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Draft country programme document**

The Gambia

Summary

The draft country programme document for the Gambia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$4,870,000 from regular resources, subject to the availability of funds, and \$8,400,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2010.

* E/ICEF/2006/18.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.



<i>Basic data[†]</i> <i>(2003 unless otherwise stated)</i>	
Child population (millions, under 18 years)	0.7
U5MR (per 1,000 live births)	122
Underweight (% , moderate and severe, 2000)	17
Maternal mortality ratio (per 100,000 live births, 2001)	730
Primary school enrolment (% , net male/female, 2000)	55/50
Primary schoolchildren reaching grade 5 (% , 2000)	98
Use of improved drinking water sources (%)	82
Adult HIV prevalence rate (% , end 2003)	1.2
Child work (% , children 5-14 years old)	22
GNI per capita (US\$)	290
One-year-olds immunized against DPT3 (%)	92
One-year-olds immunized against measles (%)	90

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. The Gambia is one of the poorest countries in the world. The number of people living in poverty increased from 59 per cent in 1998 to 74 per cent in 2003. The country has a heavy debt burden and a declining international credit rating, and has failed to qualify for the Heavily-Indebted Poor Countries initiative. There is no national database for monitoring programmes and policies. Lack of access to basic social services including safe drinking water, education and health care exacerbate poverty. Declining government expenditures on education and health have had an adverse effect on the quality of basic social services, especially for the poor.

2. The Gambia is slowly moving toward the Millennium Development Goal targets of reducing by two third and three quarters respectively the under-five and the maternal mortality rates (U5MR and MMR). The U5MR stagnated between 1993 and 2001, from 129 to 122 per 1,000 live births, and MMR is high. Malaria is the major killer of children under five years of age. Micronutrient deficiencies are severe, with three quarters of children under age five suffering from iron deficiency and almost two thirds from lack of vitamin A. The national rate of goitre prevalence of 16.3 per cent indicates high levels of iodine deficiency. Nationally, only 32 per cent of children under age five had their births registered in 2000, and the Upper River Division has the lowest rate, 7.8 per cent.

3. The net school enrolment rate was 60 per cent in 2000-2001 and on current trends, will be 80 per cent by 2015, falling short of the Millennium Development Goal target for universal primary education. Gender parity in terms of enrolment in primary education has been attained, although retention, completion and the performance of girls remain a challenge. At secondary level, the gender gap is 14 percentage points. Only 16 per cent of children aged 36-59 months attend organized early childhood programmes. Just one quarter of women over age 14 years are literate, compared to 48 per cent of men. Literacy rates are lowest in the Upper River Division: 7 per cent of women compared to 36 per cent of men.

4. A 2003 study revealed that children are being exploited sexually by foreign tourists and adult Gambian men in exchange for money and gifts. The vulnerability of children to sexual abuse and exploitation is due to poverty and the lack of life skills and livelihood opportunities. Teenage pregnancy followed by the abandonment of babies is underreported, and there was a four-fold increase in abandoned babies from 2000 to 2003. A 2004 rapid assessment indicated that 12 Ghanaian children were trafficked to the Gambia. A study on orphans and vulnerable children (OVC) estimated 7,000-10,000 children orphaned by AIDS nationwide.

5. The prospects of achieving the Millennium Development Goal target of halting and reversing the incidence of HIV/AIDS in the country are uncertain. The prevalence of HIV-1 from sentinel surveillance sites nearly doubled, from 1.2 per cent in 2000-2001 to 2.1 per cent in 2004 nationwide, but dipped to 1.1 in 2005, with significant regional disparities. A limited study on female genital mutilation/cutting (FGM/C) estimated that 60 per cent of women undergo the practice, which was prohibited by law in 2005.

6. Some progress has been registered with regard to the recommendations from the Committee on the Rights of the Child on the country's initial report, notably the enactment of the 2005 Children's Act. However, other recommendations such as establishing a comprehensive mechanism to collect data on children and measures to eradicate FGM/C have yet to be implemented. Some recommendations by the Committee on the Elimination of Discrimination against Women, including promoting women's and girls' right to education, sensitization on the Convention on the Elimination of All Forms of Discrimination against Women and the empowerment of women are being addressed, but gender inequality continues. The national action plan to implement *A World Fit for Children*, the Plan of Action adopted by the General Assembly Special Session on Children, is seeing limited implementation, without national coordination.

Key results and lessons learned from previous cooperation, 2002-2006

Key results

7. The country programme progressed toward the objectives of reducing U5MR and MMR by 20 and 10 per cent respectively, through the provision of integrated basic services in the Lower, Central and Upper River Divisions. The implementation of the Accelerated Child Survival and Development strategy contributed to the country's advancement toward the Millennium Development Goal target of reducing U5MR by two thirds, as it resulted in the reduction of U5MR by 12.8 per cent in two divisions, reaching about one fifth of the total national population for that age group. As a result, the Government adopted the strategy more broadly. Routine vitamin A coverage increased from 25 to 81 per cent in two divisions, and all health workers in one division were trained in case management for the Integrated Management of Childhood Illness. In total, an estimated 88,300 children under five years of age and 22,100 pregnant women in remote communities were reached by the programme. Nationwide, the expanded immunization programme and National Immunization Days sustained high coverage for nine antigens, and coverage for three doses of combined diphtheria/pertussis/tetanus vaccine surpassed the 80-per-

cent target, reaching 92 per cent of infants. To address high levels of iodine deficiency, the programme supported the first national production of iodized salt that reaches 10 per cent of the population and the enactment of the Food Bill 2005, prohibiting the importation of non-iodized salt. UNICEF supported the development of national policy guidelines on the prevention of mother-to-child transmission of HIV (PMTCT), resulting in the introduction of a programme in 12 health facilities and creating an environment favourable to the achievement of the Millennium Development Goal target of halting the spread of HIV/AIDS.

8. Progress was registered against the country programme objective of supporting early childcare for survival, growth and development, as tools were developed to introduce early childhood development (ECD) interventions, and a parental education component reached 13,500 parents and 42,500 children in the three divisions, building on the successful Baby-Friendly Community Initiative (BFCI) that promotes exclusive breastfeeding. This intervention empowered communities to address the holistic needs of young children, particularly in early stimulation and learning, and facilitated multisectoral collaboration. A draft national ECD policy awaits ratification. Water interventions resulted in provision of safe drinking water to about 7,500 people in hard-to-reach BFCI communities.

9. The programme contributed to the achievement of the Millennium Development Goal target of eliminating gender disparity in primary and secondary education, as gender parity was achieved at primary level. The Girl-Friendly Schools Initiative (GFSI) reached 122 schools with 31,000 children, half of whom are girls, improving educational access and quality in the three divisions. Girls' enrolment increased by 20 per cent in the three divisions, surpassing the programme objective, with the mothers' clubs strategy a major contributory factor. Access to potable water and improved sanitary facilities were provided for 30 schools in intervention areas, resulting in improved retention of girls and completion rates of 65 per cent.

10. The Millennium Declaration pledge on protecting the vulnerable was honoured as the legal and institutional framework for children and women was strengthened. Enhanced legal protection for children resulted from the Children's Act 2005, which harmonizes national legislation with the Convention on the Rights of the Child, raises the age of criminal responsibility to 12 years and bans harmful traditional practices such as FGM/C, early marriage and corporal punishment. Child rights and social work programmes were institutionalized in two national training institutions, and 2,000 children and 500 professionals working with children were trained on rights and protection. A children's court was established, with guidelines on sentencing children and rules to protect the rights of children in contact with the law. Birth registration, integrated into national reproductive and child health services which reach 90 per cent of children under age five, will result in near universal coverage by 2009. The programme supported the Government in submitting its initial report to the Committee on the Rights of the Child and a combined initial, first and second periodic report to the Committee on the Elimination of Discrimination against Women, as well as supported monitoring and implementation of the Committees' recommendations. A draft national policy on children and a plan of action for *A World Fit for Children* were developed, contributing to raised awareness on children's and women's rights and providing the enabling legal and policy environment for their respect nationwide. Ghana and the

Gambia signed a bilateral agreement in 2005 on child trafficking, with assistance from UNICEF.

11. In collaboration with the United Nations Population Fund (UNFPA), the programme helped to enhance national capacities in data collection, processing and analysis through the training of key staff of the Central Statistics Department in data management and report writing. A new partnership with the World Bank resulted in the conduct of a multiple indicator cluster survey (MICS) in 6,500 households for the assessment of the Millennium Development Goals and the Abuja targets on HIV/AIDS, malaria and tuberculosis.

Lessons learned

12. The country programme focused on the three poorest administrative divisions, representing about one third of the total national population, to develop a model of integrated basic services that would show results for scaling up by other partners. However, the vast geographic scope, covering half of the country and areas of difficult access, proved too large and results were inconsistent. The mid-term review (MTR) attempted to limit geographic coverage through the adoption of convergence zones within each division and to define elements of an essential package of services. The need to further refine the geographic scope for area-based interventions is clear in the light of limited available resources.

13. The current country programme adopted a multisectoral approach to implementation of the integrated basic services project, increasing synergy between sectors and maximizing the use of limited resources. The MTR acknowledged that coordination, which took place at central level, often slowed implementation at divisional level due to a strong sectoral operational framework and some unexpected limitations in the mandate of the implementing department. Nevertheless, the advantages of the multisectoral approach persist, and recent legislation on decentralization has resulted in an acceleration of its pace. Thus, coordination at divisional level should be pursued.

14. Community empowerment and the participation of children and youth are cornerstones of the current programme, and the structures of the BFCI and the GFSI catalyzed strong participation among parents. Nevertheless, a participants' perceptions study conducted in the three divisions as part of the MTR revealed that most community members, reflecting all age and social cohorts, did not recognize the impact of country programme participation and empowerment efforts and concluded that community empowerment and effective child and youth participation remained elusive. The MTR also concluded that children's participation activities were largely events-focused and benefited privileged children in the capital area. Post-MTR adjustments aimed to enhance participation of rights holders in convergence zones.

15. Current country programme implementation has been concentrated in largely rural areas, and urban programming only occurred as part of national interventions such as immunization and birth registration, research, sensitization activities on child rights, and special events for young people in the capital area. The MTR partially addressed the issue by recommending that child rights and participation activities shift from privileged areas of Greater Banjul to less advantaged intervention areas and that the country programme focus more on child protection interventions. Preliminary results from the 2003 Census, reflected in the Common

Country Assessment (CCA), reveal a demographic shift towards the largely urban west of the country, and preliminary results from the 2003 National Household Poverty Survey reveal that urban areas are increasingly at the epicentre of poverty. The 2005 outbreaks of cholera bore this out as the disease threatened to become endemic in peri-urban areas of Greater Banjul with poor access to clean water and sanitation. The proposed country programme will have to address this gap and envision interventions in urban settlements.

The country programme, 2007-2011

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	1 212	4 000	5 212
Basic education	1 000	2 000	3 000
Child protection and social policy advocacy	2 108	2 400	4 508
Cross-sectoral costs	550	—	550
Total	4 870	8 400	13 370

Preparation process

16. The country programme preparation commenced with the MTR in 2004 involving the Government, the United Nations agencies, civil society and community partners and children. The CCA and the United Nations Development Assistance Framework (UNDAF) were developed in 2005, involving all resident United Nations agencies as well as the Government and non-governmental organizations (NGOs). In early 2006, a Joint Strategy Meeting occurred between the Government and the United Nations system. The design of the country programme took into account recommendations of the Committee on the Rights of the Child and Committee on the Elimination of Discrimination against Women, including legislation and interventions to protect children and women against violence, exploitation including trafficking and sexual exploitation, and harmful traditional practices; and combating malnutrition, malaria and HIV/AIDS. In line with the recommendations of both Committees, the programme will address the availability of quality disaggregated data and advocacy on behalf of children. An environmental impact assessment will be conducted.

Goals, key results and strategies

17. The overall goal of the country programme is to support the country to realize the ideals of the Millennium Declaration and achieve the Millennium Development Goals related to children and women. By 2011, the country programme will contribute to the achievement of the key results discussed below.

18. In collaboration with the Joint United Nations Programme on HIV/AIDS, United Nations Development Programme (UNDP), UNFPA, the World Food Programme (WFP) and the World Health Organization, the child survival and development programme will lead to: (a) a 29-per-cent decrease in U5MR and a

37.5 per cent decrease in MMR; and (b) scaling up national capacities to respond to the incidence of HIV/AIDS among children. In partnership with the United Kingdom's Department for International Development, the basic education programme will contribute to: (a) the net primary-school enrolment rate increased to 85 per cent nationally; (b) gender parity achieved and sustained in primary and secondary enrolment, retention and performance; and (c) strengthened national capacities to develop quality assurance and performance monitoring systems and relevant curriculum including life-skills. The child protection and social policy advocacy programme, working with the Food and Agriculture Organization of the United Nations, UNDP, UNFPA and WFP, will help ensure that: (a) mechanisms are established to protect children against abuse, exploitation and violence, especially the most vulnerable; (b) there are operational national information system on the situation of children and women; (c) young people, communities and civil society organizations (CSOs) are empowered to increasingly participate in policy dialogue and decision-making, while demanding basic social services and promoting gender equity and child rights; and (d) social and economic policies are designed, legislative measures taken and adequate resources allocated for the advancement of children's and women's rights.

19. The programme will continue to use the rights-based approach, while intervening at community, institutional and policy levels to ensure that quality basic social services are available and accessible to children and women in the most deprived regions and communities. Decision makers, parents and families will have adequate capacities and the means to fulfil their obligations to children. Children, youth and women will have appropriate skills, knowledge and means to claim their rights and participate in policy dialogue and decision-making processes in health, education and child protection areas. An enabling environment for children and women will be created through the development and implementation of child- and gender-sensitive policies, programmes and legislation, sustained by adequate resource investments.

20. Monitoring of progress towards the Millennium Development Goals and the implementation of both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women will be facilitated. Support will be provided for a clear policy and strategy framework that sustains the fulfilment of children's and women's rights. Workable models for high-performing integrated basic social services, using a multisectoral approach, will be proposed for replication on a national scale. The involvement of local government authorities and community participation will be enhanced in the planning and management of programmes and projects, through the strengthening of their capacities and the establishment of community-participation mechanisms.

21. Partnership for fulfilment of children's and women's rights will be established through alliance-building and networking for evidence-based advocacy promoting child participation, strengthening the capacities of CSOs and providing adequate information to decision makers and opinion leaders at various levels. Social demand by rights holders for the realization of their rights will be fostered through communication interventions based on quality research and data.

22. The new programme will have both a national and an area-based focus. As a follow-up to the MTR recommendations calling for the establishment of workable models of integrated basic social services in convergence zones, the area-based

scope of the programme will shift from three divisions to one. In this geographic area, efforts and resources will be concentrated, while project planning, implementation and monitoring will be coordinated at divisional level, in a multisectoral approach, for integration modelling and achievement of measurable results. Complementarities with programmes of other United Nations agencies will be strengthened, and the gains of the joint project with WFP, started in the current country programme, will be consolidated.

23. The proposed programme will also introduce for the first time interventions in urban settlements where child protection, environmental sanitation and HIV/AIDS problems are increasingly prevalent, due to increased demographic concentration, accelerated urban poverty related to rural-urban migration, and also to the tourism industry and the related development of child sexual exploitation. In partnership with local authorities at municipal level, using specific interventions targeting the control of diarrhoeal diseases, including cholera, as an entry point, the protection of children against trafficking and sexual exploitation and the prevention of HIV/AIDS in young people, will be implemented in one municipality with urban slum areas where the U5MR and the proportion of working children are above the national average, and where access to potable water and sanitation is poor.

24. The national focus will encompass mainly the development and implementation of policies related to the three programmes, and policy advocacy on children's and women's rights. Institutional capacities of partners will be strengthened nationwide and interventions such as immunization, control of micronutrient deficiencies, Education for All and birth registration will be implemented nationally. The area-based scope will cover one division and one urban municipality where child protection, environmental sanitation and HIV/AIDS issues are increasingly prevalent, about 16 per cent of the total population.

Relationship to national priorities and UNDAF

25. The country programme takes its cue from the second poverty reduction strategy paper (PRSP). The programme contributes to all three UNDAF priorities: social protection and poverty reduction; provision of basic social services; and promoting decentralized governance and human rights. The child survival and development programme will contribute to the national and UNDAF priorities of reducing U5MR, HIV/AIDS prevention, improving child and maternal nutrition and health, combating malaria and other diseases and ensuring environmental sustainability. The basic education programme will contribute to quality basic education in line with the second UNDAF priority and as a part of the sector-wide approach (SWAp). The child protection and social policy advocacy programme will contribute to the first and third UNDAF priorities, and support will be provided to the Government for implementing the PRSP pillar related to poverty reduction and social protection for the poor and vulnerable.

Relationship to international priorities

26. The country programme is derived from *A World Fit for Children* and the UNICEF medium-term strategic plan (MTSP) priorities for 2006-2009. The child survival and development programme will contribute to Millennium Development Goals relating to reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases and ensuring environmental sustainability, as

well as to MTSP focus area 1. The basic education programme will contribute to MTSP focus area 2 and the Goals on the attainment of universal primary education and the promotion of gender equality and the empowerment of women. The child protection and social policy advocacy programme, related most closely to MTSP focus area 4, will contribute to the Goals on poverty reduction and partnership development, and to the *A World Fit for Children* action plan for combating child abuse and sexual exploitation. Elements of MTSP focus area 5 are also addressed by this programme.

Programme components

Child survival and development

27. This programme will lead to: (a) immunization coverage sustained above 90 per cent for children under age five; (b) policies and guidelines developed for PMTCT and child care; (c) improved hand-washing practices; and (d) vitamin A coverage increased to 70 per cent. In intervention zones, results will include: (a) a 50-per-cent increase in the number of families utilizing appropriate care and feeding practices for survival, growth and development; (b) 80 per cent of children under five years of age and pregnant women sleeping under insecticide-treated nets (ITNs); (c) the availability of safe drinking water and environmental sanitation with improved hygiene practices of communities; (d) a reduction by at least 40 per cent of the number of new paediatric infections and at least 80 per cent of HIV-positive pregnant women receive anti-retroviral drugs for PMTCT in intervention zones, (e) consumption of iodized salt increased by 50 per cent of households in intervention zones and 30 per cent nationally; (f) available basic and emergency obstetric services in public health facilities in intervention zones; and (g) 80 per cent vitamin A coverage.

28. The main areas of cooperation will be: (a) high-impact health and nutrition interventions for neonatal, child and maternal health, with the implementation of integrated management of neonatal and childhood illnesses “plus” at health facility and community levels for acute respiratory infection, diarrhoea and malaria control, promotion of exclusive breastfeeding, hygiene, complementary feeding and access to ITNs for children under age five, with selected antenatal plus package (ITNs, intermittent presumptive treatment for malaria, supplementation with iron/folic acid and strengthening of tetanus immunization); (b) water, sanitation and hygiene for service delivery in safe water and environmental sanitation, and hygiene education; (c) PMTCT and paediatric care, for scaling-up quality PMTCT services delivery to pregnant women as part of the “Unite for Children, Unite against AIDS” campaign, and paediatric care for HIV-positive children; and (d) health and nutrition policy support, for national health and nutrition policies addressing children’s and women’s issues. Regular resources will be used for capacity-building, provision of supplies and technical assistance. Other resources will be used for service-delivery interventions.

Basic education

29. In the framework of the education SWAp, this programme will promote early learning and developmental readiness for school, good parenting practices and improved water, sanitation, and hygiene in schools. It will enhance the education sector’s response to HIV and AIDS prevention, and strengthen policy improvement

in life skills, focusing on HIV/AIDS and the curriculum and on quality assurance. The implementation of the education programme will lead to the following key results: (a) the net primary enrolment rate increased to 85 per cent, gender parity in enrolment at primary and secondary levels, completion rate for primary education increased to 90 per cent, the net enrolment rate for pre-schools increased by 50 per cent, female adult illiteracy reduced by 30 per cent, 40 per cent of children attain minimum mastery in all core curricular subjects; (b) an improved school curriculum integrating life skills, 30 per cent of in-school adolescents aged 10-19 years nationwide having correct information and relevant skills and services to reduce HIV risk and vulnerability; and (c) annual national review of the SWAp institutionalized, and a functional national assessment system available.

30. The programme will intervene in the areas of ECD and school readiness; life skills to support the Government's strategic plan for the education sector's accelerated response to HIV/AIDS prevention; and education policy support for policy development within the SWAp and improvement of strategic sector plans, including the adoption of an ECD policy and national plan of action. Regular resources will be used for capacity strengthening, the provision of supplies and the provision of safe water, sanitation and hygiene education in schools. Strengthening community participation, functional literacy for women and the provision of teaching and learning materials will be undertaken with other resources.

Child protection and social policy advocacy

31. This programme has three components, and both a national and area-based focus. The national scope will emphasize policy support, capacity-building and institutional strengthening, while the area-based component will focus on service delivery and community empowerment and sensitization. The programme will yield the following results: (a) 90-per-cent birth registration rates for children under age five nationwide, reduced incidence of harmful traditional practices such as early marriage and FGM/C by 40 per cent in intervention zones; (b) access to basic social services ensured for 80 per cent of OVCs in intervention zones; (c) 50 per cent of out-of-school adolescents having access to correct information, skills and services to reduce HIV/AIDS risks; (d) quality, disaggregated data available for analysis and policy advocacy; (e) a PRSP; (f) enhanced participation of children, young people and women in social policy development, (g) CSOs empowered to monitor budgets and influence national policy through evidence-based advocacy; (h) enhanced resource allocation and sustained investments in children and women; (i) divisional, district and community structures are operational and rights holders are empowered to demand their rights; and (j) improved key practices by families and communities for child survival, development and protection.

32. Through the child protection component, the programme will advocate for the promotion and protection of children's and women's rights, especially the harmonization of domestic laws with the Convention on the Elimination of All Forms of Discrimination against Women and the implementation of the Children's Act. It will also ensure that academic programmes for social work and rights and civic education are institutionalized. Core areas of cooperation will be human rights education; behavioural change communication; life skills focusing on HIV/AIDS for out-of-school adolescents; development of a child protection service model for victims of abuse, violence and exploitation; community-based care and support for OVCs; birth registration; and emerging child protection issues. The component will

also focus on policy and legislative reform, the establishment of a child protection information system, sustained support to birth registration service delivery and enhancing the knowledge base in child protection through research and documentation. UNICEF support will include cash and technical assistance, support to studies and documentation, international knowledge sharing, networking and supply provision. A major focus will be the reduction of harmful traditional practices such as early marriage and FGM/C using the approach of the NGO Tostan for basic education for community empowerment and community-led development.

33. Through the social policy and statistics component, the programme will enhance the capacity of the Central Statistics Department in data collection, processing, analysis, management and dissemination. In partnership with UNFPA, the development of *DevInfo* as a national database to track the Millennium Development Goals will be pursued. UNICEF will provide technical assistance and training. Routine data collection will also be supported through the conduct of the MICS, a demographic and health survey and other studies, surveys and research to facilitate the monitoring and evaluation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, *A World Fit for Children*, the Millennium Development Goals and the Abuja targets on malaria, HIV/AIDS and tuberculosis.

34. The advocacy and partnership component will use evidence from the previous programme component as the basis for advocacy, policy dialogue, strategic partnerships and behaviour change communication to increase resource allocation and investment in children and social, community and family demand for rights. The project will have a national and area-based focus, and UNICEF support will be in the form of technical and/or cash assistance, capacity-building through training, other essential logistical supplies and research. Regular resources will be used for technical assistance, training, international knowledge networking, capacity-building for CSOs and policy interventions. Other resources will be used for programme supplies, cash assistance, research and direct programme inputs.

35. Cross-sectoral costs will cover activities that support the implementation of the country programme relating to key staff salaries, travel and office supplies and equipment.

Major partnerships

36. The country programme will strengthen existing partnerships with multilateral and bilateral agencies, NGOs and CSOs for the implementation of its various components. Such partnerships will be intensified through sectoral and thematic consultations. Cooperation with United Nations agencies will be strengthened within the framework of the UNDAF, using complementarity and synergy for programming and joint programmes. The programme will develop cooperation with NGOs, youth and women's associations and community-based organizations to implement and monitor community-level actions. The same approach will be adopted for religious, traditional and administrative authorities in conducting advocacy and social mobilization activities. The programme will implement a private sector initiative to leverage funds for children.

Monitoring, evaluation and programme management

37. A coordination mechanism established during the MTR under the Office of the President is responsible for country programme coordination. Surveys, periodic joint monitoring visits and community-based monitoring to assess project performance will be utilized. Through community feedback mechanisms, information will be provided for tracking key process indicators and verifying results for children and women. An HIV/AIDS coordination mechanism will be established with a specific mandate to manage the “Unite for Children, Unite against AIDS” campaign, leverage resources and ensure policy development and adolescent participation in HIV-related policy dialogue.

38. Indicators for the Millennium Development Goals identified in the UNDAF results matrices, as well as the indicators for the MTSP and *A World Fit for Children* will be used to assess progress and monitor results in relation to the major expected results of programme components. An integrated monitoring and evaluation plan will be developed, and the development of a national database for tracking the Millennium Development Goals and PRSP, *DevInfo*, will be undertaken. Annual work plans and progress reports on the programme components will be prepared by concerned ministries. There will be joint annual reviews and the MTR will take place in late 2009. The country programme will be reviewed and evaluated within the framework of the UNDAF.
