Burkina Faso

Country programme document 2011-2015

The draft country programme document for Burkina Faso (E/ICEF/2010/P/L.24) was presented to the Executive Board for discussion and comments at its 2010 second regular session (7-9 September 2010).

The document was subsequently revised, and this final version was approved at the 2011 first regular session of the Executive Board on 11 February 2011.

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Basic data[a] *(2008 unless otherwise stated)*	
Child population under 18 years (millions)	8.0
Under-5 mortality rate (per thousand live births)	169
Underweight (% moderate and severe, 2007)	32
Maternal mortality rate (per 100,000 live births, 1994-1998)	480
Primary school enrolment (% net, boys/girls, 2006)	52/42
Primary school children completing grade 1 who reach grade 5 (%, 2006)	72
Use of improved drinking water sources (%, 2006)	72
Use of improved sanitary installations (%, 2006)	13
Adult HIV prevalence rate (%, 2007)	1.6
Child work (%, children 5-14 years old, 2003)	47[b]
Per capita GNI (US$)	480
One-year-olds immunized with DPT3 (%)	79
One-year-olds immunized against measles (%)	75

[a] Additional data on the country and its women and children is also available on the website www.unicef.org.

[b] Data do not correspond to the model definition.

The situation of children and women

1. Burkina Faso, a Sahelian country with a population of 14 million, is making strenuous development efforts, but results are constrained by its landlocked situation, scant natural resources, great vulnerability to exogenous shocks, governance and decentralization issues and human capital that remains fragile. Economic growth, estimated to be 6.5 per cent in the period 2003-2007, is struggling to reduce monetary poverty, which affects 46.4 per cent of the population and 50.5 per cent of children. The urban poor population doubled between 1994 and 2003, although 90 per cent of poor people still live in rural areas. The very high rate of population growth (3.1 per cent per annum) suggests that the population of Burkina Faso will double in the next 20 years.

2. Burkina Faso has enjoyed political stability for two decades and plays an important role in the subregional mediation process. However, it faces exogenous shocks (floods, epidemics, economic crises, etc.) the number and severity of which affect the most vulnerable households and children, who are already exposed to a situation of chronic food and nutritional insecurity. A UNICEF study on the impact of the world economic crisis in Burkina Faso shows that the incidence of child monetary poverty could increase by three percentage points in 2010, resulting in a possible reduction in school enrolments and an increase in child labour.[1] After 10 years of implementation of the Strategic Framework for Poverty Reduction, the results achieved are still modest.

3. Given the persistence of the high level of poverty and of the low contraceptive prevalence rate, Burkina Faso is currently confronted with some considerable demographic challenges: the country has one of the highest demographic growth rates in sub-Saharan Africa, at 3.1 per cent per year between 1996 and 2006. Its population has more than doubled since 1980 and the level of urbanization has risen from 15 per cent of the population in 1996 to 22 per cent in 2006. This has created substantial pressure on the capacity to supply quality basic social services and on employment – particularly of youth

[1] Balma *et al.*, 2009.

– and is compromising efforts to reduce poverty. The fertility rate, which declined from 6.8 births per woman in 1996 to 6.2 births per woman in 2006, is still high, and is slowing down efforts to reduce maternal and neonatal mortality.

4. The child mortality rate remains very high at 169 per thousand live births. Seventy per cent still die at home and the risk of dying before the age of 5 is 50 per cent higher among children of the poorest families than for those of the richest families. The chief direct causes of mortality are still acute respiratory infections (24 per cent), malaria (21 per cent), diarrhoeal disorders (19 per cent) and neonatal causes (18 per cent) (Child Health Epidemiology Reference Group — CHERG, 2003). Malnutrition alone is a direct or partial cause of 35 per cent of deaths and the emaciation rate is 11.3 per cent (SMART survey, 2009). Access to sanitation (33 per cent in urban areas and 6 per cent in rural areas in 2008) and exclusive breastfeeding (6.8 per cent in 2006) must certainly be enhanced. The population and health survey of 2010 will provide a clearer picture of the progress achieved in child survival and development in the period 2006-2010 and reveal the maternal mortality rate, which was last estimated in 1998.

5. The gross rate of primary school enrolment reached 72.6 per cent in 2008/09 (44 per cent in 2000/01), but there are large disparities between the urban (90 per cent) and rural (51 per cent) areas and in relation to income. The girl/boy ratio in primary education is improving significantly, rising from 0.7 in 2000 to 0.89 in 2009. In the transition from primary to secondary education (28.4 per cent in 2007/08), there is still a large disparity between boys (31.9 per cent) and girls (24.6 per cent). In 2008, the HIV prevalence rate was estimated at 1.6 per cent for the population as a whole and 2 per cent among young people between the ages of 15 and 24.[2] There are, however, still large disparities, with prevalence rates in urban areas reaching 4 per cent (including Ouagadougou) and very high levels in at-risk groups (16 per cent among sex workers).

6. As a result of national efforts and strong political commitment, excision is in decline (28 per cent among girls under 15, against 77.8 per cent for women aged 15 to 49).[3] Fifty-two per cent of girls are married before the age of 18. Approximately 41 per cent of children aged 5 to 17 are economically active, compared with 51 per cent in 1990.[4] Some 10,000 children, more than 40 per cent of them under 12 years of age, work at gold-mining sites or in quarries. In the 2008 national study on violence against children, 72 per cent of adults admitted having committed violent acts and 80 per cent of children said that they had been victims of violence.

Key results and lessons learned from previous cooperation, 2006-2010

Key results achieved

7. The summary matrix of results attached to this text details the key results achieved by the 2006-2010 programme.

8. The programme helped to increase the number of malnourished children properly cared for to 30,330 in 2009, with a cure rate of 90 per cent and a mortality rate of 2 per

[2] Multisectoral National Plan report, 2009.

[3] National Committee to Combat the Practice of Excision — CNLPE, 2006.

[4] National Survey of Child Labour, 2006.

cent. Administrative vaccination cover has reached 99 per cent for the Penta-3 vaccine and the VAR anti-measles vaccine (against 96 per cent and 84 per cent respectively in 2005), but the persistence of measles epidemics and of polio cases raises questions about the vaccination cover statistics and the quality of treatment. The rate of consultation for children under 5 suffering from acute respiratory infections rose from 22 per cent in 2003 to 39 per cent in 2008. The proportion of HIV-positive pregnant women receiving antiretroviral treatment increased from 9 per cent in 2006 to 30 per cent in 2009. The number of HIV-positive children under 15 receiving antiretroviral treatment rose from 420 in 2005 to 1,342 in 2009, out of an estimated total of 10,000 HIV-positive children.

9. The programme constructed 247 wells benefiting 74,100 persons, an increase of 5.5 per cent in the rate of coverage in the five provinces concerned. In the province of Ganzourgou, where an integrated community-based approach to sanitation is being tested, actual sanitation cover rose from 7 per cent in 2005 to 33 per cent in 2009. The country is currently in the pre-certification stage for eradication of dracunculiasis, with no cases recorded since 2007.

10. Through its engagement in the implementation of the Ten-Year Plan for the Development of Basic Education, UNICEF has supported quality education for children. Activities are mainly focused on teacher training, the introduction of emerging themes in curricula, supervision and the availability of teaching materials; these have helped to increase the net enrolment rate from 48 per cent in 2005/2006 to 58 per cent in 2008/2009 (61 per cent for boys and 55 per cent for girls). With respect to infrastructure, the number of pre-school, primary and non-formal education spaces increased by 2,900, 10,840 and 6,000, respectively.

11. A children's code (2006), a national social action policy (2007) and a national gender policy (2009) have been adopted. Political dialogue and partnership led to the preparation in 2010 of a national social protection strategy. The United Nations Convention on the Rights of Persons with Disabilities was ratified in 2009 and a law on the promotion and protection of persons with disabilities was adopted in 2010. The national operation for free and universal registration of births conducted in 2009-2010 enabled 310,000 children to have a birth certificate. About 25,000 vulnerable children and adolescents were cared for.

Lessons learned

12. The Government's and its partners' requests for the United Nations system to become involved in a tangible way in the implementation of the Paris Declaration on Aid Effectiveness led to an enhancement of UNICEF's involvement in the sectoral policy dialogue and its joining the common baskets for education (2007), health (2008) and HIV/AIDS (2010) funding. These alignment and harmonization efforts have significantly strengthened synergy and complementarity with all partners, as well as UNICEF's strategic positioning, credibility and capacity for analysing and influencing sectoral policies, plans and budgets for children. They will be continued in the new programme.

13. Significant progress has been made in implementing the national strategy for accelerating children's survival and development (SASDE), especially as a result of the identification and application of minimum packages of quick-win actions at each level. Health services are being enhanced, but bottlenecks are still slowing down the scale-up of activities at the community level. Support for the development of community health policy and strengthening mechanisms for contractualization with civil society are essential measures in accelerating SASDE and reaching the most vulnerable families and children.

Country programme for the period 2011-2015

Summary budget table

(Thousands of US dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	18 400	42 300	60 700
Promotion and protection of rights	10 900	11 500	22 400
Quality education for all	11 600	17 500	29 100
Water, sanitation and hygiene	9 000	12 100	21 100
Communication, advocacy, participation and development of young people	10 000	3 300	13 300
Social policy, planning, monitoring and evaluation	8 000	600	8 600
Cross-sectoral costs	7 845	500	8 345
Total	**75 745**	**87 800**	**163 545**

Preparation process

14. Pending finalization of the national strategy for accelerated growth and sustainable development (SCADD 2011-2015), which is due in October 2010, the Government has agreed to the United Nations Development Assistance Framework (UNDAF 2011-2015) being prepared on the basis of the SCADD concept paper and the joint national analysis replacing the common country assessment. The UNDAF 2011-2015 document was signed on 26 March 2010. A strategic discussion was subsequently organized by the Ministry of Economy and Finance, with the participation of all partners in the UNICEF programme and representatives of the Regional Office. The present country programme document was drawn up on this basis. It also takes into account the recommendations of the Committee on the Rights of the Child made following the presentation in January 2010 of Burkina Faso's third and fourth reports on the implementation of the Convention on the Rights of the Child. Given the number of recommendations produced, they were prioritized based on the following elements: a situation monitoring; the seriousness of the issues concerned (i.e. allocation of resources for children, child mortality, and children who are handicapped, abused, victims of exploitation and violence, juvenile justice, children who are out of school, and those exposed to the worst forms of child labour); areas that are not funded by other partners or that are particularly underfunded (i.e. juvenile justice and disabled children); synergies and complementarities with other partners (NGOs, donors); as well as the capacity to mobilize resources for each area.

Goals, key results and strategies

Results

15. The cooperation programme for the period 2011-2015 will help to accelerate achievement of the Millennium Development Goals and the realization of national priorities for (i) accelerating children's survival and development; (ii) delivering quality education for all; and (iii) reducing child poverty and vulnerability.

16. The principal outcomes of the programme components, which accompany the text, are intended in particular to achieve the following national objectives: (a) reducing the

infant and child mortality rate from 169 per thousand in 2005 to 62.3 per thousand in 2015; (b) reducing the maternal mortality rate from 480 deaths per 100,000 live births in 1998 to 142 deaths in 2015; (c) reducing the prevalence of underweight children under 5 years of age to 20 per cent; (d) increasing the gross rate of primary school enrolment from 78 per cent in 2008/2009 to 100 per cent in 2015, with a girl/boy ratio of 1 in 2015, as against 0.89 in 2008/2009; (e) increasing the primary school completion rate from 42 per cent in 2008/2009 to 75 per cent in 2015; (f) administering full antiretroviral treatment to 84 per cent of infected pregnant women to reduce the risk of mother-to-child transmission; (g) increasing drinking-water coverage in rural and semi-urban areas from 56 per cent in 2008 to 76 per cent in 2015; (h) increasing improved sanitation coverage from about 10 per cent in 2008 to 54 per cent in 2015; (i) providing care for at least 50 per cent of identified vulnerable children; (j) registering all children at birth; (k) promoting the adoption of the six family practices essential for child survival and development, with an increase of at least 30 per cent for each practice; (l) ensuring that 30 per cent of young people aged between 10 and 24 take advantage of user-friendly youth health services; and (m) establishing a national child-sensitive social protection floor.

Key strategies

17. To achieve the desired results, the country programme will be based on interdependent strategies for advocacy, strengthening the national capacity of actors in government and civil society, provision of essential child services and products, and mobilization of resources.

18. The programme will cover the whole national territory. The implementation of the different components of the programme will link national activities that focus on policy dialogue and the implementation of sectoral policies and plans, with geographically targeted activities to benefit particularly vulnerable communities or groups of children.

19. The strategy for accelerating child survival and development will be the main programming instrument to which all programmes will contribute. Activities will cover the entire country, although there will be particular emphasis on the seven regions (covering 60 per cent of the population) with the lowest survival and development indicators for children, mothers and the newborn.

20. Focusing more systematically on human rights, particular attention will be devoted to reducing the social vulnerabilities, inequalities, exclusions and discriminatory attitudes that prevent children and women from enjoying their rights. The programme will enhance the ability of children, families and communities to claim their rights and strengthen the capacity of national authorities to fulfil their obligations. It will enable the various actors to identify action priorities, taking gender, disparities and the vulnerability of the most disadvantaged children into account. The programme will simultaneously support strategies aimed at changing social behaviour and convention, decentralization and support for civil society, and the participation and empowerment of children, young people and women. Greater account will be taken of the gender dimension, based on the implementation of the national gender policy and the recommendations of the gender audit of the country programme carried out in 2009. In line with the new national guidelines on HIV/AIDS response, the four “Ps” (prevention of mother-to-child transmission, paediatric HIV, provision of care for orphans and prevention among young people) will be integrated into the health, education, protection and communication programmes in order to improve the complementarity, effectiveness and sustainability of activities.

21. Bolstered by continuous updating of the situation of children and women, results-driven programming will provide a clearer picture of interim results and will strengthen planning, budgeting, monitoring and evaluation mechanisms. It will facilitate documentation of evidence and good practices and clarify the division of responsibilities among actors. In line with United Nations reform and the Paris Declaration on Aid Effectiveness, the programme will continue its efforts towards harmonization, alignment and joint programming in order to participate more actively and effectively in the policy dialogue and to influence policies, strategies, plans and budgets for children and women.

22. In close cooperation with other United Nations agencies, the programme will support national measures to prevent, prepare for and respond to emergencies, with particular emphasis on the implementation of the national multirisk contingency plan, to the preparation of which UNICEF made a major contribution in 2009-2010. It will be provided with tools and resources enabling UNICEF to play fully and efficiently its role as sectoral lead agency in nutrition, water/sanitation and hygiene, education and the protection of children in emergency situations.

Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)

23. In accordance with the national priorities that emerged from the SCADD concept paper and the main current sectoral approaches, UNDAF 2011-2015 has three main goals: (i) strengthening of the economy and acceleration of growth, (ii) development of human resources, and (iii) promotion of governance and local development. As can be seen from the matrix of results, the main contribution of the country programme is in terms of the second UNDAF outcome aimed at improving human resources through the results expected in health and nutrition, HIV/AIDS, basic education, water-hygiene-sanitation and the promotion and protection of the rights of children and women. However, the various components of the programme also contribute directly or indirectly to the two other major SCADD outcomes.

Relationship to international priorities

24. The results of the country programme are firmly aligned with the Millennium Development Goals and the target areas of the UNICEF medium-term strategic plan for the period 2009-2013. They further the promotion, implementation and monitoring of the Convention on the Rights of the Child and the other principal international conventions relating to children and women. They include the issues of international initiatives (Harmonization for Health in Africa, United Nations Girls' Education Initiative). The programme also contributes to the agendas of the Paris Declaration and the Accra Forum relating to national ownership and aid effectiveness.

Programme components

Health-nutrition

25. In line with the guidelines of the national health development plan, the health-nutrition component will contribute to the reduction of malaria-related ill health and deaths, acute respiratory infections, diarrhoea, malnutrition, HIV, complications due to pregnancy and delivery, and vaccine-preventable diseases in mothers, newborns and children under the age of five. Achieving these results will require both a contribution to the policy dialogue and a strengthening of the capacity of the health system, municipalities

and civil society to provide quality curative, preventative and promotional services that are geographically and financially accessible.

26. The access to quality health services for children and mothers subcomponent will be aimed at the implementation and monitoring of a full package of high-impact actions, including at the community level and in the areas of health and reproduction, and the development of a jointly funded system of health care. The combating malnutrition in children and mothers subcomponent will be aimed at supporting the implementation of the national strategic nutrition plan for 2010-2015 by moving to the stage of treating severe acute malnutrition and promoting best practices in feeding infants and young children at the level of health structures and communities. Support for combating micronutrient deficiencies will be strengthened. The prevention of mother-to-child transmission (PMCT) and paediatric care subcomponent seeks to achieve universal access to quality PMCT and paediatric care services through (a) strengthening of the maternal, newborn and child care continuum; (b) establishment of a network for early diagnosis of HIV in exposed infants; and (c) enhancement of national capacity and input management.

Promotion and protection of rights

27. This component will support the establishment of a child-sensitive social protection floor. It will strengthen the capacity of social services, legal and security institutions, civil society and communities to reduce vulnerability and protect children and women effectively against discrimination, violence, abuse and exploitation. It will continue the harmonization of the regulatory framework for social action with the main international texts relating to protection of children and women and will strengthen the implementation and monitoring of the effective application of those texts. It will facilitate the development and promotion of positive social standards that protect children and women.

28. The protection of vulnerable women and children subcomponent will be aimed at providing proper care for 50 per cent of identified vulnerable children, improving their living conditions and facilitating their social and family reintegration. These include street children, children with disabilities, children who are victims of violence, abuse, trafficking, exploitation and the worst forms of labour, and HIV-positive children. The capacity of State, charity and community structures will be strengthened to provide psychological and social care that complies with current standards and procedures for orphans and vulnerable children. Justice for children, and especially alternatives to the detention of minors and women, will be promoted in the context of the rule of law and in close cooperation with national and development partners in the justice sector. National safety nets for the most disadvantaged children and women, including monetary transfers and access to basic and specialized social services, will be set up or strengthened. The campaign to end the practice of excision will be stepped up, using the "changing social convention" approach. The promotion of rights and monitoring subcomponent will enable the legislation to be strengthened so as promote and protect the rights of children in need of special protection. It will strengthen the capacity of the Government, municipalities and civil society to enforce the legislation on child protection, juvenile justice and registration of births.

Quality education for all

29. UNICEF support for the basic education sector will be consistent with national and UNDAF priorities for developing human resources and strengthening the educational system to achieve national objectives in this sector. This component will support the Government's national objective of the attainment of universal primary schooling by 2020,

with the interim result of a 100 per cent universal admission level from 2015 and a completion rate of 75 per cent in 2015. These results are in the guidance paper of the programme for the accelerated development of the basic education sector, which focuses on improving quality, the relevance of apprenticeships and the reduction of geographical and gender disparities.

30. These results will be achieved through (i) continued advocacy of schooling for all children, with a particular focus on girls and vulnerable groups, and also for the improvement of teaching quality; (ii) enhanced policy dialogue, facilitated by financial participation under the programme in the common funding basket for education, with a view to providing better services for girls, young children, school dropouts and children with disabilities and achieving more efficient management of the sector, and (iii) funding of interventions to create and strengthen the school environment favourable to learning and the improvement of the quality of education through, notably, the implementation of a 'child-friendly school' model specific to the national context; the promotion of alternative and inclusive education for dropouts, out-of-school children and children with disabilities; the improvement of the transition from primary to post-primary school, especially for girls; and lastly the use of new information and communication technologies to benefit education.

Water, sanitation and hygiene

31. This component will help to achieve national objectives for increased drinking water coverage and enhanced access to hygiene and sanitation at the community, family and school levels. In the context of a national drinking-water supply and sanitation plan for 2006-2015, UNICEF will assist the Government in driving the policy dialogue on sanitation, particularly in rural and peri-urban areas.

32. The integrated community approach known as "total sanitation" will be extended to two regions, Plateau Central and Centre-Nord, and will reach about 1.85 million people, raising the coverage rate from about 10 per cent in 2008 to 54 per cent in 2015. In conjunction with the health-nutrition and communication components, it will be aimed at accelerating child survival and development through the promotion of hand-washing with soap, the use and management of appropriate sanitation facilities and the improvement of the quality of drinking water. In tandem with the quality-education-for-all component, it will help to improve the school environment by providing drinking-water coverage, sanitation and hygiene, taking into account the gender and disability dimensions. It will strengthen the capacity of municipal and community structures, including women's associations. The drinking-water subcomponent will help to increase access to drinking water by the remotest and poorest populations in rural and suburban areas from 56 per cent in 2008 to 76 per cent in 2015, with special emphasis on the home treatment of water.

Social policy, planning, monitoring and evaluation

33. At the national level, this component will seek to promote the national objectives of equitable development and poverty reduction, human development and better governance by ensuring that: (a) the child dimension is effectively taken into account in the preparation and implementation of national development strategies and the analysis of public expenditure; (b) the national dialogue on the establishment of a child-sensitive social protection floor is fuelled by strengthened national capacity, production of evidence and social protection research; and (c) quality data on children and women are

regularly collected and analysed and focus on living conditions, poverty, disparities, exclusion and gender.

34. This component will also be responsible for: (a) coordinating the joint programming, the monitoring and the documentation of the country programme in the context of UNDAF — including the effective inclusion of the cross-cutting issues of gender and HIV/AIDS; and (b) improving evaluation, research and knowledge management in order to measure progress, document good practices and share the lessons learned within the programme and with partners and other development actors.

Communication, advocacy and the participation and development of young people

35. This component will help to enhance advocacy of the promotion and protection of the rights of children at all levels of society, and to strengthen the capacity of communities, families and children to claim those rights. The communication for behaviour change subcomponent will strengthen the capacity of families and communities to adopt the six key family principles for child survival and development (hand-washing, use of impregnated mosquito nets, exclusive breastfeeding, prevention and treatment of diarrhoea, appropriate complementary feeding of young children and prevention of mother-to-child transmission) through the promotion of community participation, the use of mass media, social marketing and person-to-person communication. The advocacy and mobilization of rights subcomponent will be aimed at promoting positive action to ensure that political and administrative decision makers, traditional and religious leaders and communities are aware of the rights of the child and help to ensure that they are respected and applied. Advocacy actions toward the Government and other actors will contribute to the ownership and optimal consideration of the recommendations of the Committee on the Rights of the Child – taking into account the prevalence and the gravity of the problems raised. The youth subcomponent will further the effective participation of young people in decision-making and programming forums and operational bodies, as actors in their own development. To this end, youth networks and associations will be strengthened. This dialogue area will be an entry point for HIV prevention, the acquisition of life skills – including those aspects linked to health and reproductive health – and the promotion of gender equality, and it will constitute an improved national response to the needs and aspirations of young people.

Cross-sectoral costs

36. Cross-sectoral costs will support the programme's operational and logistical aspects and enhancement of the management capacity of both UNICEF staff and the partners. They will also cover programme implementation support costs and some operating costs of the country office.

Major partnerships

37. Special attention will be devoted to strengthening cooperation with the technical and financial partners involved in coordination and monitoring systems for the Millennium Development Goals, SCADD, sectoral approaches and global funds (e.g. Global Fund, Global Alliance for Vaccines and Immunization — GAVI, the Gates Foundation, UNITAID). Four joint programmes relating to accelerated reduction of maternal and infant and child mortality, gender, HIV/AIDS, and strengthened national emergency preparation and response capacity will be implemented in partnership with United Nations agencies.

An integrated programme to support local development will be implemented in the Boucle du Mouhoun region.

38. Existing strategic partnerships will be continued and strengthened in areas such as: (a) new aid modalities (Netherlands and United Nations system); (b) nutrition and crisis impact reduction (World Bank, European Union — EU, United States Agency for International Development — USAID, WFP and Food and Agriculture Organization of the United Nations — FAO); (c) reduction of the impact of climate change on children (Japan); and (d) establishment of a social protection floor (International Labour Organization — ILO, World Health Organization — WHO, World Bank, International Monetary Fund — IMF and EU). Partnership with UNICEF national committees will target localized demonstration and innovative pilot approaches to drive the policy dialogue and document evidence. The country programme will develop contractualization with NGOs and associations in order to accelerate coverage of community-based SASDE activities and strengthen protection of vulnerable children. The media, the youth and women's associations and the traditional and religious leaders will continue to be important allies in advocacy and implementation.

Monitoring, evaluation and programme management

39. The cooperation programme will be coordinated and monitored by the Ministry of Economy and Finance. Programmes and their respective schedules of work will be implemented by the appropriate technical Ministries and their devolved agencies and also by civil-society organizations and the private sector when necessary and advisable. Programme management will be integrated as far as possible into national steering schemes established for monitoring of SCADD and the sectoral reforms. An UNDAF monitoring cell will coordinate the joint programming of United Nations agencies and organize periodic reviews of progress made towards achieving common goals. UNICEF will provide technical support for its partners at the central and local levels for implementation of the activities set out in the action plan of the cooperation programme. The multi-year workplans, made more flexible due to the introduction of a more dynamic planning and better alignment with the sectoral reform frameworks, will be managed in close collaboration with the line ministries concerned, and will allow a better results-based programme management. An integrated monitoring and evaluation plan will be drawn up and will set out the main evaluation, research, review and documentation activities, including strengthening partners' capacity. In cooperation with universities and national and international research establishments, there will be a substantial investment in results-oriented documentation, impact assessment and evaluation of effectiveness.