Summary of midterm reviews of country programmes

Eastern and Southern Africa region

Summary

This regional summary of midterm reviews of country programmes conducted in 2010 was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1). The Executive Board is invited to comment on the report and provide guidance to the secretariat.
Introduction

1. During 2010, three countries in the Eastern and Southern Africa region (ESARO) conducted midterm reviews (MTRs) of country programmes: Comoros, Lesotho and Rwanda.

2. ESARO is the epicentre of the HIV/AIDS epidemic. Countries in the region have also been hurt by the effects of climate change (through droughts and floods) and the global economic crisis, and they face widespread poverty, inequity and food insecurity. Yet most countries have achieved progress in reducing maternal and under-five mortality rates, though the levels are still high and inequalities persist. A number of countries in the region also have some of the highest rates of stunting in the world. Access to primary enrolment has improved, though quality of education is still a challenge.

3. The three MTR countries have small populations and distinct characteristics that provide lessons for programming in the region. For example, Rwanda is a ‘Delivering as One’ pilot country; Lesotho has one of the highest HIV/AIDS prevalence in the world; and Comoros is affected by natural disasters.

4. In all three countries, the 2010 MTRs provided an opportunity for UNICEF, United Nations country teams (UNCTs), government counterparts and stakeholders, including children, to take stock of the situation of children and women, reflect on achievements and constraints, and draw lessons to guide future programming. The MTRs also provided lessons to improve programming in different country contexts in the region. These include strengthening results-based management and building partnerships and sustainable systems to scale up achievement of the Millennium Development Goals with equity.

Midterm reviews

Comoros

Introduction

5. The MTR of the Government of the Union of the Comoros country programme took place in 2010 using a participatory approach involving key technical ministries, civil society and the United Nations system. It was part of a broader process involving preparation of the United Nations Development Assistance Framework (UNDAF). The process led to preparation of a One United Nations programme, which addresses economic growth; human capital; governance; and climate change and environmental sustainability. UNICEF is the lead for human capital, which is the social service component of the UNDAF.

Update of the situation of children and women

6. Comoros is the poorest of the Indian Ocean countries, with a per capita gross domestic product (GDP) of $680 and an annual GDP growth rate of about 1.4 per cent. The country has an estimated population of 705,376 and ranks 140 out of 169 countries on the 2010 Human Development Index. The country is often confronted with natural disasters such as volcanic eruptions and cyclones.
7. Comoros has been progressing steadily towards political stability. A referendum on constitutional reforms and legislative elections to renew the Parliament were organized in 2009, and the election of the president took place in December 2010.

8. The country has achieved good progress towards Millennium Development Goal 1. Poverty has declined from 31.6 per cent in 2005 to 20.4 per cent in 2009, and prevalence of stunting, though still high, declined from 33.8 per cent in 2000 to 27.8 per cent in 2008.

9. Progress towards Goals 2 and 3 has been mixed, with marked inequalities. Net primary school enrolment improved from 73 per cent in 2007 to 77.2 per cent in 2009, with 80.9 per cent enrolment for boys compared to 73.4 per cent for girls. Enrolment in primary school ranged from 78 per cent in Grande Comore to about 57 per cent in Anjouan and Mohéli. Enrolment in secondary school in 2009 was only 37 per cent (40 per cent for boys and 34 per cent for girls). In terms of education quality, 60 per cent of children in the fifth year of primary level are not performing at grade level.

10. More recent data on Goals 4 and 5 are lacking. However, between 2004 and 2007, the under-five mortality rate declined by 45 per cent, from 120 to 66 per 1,000 live births, and the infant mortality rate declined by 44 per cent, from 88 to 49 per 1,000. Neonatal mortality has stagnated at 25 per 1,000. The maternal mortality rate declined significantly between 1991 and 2005, from 517 to 400 per 100,000 live births.

11. Comoros has recorded significant improvements in access to key maternal and child health services. For example, between 2008 and 2009 coverage of the BCG vaccine (against tuberculosis) increased from 77 per cent to 90 per cent, diphtheria/pertussis/tetanus coverage improved from 75 to 82 per cent and measles coverage improved from 65 to 76 per cent. The proportion of deliveries assisted by skilled health personnel is high, at 80 per cent in 2009, but coverage of antenatal visits has stagnated at 75 per cent over the last two years. More than half of pregnant women (53 per cent) have such visits at least four times during pregnancy.

12. Regarding Goal 6, HIV/AIDS prevalence is low, at less than 0.1 per cent, with only 106 HIV cases reported between 2005 and 2008. Malaria is endemic in Grande Comore and unstable throughout the zones of Anjouan and Mohéli. Currently about 26.4 per cent of all children under 5 years sleep under insecticide-treated mosquito nets, and almost 50 per cent of children with malaria in high-risk areas receive appropriate treatment.

13. More recent and comparable data on Goal 7 are lacking. A 2004 study suggests low coverage of water, sanitation and hygiene (WASH) interventions, with 12.8 per cent of the population having access to safe drinking water and 36.8 per cent to sanitation.

14. The policy environment has improved with regard to children and women. The country ratified the Convention on the Rights of the Child in 1991 and the Convention on the Elimination of All Forms of Discrimination against Women in 1994. The Optional Protocols to the Convention on the Rights of the Child were ratified in 2009. However, the 2010 report to the Committee on the Elimination of Discrimination against Women identified several forms of discrimination still facing
females, including limited access to social welfare services, child labour and forced marriage.

**Progress and key results at midterm**

15. The Comoros/UNICEF 2008-2012 programme of cooperation is organized around three components: Child survival and development; basic education and gender equality; and social policy, advocacy and communication.

16. **Child survival and development.** Under this component, UNICEF contributed to implementation of a package of high-impact interventions, including routine health and nutrition services; antenatal care (including prevention of mother-to-child transmission of HIV [PMTCT]); and WASH promotion. The UNICEF country team collaborated with key partners to develop a long-term plan for (a) the expanded programme on immunization 2008-2010; (b) roll-out of the Reaching Every District strategy to 17 health regions; (c) strengthening of the cold chain; and (d) achievement of at least 80 per cent immunization coverage in 70 per cent of districts. An integrated campaign including measles immunization, deworming and vitamin A supplementation reached at least 84 per cent of children. A community-based nutritional surveillance system was established, and the International Code of Marketing of Breast-Milk Substitutes was reviewed and is expected to be passed into law in 2011.

17. Maternal health services were strengthened through provision of a package of interventions. It includes intermittent preventive treatment for malaria, folate supplements, albendazole treatment for worms and HIV counselling and testing during antenatal care. A road map to reduce neonatal and maternal mortality was also developed.

18. UNICEF collaborated with partners to strengthen the WASH sector. Handwashing and use of safe water was promoted in 40 of the country’s 310 public primary schools, and 80 blocks of latrines for girls and boys were constructed in the schools. A communication strategy on water treatment was developed, support was provided to the Government to establish the Water Sector Coordination Committee and 10 million euros was mobilized from the African Development Bank to finance the water sector. The national emergency preparedness and response plan was also updated.

19. **Basic education and gender equality.** This component contributed to improving access to and quality of basic education for boys and girls in all districts, with particular emphasis on girls and zones with the lowest enrolment rates. UNICEF collaborated with key partners to develop the Education Sector Plan 2010-2015.

20. UNICEF also supported the reform and scale-up of the competency-based approach to public and private primary schools. Preschool education was further enhanced by blending the traditional Koranic curriculum with the pedagogical approach for kindergartens as an entry point into early childhood development.

21. UNICEF supported the development and implementation of an out-of-school programme including reintegration of children and youths into schools. All head teachers were sensitized on education in emergency situations.
22. **Social policy, advocacy and communication.** This component focused on data collection, analysis and communication for advocacy in support of education and child survival and development programmes. UNICEF collaborated with partners to strengthen the national child protection system. This included updating the legal framework on the rights of woman and children, as well as developing and implementing a plan to strengthen the justice system. A National Strategy for Protection of the Most Vulnerable Children (2010-2014) was developed and committees to protect vulnerable children were established in 14 prefectures. An advocacy tool on child rights was developed and partnerships with the media were strengthened.

23. UNICEF also provided support to update the national strategy for the development of statistics and to establish Comoros-Information, a socio-economic and demographic database. Training in planning, monitoring and evaluation in emergency situations was provided to stakeholders.

**Resources used**

24. For the period 2008 to 2012, the Executive Board approved a total indicative budget ceiling of $9,965,000 ($3,715,000 in regular resources and $6,250,000 in other resources). During the period 2008-2010, expenditures amounted to $8,279,763, or 83 per cent of the projected expenditures for the five-year country programme document. This broke down as 85 per cent for child survival and development, 84 per cent for basic education and gender equality, and 57.7 per cent for social policy advocacy and communication. The expenditures under regular resources totalled 68 per cent of the approved budget. Total expenditures under other resources were 92 per cent, a significant proportion of which was mobilized from the One UN fund. In the first quarter of 2011, approval was given to increase the other resources budget ceiling to $10 million.

**Constraints and opportunities affecting progress**

25. The major constraints to programming were lack of recent data; weak capacity in programme planning, monitoring and coordination; inadequate access to services for the poorest and most vulnerable children; and frequent disruptions in service delivery due to strikes. The election and political changes also disrupted programme implementation.

26. The country’s return to political stability following upheavals ending in 2008 and the preparation of key strategic documents (such as the poverty reduction strategy paper, National Statistics Strategy, Education Master Plan, UNDAF, One UN programme) create a policy environment conducive to programme implementation. Comoros is also eligible for support from the World Bank and International Monetary Fund. Comoros should be eligible for debt relief in 2012 under the Heavily Indebted Poor Countries Initiative. The Education for All Fast Track Initiative could increase availability of funding in the education sector.

27. Key lessons included the benefit of synergies gained from better alignment of the UNICEF country programme with national development priorities and the UNDAF. The alignment also strengthened advocacy and collaboration with other United Nations and multilateral agencies. Delivering as One better positions agencies to support governmental efforts to address disaster management and
enhance disaster risk reduction, address climate change and promote environmental sustainability.

**Adjustments made**

28. The UNICEF Comoros programme will be aligned with the National Poverty Reduction Strategy (2010-2014) and the results matrix will be adjusted to adopt the UNICEF revised simplified results structure. The key targets in the country programme were too ambitious and will be adapted as part of the process of reviewing the UNDAF. Further efforts will also go into strengthening monitoring and evaluation and resource mobilization for a household survey (multiple indicator cluster survey/Demographic and Health Survey), which is needed for Millennium Development Goals reporting and advocacy to promote national ownership of the country programme. As lead of the human capital component of the UNDAF, UNICEF will be facilitating the introduction of the equity refocus into UNCT programmes, including those to address disparities between the islands on key health and education outcomes for women and children.

**Lesotho**

**Introduction**

29. The MTR of the Lesotho country programme 2008-2012 was conducted in the context of an evolving socio-economic landscape, changing programme environment, national priorities and revised UNDAF. The review process was consultative and ensured participation of UNICEF staff members, all concerned government departments, other United Nations agencies and other relevant stakeholders including young people, international financial institutions and the donor community.

**Update of the situation of children and women**

30. Lesotho is a constitutional monarchy and a stable democracy. It has a per capita income of $1,080 with marked socio-economic inequalities; the Gini coefficient was estimated at 0.67 in 2008, up from 0.52 in 1995. The country’s economy is very closely linked to that of South Africa. The GDP growth rate declined to about 0.9 per cent in 2009 from an average of 3.4 per cent in previous years as a result of the global economic crisis, increased competition from Asia, declining diamond prices and the recent 50 per cent decline in the net revenue of transfers from the Southern African Customs Union. The ongoing economic crisis has seriously affected Lesotho and may lead to a drastic reduction in the government’s social development budget. The country’s Human Development Initiative rose from 0.397 in 1980 to 0.427 in 2010, and Lesotho is 141 out of 169 countries.

31. Lesotho is unlikely to achieve the Millennium Development Goal 1 target of halving extreme poverty and hunger. Half the population lives in poverty, and 37 per cent in extreme poverty as of 2009. The same year 25 per cent were found to be food insecure and 39 per cent of children under 5 five years old to be stunted.

32. The country is on track to meet Goals 2 and 3. Net primary school enrolment is around 80 per cent, and completion rates increased to 62.8 per cent in 2009 from 40.9 per cent in 2006. Contributing to this progress were the Free Primary
Education initiative of 2000, Education Act 2010 and increased public funding of education, which now receives 20 to 26 per cent of the national recurrent budget. However, many families still struggle to send their children to school because of ancillary costs including supplementary fees, uniforms, shoes and transportation. Boys also lag behind girls in school because they are required to herd cattle.

33. Lesotho is unlikely to achieve Goals 4 and 5; in fact, the country has experienced a troubling increase in child and maternal mortality in recent years. Between 2000 and 2009, the under-five mortality rate rose from 90 to 117 per 1,000 live births, and the infant mortality rate increased from 81 to 91 per 1,000 live births. The maternal mortality rate increased from 762 per 100,000 live births in 2004 to 1,155 in 2009.1 Across most health indicators, children in the poorest quintiles and living in the highlands tend to be worse off than those in the richest quintiles and the lowlands.

34. On Goal 6, Lesotho has the third highest HIV prevalence (23 per cent) in the world, and children below 14 years account for 12 per cent of all new infections. Between 1996 and 2006, there was a 41 per cent increase in the number of orphaned children, mostly due to HIV/AIDS. Girls and young women are disproportionately affected by HIV/AIDS, particularly in the 20-24 age group, where the prevalence rate is 24.1 per cent for women and 5.9 per cent for men. HIV prevalence is also higher among urban versus rural women and among wealthier versus poorer women.

35. Despite the scale of the epidemic, knowledge about HIV is worryingly low in Lesotho, especially among young people. Though prevention is the key response strategy, it received only 17 per cent of the total HIV/AIDS budget for the period of 2007/2008, compared with 37 per cent for treatment, care and support. At the end of 2009, 51 per cent of those in need of antiretroviral treatment were getting it.

36. The health sector continues to suffer from systemic weaknesses including inadequate human resources, despite strong political commitment to scale up successful interventions, including PMTCT, paediatric HIV care and infant feeding. The proportion of the national budget allocated to health increased from 6.8 per cent in 2005 to 11.5 per cent in 2009. The goal is to reach the target of 15 per cent agreed at the 2001 meeting of African heads of state in Abuja (Nigeria).

37. Progress towards Goal 7 is mixed. Lesotho is on course to meet the target on access to safe drinking water but not the target on access to sanitation.

38. On child protection, the triple threat of HIV/AIDS, poverty and food insecurity is increasingly exposing children to abuse, exploitation and a myriad of other violations to their protection rights. Only 45.1 per cent of births are registered, and just 18 per cent of children have birth certificates, effectively depriving more than 80 per cent of children of their right to identity. In addition more than 25 per cent of children are orphaned, making them extremely vulnerable to all forms of exploitation and abuse. The 2006 census revealed that nearly 25,000 children, over half of them orphaned, are engaged in different forms of child labour.

39. Regarding the policy environment, Lesotho is currently developing a new five-year National Development Plan, for 2012-2017. The country has also embarked on a comprehensive review and reform of all child-related laws. A children’s protection and welfare bill was drafted in 2005 and is awaiting royal endorsement. The delay in

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1 Demographic and Health Survey.
enactment of the law continues to create a huge statutory vacuum in child protection. The new Education Act (2010) provides an enabling environment to increase enrolment and retention. Lesotho is not meeting its reporting obligations to the Committee on the Rights of the Child and has not submitted its last three periodic reports.

**Progress and key results at midterm**

40. The Lesotho/UNICEF 2008-2012 programme of cooperation is organized around four programme components: child survival, care and development; basic education for all; adolescent HIV prevention; and policy, legislation and social protection.

41. **Child survival, care and development.** Under this component, UNICEF collaborated with partners to support capacity-building efforts in the national health sector to aid delivery of an integrated package of high-impact maternal and child health and nutrition interventions. This included support for districts with low health service coverage using approaches such as Reaching Every District with immunization and child health days. This support has contributed to maintaining national coverage of antenatal care at 92 per cent, immunization (measles) at 80 per cent and vitamin A supplementation for children under 5 at 60 per cent. The proportion of births assisted by skilled personnel increased from 55 per cent in 2006 to 62 per cent in 2009.

42. UNICEF also supported the development of the national PMTCT and paediatric care guidelines, training of health providers and strengthening the country’s antiretroviral supply systems. With UNICEF assistance the percentage of HIV-positive pregnant women receiving antiretroviral treatment for PMTCT grew from 16 per cent in 2006 to 72 per cent in 2009. The percentage of children on antiretroviral treatment increased from 23 per cent to 60 per cent during the same period, based on the estimated 8,000 children in need of treatment.

43. **Basic education for all.** Under this component, UNICEF supported the Government of Lesotho to scale up basic and life skills education. UNICEF collaborated with partners to strengthen the legislative and policy environment for education. To aid in enforcement of the Education Act 2010, school management regulations were rolled out. UNICEF also supported the development of a medium-term education sector plan (2009-2012) and early childhood care and development policy framework. Early learning and development standards were prepared, along with learning materials for children with disabilities and children affected by HIV/AIDS.

44. In the area of life skills education, a syllabus, teachers’ guides and students’ textbooks were developed for grades 4-7 and forms A-C. About 6,000 learners (children, especially boys working as herders, as well as women and men) acquired literacy and numeracy and improved their knowledge of HIV and life skills in the 80 per cent of non-formal education (NFE) centres that implemented life skills education. A girls and boys education movement was supported in schools to strengthen knowledge of children’s rights and promote active participation of both girls and boys in realizing them.

45. **Adolescent HIV prevention.** Under this component, UNICEF supported the Government to strengthen HIV prevention activities among adolescents and promote
adolescent-friendly health services. A child help line is now operating in 7 out of 10 districts, enabling young people to get information on issues including HIV/AIDS, abuse and exploitation. In addition, 70,000 young people in three vulnerable districts received support on risk reduction and avoidance skills. A package of guidelines intended to standardize HIV prevention interventions for and with young people was finalized, launched and distributed to stakeholders.

46. **Policy, legislation and social protection.** Under this component, UNICEF supported the Government of Lesotho at the national level to adopt and implement legislative and policy instruments, including social protection for orphaned and vulnerable children. UNICEF and partners advocated for parliamentary passage of the child protection and welfare bill now awaiting endorsement by His Majesty the King. A restorative justice programme for young offenders was expanded to 52 of 128 community councils. A child and gender protection database was made operational in 11 police districts, generating reports and valuable data on violence and abuse of children.

47. The Lesotho Child Grants Programme was scaled up to 4,523 households caring for 13,705 orphaned and vulnerable children in five pilot districts. The capacity of key staff at the Department of Social Welfare was developed to implement the pilot. Village verification committees have also been established in the selected pilot community councils to facilitate the targeting, enrolment and payment mechanisms, and participatory monitoring and evaluation. An appeal, grievance and redress mechanism for the programme has also been established to ensure transparency and accountability. The initiative will help to complete the foundational work for a child- and gender-sensitive social protection system.

48. Evidence-based advocacy on national budget allocation, research, programming and policy development were strengthened to enable regular collection and analysis of strategic information on children, youth and women, particularly in relation to new and emerging issues. Several studies were conducted to generate new knowledge and strengthen evidence-based programming for children.

**Resources used**

49. For the period 2008 to 2012, the Executive Board approved an aggregate indicative budget of $35,170,000 ($5,170,000 in regular resources and $30,000,000 in other resources). During the period 2008-2010, country programme expenditures amounted to $19,278,553 ($3,062,204 regular resources and $16,216,349 other resources). Most of the other resources are earmarked for the project on orphaned and vulnerable children and are provided by one donor.

**Constraints and opportunities affecting progress**

50. The key constraints to programming include the setbacks due to the global financial crisis; the weak domestic economic base; high attrition of skilled workers, especially in health and education, through migration and the impact of HIV/AIDS; lack of sufficient and current information and data; and the mountainous terrain of Lesotho, which makes service delivery expensive. The sustainability of UNICEF-supported programmes is also challenged by the heavy reliance on foreign or unskilled labour for service delivery in most sectors, particularly social service, education and health.
51. Implementation of the child protection and welfare bill will provide a golden opportunity to support the Government of Lesotho in reviewing and amending policies, rules and regulations. The refocus on equity is expected to raise awareness among policymakers on issues affecting the most marginalized and rural populations. The government’s current decentralization programme offers clear opportunities to engage more effectively with the subnational level and explore more robust community-based health systems, benefiting marginalized populations.

52. The MTR has highlighted valuable lessons for the next phase of the country programme. Legislation and enactment of laws need to be better planned to ensure realistic allocation of time and effort. When embarking on a new and complex national cash transfer programme such as the Child Grants Programme, it is critical to carry out a detailed analysis of institutional arrangements, related structures, technical capacity, required resources and coordination and delivery mechanisms. Reliable data are crucial for effective monitoring and evaluation of results, and in a country like Lesotho additional support is required to ensure availability of reliable data. Private sector partnerships can be very useful in areas such as use of information technologies for programming.

Adjustments made

53. While the MTR process reinforced the relevance of the UNICEF core programme, it also showed the need to ensure more programme efficiency and effectiveness with increased focus on equity. This is to be achieved through sustained advocacy for an appropriate legislative and policy framework; continued focus on human rights, equity and gender equality; greater attention to developing the government’s institutional capacity; and improved data collection, monitoring and evaluation to guide better evidence-based decision-making.

54. The programme will continue to prioritize innovative strategies to address inequalities in key outcomes for children. This will include scaling up high-impact maternal, newborn and child health interventions in low-performing districts and among hard-to-reach populations and efforts to achieve universal coverage of PMTCT and paediatric HIV care. The Child Grants Programme will also be redesigned to reach approximately 30,000 orphaned and vulnerable children and to strengthen the links among social assistance programmes under the National Information System for Social Assistance and a strengthened Department of Social Welfare.

55. The MTR reaffirmed the relevance of the country programme management structure. However, the results have been revised to bring them in line with the UNICEF simplified results structure.

Rwanda

Introduction

56. Rwanda is one of the eight Delivering as One United Nations pilot countries. The MTR of the UNICEF country programme 2008-2012 covered the period 2008 to September 2010 and was part of the MTR of the One United Nations programme, which involves an UNDAF and a Common Operational Document 2008-2012.
Update of the situation of children and women

57. The national development priorities of Rwanda are underscored in Vision 2020 and the Economic Development and Poverty Reduction Strategy (EDPRS 2008-2012). Good governance and a results focus underscore the long-term goal of transforming the country from a poor, agrarian-based economy to a middle-income and knowledge-based society by 2020. Rwanda was ranked first as a reformer in the World Bank’s Doing Business Report in 2009 and ranked second in 2010.

58. In 2010 the population was estimated at approximately 10.4 million, about 52 per cent children, and growing at approximately 2.2 per cent per annum. The population is around 19 per cent urban. In 2010 GDP per capita was estimated at $465, and total GDP grew at approximately 7.5 per cent. The country’s Human Development Index rose from 0.249 in 1980 to 0.385 in 2010, and Rwanda ranks 152 out of 169 countries.

59. The status of Millennium Development Goal 1 is inconclusive, and progress will be informed by new poverty data in the second half of 2011. As of 2005, 57 per cent of the population lived below the poverty line, with high disparities (a Gini coefficient of 0.51). The prevalence of underweight among under-five children declined to 16 per cent in 2009 from 23 per cent in 2005, but stunting remains high at 52 per cent according to World Health Organization standards.

60. Sustained progress has been made on Goals 2 and 3, with the primary school net enrolment rate increasing to 95 per cent (96 per cent for girls) in 2010, from 93 per cent (95 per cent for girls) in 2008. The primary completion rate improved to 76 per cent in 2010 from 52 per cent in 2008, and the dropout rate fell from 15 per cent in 2008 to 12 per cent in 2010. The rate of transition from primary to secondary school rose from 59 per cent in 2008 to 78 per cent in 2010 thanks to the fee-free Nine Years Basic Education reform implemented in 2009. The quality of education and learning achievement are challenged by the need for double shifts, a high pupil-to-qualified-teacher ratio of 67:1, low professional development and motivation, and the switch to English as the medium of instruction.

61. Rwanda has achieved impressive progress on Goals 4 and 5. Between 2000 and 2005, the under-five mortality rate declined from 152 to 103 per 1,000 live births, and the infant mortality rate fell from 86 to 62 per 1,000. Maternal mortality has declined dramatically, from 1,300 per 100,000 live births in 2000 to 750 in 2005 and 383 in 2008. Since 2008 use of health services has improved, as public health insurance now covers over 90 per cent of the population and community-based health care has been institutionalized. Weak capacities for quality curative, promotive and preventive healthcare remain the major challenge.

62. On Goal 6, Rwanda has a low overall HIV prevalence of 3 per cent, but females aged 15-24 are six times more likely to be HIV-positive than males of the same age group. Remarkable progress was made in access to treatment for HIV-positive children, with an increase from 58 per cent coverage in 2007 to 70 per cent in 2010. By 2010 PMTCT services had been implemented in all 30 districts and 374 health centres, reaching 82 per cent of pregnant women, up from 56 per cent in 2007. The mother-to-child transmission rate decreased from 35 per cent in 1999 to 7 per cent in 2009.

63. Access to early infant diagnosis increased from no access in 2004 to 87 per cent of PMTCT sites in 2010. The proportion of children receiving early infant
diagnosis grew from none in 2005 to 27 per cent just two years later and 54.5 per cent in 2010. Male circumcision was implemented in two districts, with 2,500 males circumcised in seven months. Comprehensive HIV knowledge among youth aged 15-24 increased from 11 per cent in 2005 to 52 per cent in 2010. Challenges remain in expanding effective youth-friendly HIV services in hard-to-reach areas.

64. On Goal 7, access to safe drinking water has improved to 76 per cent, and access to improved sanitation to 58 per cent, but disparities between rural and urban areas remain. The global initiative on community-based environmental health promotion is advocating for behaviour change and social acceptance of sanitation technologies. However, adoption of hygienic behaviours including hand-washing is slow.

65. Rwanda also has created an enabling policy environment for the realization of women’s and children’s rights. Performance-based contracting (Imihigo) and performance-based financing were introduced to fast track implementation of the EDPRS. Development partners established a division of labour in 2010 as part of the Rwanda Aid Policy to ensure more equitable distribution of donors across sectors. The Social Protection Policy (2010) targets the most vulnerable people and is aimed at reducing inequalities through direct assets/cash transfers, public works programmes and microfinance. The education sector-wide approach (SWAp) is fully operational, and SWAp in health, agriculture and WASH are at different stages of development.

Progress and key results at midterm

66. The UNICEF programme of cooperation is organized around four main components: good governance; health, population, HIV and nutrition; education; and social protection. The programme emphasizes upstream engagement, including policy analysis; capacity development; evidence generation and knowledge management; advocacy; innovation and modelling; establishment of norms and standards; and leveraging of resources and partnerships for children within Delivering as One and beyond. Overall, 80 per cent of UNICEF planned results are on track for achievement by 2012.

67. **Good governance.** Under this programme component, UNICEF contributed to strengthening the rule of law and human rights protection. This included enhancing child participation in democratic processes and strengthening socio-economic planning using quality disaggregated data. The combined third and fourth reports to the Committee on the Rights of the Child were finalized; a Child Rights Observatory was established to monitor and report child-rights violations from decentralized to national level; a law on gender-based violence was enacted and related policy developed; and a model One Stop Centre for survivors of child- and gender-based violence was developed. It is being moved to scale through partnerships with the Rwandan Police Department and the ministries of Health, Gender and Family, and Justice.

68. The Child Legal Aid Week organized in 2009 and 2010 handled over 1,600 pending cases of children in conflict with the law. It also enabled access to improved justice services at district level for victims of child rights violations and gender-based violence. UNICEF supported the strengthening of the Children’s Summit process, enabling children to influence child-related results in the EDPRS through participation and representation from community to national level.
69. Results in socio-economic planning include strengthened capacities of all ministries in strategic planning using the human rights-based approach to programming. Capacities have also been raised in results-based management and, at the National Institute of Statistics, in data collection. The Institute designed and implemented the 2010 Demographic and Health Survey. Rwanda DevInfo was fully operational. A strategic monitoring and evaluation function was established in the Ministry of Finance and Economic Planning with technical support from UNICEF.

70. **Health.** Under the health, population, HIV and nutrition component, UNICEF contributed to improved health system effectiveness; access to and quality of health care and practices; and coordination of national HIV response, prevention and mitigation. The health policy environment was improved by updating and costing a number of policy and strategic frameworks. These included the Health Sector Strategic Plan II; a roadmap for reduction of maternal and neonatal deaths; community-based nutrition protocols; a community health strategic plan; a SWAp roadmap and procedures manual; the National Multisectoral Plan for the Elimination of Malnutrition; innovative and cost-effective approaches to reduce maternal mortality using Rapid SMS (phone messaging) technology; scaling up of community-based care and nutrition; and successful modelling of integrated management of neonatal and childhood illnesses, with the Government of Rwanda committed to scale-up.

71. Access to and quality of health care and practices improved with UNICEF support through the roll-out of regular mother and child health weeks to promote equity in health delivery. In 2010, they reached 4 million children with critical life-saving interventions, immunization of 80 per cent of under-five children and successful integration of pneumococcal vaccine into routine immunization. In 2009, 1.1 million children under 5 received a nutritional assessment during a national campaign launched by the President of the Republic. All children found to have acute symptoms received treatment.

72. UNICEF contributed to a number of WASH initiatives, including elaboration of the water and sanitation services policy and strategy, establishment of a new line for sanitation in the national budget and roll-out of an initiative to harmonize water tariffs. Other UNICEF-supported results included establishment of a public-private partnership for water management and mobilization of resources through a project supported by the Netherlands Government (2008-2013) to provide access to water, sanitation and hygiene promotion for 500,000 people in five districts of Western and Northern provinces. Access to safe drinking water was provided to over 150,000 people and to 140,000 school children through new water supply systems and rainwater harvesting in 182 schools. Over 8,500 additional households and 110,000 children in 68 schools have access to improved sanitation facilities, and WASH clubs were established in 170 schools to promote hygiene among students and coordinate the maintenance of WASH infrastructure in schools.

73. Regarding HIV, UNICEF contributed to the Annual Paediatric Conference on HIV and AIDS, now an initiative of the Government of Rwanda and supported by increasing numbers of partners. It serves as a forum, with children’s participation, for multisectoral planning and coordination of response to paediatric HIV. UNICEF also supported the modelling and evaluation of a PMTCT ‘family package’ approach to inform the development of the national strategy for elimination of mother-to-child transmission (2011-2015). Innovative programmes for HIV prevention among
adolescents and youth were promoted through use of sport, culture, literacy and anti-AIDS clubs, which are implemented in all child-friendly schools and eight district youth centres. Early infant diagnosis services were scaled up to 87 per cent of PMTCT sites.

74. **Education.** Under this component, UNICEF contributed to increased enrolment, retention and completion through packaging of the child-friendly schools model for national scale-up and strengthening the education policy framework and management system. The sector recorded major breakthroughs and improving efficiency. As a result, original targets were exceeded. Based on results of the UNICEF-supported child-friendly schools model in 75 schools, the Government of Rwanda adopted quality standards for all schools countrywide in relation to ‘hardware’, which deals with classroom design for quality education, safety, responsiveness to gender and disability, sports and computers, and ‘software’, which deals with curriculum and youth development.

75. Following the government’s decision to fast-track access to free Nine Years Basic Education in 2009, UNICEF was called upon to support planning and implementation of the strategy. In particular UNICEF was asked to help in leveraging resources for a large-scale construction programme and in ensuring adherence to quality infrastructure standards.

76. Originally, UNICEF committed to support construction of about 1,200 classrooms over five years through the country programme. When the Government decided to implement the Nine Years Basic Education reform in 2009, the need expanded to 9,000 classrooms and over 10,000 latrine cubicles for 2009-2011 alone. This would cover the transformation of 765 primary schools into schools covering the entire nine-year basic education cycle.

77. UNICEF supported the government planning for this initiative. This entailed a move from a conventional approach using a private contractor to an unconventional approach using public and private-sector funding. It also involved use of the military, prisoners and community labour and elimination of transportation costs for construction materials by using military logistics. This large-scale and cost-effective construction programme received widespread media focus in Rwanda. It was perceived as a significant government achievement that succeeded in progressively increasing access to basic education by all children. UNICEF supported the development of school building standards and provided technical support to government engineers to plan and monitor the construction using child-friendly school designs.

78. In the framework of scaling up access, the issue of quality was retained on the education policy agenda through a number of measures. These include (a) integration of child-friendly standards for all schools in the Education Sector Strategic Plan 2010-2015; (b) strengthened capacities in the Ministry of Education planning department; (c) strengthened capacities in the pre-service and in-service teacher development and management system, including through elaboration of a teacher training manual covering active learning and life skills; (d) validation of the school health package for scale-up in all schools; and (e) establishment of a learning achievement monitoring system.

79. Overall, by providing $3.4 million in 2009 and 2010 for Nine Years Basic Education, UNICEF supported the Government to leverage additional resources
needed to complete the construction of 6,000 classrooms and over 10,000 latrine cubicles. This programme also contributed to ensuring that Rwanda remains on track to achieve universal access to basic primary education by 2015.

80. As co-chair of the education SWAp, the donor coordination group and the United Nations theme group on education, UNICEF significantly contributed to the development of key national policies, strategies and plans. This included the Education Sector Strategic Plan II, which gives priority to equity and inclusion. This establishes as a national priority access to education for vulnerable children, quality of education following child-friendly standards and early childhood development.

81. **Social protection.** Under the programme, UNICEF supported establishment of effective safety nets for the most vulnerable and strengthening of disaster management. UNICEF influenced the Ministry of Gender and Family Promotion to embrace a more comprehensive and system-strengthening approach to child protection. Effective approaches to reintegrating children on the street and providing care and support for vulnerable children were modelled with UNICEF support for scale-up by the Government. UNICEF also supported the Rwanda national social protection programme to improve targeting of the most vulnerable children and their families and to validate criteria for the most vulnerable children. The Government identified UNICEF as the co-chair in the social protection sector, which is expected to enhance the UNICEF ability to emphasize equity issues for the most vulnerable children.

82. In disaster management, UNICEF strengthened the technical, coordination and operational capacity of the National Disaster Management Team and supported the Government to establish stand-by protection response teams for children in emergencies. UNICEF leveraged close to $7 million for an earthquake response from the Government of Japan. This enabled UNICEF to support reconstruction of 21 earthquake-affected schools serving over 20,000 children and to upgrade them to child-friendly standards, with a strong multisectoral community empowerment component. UNICEF assisted in organizing a national disaster management simulation exercise to identify gaps and strengthen responsibilities and accountabilities for emergency preparedness and response.

**Resources used**

83. For the period 2008 to 2012, the Executive Board approved an aggregate indicative budget of $106,375,000 ($39,375,000 in regular resources and $67,000,000 in other resources). During the period 2008-2010, country programme expenditures amounted to $66.8 million ($28.8 million in regular resources and $38 million in other resources), exceeding the $52.7 million planned for the period. This performance was driven by the education component, which mobilized and used $18.3 million, almost 2.5 times higher than planned in the country programme, from the One UN Fund and global resource mobilization efforts.

84. Funding for all other programme components, however, was below planned levels. The social protection component remained the least funded, with a 31 per cent funding gap. In this context, projected gaps across most of the programme remain a concern. They call for a proactive and diversified fund-raising strategy and technical competence to strategize for the remainder of the country programme cycle.
Constraints and opportunities affecting progress

85. Constraints include: (a) slow response in harmonized approach to cash transfers and common services and high transaction costs for UNICEF (in terms of staff time) to operationalize Delivering as One; (b) inadequate human resource capacity to match the government’s ambitious and rapid development process, particularly at decentralized level; and (c) the country’s historical challenges and sensitivities over certain topics, such as ethnicity, which mean that adequate information on specific categories of people is not readily available, compromising equity analysis.

86. Opportunities include: (a) strong leadership in Rwanda, with good governance and the Government driving the development process; (b) vision-driven development with a focus on poverty reduction; (c) effective decentralization and use of performance-based contracting and financing at all levels; and (d) the acknowledgement of UNICEF as a technical leader in United Nations reform, as the lead agency in the education, social protection and WASH sectors and a key player in health, nutrition and HIV/AIDS.

87. Lessons learned: The Delivering as One modality has improved the government’s perception of United Nations relevance, coherence and effectiveness in Rwanda and has played out in favour of children, making the United Nations programme more child focused overall. The UNICEF upstream positioning has contributed to sustainable results and improved leveraging of resources for children through partnerships. Transaction costs remain high due to the inclusiveness of Delivering as One, which will continue to put pressure on UNICEF staff time. However in the context of Rwanda the benefits of operating as one outweigh these transaction costs.

Adjustments made

88. Following the MTR and the division of labour exercise undertaken by the Government and development partners in 2010, the UNDAF results framework was revised. At the same time the UNICEF programme structure and planned results in governance, HIV/AIDS, health and nutrition, WASH/environment, education and social protection were adjusted to ensure alignment. The revised programme structure will not require major modifications to the overall office structure. However, specific adjustments to the country programme management plan will be needed to respond to emerging government priorities in health policy coordination, early childhood development and social protection, where development partners have invited UNICEF to play a leading role in the context of Delivering as One. These developments require upgrading of UNICEF capacities to effectively respond to the expectations of both the Government of Rwanda and partners.

Conclusion

89. In all three countries, the MTRs confirmed both progress and the unfinished agenda in realizing the rights of women and children. They also affirmed the continued relevance of UNICEF country programmes in helping to scale up progress towards achieving the Millennium Development Goals with equity.
90. The MTRs have also generated important lessons for programming in the different country contexts. They have reinforced the importance of working in partnership with the UNCT and other stakeholders, including the media and children. They have also underscored the need to invest in strengthening data collection, analysis, advocacy, results-based management and building sustainable systems for scaling up achievement of the Millennium Development Goals with equity.

91. The region will draw on these lessons as it supports countries to refocus on equity and roll out the strategic results areas. In particular, the region will give priority support to countries to strengthen equity analysis and vulnerability monitoring; sharpen the equity focus in programming; and strengthen partnerships for analysis and roll-out of equity-oriented programmes such as cash transfer programmes, social budgeting, the Reaching Every District approach and use of appropriate technologies such as RapidSMS to reach deprived and hard-to-reach communities with services.