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Draft country programme document**

Kenya

Summary

The Executive Director presents the draft country programme document for Kenya for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $24,659,000 from regular resources, subject to the availability of funds, and $32,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2004 to 2008.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	15.9
U5MR (per 1,000 live births)	122
Underweight (%, moderate and severe) (2000)	21
Maternal mortality ratio (per 100,000 live births) (1989-1998)	590
Primary school attendance (% net, male/female) (2000)	73/75
Primary schoolchildren reaching grade 5 (%)(1994)	68
Use of improved drinking water sources (%) (2000)	57
Adult HIV prevalence rate (%)	15.0
Child work (%, 5-14 year-olds) (2000)	36
GNI per capita (US$)	340
One-year-olds immunized against DPT3 (%)	76
One-year-olds immunized against measles (%)	76

The situation of children and women

1. There are 31 million Kenyans, and the number grows by 2.49 per cent every year. Over one half of the population, including almost 9 million children, live below the poverty line. Their caregivers only have access to quality services where they are provided free of charge. While total fertility rates declined from 8 in the early 1980s to 4, one of the fastest declines in history, under-five mortality has not declined in the 1990s. Sero-surveillance data from antenatal sentinel surveillance sites suggest a decline in HIV prevalence from 13.5 per cent in 2001 to 10.1 per cent in 2002 (8.7 per cent in rural areas and 12.4 in urban areas), but rates of over 30 per cent are still seen some parts of the country. The decline among those in the age group 15-24 years is more marked than in other age groups. By 2001, 1.5 million Kenyans had died of AIDS, leaving over 1 million orphans, with a doubling predicted by 2010. National random sample data on HIV prevalence will be available by mid-2003.

2. Kenya is in the midst of a major political transition; the National Alliance Rainbow Coalition (NARC), a coalition of 17 parties, defeated KANU (Kenya African National Union) which had ruled Kenya for 40 years. The NARC manifesto calls for the elimination of corruption, trimming civil service, devolution of power to the regions, free primary education, reduction of interest on domestic borrowing, cheaper electricity and a new constitution. Economic recovery is expected to gather momentum in 2003 and continue into the medium term, particularly with the combined implementation of various reform measures and a peaceful political transition. The strong priority given by the new Government to measures against corruption and the promotion of good governance are generating confidence among potential investors. The donor community is re-evaluating the wisdom of not investing in grant aid and low interest loans. A long-term decline in donor aid is reversing, with a $50 million grant by the World Bank to support free primary education.

3. The economic recovery strategies are being implemented against a backdrop of difficult circumstances. These include a 10-year decline in the economy, caused by an inefficient public sector; widespread corruption; high crime rates; little private investor confidence; declining agricultural production and prices; poor access to quality health services and education; crumbling infrastructure; droughts interspersed with floods; the HIV/AIDS epidemic; and increasing malaria epidemics. Rural districts have seen the greatest declines. In 1999, the Human Development Index ranking put Kenya at 136 out of 174 countries.

4. Approximately 200 billion Kenya shillings ($2.7 billion) are collected in taxes annually. While government spending is close to one 100 billion Kenya shillings, one third of the expenditure goes to the social sector, with far lower proportions going to the military than in neighbouring Uganda and United Republic of Tanzania. In the absence of support from the Bretton Woods institutions, the gap in the budget is filled through borrowing from domestic banks at commercial rates. The gap would be larger were it not for efforts to contain government spending on social services by allowing services to become increasingly market-driven. The result is less access to health care, education and other services for poor people, especially in arid areas. The way forward lies in more efficient and equitable services; the elimination of corruption, leading to an expanding economy; higher wages; and more tax revenue.

5. A serious effort to implement free primary education, as stipulated in the Children Act, was the first policy shift of the new Government, triggered in part by the advocacy on this issue carried out under the current programme. The quality of Kenya's primary education system has been in decline for over 10 years, and in some parts of the country — the arid areas — enrolment rates are very poor; boys in the north-east province are much less likely to enrol than boys in Afghanistan. National enrolments increased from 5.8 million in 2002 to at least 7 million in early 2003. The greatest barrier to the enjoyment of the right to an education was charges to parents. Other important factors resulting in primary school completion and transition rates below 50 per cent include: inequity of access, especially in remote areas; high wastage rates due to drop outs and low transition; problems of quality and relevance of the curriculum; availability of teaching/learning materials; and a depressed teacher cadre.

6. Early 2003 saw renewed efforts by the Government to focus on the rights of street children. Many former street children, a phenomenon fuelled by HIV/AIDS, live in privately run orphanages, and notable efforts also exist to keep children orphaned by HIV/AIDS in community care. There are nearly 2 million working children, the majority of whom work on family farms. Until the new drive for free education, about 1 million working children did not attend school. The extent to which working children are still unable to have access to school because they have to work to survive is unknown. Hazardous child labour, such as involvement in child prostitution and trafficking, exists on a small scale. Female genital cutting, an illegal practice, is widespread, including pharoic circumcision, especially in arid areas. Cases of rebellion against the practice by groups of young girls who are becoming aware of their rights and the law are increasing.

7. The nutritional status of children has deteriorated over the past 20 years. One third of children under five years of age are stunted. The under-five mortality rate stands at 122 per 1,000 live births and has increased slightly over the last 10 years;

the highest rates reliably recorded, 250 per 1,000 live births, occur in the Embakasi area of Nairobi. The rate of exclusive breastfeeding is 16 per cent. Early childhood care (ECC) practices are weak in many parts of the country, particularly where HIV/AIDS has hit hardest. If malnutrition was reduced by one half between 2000 and 2010, the lives of some 70,000 children would be saved. Rates of malnutrition in the north of Kenya may well have been kept to one half of the levels they would otherwise have reached in the course of the 2000-2002 drought relief programme.

8. Twenty five per cent of Kenyans have access to health facilities within eight kilometres of their homes. Health expenditures in rural areas account for 30 per cent of government spending on health, while in urban areas (where only 20 per cent live) they account for 70 per cent. One in 33,000 Kenyans living in rural areas is a practising medical doctor compared to 1 in 1,700 urbanites. Non-government entities provide almost one half of the medical services in Kenya. Faith-based organizations are very important in pastoral areas. Three quarters of children receive complete immunization. Less than one half of children with respiratory infections receive treatment from appropriate providers.

9. Malaria is the highest direct cause of death and disease among Kenya's children and women, causing an estimated 26,000 deaths every year, followed by respiratory infections. Approximately 20 million people live in malaria zones. In the western highlands, epidemic malaria has been increasing in frequency and severity since the 1980s, leading to emergency measures to contain outbreaks. Malaria is the main cause of severe anaemia in pregnant women and, thus, a major contributor to maternal mortality in a country where access to quality emergency obstetric care is rare outside of major urban areas.

Key results and lessons learned from previous cooperation, 1999-2003

Key results achieved

10. The programme of cooperation aims to follow a human-rights based approach to programming using a combination of advocacy, capacity-building and service delivery as implementation strategies. While the programme strategy for this period assumed that most implementation would take place through the Government, problems with liquidating cash assistance to Government allowed government implementation to start only in 2002.

11. Responses to HIV/AIDS are mainstreamed throughout all the programmes. UNICEF was a partner in developing the national strategic plan of the National AIDS Control Council (NACC). It supports implementation in partnership with the United Nations Development Group. A lead was taken in developing strategies for preventing mother-to-child transmission (MTCT) of HIV. National infant and child feeding guidelines and the Kenya code on marketing breastmilk substitutes have been revised. A pilot in three districts linking community mobilization for continued breastfeeding, maternal health and safe motherhood, voluntary counselling and testing, and the provision of anti-retrovirals is growing into a national programme strongly supported by the United States Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID). The school curriculum on life skills and HIV/AIDS for three age groups has been developed, as well as a girls' soccer league in one district. The programme was a major contributor to the development of guidelines for people looking after children

orphaned by AIDS. UNICEF is helping to develop a national plan for over 1 million children orphaned by AIDS. Activities have included a study on the contribution of faith-based organizations, seminars with non-governmental organizations (NGOs) and the private sector, an evaluation of the management of privately-owned orphanages, and lobbying of parliamentary candidates through the press, on billboards, and through radio and television. Three hundred teachers were trained in participatory hygiene and sanitary transformation processes, and accompanied as they transformed hygiene standards in their communities. The focus was on high HIV prevalence areas and places where cholera outbreaks are common. In Nairobi slums, latrines were built, latrine exhausters purchased, water points installed, tractors bought for garbage removal and almost a kilometre of drains built based on community plans. The programme contributed to the development of a sanitation policy and to the Water Act, especially with regard to its application in rural areas.

12. Activities made possible by funding through the Consolidated Appeal Process (CAP) between 2000-2003 for emergency relief for the worst drought in 60 years, and affecting over 4 million pastoralists, was the programme's largest element. The USAID/Office of U.S. Foreign Disaster Assistance (OFDA), the Department for International Development (DfID) (United Kingdom), the European Union, the Governments of Japan and Norway, and several National Committees for UNICEF provided major funding. Working with the Office of the President, UNICEF provided a coordination service for NGOs in the nutrition and water sectors. Activities in education, a sector badly hit by the drought, did not take off due to a lack of response to this element of the CAP. Results from this programme were technical support to NGOs managing feeding centres for malnourished children and the provision of food supplements to more than 500,000 malnourished children. Levels of malnutrition were held constant, saving the lives of many children. The water programme rehabilitated or replaced more than 400 water points, benefiting over 500,000 people, and provided chlorine and jerry cans to communities affected by floods.

13. The education programme, in partnership with the water and sanitation programme and with support notably from Japan, New Zealand, Norway and Sweden, worked in 16 arid districts to increase enrolment and achievement. District and school management capacity and community mobilization have been the key focus. So far, boarding houses for girls, in areas where a World Food Programme (WFP) school feeding programme is also active, have been supplied with over 1,000 beds and sheets, and over 1,500 bednets and mattresses. Teachers and school inspectors received vehicles, motorbikes and almost 250 bicycles. Over 10,000 textbooks and exercise books were supplied, 250 latrines for girls were built and over 80 water points were rehabilitated or newly completed. Responding to the post-election positive education emergency, 5,000 teachers were trained to maintain child-friendly stimulating classrooms for grades one, two and three with local materials at a cost of $25 per classroom. Over 700 schools were supplied with a basic package of teaching, learning and recreation materials.

14. Results in the health sector include emergency obstetric care services under development in North-Eastern and Nyanza provinces, with a baseline survey in three districts, and the training of district health teams and community sensitization in two districts. The programme is now upgrading two district hospitals to be fully comprehensive and six health centres into basic emergency obstetric care facilities. Responding to emergencies, the malaria programme supplied free of charge over

200,000 bednets to pregnant mothers and infants through antenatal clinics. Through the expanded programme on immunization (EPI), UNICEF has supplied almost 15 million doses of measles vaccines and one-shot syringes, over 2 million doses of polio vaccine and almost 500,000 doses of tetanus toxoid vaccine; new vaccines have also been introduced through the Global Alliance for Vaccines and Immunization initiative. Through funding from the United Nations Foundation, American Red Cross and the Government of Canada, UNICEF and the World Health Organization (WHO) assisted the 2002 national measles immunization campaign, which reached 13.5 million children aged 9 months to 15 years at less than $0.9 per child. The campaign also provided all children under five years of age with vitamin A. Contributions were made towards overall system support by rehabilitating elements of the cold chain, building several district hospital incinerators, and improving reporting from district to national level to 100 per cent in all districts.

15. In nutrition, funded by the Micronutrient Initiative, a national survey on micronutrient deficiencies was conducted. The food industry (salt, sugar, cooking fats) is now sensitized. Kenyans are now in the top echelon with respect to the consumption of iodized salt, and preparations are under way for triple fortification salt (with iron, iodine and vitamin A) and possible fortification of sugar with vitamin A. CARE baseline surveys took place in several districts, and guidelines focusing on 16 family practices aimed at Kenyans aged 9 months to 8 years were adopted by several NGOs. A contribution was made towards strengthening existing ECC programmes through community-based approaches, including a special focus on Muslim communities in 13 districts where 500 teachers were trained and centres were supplied with mats and appropriate furniture for young children.

16. In policy development, partnerships and participation, the programme played a key role in the 10-year lead-up to enactment of the Children Act in 2001. For children in need of special protection, through paralegal training, all children officers in the country are now sensitized or trained in the Act, the Convention on the Rights of the Child, International Labour Organization Conventions, the African Charter and other legal instruments dealing with children. It helped to form a National Committee on the Convention on the Rights of the Child for monitoring implementation of the Convention and is now working on the formation of the National Council for Children's Services (NCCS). In support of the United Nations General Assembly Special Session on Children, in 2002, over 650,000 "Say Yes for Children" pledge sheets were collected from all parts of the country. In 2000, UNICEF led the preparation of the Common Country Assessment (CCA), carried out a multiple indicator cluster survey (MICS) and is a core supporter of the 2003 Kenya Demographic and Health Survey (DHS). In collaboration with United Nations Development Assistance Framework (UNDAF) partners, capacity is now being built in the use of Ken Info at the Central Bureau of Statistics and in selected districts. Support to national efforts in the collection of vital statistics continued with the supply of computers and training of over 350 civil registration agents at the community level in several districts, resulting in the registration of 500,000 more births than would otherwise have been the case.

Lessons learned

17. One of the key lessons learned in the mid-term review (MTR) was that not enough truly convergent programming was taking place between sectors. The

originally planned geographic scope had been too wide. The programme is now focusing on only two districts and the low-income areas of Nairobi in building community and district capacities in a convergent way for all priority areas of the medium-term strategic plan (MTSP). Baseline surveys have been conducted, district and community work plans have been developed, and implementation has begun. District offices are being computerized. The challenges are greatest in Nairobi, where coordination between city council and provincial administration and service-providing NGOs are weak.

The country programme, 2004-2008

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Education, youth and HIV/AIDS	3 209	7 700	10 909
Health	3 209	6 160	9 369
Nutrition	2 469	6 100	8 569
Water and sanitation	2 715	7 700	10 415
Communications, partnerships and participation	3 209	3 300	6 509
Strategic planning, monitoring and evaluation	3 677	1 540	5 217
Cross-sectoral costs	6 171	-	6 171
Total	**24 659**	**32 500**	**57 159**

Preparation process

18. Preparation started in 2001with the CCA, the MTR of the current programme and the preparation of the 2004-2008 UNDAF. A Steering Committee, comprised of representatives of the Ministry of Planning and National Development, UNICEF and NCCS, was formed in 2003 to guide the preparation. The exercise began with consultations with current partners, several of which were structured around organizational priorities involving NGOs and government departments and the business sector. There have also been consultations with children and youth, bilateral development partners and post-UNDAF consultations with United Nations partners. The discussions have been informed by an update of the situation of children and women and by evaluations of key programmes such as the African Girls Education Project that operates in North-East province and districts in Eastern and Rift Valley provinces.

19. UNICEF Kenya analyses the situation of children and women based on human rights principles. First, the disparities in progress, or the lack thereof, towards the realization of a set of rights were outlined; and their immediate, underlying and basic causes were noted. Second, the pattern of theoretical responsibility, or duties, from minister down to district government officers and the community level for coordinating progress towards the realization of the right or a cluster of rights was mapped out. Third, the capacity gaps that hinder fulfilment of the duty at all levels were analysed in terms of the extent to which a feeling of responsibility exists, authority to act is granted and resources are available. Fourth, the actions other

development partners are taking to fill those capacity gaps were observed as a preamble to determining possible actions that UNICEF could take, divided into support for service delivery, building of capacity or advocacy. The views of children and youth were sought on the possible short-, medium- and long-term solutions to the issues. This analysis forms the preliminary work that has determined the proposed programme.

Goals, key results and strategies

20. The 2004-2008 programme will contribute to the realization of the rights of children and women nationwide in all the MTSP priority areas through policy support based on lessons learned from implementation of interventions, and through a combination of capacity-building and support for service delivery at district and community levels. Activities will be determined through the application of a human rights approach to programming and community capacity development, and the commitment to respond quickly to humanitarian emergencies.

21. At least 60 per cent of all resources will be directed towards community-based action, including one half of the regular resources allocation, which will fund the HIV/AIDS response. A selection of "learning" districts and low-income areas in Nairobi will be supported, with the following expected results: (a) in learning communities, full implementation of the Children Act; (b) at the district level, capacity built among all partners to coordinate progressive realization of the Act district-wide; and (c) at the national level, policy lessons for all partners internalized on better application of the Act nationwide. A start-up phase will take from 12 to 18 months in each district, an expansion phase three to five years, and a maintenance phase reached when children's rights are sustained demonstrably district-wide. The programme will continue to coordinate nutrition and water-related drought relief and rehabilitation. In the same areas, a major contribution will be made towards improved ECC, increasing primary school graduation rates, reducing rates of female genital cutting and maternal mortality ratios (MMRs), the latter in two districts. Nyanza and Western provinces are particularly hard hit by HIV/AIDS. Here the programme will support the NACC in supporting service delivery-oriented community organizations that focus on children orphaned by HIV/AIDS. The programme will also expand services caring for HIV-positive children in partnership with the United Nations Office for Project Services (UNOPS) and Nyumbani.

Relationship to national priorities and UNDAF

22. This country programme is derived from the UNDAF 2004-2008, which is itself based on national priorities, including the poverty reduction strategic framework and the Government's socio-economic recovery plan. The programme will contribute mainly to human resources development, HIV/AIDS and malaria, governance and rights, and strengthening local and national systems for emergency preparedness and response.

Relationship to international priorities

23. The UNDAF was informed by the Millennium Development Goals, "A World Fit for Children" and the UNICEF organizational priorities.

Programme components

24. **Education, youth and HIV/AIDS**. This programme focuses on areas with the poorest primary education performance to develop school clusters, with a special emphasis on developing stimulating classrooms at sustainable costs and mobilizing communities to send their children to school. In urban areas, a second chance education programme will be supported for working youths who did not complete primary school, and street children who cannot immediately rejoin the formal stream. Other development partners supporting the Ministry of Education, Science and Technology are notably DfID, the Swedish International Development Authority (SIDA) and the World Bank, all of which are partnering to make textbooks more accessible nationwide, and WFP, which will be working with UNICEF in the school feeding programme. The youth and HIV/AIDS component aims to expand the use of the livelihoods and HIV/AIDS curriculum developed under current cooperation, and to work with youth clubs to expand self-esteem enhancing activities such as women's soccer leagues.

25. **Health**. This programme includes health systems support, EPI, emergency obstetric care, malaria and the prevention of MTCT of HIV. It will contribute to partnerships, notably with SIDA, the Danish International Development Agency, DfID, USAID and the World Bank to build health systems. The particular contribution of UNICEF will be in the learning districts and North-east Province, in the highland epidemic malaria zones, and nationwide for EPI. MMRs will be reduced in two of the worst-off districts through mobilizing communities and supporting emergency obstetric care services. In partnership with DfID and WHO, efforts to increase the use of impregnated bednets will continue, with UNICEF focusing on 10 highland districts and in North-east province. In the area of the prevention of MTCT, the programme will support scaling up and provide leadership in policy development, including the development of protocols.

26. **Nutrition**. This programme will support emergency preparedness and response in drought-affected areas, infant and child feeding and psychosocial care, micronutrients, care for people living with HIV/AIDS, and national nutrition policy development and implementation. The emergency programme will build government capacity to coordinate humanitarian responses to drought emergencies that afflict the country three years in every four. This includes strengthened nutrition information systems, rapid nutrition surveys and maintenance of quality feeding centres managed by NGOs. The micronutrient programme aims to reduce vitamin A and iron deficiency anaemia and to sustain the elimination of iodine deficiency disease through the provision of vitamin A capsules through the EPI programme, and for iron deficiency by encouraging greater use of folic acid and piloting iron fortification of salt and other food products.

27. **Water and sanitation**. This programme will coordinate the water sector in drought emergency areas and in areas where cholera outbreaks and flooding are problems. Nationwide, it will contribute to implementation of the sector reforms, particularly in rural areas, focusing on learning districts. The Ministry of Water will be supported in its efforts to upgrade water and sanitation in schools.

28. **Communications, partnerships and participation**. This programme works in tandem with the strategic planning, monitoring and evaluation programme to communicate successful efforts to fully realize children's rights to a wide group of partners so as to improve policies for children and their implementation by duty

bearers. This programme will coordinate children's and young people's participation in advocacy. It will also coordinate management of community-based organization agreements entered into by the programme supporting services for children orphaned by HIV/AIDS and be responsible for supporting the judiciary in its orientation and implementation of the Children Act. In learning districts, this programme will manage the development and response to community action plans on implementation of the Children Act.

29. **Strategic planning, monitoring and evaluation**. This programme will build the capacity of NCCS to assess and analyse the situation of children and women using a human rights approach in all areas of the Convention on the Rights of the Child. It will do this, inter alia, by commissioning special studies, including analysis of the situation of children orphaned by HIV/AIDS. In partnership with the Central Bureau of Statistics, and linking to other sectoral ministries, the programme will build capacity to use ChildInfo to track progress of the Millennium Development Goals. It will continue to build capacity to expand birth registration and to influence implementation of the Gender and the Domestic Violence against Women bills, with a focus on the reduction of female genital cutting in North-east Province.

30. **Cross-sectoral costs**. This component will cover recurrent costs, including office rent, utility costs and costs of security in United Nations security phase three areas, and the salaries of administration and finance, and supply procurement staff. Procurement services are projected to be an area of growth in the programme.

Major partnerships

31. The 1999-2003 programme has many partners, with an expectation for expansion. The programme will be managed jointly by the Government of Kenya and UNICEF through a Steering Committee co-chaired by the UNICEF representative and the Permanent Secretary of the Ministry of Planning and National Development. Membership comprises permanent secretaries from ministries, currently seven in number, that work closely with the programme. Daily operations are in the hands of an interministerial technical committee of UNICEF and government officers managing programme components. Partnerships beyond the Government include the business sector, notably via the *Watoto Kwanza* Trust and the NCCS. International and national NGOs are also close partners, notably, Action Against Hunger, ANPPCAN (African Network for the Prevention and Protection against Child Abuse and Neglect), Catholic Diocese of Lodwar, Catholic Diocese of Marsabit, Childlife Trust, FAWE (Forum for African Women Educationalists), International Medical Corp, KAACR (Kenya Alliance for the Advancement of Children's Rights), Kenya Scouts Association, OXFAM-Quebec, *Maendeleo ya Wanawake*, Maasai AIDS Prevention Network, Muhoroni AIDS Awareness Counselling Service, National Council of Churches, *Nyumbani*, Save the Children Fund, TAPWAK (The Association of People with AIDS in Kenya), the Undugu Society, Women Concern and World Vision. Bilateral development partners which have provided major other resources funding to the 1999-2003 programme include: the European Union, DfID, OFDA, the Governments of Japan and the Netherlands, the Canadian International Development Agency, the Norwegian Embassy, SIDA, the United Nations Foundation and the CDC. Among multilateral agencies, the programme will cooperate especially with the International Fund for Agricultural Development, the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, the United Nations Development Fund for

Women, the United Nations Population Fund, UNOPS, WFP, WHO and the World Bank. Partnerships have been expanding with a growing number of community-based organizations working mainly on support of service delivery for children orphaned by HIV/AIDS.

Monitoring, evaluation and programme management

32. Results will be measured using process indicators aimed at evaluating the programme strategies adopted and outcome indicators, including country-specific Millennium Development Goals and poverty reduction strategy indicators. Monitoring, research and evaluation activities for the country programme will be coordinated through an Integrated Monitoring and Evaluation Plan. Monitoring of the country programme will be undertaken through a combination of direct oversight of funded activities and formal review by the interministerial technical committee for the programme under the Ministry of Planning and the Steering Committee. This will involve the development and standardization of formats and tools to facilitate regular monitoring and evaluation of sectoral projects using the African Evaluation Standards. Simple monitoring tools at the community level will facilitate community/district interaction. Major evaluative activities include learning achievement tests in schools, maternal death audits, baseline and impact measurement surveys in “learning districts”. A second MICS will be conducted in 2005/2006 tracking changes since the 2003 Kenya DHS. An MTR will be conducted jointly with the Government, United Nations and other development partners in 2006.