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### Summary of midterm reviews of country programmes

#### Eastern and Southern Africa region

#### *Summary*

This regional summary of midterm reviews of country programmes conducted in 2011 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

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\* E/ICEF/2012/15.



## **Introduction**

1. This report covers the midterm reviews (MTRs) of three country programmes conducted in 2011 in the Eastern and Southern Africa region: Angola, Kenya and Uganda. The purpose of the MTRs was to assess progress in implementing the UNICEF programmes of cooperation, review the national context and make mid-course adjustments to improve programme implementation and delivery of results for children and women.

2. The Eastern and Southern Africa region is the epicentre of the HIV/AIDS epidemic. In addition to its long-standing challenges of poverty, inequity and food insecurity, the region is also suffering from the global economic crisis and climate change, which has brought droughts and floods. In 2011, three countries – Ethiopia, Kenya and Somalia – were severely affected by drought, insecurity and mass population movements, leading the UNICEF Executive Director to trigger the first-ever level-three emergency. A number of countries are urbanizing rapidly and have growing populations of urban poor people, which has significant implications for the future.

3. Countries in the region have achieved reductions in maternal and under-five mortality rates, though the levels of mortality are still high and inequalities persist. Access to primary school has improved, but ensuring the quality of education is still a challenge. Stunting is a major problem in the region, and a number of countries have some of the highest rates in the world.

4. All three midterm reviews provided an opportunity for UNICEF, United Nations country teams, government counterparts and other stakeholders, including children, to take stock of the situation of children and women, reflect on achievements and constraints, and draw on lessons learned to guide future programming.

5. The reviews further contributed lessons for wider programming in the region. In Angola, a middle-income country with high levels of inequity, the MTR highlighted the importance of working upstream to leverage in-country resources for children and advocate for equitable distribution of resources. Lessons learned from the Kenya MTR include the need to strengthen engagement of children, women, young people and communities in planning, budgeting and policy formulation and the importance of supporting constitutional reforms and devolution processes through flexible partnerships. The Uganda MTR demonstrates how technological innovations can contribute to improved programming and achievement of results for women and children.

## **Midterm reviews**

### **Angola**

#### **Introduction**

6. The goal of the 2009-2013 Angola country programme is to accelerate progress towards achievement of the Millennium Development Goals and ensure fulfilment of children's rights. The country programme is formulated around the

11 Commitments for Children.<sup>1</sup> The programme is fully aligned with the National Plan of Action for Children – led by the National Council for Children, a body involving 18 ministries and civil society – and the United Nations Development Assistance Framework (UNDAF).

7. In 2010, the Government of Angola and the United Nations country team agreed to conduct a midterm review of the UNDAF, integrating agency-specific MTRs. The review involved three linked processes: (a) review of the biannual plan and the 11 Commitments, by the Government, civil society and other partners, which culminated in the 5th Forum on Children and development of the 2011-2013 workplan; (b) review of the country programmes of the various United Nations agencies, which for UNICEF included an equity-focused update of the situation of children and women and a review of achievements, constraints, opportunities and lessons learned; and (c) the UNDAF MTR, which incorporated the findings and recommendations of the biannual plan review and the agency MTRs.

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

8. Angola is a post-conflict, oil-producing country with a lower-middle-income status. Oil and other petroleum products contribute about 76 per cent of gross national income per capita, which is about \$3,960.<sup>2</sup> The country's economy slowed in 2009 due to the global economic crisis, but it has since been improving. The costs of living and of doing business are high. Relative to its economic status, Angola has relatively poor child health and development indicators, large gaps in human resource capacity and a weak civil society.

9. Angola is investing in improving governance, macroeconomic performance and budget transparency. In January 2010, Parliament approved a new Constitution, which incorporates the provisions of the Convention on the Rights of the Child. New legislation designed to improve transparency in implementation of the national budget has been developed and macroeconomic indicators have improved, according to the International Monetary Fund. Angola has also launched a decentralization process. It establishes each of the 164 municipalities as budgetary units, entitled to an annual budget allocation of \$4 million.

10. Angola lags behind in almost all Millennium Development Goal indicators and is ranked 142nd in the 2011 Human Development Index. The incidence of poverty is officially about 37 per cent and the Gini coefficient is 0.55. Income disparities have a large impact on key child indicators for survival, development and protection.

11. Urban poor people and children in rural areas, particularly those in provinces that were severely affected by the war of independence (1961-1975), are 4 to 10 times less likely to access basic social services. Services such as birth registration and skilled attendance at birth have very low coverage across the country. The polio pandemic remains a major threat for children in Angola, which had four cases in 2011. Net primary school enrolment is about 77 per cent nationwide, with parity between boys and girls.

<sup>1</sup> The 11 Commitments cover the Millennium Development Goals (except Goal 8), the Millennium Declaration and the key child rights to protection and participation. Crucially, Commitment 11 covers budgets and plans for children.

<sup>2</sup> Source: Ministério das Finanças (Quadro 9: Balanço Fiscal 2008-2010).

**Progress and key results at midterm**

12. The Angola country programme has four components: Accelerated child survival and development; education and youth; social policy and child protection; and planning, field, communication and external relations.

13. **Accelerated child survival and development.** This component contributed to the development of key health policies and strategies; revitalization of primary health care services in 80 per cent of the 16 targeted municipalities; and scaling-up of essential lifesaving interventions, including malaria control interventions, immunization, polio eradication efforts, and rural water and sanitation. All children under 5 received three doses of oral polio vaccine, and 88 per cent of them received vitamin A and deworming tablets. About 2.8 million long-lasting insecticide-treated mosquito nets were distributed to households, targeting women and children, and 77 per cent of the population in the 16 targeted municipalities were provided with safe water. At national level, the programme contributed to the reduction of polio cases to only four in 2011 (following its re-introduction in 2004) by supporting vaccine procurement and social mobilization for national immunization days and improvement of routine immunization coverage.

14. In August 2010, the Vice President of Angola launched the Municipal Health System and the Maternal and Child Mortality Reduction Acceleration Campaign. The primary health care revitalization model developed through the country programme served as the basis for the Municipal Health System. Under this system, which is part of the ongoing decentralization process, \$2 million of the annual allocation is for primary health care. All 16 participating municipalities were supported to develop micro-plans and budgets to accelerate child survival and development.

15. The accelerated child survival and development programme contributed to the adoption of legislation on free HIV testing and treatment with antiretroviral medications nationwide. It also contributed to expansion of testing and counselling, prevention of mother-to-child transmission (PMTCT) and provision of antiretroviral therapy in the 16 municipalities. In addition, the programme helped to strengthen national policies and strategies for delivering high-impact interventions. One of these was the National Strategic HIV/AIDS/STI Plan (2011-2014), which emphasizes decentralization and integration of PMTCT and paediatric AIDS services into maternal and child health services.

16. **Education and youth.** This component supported the development of the national Early Childhood Policy and the child-friendly schools framework. It also supported construction of 300 classrooms in 30 schools in the 16 municipalities. The country programme piloted the accelerated learning programme, which provided access to 7,000 students, 38 per cent of them girls. The programme also contributed to mainstreaming HIV prevention in the school curricula.

17. **Social policy and child protection.** This component piloted a social cash transfer programme targeting 265 vulnerable families and 2,000 of the poorest children in Cunene, the province with the highest rate of AIDS orphanhood. The programme also contributed to the development of the Children's Act, a national strategy for preventing and responding to violence against children, an operational plan for implementation of the juvenile justice strategy and development of the 2010 report to the Committee on the Rights of the Child. In partnership with the World

Bank and under the leadership of the Ministry of Social Assistance and Reintegration, the programme supported research leading to a draft social protection policy and a social assistance law.

**18. Planning, field, communication and external relations.** This component supported the National Council for Children in coordinating all 18 ministries that address children's concerns. It also successfully leveraged the integration of key provisions of the Convention on the Rights of the Child into the new Constitution. The programme developed a system of indicators for monitoring results for Angolan children. It also contributed to improved social mobilization and demand for essential services for children, particularly for reduction of maternal and child mortality. In addition, it leveraged considerable government resources for the biannual plans of the 11 Commitments and Millennium Development Goals.

### **Resources used**

19. The total approved five-year funding for the country programme was \$156.5 million, comprising \$34.5 million in regular resources and \$122 million in other resources. As of December 2011, \$108.4 million had been spent, including \$85.5 million other resources. About 56 per cent of the total was spent on accelerated child survival and development; 14.4 per cent on education and youth; 6.6 per cent on social policy and child protection; 11.5 per cent on planning, field, communications and external relations; and 11.2 per cent on cross-sectoral. The relatively high expenditures on child survival and communication were partly driven by polio eradication efforts.

20. While \$89.4 million of other resources were raised (73 per cent of the ceiling), resource mobilization has been challenged by the reduction in donor support to Angola, given its increasingly oil-driven gross domestic product. The child survival and development, education and youth, and planning, field, communication and external relations programmes were well funded, but social policy and child protection received just 15 per cent of its target while cross-sectoral received 36 per cent.

### **Constraints and opportunities affecting progress**

21. Constraints include the following: (a) inadequate human resources; (b) a very expensive operating environment; (c) lack of data and capacity for analysis; (d) decreasing donor support; and (e) weak civil society capacity.

22. Opportunities include the following: (a) a growing private sector; (b) political willingness to link performance-based incentives to results for children at municipal level; (c) increasing coordination among sectors to achieve the 11 Commitments for Children and the National Plan of Action for children.

23. Lessons learned include the following: (a) balance equity-focused service delivery strategies with increasing capacities for evidence-based policymaking; (b) strengthen strategies on policy development and national resources leveraging given that Angola is now a middle-income country; (c) harmonize the programme with the 11 Commitments for Children better; (d) ensure greater involvement of partners in generating evidence and linking it to advocacy efforts; and (e) strengthen country-led monitoring and evaluation systems.

**Adjustments made**

24. To facilitate links with the objectives of the 11 Commitments and to further align the country programme with the National Council for Children workplan, key results were revised to support countrywide achievement of the Millennium Development Goals, focusing on the most vulnerable populations.

25. The programme strategies were adjusted to (a) focus much more on developing national policies and strategies and leveraging national resources; (b) harmonize with national processes to accelerate achievement of the Millennium Development Goals and fulfil the rights of all children to survival, development, protection and participation; and (c) support knowledge generation and partnerships at local and national levels, particularly for vulnerable children, including documentation of lessons learned on the ground and evaluation and monitoring of progress.

26. To better integrate the programme components and improve management, efficiency and accountability for results, the MTR recommended minor adjustments to the programme structure as follows:

(a) Maintain three sectoral programmes, on child survival, education and child protection;

(b) Establish three cross-sectoral support programmes, on social policy, communication and planning, and monitoring and evaluation. The communication programme is to cover communication for development, external relations, fundraising and partnerships.

**Kenya****Introduction**

27. The goal of the 2009-2013 Kenya country programme is to ensure that all children enjoy respect, protection and fulfilment of their rights. The programme is fully aligned with the 2009-2013 UNDAF and the Government of Kenya Vision 2030. The midterm review of the country programme, which took place in early 2011, included a review of the national context and related programme environment. It also assessed the situation of children and women with an equity focus. The MTR was coordinated by the Ministry of State for Planning, National Development and Vision 2030, with the participation of sector ministries, civil society and other development partners.

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

28. Kenya has a projected population of 38.6 million. More than half of its population is children and young people, and there are 9 million women of reproductive age (15-49). Almost half (46 per cent) of the population lives below the poverty line. Kenya is urbanizing rapidly: 32 per cent of the population, and 28 per cent of children (more than 5 million), now live in urban areas. Around 2 million of these children suffer from poverty and deprivation. The northern arid and semi-arid areas, where over a quarter of the population lives, are particularly deprived and vulnerable to chronic drought, food insecurity and malnutrition.

29. Kenya has recorded significant progress in reducing child mortality, although significant regional disparities remain. Under-five mortality has declined by 36 per cent, from 115 per 1,000 live births in 2003 to 74 per 1,000 in 2008/2009. Infant

mortality fell 32 per cent, from 77 to 52 deaths per 1,000, over the same period. Much of the progress has been achieved through improved use of universal interventions such as immunization and distribution of insecticide-treated mosquito nets.

30. Malnutrition has worsened slightly in recent years; about 35 per cent of children under five are stunted, compared to 33 per cent in 2005/2006, while wasting stands at 7 per cent (2008/2009), compared to 6.1 per cent in 2005/2006. Maternal mortality remains high at 488 per 100,000 live births in 2008/2009, and regional disparities persist. The prevalence of HIV among adults is 6.3 per cent, and about 1.45 million people are living with the virus. An estimated 184,000 children were living with HIV as of 2009, out of which an estimated 117,000 were in need of treatment.

31. Kenya is on track to meet the targets for Millennium Development Goal 2 (universal primary education) and Goal 3 (gender equality). Gross enrolment is high for both boys and girls in 2011, albeit with regional disparities.<sup>3</sup> About 1.2 million children remain out of school in spite of the Government's commitment to free primary education and the recently introduced limited free secondary education. The majority of children out of school are in northern Kenya; they predominantly live in slums, are orphaned or otherwise vulnerable, or have special needs.

32. In the past three years, several defining events have shaped Kenya's development agenda. These include the post-election violence of 2007/2008 and the promulgation of the new Constitution, in August 2010, grounded in human rights and equitable political, economic and social development. Due to severe droughts in 2009 and 2011, some 3.75 million Kenyans and 150,000 new refugees, mostly from Somalia, required food and humanitarian assistance; more than 385,000 children under 5 suffered from undernutrition; nearly 2 million people in the 29 worst-affected districts were without access to safe water; and education was disrupted for 508,000 primary school students.

### **Progress and key results at midterm**

33. The Kenya country programme is organized around four components: Child survival and development; child protection; education and young people; and planning, policy advocacy and communication.

34. **Child survival and development.** This component contributed to development of policies and operational plans to accelerate child survival, maternal and newborn care, mother and child health, malaria control, diarrhoea control, immunization and food security and nutrition. Between 2009 and 2011, measles immunization increased from 67 per cent to 88 per cent; PMTCT coverage among pregnant women receiving antenatal care increased from 65 per cent in 2006 to 76 per cent in 2010; and the number of households owning insecticide-treated mosquito nets increased from 54 per cent to 61 per cent.

35. The programme also facilitated the introduction of the pneumococcal conjugate vaccine and supported the response to the threat of a wild polio virus outbreak following the confirmation of 18 cases in the Turkana district of northern

<sup>3</sup> Around 115 per cent gross enrolment for both boys and girls in 2011.

Kenya. In addition, it supported procurement and distribution of 10 million insecticide-treated mosquito nets in areas at greatest risk.

36. Ministry of Health systems and structures were strengthened to fully integrate critical nutrition interventions, including management of severe malnutrition, into facility and community systems. Between 2009 and 2011, exclusive breastfeeding of children up to six months increased from 13 per cent to 32 per cent, while households using iodized salt reached 98 per cent. The proportion of severely malnourished children receiving treatment increased from 35 per cent to 85 per cent, and recovery rates increased from 83 per cent to 85 per cent. UNICEF advocacy contributed to a 13-fold increase in government funding to the nutrition sector.

37. The water and sanitation subcomponent contributed to development and implementation of community-led total sanitation. This involved construction of household latrines with hand-washing facilities and provision of soap for over 400,000 people, assisting 1,378 communities to be declared open defecation free. The programme provided 655,000 people with access to safe water through construction or rehabilitation of boreholes and shallow wells.

38. **Child protection.** This component advocated for incorporating the Convention on the Rights of the Child into the Constitution and for development of policies on sexual offenses, abandonment of female genital mutilation/cutting, legal aid and internally displaced people. The programme leveraged funding from the Government and partners to scale up a cash transfer initiative for orphaned and vulnerable children, from 75,000 households (262,500 children) at the beginning of 2010 to 86,000 households (300,616 children) at the end of the year.

39. **Education and young people.** This component contributed to the adoption of the child-friendly school model to improve teaching methodologies and school management. The programme's advocacy and support for the Talent Academy initiative, which aims to identify talented but disadvantaged youth with potential in sports, performing arts and music, helped increase political support for the initiative. It also provided marginalized young people and adolescents with the skills and knowledge needed to engage as productive citizens.

40. **Planning, policy, advocacy and communication.** This component contributed to scaling up social budgeting and social intelligence reporting in 24 districts by June 2011. These mechanisms increase participation of women and children as rights holders, and accountability to them, concerning the use of treasury and development funds. Advocacy with the Kenya Women Parliamentarians on harmful traditional practices led to the passing of a law that banned female genital mutilation/cutting in 2011.

#### **Resources used**

41. The total approved five-year funding for the country programme was \$205.02 million, comprising \$41.27 million (20.1 per cent) in regular resources and \$163.75 million (79.9 per cent) in other resources. Overall, available funding in 2011 was \$126.9 million, which is 61.9 per cent of total approved funding. As of May 2011, \$119.99 million had been spent, comprising 58.5 per cent of total approved funding and 94.5 per cent of total allocation. About 63.3 per cent of total expenditures was spent on child survival and development, 19.2 per cent on child



protection, 8.7 per cent on education and young people, and 8.8 per cent on planning, policy advocacy and communication.

42. The relatively high expenditure in the child survival and development and child protection components was driven by the humanitarian response in the Horn of Africa. However, mobilizing resources for regular programme components remains a challenge. It calls for a strategic approach that also incorporates resource leveraging from the Government and other development partners.

### **Constraints and opportunities affecting progress**

43. Constraints include the following: (a) inadequate capacity for policy implementation, particularly in drought-affected and deprived areas; (b) underfunding of key programmes, such as maternal and neonatal health, nutrition and community-based programmes; (c) low absorption capacity for the social sector development budget; (d) insufficient priority for action on children's rights, including for revision of the Children's Act; and (e) recurrent natural disasters such as droughts and floods.

44. The main opportunity is the new Constitution, which has significant promise to address historical injustices and grievances. It contains far-reaching rights commitments, an ambitious vision of social equity and devolution of political power, planning and service delivery to the country's 47 counties. Other opportunities arise from (a) plans to develop the next medium-term plan under the framework of Vision 2030; (b) an enabling partnership environment, including strong collaboration with parliamentarians and within sectors; (c) increasing resources for development from Kenyan sources; and (d) the programme's ability to generate credible evidence on the situation of children and women, including equity diagnostics, as a basis for responding to the equity dimensions of the Constitution.

45. Lessons learned include the following: (a) the need to strengthen engagement of children, women, young people and communities in planning, budgeting and policy formulation; and (b) the importance of supporting constitutional reforms and the devolution process through flexible partnerships.

### **Adjustments made**

46. The MTR concluded that the focus of the country programme continues to be relevant, and no major changes to the structure were proposed. The review also confirmed the need for a stronger focus on equity. It concluded by introducing new strategies and innovative technologies to strengthen data gathering, equity-focused programming and monitoring of results for equity. In response to changes in the external policy environment resulting from the new Constitution and the drought, the country programme will further focus on (a) increasing capacity, nationally and subnationally, to leverage resources for children and (b) emphasizing the integration of disaster risk reduction and resilience-building strategies within education, nutrition and water, sanitation and hygiene (WASH) activities, particularly in arid regions.

## **Uganda**

### **Introduction**

47. The goal of the 2010-2014 Uganda country programme is to enable children, especially the most vulnerable, to progressively realize and sustain their rights to survival, development, protection and participation.

48. The midterm review was undertaken from March 2011 to April 2012 under the oversight of the Ministry of Finance and Economic Development. It followed a consultative process involving a broad range of national stakeholders, key government counterparts, bilateral and multilateral agencies, national and international non-governmental organizations, and youth and children's organizations in Kampala.

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

49. Uganda has a population of 30.7 million, of which 85 per cent lives in rural areas; 57 per cent of the population is under the age of 18. The population growth rate is estimated at 3.2 per cent. The National Household Income and Expenditure Survey showed a dramatic reduction in income poverty, from 31.1 per cent in 2005/2006 to 24.5 per cent in 2009/2010. This makes Uganda one of the few countries in the region that has already achieved Millennium Development Goal 1, which calls for reducing income poverty by half. However, inequality is believed to be rising.

50. Since the inception of the country programme in 2010, Uganda has seen both continuity and change. The National Resistance Movement has been in power since 2006, the same year oil was discovered. Expected to come online in 2015, it has an estimated production potential of over 100,000 barrels per day. Overall, the economic situation in the country remains positive, although economic challenges are emerging. Growth forecasts for 2012 were reduced from 6.5 per cent to 5.5 per cent amid ongoing concerns over the global economy. Of particular concern, especially for poor and vulnerable households, are the recent rapid increases in food prices, averaging 40 per cent annually.

51. The situation of children in Uganda is characterized by overall progress, but with inequalities. Preliminary data from the 2011 Demographic and Health Survey (DHS) show rapid reduction of under-five mortality rates, from 137 per 1,000 live births in 2006 to 90 per 1,000 live births. With a small acceleration in progress, Uganda will achieve Millennium Development Goal 4. The under-five mortality burden is spread quite evenly across the bottom four quintiles.

52. Full immunization of children aged 12-23 months stands at 50 per cent in rural areas and 61 per cent in urban areas. Current Health Management Information System data indicate that Uganda has over 500,000 unimmunized or under-immunized children. In April 2011, the World Health Organization certified Uganda as having eliminated maternal and neonatal tetanus. The DHS data indicate that the percentage of boys and girls under age 5 sleeping under long-lasting insecticide-treated mosquito nets increased from 9.7 per cent in 2006 to 43 per cent in 2011. Two thirds of children under age 5 with fever took antimalarial drugs in 2011, and 48 per cent received appropriate treatment for diarrhoea.

53. The primary school enrolment rate now stands at around 96 per cent, with little difference between boys and girls, while completion rates stand at 64 per cent (63 per cent for girls and 65 per cent for boys). Early childhood education remains a major challenge, with a national enrolment rate well below 23 per cent (DHS 2011). Quality of education, teacher absenteeism and deployment, and lack of materials are important challenges to be addressed.

54. Data on child protection are generally limited, but the latest DHS highlights significant challenges. Only about 30 per cent of children are registered at birth. Juvenile justice statistics suggest that only a fraction of cases involving children that are reported to police ever end up in court. One fifth of girls and 7 per cent of boys aged 15 to 19 have experienced sexual violence. Protection services are weak, due to vacant positions and overworked and underresourced probation and community development officers.

### **Progress and key results at midterm**

55. The country programme has five components: young child survival and development; HIV/AIDS and children; basic education and gender equality; child protection; and planning, policy advocacy and partnerships for children's rights.

56. **Young child survival and development.** This component contributed to the development of the child-focused national health policy, health sector strategic and investment plan, the International Health Partnership (IHP+) Compact, a 10-year national immunization policy, guidelines for implementation of the national child survival strategy, a road map for reduction of maternal and newborn mortality, a child-friendly budget and a pneumococcal vaccine application to the GAVI Alliance, which approved it for introduction in 2013.

57. The nutrition subcomponent was instrumental in the national scale-up of integrated community case management in 18 of 112 districts and in the revamping of the village health team approach. The programme provided all the vitamin A for all children under 5 in the country. It also supported appropriate treatment of over 23,838 children suffering from severe acute malnutrition, representing over 80 per cent of the anticipated caseload in the Karamoja and Acholi regions.

58. The WASH subcomponent contributed to increased access to improved water sources for an additional 51,600 people, including school children and communities; access to improved latrines in 19 health centres in the Western region; and provision of water quality testing for 482 water sources in the Northern, Western and Karamoja regions.

59. **HIV/AIDS and children.** This component supported the operationalization of maternal, PMTCT and newborn care at the national, facility and community levels, including expansion of antenatal care and PMTCT service delivery in 20 districts. It also increased the number of health facilities providing antenatal care services from 329 to 346, two thirds of the total of 520, and participated in scaling up outreach services for immunization acceleration in 26 low-performing districts. In addition, it supported a coordinated vaccine procurement process, which resulted in no reported stock-outs of vaccines at national level.

60. **Basic education and gender equality.** This component contributed to creating an enabling environment for education by supporting the development of key policies aimed at improving both equity and quality. These policies addressed

gender in education, basic education for disadvantaged children, school health, non-formal education and early childhood education. The programme also supported revision of basic requirements and minimum standards and development of early learning development standards, disaster risk reduction guidelines and a handbook for operation and management of WASH in schools.

61. The programme's extensive community engagement and advocacy led to promotion of parental involvement in education. Support for the Girls' Education Movement resulted in establishment of 2,013 primary school clubs and 146 secondary school clubs. Through these clubs, 7,845 out-of-school children (3,178 boys and 4,667 girls) returned to school. In collaboration with the Girls' Education Movement, scholarships were offered to 839 girls (697 for secondary school and 142 for business, technical, vocational education and training). Back-to-school messages reached 52,000 people.

62. To further improve the quality of primary education, the programme contributed to the development of a four-year coaching/mentoring implementation programme for the basic requirements and minimum standards. The intervention currently covers 7 primary teacher colleges, 150 Coordinating Centre Tutors, 4,333 schools and over 5,500 teachers and head teachers from over 2,200 primary schools. Guidelines on alternatives to corporal punishment were delivered to all primary schools, and capacity building was provided to 4,842 members (3,379 male, 1,463 female) of school management committees and parent-teacher associations across Karamoja, Northern and Western regions, the three regions of additional emphasis to promote the safe school initiative. The programme also contributed to improving quality in 626 community-based centres, including 100 new centres benefiting the most disadvantaged children.

63. **Child protection.** This component contributed to the Child Act amendment process, inclusion of a justice for children component in the third strategic investment plan (2011-2015) and launching of the second national strategic programme plan for orphans and vulnerable children. The programme also supported development of a national agenda to end violence against children in schools and national action plans against child sacrifice<sup>4</sup> and child sexual abuse, as well as the periodic report to the Committee on the Rights of the Child.

64. In partnership with non-governmental organizations and local authorities, the programme supported community-based structures to take action to prevent and respond to violence and exploitation against children in focus districts in the northern subregion, including all districts in Karamoja. The programme worked with a range of partners in launching a cash transfer initiative in the three most vulnerable districts – Kaberamaido, Kyenjojo and Kiboga – aimed at reaching children living in chronically poor households.

65. The birth registration initiative contributed to development of the Mobile Vital Records System, which enables designated notifiers to use mobile phones to inform officials about births in the community and to use web-based applications to register births in hospitals. The use of mobile technology addresses bottlenecks such as long delays between registration and certification and late reporting by birth notifiers and registrars.

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<sup>4</sup> Child sacrifice is a ritual murder of children based on the strong traditional beliefs that using parts of a child who was murdered could bring wealth and protect against evil spirits.

66. **Planning, policy advocacy and partnerships for children's rights.** This component contributed to strengthening governmental administrative and statistical systems, including implementation of the 2011 DHS and dissemination of statistical information through UgandaInfo. The programme invested in innovations to provide timely and more accurate data, improve quality of services at facilities, increase access to services (especially in remote rural regions and underserved urban areas) and ensure meaningful participation of young people in national development, with a focus on creating livelihood opportunities. The number of data tracking systems being implemented has risen since the start of the innovations programme in 2010.

67. The emergency preparedness and response and the disaster risk reduction aspects of the programme contributed to the transition from humanitarian to recovery and development programming in Northern and Karamoja regions. Working closely with the Office of the Prime Minister and the ministries of Health, Education, Water and Environment, the programme ensured that emergency preparedness was incorporated into national initiatives. At district level, the programme contributed to improving inter-agency capacities and systems in WASH, child health, nutrition and education. The objective was to ensure that district reviews of emergency contingency plans have a child focus and reflect the Core Commitments for Children in Humanitarian Action.

#### **Resources used**

68. The total approved five-year funding for the country programme was \$241.33 million,<sup>5</sup> with regular resources of \$106.44 million and other resources of \$134.89 million. The overall available funding for the period January 2010 to December 2011 was \$90.67 million (including emergency funding), comprising regular resources of \$42.58 million; other resources of \$34.12 million; and other resources-emergency of \$13.97 million. As of December 2011, 98.6 per cent of regular resources, 58.2 per cent of other resources and 48.6 per cent of other resources-emergency had been spent. The proportion of total expenditures on young child survival and development was 45.2 per cent; basic education and gender equality was 25.2 per cent; child protection was 14.3 per cent; and cross-sectoral, 15.3 per cent. The emergency funding ceiling for 2010 was \$12.80 million. The Humanitarian Action Report for the 2010 appeal targeted \$27 million, of which the office received only \$0.18 million. In 2011, the Humanitarian Action Report appeal was \$10 million, of which only \$0.71 million was received.

#### **Constraints and opportunities affecting progress**

69. Constraints include the following: (a) inadequate staffing levels and capacities across all sectors, particularly at district level; (b) slow exchange of information for decision-making and advocacy; and (c) supply shortages in the health and education sectors.

70. Opportunities include the following: (a) the country programme's ability to reach remote areas; (b) increased connectivity; and (c) the potential of collaborating with groups, such as faith-based organizations, which to date has been underused.

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<sup>5</sup> The total approved funding excludes emergency funding.

### **Adjustments made**

71. Uganda is a pilot country for implementation of the revised programme structure, comprising programme component results and intermediate results rather than the standard results-based terminology of ‘impact’, ‘outcome’ and ‘output’ in programme development. As such, the MTR endorsed three multisectoral programme component results – ‘Keep children and mothers alive’, ‘Keep children learning’ and ‘Keep children safe’ – and one cross-sectoral programme component. The MTR, while concluding that the programme strategies remain valid, highlighted the need to reach more children with services more effectively, working with governmental and non-governmental partners.

72. The key programmatic adjustments include (a) reorganization of the country programme results around the three multisectoral programme components; (b) a shift in emphasis from emergency/recovery to development programming; (c) increased monitoring of programmatic bottlenecks; and (d) use of technology to consolidate and strengthen the programme’s capacity to improve programme results, increase accountability and engage young people.

### **Conclusion**

73. In all three countries, the MTRs confirmed both progress made and the unfinished agenda in realizing the rights of women and children. The review processes also confirmed the continued relevance of UNICEF in helping to scale up progress towards achievement of the Millennium Development Goals and in championing equity.

74. Each MTR generated important lessons that can influence programming throughout the region. Specifically, they reinforced the importance of generating and using evidence for advocacy and programming, introducing innovative approaches to programming and maintaining a balance between upstream policy leveraging and downstream service delivery. The reviews highlighted the need for further integration of humanitarian and development programming, with a strong focus on enhancing resilience among communities. The region will draw on these lessons as it supports countries to scale up programming for results with an equity focus and implement innovations to improve programme effectiveness and operational efficiency.

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