



## Economic and Social Council

Distr.: Limited  
13 July 2009

Original: English

**For action**

---

### United Nations Children's Fund

Executive Board

**Second regular session 2009**

14-16 September 2009

Item 4 (b) of the provisional agenda\*

### **Draft country programme document\*\***

#### **Uganda**

#### *Summary*

The draft country programme document (CPD) for Uganda is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$106,440,000 from regular resources, subject to the availability of funds, and \$134,890,295 in other resources, subject to the availability of specific-purpose contributions, for the period 2010 to 2014.

---

\* E/ICEF/2009/18.

\*\* In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the summary results matrix and the consolidated report and performance data, no later than six weeks after discussion of the CPD at the second regular session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the first regular session of 2010.



<i>Basic data</i> <sup>†</sup> (2007 unless otherwise stated)	
Child population (millions, under 18 years)	17.3
U5MR (per 1,000 live births)	130
Underweight (% , moderate and severe, 2006)	20
Maternal mortality ratio (per 100,000 live births, 2006)	440 <sup>a</sup>
Primary school enrolment (% net, male/female)	83/82 <sup>b</sup>
Survival rate to last primary grade (% , 2006)	72 <sup>b</sup>
Use of improved drinking water sources (% , 2006)	64
Use of improved sanitation facilities (% , 2006)	33
Adult HIV prevalence rate (%)	5.4
Child labour (% , children 5-14 years olds, 2000-01)	36
GNI per capita (US\$)	340
One-year-olds immunized against DPT3 (%)	64
One-year-olds immunized against measles (%)	68

<sup>†</sup> More comprehensive data on children and women are available at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 550 per 100,000 live births.

<sup>b</sup> Survey data.

## Summary of the situation of children and women

1. Uganda has remained politically stable since the 2006 multi-party elections, bolstered in 2007 by the end of hostilities in the north, after over two decades of conflict. The next national elections will be held in 2011. The country's Peace, Recovery and Development Plan (PRDP), supported by the United Nations, seeks to address enormous challenges in the 40 conflict-affected districts. Most of the affected population has returned home despite their lingering security concerns; children and other vulnerable people remain in camps where they can access services, but where females especially are at high risk of exploitation.

2. Uganda ranks 156 out of 179 on the human development index. The country's gross domestic product growth is currently around 5 per cent per annum; years of high growth rates have resulted in a decline in the proportion of the population living below the poverty line, from 56 per cent in 1992/1993 to 31 per cent in 2005/2006. After a decade of poverty eradication plans, the new National Development Plan (NDP) will shift emphasis to "growth, employment and prosperity for all". There are expectations of large oil revenues in the future, but currently domestic revenue and public expenditure are insufficient to achieve the Millennium Development Goals. The economy is strained by a 3.2 per cent annual population growth rate, high commodity prices, climate and environmental challenges and the current global financial crisis. There are significant income disparities among regions and population groups. The population still faces insecurity in parts of the country, and every year crises, such as drought, food shortages, epidemics, floods and refugees require emergency responses. This precarious situation indicates the need for a continued strong focus on poverty and

disparity reduction, particularly for children and women in the north and the north-east.

3. The proportion of the population unable to meet the recommended food caloric intake increased from 59 per cent in 1999 to 69 per cent in 2006. Only 25 per cent of children aged 6 to 23 months receive adequate complementary food. Severe malnutrition in several areas, especially the north-east, is above the emergency threshold. Just 42 per cent of children are breastfed within one hour of birth and 60 per cent of children are exclusively breastfed for six months, a decline from 63 per cent in 2001.

4. The primary net enrolment rate is above 84 per cent, so achievement of the Millennium Development Goal on universal primary education is possible, but drop-out rates are high and the average quality of education is poor. Enrolment rates are stagnating and completion rates are declining. Only 59 per cent enter primary school at the right age and only 50 per cent survive to secondary education. The Millennium Development Goal target on gender parity in primary school enrolment was achieved by 2006, but the completion rate for girls is 42 per cent, compared with 55 per cent for boys. Negative influences include high fertility rates that strain household and government resources; gender inequality; and capacity gaps in facilities, supplies and human resources.

5. The under-five mortality rate declined by less than 20 per cent in the past 19 years, and is still far from the Millennium Development Goal target of 56 per 1,000 live births. Children in the poorest quintile have a mortality rate of 172 per 1,000 live births compared to 108 per 1,000 live births for children in the richest quintile. The infant mortality rate is 76 per 1,000 live births. Full immunization among children aged 12 to 23 months is only 46 per cent, due to high birth rates and inadequate funding, planning and mobilization and gaps in the supply chain. Polio re-emerged in 2009, for the first time in 20 years. The maternal mortality ratio was estimated at 440 per 100,000 live births in 2006; while the Millennium Development Goal target is 131 per 100,000 live births. An estimated 94 per cent of women attend antenatal care at least once, but only 60 per cent in urban areas and 45 per cent in rural areas make the recommended four visits; only 79 per cent in urban areas and 36 per cent in rural areas deliver in health facilities; and only 42 per cent of live births get post-natal care within two days of delivery.

6. The Millennium Development Goal target on HIV and AIDS was reported as achieved in the 2007 Uganda Millennium Development Goals report. Yet recent preliminary data indicates that the adult HIV prevalence rate is likely to be 6.4 per cent (women 7.5 per cent and men 5 per cent). Females remain more likely than males to be infected, due to economic, cultural and biological vulnerability. Prevalence peaks at 30 to 34 years for women and at 35 to 39 years for men. Almost half of all new infections are among married people and those in long-term relationships. Mother-to-child transmission (MTCT) accounts for 18 per cent of all new infections. Some 39 per cent of people requiring antiretroviral (ARV) treatment (approximately 156,000) are accessing it; 8 per cent of those on ARV treatment are children.

7. The Millennium Development Goal targets for malaria and tuberculosis are achievable. However, malaria remains the biggest killer of children, and reported incidence of tuberculosis is increasing. Less than 10 per cent of children under five years and pregnant women sleep under insecticide-treated nets.

8. The Millennium Development Goal targets on safe drinking water and basic sanitation are possible to reach with strong efforts. National water coverage has improved, but only one third of the rural population has access to adequate sanitation, with variations between districts. Diarrhoeal diseases are a common cause of childhood illness and death, with periodic outbreaks of typhoid, cholera and hepatitis E. Major challenges are to achieve widespread community and household ownership of facilities and to change hygiene practices.

9. Abduction and recruitment of children into armed conflict has ceased; as of March 2009 Uganda no longer appears in the list of countries in violation of the United Nations Security Council resolution 1612. The prevalence rate of female genital mutilation is less than one per cent. Serious child protection challenges remain: only one in five children is registered at birth; 21 per cent of girls and 7 per cent of boys aged 15-19 years have experienced sexual violence; and 9 per cent of all children aged 5-17 years are engaged in child labour. Reports of trafficking of children have been increasing, as have reports of children being murdered for rituals and of children coming into conflict with the law.

10. The 2008 Concluding Observations of the Committee on the Rights of the Child on Uganda's reports on the Optional Protocols to the Convention on the Rights of the Child, on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography, precipitated actions to prevent recruitment of children and reduce child trafficking and sexual exploitation. The most recent report on the Convention on the Elimination of All Forms of Discrimination against Women was in 2008. The Ugandan Education Act makes primary education compulsory and recognizes the importance of early childhood development and non-formal education. Bills and policies awaiting finalization include a national birth and death registration policy; a gender and education policy; an HIV and AIDS Act; and a domestic relations bill that includes a prohibition on adolescent marriage, except for Muslim girls. A ten-year health policy, a school health policy, a sexual offences bill and a five-year health-sector strategic plan are currently being developed. Uganda lacks a comprehensive social protection framework or strategy as well as a comprehensive national disaster risk reduction and management policy.

## **Key results and lessons learned from previous cooperation, 2006-2009<sup>1</sup>**

### **Key results achieved**

11. School campaigns and recovery programming resulted in a 15 per cent increase in primary net enrolment in the northern and north-eastern districts, where net enrolment is below the national average. The programme also contributed to above-average completion rates for girls in 18 of the 23 focus districts, from 23 per cent to 40 per cent.

---

<sup>1</sup> The current country programme for Uganda (E/ICEF/2005/P/L.2/Rev.1) was originally approved by the Executive Board for the period 2006-2010. It was shortened by one year so that the new country programme, to be approved by the Executive Board, would harmonize with the new NDP of the Government of Uganda, which begins in 2010. Please see paragraph 39.

12. The Uganda Child Survival Strategy influenced the setting of priorities for health interventions in the National Development Plan (NDP). Distribution of over 550,000 long-lasting insecticide-treated nets (LLITN) greatly increased household coverage in 2008, from 3 per cent to about 90 per cent in the north-east and from 9 per cent to about 50 per cent in the northern region. National coverage of households with one LLITN also increased, from 15 per cent in 2004/2005 to 42 per cent in 2007/2008. Over 70 per cent of children under five received treatment for malaria within 24 hours of onset in nine districts where the UNICEF programme supported training on community case management and equipping of health facilities.

13. Water, sanitation and hygiene capacity development contributed to an increase in access to safe water in schools, from 58 per cent to 70 per cent; a decrease in the pupil-stance ratio, from 69:1 to 47:1, in programme districts (the national standard being 40:1); and an increase in the use of improved latrines by households, from 58 per cent to 70 per cent. School health clubs and sanitation campaigns increased hand washing in schools and health facilities and at home, proving a replicable communication approach.

14. By the end of 2007, approximately 37,000 young people (65 per cent female) in northern Uganda had been tested for HIV, compared to about 13,000 in 2006. Male medical circumcision was added to the national prevention agenda. In focus districts, 65 per cent of pregnant women were tested for HIV (49 per cent in 2007) and 32 per cent of estimated HIV-positive pregnant women received ARVs to reduce MTCT (11 per cent in 2007). Guidelines were disseminated on testing at six weeks of all children born to HIV-positive mothers and on treatment of all HIV-positive infants less than one year. Three paediatric care and support centres of excellence were established with Baylor University support.

15. The shift from a humanitarian approach to one focusing on integrated systems resulted in child protection systems with statutory and community structures becoming the nationally endorsed model. These models were made operational in half the sub-counties in 23 focus districts. The programme helped support 88,000 vulnerable children (55 per cent girls) experiencing abuse, violence or exploitation; some 200,000 children were taught life skills; and 1,489 children engaged in exploitative and hazardous labour were returned to their families. It also supported over 7,000 survivors (90 per cent female) of gender-based violence and helped 2,639 children formerly associated with the Lords Resistance Army to be reunited with their families. Birth registration was integrated into the sector-wide approach (SWAp) on justice, law and order, and over 1.3 million births were registered.

### **Lessons learned**

16. UNICEF collaborated successfully with the Government, United Nations agencies and more than 100 non-governmental partners during the humanitarian response in Northern Uganda, coordinating the humanitarian clusters in water, sanitation and hygiene education (WASH), and education as well as the sub-cluster in child protection. The transition from a humanitarian approach to an emphasis on development requires a change in partnership strategy, with a shift from service delivery to capacity strengthening, using research and lessons from experience to generate best practices and evidence for advocacy and scaling-up of high-impact interventions.

17. The country programme was overextended geographically; although manifestations of the problems are similar, causes, capacity gaps, partnerships and vulnerabilities differ dramatically from region to region. An overly vertical approach reduced both sectoral programme effectiveness and the overall performance of the country programme. The lesson is to focus on targeted region-specific approaches; the new country programme should capitalize on synergies and integration.

## The country programme, 2010-2014

### 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>
Health and nutrition	27 381	47 600	74 981
Water, sanitation and hygiene	19 643	25 480	45 123
Basic education	15 774	16 500	32 274
Child protection	15 714	14 286	30 000
Social policy and evaluation	3 857	3 000	6 857
Children and AIDS	15 619	19 400	35 019
Cross-sectoral costs	8 452	8 624	17 076
<b>Total</b>	<b>106 440</b>	<b>134 890</b>	<b>241 330</b>

*Note:* Other resources do not include emergency funds, which will be raised when needed.

### Preparation process

18. The 2008 midterm review, the programme performance assessment and other evaluations highlighted achievements, lessons learned and adjustments needed. The United Nations country team prepared a results-based plan to support the PRDP for Northern Uganda and a meta-analysis of the causes of the country's developmental and humanitarian challenges and capacity gaps. National sectoral reviews, NDP papers and the evaluation of the Poverty Eradication Action Plan also informed the country programme preparation. A participatory United Nations Development Assistance Framework (UNDAF) preparation process led to the development of a Vision Statement and three UNDAF outcome areas; UNICEF convenes the social and protection services area and contributes to the areas on governance and on sustainable livelihoods and employment. Preparation for the new country programme included consultations at sectoral, district and community levels, including with children, and national-level meetings. The results of several audits led to revisions of the UNDAF and the country programme to better include gender, human rights and environmental considerations, and to harmonize more with the NDP.

### Goals, key results and strategies

19. The overall goal of the UNDAF is to support the capacity of the Government of Uganda to deliver on the NDP, with a focus on equity and inclusion, peace and

recovery, population and sustainable growth. The overall goal of the UNICEF country programme is to enable children, especially the most vulnerable, to progressively realize and sustain their rights to survival, development, protection and participation.

20. The programme will follow a number of strategies and approaches:

(a) Apply a gender-sensitive human rights approach wedded to results-based planning and management, combining participatory, inclusive implementation to promote sustainability and gender equality with strong monitoring and evaluation of outputs and outcomes.

(b) Implement selectively, at the national level and in focus districts located in the northern, north-eastern and west-central regions of Uganda. The selected districts share the following characteristics: (i) a composite index shows that children are least likely to be realizing their rights; (ii) UNICEF can add most value, and be operationally efficient; and (iii) one of three types of challenges prevail: (1) very disadvantaged, emergency-prone areas; (2) areas recovering from prolonged conflict; and (3) areas with regular development challenges.

(c) Develop capacity of government monitoring and evaluation systems for evidence-based advocacy with the following aims: (i) strengthen the policy environment and remove bottlenecks; (ii) influence budget and other resource allocations; (iii) scale up proven high-impact and cost-efficient interventions; and (iv) ensure the collection of sex disaggregated data.

(d) Use communication for development, encompassing community capacity development, social mobilization, civil society strengthening and behaviour change communication, to transform awareness and knowledge into sustained behaviour and social change, with particular emphasis on reducing youth, gender based and other inequity.

(e) Leverage global knowledge, resources and partnerships and technical assistance to the national Government and the district governments for institutional and human resource systems strengthening, taking into account gender parity, with a particular emphasis on procurement and supply chain management, especially for child survival and development.

(f) Coordinate programmes across sectoral areas, both within UNICEF and with United Nations or other development partners, with the convergence resulting in synergy and integration.

(g) Strengthen capacity for disaster risk reduction and for a gender-appropriate emergency preparedness and response; directly responding where necessary, to ensure the Core Commitments for Children in emergencies.

### **Key results**

21. Nationally, the percentage of fully immunized children aged 12-23 months increases from 46 per cent to 60 per cent; the percentage of children under five sleeping under LLITNs increases from 10 per cent to 40 per cent; and the percentages of children under five receiving appropriate treatment increases from 37 per cent to 60 per cent for acute respiratory infections; from 51 per cent to 80 per cent for diarrhoea; and from 60 per cent to 80 per cent for malaria.

22. In focus districts, 80 per cent of children under five receive vitamin A supplementation and de-worming treatment, and 60 per cent of children with severe acute malnutrition receive therapeutic feeding and care.
23. Nationally, the percentage of pregnant women and girls making four antenatal care visits increases from 42 per cent to 70 per cent; the percentage that receives emergency obstetric care increases from 11 per cent to 20 per cent; and in focus districts, the percentage of HIV positive pregnant women and girls receiving ARVs to reduce MTCT increases from 50 per cent to 80 per cent.
24. In focus districts, all primary school girls and boys have access to child-friendly water and sanitation facilities in schools; 60 per cent of primary school girls and boys practice good hygiene; and all health centres have functioning water and sanitation facilities.
25. The percentage of rural households in focus districts that access improved water sources increases from 54 per cent to 77 per cent, and for sanitation facilities, from 34 per cent to 80 per cent; also, 80 per cent of girls and boys, and their caregivers, practice good hygiene.
26. The percentage of HIV-positive boys and girls under the age of five receiving treatment increases from 10 per cent to 50 per cent in focus districts.
27. National and local governments in focus districts effectively plan, coordinate, implement and monitor interventions for all four areas of the Unite for Children, Unite against AIDS campaign.
28. The percentage of girls and boys that enrol in grade one of primary school at the age of six increases from 53 per cent to 63 per cent nationally and from 46 per cent to 56 per cent in focus districts.
29. The percentage of girls and boys who complete their primary education will increase from 51 per cent to 61 per cent nationally and from 29 per cent to 40 per cent in focus districts.
30. Nationally, boys and girls at grade three (P3) and grade six (P6) levels increase their competence in (a) literacy, from 47 per cent to 67 per cent in P3 and from 51 per cent to 76 per cent in P6, and (b) numeracy, from 46 per cent to 61 per cent in P3 and from 44 per cent to 59 per cent in P6.
31. In focus districts, justice systems are applying child-friendly and gender-responsive procedures for all girls and boys in conflict with the law to ensure service and protection according to national and international standards and norms, in such a way that can be nationally replicated.
32. Nationally, the percentage of boys and girls five years old or younger who are registered and issued birth certificates increases from 21 per cent to 80 per cent.
33. In focus districts, child protection services, capacities, legislation and regulations are improved and converge into a national child protection system that ensures adequate and gender-appropriate care and protection of girls and boys harmed or at risk of exploitation, violence and abuse.
34. Across all programme components, research and evaluation produce evidence for making human rights-based laws, policies and budgets that affect children, with emphasis on reducing gender and other disparities.



35. Social protection policies and programmes, including a cash transfer modality, mitigate the poverty and risk of vulnerable children and women.

36. Ugandan institutions, systems and structures are more effectively applying participatory communication processes at different levels for behaviour and social change, allowing for local and cultural contexts, with special emphasis on seven key family care practices.

37. Government systems are collecting, analysing and using data disaggregated by sex and age to improve the efficiency and effectiveness of development and humanitarian interventions, particularly for the most vulnerable, and for reducing regional, gender and other disparities in claiming rights.

38. Ugandan institutions, systems and structures integrate disaster risk reduction in development programmes, enhance gender mainstreaming, and prepare and respond to emergencies in line with the Core Commitments for Children in Emergencies.

#### **Relation to national priorities and the UNDAF**

39. The most recent Poverty Eradication Action Plan (PEAP) of the Government of Uganda expired in July 2008. The Government is currently revising the PEAP and developing a new five-year NDP for the period 2010 to 2014. In order to harmonize with the Government's new NDP, the United Nations country team in Uganda decided to cut short the current UNDAF by one year and develop a new UNDAF for 2010-2014. Accordingly, UNICEF decided to terminate the current country programme of cooperation by the end of 2009 and develop a new five-year country programme for 2010-2014. Both the UNDAF 2010-2014 and the new UNICEF country programme were developed to deliver as part of "Delivering as One" in supporting the achievement of the national priorities and objectives of the NDP and the Peace, Recovery and Development Plan, as well as the Millennium Declaration and the Millennium Development Goals in Uganda.

#### **Relation to international priorities**

40. The Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child embody the guiding principles for the country programme. In addition, *A World Fit for Children*, the Convention on the Elimination of Discrimination against Women, the Millennium Declaration and the Millennium Development Goals, the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action, as well as the Hyogo Framework for Action on disaster risk reduction, have guided programme design, strategies and planned results. Programmes and key result areas correspond to all five focus areas of the UNICEF medium-term strategic plan. Special emphasis is placed on implementing the Strategic Framework for Reaching the Millennium Development Goal on Child Survival in Africa and the Uganda Child Survival Strategy.

#### **Programme components**

41. All programme components are aligned with the NDP and the PRDP, and will support them through SWAps, where applicable. Enhancing programmes for disaster risk reduction, strengthening capacity for emergency preparedness and response,

and directing response, where necessary, to assure meeting the Core Commitments for Children in Emergencies, are mainstreamed into all components.

42. The **health and nutrition** component will be implemented within the framework of the Health Policy and Health Sector Strategic Plan. It will (a) support government strategies and programmes on immunization, malaria, acute respiratory infections, diarrhoea, malnutrition, maternal and newborn health; (b) leverage resources and partnerships to scale up the response to low coverage of prevention and treatment services at facility and community levels; (c) enable families to prevent and manage malaria, diarrhoea and acute respiratory infections, and to adopt adequate young child feeding, health and hygiene practices through access to information, skills, resources and commodities; (d) build government capacity to effectively procure, distribute and manage critical health commodities.

43. The **water, sanitation and hygiene (WASH)** component will (a) support the Ministry of Water and the Environment, to ensure that national and district level policies, strategies, budgets and plans, within the SWAp, prioritize increased access to functional water supply and adequate sanitation facilities at rural schools, health centres and communities; (b) strengthen national and local capacities for management, coordination, monitoring and research of WASH activities; (c) leverage resources and partnerships to scale up investments in cost-effective approaches and technologies in rural water supply, sanitation and hygiene promotion for vulnerable communities, schools and health facilities; and (d) partner with civil society and communities for sustained behaviour change, including safe hygiene practices.

44. The **children and AIDS** component contributes to the National Strategic Plan for HIV and AIDS and the joint United Nations programme on HIV and AIDS. It will (a) support the Government to effectively plan, coordinate, implement and monitor the response for affected children (around the “Four Ps” of the Unite for Children, United against AIDS campaign), as part of a social protection strategy for all highly vulnerable children; (b) strengthen national capacity for resource tracking and allocation, development of policies and technical guidelines on HIV and AIDS; and (c) work with partners to improve service delivery, coordination and leveraging of resources for a scaled-up response to HIV and AIDS, particularly for the prevention of MTCT and paediatric AIDS, integrated with maternal and newborn health and nutrition.

45. The **basic education** component will (a) work within the SWAp to ensure that in the national budget of strategies and plans priority will be given to early childhood development and to timely enrolment and retention, to improved literacy and numeracy, and to completion of primary schooling, especially of girls; (b) enhance community mobilization and behaviour change of caregivers in support of education; (c) enhance the Government’s capacity to attract and retain teachers, particularly females and in underserved areas; (d) strengthen national and local capacities to improve the school environment based on child-friendly, inclusive and gender-sensitive school standards, policies, guidelines and budgets; (e) improve teacher effectiveness through training on child-centred and gender-sensitive teaching methods, as well as implementation of the revised primary and teacher education curricula; (f) review policies and address bottlenecks to affordable education, focusing especially on reducing disparities, and (g) strengthen HIV

prevention in schools as part of the upstream support for a school health package (under leadership of the United Nations Population Fund).

46. The **child protection** component will establish or strengthen systems to effectively deliver services for the protection of children, within the framework of a National Social Protection Strategy and a SWAp on justice, law and order. It will (a) strengthen legal and policy frameworks for child protection by providing technical assistance to the design and implementation of laws, policies and regulations, including the Children's Act, the Orphan and Vulnerable Children's Policy, and the Birth and Death Registration Act; (b) improve standards for children's services and their inclusion within social protection and justice, law and order strategies, as well as national and sectoral plans; (c) support development of a minimum package of child protection services in focus districts for national level replication; (d) strengthen government and community capacity to establish and maintain child protection surveillance systems; and (e) enhance the Government's capacity for management and oversight, effective budgeting, referral, and coordination of social protection work.

47. The **social policy and evaluation** component will (a) strengthen capacity to conduct and manage research, evaluation and policy analysis on children and women to produce high-quality studies and evaluations with evidence for policies and programmes; (b) support national and district capacity to conduct public expenditure tracking and advocate for budgetary adjustments responsive to the rights of children; (c) include children's views in policies and programmes; (d) build alliances with development partners and civil society stakeholders to advocate for improvement of the situation of children and women, especially the most disadvantaged; and (e) ensure that gender-issues are addressed in all programme components.

48. The **cross-sectoral** component includes programme coordination; planning and strategic information management; coordination of disaster risk reduction and emergency response; communication for development; and external communications. In addition to ensuring strong synergies and results-based planning and management, it will (a) use mass media and communication technology at community and national levels to encourage behaviour change; (b) document and share knowledge for acceleration of child survival and development and other programme results; (c) promote an evidence-based, constructive and nuanced national and international dialogue on girls, boys and women's issues; and (d) leverage partnerships and resources from mass media, development partners and the public.

#### **Major partnerships**

49. The UNICEF counterpart is the Ministry of Finance, Planning and Economic Development. Partners include the Office of the Prime Minister; relevant ministries; national medical stores; Uganda AIDS Commission; Uganda Registration Services Bureau; Uganda Police Force, Education Standards Agency; Uganda Bureau of Statistics; National Curriculum Development Centre; Uganda National Examinations Board; National Planning Authority; National Bureau of Standards; National Council for Children; Human Rights Commission and the District Governments in focus districts.

50. Collaboration with other United Nations agencies, development partners, bilateral donors, UNICEF National Committees and others will be important for coherent, coordinated responses, for resource mobilization and for harmonizing advocacy. Partnerships with civil society organizations will remain critical for both humanitarian and development work. Other key alliances include research institutes and universities, parliamentarians and traditional leaders, and the private-sector. The country programme will work within five SWAps: education; health; water and environment; justice, law and order; and social development.

#### **Monitoring, evaluation and programme management**

51. Monitoring and evaluation will be harmonized with national, sectoral and UNDAF monitoring and evaluation systems. It will (a) support the Office of the Prime Minister and the Bureau of Statistics to develop a policy and strategy for gender- and child-sensitive monitoring and evaluation of the NDP across all sectors; (b) support harmonization of management information systems and provide technical support for the establishment of standards and certification of national statistics and research; (c) strengthen surveillance and survey systems to ensure timely availability of valid, reliable disaggregated data and analysis on the situation of children and women; and (d) increase access to strategic information, including through evaluations, for performance monitoring and reporting.

52. The programme's field monitoring system will be strengthened through strategic choice of performance management indicators and targets, including data disaggregated by sex and age, and improved use of financial and programmatic field monitoring reports on performance and progress towards efficiency and effectiveness targets.

53. Overall management will be led by the Inter-Ministerial Country Programme Management Team (CPMT), chaired by the Ministry of Finance, Planning and Economic Development, with members from the programme's counterpart ministries, government agencies, bureaux, commissions, the National Council for Children, civil society and the UNICEF country management team.

54. Implementation, review and evaluation will be harmonized with the Government's annual and five-year calendars. Joint United Nations programmes, including in gender, population and HIV and AIDS, will be managed and reviewed, using joint management and monitoring mechanisms, and harmonized with national monitoring and evaluation. The country programme midterm review will be led by the CPMT as part of the NDP and UNDAF midterm reviews, in collaboration with implementing partners at the district and central levels, including local governments and non-governmental organizations partners.