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Draft country programme document**

Myanmar

Summary

The Executive Director presents the draft country programme document for Myanmar for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$41,130,000 from regular resources, subject to the availability of funds, and \$65,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

<i>Basic data[†]</i> (2003 unless otherwise stated)	
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Child population (millions, under 18 years)	18.8
U5MR (per 1,000 live births)	107
Underweight (% moderate and severe)	32
Maternal mortality ratio (per 100,000 live births)	260
Primary school enrolment (% net, male/female)	83/85, 82/82
Primary schoolchildren reaching grade 5 (%)	60
Use of improved drinking water sources (%)	80
Adult HIV prevalence rate (%)	1.2
Child work (% , children 5-14 years old)	...
GNP per capita (US\$)	
One-year-olds immunized against DPT3 (%)	77
One-year-olds immunized against measles (%)	75

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

The situation of children and women

1. Myanmar, the largest country in mainland South-East Asia, has a population of approximately 50 million, 36 per cent of whom are children. It is a land of great diversity, comprising 135 different ethnic groups and a rich natural resource base set in a variety of landscapes. Myanmar became a State Party to the Convention on the Rights of the Child in 1991 and to the Convention on the Elimination of All Forms of Discrimination against Women in 1997 and has a body of national laws committing the State to the realization of children's and women's rights.

2. While tangible progress has been made to improve the situation of children and women, disparities across numerous social indicators remain pronounced. Although access to many locations has improved since the mid-1990s, border states continue to be characterized by isolation, a long history of civil and political instability and low socio-economic development.

3. According to government figures, nearly 23 per cent of the population lives below minimum subsistence level (Household Income and Expenditure Survey, 1997), and the annual rate of inflation may be as high as 54 per cent (Central Statistics Office, May-June 2002), with price increases of basic commodities being most pronounced. It is estimated that the average household spends about 70 per cent of its income on food (Household Income Expenditure Survey, 1997), and therefore many households are particularly vulnerable to price increases.

4. According to official statistics, the under-five and infant mortality rates remain high, estimated at 107 and 76 deaths per 1,000 live births, respectively. The main causes of child deaths are diarrhoea, acute respiratory infections and malaria, with malnutrition contributing to 60 per cent of these deaths. Although Myanmar is self-sufficient in food at the national level, child malnutrition is widespread, with almost one fourth of babies born with low birthweight, largely as a result of maternal anaemia, and over one third of children under five stunted. The maternal mortality ratio is high, estimated at 255 per 100,000 live births, largely due to unsafe delivery practices.

5. There has been notable progress in vitamin A supplementation and the consumption of iodized salt, with coverage of vitamin A supplementation at 96 per cent for children under five. Iodized-salt consumption, covering 83 per cent of households, has also rapidly increased, moving Myanmar closer to the goal of Iodine Deficiency Disorder Elimination (IDDE).

6. Child immunization rates have maintained relatively satisfactory national levels, with 77 per cent of children receiving three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine. However, there are still significant geographical disparities in immunization coverage. Myanmar achieved polio-free status in 2003.

7. Since a quarter of Myanmar's population relies on unsafe drinking water sources, high mortality and morbidity of children are closely related to water-borne diseases and insufficient sanitation and hygiene practices. Arsenic and fluoride contamination of ground water cause particular concern in some parts of the country. Sanitation coverage increased significantly, from 21 to 73 per cent over the past decade, largely as a result of strong government commitment and various social mobilization efforts.

8. HIV/AIDS is a rapidly increasing risk, which has now exceeded the benchmark of a generalized epidemic. With the number of HIV/AIDS-infected people having doubled over the past two years, the impact on children will be increasingly visible, and more focus will be needed on care and support in addition to prevention interventions.

9. Enrolment rates are high, yet less than 55 per cent of the children who enrol actually complete the primary cycle, mainly because of the cost of schooling, poor conditions in many schools, language barriers and a shortage of qualified teachers and learning materials. Despite public investment in school construction in recent years, parents and communities often bear a significant proportion of the recurrent costs for school operations and maintenance because of the low public budgetary allocations to the sector. Among the challenges in the education sector are (a) equitable access to quality education, especially for children in hard-to-reach areas; (b) alternative learning opportunities for out-of-school young people; and (c) increased understanding of the value of early childhood education for a child's future development. There have been encouraging efforts to provide life-skills and HIV/AIDS prevention education to children both in and out of school to help protect them from high-risk behaviours.

10. In recent years, awareness has increased about child protection issues of particular concern, including child trafficking, the commercial sexual exploitation of children (CSEC), juvenile justice, under-age recruitment, and the situation of children deprived of parental care. However, data on the existing situation remain mostly episodic and anecdotal, and further investigation of the scope of the issues is needed.

Key results and lessons learned from previous cooperation

Key results achieved

11. **Positive trends related to health, nutrition and sanitation.** National campaigns proved particularly successful in the maintaining of relatively high

immunization coverage rates, the distribution of vitamin A supplements and the promotion of iodized salt. Similarly, the annual National Sanitation Week has helped to increase nationwide coverage of household sanitation and to further hygiene promotion.

12. Increased focus on HIV/AIDS prevention and care. Government recognition of the severity and nature of the HIV/AIDS epidemic, combined with a dramatic rise in the availability in funding to combat the disease, resulted in a significant increase in interventions to address the impact of HIV/AIDS, including community- and hospital-based prevention of mother-to-child transmission (PMTCT) of HIV, prevention for young people at risk, and the expansion of the School-Based Healthy Living and HIV/AIDS Prevention Education (SHAPE) programme to 105 townships. The inclusion of SHAPE in the national school curriculum paved the way for nationwide expansion, while adaptation of the programme for out-of-school children and young people intensified the focus on high-risk groups.

13. Increased attention to the education sector. The expansion of the child-friendly schools (CFS) project into 61 townships improved access to quality basic education, especially for children living in remote areas. It also increased the emphasis given to access and quality of learning for all children as well as to the particular education challenges for children speaking minority languages. Training of Parent-Teacher Associations (PTAs) at the community level increased parents' awareness of CFS and involvement in the project.

14. The development of an Education for All (EFA) National Action Plan (2002) strengthened the enabling policy environment for increased education support. A multiphased Education Dialogue process, involving government, civil society, United Nations agencies, and the donor community in 2005, aims to establish the basis for stronger support given to the sector and for a more effective education coordination mechanism.

15. Greater focus on and recognition of child protection issues. Official recognition of child protection concerns has helped to accelerate action on child trafficking and on new initiatives on CSEC, juvenile justice, working children and children who live or work on the street, and under-age recruitment. New partnerships to address the protection of children were reinforced through (a) the development of a plan of action and the establishment of an Inter-Agency Working Group on Juvenile Justice; (b) dialogue with the Government on under-age recruitment, leading to the development of a Government Plan of Action to Prevent Under-Age Recruitment and the establishment of a corresponding implementation committee; and (c) regional and national coordination and exchanges on trafficking and CSEC.

16. Stronger partnerships established with community-based organizations. Support to community-based organizations (CBOs), non-governmental organizations (NGOs) and international NGOs led to new partnerships and alliances for children. UNICEF facilitated the entry into Myanmar of several international NGOs to strengthen programme capacity on HIV/AIDS. Partnerships with several faith-based organizations increased the dissemination of *Facts for Life* messages to families living in remote areas. Involving PTAs through the CFS programme encouraged broader community support to education. A UNICEF-supported civil society study undertaken by Save the Children Fund-United Kingdom and a CBO workshop provided a new forum for local NGO networking.

Lessons learned

17. While nationwide interventions have improved access to basic social services, more strategic approaches will be required to reach vulnerable children and families. The challenge for the next country programme will be to sustain existing achievements, while simultaneously placing greater emphasis on “reaching the unreached” by adapting national strategies to the specific needs of vulnerable children and families. Lessons from special focus interventions show that a supportive policy framework is essential to ensuring results. The midterm review (MTR) stressed the importance of expanding partnerships with CBOs that already have comparative advantage in reaching the unreached.

18. Inclusive coordination and information-exchange mechanisms are an effective means of encouraging collaborative action and resource mobilization. The Expanded Theme Group on HIV/AIDS has proved to be an effective forum for HIV/AIDS advocacy, programme harmonization and resource mobilization and coordination among United Nations agencies, donors, and other partners. Coordination and information-sharing in a regional context facilitated awareness-raising and experience-exchange, leading to new programme and funding opportunities on trafficking, CSEC and juvenile justice.

19. Convergence of different sectoral interventions requires sound planning, sustained facilitation and service-delivery support at the community level. The previous country programme emphasized the convergence of programme interventions in health, education and water and sanitation at the township level, and sought to expand the convergent approach by 20 townships per year over five years. This approach proved challenging because of the lack of representation at the township level of essential partners, the inability to maintain such a rapid pace of expansion due to insufficient human and financial resources, the frequent rotation of township counterparts, and the lack of a coordination link with community-level programme implementation.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	9 770	38 636	48 406
Water and environmental sanitation and hygiene	6 710	6 490	13 200
Comprehensive quality education	9 000	11 000	20 000
Child protection	4 500	7 500	12 000
Social sector analysis, planning and monitoring	2 500	1 000	3 500
Cross-sectoral support (includes operations, field operations, communications)	8 650	374	9 024
Total	41 130	65 000	106 130

Preparation process

20. As mandate restrictions on some United Nations agencies by their Executive Boards did not allow for regular United Nations harmonization processes, normal Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes were not appropriate in the Myanmar context. Instead, the United Nations country team prepared a Strategic Framework for the United Nations Agencies in Myanmar to ensure a coordinated United Nations response in this unique situation. The country programme was developed within this framework, taking into account the findings of the 2003 MTR, project evaluations, the concluding observations of the Committee on the Rights of the Child, the Situation Analysis of Women and Children (2005), and sectoral strategy meetings held in 2004-2005. The proposed country programme of cooperation was endorsed at a joint UNICEF/Government strategy meeting, co-chaired with the Ministry of National Planning and Economic Development and attended by United Nations agencies, NGO partners and sectoral counterpart departments.

Goals, key results and strategies

21. The goal of the country programme is to contribute to the fulfilment of the rights of children, young people and women to survival, growth, development, protection and participation, with a special focus on the poor, the family and the hard-to-reach. By the end of 2010, the programme expects to achieve the following results: (a) more children under five will live in a safe and caring environment and be reached with critical interventions that support their survival, growth and development; (b) there will be increased equitable access to, and completion of, quality basic education, with extended learning opportunities for all children, especially the most vulnerable and those out of school; (c) more vulnerable children and young people will be benefiting from and contributing to a strengthened protective environment, and duty bearers will have increased capacity to prevent and respond to violence, abuse, exploitation and neglect of children; (d) the transmission of HIV/AIDS among children, youth and women will be reduced, and the impact of the epidemic lessened; and (e) there will be increased availability and reliability of essential disaggregated data on children and women for assessment, planning, advocacy, programming and monitoring, with special attention paid to hard-to-reach areas.

22. To achieve these key results, interventions for children throughout Myanmar will increase, focusing especially on meeting the specific needs of poor and particularly vulnerable families and children through the following main strategies: (a) increased emphasis on nationwide delivery of child-friendly basic social services for children and families; (b) the continuation of capacity-development of basic social service providers, especially in hard-to-reach areas; (c) technical assistance for the development of policies and systems that support the implementation of the Convention on the Rights of the Child; (d) the broadening of partnerships for children among key stakeholders, especially at the family and community levels; (e) the strengthening of behaviour-change communications to improve child-friendly practices among families and communities; (f) advocacy for child rights with key stakeholders; (g) greater focus on local data collection for improved situation analysis, planning and monitoring; and (h) support to United Nations-coordinated efforts to monitor and assess progress towards the achievement of the Millennium Development Goals. Cross-sectoral priorities, to be addressed through a

range of interventions integrated into sectoral programmes, are HIV/AIDS, early childhood care and development (ECCD), children and families affected by mobility and conflict, and disaster response.

Relationship to national priorities and the UNDAF

23. The programme was developed within the context of the United Nations Strategic Framework and is consistent with the National Development Plan. The programme supports sectoral country-level strategic plans jointly developed with counterparts and partners, including the Joint Programme on HIV/AIDS, national Five-Year Strategic Plans on Reproductive Health and on Malaria, and the National EFA Plan of Action.

Relationship to international priorities

24. The new country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and humanitarian principles, and follows a human rights-based approach to programming, focusing on children and their families. Priority interventions will contribute to achieving the Millennium Development Goals and related Declaration and *A World Fit for Children*. The country programme responds to the medium-term strategic plan, regional strategies, and the recommendations of the Committee on the Rights of the Child.

Programme components

25. **Health and nutrition.** The programme will strengthen the coverage and capacity of basic health services to address the main causes of high mortality and morbidity in children and women. It expects to achieve by 2010 the following key results: (a) protein-energy malnutrition (stunting/low birthweight) is reduced from the 2003 (multiple indicator cluster survey) level and iodine-deficiency disorders and vitamin A deficiency are eliminated in a sustainable way throughout the country; (b) maternal, peri-natal and neonatal mortality is reduced by one fourth from the 2005 levels in selected townships; (c) infant and under-five mortality due to diarrhoeal diseases, acute respiratory infections and malaria are reduced by 50 per cent of the 1999/2003 estimate in selected townships; (d) 50 per cent of new HIV/AIDS infections in infants are prevented; and (e) care and support interventions are expanded to reach more people living with HIV/AIDS.

26. The *expanded programme on immunization*, in cooperation with the World Health Organization (WHO), will continue to support routine immunization services for infants and women countrywide, aiming for sustainable polio-free status, immunization against hepatitis B, the sustainable elimination of maternal and neonatal tetanus by 2006, and measles control, including outbreak response. Special attention will be given to strengthening the cold chain, injection safety and proper waste disposal. Outreach and “crash” programmes will target children in hard-to-reach areas.

27. Through the *woman and child health* component, child, maternal, newborn and adolescent health interventions will be expanded, focusing especially on diarrhoeal diseases, acute respiratory infections, and malaria. Support to maternal health and newborn care will include birth preparedness and quality antenatal care; adolescent, pre-pregnancy and maternal nutrition; the promotion of delivery by skilled birth

attendants; improved referral to health facilities equipped with essential obstetric care; and training for health personnel on safer delivery practices, obstetrical emergencies and newborn care. Institutional deliveries will be promoted through the provision of basic equipment to selected rural health centres. Special emphasis will be placed on improving family preparedness through the promotion of “key family care practices”. Under the Five-Year Strategic Plan for Reproductive Health, interventions will be closely coordinated with the United Nations Population Fund (UNFPA) and WHO regarding geographic coverage and complementary service provision. UNICEF will continue to supply essential drugs countrywide.

28. The *malaria* component will target under-fives and pregnant women and expand to additional high- and medium-risk townships (beyond the 80 currently covered) within the framework of the Five-Year Strategic Plan for the National Malaria Control Programme 2006-2010, in coordination with the National Malaria Control Programme and other partners, particularly WHO, in relation to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The focus will be on prevention through the promotion, procurement and distribution of insecticide-treated mosquito nets, with a coverage target of 60 per cent. Curative interventions will include the provision of diagnostic devices and anti-malaria drugs, and staff training.

29. The *nutrition* component will address the inter-generational cycle of malnutrition. Interventions supporting the infant and young-child feeding policy, particularly the promotion of exclusive breastfeeding, will be enhanced through increased attention paid to the nutritional status of adolescent girls, pre-pregnant and pregnant women; nutrition education and the promotion of better feeding and care practices; and micronutrient supplementation. Building on progress made towards universal salt iodization, the emphasis will be on sustainability to reach the IDDE goal. Virtual elimination of vitamin A deficiency will continue to be pursued through biannual campaigns. Anaemia prevention interventions will prioritize pregnant women, children under five, and adolescent girls, using peer-to-peer approaches for adolescent girls and a “Healthy Family Package” for newlyweds and pregnant women. De-worming of children age one to five years will complement these efforts.

30. The *HIV/AIDS prevention and care* component will focus on PMTCT through the provision of community- and hospital-based PMTCT services in selected high-prevalence and high-vulnerability townships. Services will include primary prevention for women who are pregnant or of reproductive age; voluntary and confidential counselling and prophylactic treatment; counselling on infant feeding; and support to women who are HIV/AIDS positive, and their infants. Care of children with HIV infection will be reinforced through support to HIV/AIDS health procurement and supply management, including antiretroviral drugs. Advocacy and technical assistance within the framework of the United Nations Expanded Theme Group on HIV/AIDS will be the key strategies to ensure the prioritization of children and young people in the Joint Programme on HIV/AIDS.

31. Programme partners will include the Ministry of Health, WHO, UNFPA, the Joint United Nations Programme on HIV/AIDS, international and national NGO partners, and professional associations.

32. **Water, environmental sanitation and hygiene.** The programme will focus on improved household water security and sustainable family hygiene behaviour patterns to contribute to a reduction in high mortality and morbidity rates among

children and women that are due to diarrhoeal diseases, parasitic infections and malaria. The following are the expected key results: (a) reduced disparities in access to safe water and sanitation facilities; (b) health-promoting and child-friendly environments established in schools and health centres; and (c) improved hygiene practices and significant risk-reduction of people drinking water contaminated by pathogenic micro-organisms and other harmful substances such as arsenic.

33. The programme will increasingly play a catalytic role in the extension of water and sanitation coverage by supporting the development of sector policies and guidelines, and by strengthening technical and institutional capacities at township and community levels to build an enabling environment for sustainable sector development.

34. The *safe water supply* component will focus on improving access to, and quality and utilization of, water supply services to schools, rural health centres and families in hard-to-reach communities, including through advocacy for building an enabling environment for private-sector involvement and self-help. Increased attention will be given to water-quality issues, particularly arsenic mitigation.

35. The *environmental sanitation and hygiene promotion* component will focus on improved household sanitation, the changing of hygiene-behaviour practices, the establishment of health-promoting schools, and the safe disposal of health care waste. Key strategies are the development of participatory teaching and learning tools and skills-based education for the promotion of school health and hygiene, deworming of primary school children, and support for latrine construction and maintenance.

36. UNICEF will continue its partnerships with the Department of Development Affairs, the Ministry of Health and the Ministry of Education, and increase its cooperation with international NGOs, CBOs and the private sector.

37. **Comprehensive quality education.** In support of the Millennium Development Goals and the EFA goals, the programme aims to increase equitable access to and completion of quality basic education through extended learning opportunities for all children, focusing especially on the most vulnerable, including poor, minority and out-of-school children, children living in remote areas, and children from migrant and mobile populations. Key expected results include (a) a reduction of education disparities, especially in access to quality education in hard-to-reach communities; (b) increased quality and coverage of ECCD programmes and primary education; (c) increased access to formal and non-formal education; (d) improvement of education monitoring tools; (e) increased HIV/AIDS knowledge and prevention skills among children and young people; and (f) the operationalization of the Education for All National Action Plan.

38. Interventions will aim to promote gender equity, inclusion, and sensitivity to the varying needs of children from different backgrounds. Key cross-cutting strategies include strengthening coordination between government and non-governmental stakeholders, broadening partnerships, especially at family and community levels, improving service-delivery, and expanding teaching/learning supply distribution aimed at reducing costs for families. Special emphasis will be placed on strengthening the capacities of national and township education personnel to adopt an integrated life-cycle approach, and on building the programmatic and organizational capacity of community-based NGOs to work on ECCD and life-skills

programmes. Key priorities will be improving communication and social mobilization for the implementation of quality ECCD programmes, primary education, and extended learning opportunities, especially for out-of-school children and young people.

39. The *early childhood care and development* component will improve the coverage and quality of existing child care and education services, and will support and strengthen capacities of families in holistic child care. In-service training and supplies for pre-school and child-care centres will be provided in addition to key information materials for families.

40. The *basic education* component will aim to reduce education disparities that hinder children's success in school, and to facilitate children's access to post-primary education. The focus will be on improving the quality of CFS through the provision of teacher and PTA training on child-centred teaching and learning methodologies, school supplies, water and sanitation facilities, and self-assessment and monitoring tools.

41. The *life skills and HIV/AIDS-prevention education* component will support the countrywide scaling-up of school-based HIV/AIDS-prevention and life-skills education and the expansion of life-skills education for out-of-school children and young people, including the progressive adaptation of training materials to best meet the needs of the out-of-school target group. Training modules on young people's behaviour-change using the life-skills approach will be integrated in pre-service primary and secondary teacher training.

42. Programme partners include the Ministry of Education and national and international NGOs. Partnerships will be explored with the United Nations Educational, Scientific and Cultural Organization to strengthen the Education Monitoring and Information System and with the World Food Programme for school feeding.

43. **Child protection.** The programme will strengthen the protective environment for vulnerable children through advocacy, improved policies and legislation, capacity-building, and care and support, focusing especially on children who are exploited, deprived of family care, and in conflict with the law. Expected key results are the following: (a) operational data on orphans and vulnerable children will be available to strengthen social-welfare sector planning and programmes; (b) a national strategy on the protection and care of orphans and vulnerable children will be developed and implemented; (c) the care and psychosocial support skills of caregivers will be strengthened; (d) national standards and a training programme on juvenile justice, child protection and social work will have been developed; (e) policies and alternative measures will be in place to protect children in conflict with the law; (f) community-based child protection follow-up mechanisms will be established; (g) law enforcement and reintegration measures for exploited and trafficked children will be improved; (h) a plan of action to prevent under-age recruitment of children will be operationalized; and (i) awareness on child protection and child rights will have increased.

44. The *capacity-building* component will support broad-based child protection, social work and psychosocial training activities, including a training curriculum and materials development, for a range of professionals and will facilitate community-based child protection reporting mechanisms. Interventions for child protection

awareness-raising and behaviour-change communication will involve local officials at central, state/division, district and township levels as well as communities, families, and young people themselves.

45. The *children deprived of family care* component will support data collection and analysis on the situation of orphans and vulnerable children, with special consideration given to children affected by HIV/AIDS. Technical assistance will focus on the formulation of a national strategy and minimum-care standards, and on the development of community-based and other alternative care and support models.

46. The *juvenile justice and legal protection* component will promote alternative measures to deprivation of liberty, diversion and restorative justice for children in conflict with the law through the development of national juvenile justice standards and training programmes for the judiciary, law enforcement officials and social welfare professionals. To strengthen the legal framework for child protection, existing laws will be reviewed, and where necessary revised, in line with the Convention on the Rights of the Child and other international child protection standards.

47. The *child exploitation* component will support interventions to prevent, protect and reintegrate children who are trafficked or who live or work on the street, working children, victims of sexual exploitation, minors associated with armed forces and groups, and other exploited children. Interventions to assist with the operationalization of the Plan of Action to prevent under-age recruitment will include training, awareness-raising and reintegration assistance.

48. Partnerships will include the Department of Social Welfare, the Ministry of Home Affairs (Police, Prison Department and Anti-Trafficking Unit), the Supreme Court, the Office of the Attorney General, the National Committee on the Rights of the Child, the National Committee for Human Rights, the Ministry of Foreign Affairs, the Ministry of Defense and other counterparts through the Juvenile Justice Inter-Agency Working Group and the Committee to Prevent the Recruitment of Children. Cooperation with local and international NGOs and United Nations agencies will be further expanded, including through the Working Groups on Child Rights and on Trafficking.

49. **Social sector analysis, planning and monitoring.** The programme will address the lack of reliable essential data on children and women and child-friendly local planning capacity. The expected key results are the following: (a) the increased availability of disaggregated data on child survival, growth, development and protection to highlight disparities and to facilitate identification of vulnerable groups; (b) the strengthened capacity among partners to establish, manage and maintain user-friendly data systems; (c) a strengthening of the existing management information systems for birth registration and the Health Management Information System (HMIS); (d) strengthened capacity among local officials to monitor and report on the situation of children and women; (e) the development of a National Plan of Action for Children.

50. The *social data collection and analysis* component will support a United Nations-coordinated effort to monitor and assess the progress towards the achievement of the Millennium Development Goals, *A World Fit for Children* targets, and of the social sector overall, through the following means: capacity-building of social-sector staff in data collection, processing, analysis, monitoring

and information management; enhanced expertise-exchange partnerships, expanded use of *DevInfo*; and the strengthening of existing management-information systems, including a refocusing on birth and child registration.

51. The *local planning capacity-building* component will strengthen local officials' ability to incorporate children's rights in the planning process and to monitor the situation of children at the subnational and community levels through the establishment of participatory local information systems.

52. The *child rights planning and reporting* component will support national-level child rights planning and reporting processes, including through the development and monitoring of a National Plan of Action for Children, follow-up to the *World Fit for Children* goals and the reporting process for the Committee on the Rights of the Child.

53. The main partners will be the General Administration Department, the Central Statistical Organization and the Department of Social Welfare, the Department of Planning, international NGOs and private-sector research institutions.

54. **Cross-sectoral costs.** This component will cover salary, travel and training costs of staff in the supply, budget management, information technology, communication and field operations that are providing cross-sectoral support across all programmes. Costs will also include operational support to country office administration and the provision of essential telecommunication and security-related equipment.

Major partnerships

55. The country programme will be implemented in cooperation with technical counterparts, other United Nations agencies within the joint United Nations Strategic Framework, and NGOs, with special attention paid to strategic partnerships for children, families, the poor and hard-to-reach communities. Building on existing cooperation with community-based organizations, faith-based partners and civil society networks, the country programme will emphasize expanding community-based partnerships for children.

Monitoring, evaluation and programme management

56. The Ministry of National Planning and Economic Development is the focal point for the coordination of the programme. The country programme results framework will form the basis for continued monitoring of development outcomes at the national level, in line with the Results Matrix and the five-year Integrated Monitoring and Evaluation Plan (IMEP). UNICEF will coordinate with other United Nations agencies and technical counterparts in the development and application of *DevInfo* as the main tool for reporting progress towards the Millennium Development Goals.

57. Programme monitoring will be conducted through regular field monitoring, annual reviews of programme progress against an annual plan, as well as an MTR of programme results, using results-based methodologies. Regular programme-monitoring activities will be reinforced through additional monitoring systems, research, evaluations and surveys outlined in the IMEP.