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Draft country programme document**

Republic of Benin

Summary

The draft country programme document (CPD) for Benin is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$23,100,000 from regular resources, subject to the availability of funds, and \$36,900,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2013.

* E/ICEF/2008/9.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. The revised CPD will then be approved by the Executive Board at the second regular session of 2008.



*Basic data^a**(2006 unless otherwise stated)*

Child population (millions, under 18 years)	4.4
U5MR (per 1,000 live births) ^b	148
Underweight (% , moderate and severe)	18
Maternal mortality ratio (per 100,000 live births, 1999-2006) ^c	400
Primary school attendance (% , net, male/female)	68/60
Primary schoolchildren reaching grade 5 (% , 2004)	52
Use of improved drinking water sources (% , 2004) ^d	67
Use of adequate sanitation facilities (% , 2004) ^d	33
Adult HIV prevalence rate (%)	1.2
Child labour (% , children 5-14 years old) ^e	41
GNI per capita (US\$)	540
One-year-olds immunized against DPT3 (%) ^f	93
One-year-olds immunized against measles (%) ^f	89

^a More comprehensive country data on children and women are available at <http://www.unicef.org>.

^b The latest U5MR result for the period (2001-2006) is 125 per 1,000 live births (DHS 2006).

^c The figure 840 per 100,000 live births is a 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths. For more information, see <http://www.childinfo.org/areas/maternalmortality/>.

^d DHS 2006 data: 71% and 32% for water and sanitation, respectively.

^e Data differ from standard definition.

^f DHS 2006 data: 67% and 61% for DPT3 and measles, respectively.

The situation of women and children

1. Benin has the potential to reach the Millennium Development Goals 2, 3, 4 and 7 (for potable water) if the present trends continue. Since 1991, Benin's social indicators have improved considerably. Between 2001-2006, infant and under-five mortality rates dropped from 95 to 67 per 1,000 live births and from 160 to 148 per 1,000 live births, respectively. However, there are still important geographical and social disparities (rural/urban, poor/prosperous households, North/the rest of the country). Maternal mortality has decreased from 498 to 400 per 100,000 live births over the last 10 years.

2. The democratic process and the furthering of good governance have enabled Benin to increase external aid, especially for the social sectors. Budgetary allocations to health and education increased by an average 17 per cent between 2002 and 2006.

3. The following factors could jeopardize this potential success: weak absorption capacity (37 per cent) due to the complexity of the administrative and financial procedures and the insufficient mastery of these by government personnel; the under representation of children, who make up more than 50 per cent of the population, in government policies and the national budget, as well as in strategic thinking on the future of Benin; insufficient qualified personnel, frequent staff turnover and transfers at central and devolved levels, and recurrent institutional changes, which

impede the practical application of newly acquired knowledge and skills; and the growing proportion of the population living below the poverty line, which restricts access to basic social services by the poorer quintiles. The proportion of the poor rose from 28.5 per cent in 2002 to 37.4 per cent in 2006 and is even higher in rural areas. The underlying causes are a demographic growth rate equal to economic growth, high economic dependence on a little diversified primary sector combined with low cotton profits and difficulties in accessing factors of production.

4. A number of programmatic interventions have contributed towards the reduction of the under-five mortality rate: the implementation of policies and strategies aimed at improving maternal, newborn and child survival, as well as actions taken against malaria; a 230 per cent increase in the coverage of vitamin A supplementation between 2001 and 2006; an increase in the deworming of children; the rising number of children under five using insecticide-treated mosquito nets (7 per cent in 2001 to 20 per cent in 2006); and an increase in free distribution of insecticide-treated mosquito nets to all under-five children in 2007. Innovative approaches, piloted through the Accelerated Child Survival and Development Strategy, also contributed to the results, such as the introduction of zinc into oral rehydration therapy, paediatric AIDS care, community care of acute respiratory infections, and intermittent preventive malaria treatment for pregnant women.

5. Vaccine independence and a comparatively high immunization rate for the region have been maintained since 2000. The number of measles cases declined from 2,314 in 2002 to 393 in 2006, while polio has been practically eradicated. However, routine vaccination levels have dropped due to a lack of refresher courses, as well as to erratic supervision of staff and worn-out equipment.

6. Exclusive breastfeeding increased from 38 per cent in 2001 to 43 per cent in 2006; progress has been hindered by feeding practices and lack of nutritional education.

7. The main causes of infant and under-five mortality are neo-natal infections (75 per cent of which occur during the first week of life), malaria, pneumonia and diarrhoeal diseases. Malnutrition is an underlying cause of 36 per cent of all child deaths. Chronic malnutrition increased from 31 per cent to 38 per cent (National Centre for Health Statistics [NCHS] standards) in the past five years. Ten per cent of children under five in the North of the country suffer from acute malnutrition. According to internationally agreed emergency thresholds, this denotes a serious nutritional situation. Low birth weight has remained at 23 per cent since 2001 (NCHS standards), much higher than the 17 per cent target of Millennium Development Goal 1.

8. Insufficient access to quality obstetrical services and qualified staff as well as lack of women's empowerment in household decision-making mean that it is doubtful that the Millennium Development Goal 5 target of 125 maternal deaths per 100,000 live births will be reached.

9. Reaching the Millennium Development Goals 2 and 3 will be possible if efforts are sustained to increase school enrolment, retention and completion rates. Enrolment in preschools, located predominantly in urban areas, has increased slowly (from 2.7 per cent in 2005 to 3.7 per cent in 2006). The net gender gap in the net primary school enrolment rates has decreased by 6 percentage points even though the overall rate stagnated at around 80 per cent since 2002-2003. Only one in two

children completes primary education (54 per cent in 2004-2005). This is attributable to the weak internal efficiency of the education system, inadequate supply of learning materials, repeated teachers' strikes, as well as the opportunity costs of girls' schooling, socio-cultural constraints and parent's illiteracy. The effective abolition of all school fees since 2006, and the implementation of the Ten-Year Education Sector Plan (2006-2015), which enabled Benin to access the Fast Track Initiative, should help respond to these challenges.

10. Following a steady increase in coverage since 1990, 71 per cent of households have access to improved drinking water (rural: 63 per cent; urban: 82 per cent), which should enable the achievement of the Millennium Development Goal 7 target of 75 per cent and contribute to reaching the Millennium Development Goals 2 and 4. In addition, dracunculiasis has been practically eradicated. However, due to monetary poverty and traditional behaviours, 62 per cent of households (rural: 81 per cent; urban: 33 per cent) do not have access to adequate sanitation, which means that the Millennium Development Goal target of 31 per cent will probably not be reached. Some 72 per cent of mothers (reaching 99 per cent in one region) do not have adequate hand-washing practices: this is linked to living conditions and educational level.

11. The 1.2 per cent HIV prevalence in the 15-49 age group masks a large gender disparity (women: 1.5 per cent; men: 0.8 per cent), which is linked to women's lack of decision-making power. An estimated 33,000 children are orphaned or affected by HIV/AIDS while each year HIV-positive mothers give birth to an estimated 6,000 children, 30 per cent of whom risk being infected (2008 National AIDS Programme figures).

12. The Committee on the Rights of the Child commended improvements made in the institutional and legislative framework. It recommended the pursuit of a number of efforts: building stakeholders' capacity to promote children's rights, establishment of an independent national child rights commissioner, strengthening child protection services and improving birth registration (31 per cent of births are not registered).

13. Benin is a recipient and transit country for child trafficking. The trade is supplied from 62 of 77 communes in the country. About 2 per cent of children 6-14 years old (predominantly those who have dropped out or never attended school) become victims of trafficking; 86 per cent of these are girls from poor or large families. The main causes are poverty, lack of local economic opportunities, distortion of traditional "guardianship" practices and low levels of girls' schooling.

14. Thirteen per cent of women have been submitted to female genital mutilation/cutting (FGC), practiced during childhood. Other children in need of protection are the victims of sexual harassment, early or forced marriage, children from Koranic schools and potential victims of infanticide. Juvenile justice is also of concern, given the weaknesses in the judicial system.

15. Despite flooding and repeated outbreaks of meningitis and cholera, the capacity to prepare for and respond to crises, natural catastrophes and epidemics remains weak and renders disadvantaged social groups even more vulnerable.

Key results and lessons learned from previous cooperation (2004-2008)

Key results achieved

16. The emphasis placed on partnerships has had a catalytic effect and resulted in significant leverage of funds and the development of social policies in the area of maternal, new-born and child survival, girls' education, prevention of mother-to-child transmission (PMTCT) of HIV, paediatric AIDS care, juvenile justice and combating of child trafficking, as well as advances in the adoption of the Children's Code. The expertise of UNICEF and its role as convenor on such issues are widely recognized and constitute its specific contribution to achieving the Millennium Development Goals.

17. Advocacy by UNICEF and other partners led to the abolition of all preschool and primary school fees in October 2006. It also encouraged the adoption of the Ten-Year Education Sector Plan, which integrates the essential learning package for girls' schooling and strengthens the educational system, supporting the scale-up of successfully tested interventions in this area.

18. An institutional framework for coordinating protection and a community-based system of prevention have been set up, as well as the CHILDPRO data base and a data collection system. Combating child trafficking has become a national priority, and agreements have been signed with Nigeria, the Economic Community of West African States and the Economic Community of Central African States. The 1969 edict on juvenile justice now complies with international covenants.

19. The "four P's" of the Unite for Children, Unite against AIDS campaign have been integrated into the national strategic framework to combat HIV/AIDS. Peer educators and adolescent clubs have been adopted as the national strategy for primary prevention among adolescents and young people. The national socio-economic data base — BenInfo — which facilitates monitoring of the poverty-reduction strategy paper (PRSP) and progress towards the Millennium Development Goals, has been integrated into the national statistical information system.

Lessons learned

20. The demonstrated impact of the Accelerated Child Survival and Development strategy to reduce infant and child mortality led to the adaptation of national policies and strategies, strengthened national coordination and convened partners to facilitate scale-up of piloted, low-cost, high-impact interventions. Cost estimates made using the Marginal Budgeting for Bottlenecks tool, will also serve as a basis for the practical application of the Government's declaration on free health care for pregnant women and children under five.

21. It became evident during the course of the previous cycle that the nutritional component of the programme was insufficiently developed to respond to the extent of the problem. Steps were taken to strengthen this component, following the mid-term review (MTR), with a view to developing a nutrition project in the upcoming child survival and development programme, with a commensurate level of resources.

22. To be effective, interventions to combat child trafficking and FGC have to be integrated into a transnational strategy. This lesson will be put to good use in

building linkages with local authorities, traditional chieftaincies, grass roots organisations, volunteer community workers and local radio stations, which have improved the diffusion of information and mobilised the population. Particular attention must be paid to coordinating community-level interventions to capitalize on their potential to bring about behavioural change in various domains (survival, education, protection).

The country programme, 2009-2013

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	6 350	18 000	24 350
Basic education	4 750	13 000	17 750
Child protection	4 500	5 000	9 500
Social policy	4 000	900	4 900
Advocacy and partnerships	750		750
Cross-sectoral costs	2 750		2 750
Total	23 100	36 900	60 000

Preparation process

23. Preparation of the country programme started with the MTR in late 2006. It continued with the Common Country Assessment (CCA) and the design of the United Nations Development Assistance Framework (UNDAF). Using a rights-based approach, the CCA completed existing analyses. For each Millennium Development Goal, it identified human rights that are not yet respected, rights-holders and duty-bearers, and their capacity to claim their rights or to meet their obligations. Together with the lessons learned from the evaluation of the previous UNDAF, in particular the need to focus future interventions on national priorities and consider the comparative advantage of the United Nations system, the analysis led to three strategic choices. Translated into UNDAF outcomes, they constitute the principal changes to which the United Nations system as a whole wishes to contribute. The UNDAF, together with the results of the 2006 MTR and the UNICEF medium-term strategic plan (MTSP) 2006-2009, constituted the reference points for the CPD design process, piloted by a steering committee presided by the Department of Development Policies of the Ministry of Prospective Planning, Development and Evaluation of Public Action.

24. An outline of the new country programme was proposed at the 2007 Annual review. Three working groups were set up, in which representatives from the Government, the United Nations system, multilateral and bilateral organisations as well as representatives of civil society, youth and children's organizations participated. Each group undertook a situation analysis and developed a programme for their respective sector; the programmes were consolidated together with implementing partners during a planning workshop. The joint strategy meeting

enabled the refinement of the strategic approaches developed in relation to those of the other United Nations agencies.

Goals, key results and strategies

25. The programme will help to reach a number of targets: reduce the under-five mortality from 148 per 1,000 live births to 70 per 1,000 live births; reduce maternal mortality from 400 to 300 per 100,000 live births; advance universal primary education for children, with a completion rate of 82 per cent (81 per cent for girls and 83 per cent for boys) and a reduction of the gender gap in enrolment from 11 points to 2 points; and to strengthen the legal and institutional framework to ensure the protection of children by the year 2013.

26. A number of key programme results have been identified: policies to protect children and to respect their rights, integrating appropriate measures and budgetary allocations commensurate to their application; all 34 health districts have a health development plan (23 have the resources needed to provide a complete package of services for maternal, neonatal and child survival and 11 for a minimum package of essential services); the net primary school completion rate has increased by 30 points in 18 local councils and accelerated primary education started for children who have dropped out of or never been to school supported by the education programme; pregnant women and infected and affected children in 18 health districts have access to the full package of HIV/AIDS care and prevention services; and the most vulnerable populations, especially children, adolescents and women, benefit from improved social protection mechanisms and measures to prevent violence, abuse and exploitation.

27. Partnerships for policy development and scaling-up of successful interventions will be strengthened. Advocacy and budget analyses will further promote child-friendly budgeting. Capacity building will improve disaggregated data used to monitor, evaluate performance and improve programming, making wider use of DevInfo.

28. Technical support will be given to local councils to plan and budget sustainable interventions for children so as to enable them to provide services for rights' holders. This is especially the case for the most vulnerable populations, whose participation in the planning, implementation, monitoring and evaluation of services offered will be enhanced. Successful local experiences will be documented to promote best practices.

29. The programme will target geographic areas where important social disparities occur. The **survival programme** targets local councils with the greatest monetary poverty and under-five mortality rates, complementing already existing interventions. The **basic education programme** will target councils with low primary school enrolment of girls. The prevention of child trafficking will have a national scope. Interventions against other forms of violence will focus on areas where the problem is prevalent. The councils concerned will also be the focus of joint United Nations interventions within the UNDAF. The **survival and education programmes** will provide support for interventions in 57 of the country's 77 council areas, where 92 per cent of the population lives, including 4 million children. It will also support prevention of HIV/AIDS among young people and provide paediatric HIV care throughout the country. An essential aspect of the strategy is to strengthen the interaction between the three sectoral programmes.

30. Integral to the different programme components are gender, the prevention and care of women and children living or affected by HIV/AIDS and capacity building for crisis and natural disaster preparedness and response.

31. Communication advocating behaviour change will promote essential family practices, children's education and protection as well as community empowerment.

Relation to national priorities and the UNDAF

32. Programme strategies are aligned with national priorities as defined in the Benin Development Strategic Orientations and the Poverty Reduction and Economic Growth Strategy.

33. The survival component will reduce maternal, neonatal and under-five mortality to levels targeted by the National Health Policy, the National Health Development Plan (2007-2016) and the National Strategic Framework to combat HIV/AIDS (2006-2010). The Education component will contribute to achieving universal primary education, emphasizing girls' education, improved teaching quality and human capital development as specified in the Ten-Year Educational Development Plan (2006-2015). The Protection component will support the implementation of the National Child Protection Policy and Strategies and the Five-Year Action Plan (2008-2012).

34. All programme results will contribute to the attainment of the three UNDAF strategic outcomes: the more equitable access to quality basic social services; improved access to income generating activities in rural areas and improved food and nutritional security; better implementation of good governance practices, including crisis, epidemic and natural disaster management as well as the promotion of community and young peoples participation in all stages of the development process.

Relation to international priorities

35. The partnership and social policy development focus will be strengthened in line with focus area 5 of the 2006-2009 MTSP. Emphasis will be placed on the development of social protection mechanisms, child-friendly budgeting and leveraging available funds for children. In combating HIV/AIDS, the implementation of the four P's will contribute to reaching the results of the MTSP and the Millennium Development Goal 6. Given regional and international priorities and strategies, interventions aimed at child survival and development — especially the prevention of malaria and malnutrition, the advancement of basic education and the reduction of gender disparities as well as the protection of vulnerable children — will contribute to the attainment of the eight Millennium Development Goals and the MTSP results. The education programme will contribute to the achievement of Education for All and the United Nations Girls' Education Initiative (UNGEI) as well as the implementation of the Beijing Conference recommendations and the attainment of the Millennium Development Goals 2, 3 and 6. All activities planned will contribute to creating *A World Fit for Children*. The programme will also contribute to the practical application of the Paris Declaration on Aid Effectiveness by using and strengthening national planning, management and monitoring mechanisms.

Programme components

36. The **child survival and development programme** has five interdependent components aimed at the reduction of under-five and maternal mortality by supporting efficient interventions and sustained quality services for mothers, newborns and children at community and clinical levels.

(a) The programme will contribute to the development of policies and strategies to strengthen the national health care system and improve its management. Enhanced coordination and strengthened service providers capacity will support scale-up. A sector-wide approach and the preparation of a compact with the principal partners will provide opportunities and mobilize resources. Improved data collection, analysis and monitoring as well as supervision, planning and operational research will further enhance health system management.

(b) A continuum of care within the framework of the national strategy for the reduction of maternal and neonatal mortality will improve the quality of clinical and community health care. The provision of a minimum package of high-impact interventions for maternal, neonatal and child care will be supported. This will improve the quality of essential obstetrical care (including the PMTCT), as well as clinical and community care for newborns. The continuum of care will cover HIV/AIDS prevention for pregnant women, newborns, children and adolescents, principally in 18 of the 34 health districts.

(c) The quality and the coverage of immunization and the integrated clinical and community management of childhood illnesses will be improved, emphasising the prevention and treatment of malaria, acute respiratory infections and diarrhoeal diseases and the promotion of five essential family practices: exclusive breastfeeding, hand washing, use of insecticide-treated mosquito nets, oral rehydration therapy, recognizing danger signs and health-seeking behaviour.

(d) For nutrition, support will be provided for coordinated management of the various subcomponents that come under the responsibility of three different ministries. The minimum nutritional package, micronutrient deficiencies reduction and the promotion of exclusive breast feeding and better feeding practices for young children will be strengthened. The management and reduction of acute malnutrition will be given particular attention.

(e) Marginalised communities will have increased access to basic sanitation and improved drinking water. Communities will be empowered to manage and maintain installed potable water points and watersheds prone to infestations causing dracunculiasis. Family latrines will be promoted, and where pronounced poverty restricts access, Sanplat slabs will be provided, following the success achieved with support from the European Union. Latrines and water points will be constructed in schools, community children's centres and health facilities; improved access to drinking water will encourage hand washing by vulnerable groups and anyone using these facilities. Behaviour-change communication will focus on improved hygiene at the household level, especially amongst women and children.

37. The **basic education programme** has four components.

(a) The educational policy and strategy component will support government and local councils in developing and monitoring educational policies, strategies and activities to support implementation of the free preschool and primary school policy

and the Ten-Year Educational Development Plan. Advocacy and technical support will ensure that national educational policies, strategies and budgets promote gender equity and school readiness and support marginalized children. Efficient interventions will be scaled up by improved management, logistics and procurement mechanisms, aided by viable education statistics and the sharing of successful educational experiences.

(b) The early childhood component aims at providing a good start in life by enrolling at least 20 per cent of children in the intervention zones in preschools or community children's centres. The programme will further help to set up, equip and furnish the preschools and community children's centres and to train their caretakers. Parental education will focus on the importance of early learning, birth registration and essential family practices.

(c) The primary education component will promote child-friendly schools through an improved physical and pedagogical environment, updated curricula and support to preliminary and in-service training of teachers and supervisors. Children's participation, their protection from physical and sexual violence, support to marginalized and vulnerable children, as well as setting up a system to monitor learning achievement in schools are important elements of this component. The programme will also seek to increase girls' transition rate from primary to secondary school by at least 50 per cent through material and financial support for girls from disadvantaged families who are top of their class.

(d) The adolescent education component will support implementation of a national accelerated primary education strategy as well as the creation of centres and classrooms in all intervention zones for out-of-school children and early drop-outs. All adolescents in these centres or attending primary and secondary schools in the intervention zones will receive life-skills education focused on preventing HIV/AIDS, violence and teenage pregnancies.

38. The four components of the **child protection programme** address the violation of children's rights linked to trafficking of children, exploitation and other forms of violence through prevention strategies and provision of care.

(a) The institutional and policy development component will support improved planning and coordination of existing interventions and the implementation of national policies and strategies for child protection, the Children's Code and transnational strategies to combat FGC and trafficking. It will strengthen data collection, promote birth registration and support the establishment of a children's ombudsperson.

(b) Preventive measures and comprehensive care for 80 per cent of children identified through registration will help to reduce the number of children exposed to trafficking or subjected to exploitation and exclusion. The capacity of community structures to provide psychosocial care that respects current standards and procedures for orphans and vulnerable children will be strengthened in partnership with the **survival and education programmes**.

(c) Knowledge of the extent and causes of other types of violence affecting children will be enhanced. Alliances will be sought to adjust strategies and interventions accordingly and strengthen duty bearers' capacity to respond. The programme will also enhance the dialogue among duty bearers to scale up

interventions and support the design of a strategic plan for orphans and vulnerable children in 2010-2015.

(d) The juvenile justice component will improve the process governing children in contact with the law by promoting alternative measures to the detention and imprisonment of children through capacity building of duty bearers and establishing mechanisms to protect witnesses and victims.

39. The two components of the **social policy programme** will support national efforts to apply international covenants, promote child-friendly budgeting, and ensure that national policies and strategies address child and women's rights.

(a) Duty bearers, such as members of Parliament, government and council personnel, and civil society, will acquire the requisite skills and tools to analyse and monitor social policies, budget allocations and disbursements, and identify factors constraining the full realisation of children's rights. Data analysis and evidence based on research and evaluation results will be made accessible to national structures, including civil society and women's organisations, to support the development of social policy and decision-making. Strengthening the national statistics system to improve planning and monitoring of social policies will support the practical implementation of the Paris Declaration on Aid Effectiveness and harmonisation of aid. Evidence will be used to influence social policy, in particular child-friendly budgeting by Government and donors and to monitor poverty reduction and progress on the Millennium Development Goals. Social protection mechanisms, which will reduce the vulnerability of disadvantaged and marginalized groups, will be explored with various partners.

(b) The capacity of committees responsible for monitoring and evaluating sectoral programmes will be strengthened. Updated, disaggregated data will be made available for programme design and monitoring. The UNDAF will also be monitored and evaluated.

40. The programme will rely on improved knowledge and awareness of issues affecting children at both national and local levels and will work in close collaboration with multilateral and bilateral agencies, non-governmental organizations, the National Statistics Institute, the Observatory of Social Change and research institutes.

41. The **advocacy and partnership programme** will promote the principles of the Convention on the Rights of the Child, the goals of *A World Fit for Children* and the Millennium Development Goals. It will emphasise participation by children and other rights' holders through capacity building. Successful programme interventions will be made visible to encourage others to take them to scale. Advocacy and support to social policies will focus on policies and programmes, and resource allocation to further children's rights.

42. Strategic partnerships with parliamentarians, bilateral and multilateral organisations, the private sector, UNICEF national committees, women and children's groups, as well as goodwill ambassadors and the media, will be strengthened to further children's rights

43. **The cross-sectoral costs** will cover operational costs not directly linked to project activities, covering staff salaries and travel, training and purchase of office equipment, and staff development.

Major partnerships

44. Within the framework of strengthening and implementing the National Health Sector Development Plan, the **survival programme** will work closely with United Nations agencies and the partners of the Harmonization for Health in Africa initiative and the International Health Partnership, in particular the World Bank, the World Health Organization (WHO), United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS, the African Development Bank, United States Agency for International Development (USAID) and the Belgian, Danish, French, German and Swiss donor agencies. Important resources made available to Benin by the Presidential Malaria Initiative, the Global Fund and the World Bank to combat malaria, as well as the Global Fund and the Clinton Foundation to prevent HIV/AIDS, will facilitate scaling-up of programme interventions. Partnerships, in particular with UNFPA and USAID, to improve emergency obstetrical care will be strengthened. The World Bank will be a major strategic partner for nutritional activities, together with the Food and Agriculture Organization of the United Nations and the World Food Programme (WFP). Hygiene activities will complement those promoted by the Dutch donor agency.

45. Promotion of girls' education, which also include teacher training, school feeding, school health and the prevention of HIV/AIDS, will be undertaken within the framework of the UNGEI in collaboration with the United Nations Educational, Scientific and Cultural Organization, WFP, WHO and UNFPA, respectively, and with international and national NGOs at community level. Synergy around the Education Sector Development Plan will be sought with the Fast Track initiative of the World Bank as well as with the work of various multilateral and bilateral donor agencies, particularly those from Denmark, the Netherlands and Luxembourg.

46. Support to the implementation of the national child protection policy and strategies and the prevention of child trafficking and economic exploitation will be undertaken together with the European Union, the Danish, Dutch and Swiss donor agencies, the International Labour Organization (particularly its subregional project to combat the trafficking of children in West and Central Africa, which is part of the International Programme to Eliminate Child Labour [ILO/IPEC/LUTRENA]), UNFPA, WFP, as well as national and international NGOs, such as Terre des Hommes, Swiss Contact and the Marie Auxiliaire Institute of Salesien Sisters. Interventions in the area of juvenile justice will be undertaken in collaboration with the Belgium donor agency.

47. The **social policy and advocacy programme** will work with other United Nations agencies, in particular the United Nations Development Programme, and bilateral donor agencies, to promote good governance, social auditing of the budget (to strengthen data collection) and processing of statistics on mechanisms. The integration of a gender perspective into national policies and priorities will be conducted in collaboration with UNFPA.

Monitoring, evaluation and programme management

48. Key impact indicators (under-five and maternal mortality; disaggregated primary school enrolment and completion; malnutrition; improved access to drinking water, hygiene and sanitation, children's protection; public expenditure for children, especially vulnerable children) will be measured by the Demographic and Health Survey in 2011 and multiple indicator cluster surveys.

49. An integrated plan will determine the principal monitoring and evaluation activities for the programme cycle, implemented through annual work plans. Building the capacity of partners is critical to monitoring the indicators and identifying topics needing in-depth analysis. The achievement of expected results will be measured with the Government and partners during joint United Nations annual reviews and the mid-term review in 2011. A baseline study in 2008-2009 will determine the indicator baselines in the programme results matrix, which will be used to measure programme impact prior to elaboration of the next country programme. BenInfo will be strengthened in order to monitor the Poverty Reduction and Economic Growth Strategy and the Millennium Development Goals at both national and local levels.

50. A steering committee presided by the Department of Development Policies will oversee the country programme. The implementation of the sectoral programme will be coordinated by the respective ministries in charge of health, preschool and primary school education, child protection, justice, communication and of development and statistics.
