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Draft country programme document**

Central African Republic

Summary

The draft country programme document (CPD) for Central African Republic is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$19,315,000 from regular resources, subject to the availability of funds, and \$60,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2012 to 2016.

* E/ICEF/2011/8.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2011 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2011.



<i>Basic data</i> [†] (2009 unless otherwise stated)	
Child population (millions, under 18 years)	2.1
U5MR (per 1,000 live births)	171
Underweight (% , moderate and severe, 2006)	24
(% , urban/rural, poorest/richest)	22/26, 25/17
Maternal mortality ratio (per 100,000 live births, 1994-2006)	540 ^a
Primary school attendance (% net, male/female, 2006)	64/54 ^b
Survival rate to last primary grade (% , 2008)	46
Use of improved drinking water sources (% , 2008)	67
Use of improved sanitation facilities (% , 2008)	34
Adult HIV prevalence rate (%)	4.7
Child labour (% , 5-14 years old, 2006)	47
Birth registration (% , under 5 years, 2006)	49
(% , male/female, urban/rural, poorest/richest)	51/48, 72/36, 23/83
GNI per capita (US\$)	450
One-year-olds immunized with DPT3 (%)	54
One-year-olds immunized against measles (%)	62

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a 850 deaths per 100,000 live births is the adjusted 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

^b Survey data.

Summary of the situation of children and women

1. After years of conflict, the Central African Republic has completed the first steps on the path to peace and the transition to development. The recent presidential and legislative elections are seen as an opportunity for improving governance, indispensable to political, economic and social progress. However, the process remains fragile. A confidence deficit among the parties to the peace process; the possible resurgence of armed conflict in the north; delays in the disarmament, demobilization and reintegration of ex-combatants; and the presence of foreign armed groups¹ threaten the country's political and social stability. The humanitarian situation remains precarious, with more than 192,000 persons internally displaced and approximately 40,000 refugees.

2. The weak government presence in significant parts of the country, a result of the conflict, added to the lack of decentralized planning, resource allocation and decision-making, accounts for the weak social services system throughout the country. Insufficient coordination between ministries and partners and lack of

¹ These include the Lord's Resistance Army as well as Chadian and Ugandan armed forces.

accountability exacerbate the situation. The universal lack of quality data prevents comprehensive planning and makes it difficult to reach the most vulnerable.

3. Child health indicators vary greatly across the country, with acute disparities evident between provinces and households. The under-five mortality rate (U5MR) and infant mortality rate have fallen since 1990 but remain high, respectively at 171 per 1,000 live births and 112 per 1,000 live births in 2009. The poorest quintile shows a U5MR of 223 per 1,000 live births. Rural-urban disparities continue to be significant, with U5MR in urban areas at 126 per 1,000 live births, compared to 199 in rural areas. Geographical disparities between north and south exist as well. Malaria is one of the three principle causes of under-five mortality, along with acute respiratory infections and diarrhoea. Only 5 per cent of children sleep under an insecticide-treated mosquito net. Malnutrition is an important concern, with rates of stunting above 30 per cent in large parts of the country. Nine of seventeen prefectures have acute malnutrition rates higher than the national average of 10.2 per cent. Poor feeding practices, HIV and poverty are the principle causes of malnutrition.

4. While access to safe water is the only Millennium Development Goal potentially within reach before 2015, in 2009 only 30 per cent of the population used an improved water source, and stark inequities between the richest and poorest quintiles remain. Sanitation coverage remains very low, at 5.3 per cent, according to recent national data used for sector-related planning.²

5. The weak health systems and poor governance of past funding have made it difficult to effectively and credibly address the needs of HIV-affected women and children. Women represent only a third of patients accessing critical services, yet they are twice as likely to be infected as men (8 per cent versus 4 per cent). Also, the prevalence is twice as high for women in urban settings compared to rural settings. Regional disparities are significant, with the highest prevalence found in the northern post-conflict zones. In 2005, the country had an estimated 143,850 AIDS-affected orphaned and vulnerable children, and fewer than half of them requiring treatment were actually receiving it.

6. In the last 20 years, the net primary education enrolment rate has risen only very slightly, from 58 per cent to 63 per cent, and education quality has deteriorated. The two lowest quintiles account for only 27 per cent of enrolled children compared to 54 per cent for the two highest quintiles. In addition to gender and economic inequities, geographical and rural/urban disparities remain considerable. They are particularly pronounced in emergency and post-conflict zones, which are not receiving the necessary and proportionally greater investment. Only 30 per cent of children complete primary education, and at least half of teachers have no formal qualification. Once again regional disparities resulting from conflict come into play, as the largest proportions of unqualified teachers are in post-conflict areas.

7. Persistent gender inequalities remain. Girls are three times less likely than boys to complete secondary school. More than two out of three women are illiterate, and very few women can be found in positions of authority.³ Sociocultural norms,

² *Plan d'Action Sectoriel Eau Assainissement 2008-2010*, Directorate General of Hydraulics, Bangui, 2009, pp. 7-9.

³ In 2009 women represented only 16 per cent of civil servants, 14 per cent of teachers, 9 per cent of parliamentarians, 11 per cent of Ministers and 4 per cent of magistrates.

exacerbated by poverty and lack of political will, perpetuate marginalization of girls and women and general acceptance of violence. Six per cent of women report being victims of sexual violence and 22 per cent report being victims of domestic violence.

8. The rights of children continue to be violated, despite the validation of national policies on child protection, adoption of a national strategic framework for orphaned and vulnerable children, and a recently created Inter-ministerial Committee, led by the Prime Minister. The committee's mandate is to harmonise, coordinate and oversee the implementation of all new or existing child protection related policies. While 47 per cent of children between 5 and 14 are working, for school children between ages 5 and 11 the figure even goes above 50 per cent, and the situation is worse in the rural areas.⁴ Only 1 in 10 orphaned and vulnerable children receive some form of care and support. Of those that do, 85 per cent live in Bangui, reflecting the almost total lack of formal support mechanisms outside the capital. Poor implementation of the multitude of national laws, policies and plans precludes adequate child protection. Moreover, the persistence of certain laws that do not serve children's interests, such as the criminalization of witchcraft, worsens the situation.

Key results and lessons learned from previous cooperation, 2007-2011

Key results achieved

9. The UNICEF child survival and development programme's investment in high-impact interventions implemented at scale contributed to the reduction of under-five child mortality. UNICEF and the Ministry of Health distributed 1.8 million insecticide-treated mosquito nets and rehabilitated six health facilities and two hospitals. Revision and roll-out of training modules for health workers supported implementation of integrated management of child illnesses in 18 health facilities with a catchment population of 3 million.

10. In addition, UNICEF and partners treated 18,000 severely malnourished children and provided 13.3 million vitamin capsules over the last five years. Yearly mother-child health weeks reached around 800,000 children. Ninety-five new water points and latrines were constructed in schools, health facilities and communities, bringing potable water to an additional 65,000 women and children. Along with implementation of a hand-washing programme, this reduced the risks induced by contaminated water. UNICEF organized a poverty reduction strategy programme (PRSP) donor round table for water in 2009 and launched the community-led total sanitation (CLTS) approach in 2010.

11. UNICEF efforts towards prevention of mother-to-child transmission (PMTCT) of HIV, in partnership with UNITAID, expanded service from 13 per cent of HIV-infected mothers in 2009 to 24 per cent in 2010. A youth vulnerability study informed a gender-sensitive youth and HIV sector plan and provided training materials and standards for youth-friendly counselling services. UNICEF ensured the inclusion of a nutrition module in the new PMTCT training manuals and of HIV issues in the guidelines for paediatric care. UNICEF also financed rehabilitation and

⁴ See MICS 3 (2006), page 149, table CP. 3.

equipment for Bangui Paediatric Hospital, the only health centre in the country that offers services for HIV-positive children. UNICEF has partnered with the World Health Organization and the Institute Pasteur to launch HIV testing for children using the dry blood spot technique.

12. UNICEF support to primary education resulted in the enrolment of an additional 240,000 children and a 33 per cent increase in girl's enrolment in prefectures with less than 40 per cent enrolment as of 2007. UNICEF financed the construction and/or rehabilitation of 130 schools and provided equipment and books as well as training for 2,237 parent-teachers.

13. UNICEF support for children affected by the conflict successfully disassociated 5,193 children from armed groups, reunified them with their families and integrated them back into communities. The programme facilitated access to education, health, counselling services and psychological support for 97,797 children. Training on child rights and United Nations resolutions was provided to 1,000 armed actors in the conflict. As part of UNICEF support for protection of orphaned and vulnerable children, training was provided for 12,000 teachers, village leaders, local authorities and health agents, including 7,900 persons from the Aka minority ethnic group. Around 110,000 orphaned and vulnerable children were also enrolled in schools due to UNICEF support.

14. At a systems level, support led to revision of the Labour Code; submission of optional protocols on child trafficking, prostitution, pornography and children in armed conflict; adaptation of the law on diversionary justice for children; implementation of an action plan against abuse, sexual exploitation and child trafficking; and a functioning youth parliament.

15. A knowledge, attitudes and practices study, a situation analysis of children and women, and a complementary youth-led situation analysis were completed in 2009, informing UNICEF programming and that of its partners. The country is finalizing a fourth multiple indicator cluster survey (MICS 4) and four regional statistical dashboards. These are directly attributable to UNICEF efforts to strengthen social information and monitoring and evaluation systems.

Lessons learned

16. The strategic importance of partnerships with international non-governmental organizations (NGOs) has been critical for delivering services, particularly to conflict-affected and transition areas. A case in point is the umbrella partnership with an international NGO that allowed UNICEF to work with a host of national and international NGOs to distribute 1.8 million mosquito nets. At the same time the expertise brought to the field by international NGOs can be harnessed to build the capacity of national NGOs and decentralized government institutions to scale up the delivery of basic social services for children.

17. At a technical level, poor understanding of community dynamics in the Central African Republic, key to promoting the participation of communities and their role in establishing community-based outreach, has diminished the impact of UNICEF across all programmes. A more refined analysis of community and equity dynamics will be a thrust of the new programme.

18. The role of essential family practices has clearly been established as a cross-cutting priority based on local and global research and analysis. Evaluations and

reports consistently identify community mobilization as a weakness of the programme. Clearly a fundamental part of UNICEF implementation in all programmes, community mobilization has been retained for incorporation in the next country programme.

19. The water and sanitation and hygiene (WASH) programme has reaped the benefits of a close and fruitful working relationship with the World Bank. Through this relationship, the programme has gained considerable trust from the line ministry. This has allowed UNICEF to balance its role as interlocutor between the humanitarian community and the Ministry while enabling it to effectively advocate for integration of new approaches, such as CLTS, into the government framework of cooperation.

20. Analysis shows that vaccination campaigns bring children vital protection against killer diseases throughout the country. However, vaccination rates are not sustained between one costly campaign and the next. In addition, even with campaign vaccination rates of up to 90 per cent, it is very likely that the most vulnerable children continue to be unreached. This analysis suggests that a combination of campaigns and support to routine services remains vital and that, for both, further programming to reach the most vulnerable children is important.

The country programme, 2012-2016

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	5 500	29 500	35 000
Water, sanitation and hygiene	1 490	7 000	8 490
Basic education and gender parity	2 490	10 000	12 490
Child protection	2 500	6 000	8 500
Social policy, planning and monitoring and evaluation	2 520	2 000	4 520
Communication for development	1 500	2 000	3 500
Cross-sectoral costs	3 315	3 500	6,815
Total	19 315	60 000	79 315

Around \$7 million is expected annually in emergency funds.

Preparation process

21. The country programme preparation began with the midterm review and a youth-led situation analysis of children and women, which provided young people a crucial voice and a credible opportunity for participation in the process. In 2010, the United Nations country team completed a common country assessment and the United Nations Development Assistance Framework (UNDAF). The programme falls under the UNDAF umbrella framework, and the time frames are harmonized. The UNDAF and hence the country programme are aligned with the PRSP II priorities. For the first time, Central African Republic will have a joint United

Nations country programme action plan, strengthening coherence and accountability. Similarly, the UNDAF will integrate the work plan of the United Nations political mission. The programme has been prepared in consultation with the Ministry of Planning.

Programme and component results and strategies

22. Capacity development is the core strategic thrust of the programme. All components will focus on building the capacity of government institutions at national and decentralized levels, as well as the capacity of national NGOs. A significant on-the-job coaching component will be put in place through umbrella partnerships with international NGOs. A second thrust will support the recruitment and seconding of expertise within line ministries. A third will foster linkages to regional training and information exchange fora.

23. Advocacy and communication will be an important strategy across the programme. Policy-level change will be sought through national coordination networks and in partnership with an increasingly coherent United Nations country team, in the context of an integrated mission. Newly strengthened participation of young people through fora such as the youth parliament and a number of key civil society organizations will constitute additional advocacy channels. Local and international media, donors and the public will have timely access to information on women and children.

24. Umbrella partnerships with key international NGOs will be a principle means of scaling up service delivery components of the programme. An enhanced United Nations presence under the leadership of an integrated mission will also foster an environment for joint programming. At international and regional levels, UNICEF will focus on strengthening government partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI Alliance, Education for All Fast Track Initiative and UNITAID.

25. UNICEF will continue to lead the nutrition, WASH and education clusters in the country and to assure that UNICEF meets the organization's Core Commitments for Children in Humanitarian Action in all localized and ongoing emergencies related to natural disaster or conflict. Furthermore, UNICEF will review possibilities and begin programming on disaster risk reduction and peace building when opportunities arise. This will enhance national, local and internal capacities for prevention and mitigation, response and recovery.

26. The programme will emphasize a community-based approach to increase both access to and use of basic social services. Community outreach will be used as one of the means of responding to the current inequities in access. The outreach strategy will be based on a careful analysis of the community and its coping mechanisms and will create the basis for UNICEF to contribute to a national social protection policy.

27. The correct implementation of a human rights-based approach implies mainstreaming of gender equality. Both the UNDAF and the programme development process included in-depth training on the human rights approach to programming and gender. However, both principles require constant application throughout the programming cycle. The recently completed 2011 gender audit lays out a set of recommendations on how this can be done.

Relationship to national priorities and the UNDAF

28. The UNICEF programme falls within the three UNDAF pillars of: (a) peace consolidation and strengthening of good governance, security and rule of law; (b) investment in human capital, including the fight against HIV/AIDS; and (c) promotion of sustainable and equitable development. Pillar 1 captures key components of the UNICEF child protection programme, while Pillar 2 is the overarching framework for the four sectoral programmes of child survival and development, education, WASH and child protection. The communication for development programme will support the service delivery component of the four sectoral programmes, with an emphasis on essential family practices, HIV and routine vaccination and campaigns.

Relationship to international priorities

29. The Millennium Declaration and the Millennium Development Goals define the strategic objectives of the entire United Nations programme in the Central African Republic. The UNICEF country programme is guided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Planned results are consistent with the Millennium Development Goals, the Paris Declaration on Aid Effectiveness, the 'Unite for Children, Unite against AIDS' campaign, the campaign to 'treat every child as your own', the Plan of Action adopted by the General Assembly Special Session on Children, the Abuja Declaration and the UNICEF medium-term strategic plan 2006-2013.

Programme components

30. **Child survival and development.** The programme will achieve two results. First, to ensure that 60 per cent of children and pregnant and lactating women use the high-impact integrated health services, UNICEF will support the Ministry of Health and civil society organizations to deliver results at the national and decentralized level. Emphasis will be on improving the policy environment in favour of an integrated approach to child survival and development.

31. Concurrently the programme will work with 13 of the 24 most vulnerable health districts to build capacity to plan and deliver the integrated package of high-impact health interventions. These districts will receive institutional support and technical assistance, supplies and funds to ensure delivery of services either directly or in partnership with NGOs. A community outreach component coupled with effective community case management of malaria, diarrhoea, pneumonia and severe acute malnutrition aims to reach the most vulnerable children. Vaccination campaigns will continue to be a tool to ensure that the Expanded Programme on Immunization antigens reach 80 per cent of children under 1 year old nationwide.

32. Nutrition remains an important concern, and UNICEF will support establishment of a national nutritional surveillance team. As cluster lead, UNICEF will ensure 60 per cent coverage for treatment of acute malnutrition in catchment areas of all therapeutic units. To address chronic malnutrition UNICEF will support good infant and young child feeding through an emphasis on early initiation of and prolonged breastfeeding, along with appropriate complementary feeding practices and maternal nutrition, dietary quality and reduction of infectious diseases. Finally, the aim is to have 60 per cent of families nationwide adopt the four essential family

practices: hand washing, exclusive breastfeeding until the age of 6 months, sleeping under a mosquito net and recognizing and appropriately treating diarrhoea.

33. The second result area addresses PMTCT and paediatric HIV. Specifically the programme will work with the joint team on AIDS to support the national coordination organization to develop a national HIV response plan. The programme will ensure that the response is integrated into the package of high-impact health interventions and that, in districts showing the highest prevalence rates, 70 per cent of boys and girls receive appropriate treatment, including antiretroviral therapy, along with 50 per cent of young men and women and 60 per cent of pregnant mothers who are HIV-positive.

34. **Water, sanitation and hygiene.** The programme will focus on strengthening government capacities to deliver WASH services at the decentralized level. This will include revitalizing a maintenance system for existing water points, development of a sanitation and hygiene policy, sensitization on hand-washing with soap, scaling up of CLTS and development of private sector services for manual drilling of boreholes. To strengthen national capacity, UNICEF will work with the line ministry to advocate for increased budget to ensure that the four regional directorates of hydraulics are fully functional. As cluster lead, UNICEF will focus on preparedness and response activities and will maintain a contingency response for 50,000 people. In districts showing the poorest access to and coverage of water and sanitation services, 50 per cent of the population will have access to drinking water. Potable water and sanitation services will be increased by 30 per cent in health facilities and 50 per cent in schools in the same districts. Seventy per cent of targeted villages in the same districts will be declared 'open defecation free' through the CLTS initiative. Finally, 60 per cent of families nationally will wash their hands appropriately with soap.

35. **Basic education and gender parity.** The programme will focus on achieving a net enrolment rate of 80 per cent for both boys and girls, with a focus on the most vulnerable. Early childhood development is a sub-component of this result and aims to enrol 30 per cent of the poorest quintile in preschool activities. This is a tool for increasing enrolment for the most vulnerable later in primary school. A second result will focus on the quality of education; 50 per cent of enrolled children will complete primary school and be equipped with life skills. The programme will focus on the provinces with the greatest gender disparities and lowest enrolment rates.

36. The programme is implemented with the Ministry of Education at national and decentralized levels and in partnership with NGOs in parts of the country where government capacity and access are weakest. Equally important components of the programme will work to build the government's capacity to manage an information system and respond to localized emergencies, advocate at the community level and through parent-teacher associations, and continue to provide education tools and supplies. To address the gap in qualified teachers and the issue of quality, UNICEF will provide practical training to 1,200 *maitres-parents* (parent-teachers)⁵ and support the Ministry with investments in education infrastructure and acceleration of the child-friendly schools approach. UNICEF will play an active role in the Education for All Fast Track Initiative and seek to influence funding to promote

⁵ The presence of rebel groups in the country's conflict-affected regions has significantly restricted the recruitment and retention of certified teachers, and therefore the majority of educators in these regions are *maitres-parents*.

equity. UNICEF will use its prominent role in the education donors and partners coordination meetings, to promote policy change for integration of *maîtres-parents* into the formal system and establish norms and standards for child-friendly schools.

37. **Child protection.** The programme will focus on strengthening the capacity of the Ministry of Social Affairs and the Ministry of Justice, with the overall aim of improving the regulatory framework, including establishment of a child protection code. UNICEF will work for the creation of a coordinated referral system for vulnerable children for psychosocial care and support at community and district levels. In addition, and as part of a broader social protection strategy, the programme will ensure that at least 30 per cent of orphaned and vulnerable children have access to basic social services using a community-based approach for care and support.

38. UNICEF will provide support to the new inter-ministerial committee on child protection, which is expected to play a paramount role in ensuring implementation of existing policies and laws and regulation of the child protection framework. A second focus of the programme will be an integrated approach to gender-based violence centred in the post-conflict provinces of the country, in partnership with NGOs and United Nations partner agencies and using a community-based approach. Half of known victims will receive an integrated legal, security, psychosocial and health response.

39. **Social policy, planning and monitoring and evaluation.** The policy environment suffers from a lack of quality data and an almost total absence of decentralized planning mechanisms. The programme will focus on setting up a social information system that provides planners with the wherewithal to plan, monitor and evaluate programmes related to access basic services. One result will focus on capacity of staff in the Ministry of Planning at national and decentralized levels to provide the necessary analysis and coordination. The programme will support the four provinces with the greatest disparities and highest proportion of vulnerable children to develop provincial development plans based on Pillar 3 of the PRSP, relating to access and use of basic social services. The second result, focusing on the information system itself, aims to support the regular availability of four provincial statistical databases for use by government and NGO planning processes. Both results will enhance the capacity of government to work on the social protection agenda. UNICEF will also support a review of the social protection situation and the development of a social protection policy and action plan. The planned MICS 5 in 2014 will enable the Government, partners and UNICEF to measure trends, monitor progress towards the Millennium Development Goals and adjust the UNICEF programmatic emphasis to address continuing disparities.

40. **Communication for development.** The programme will seek to increase families' embrace of essential family practices to 60 per cent, with a focus on the provinces showing the greatest disparities and children and families recently affected by conflict. A specific focus will also be maintained on mobilization for vaccination against child killers through support to campaigns and routine services. An intersectoral policy will be put in place to reflect the cross-sectoral nature of essential family practices. A cadre of 10,000 community activists will have the skills to promote essential family practices in the provinces showing the poorest uptake of these practices. A second result area will focus on adolescent development and primary HIV prevention to ensure that 70 per cent of children and young men and

women aged 15 to 24 years in high-prevalence districts understand the risks of HIV and seek testing.

41. **Cross-sectoral** elements include the essential components of fund-raising and media outreach, youth participation and staff and operating expenses related to supply and logistics.

Major partnerships

42. The PRSP will be the framework for UNICEF engagement with the Government and bilateral and multilateral donors. The UNDAF will be almost aligned to the PRSP cycle, which will facilitate joint programming with United Nations sister agencies. UNICEF will work in close partnership with the World Food Programme; United Nations Population Fund; World Health Organization; United Nations Development Programme; United Nations Educational, Scientific and Cultural Organization; and United Nations High Commissioner for Refugees.

43. To take results to scale for children and respond to their most urgent needs, partnerships with key international and national NGOs will be essential. UNICEF will also deepen its partnership with media institutions to take forward advocacy messages and promote essential family practices and participation of youth in national development processes.

44. Key donors and international technical partners include the Japanese Government, European Union, World Bank, Global Alliance for Vaccines and Immunisation, Global Fund to Fight AIDS, Tuberculosis and Malaria, and Education for All Fast Track Initiative. Funds from other resources for programme implementation will be mobilized through these and other partners, including National Committees for UNICEF. Within the country a few key private sector partners will provide in-kind donations.

Monitoring, evaluation and programme management

45. The monitoring framework for the country programme will be laid out in the five-year integrated monitoring and evaluation plan, which is aligned to the UNDAF and the PRSP. Principle child development indicators are outlined in the results framework, which UNICEF will monitor through a number of studies and surveys, including MICS 5. The UNDAF gives UNICEF leadership to strengthen social information systems at national and decentralized levels, which implies a strong role for DevInfo.

46. In the context of the Harmonized Approach to Cash Transfers, a quality assurance plan will be finalized that ensures close monitoring of partner activities from a risk management perspective, and an evaluation will be completed. Overall implementation of the programme will be managed by a steering committee jointly convened by UNICEF and the Ministry of Planning. Reviews will be undertaken annually at national and decentralized level. In addition there will be a midterm review. UNICEF will increasingly make use of joint United Nations reviews of the UNDAF and the United Nations country programme action plan.