

22 July 2009

United Nations Children's Fund
Executive Board

Revised country programme document

Burundi (2010-2014)

The draft country programme document (CPD) for Burundi (E/ICEF/2009/P/L.3) was presented to the Executive Board for discussion and comments at its annual session of 2009 (8-10 June). The Executive Board approved the aggregate indicative budget of \$49,325,000 from regular resources, subject to the availability of funds, and \$50,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2010 to 2014.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the annual session. The revised CPD will be approved by the Executive Board at its second regular session of 2009.

Basic data[†]
(2007, unless otherwise stated)

Child population (millions, under 18 years)	4.4
U5MR (per 1,000 live births)	180
Underweight (% moderate and severe, 2005)	39
Maternal mortality ratio (per 100,000 live births, 1993-2005)	620 ^a
Primary school enrolment/attendance (% net, male/female, 2006)	76/73
Survival rate to last primary grade (% , 2005)	78
Use of improved drinking water sources (% ,2006)	71
Use of improved sanitation facilities (% , 2006)	41
Adult HIV prevalence rate (%)	2 ^b
Child labour (% , children 5-14 years old, 2005)	19
GNI per capita (US\$)	110
One-year-olds immunized with DPT3 (%)	74
One-year-olds immunized with measles vaccine (%)	75

[†] More comprehensive country data on children and women are available at <http://www.unicef.org>.

^a The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 1,100 per 100,000 live births. For more information, see <http://www.childinfo.org/areas/maternalmortality/>.

^b A survey by the National AIDS Control Commission (CNLS) conducted in 2007 indicates a prevalence rate of 3.58% for the population segment aged 15-49 years.

Summary of the situation of children and women

1. With 8.03 million inhabitants and a 2.9 per cent growth rate,¹ Burundi has one of the highest population densities in Africa (300 persons/km²). Ranked 172 out of 179 countries in the 2009 *Human Development Index*², Burundi has seen poverty increase from 48 to 67 per cent between 1994 and 2006. Children and women are especially affected and suffer disproportionately from poor access to social services, illiteracy and food insecurity. Despite low productivity of small farms, loss of livestock during the war and lack of agricultural inputs, food crop production is growing in line with population growth, following a 28 per cent decline between 1993 and 2006. Rising food prices (28 per cent in 2007-2008) affect livelihood and increase vulnerability to threats such as flooding, droughts, landslides and the impact of climate change. It is unlikely that Burundi will reach Millennium Development Goal 1. An annual gross domestic product (GDP) growth of 5 per cent is required to halve the poverty rate by 2016; the country achieved a 3.2 per cent growth in 2007, following a decade in which GDP per capita fell by 33 per cent.³

2. As Burundi moves from post-conflict recovery to development, implementation and monitoring of the peace process within the Strategic Framework for Peacebuilding in Burundi (SFPB) continues under Security Council resolution

¹ The growth rate will likely increase with populations returning from Tanzania.

² *Human Development Report 2009, based on 2008 data.*

³ World Bank Data.

1719. The mandate of the United Nations Integrated Office in Burundi (BINUB), led by an Executive Representative of the Secretary-General, continues under Security Council resolution 1858 until December 2009. As a permanent member of the Peacebuilding Commission Steering Committee, co-chaired by BINUB and the Government of Burundi, UNICEF heads the integrated group on monitoring and evaluation and co-chairs the group on human rights. Under the leadership of the Humanitarian Coordinator, UNICEF leads the Inter-Agency Standing Committee humanitarian clusters on nutrition, water, sanitation and hygiene (WASH) and education, and the child protection sub-cluster.

3. The security situation remains fragile, with the entire country reclassified to Phase Three. Nevertheless, following the agreement signed between the Government and the remaining rebel group, Palipehutu-National Forces of Liberation (FNL), on the 4 December 2008, significant strides have been taken in the Burundian peace process: FNL officially became a political party in April 2009, after dropping the ethnic connotation of its name. In April 2009, 340 children were separated from FNL and returned to their families and communities. One month later, the last group of 40 children was separated from the 'dissident' faction of FNL. The main challenge is to ensure a sustained reintegration of the children. Elections scheduled for 2010 require further reconciliation. Land conflicts, criminality, banditry, and targeted murders are major challenges to social reconstruction. Protection of children's and women's rights remains a problem — with serious cases of exploitation and abuse of vulnerable groups, such as street children, working children, children associated with armed groups, children in prison, orphans and vulnerable children — as does sexual and gender-based violence. The rights of marginalized groups are threatened, including the indigenous Batwa people, albinos and children with disabilities.

4. Two field offices were established in 2004, Ruyigi and Makamba (closed in 2007) to strengthen the UNICEF response to natural disasters and to the increasing numbers of returnees from Tanzania, who had fled Burundi in 1972 and 1993. Since 2002, over 491,000 returnees and 313,000 internally displaced persons (IDPs) have been reintegrated in the country. This is a challenge, given the broken families, the landless status of some 30 per cent of refugees and the need for children born in Tanzania to learn a new language, as well as the pressure on already overstretched social services. Reintegration will continue in 2009 for some 73,800 repatriated refugees and 117,000 IDPs.

5. With the war, infant mortality escalated within a decade, from 113 per 1,000 live births in 1990 to 156 per 1,000 live births in 2000, while under-five child mortality increased from 189 per live births to 233 per 1,000 live births. By 2007, mortality rates fell to below pre-war levels: 108 per 1,000 live births for infants and 180 per 1,000 live births for children under five years of age. Immunization coverage has increased for eight antigens and vitamin A supplementation, from 72 per cent and 38 per cent, respectively, in 2000 to 94 per cent and 96 per cent, respectively, in 2007 (Ministry of Public Health). Direct causes of mortality are neonatal deaths (40 per 1,000 live births) and inadequate prevention and treatment of malaria, diarrhoea and acute respiratory infections. Contributing factors are declines in access to clean drinking water and sanitation, dropping to 69 per cent and 32 per cent, respectively, in 2005 (Multiple Indicator Cluster Survey [MICS]), as well as inadequate hygiene, poor feeding practices, food insecurity and associated large numbers of stunted and underweight children, with (combined moderate and

severe) prevalence rates of 53 per cent and 39 per cent, respectively. Strong leadership and commitment will enable further progress towards reducing child mortality (Goal 4) and attainment of the clean drinking water target (Goal 7). Malaria incidence and HIV prevalence have declined since 2002, although strong action is required to reduce HIV infection, especially in prevention of mother-to-child transmission of HIV (PMTCT), paediatric treatment, and education of adolescents and youths on preventive practices (Goal 6).

6. Between 2000 and 2007, Burundi experienced an impressive drop in maternal mortality, from 800 per 100,000 live births to 620 per 100,000 live births, despite the persistence of inadequate maternal and obstetric care. Following the introduction of free health facility-assisted deliveries in 2006, initial antenatal visits increased from 78 per cent to 98 per cent between 2000 and 2007, while birth assistance increased from 25 per cent to 41 per cent during the same period (Ministry of Health). Although this is an important initiative, it further strains an already weak health system.

7. The abolition of primary school fees in 2005/2006 led to increased net enrolment rates, rising from 59 per cent in 2004/2005 to **84.6** per cent in 2007/2008, with gross enrolment increasing from 81 per cent to **122.7** per cent over the same period⁴. This has especially benefited a large number of over-age children who dropped out of school during the war. However, improved access creates further challenges to the quality of primary education, such as lack of qualified teachers and learning materials, inadequate school infrastructure, overcrowded classrooms (86 children per class), and reduced learning times (3.5 hours per day). This resulted in a repetition rate of 30.3 per cent and a completion rate of 40 per cent in 2006.⁵ Particularly affected are older girls and the members of vulnerable groups; in addition, significant geographical and gender disparities remain. Nevertheless, universal primary education (Goal 2) can be attained, provided that national leadership pursues improved qualitative standards.

Key results and lessons learned from previous cooperation (2005-2008)

Key results achieved

8. The key results expected were reductions in child and maternal mortality and mother-to-child transmission of HIV, increases in access to clean drinking water and basic sanitation, as well as improvements in the protective environment. These were brought about by influencing policy analysis, leveraging resources, collecting reliable data on child poverty and encouraging participation of children, youth and women, as well as nongovernmental organizations (NGOs) and civil society, at central, provincial and community levels. Emergency preparedness and response (EPR) has been mainstreamed within a framework of peacebuilding, reconstruction and development.

9. One key results area focused on addressing grave child rights violations. UNICEF participation in the United Nations Peacekeeping Commission technical team within the BINUB integrated framework added value to joint programming: on

⁴ Ministry of Primary and Secondary Education statistics, February 2009.

⁵ World Bank estimates.

children associated with armed groups; prevention of maiming and killing; sexual violence; attacks on schools and hospitals; abduction; addressing the denial of humanitarian access; and reintegration of IDPs and returnees.

10. There were a number of key results on technical assistance in areas of comparative advantage of UNICEF: contributions to policy development; the inclusion of key priorities for child survival (PMTCT and paediatric care) into the revised 2006-2010 Poverty Reduction Strategy Paper (PRSP);⁶ and the shaping of subsequent action plans. Contributions were made towards the development of a road map for maternal mortality reduction, the sector-wide approach in education, the preparation of the International Health Partnership Agreement, adoption and promotion of the community-led total sanitation approach and the national strategic plan against HIV and AIDS, as well as validation the national reproductive health policy. Support was provided to the education sector plan (2008-2016) and, following a gender audit at primary level, to the development of a girls' education policy, as well as to an intersectoral policy on early childhood development (ECD). In addition, national action plans were approved for the justice sector (2006-2009), orphaned and vulnerable children (OVC) (2007-2011) and hygiene and sanitation (2008-2010).

11. Key achievements in primary health care include the following: 750,000 free long-lasting insecticide-treated nets (LLITN) distributed to 430,000 pregnant women and 320,000 children under five in 2007-2008; an additional 2 million nets leveraged for distribution in 2009; acute malnutrition prevalence reduced to less than 10 per cent; and deworming initiatives benefiting 4.2 million children and 100,000 pregnant women. UNICEF advocacy was instrumental in the abolition of primary school fees (starting in 2005/2006) and of birth registration fees for children under five (in August 2008), as well as in the adoption of free health care for children under five and pregnant women during delivery (in 2006). The Penal Code was recently approved by Parliament.

12. Specific results were achieved in the education sector: (a) primary school gender parity ratio increased from 0.91 in 2005/2006 to at least 1 in four of the 17 provinces in August 2007; (b) 40,400 children benefited from 800 newly constructed classrooms; (c) learning materials were provided to 400,000 OVCs in the 2007/2008 school year and to 350,000 children in public schools in the three provinces with the lowest education indicators in 2008/2009; (d) the capacity of 5,000 teachers and 10,000 educators and parents was strengthened; (e) some 875 repatriated children benefited from intensive language classes; and (f) over 1,250 out-of-school children participated in a catch-up programme.

13. In the area of HIV, women and children benefited from PMTCT and treatment for paediatric AIDS, with an increase from 22 to 104 facilities during 2006-2008. UNICEF support allowed the 2008-2010 plan for PMTCT and paediatric care to be scaled up, helped Burundi gain access the 8th round of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (\$127 million), and encouraged the integration of HIV and AIDS education into primary and secondary school curricula.

⁶ The PRSP, referred to as Cadre Strategique de Lutte contre la Pauvreté (CSLP), was adopted by the Government in September 2006, covering the period 2006-2009. During the review of the first-year implementation it was decided that the PRSP would end in 2010 and a new one be developed.

14. In the area of communication for social change, UNICEF advocacy helped strengthen the national commitment to children's rights, as evinced in the debates in Parliament leading to the approval of the National Action Plan for OVCs.

15. Attention was given to emergency issues, resulting in the development of an EPR plan led by the Government; since 2008, the plan is being coordinated by the National Civil Protection Platform and supported through the cluster approach.

16. In 2008, the Government of Burundi submitted its first periodic report on the Convention on the Rights of the Child to the Committee on the Rights of the Child; UNICEF promoted the translation and dissemination of the document and also supported the preparation of alternative reports by non-governmental organizations (NGOs). Burundi's first periodic report on the Convention on the Elimination of All Forms of Discrimination against Women is expected in 2009. UNICEF and local partners will support the Government in the preparation of this report and in reporting on the two Optional Protocols to the Convention on the Rights of the Child (on children in armed conflict and on the sale of children, child prostitution and child pornography).

17. The peacebuilding process **facilitated the reintegration of returnee families. Children** associated with armed groups **successfully returned to their families and communities.**

18. The availability of updated disaggregated data and access to that data was improved with the MICS (2005), and the setting-up of an updated version of the national socio-economic database (BurundInfo). National surveys were conducted on nutrition (2005, 2007), HIV (2007) and school environment and its impact on health (2007-2008). The population census conducted in August 2008 was supported by UNICEF.

19. The validation of the situation analysis of children and women in August 2008 helped to fill the outstanding gaps in reviewing the PRSP and in identifying gaps to achieving Goals.

20. Against the \$41.5 million resources to be leveraged during the period 2005-2008, a total of \$25.7 million⁷ was mobilized from the following donors: (a) bilateral partners (Governments of Belgium and Japan); (b) multilateral agencies (European Commission; World Bank); and (c) development partners (Canadian International Development Agency (CIDA); Swedish International Cooperation Agency (SIDA); Department for International Development (DFID) of the United Kingdom).

Lessons learned

21. For 2005-2008, efforts focused mainly on the humanitarian assistance. This resulted in a weakness in programme convergence, as most interventions were vertical. As Burundi moves towards a development framework, programme convergence will be reinforced to achieve cost-effective and high-impact interventions aimed at accelerating a decrease in child mortality.

⁷ The planned amount for 2005-2008 was \$34.9 million. In 2008, the country office requested a ceiling increase of \$6.6 million as a result of expected pledged contributions (\$13.5 million - EU Water Facility). However, the pledged funds were held as a result of the security situation of the country.

22. Due to advocacy and communication measures, promotion of children's rights, child protection, HIV/AIDS reduction, and youth development were placed on the political agenda. However, protection activities remain ill-defined and poorly focused and need a clearly articulated comprehensive strategy, while the separate HIV/AIDS programme made it difficult to undertake integrated programming and monitoring.

23. A joint project by UNICEF, United Nations High Commissioner for Refugees (UNHCR), World Food Programme (WFP) and World Health Organization (WHO) to support the reintegration of returnees led to cost-efficient interventions and greater participation and ownership by the Government. A steering committee was instituted, which meets monthly at UNICEF and is co-chaired by the Minister of Solidarity and UNICEF.

24. Child survival and development needs closer monitoring of indicators leading to a reduction of child mortality and a stronger focus on cost-effective, high-impact interventions, especially community- and home-based care, improved feeding and food fortification practices for pregnant and nursing women, improved water, sanitation and hygiene practices, PMTCT and paediatric care, and a stronger emphasis on ECD.

25. Analysis of the national statistics for the last three years and the preliminary results from the gender audit of the primary education sector show geographic and gender disparities. Consequently, a gender strategy is proposed, to strengthen equitable outcomes in access, retention and completion rates for girls and boys.

The country programme, 2010-2014

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Health and nutrition	14 800	21 850	36 650
Basic education, gender equality and HIV prevention in young people	11 835	15 795	27 630
Water, sanitation and hygiene	4 935	2 015	6 950
Child protection	6 905	4 580	11 485
Communication for Development	2 308	1 565	3 873
Cross-sectoral	8 542	4 195	12 737
Total	49 325	50 000	99 325

Preparation process

26. The joint development of UNDAF+⁸ by the United Nations and Government of Burundi was a participatory process, involving civil society and bilateral partners

⁸ As a follow up to Security Council resolution 1719, BINUB was established on 1 January 2007.

who contributed to the overall programme orientation, enabling a harmonization of the country programme document with UNDAF+. Annual reviews and the situation analysis provided national reference points and information about the capacity gaps. A joint review of the 2008 bridging programme by the Government, UNICEF and civil society and a general programming meeting were followed by joint sector meetings that reviewed the situation and proposed results and strategies. The validation exercise of the situation analysis in 2008 provided rights holders and duty bearers at the decentralized level an opportunity to validate the findings and participate in the country programme's development. A joint meeting among government, United Nations and other partners in January 2009 validated the country programme within the framework of the UNDAF+ (2010-2014).

Goals, key results and strategies

27. The overall programme goal is to contribute to child survival and development through cost-effective, high-impact interventions, using human rights-based and results-based management approaches, geared to advancement toward Millennium Development Goal targets.

28. **Health and nutrition programme.** This programme will contribute to the reduction of infant mortality rate from 108 to 72 per 1,000 live births, under five mortality rate from 180 to 120 per 1,000 live births and maternal mortality ratio from 620 to 415 per 100,000 live births through the following key results: (a) complete immunization levels are over 90 per cent; (b) 60 per cent of births are attended by skilled personnel; (c) 60 per cent of pregnant women benefit from PMTCT services in compliance with WHO recommendations, with access to paediatric treatment where necessary; (d) 80 per cent of pregnant women and children under five sleep under LLITNs; (e) intermittent presumptive treatment of malaria for 50 per cent of women attending ante-natal visits; (f) prevalence of underweight children under five is reduced to 29 per cent; and (g) 80 per cent of children are exclusively breastfed up to 6 months.

29. **Basic education, gender equality and HIV prevention for young people programme.** This programme will achieve the following key results: (a) national policies and strategies approved for reducing repetition and drop-out and improving availability of text books and teacher training; (b) access to primary education expanded by increasing learning opportunities for primary school girls and boys through provision of education materials, learning spaces and special programmes to promote gender equity in selected provinces with high rates of disparities; (c) all children and caregivers participating in ECD centres benefit from an holistic package of interventions;⁹ (d) child-friendly schools are set up in 90 per cent of schools in selected provinces; (e) HIV prevention is effectively taught in schools; and (f) 80 per cent of adolescents and youths (12-19 years) have the knowledge needed to reduce HIV risk and vulnerability.

30. **Water, sanitation and hygiene programme.** This programme will contribute to the following key results: (a) increased household access to quality drinking water and improved sanitation, with coverage rising to 76 per cent and 71 per cent, respectively, and particular attention given to vulnerable and marginalized

UNDAF is replaced by UNDAF+ to reflect the United Nations support framework to peace consolidation and development in Burundi.

⁹ Education, nutrition and feeding practices, environmental sanitation, hygiene and protection.

populations; (b) 80 per cent of households in provinces with lowest access to water and basic sanitation have improved hygiene practices, with a focus on hand washing with soap/ash, safe household water storage and treatment, and latrine use; and (c) overall increase in water supply and gender-separate sanitary facilities in primary schools, including full (100 per cent) access for schools in provinces with the lowest coverage.

31. **Child protection programme.** This programme will achieve the following key results: (a) existing child protection committees are strengthened and regulated; (b) justice for children is recognized within the judiciary system, including child-friendly procedures for child victims, witnesses and offenders; (c) data collection and analysis on child rights violations, including child trafficking and exploitation and use of children in prostitution and pornography, conducted and used in reports on international conventions; (d) 50 per cent of nationally estimated OVCs have access to an efficient child protection system that responds to their immediate needs, as defined in the national OVC policy; and (e) strategies for prevention and response to violence, abuse and exploitation of children integrated in communal development plans.

32. **Communication for development programme.** This programme will contribute to the achievement of the following key results: (a) community-level participatory research on behavioural practices help develop messages aimed at changing practices that contribute to reducing child mortality and improving the lives of children; and (b) monitoring indicators developed and studies carried out (one baseline and two additional studies at key intervals, such as midterm and end-of-cycle reviews) to regularly monitor changes in behaviour, attitudes and practices.

33. The overall strategy will be rights- and results-based in purpose and management, and will combine advocacy and policy dialogue at the national level and service delivery down to the household level for the promotion of children's rights. UNICEF will focus on the most vulnerable and marginalised groups, aiming to reduce geographic, social and gender disparities. HIV interventions will be integrated into the programmes on health and nutrition, basic education and child protection. Communication for development will contribute to behaviour change and participation in decision-making by duty bearers and rights holders. Planning and monitoring will support programme design and tracking of results, while EPR will be cross-cutting, to enable a flexible, intersectoral response. The field office will be relocated to Gitega to improve programme delivery, enhance the joint United Nations response and increase efficiency.

Relationship to national priorities and the UNDAF+

34. Programme strategies are aligned with national priorities as defined in the Strategic Framework for Peacebuilding in Burundi, the PRSP (2006-2010), the Burundi 2025 vision and other policy documents, in particular for health, WASH, education, ECD and OVCs. A national gender policy has been approved but not yet implemented.

35. In 2008, the Government opted for the principle of a longer-term vision rather than bridging operations. UNICEF participated in the internal thematic groups that reviewed the previous UNDAF+ and, in 2008, contributed to the human rights-based joint United Nations/Government development of UNDAF+ (2010-2014), which

provides the overall orientation for the country programme. Results contribute to all four UNDAF+ **pillars**. UNICEF will continue to co-chair with BINUB the Task Force on Monitoring and Reporting pursuant to Security Council resolution 1612.

Relationship to international priorities

36. The country programme will contribute to the priorities of a *World Fit for Children*; the Millennium Development Goals; the Millennium Declaration's call for human development and human rights; and human rights treaties, particularly the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Programmes are aligned with the key result areas of the UNICEF medium-term strategic plan, including EPR. The country programme integrates the principles of the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008), and takes into account the 2008 United Nations General Assembly Special Session on HIV/AIDS and the Abuja Declarations on Roll Back Malaria (2000) and on HIV and AIDS, Tuberculosis and Other Infectious Diseases (2001).

Programme components

37. Based on the lessons learned and in order to accelerate child survival development, the country programme comprises five components, all of which have country coverage, with special emphasis on vulnerable and marginalized populations.

38. **Health and nutrition programme.** This programme includes two projects and will contribute to the development of policies and strategies to strengthen the national health system and improve its management. The child health project will scale up child survival development interventions with WHO and the United Nations Population Fund (UNFPA) and promote child caring practices. The nutrition project will support health services and community-based prevention, surveillance and treatment of pregnant women and child undernutrition. In addition to reducing the prevalence of underweight and stunted children, it will strengthen referral and management capacities for acute malnutrition.

39. **Basic education, gender equality and HIV prevention for young people programme.** This programme will contribute to universal primary education by addressing education access and equity, retention and completion of quality primary education for the most vulnerable children, and the prevention of HIV among adolescents. These key results will be achieved through four interrelated projects: (a) policy support for basic education; (b) equity of access to primary education; (c) ECD; and (d) quality basic education.

40. **Water, sanitation and hygiene programme.** This programme has two interdependent components, aimed at reducing child mortality through a combination of policy support, strategy and capacity development, and efficient and sustainable interventions. The programme will emphasize behaviour change in households and schools by putting in place sustainable community-managed maintenance and rehabilitation of water facilities, construction of new infrastructures or expansion of existing facilities in schools.

41. **Child protection programme.** This programme will strengthen the capacity of the justice and social protection systems to better protect children from abuse,

violence and exploitation. The programme will advocate improved child protection legislation and promote an integrated child protection strategy. It will support (a) institutional capacity building of local authorities and civil society as well as (b) monitoring of and reporting on international and regional standards of child protection. The national child protection system will be strengthened, to be more consistent and competent in monitoring and responding to violence, exploitation, abuse, neglect and discrimination against children; and opportunities will be realized to improve child protection in post-conflict transition and recovery.

42. **Communication for development programme.** This programme will focus on strengthening the capacity at the household and community levels to make choices that will improve the lives of women and children, especially by reducing child mortality. At the community level, the programme will support increasing knowledge and changing attitudes of local leaders, faith-based organizations and duty bearers regarding child caring practices.

43. Programme components will be supported by anchor interventions. Social policy, evidence-based advocacy and alliances for children will be reinforced. A strengthened programme planning and monitoring unit will ensure implementation of the programme, support national, decentralised and local monitoring of programme results and UNDAF+ outcomes, promote mechanisms to mainstream gender equity and coordinate HIV/AIDS programme priorities.

44. **Cross-sectoral** costs cover management of and support for the country programme, including coordination, technical assistance and operating expenses related to supply, logistics, administration and finance.

Major partnerships

45. Under government leadership, UNICEF will continue to work with BINUB and United Nations agencies within UNDAF+ towards the achievement of the PRSP and the Millennium Development Goals. UNICEF will continue to co-chair the Task Force on Monitoring and Reporting pursuant to Security Council resolution 1612. Joint programming will be conducted with a number of United Nations system partners: with UNHCR, WFP and OCHA to support IDPs and returnees and vulnerable groups affected by other emergencies; with the Food and Agriculture Organization of the United Nations (FAO) and WFP for food security evaluation and with WFP for nutrition; with WHO and UNFPA for health policy development, training and strategic support to health services, including reproductive health; with UNAIDS and UNFPA in support of HIV/AIDS coordination, prevention and mitigation; with UNESCO for education; and with the World Bank for programme implementation and scaling-up.

46. Other partners include, within Burundi, the Parliament, the media and civil society, especially in the areas of advocacy and alliance-building, dissemination of information and facilitation of open debate that is inclusive of adolescent and youth participation. International and national NGOs as well as political authorities will play a prominent role in the achievement of results. Decentralized programming and implementation will take place with local authorities, NGOs and community- and faith-based organizations. Social mobilization activities and training of stakeholders will include umbrella organizations for women and youth.

47. The programme will rely on partnerships with donors: bilateral partners (including the Governments of Japan, Norway and the United States of America); multilateral agencies (European Commission Humanitarian Aid Office; Global Fund to Fight AIDS, Tuberculosis and Malaria; GAVI — Global Alliance for Vaccine and Immunization; World Bank); and development partners (Technical Centre for Agricultural and Rural Cooperation; German Agency for Technical Cooperation; United States Agency for International Development (USAID); DFID; CIDA; SIDA; and the development agencies of Belgium, Italy, Japan and Norway). UNICEF will continue to work with regional bodies such as the International Conference for the Great Lakes Region, the East African Community and the African Union.

Monitoring, evaluation and programme management

48. Planning and monitoring will support evidence-based review of results and analysis of progress towards intermediate and final goals at national, provincial and community levels. Baseline indicators will be produced at the beginning of the programme, developing more detailed gender-disaggregated indicators to monitor progress during programme implementation. Planning and monitoring will be structured at three levels: (a) at the UNICEF country office level to monitor the management of programme delivery through well-documented information supported by a database of findings from field visits, programme and management meetings, workshops and annual and midterm evaluations; (b) at the national level to build government and civil society capacity in supplying information and managing the national database of indicators through BurundInfo; and (c) the United Nations Integrated Monitoring and Evaluation Group, to ensure harmonized and coordinated monitoring and evaluation benchmarks, tools and indicators for the United Nations system agencies in Burundi.

49. Information sources include the 2008 population census and routine decentralized statistics from the National Institute of Statistics and Economic Studies (ISTEEBU) and sector ministries, data from United Nations agencies (UNHCR for repatriation, WFP and FAO for food security and other sources identified in the UNDAF+ monitoring and evaluation plan), studies, surveys, and evaluations. Improving the timeliness and reliability of national data will be a priority. Support will be provided for an analysis of the 2008 population census and a Demographic and Health Survey **planned for late 2009**. A number of areas have been identified for further study: impact of the HIV epidemic on the school system; child and family vulnerability; school retention and achievement; community-based preventive health and nutrition; and behavioural change in health, nutrition, WASH and HIV practices.

50. The Ministry of Planning and Reconstruction will monitor indicators and progress towards the PRSP and the UNDAF+ through BurundInfo. ISTEEBU will work within a decentralized framework to collect information on trends and provide disaggregated data on disparities to BurundInfo. Regular monitoring of the early warning system, feeding into the EPR, will be an important aspect of monitoring and evaluation.

51. The country programme will be overseen and coordinated by the Ministry of External Affairs and Cooperation, which will carry out annual programme reviews and a midterm review together with UNICEF and sector ministries. A comprehensive country programme evaluation will take place at the end of 2014.
