



## Economic and Social Council

Distr.: Limited  
7 December 2015

Original: English

**For decision**

---

### United Nations Children's Fund

Executive Board

**First regular session 2016**

2-4 February 2016

Item 6 (a) of the provisional agenda\*

### Country programme document

#### Syrian Arab Republic

#### *Summary*

The country programme document (CPD) for the Syrian Arab Republic is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$2,802,000 from regular resources, subject to the availability of funds, and \$70,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2016 to December 2017.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2016.

---

\* E/ICEF/2016/1.



## Programme rationale

1. With the crisis in the Syrian Arab Republic now well into its fifth year, progress towards all of the Millennium Development Goals has been dramatically reversed. The humanitarian needs of the affected and internally displaced populations for supplies and non-food assistance continue to increase, particularly among the most vulnerable women, children, the elderly and people with disabilities.

2. The negative impact of the crisis has placed children at increased risk of being killed or maimed, and exploited and abused — including recruitment into armed groups, abduction, sexual and gender-based violence and child labour. The crisis has also had a negative impact on adolescents and youth, who are missing out on schooling, vocational training and other opportunities to learn and develop.

3. The crisis and the unilateral economic and financial measures have had a devastating impact on the economy. By the end of 2014, the number of people at risk of severe poverty had significantly increased. As unemployment surged and subsidies on basic goods were reduced, the most vulnerable households — among others, female-headed households, and families with adults as well as children with disabilities — experienced difficulties in sustaining their livelihoods.

4. The scale and scope of the crisis have severely damaged and strained services and infrastructure. Deteriorating health and public water and sanitation systems are placing children at increased risk of illnesses. More than one third of hospitals in the Syrian Arab Republic have been destroyed or badly damaged since 2012, with only 44 per cent of hospitals fully functional.<sup>1</sup> Child vaccination rates have fallen from more than 90 per cent pre-crisis to 65 per cent in 2014,<sup>2</sup> resulting in the re-emergence of poliomyelitis in 2013.

5. There is reduced access to clean water and sanitation services in the country, with per capita availability of safe drinking water now at 50 per cent of pre-crisis levels. Access and availability of water is continuously restricted for many reasons: in addition to drought conditions in the country, these include a lack of electricity to power pumping stations, damaged and destroyed infrastructure, lack of maintenance of water and sewerage systems, and overburdened water systems in host communities servicing large influxes of internally displaced people (IDPs). This has resulted in an increased number of children and pregnant and lactating women in need of preventive and curative nutrition services in the Syrian Arab Republic.

6. According to the latest education sector analysis conducted in 2014-2015,<sup>3</sup> the net enrolment rate in basic education (grades 1-9) has been reduced from 98 per cent in 2010/11 to 70 per cent in 2014/15, and in some areas of the country the rate is even lower. Out of the estimated 4.8 million children and adolescents of school age in the Syrian Arab Republic, many children are out of school.<sup>4</sup> Schools in safer areas are overburdened by an influx of displaced children. The education share of

---

<sup>1</sup> Expanded Programme of Immunization Report EPI, Ministry of Health, Syrian Arab Republic data, 2014.

<sup>2</sup> Ministry of Health, Syrian Arab Republic data, 2015.

<sup>3</sup> Education sector analysis led by the Ministry of Education, Central Bureau of Statistics and UNICEF, 2014-2015.

<sup>4</sup> The figure is calculated using data from EMIS, MoE, UNHCR, UNDP, Syria 2011 Statistical Year Book, Syria 2004 census and other sources.

the national budget has been significantly reduced, from 14.9 per cent in 2010 to 10.4 per cent in 2014.<sup>5</sup>

7. In the past four years, as part of the regular programmes and annual humanitarian response appeals agreed between United Nations agencies and the Government of the Syrian Arab Republic, UNICEF contributed to important results in the areas of health, nutrition, water, sanitation and hygiene (WASH), child protection and education. Under the regular programme, UNICEF focused on capacity-building of partners in health, nutrition, education, social protection and advocacy for the Convention on the Right of the Child and its Optional Protocols on the involvement of children in armed conflict, and the sale of children, child prostitution and child pornography, which have been ratified by the Syrian Arab Republic. In 2014 alone, polio vaccines were provided to almost 3 million children under age 5, while measles vaccines were provided to 846,000 children. Safe water was provided for 2.4 million people through water trucking, aqua tabs, maintenance of water and sewerage systems, pumping stations, digging wells and temporary water storage. An estimated 2.8 million children were provided with learning materials and 360,000 children were reached with non-formal education. Almost 300,000 children were able to access psychosocial services.

8. Given the context since 2011, United Nations agencies have largely operated under annual humanitarian response plans, as well as country programmes that have been extended at least four times. The proposed country programme builds on the lessons learned from the response over the past few years. A key lesson has been the centrality of capacity development of partners and institutions, even in the midst of crisis; building the capacity of public service delivery systems thus remains a core strategy in the proposed country programme. The dislocation and “brain drain” of professional service providers and managers in all the key social sectors, as well as damaged infrastructure networks, have substantially weakened the functionality of public services. A second critical lesson has been the need to diversify delivery and monitoring modalities, depending on the context and access. For example, in some parts of the country, UNICEF has been successful in its use of national third party/national partner modalities to initiate new activities and support their monitoring, and this approach will be improved and upgraded for the implementation and monitoring of the new country programme.

9. Over the next two years, UNICEF programming will address immediate needs while also focusing on interventions that enhance the resilience of families, communities and systems. Working closely with all national partners, UNICEF will build positive coping mechanisms in communities. Investment in the rebuilding and strengthening of education, health and protection/social welfare systems over the medium-term is essential, not only for meeting the immediate needs of children and adolescents, but also for any broader stabilization and recovery efforts.

### **Programme priorities and partnerships**

10. The country programme priorities and strategies have been aligned with the future priorities of the Government of the Syrian Arab Republic, and are focused on

---

<sup>5</sup> Education sector analysis led by the Ministry of Education, Central Bureau of Statistics and UNICEF, 2014-2015.

three preliminary components: (a) people's basic needs; (b) community needs; and (c) institutional needs. The CPD will also contribute to the results articulated in the United Nations Strategic Framework (UNSF) for 2016-2017, focused more directly on resilience-based programming, and will complement the work of the United Nations under the 2016 Syria Humanitarian Response Plan (HRP).

11. Building on the success of the No Lost Generation (NLG) initiative, a framework for mutually-reinforcing interventions in education, child protection and adolescent development, the proposed country programme includes interventions in these sectors that bridge humanitarian and early recovery phases.

12. The country programme aims to strengthen the resilience and coping capacities of women, children, adolescents and young people, as well as the communities and systems that support them. The country programme recognizes the need for flexibility in light of the continuing crisis, and for linkages between emergency, recovery and development while upholding humanitarian principles. Aligning development and humanitarian action will result in more flexible programmes and funding mechanisms as well as more effective partnerships. Humanitarian action will prioritize the most vulnerable. Development work will enhance resilience to reduce gaps and vulnerabilities.

13. A number of reinforcing strategies, aligned with the UNICEF Strategic Plan 2014-2017, will be pursued to achieve programme goals: (a) enhancing capacity to plan, deliver and monitor services for girls and boys; (b) expanding existing national and local partnerships, as well as investing in new partnerships, including a greater investment in joint United Nations programming; (c) promoting partnerships with adolescents and young people to support behaviour change, community engagement and programme implementation; and (d) engaging communities through programmes such as promotion of appropriate infant and young child feeding (IYCF) practices, community-based management of acute malnutrition, school clubs and learning centres for remedial education, and community-based child protection and psychosocial interventions.

## **Programme components**

### **Health and nutrition**

14. Under this component, girls, boys and women will have improved access to quality health and nutrition services, with a focus on the most vulnerable groups, including IDPs, host communities and populations in hard-to-reach areas. As more than one third of primary health care centres were damaged in the current crisis in the Syrian Arab Republic, UNICEF will support small-scale rehabilitation of primary health-care centres (PHCs), and ensure availability of maternal and child health services. To ensure access to PHC services for girls, boys and women in the targeted communities, UNICEF will provide essential primary health care supplies, strengthen immunization services for children under five, train health-care providers and community volunteers, and increase public demand through awareness-raising activities. Preventive nutrition services will be supported, including micronutrient supplementation, provision of supplementary food, breastfeeding promotion, enhanced nutrition surveillance and treatment of acute malnutrition. National partners will be supported to update and develop relevant health and nutrition

policies and strategies based on evidence. UNICEF will train service providers on management, planning, analysis, evaluation and information management.

15. Resilience will be promoted by supporting outreach activities through mobile health teams in select communities and encouraging their participation in health and nutrition programmes. This will be achieved by all partners, in coordination with concerned Government counterparts, and will include assessing the needs of beneficiaries, training selected local teams in project management, training community volunteers in health education and awareness-raising, building the capacity of local health workers and service providers, and establishing a roster of reference trainers in each community to sustain the services and expand the skills of the new health workers.

### **Water, sanitation and hygiene**

16. This component will focus on improved access to safe drinking water, and improved sanitation and hygiene practices for families and children. It will be anchored in building the resilience of local institutions and strengthening the capacity of local communities through a multipronged approach, which will include: (i) development of alternative drinking water sources as a complement to the permanent sources that continue to be cut off; and, (ii) rehabilitation and upgrading of existing essential physical infrastructure. This will cover water treatment and strengthening of distribution systems; wastewater collection, treatment and disposal/utilization systems; and solid waste collection and handling/disposal systems. Gender-responsive water, sanitation and hygiene in schools (WASH in Schools) will constitute another pillar of the programme, together with the restoration and upgrading of WASH facilities in other health and social care facilities. Hygiene promotion and awareness-raising initiatives will be promoted.

17. Capacity development of national and local institutions will be supported for improved planning and systems management, operations and maintenance, as well as for improved emergency preparedness and planning capacity. Partnerships will be strengthened with national partners to define common strategies and coordinate interventions, as well as to share experiences and lessons learned.

### **Education**

18. Scaling up access to education will continue to be prioritized to reach out-of-school and displaced children and adolescents. Safe and inclusive learning environments will be expanded, together with the rehabilitation of education infrastructure. Accelerated learning modalities and remedial education will also be supported to provide a second chance to children and adolescents who missed out on their education due to the crisis. In this regard, e-learning will also be introduced. Post-basic-education opportunities (both formal and non-formal), technical and vocational training and access to higher education will be supported. Partnerships will be fostered with the private sector for employment opportunities. Communities (children, youth, teachers, parents, civil society and local and national stakeholders) will be mobilized to promote access to quality inclusive education, particularly for out-of-school children. This will be achieved through mass media and face-to-face communication methods.

19. The quality of education will be improved with particular attention paid to strengthening the teaching force. Professional development will be provided to

teachers and school staff on child-centred, protective and interactive methodologies, classroom management and psychosocial support. The implementation of a self-learning programme will not only cater to hard-to-reach children and adolescents who are out of school, but will also constitute a key investment in supporting quality learning. In particular, life skills education will be strengthened as a key element in improving learning and learning outcomes as well as the relevance of education as linked to school-to-work transitions.

20. Systems will be strengthened at all levels in order to generate evidence-based policy recommendations, strategies and guidelines for efficient management and delivery of inclusive and improved quality education, including a strengthened Education Management Information System (EMIS).

21. Contingency plans will be developed in cooperation with the Ministry of Education (MoE) at national and subnational levels in order to manage within the continuously changing context of the country, which affects children's safe and secure access to education.

### **Adolescent development and participation**

22. Improved access to a quality package of services that responds to the needs of adolescents and youth will be promoted, while recognizing that participation opportunities for adolescents and youth are limited in the current context. In some areas, this leads to restrictions of movement and inability to access all services and facilities. Packages of support will include: life skills-based education; vocational and technical training; psychosocial support; access to safe recreation spaces and sport for development; and meaningful opportunities for adolescent boys and girls to develop and lead social and business entrepreneurship initiatives.

### **Child protection**

23. This programme component will continue to support community-based child protection interventions, including psychosocial care and support services, responding to the needs of girls, boys, adolescents and families most affected by the crisis, through more systematic training of front-line service providers and by providing technical support to develop standards. Children, adolescents, parents, caregivers, religious and community leaders will be mobilized in support of child protection and psychosocial interventions. This will include support to community centres, child- and adolescent-friendly spaces, parenting programmes, and information and communication campaigns that address a variety of child protection issues. Among the priorities will be prevention and response to child recruitment, early marriage and child labour. Increased protection of children from mines and explosive remnants of war will be promoted through school-based risk education programmes and public risk-awareness campaigns, as well as community initiatives targeting a wider audience, including out-of-school children and the public. Continued support will be provided to the establishment of basic child protection case management and referral mechanisms — including family tracing and reunification systems — in targeted locations, building on ongoing initiatives.

24. Investment will also continue in building the knowledge base for stronger evidence-based programming and advocacy, with a focus on some of the most pressing issues.

## Social inclusion

25. This programme component will enhance the resilience of the most vulnerable families and children by increasing the capacity of communities and services to provide livelihood opportunities and social care services. UNICEF will focus on vulnerable families and children, e.g. children with disabilities, and with vulnerable adolescents, and will collaborate closely with other United Nations agencies in this sector. Increased attention to the social and economic needs of both displaced populations and populations of host communities will be promoted at national and local levels, through timely and systematic data collection and analysis initiatives that will be designed in cooperation with the Central Bureau of Statistics (CBS).

26. The population's social and economic vulnerabilities will be responded to in two ways. On the one hand, UNICEF will continue to provide emergency-related supplies through expanded local procurement, thus sustaining local economies and livelihood opportunities. On the other hand, support will be provided to the families of disadvantaged children — including through cash incentives — according to criteria and standards to be agreed upon, with the aim of increasing their capacity to provide for the needs of their children. Programmes will be designed in cooperation with national and local authorities, and will include specific criteria for the identification of the most vulnerable categories — such as female-headed households, families with adults and children with disabilities, and children and adolescents who have dropped out of school.

## Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources*</i>	<i>Total</i>
Health and nutrition	346	11 000	11 346
WASH	346	20 200	20 546
Education	504	14 200	14 704
Adolescent development and participation	400	4 800	5 200
Child protection	500	8 000	8 500
Social inclusion	280	10 200	10 480
Programme effectiveness	426	1 600	2 026
<b>Total</b>	<b>2 802</b>	<b>70 000</b>	<b>72 802</b>

\* In addition to the amounts shown, significant amounts of other resources emergency (ORE) are expected to be raised in 2016-2017 under the Syria HRP.

## Programme and risk management

27. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

28. UNICEF will continue to operate through its main office in Damascus and field offices in the following governorates: Aleppo, rural Damascus, Hasakah, Homs and Tartus. This field presence has proven to be essential to ensure maximum effectiveness and place assistance closer to targeted communities. UNICEF field offices will continue to play a coordination role in programme monitoring and outreach, thus initiating required programme adjustments and response in coordination with the main office in Damascus and national partners, in a timely and effective manner. Delivery modalities will be adjusted as required, depending on security and access constraints.

29. The main risks to programme implementation relate to instability in areas of programme operations, including shifting frontlines, limited access to hard-to-reach populations, and general safety and security concerns. UNICEF will strengthen partnerships, reinforce United Nations inter-agency coordination mechanisms and strengthen due diligence measures, including field monitoring, beneficiary feedback and the use of national third-party/intermediate partners. UNICEF will continue implementation of the harmonized approach to cash transfers to mitigate risk.

30. All UNICEF programmes will receive financial support through regular resources and other resources, as well as from the funds expected to be raised under the Syria HRP.

31. Projects to be included in the annual workplans, standards and criteria to identify the target population for this programme will be discussed and agreed upon with national authorities. Programmes will be implemented based on multiple modalities, in accordance with the requirements of the United Nations and the Government.

## **Monitoring and evaluation**

32. In collaboration with other United Nations organizations, international partners and other counterparts, and within the overall framework of the UNSF, progress towards achieving the country programme outcomes will be regularly monitored and regular progress reports will be provided to national partners. National data and monitoring systems will be used to the fullest extent possible. Evidence generated will be continuously analysed, in particular to determine and address key bottlenecks and barriers to reaching the most vulnerable children, adolescents and families, as well as progress being made towards overcoming these barriers.

33. In coordination with national partners, a number of modalities will be used to monitor the implementation of UNICEF-supported programmes and interventions, including through progress reports by implementing partners and field visits by UNICEF staff and partners. In areas where access is difficult or restricted, national third-party/intermediate partners will be used to conduct situation monitoring as well as field monitoring. The monitoring and evaluation capacity of field offices will be increased to ensure more timely and direct monitoring of programme implementation. The data and knowledge produced will be used to determine overall progress towards country programme results. UNICEF has established an information management system that ensures data are systematically available for regular tracking of implementation of programme interventions and for advocacy. Results and good practices will be documented on a regular basis and utilized for knowledge management and capacity development.

34. Surveys to be agreed upon in the area of education, health and nutrition provide 2015 baseline data for a range of key indicators, together with regular needs assessments in affected areas. National nutrition and education assessments are currently underway in all governorates, and their findings will be used to inform programmatic responses in these sectors by UNICEF and partners. In coordination with national partners, vulnerability studies and other data-collection initiatives will be promoted during 2016 to 2017. Furthermore, in addition to regular reviews, up to two joint programme evaluations are planned to generate lessons learned from specific interventions and adequately inform programme design and strategies.

## Annex

## Results and resources framework

## Syrian Arab Republic — UNICEF country programme of cooperation, March 2016-December 2017

**Convention on the Rights of the Child:** Articles 2–4, 7, 9, 11–16, 19, 22–24, 26–40, 42

**National priorities<sup>1</sup>:**

- (a) People’s basic needs: water, sanitation and hygiene, health, housing, energy, and sustainable livelihoods and education.
- (b) Community needs: infrastructure, reenergizing productive sectors, including women’s participation in local economic development, return of IDPs and socio-economic integration in rural areas.
- (c) Institutional needs: enhance institutional performance in analysis, planning, implementation, monitoring and reporting.

**Sustainable Development Goals<sup>2</sup>:** 1–7, 16

**United Nations Strategic Framework 2016-2017 outcomes<sup>3</sup> involving UNICEF:**

- Outcome 1: Key institutions have mechanisms to develop, implement and monitor evidence-based policies, strategies, plans and resilience programmes.
- Outcome 2: Basic and social services and infrastructure are restored, improved and sustained to enhance community resilience.
- Outcome 3: Households and communities benefit from sustainable livelihood opportunities, including economic recovery and social inclusion.

**United Nations Strategic Framework 2016-2017 Outcome indicators measuring change that includes UNICEF contribution:**

*Still to be determined*

**Related UNICEF Strategic Plan 2014-2017 outcomes:**

- 1: Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours
- 3: Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices
- 4: Improved and equitable use of nutritional support and improved nutrition and care practices
- 5: Improved learning outcomes and equitable and inclusive education
- 6: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children
- 7: Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

<sup>1</sup> Key priorities identified in the draft three-year National Development Plan for 2016-2018 being developed in 2015.

<sup>2</sup> Most relevant goals from <https://sustainabledevelopment.un.org/topics>. The Sustainable Development Goals were adopted by the United Nations General Assembly on 25 September 2015.

<sup>3</sup> Draft UNSF outcomes as at 29 September 2015, *still to be agreed upon*.

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by Country Programme outcome: regular resources (RR), other resources (OR) (in thousands of US dollars)		
					RR	OR	Total
<b>1. Children and women benefit from quality health and nutrition services with a focus on the most vulnerable groups</b>	Indicator 1: Percentage of children under age 1 who are immunized with DPT3 Baseline (2015): 65% <i>(updated figures expected from the November 2015 EPI survey)</i> Target (2017): 90%	Expanded Programme on Immunization (EPI) surveys  Progress reports	<b>Output 1.1:</b> National health and nutrition policies and strategies are developed based on quality data  <b>Output 1.2:</b> District health centres are rehabilitated and operational  <b>Output 1.3:</b> Routine immunization services are strengthened  <b>Output 1.4:</b> IYCF practices and micronutrient supplementation are improved	Ministry of Health (MoH), Syrian Arab Red Crescent (SARC), implementing partners, United Nations agencies, Planning and International Coordination Commission (PICC) Syrian Commission for Family Affairs (SCFA)	346	11 000	11 346
	Indicator 2: Number of severely and moderately wasted girls and boys who receive an integrated package of nutrition services Baseline (2015): 8,138 Target (2017): 10,000	Nutrition assessments					

<b>2. Children and their families benefit from safe drinking water, sanitation and improved hygiene practices</b>	Indicator 1: Number of people benefiting from improved and sustained water supply services Baseline (2015): 9 million Target (2017): 15 million	Reports from the Ministry of Water Resources (MoWR) and	<b>Output 2.1:</b> National institutions and civil society organizations have enhanced capacity in WASH programme implementation  <b>Output 2.2:</b> Water and sanitation systems and services are rehabilitated  <b>Output 2.3:</b> Schools provide improved water and sanitation facilities	MoWR, Ministry of Local Administration (MoLA), MoE, MoH, Ministry of Environment (MoEnv), SARC, Ministry of Social Affairs (MoSA), PICC, implementing partners, private sector and United Nations agencies	346	20 200	20 546
	Indicator 2: Number of schoolchildren benefiting from improved water and sanitation facilities Baseline (2015): 225,000 Target (2017): 725,000	reports from MoE and Departments of Education					
<b>3. School-age girls and boys, especially the most vulnerable, benefit from inclusive pre-primary, basic, secondary and non-formal education</b>	Indicator 1: Enrolment rate in formal basic education (disaggregated by sex and governorate) Baseline (2014/15 school year): 78% Target (2017/18 school year): 82%	EMIS Annual Report	<b>Output 3.1:</b> Policies, strategies and guidelines are available for efficient management and delivery of inclusive education  <b>Output 3.2:</b> Institutional capacities at national and governorate level are enhanced to ensure emergency preparedness and response in education  <b>Output 3.3:</b> Self-learning and life skills-based education programmes implemented	MoE, implementing partners	504	14 200	14 704
	Indicator 2: Number of children enrolled in non-formal education (disaggregated by sex and governorate) Baseline (2015): 250,000 Target (2017): 1,000,000	Education sector analysis reports					

<b>4. Adolescents and youth have improved capacities to contribute to enhancing resilience and social cohesion in their communities</b>	Indicator 1: Number of adolescents and youth promoting social development at community level Baseline (2015): 50,000 Target (2017): 500,000 (cumulative)	Assessments and reports from implementing partners	<b>Output 4.1:</b> Policies, strategies and programmes are in place to enhance skills, capacities and resilience of vulnerable adolescents and youth  <b>Output 4.2:</b> Adolescents and youth benefit from equitable access to a comprehensive package of services and opportunities	MoEnv, Ministry of Culture, Ministry of Religious Affairs, Ministry of Social Affairs, MoE, MoH, academia, Scouts of Syria, Syrian Sports Union, implementing partners, private sector, UNDP, UNFPA, UNRWA	400	4 800	5 200
	Indicator 2: Number of adolescent and youth-led initiatives implemented at community level Baseline (2015): 1,000 Target (2017): 10,000 (cumulative)	Reports from implementing partners and most significant change studies					
<b>5. Children at risk of violence, abuse and exploitation benefit from improved prevention, protection and response interventions</b>	Indicator 1: Number of boys and girls receiving specialized child protection services (i.e. case management, referral to specialized medical, legal and psychosocial services, family tracing and reunification) Baseline (2015): 200 Target (2017): 3,000	Assessments and reports from implementing partners	<b>Output 5.1:</b> Policies and plans are in place to scale up child protection interventions  <b>Output 5.2:</b> Capacities of child protection actors and services providers strengthened to better protect vulnerable children from abuse, violence and exploitation	MoSA, MoE, Ministry of Information, SCFA, SARC, implementing partners	500	8 000	8 500
	Indicator 2: Number of boys and girls, who are able to avoid the risks of explosive remnants due to risk education Baseline (2015): 711,256 Target (2017): 3,000,000	Knowledge, attitudes and practices studies	<b>Output 5.3:</b> Case management and referral mechanisms are in place to respond to the protection needs of children  <b>Output 5.4:</b> A protective environment is enabled through enhanced awareness and advocacy, including for risk education				

<b>6. Social and economic vulnerabilities of disadvantaged children and their families are identified and addressed</b>	Indicator 1: Number of children benefiting from social protection supplies Baseline (2015): 0 Target (2017): 2,000,000	Assessments and reports from implementing partners	<b>Output 6.1:</b> Reliable evidence is generated and analysed in a timely manner, according to agreed-upon mechanisms to inform policies and programmes for vulnerable children and families  <b>Output 6.2:</b> Social care programmes at national and local level address identified vulnerabilities of disadvantaged children and families.	MoSA, CBS	280	10 200	10 480
	Indicator 2: Number of most-in-need families receiving cash incentives to respond to identified vulnerabilities of their children Baseline (2015): 0 Target (2017): 20,000	Assessments and reports from implementing partners					
<b>7. Programme effectiveness</b>	No indicators at outcome level (indicators will be at output level)				426	1 600	2 026
<b>Total resources</b>					<b>2 802</b>	<b>70 000</b>	<b>72 802</b>