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Draft country programme document**

Jamaica

Summary

The draft country programme document (CPD) for Jamaica is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$3,165,000 from regular resources, subject to the availability of funds, and \$10,124,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* 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.



Basic data[†]
(2004 unless otherwise stated)

Child population (millions, under 18 years)	1.0
U5MR (per 1,000 live births)	20
Underweight (% , moderate and severe, 2002)	4
Maternal mortality ratio (per 100,000 live births, 2001)	110
Primary school enrolment (% net, male/female, 2002/2003)	94/95
Primary school children reaching grade 5 (% , 2000/2001)	90
Use of improved drinking water sources (% , 2002)	93
Adult HIV prevalence rate (% , end 2003)	1.2
Child work (% , children 5-14 years old)	2
GNI per capita (US\$, 2003)	2 900
One-year-olds immunized against DPT3 (%)	77
One-year-olds immunized against measles (%)	80

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

The situation of children and women

1. Jamaican children comprise 37 per cent of the 2.6 million population. An estimated 52 per cent of the population lives in urban areas. The poorest fifth accounts for less than 7 per cent of national consumption, while the wealthiest fifth accounts for over 46 per cent of total consumption. Nearly 45 per cent of Jamaicans who live in poverty are children.

2. Debt repayment consumes close to 60 per cent of the national budget. A 2005 budget analysis estimated the share of the total budget allocated to children's programmes and services in 2004/2005 at below 11 per cent, which represents less than 7 per cent of the gross domestic product. In 2003/04, the bulk of budget allocated to health and education went to recurrent costs, with minimal funds available for capital expenditure. The country has made good strides towards achieving the Millennium Development Goals overall. However, it is unlikely that the Goals on HIV/AIDS and reduction of infant and maternal mortality will be met by 2015. Violence, natural disasters and HIV/AIDS pose threats to national development, as evidenced in the United Nations Common Country Assessment (CCA). While the country has developed a comprehensive legislative institutional and policy framework for children, implementation is hampered by limited financial and human resources.

3. The high rate of crime and violence plaguing the Jamaican society has had a devastating impact on children. Of the 1,674 persons murdered in 2005, 91 were children. Over the past five years, more than 300 children, mostly boys, have been murdered. The number of sexual crimes committed against children continues unabated. More than 700 cases were reported in 2005 — all of them involved girls as victims; sexual crimes against boys usually are not reported. While households report 85 per cent of crime to the police, they report only 20 per cent of rape. Although legislation has banned corporal punishment throughout early childhood and residential care institutions, it remains the dominant form of discipline in

homes, as well as in primary and secondary schools. The 2005 Planning Institute of Jamaica (PIOJ) survey on parenting practices revealed that only 11 per cent of parents resorted to positive forms of discipline.

4. Approximately 20 per cent of births are to adolescents. This large figure is attributable to a number of factors, including the high rate of forced sex (reported by 20 per cent of girls), the low rate of contraceptive use, early sexual initiation, and poor access to information and skills on safe and responsible sex.

5. Immunization rates have declined from rates above 90 per cent in the mid-1990s to a range of 80-90 per cent in 2004, though the slippage might be accounted for by inaccurate updates of vital statistics. In 2002, stunting, wasting and severe malnutrition was affecting close to 6 per cent, 2.8 per cent, and 0.1 per cent, respectively, of children under 5. Only 45 per cent of lactating mothers breastfeed exclusively at six weeks, and only about one third (33.7 per cent) do so for three months.

6. While enrolment of children aged 4-6 in pre-schools remains high, the quality of services is often poor. Parenting practices are often detrimental to the optimal development of the child. A 2005 PIOJ study revealed that only one third of parents told stories, played games or sang songs to their children. According to official estimates, fewer than one out of three children entering grade one were ready for primary level, and some 30 per cent of primary school dropouts were illiterate. While over 98 per cent of children 6-14 years old are enrolled in school (99.9 per cent of boys and 95.7 per cent of girls), the rate plummets to 89 per cent among children 15-16 years old, and to 47.8 per cent among those 17-18 years old. The percentage of children who reach grade 5 has been declining, from approximately 96.5 per cent in 1999/2000 to 87.6 per cent in 2001/2002, with retention rates higher for girls than for boys (91.4 per cent and 84.3 per cent, respectively). In the 2003/2004 academic year, only 21 per cent of children in grade 11 of secondary schools passed English, with female students outperforming males by far (30 per cent for females, and approximately 13 per cent for males). Daily attendance at school was estimated at only 62 per cent for the children of the poorest quintile, far from the national average of 92.5 per cent. About 62 per cent of absences were due to lack of money for transportation, textbooks, school fees or uniforms.

7. In spite of concerted national efforts, the HIV/AIDS epidemic continues to spread, with the number of AIDS cases having increased by 18 per cent between 2001 and 2004. It is estimated that approximately 22,000 persons live with HIV. Most HIV infections occur in urban areas. Close to 10 per cent of reported AIDS cases are among children under 18, and 20 per cent are among young people aged 20-29 years. Adolescent girls aged 10-19 are almost three times more likely to become infected with HIV than boys of the same age. This higher susceptibility for girls is a result of several factors, including early sexual initiation, young girls having sexual relations with HIV-infected older men, and high rates of forced sex and prevalent unsafe practices among adolescents. While AIDS is the second leading cause of deaths in children aged 1-4, paediatric AIDS cases (children under 10) have declined over the last four years largely because of increased access offered by public services to prevention of mother-to-child transmission (PMTCT). More than 90 per cent of pregnant women are being tested as part of antenatal care in the public sector, and a conservative estimate is that 43 per cent of those who test positive access antiretroviral (ARV) drugs.

8. An estimated 20,000 children are affected by HIV/AIDS, approximately 5,000 of whom are orphaned. A rapid assessment conducted in 2002 concluded that children affected by HIV/AIDS suffer from poor nutrition, lack of schooling, trauma from witnessing the death of a family member, and non-supportive family and community environments. The extremely high levels of stigma and discrimination associated with the disease put children at higher risks of exclusion and marginalization.

9. In 2005, there were 2,572 children (66 per cent were boys) living in residential care institutions. Family-based solutions, such as foster care, are now being encouraged. In addition, 274 children (78 per cent were boys) were living in correctional institutions. Nearly 4 per cent of Jamaican children live with one or several forms of disabilities. Services and opportunities for these children are inadequate, and high levels of stigma and discrimination persist.

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

Key results achieved

10. Technical assistance and advocacy focusing on data and knowledge generated through demonstration projects resulted in strengthened legislative, policy, monitoring and institutional frameworks, as exemplified by the following: (a) the passing of the Child Care and Protection Act, the Early Childhood Commission Act, and the Early Childhood Act; (b) the development and dissemination of the National Youth Policy, and the National Policy for HIV/AIDS Management in Schools; (c) the formulation of national plans such as the National Framework of Action for Children, the National Plan of Action on Child Justice, the National Plan of Action for an Integrated Response to Children and Violence, the National Plan on Children Orphaned and Made Vulnerable by HIV/AIDS, the National Plan on Youth Development, and the National Strategic Plan on HIV/AIDS; (d) the establishment and strengthening of institutions such as the Child Development Agency (CDA), the Early Childhood Commission, the Office of the Children's Advocate, and the Jamaica Early Childhood Association; and (e) enhanced national capacity to monitor the situation of children's rights and the Millennium Development Goals through the adaptation of *DevInfo* into JamStats (Jamaica Statistics), now used by all Government and a number of non-governmental organizations (NGOs) and civil society organizations (CSOs).

11. Young children and their parents benefited from model interventions, such as Parent Support Advisory Teams and the Roving Caregivers programme, that have informed the development of national policies towards improving parenting practices and child development. Adolescents benefited from outreach models informed by participatory action research, such as Youth Information Centres (YICs) and "Bashment Bus" ("party bus" in patois). These services provide adolescent-friendly and gender-specific information on HIV/AIDS and voluntary and confidential counselling and testing (VCCT) for HIV, and foster the development of life skills. Pioneering approaches in the areas of early childhood development (ECD) and HIV/AIDS have been used to leverage resources from the private sector, the World Bank and the Global Fund on AIDS, Tuberculosis and

Malaria. Beyond Jamaican borders, the approaches have helped Caribbean countries to develop their own policies.

12. In HIV/AIDS prevention, treatment, care and support, the provision by UNICEF of critical technical assistance has contributed to the development and implementation of the Policy on Management of HIV/AIDS in Schools and the PMTCT-plus Protocol for Health Workers, and has also enabled more than 40,000 adolescents to improve their knowledge of rights and HIV/AIDS and to positively change their behaviours. Approximately 400,000 persons were reached every week through a television series researched, designed and hosted by teens on reproductive health and child rights.

13. In ECD, in addition to the establishment of the Early Childhood Commission, UNICEF has strengthened the capacity of Early Childhood Development Centres through the development of operations manuals, and has helped the Ministry of Education and Youth to develop a national curriculum.

14. The national capacity for emergency preparedness and response has been strengthened through the development and implementation of Guidelines for Child-Friendly Disaster Management and Response, the training of district-level professionals, the design of a psychosocial toolkit for professionals, and the production of gender- and age-specific hygiene kits for children, with private sector support. Emergency relief was provided during the 2004 and 2005 hurricane seasons for approximately 5,000 children.

15. Significant efforts undertaken in advocacy and partnership-building have resulted in the increased visibility of children's issues in the media and in political discourse, as well as the building of coalitions and partnerships around children's issues.

Lessons learned

16. The 2004 mid-term review (MTR) of the country programme confirmed that good results were achieved in programme areas that benefited from UNICEF resources and high-level technical expertise. However, UNICEF needed to strengthen its support to counterparts to further improve the protection of children against abuse, violence and exclusion.

17. The review also highlighted the need to address growing disparities and additional vulnerabilities resulting from violence, HIV/AIDS and natural disasters through a multi-pronged strategy comprising several elements: (a) active advocacy to place children at the centre of the budgeting process, to increase resources available to them and their families, and to raise awareness about gender inequality and disparity reduction; (b) an effective social safety net and services for children and families; (c) enhanced community and child participation; and (d) reliable monitoring systems.

18. Demonstration projects supported by UNICEF were deemed effective in generating knowledge and in informing the development of appropriate policy, provided that they involved participatory action research, including with adolescents; baseline studies; community ownership; and an exit strategy to ensure sustainability and replication.

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>
Advocacy, public policy and partnerships	500	800	1 300
Children and HIV/AIDS	400	2 700	3 100
Child protection	685	2 300	2 985
Quality education and early childhood development	680	2 400	3 080
Subregional early childhood development	0	1 600	1 600
Cross-sectoral costs	900	324	1 224
Total	3 165	10 124	13 289

Preparation process

19. UNICEF was very active in the development of the CCA and the United Nations Development Assistance Framework (UNDAF). Together with the 2004 MTR, these documents informed the development of the CPD, along with the 2006-2009 UNICEF medium-term strategic plan (MTSP). Based on the national socio-economic Medium Term Framework (MTF), the development of the UNDAF involved the Government, NGO, CSOs and multilateral and bilateral agencies. UNICEF played a leading role in the preparation of the UNDAF results matrices and monitoring and evaluation framework.

20. The country programme preparation was led by the PIOJ, and involved other United Nations agencies, Government counterparts, NGO, CSOs and young people, through a series of participatory workshops and reviews held between December 2005 and May 2006.

Goals, key results and strategies

21. The country programme will contribute to the realization of children's rights to survival, development, protection and participation through the nurturing of an enabling and protective environment, with special emphasis on strengthening implementing capacities, improving practices, and strengthening accountabilities. The programme will address the main threats to childhood, which are violence, HIV/AIDS and natural disasters, and promote opportunities for child development.

22. The programme will contribute to the following key results by 2011: (a) public policies and social investment will have prioritized children's rights to survival, development, protection and participation; (b) a comprehensive data management and dissemination system will be producing timely data on the indicators for the Millennium Development Goals and *A World Fit for Children* and will be used to inform advocacy, policy development, resource mobilization and allocation, and programme planning; (c) mechanisms to ensure transparency and effective participation in the budgeting process will be in place; (d) 25 per cent more children without familial care will benefit from family-based care/foster care, and 15 per cent

more children in conflict with the law will benefit from diversion and community-based rehabilitation programmes; (e) 15 per cent fewer children will be victims of violence and abuse; (f) 90 per cent of pregnant women who test HIV-positive will be accessing ARV for PMTCT, and 30 per cent of children orphaned or made vulnerable by HIV/AIDS will have access to comprehensive care and support services; (g) 80 per cent of adolescents will be in school, and 60 per cent of especially vulnerable out-of-school adolescents will have access to information, skills-based education and services to reduce their risk and vulnerability to HIV and unplanned pregnancies; (h) 132,000 pre-school children will be ready for primary education, and 60 per cent of pre-school and primary school children will be benefiting from better-quality education; (i) 50 per cent of pre-school and primary school-aged children will have increased their knowledge about children's rights and will have improved their conflict resolution and other life skills; (j) 320 hospitals and health centres will have implemented the Strategic Framework and Protocol for Safe Motherhood Health and the Reduction of Perinatal Mortality and Morbidity; and (k) 15,000 health care providers and ECD practitioners will be able to handle case management for children in accident prevention, the control of diarrhoeal diseases, the expanded programme on immunization, and the detection and treatment of disabilities. Achievements of all these results for children will depend on Government commitments to prioritize children in policy and resource allocation, to curb violence, to halt the HIV/AIDS epidemic and as well as to undertake necessary education reforms.

23. The programme capitalizes on results in institution-building and knowledge-generation through demonstration projects and operational research and evaluation. Greater emphasis will be given to supporting the building of comprehensive child protection mechanisms, improving the quality of services and practices, strengthening monitoring systems, and providing technical assistance and advocating for public policies and social investment that protect the most vulnerable. With a three-tier level of focus, the programme will support national policy, demonstration projects, and comprehensive community-based interventions. UNICEF human resources will be critical inputs. Child-friendly emergency preparedness and response, gender, and children's participation will be cross-cutting issues.

Relationship to national priorities and the UNDAF

24. The programme's expected results and related monitoring indicators will contribute to achieving the goals, planned outputs and related indicators of the MTF and the five UNDAF outcomes in areas of health, education, peace, justice and security, HIV/AIDS, and sustainable development, as detailed in the CPD summary results matrix.

Relationship to international priorities

25. The country programme will contribute to the achievement of the Millennium Development Goals, the Millennium Declaration, and the outcomes of *A World Fit for Children* through alignment with the MTSP. The programme will assist the Government in meeting its international obligations, including those under the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Education for All Declaration and the Declaration of Commitment of the General Assembly Special Session on

HIV/AIDS. The programme will contribute to Caribbean integration by supporting priorities and goals for childhood established by the Caribbean Community (CARICOM) and by promoting the harmonization of standards and approaches across the Caribbean.

Programme components

26. **Advocacy, public policy and partnerships.** Supporting the Government's commitment to child rights, poverty reduction and participation and transparency, this programme component will further generate knowledge on children's rights, promote data use and participation in planning, advocate for commensurate allocation of resources, build critical partnerships in support of children's rights, promote children's participation at national and community levels, and strengthen national monitoring systems on children's rights. The programme will build on existing partnerships with media, the private sector, the Children's Advocate and Statistical Institute, as well as on work undertaken under the Social Investment for Children Initiative. The programme expects to achieve these main results: (a) the creation of public policies and investment reflecting the rights of children and related priorities; (b) a comprehensive data management and dissemination system producing timely data that are used to inform policy advocacy and programme planning; (c) mechanisms established to build capacity and improve transparency and participation in the budgeting process; and d) the mobilization of partners such as the private sector, the arts and sports community and the church, in support of children's rights. In order to achieve these key results, UNICEF will partner with United Nations Development Programme (UNDP), the World Bank and the private sector, and will provide support to the Cabinet Office of the Prime Minister, CDA, the Jamaica Coalition on the Rights of the Child, the Ministry of Finance, the Office of the Children's Advocate, PIOJ, the Social Development Commission, the Children's Advocate and Statistical Institute, and other NGO and CSOs.

27. The results will be achieved through a combination of national and community-level interventions, with inputs of technical and financial assistance and advocacy. As part of the Social Investment for Children Initiative, increased focus will be given to building community capacity to participate in the budgeting process. Similarly, a two-pronged approach will ensure that national public policies reflect children as a priority but also systematically engage the participation of children. In addition, the programme will further strengthen JamStats to provide robust data for policy development, strategic planning, budgeting, social investment disparity-reduction and advocacy.

28. Advocacy will focus on achieving consistency between policy priorities and resource allocations for children and will also challenge established cultural practices conflicting with the principles of the Convention on the Rights of the Child. UNICEF will call for the inclusion of vulnerable groups and for improving the efficiency and user-friendliness of social safety provisions.

29. **Children and HIV/AIDS.** Complementing financial support from the Global Fund and the World Bank, and within the work of the United Nations Theme Group on HIV/AIDS, the programme will support implementation of the National HIV/AIDS Strategic Plan 2007-2011, the joint HIV/AIDS monitoring system and the national coordinating authority under review by the Government. In addition to interventions aiming at enforcing existing policies and access to prevention services

by minors, in cooperation with the Pan American Health Organization (PAHO), UNICEF will support interventions to improve data processing and monitoring, as well as the dissemination of information on prevention, treatment, care and support. Data will also be used to inform advocacy and social mobilization efforts as well as to support the establishment of appropriate legislative measures and to enable effective service delivery and prevention of stigma and discrimination.

30. In targeted parishes with high HIV/AIDS prevalence, support will be provided to programmes providing age-appropriate, gender-sensitive sexual and reproductive health information, skills and services to reduce young people's risks and vulnerability to HIV. This will include the participation of adolescents and the expansion of adolescent-friendly VCCT services as well as targeted outreach interventions providing information and skills-based education to at least 60 per cent of especially vulnerable adolescent groups and to young male partners of adolescent girls. In cooperation with United Nations Population Fund (UNFPA) and the United Nations Educational, Scientific and Cultural Organisation (UNESCO), intensive efforts will also be made to expand the delivery of quality life-skills-based reproductive health and HIV/AIDS-related education to at least 80 per cent of children and adolescents attending primary and secondary schools nationwide.

31. UNICEF will support community projects to strengthen the capacity of duty-bearers to care for, support and protect at least 30 per cent of children orphaned or made vulnerable, including through improving the livelihoods of parents and providing equitable access to essential services, cash assistance, and home-based care. Additionally, support will be continued to building the capacity of health-care workers to ensure that at least 90 per cent of pregnant women who test HIV-positive and are accessing care in the public health sector receive VCCT and ARV treatment during pregnancy and after delivery; at least 90 per cent of their HIV-exposed infants receive ARV prophylaxis; and at least 90 per cent of HIV-infected children receive quality ARV treatment. UNICEF will continue to partner with CDA, PAHO, the Ministry of Education and Youth, the Ministry of Health, the National AIDS Programme, the Office of the Children's Advocate, UNESCO, UNFPA, the University of West Indies-University Hospital, the private sector, the Jamaica Foundation for Children and other NGO and CSOs. The programme will also benefit from and contribute to UNICEF support to the Caribbean-level response to HIV/AIDS within the CARICOM framework and the Pan Caribbean Partnership on HIV/AIDS.

32. **Child protection.** The programme will support the implementation of the National Plan of Action for an Integrated Response to Children and Violence and the National Plan of Action on Child Justice. In particular, it will aim to improve legal provision and enforcement mechanisms, set up a national baseline of statistics on violence against children, including gender-based violence, and strengthen social safety nets through improved coordination, monitoring, referral of children in need of protection, and improved access to quality care. This programme will foster an environment that protects children from violence, abuse and exploitation, and that promotes diversion programmes and community/family-based rehabilitation and reintegration of children in conflict with law as well as the provision of home/family-based care for children without familial care. Interventions will be age-appropriate and gender-sensitive. The programme will include the participation of adolescents in mediation and violence-mitigation, and will encourage the participation of adolescents in their communities' lives. Through public awareness

campaigns, attitudes in favour of peaceful conflict resolution and positive disciplining of children will be promoted. UNICEF will continuously advocate zero tolerance of violence against children, including the ending of corporal punishment in primary and secondary schools.

33. The programme will achieve several main results: (a) a reduction of 15 per cent in the number of children who are victims of violence; (b) an increase of 25 per cent in the number of children without familial care benefiting from family-based/foster care; (c) an increase of 15 per cent in the number of children in conflict with law benefiting from diversion and community-based rehabilitation programmes; and (d) national norms and standards for child protection services in place and regularly applied.

34. At the national level, UNICEF will work with counterparts such as the CDA, the Jamaica Coalition on the Rights of the Child, the Ministry of Health, the Ministry of Justice, the Ministry of Labour and Social Protection, the Ministry of National Security, the Office of the Children's Advocate, the Office of Disaster Preparedness and Emergency Management, the Violence Prevention Alliance, and NGO and CSOs. In addition, UNICEF will partner with the World Bank and the private sector in providing support to jointly targeted communities prone to violence. Other partners will include the Canadian International Development Agency (CIDA), UNDP and UNESCO. The programme will also benefit from and contribute to UNICEF support to child protection within the CARICOM framework, as well as other Caribbean initiatives promoting youth participation.

35. **Quality education and early childhood development.** The programme will seek to improve both children's readiness for primary education and learning outcomes in selected curricular areas in primary education, such as child rights and life skills-based education. Special attention will be paid to the development of gender-sensitive, interactive and child-centred teaching and learning methodologies. The programme will also aim at improving the quality of and accessibility of health services for young children and their mothers, and will contribute to enhancing family capacities through support to the development and implementation of the National Policy on Parenting and the National Plan of Action on Early Childhood Development.

36. The following key results will be achieved: (a) 320 hospitals and health centres implementing the Strategic Framework and Protocol for Safe Motherhood Health and the Reduction of Perinatal Mortality and Morbidity; (b) strengthened capacities of 15,000 health care providers and early childhood practitioners in the management of child health programmes (accident prevention, control of diarrhoeal diseases, expanded programme on immunization, and detection and treatment of disabilities); (c) the readiness of 132,000 pre-school children for primary education is increased; (d) the quality of education improved for 60 per cent of pre-school and primary school children; and (e) 50 per cent of children of pre-school and primary school age have increased knowledge about children's rights and are equipped with conflict resolution and other life skills. UNICEF will collaborate with the Japanese International Cooperation Agency (JICA), PAHO, UNFPA, UNESCO, the United States Agency for International Development (USAID), and the World Bank. Main counterparts will be the Ministry of Education and Youth, the Ministry of Health, the Early Childhood Commission, the Early Childhood Association, the private sector and other NGO and CSOs.

37. At the national level, efforts will focus on improving the curriculum and the capacity of technical officers and managers in policy development, planning, supervision, quality assurance, and data collection and use. At the community level, efforts will aim at strengthening the capacities of early childhood practitioners, school teachers and health care workers to improve the quality of and access to services.

38. **Subregional early childhood development.** Since 2004, within the CARICOM integration framework, UNICEF has been strengthening capacities in child protection, HIV/AIDS, social policy and early childhood. The UNICEF Jamaica country office coordinates UNICEF support in early childhood and will aim at developing common policies, standards and monitoring systems in the following areas: (a) advocacy for public and private investment; (b) quality of services; and (c) parenting. Partnership-building and the strengthening of Caribbean institutions are the two main thrusts of this inter-country strategy.

39. **Cross-sectoral costs** will cover recurrent costs for activities not directly attributable to one programme, including monitoring costs and salaries for staff performing cross-cutting functions.

Major partnerships

40. Through the CCA and UNDAF processes, major partnerships have been identified with CIDA, the European Union, JICA, USAID, other United Nations agencies, and the World Bank. UNICEF will partner with CIDA in juvenile justice and with USAID in education and prevention of violence and HIV/AIDS. Collaboration with the World Bank will focus on assessing gaps and needed investments in ECD, targeting communities prone to violence, and HIV/AIDS. UNICEF is expected to play a leading role in the pursuit of most UNDAF outcomes, in particular: (a) education; (b) justice, peace and security; (c) HIV/AIDS; and (d) health. Joint programmes will be envisaged with PAHO and UNFPA in health, with UNESCO in improving the quality of education, and with UNDP in disaster preparedness and mitigation, the reduction of community violence and the promotion of social investment.

41. UNICEF will also strive to consolidate its partnerships with media and engage with the private sector and philanthropies to leverage additional resources for children.

Monitoring, evaluation and programme management

42. The country programme will be monitored and evaluated within annual and mid-term UNDAF reviews. Derived from the UNDAF results matrices, the country programme results matrix will be the main framework for monitoring the country programme. A five-year integrated monitoring and evaluation plan will outline support to national monitoring systems and the undertaking of research and evaluation activities, including participatory action research with adolescents.

43. The JamStats database and national information systems, including data generated by the 2006 multiple indicator cluster survey, will be used to establish baselines and monitor progress under the country programme and towards the Millennium Development Goals and *A World Fit for Children* outcomes. The

country programme will also support the monitoring of national plans of action on parenting, ECD, children and violence, and child justice.

44. The PIOJ will be responsible for the overall coordination of the country programme and will also manage the advocacy, policy and partnership programme. The CDA will be the main institution coordinating the child protection programme, while the National AIDS Programme coordination body will coordinate children and AIDS. The Early Childhood Commission, the Ministry of Health and the Ministry of Education and Youth will play key roles in the management of the quality education and early childhood development programme.
