 30 caregivers and mother leaders and provided 30 ECD kits and other learning and stimulation materials through the support of the Government of Japan. UNICEF provided 10 School in Box kits, 14,556 books and 14,080 readers and supported the training of 135 teachers in two schools serving over 5,000 refugee children.

UNICEF provided for the water and sanitation requirements of approximately 27,000 refugees in two camps providing 6 water stands with 24 taps, 212 latrine cubicles, 52 hand-washing facilities and 106 bathing rooms. Hygiene promotion campaigns were conducted, including the use of radio programmes, together with the distribution of 4,500 family hygiene kits.

UNICEF strengthened CP by providing 32,841 children in 5 refugee camps with protection services (psychosocial support, counselling, recreational/informal educational activities), and the identification and case management of child abuse cases, coordination and referral mechanisms between key service providers for legal, psychosocial and medical assistance.

UNICEF provided technical assistance to ensure quality case management of child illnesses in Nkamira camp. 15,000 treated mosquito nets were procured and 9,500 of them distributed to refugees in Kigeme in collaboration with UNHCR. Capacity building of community health workers in Kigeme and Nkamira camps on community health package for maternal new-born and child integrated health services was implemented through CONCERN Worldwide.

UNICEF trained 100 service providers on Community-based Management of Acute Malnutrition at both Nkamira Transit Center and Kigeme Camp. UNICEF also supported the training of CHWs on maternal infant and young child feeding in emergencies and procured therapeutic milk, emergency food ration and therapeutic food, as well as 1600 packets of deworming agents.

**IR 3750/A0/05/005/007 Programme support**

**PC 505 - Cross Sectoral Support**

**PCR 3750/A0/05/006 CPD-Cross Sectoral Support**

**IR 3750/A0/05/006/001 Communication, Advocacy, C4D, Partnerships and Knowledge Management**

**IR 3750/A0/05/006/002 Planning, Monitoring and Evaluation**

**IR 3750/A0/05/006/003 Salaries for staff under cross-cutting programmes**

**PCR 3750/A0/05/800 Effective and efficient programme management and operations support to programme delivery**

**IR 3750/A0/05/800/001 Effective and efficient governance and systems**

**IR 3750/A0/05/800/002 Effective and efficient management and Stewardship of Financial Resources**

**IR 3750/A0/05/800/003 Effective and efficient management of Human Capacity**

**PC 510 - R5: Social Protection**

**PCR 3750/A0/04/510 5B. Social Protection & Vulnerability Reduction: 5B.1 Social Protection 5B.2 Disaster Management**

**Progress:** The Government’s strong commitment has come as a result and in recognition of UNICEF’s multi-year advocacy efforts towards building an evidence-based child protection system (CPS), based on the following key pillars: Social Protection (SP) measures to break the poverty cycle; Legal & Policy framework for Child Protection (CP); Institutional framework at national and decentralised levels to oversee the system; Social Workforce providing services to & monitoring families and children; IMS and M&E system.

In the current UNDAF, UNICEF, UNFPA and UNW have helped to establish child abuse and GBV as priorities of Government’s agenda, signified by the adoption of new laws and policies on GBV and CP, a new GBV coordination framework under MIGEPROF and a network of decentralised services. All these successful results have contributed to make Rwanda internationally known and awarded. To sustain them. One UN will support the national scale-up of One Stop Centres. addressing leadership and ownership bottlenecks identified in 2012
joint evaluation, and strengthen the links of OSCs to the other CPS components.

**IR 3750/A0/04/510/001 SB.1.1 National and local capacities for the development, coordination and monitoring of an equitable social protection system strengthened (UNICEF, ILO, UNDP, UNW, WFP, WHO)**

**Progress:**

The biggest achievement for UNICEF within the Social Protection (SP) sector is the fact that child poverty and vulnerability have been identified as a sector priority for 2013-2018. UNICEF has influenced the shape of the future priorities on SP through active engagement in the sector working group (SPSWG) and strategic support on the quality assurance and drafting team of the new SP strategy. The practical priorities have also been informed by our strong engagement with stakeholders in this process. For instance, the advocacy of linking VUP public works to ECD, the links of the sector to rural development and the research on child poverty. The four sub-committees for SPSWG were set up and are functioning: Policy, Learning and Capacity Building; Systems and M&E; Finance; and Early Warning Systems. UNICEF actively participates on all of these committees.

Through technical support to specific programmes (such as VUP) UNICEF has been able to strengthen the design of impact evaluations and monitoring of programmes that are child-sensitive. The guidelines on Targeting, Exit and Graduation were approved. Training for capacity building has been provided through focused and custom-made courses, delivered in a variety of Ministries, including MINALOC, MIGEPROF and NCC.

A partnership with the “Rwandan Civil Society Platform” will help building capacity of the local civil society organisations in order to have skills and improved understanding on SP. To reach children with disability UNICEF was able to provide financial support to the National Council of People with Disabilities in conducting an assessment of the situation of children in institutions. Support is also provided in developing a Strategic Vision and Plan for the organisation, to allow it to design in consultation with stakeholders their interventions in order to reinforce their coordination role and monitoring of national engagements to International Instruments for Protection of Persons with disabilities.

**IR 3750/A0/04/510/005 Programme Support for all IRs of Social Protection programme**

**IR 3750/A0/04/510/006 SB.1.2 Enhanced national capacities to promote family cohesion and reduce social exclusion, violence, including GBV, abuse and exploitation of vulnerable persons and groups (UNICEF, UNFPA, ILO, UNW, UNAIDS)**

**Progress:** One of UNICEF’s major achievements towards strengthening the Child Protection System is its key contribution to the revolutionary shift operated by GoR in the protection of children without appropriate care. Working in close collaboration with NCC, UNICEF’s role has been critical in the adoption of the Strategy for National Child Care Reform that foresees to close down and transform orphanages and other residential institutions and to reintegrate children into family care.

Subsequently, UNICEF and NCC have developed a comprehensive implementation plan ensuring critical linkages between the child care reform process and the strengthening of the national child protection system.

UNICEF has also played a significant role to support NCC establish coordination mechanisms between public and private stakeholders involved in the reform process. Indeed, as numerous stakeholders will implement the Strategy, effective coordination both by the NCC as well as between partners is critical so to ensure that the reform is implemented consistently across the country. Another challenge lies in the 24-month timeframe for the reintegration of more than 3,000 children set by the GoR.

Key achievements in protection against violence included the finalisation of the National Scale-up Strategy for One Stop Centers (OSC) meant to provide guidance to partners in establishing OSCs. As a result of this model, 4 OSC are currently operational in Rwanda and 5 more are to be opened by end 2012. Technical support was also given to the Ministry of Health to develop streamlined data collection tools. The programme continued to support existing pilot OSC in Kacyiru (1,064 survivors treated) and Rusi (281) Districts. The majority of survivors, 65 per cent, are children and youth, and 95 per cent women and girls.

**IR 3750/A0/04/510/007 SB.2.2 Improved conditions of refugees ion of refugees in accordance with international standards (UNHCR, WFP, UNICEF, UNFPA)**

**Progress:**

Through the community-based CP interventions in the refugee camps, in partnership with UNHCR, UNICEF is providing support to over 44,000 children in 4 refugee camps. A new project was initiated to build on the first phase of moving towards a Child Protection System (CPS) approach in the camps. The project seeks to ensure that sustainable protection services are available while also encouraging a coordinated response and ownership by the community. As a result over 540 cases were reported since the initiation of the project from 2010 to the end of 2012 and continue to rise. Great achievements were made in relation to capacity to prevent and respond to violence against children included: (1) data monitoring tools are in place to systematically collected harmonised data relevant for all partners, (2) CP forums established in all camps, (3) customised SOPs developed for referral of cases of child violence neglect and/or abuse developed; (4) developed standards and guidelines for the development and running of ECD centres reaching over 2,000 children five days a week to ensure that they are taken care of in a safe environment while their parents are busy with providing for their families, (5) ...
targeted sensitisation sessions on child protection issues reaching over 36,000 people in a three month period. An on-going KAP survey will help identify key bottlenecks like negative social and cultural practices and attitudes towards child abuse and GBV. In order to increase sustainability and community ownership, while thinking of a possible exit strategy, UNICEF will assess the systemic approach used so far in the refugee settings and build on lessons learned and identified best practices, which will inform the broader work on child protection systems at national level.
Effective Governance Structure

The main objective of the year was to ensure a smooth transition to the new Country Programme, which began on 1st July. All priorities and objectives were defined early in the year and discussed and agreed by all staff during the Annual Management Plan retreat in February. Considering the revised Office structure for the new Country Programme, most of the Office committees were updated to ensure proper oversight structures were in place from the beginning of the new cycle. Given that the programme was starting in July (not January) a strategy to address potential challenges during the transition, particularly with VISION, was agreed during the Country Programme preparation process.

The CO key oversight structures remained. Weekly Senior Management Team meetings (Representative, Deputy and Chief of Operations); and monthly Programme Coordination Meetings, and Operations meetings, chaired by Deputy Representative and Operations Chief, respectively. The weekly Section Chief’s meeting, chaired by the Representative, was changed to Monday Morning Management meeting and expanded to UNICEF members of the UN Development Results Group and a second person from each section to ensure continuity, in case one is out of the office. All staff meetings were held monthly and key information and updates, including on E+E, were shared with all staff.

Programme Coordination Meetings and Operations meetings reviewed the respective management indicators prior to the monthly CMT, where key management oversight issues were discussed and key decisions made. Audit follow-up was closely monitored by the CMT and all open recommendations were closed in 2013. In addition to Audit, this year, a major focus was on budget utilisation. At mid-year, the focus was to ensure proper closing of the Country Programme and responsible and effective use of funding; after July, regular monitoring of DCT and fund utilisation remained a priority for the Country Office. The minutes of CMT were shared with all staff.

During the last quarter of the year, the CO submitted its slightly revised structure to PBR, capturing major focus in Nutrition for which the CO received almost US$22.5 million in funding from the Government of the Netherlands. This was also done in consultation with staff association and shared with all staff.

The Country Office organised an ERM workshop, facilitated by the Regional Office, where colleagues from other UN Agencies were also invited and the risk library updated.

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

During the last quarter of the year, the CO management and staff association organised an office retreat with main objective of team-building, improving communication and “unity in diversity”. It was very timely as there was considerable staff turnover with the new Country Programme and rotation. This exercise brought new energy and new commitment for the successful implementation of the new Country Programme.

Strategic Risk Management

In order to carefully review potential risk in implementation of the new Country Programme and as recommended by OIA, the CO organised an inter-agency Enterprise Risk Management workshop during first quarter of the year, facilitated by the UNICEF ESARO ERM focal point. Active participation from sister UN agencies was very much welcomed. During the meeting, potential risks associated with working under “Delivering As One” (DaO) as a UN family were discussed. HACT – and within HACT, macro- and micro-assessments – were extensively discussed. The CO also reviewed and updated its existing risk library.

As the Country Office continued to address recommendations coming out of the 2012 audit, CMT endorsed a number of major initiatives to systematically identify and mitigate potential risks in programme implementation and operations. An integrated field monitoring system was developed; a procurement
monitoring table with agreed unit costs was developed and endorsed; an HR recruitment status table maintained; and a Market Survey and Skill Gap analysis undertaken. All of these tools helped the CO to manage risks in the early stage of programme implementation.

The CO Business Continuity Plan was regularly updated, as and when there was a change in staffing. As considerable staff turnover occurred in 2013, the BCP was updated, considering the new CP. The planned simulation for BCP couldn't be completed due to other major priorities; it is now priority for early 2014.

The influx of refugees from neighbouring Eastern Democratic Republic of Congo continued in 2013, but the Office maintained a comprehensive level of standing preparedness following a reprogramming exercise in late 2012, which had allowed for procuring of stocks of emergency supplies, followed by the entering into a new partnership with DfID and UNHCR in March 2013 for sustaining a level of standing preparedness for 20,000 refugees.

During the year, the Country Office also updated the EWRA system, but the Office's approach of short-term support to emergency coordination is not sustainable and will be revisited for 2014.

**Evaluation**

No evaluations were conducted by UNICEF Rwanda in 2013. The IMEP was updated at the time of the Mid-Year Review, and it was agreed that a few formative evaluations including the Country Programme Gender Audit will be conducted as a part of MTR preparation process next year.

In 2014 the research committee co-chaired by the Chiefs of Social Policy and Research and PME, with membership from all sections, will be established and will have an oversight of the quality of evaluations.

**Effective Use of Information and Communication Technology**

In 2013, the UNICEF ICT team again played a leading role in the ICTWG (ICT working group) for Delivering as One in Rwanda, helping to developing and implement the ICT component of the Business Operations Strategy (BOS).

The One UN Rwanda BOS 2013-2018 is a medium-term strategic plan that focuses on One UN support services to the UN Development Assistance Plan and on benefits and opportunities arising from inter-agency coordination and cooperation on support service functions. The BOS focuses primarily on efficiency gains and reduction of costs; Rwanda was one of the pilot countries for its development and implementation.

As part of BOS, the UN ICT team has developed an action plan which it is estimated will lead to saving almost US$5 million for the UN overall in Rwanda within this country cycle. This will be achieved through having one V-SAT, one UN Internet Service Provider and one portal.

The Country Office has upgraded its telephone system, which is now more reliable and cost-effective. More than 30 lines are now available through PBX. Skype is installed on UNICEF computers and staff are encouraged to use it for interviews and day-to-day communication with other UNICEF offices which have Skype integrated to their PBX systems. However, Skype integration with PBX for RCO is pending, due to SIP license constraints from the supplier. But the infrastructure is already in place and can be activated with the help of NYHQ. VOIP and Off net are available and fully functional and accessible to staff.

New radio bridges were installed in the residences of the Management, giving them 24/7 access to UNICEF systems, including telephone extensions and VOIP services. These locations serve as Business Continuity locations and many staff can access all office servers and applications including Vision and access to share drives using WIFI installed in these locations.

Essential staff and section heads were also provided with a USB internet key and can use Cisco any connect for remote access to the server’s applications and Vision from any location within Rwanda.

Obsolete ICT Equipment is managed through PSB rather than through disposal through local companies. This year PSB was organised and all obsolete and non-functional equipment (especially UPS batteries) were sold.
through auction.

The Office implemented the virtualisation of servers, and more than eight physical servers were removed and configured as Virtual Servers, which resulted in greater efficiency and cost reduction. Rwanda Country Office was the first Office in the region to fully implement and use DHCP and UNIVERSAL Wireless connection introduced by NYHQ, which has helped the UNICEF visitors to access their office systems through the wireless solution, without involving local ICT.

Programmatically, the Rwanda CO uses Rapid SMS as a monitoring tool for maternal and child survival, expanding in 2013 to nutrition monitoring and early detection of cleft palate. ICT has always been key in health programme implementation, and the incoming ICT specialist will be supporting ICT4D in 2014.

### Fund-raising and Donor Relations

Nutrition attracted significant donor interest and support in 2013. UNICEF Rwanda signed a US$17.7 million contract with the Embassy of the Kingdom of Netherlands to accelerate reduction of stunting among under-two children. This multi-layered partnership will be implemented together with civil society organisations, UN agencies and the Government. An additional 5 million euros was received for a UNICEF multi-country nutrition programme also funded by the Government of Netherlands. The One UN through REACH signed a US$3 million contract with Swiss Development Cooperation, channelled through WFP; and USAID continued to provide significant funding to UNICEF for implementation of District plans for the elimination of malnutrition.

KOICA, a new donor, provided a generous contribution of US$4.5m for saving maternal and new-born lives through Rapid SMS scale-up in 10 districts.

Corporate Partnerships received a new boost with UNICEF’s largest corporate donor, IKEA foundation, contributing US$50,306 through the Schools for Africa programme. The Education Toolkit updated in early 2013 was instrumental in receiving US$3,841,001 through the National Committees which included US Fund, Finnish, Belgian and Swiss Committees. The Education programme and the new ECD+ Family programme received an important boost from DfID, which supported construction of five pre-primary and five ECD+F facilities.

In 2013 the Government of Japan supported the emergency response for the refugee population from Eastern DRC in the amount of US$2,056,120. The funding was used for critical work in education, ECD, health, water and hygiene and sanitation. UNICEF Rwanda was able to secure a consistent level of standing preparedness thanks to a new major partnership with DfID and UNHCR; UNICEF also received US$639,353 from CERF.

Sonta International continued to support the key areas of Child Protection and HIV/AIDS by providing US$247,500 in 2013.

In 2013 the CO submitted all but one of its donor reports on time and mobilised 163 per cent of resources towards the OR ceiling in the CPD. In addition to the reprogrammed regular resources amounting to US$8,850,000, the CO was able to mobilise resources from other donors, including the One UN Fund amounting to US$1,727,896. As a Delivering as One Country with a UN Country Fund, significant attention was paid in 2013 to replenishing the Fund and to generating thematic and earmarked contributions.

All PBAs expiring during the reporting period were fully utilised (100 per cent) and monthly reports on fundraising and contribution management were monitored by both PCM and the CMT to ensure use of funds and avoid unnecessary extension of PBA duration.

The CO continues to maintain good relations with current and new donors through professional documentation (photos, videos, human interest stories etc.), official social media channels, regular correspondence and updates on programmes. The CO successfully organised donor missions, which included the IKEA Foundation, Starwood Hotels and KOICA that have generated increased interest for supporting children and women in Rwanda.
Management of Financial and Other Assets

The CO was audited in 2012 and all remaining open recommendations were closed in 2013. Even though there was no rating on the Audit Report, there were very few recommendations within the operations area.

All previous years’ account payables and receivables were cleared. Receivables for 2013 (especially VAT entries) are under control – VAT refunds up to September 2013 were claimed, and for the period October to December claims will be made during first quarter of 2014.

UNICEF Rwanda CO was able to mobilise 95 per cent of all OR ceiling of CPD 2008 – June 2013 enabling the achievement of key programme results. Within the first six months of CPD July 2013–June 2018, the CO had already mobilised 20 per cent of its OR ceiling.

The CO maintained a strong contribution management system in 2013, tracking due donor reports, expiring grants, DCT and RR & ORE spending into management indicators monitored on a weekly and monthly basis through section chief’s meeting and CMT. During 2013, Bank Accounts and Cash Accounts were reconciled and uploaded in VISION within prescribed deadlines and the closure timetable determined by DFAM. Outstanding reconciliation items were regularly processed/recorded and no outstanding reconciliation was pending for more than one month. Liquidation of DCT was generally done in a timely manner and close follow-up of DCT liquidation that encountered “system”-related problems was accomplished through service calls; all problems were resolved. The CO had zero DCT over nine months at year’s-end.

RR funds were utilised at 99 per cent (commitment + spent) and were spent at 94 per cent. The unspent commitments were mainly due to offshore emergency supplies ordered in order to respond to the expected refugee influx from DRC. Emergency grants expired in 2013 were fully utilised, and those expiring in the first quarter of 2014 were utilised at 82 per cent. The implementation rate for the support budget also reached 100 per cent for utilisation and 93 per cent for actual.

Grants expiring in 2013 were utilised at 100 per cent and were used as per donor conditions and within the original duration, except for three grants that were extended into 2014 by the donor to allow full utilisation. The delays were caused by construction activities in two instances, (SC130231_DfID fund extended until March 2014, SM130074_Japanese fund extended until end of January) and SC080517 One UN fund extended until June 2014 to allow finalisation of joint activities with UNFPA and other sister agencies.

Management indicators including DCT and due donor reports were closely monitored by CMT. This led to satisfactory results for both indicators, especially for DCT for which the office managed to have less than 1 per cent of outstanding DCT over nine months during the year and zero balance as of 31 December 2013.

Efficiency Gains: As part of One UN, Rwanda developed a Business Operations Strategy (BOS) in 2013, the main focus of which is to sharpen efficiency and effectiveness. Since implementation of the BOS had only just started in late 2013, the results will start to be seen in 2014. However the BOS target is to save almost US$15 million within this programme cycle (2013-2018).

The CO maintained the significant improvement on FOREX exchange that started last year with the assistance from DFAM by procuring US dollars through international banks in global market when the negotiated rates with the local bank in Rwanda were not favourable due to on-going exchange rate fluctuation. As of 4 December 2013, the gain was US$157,831.14.

The unapplied receipts account was closely monitored and the balance of open items was zero at the end of the year. Staff balances (PAR) are also closely monitored and the clearing open balance (mainly linked to travel) is under process. For 2014 Staff balances will be systematically and timely cleared.

As part of HACT implementation, programme visits were regularly conducted; two special audits were conducted in November 2013 and four joint spot-checks of financial and programmatic activities were conducted successfully during the 1st semester of 2013. The second semester started with the new CP July
2013-June 2018, and UNICEF, with Ex-com agencies, are preparing a joint micro-assessment for implementing partners; a consultancy contract is expected to be signed in first quarter of 2014.

**Supply Management**

The Supply Unit delivers required supplies for programme implementation and emergency response, as well as procurement services for Government, including medical supplies through the Supply Division in Copenhagen. In 2013, the CO procured goods and supplies in all areas consisting of medical equipment, long-lasting insecticide-treated nets, therapeutic food, micronutrients, motorcycles, kerosene and printing, ECD kits and recreation kits, in addition to regular office supplies.

The CO supported the Ministry of Health to procure EPI commodities, including GAVI Alliance support for vaccines, DTP-HepB-Hib and PCV-13, Rotavirus, Human Papillomavirus (HPV) and Measles- Rubella (MR) worth about US$16 million. The MR vaccine will be included in the routine vaccine schedule from January 2014. UNICEF supported MoH to expand vaccine storage capacity at national level by hiring cold rooms. The CO successfully conducted a local market survey which gave clear direction on what items could easily be procured locally and what are not available. Considering Rwanda’s small market, the market survey provided a tool for making decisions on strategic sourcing, although most supplies are procured through offshore methods.

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. After conducting the market survey the quality of supplies procured locally has improved and the quality of the supplies from offshore has remained high. The pre-delivery inspection visits made by the supply team jointly with concerned section were also critical to get the right quality of supplies.

The CO participated in one UN Procurement Group activity. Common LTAs agreed at UN level helped to ensure savings, especially in staff time. Several LTAs set up in 2010 were implemented, monitored, evaluated and renewed where necessary. The existing LTAs are for the following services: cleaning services, security services, transport services, courier services, travel services, translation services, office stationary.

A monitoring tool of supplies was put in place and regularly updated. A monthly report on supplies’ status was shared with programme colleagues through the Programme Coordination Meeting.

The CO is grateful to Supply Division for excellent support provided during 2013. As VISION is still relatively new in its implementation, the CO did face challenges but with close collaboration with SD and the Regional Office, the CO is managing as well as possible.

A Supply Chain Management training was concluded on 4-5 June 2013. Partners were identified by the HACT task team by reviewing past record of implementation and also considering the new Country Programme. This was well received by the partners and appreciated.

The total procurement value for the CO in 2013 was about US$5 million, including regular programme and emergency programme supplies. The breakdown is:

- Programme Supplies US$ 2,059,046
- Operations Supplies US$ 139,752
- Institutional contracts US$ 2,316,794
- Direct Constructions US$ 535,400

The CO supported US$16 million worth of procurement services.
Human Resources

2013 saw significant changes in Human Resources in the course of transition to the new Country Programme. The new structure was designed in line with new CP’s results and closely aligned with national Government priorities. Four International staff moved to new duty stations while three new IPs joined the Rwanda Office. By the end of 2013, the CO had completed recruitment of 11 IPs 9 NOs, two GS and 58 consultants.

Due to funding constraints, the CO was unable to recruit a regular HR specialist. However, this was strategically compensated with TA, missions and short-term consultants, which managed to successfully recruit all the new positions, supported by only one HR assistant.

Efficiency was maintained with regular update and sharing of HR recruitment status and monitoring table with senior management. Prudent monitoring included indicators of geographical distribution, gender status, PER and PAS completion.

Capacity building to strengthen staff capacities and competencies was a priority in 2013. Four trainings were successfully organised, including CBI training and performance management for results, effective management of PER and PAS, Programme Policy Process (PPP) and interview preparation and the art of writing CVs. In addition, other learning opportunities were provided through four groups including: e-learning, distance learning (including universities and training organised in various clusters), exchange programmes and global & regional events (workshops and network meetings).

There were examples of hard work and commitment being rewarded, when two national officers got promoted to international positions and two GS undertook support missions in Tunisia and Comoros. This has resulted in positive morale and motivation within the Rwanda CO team.

Staff morale continued to be high on the Management agenda. In November, the Director of DHR visited Rwanda CO to deliver a special session on coaching and mentoring for all staff, while also making time for individual discussions. This was followed by an Office retreat with “Team Building” as the theme, which contributed to a positive work environment in the Office.

UNICEF Rwanda continues to focus on gender equality, with a female/male ratio of 47/53. Diversity is also given due consideration; with a current representation of 13 nationalities.

Three JCC meetings were completed to discuss issues around recruitment processes, communication within the office, mutual respect, work relations and team work.

During the last quarter, the Office conducted a skill-mapping and gap analysis of existing staffing. The results of the exercise will contribute to the learning and development plan for 2014.

Efficiency Gains and Cost Savings

In 2013 the One UN in Rwanda finalised its Business Operations Strategy (BOS), prepared by the inter-agency operations team with oversight from the inter-agency operations managers’ team, focusing on effectiveness and efficiency. The BOS is included as an annex in the UNDAP and has an action plan for the entire period of the Country Programme. The OMT will review the action plan regularly and report on progress annually. Since the document was only finalised during last quarter of the year, results will be expected from 2014. UNICEF Rwanda’s Chief of Operations was one of the main facilitators of the entire process and UNICEF Rwanda has already started to apply it in its regular practice.

Using signed LTAs, effective management using Forex for currency conversion and harmonising business processes in recruitments are only few of the initiatives that UNICEF is currently implementing. By properly managing foreign exchange the CO saved approximately US$160,000. A significant amount was also saved by using existing long-term agreements. A full calculation will be made during the first quarter of 2014.

Besides BOS, the CO always looks for innovative ideas on how “Value For Money” principles could be
implemented. While organising procurement and supply training for implementing partners, the CO used resources available within sister agencies. UNFPA, UN WFP and UNDP team jointly facilitated the training. For local recruitment, the CO shared the JDs and recruitment documents to save time for similar recruitment. Similarly, on the procurement process, the CO worked closely with its sister agencies to avoid duplication.

### Changes in AMP & CPMP

As the AMP for 2013 was prepared considering the priorities of new Country Programme, there will not be significant changes in the AMP for 2014, except some key priorities will be modified taking lesson learned from 2013 experiences. The Country Office will seek advice from ESARO on whether to operationalise a rolling Annual Management Plan, given the change in programme cycle from July-June.

Budget monitoring will remain a priority, but the CO will place more focus on HACT implementation, possibly jointly with other UN Agencies. Implementation of BOS will also be a priority and innovation in every possible area will be explored.

### Summary Notes and Acronyms

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<th>Description</th>
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<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
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<td>AU</td>
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<td>ART</td>
<td>Anti-retroviral therapy</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BOS</td>
<td>Business Operations Strategy</td>
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<td>CARE</td>
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<td>CBI</td>
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<td>DRC</td>
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<td>DRG</td>
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<td>ECD&amp;F</td>
<td>Early Childhood Development and the Family</td>
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<td>EDPRSII</td>
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<td>GAVI</td>
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<td>Acronym</td>
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<td>GBV</td>
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REB  Rwanda Education Board
RR  Regular Resources
SIP  Session Initiation Protocol
SMS  Short Message Service
SUN  Scaling Up Nutrition
STI  Sexually Transmitted Infections
TA  Technical Assistance
U5MR  Under-five Mortality Rate
UK  United Kingdom
UN  United Nations
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNDAP  United Nations Development Assistance Plan
UNFPA  United Nations Population Fund
UNHCR  United Nations High Commissioner for Refugees
USAID  United States Agency for International Development
VOIP  Voice Over Internet Protocol
VUP  Vision 2020 Umurenge Programme
WASH  Water Sanitation and Hygiene
WFP  World Food Programme

### Document Centre

#### Evaluation

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