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Summary of midterm reviews of country programmes

Eastern and Southern Africa region

Summary

This summary of midterm reviews of country programmes conducted in 2012 in the Eastern and Southern Africa region was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

* E/ICEF/2013/19.



Introduction

1. This report covers the midterm reviews (MTRs) of the country programmes for Botswana and Burundi. The MTRs assessed progress in implementing the UNICEF programme of cooperation; reviewed the situation of women and children and the programming context; and made mid-course adjustments to improve programme implementation and delivery of results for children and women. The MTRs have also generated wider lessons for programming in different country contexts in the region.

2. Over the last decade, the Eastern and Southern Africa region has experienced a steady decline in child and maternal mortality as well as improvements in access to basic education, including a reduction in gender disparities. However, the region continues to be the epicentre of the HIV and AIDS epidemic, and stunting prevalence has not improved over the last two decades despite improvements in underweight. Following the 2011 Horn of Africa crisis, the regional office has been engaged in strengthening emergency preparedness and response, integrating a resilience agenda into national programmes.

3. With countries experiencing rapid economic growth, the region now has a mixture of both middle-income and low-income countries. However, poverty rates and income disparities are among the highest in the world, and nearly half the population lives on less than \$1.25 a day.

4. The Botswana MTR generated lessons on programming in middle-income countries while the Burundi MTR generated lessons for scaling up high-impact interventions in low-income countries and post-conflict settings. Both MTRs generated lessons for responding to chronic malnutrition and addressing disparities in key outcomes for women and children through innovative and equity-focused programming.

Midterm reviews

Botswana

5. The goal of the Botswana country programme of cooperation 2010-2014 is to contribute to the National Development Plan objectives of survival, development, protection and participation of children and families.

6. In 2012, in partnership with the Government, UNICEF launched the MTR of the country programme within the context of the MTR of the Government-United Nations Programme Operational Plan, given that Botswana operates under the Delivering as One umbrella. The process provided UNICEF and partners an opportunity to reflect on the results achieved; reassess programmes and strategies and realign them to opportunities; respond to constraints in the operating environment; and use the lessons learned to adjust the programme for the remainder of the cycle.

Update on the situation of children and women

7. Botswana has a mature and stable democracy. The country has made significant progress in human development, reaching an upper-middle-income status, and has achieved or is likely to achieve the majority of the Millennium Development Goals. Its population is around 2 million, with children under 18 years

representing 41 per cent of the population. Children who are orphaned, poor or living in rural areas or who have parents with low levels of education tend to face multiple deprivations.

8. Botswana has done well in alleviating abject poverty, yet high levels of poverty remain a challenge. Poverty is higher among women (38 per cent) than men (34 per cent) and higher in rural areas (40.3 per cent) than urban areas (25.5 per cent). Children remain disproportionately affected by poverty — it is highest for children under 5 years (49 per cent). Botswana also has one of the highest Gini coefficients in the world (0.61), demonstrating that despite impressive economic growth, inequality remains a major issue.

9. Botswana has achieved high coverage in most child and maternal health services: 94 per cent for antenatal care, 90 per cent for immunization, 93 per cent for antiretroviral treatment for prevention of mother-to-child transmission (PMTCT) of HIV, and 94 per cent for institutional deliveries. However, despite this high coverage, the infant mortality rate is 57 per 1,000 live births and under-five child mortality is 76 per 1,000 live births. The major causes of child mortality are neonatal conditions, diarrhoea and pneumonia, with malnutrition as a major underlying cause. Maternal mortality remains high at 163 per 100,000 live births, with no significant improvement in the last two decades.

10. The high malnutrition levels in children under 5 years (31 per cent stunted, 12 per cent underweight, 7 per cent wasted and 15 per cent overweight/obese) are in part due to suboptimal feeding practices. These include low rates of early initiation of breastfeeding (40 per cent), exclusive breastfeeding (20 per cent) and complementary feeding (45 per cent). Child vitamin A supplementation increased from 20 per cent in 2007 to 75 per cent in 2011.

11. With HIV prevalence at 17.6 per cent, emphasis has been on treatment, care and support, often to the detriment of prevention. HIV prevalence is 3.5 per cent among adolescents aged 10-14, 3.7 per cent among young people aged 15-19 and 12.3 per cent among young adults aged 20-24 years. A larger proportion of females in these age categories are HIV positive. Botswana has made good progress towards meeting Millennium Development Goal 6 (combat HIV and AIDS, malaria and other diseases); mother-to-child transmission of HIV dropped from an estimated 40 per cent without interventions in 2008 to 4 per cent in 2011.

12. The legislative environment for children has improved over the years, particularly with passage of the Children's Act in 2009. Yet many children in Botswana remain vulnerable. Around 16 per cent of all children are orphaned, but only 31 per cent of households with orphaned and vulnerable children receive external support. Over one quarter of children under 5 did not have their births registered, mostly children from poorer households or rural areas along with children who have lost both parents or whose parents are less educated. Nine per cent of children aged 7-17 years are engaged in economic activities,¹ and 41 per cent of adolescents aged 15-19 are unemployed, along with 34 per cent of youth aged 20-24.

13. Although the education system in Botswana strives for equity, approximately 10 per cent of primary-school-age children are not attending school. Disadvantaged

¹ Labour Force Survey 2005/09.

populations such as special needs students and children in remote areas face barriers to accessing education. In 2011, the dropout rate was 0.97 per cent in primary school. The main reasons for children not attending or dropping out of school are desertion,² income poverty, child labour, teenage pregnancy, cultural beliefs and practices, and unfriendly school environments.³

Progress and key results at midterm

14. The Botswana country programme has four components: young child survival and development; child and adolescent protection and participation; advocacy and planning; and cross-sectoral.

15. **Young child survival and development.** This component contributed to strengthening the capacity of government and partners in providing quality services for community management of severe acute malnutrition; paediatric HIV management; quantification and forecasting of supplies; immunization planning, management and coordination; district health system strengthening, focused on equity and real-time monitoring in two districts; programming for stunting reduction; and community mobilization for malaria elimination in five endemic districts. Support was also provided for development of a number of key policies and strategies: the malaria elimination policy, strategic plan and surveillance guidelines; national nutrition strategy; strategic plan for elimination of mother-to-child transmission of HIV; and child and adolescent HIV testing, counselling and care guidelines. Hand washing and hygiene promotion materials for prevention of the H1N1 influenza virus and diarrhoeal diseases were developed and disseminated to schoolchildren nationally.

16. The programme has successfully advocated for introduction of new vaccines (pentavalent, rotavirus, pneumococcal). It also supported procurement and community mobilization for long-lasting insecticide-treated mosquito nets. This contributed to an increase in the proportion of children under 5 sleeping under treated nets from less than 12 per cent in 2007 (the average for the five malaria-endemic regions) to 22 per cent in Tutume district, 68 per cent in Chobe and 47 per cent in Okavango in 2012. Support for the institutionalization of vitamin A supplementation for children aged 6-59 months through twice-yearly Child Health Days has increased the proportion of children receiving two doses from 20 per cent in 2007 to 75 per cent in 2011.

17. The programme has supported the government response to HIV. The percentage of HIV-positive pregnant women on antiretroviral treatment increased from 89 per cent in 2007 to 93 per cent in 2011, contributing to a reduction in mother-to-child transmission from an estimated 40 per cent in 2008 to 4 per cent in 2011. More efforts are required in advocating, promoting and monitoring appropriate infant feeding practices to prevent mother-to-child transmission and to increase the proportion of HIV-exposed children receiving cotrimoxazole prophylaxis, which was reported at 64 per cent in 2010. UNICEF was instrumental in convening key stakeholders to form an inter-agency task team on prevention of HIV infection among pregnant women, mothers and children.

² Desertion refers to children who disappear from school for unknown reasons. CSO (2007) Education Statistics attribute this cause to 82 per cent of children who dropped out of school in 2007.

³ CSO (2010), Education Statistics Brief.

18. **Child and adolescent protection and participation.** This component contributed to the progress made in improving the legislative environment and institutional systems for child protection through implementation of the Children's Act. Under the leadership of the Ministry of Local Government and through partnerships with key stakeholders, a number of statutory coordinating bodies and mechanisms were established. These include the National Children's Council, Children's Consultative Forum, Village Child Protection Committees and Interagency Child Protection Coordinating Committee. Gaps remain in strengthening service delivery systems for access to justice for child victims, witnesses, offenders and survivors of violence and abuse.

19. The programme also supported the Ministry of Labour and Home Affairs to step up efforts to identify and respond to birth registration bottlenecks, review laws and regulations, strengthen registration systems and harmonize birth registration with the national identification system through a birth registration campaign launched in 2011. Partnerships were strengthened in the public sector (with the Ministry of Health and the Ministry of Education and Skills Development) and with development partners (especially the United Nations Population Fund, United Nations Development Programme and World Health Organization) to strengthen the civil registration system.

20. The response to orphaned children expanded to include child- and HIV-sensitive social protection approaches to caring for and supporting orphaned and vulnerable children and their caregivers. Implementation of the National Plan of Action for Orphans and Vulnerable Children 2010-2016 provided the framework for improved coordination, efficiency and effectiveness of service delivery to all children in need of care, as defined by the Children's Act and the National Strategic Framework for HIV and AIDS 2010-2016. In collaboration with non-governmental organizations and the Government,⁴ more than 16,000 orphaned and vulnerable children and adolescents received a range of social protection, care and support services.⁵

21. In collaboration with the National AIDS Coordinating Agency, the programme supported development of an innovative multimedia platform to promote access to correct and comprehensive knowledge on HIV prevention among adolescents and young people aged 10-24 years. The platform involved the dissemination of information through text messaging, Facebook, print media, radio and television talk shows. More than 6,000 young people receive cell phone text messages and more than 3,000 have joined Facebook to discuss and share information on HIV prevention. Messages aim to reduce multiple concurrent partnerships and age-disparate sex; increase condom use; promote HIV testing; and increase uptake of safe male circumcision.

22. **Advocacy and planning.** To further the use of data for advocacy with a strong equity focus, this component supported secondary analysis of existing national survey data, disaggregated by age, gender, wealth ranking, orphan status and location. Initiatives on child-related research and advocacy included the publication of *Thari Ya Bana — Reflections on Children in Botswana* in 2010, 2011 and 2012, in

⁴ Ark n' Mark Trust, Botswana Christian AIDS Intervention Programme, Childline Botswana, Hope Mission, Women Against Rape and Baylor Teen Club.

⁵ Combined figures from Children and AIDS Regional Initiative Progress Reports to DfID for 2010 and 2011.

partnership with the University of Botswana; an updated situation analysis in 2011; and child labour and child poverty studies.

23. Evidence-based policy development and programming were also advanced through development of a social development policy, situation analysis and framework. These were presented to the Government for consideration of key findings. A review of two social protection programmes (food coupons and public works) provided evidence for adopting innovations and increasing effectiveness and efficiency. Three rounds of rapid assessments in five livelihood zones provided evidence of the impact of the economic crisis on children and families.

24. Efforts to improve the quality of education for all children included the development of a quality education framework to improve learner retention, aspects of which have been adopted by the Government. Technical assistance in developing key policy and operational programme guidelines for education for out-of-school children are ongoing, with testing and roll-out of strategies expected in the coming year.

Resources used

25. The total approved five-year funding for the country programme was \$18.75 million, with regular resources of \$3.75 million and other resources of \$15.00 million. The funding available for the period January 2010 to December 2012 was \$7.11 million, comprising regular resources of \$2.50 million and other resources of \$4.60 million. The proportion of total expenditures on young child survival and development was 26 per cent; for child and adolescent protection and participation, 28.4 per cent; for advocacy and planning, 10.8 per cent; and 34.6 per cent for cross-sectoral (largely reflecting the temporary inclusion of staff salaries during the transition to VISION).

26. As in many middle-income countries, acquiring and maintaining sufficient human and financial resources to achieve planned programme results is a challenge. Botswana receives the minimum level of regular resources (\$750,000 annually). These funds are essential for ensuring core human resource capacities and supporting elements of the country programme that lack other funds, such as upstream policy work. The country office has relied on thematic funds to implement its core programmes and supplement human resource capacity in key technical areas and support functions. Opportunities for obtaining other resources from donors have steadily diminished, and UNICEF thematic funding has dropped dramatically.

Constraints and opportunities affecting progress

27. **Constraints.** Although Botswana has good national policies, strategies and legal frameworks that are generally child-friendly, the gap between policy development and implementation is wide. There are regular and substantial delays in endorsement of key decisions by relevant government bodies and in the roll-out and implementation at scale of good pilot projects.

28. Human resource capacities are insufficient in segments of the Government, especially in management and coordination. Deficiencies are also found in the administrative, regulatory and human resource infrastructure to implement the laws promulgated for children.

29. The lack of quality, timely and disaggregated data and strong management information systems is a challenge. There is a paucity of data at subnational level. The lack of a strong evidence base is a barrier to advocacy and leveraging of efforts and to improved planning, budgeting and programming for children. Monitoring and evaluation remains weak; the majority of social programmes have never been evaluated.

30. Social protection programmes are implemented by different ministries and by different departments within the ministries. Thus, policy coordination and harmonization is a challenge to efficient and effective implementation, as are programme coordination and collaboration between ministries and departments.

31. **Opportunities.** Opportunities exist for sharpening the focus of the country programme in support of national priorities. The results-based focus of the National Development Plan and the government's commitment to improve efficiency and effectiveness of programmes provide an opportunity for UNICEF to generate evidence on what works and where there are bottlenecks. This would strengthen middle-level monitoring and evaluation.

32. The Children's Act 2009 provides opportunities for UNICEF engagement. Innovations, experimentation, piloting, analysis and application of lessons learned can contribute to improved policy and programme implementation and results.

33. The Government-United Nations Programme Operational Plan provides a platform for the United Nations to deliver as one, creating opportunities for UNICEF and other United Nations agencies to use their comparative advantages to support the Government in agreed priority areas. Equity is fundamental to the human rights-based approach adopted by the United Nations agencies under the Delivering as One umbrella and offers a platform for closer collaboration across agencies.

34. Restructuring of government ministries and departments presents some new opportunities. With declining resources, the restructuring could lead to more efficient use of resources and improved collaboration, ultimately improving service provision.

35. Botswana is a member of several regional and continental initiatives that provide opportunities for the Government and its partners to engage on regional issues affecting children. Engaging strategically with the private sector will expand the voice of UNICEF and provide opportunities for funding and programming partnerships.

36. **Lessons learned.** Recognizing the country's social and economic achievements and the nature of the change Botswana seeks to achieve, UNICEF has moved "upstream" in its programming — to best utilize its limited resources and to focus on influencing and encouraging the Government (and implementing partners) to shift policies and programmes in favour of children, women and young people. While appropriate, this upstream emphasis must be matched by a commitment to monitor, analyse and act upon the challenges faced by disadvantaged children and women. The upstream nature of UNICEF work in Botswana may constrain its efficiency, as results depend on collaboration with multiple government ministries and departments, and timely achievement of results depends partly on the attitude, response and operational efficiency of partner organizations.

Adjustments made

37. The MTR provided clarity on how UNICEF can best position itself moving forward. Adjustments seek to better integrate social policy, knowledge management and monitoring and evaluation into core programming; align programmes with national priorities and emerging issues; emphasize areas of UNICEF comparative advantage; and better align programmes and expected results with available human and financial resources. Adjustments also support better reporting and demonstration of the combined contributions of UNICEF and partner support.

38. Limited adjustments are envisaged for the young child survival and development component, to better reflect the focus on nutrition. This will include infant and young child feeding practices and stunting reduction, with minor adjustments to country programme results and revision of indicators to align with standard definitions (removing those that are not measurable). Support to HIV programming will be consolidated under this component.

39. Changes in the child and adolescent protection and participation programme component are significant. The focus is shifting from downstream activities to social policy and child- and HIV-sensitive social protection, with primary prevention of HIV moving to young child survival and development and child participation to the communications sub-component of the cross-sectoral programme. Technical assistance for out-of-school children will come under this programme. More attention will be given to orphaned and vulnerable children, implementation of the Children's Act and birth registration.

40. **Advocacy and planning.** This component will be discontinued, as staff positions have remained unfilled due to lack of funding. The functions and planned results and indicators under this component will be integrated into other programme components.

41. **Cross-sectoral.** This component will continue to support programming and broader government and United Nations initiatives in communication, child participation, external engagement and partnerships. It will also support oversight and guidance on programme planning and monitoring and evaluation.

Burundi

42. The goal of the 2010-2014 programme of cooperation between the Government of Burundi and UNICEF is to contribute to child survival and development and the country's progress towards achievement of the Millennium Development Goals. The country programme is the first UNICEF programme in two decades, since the onset of the civil war in 1993, to be oriented towards Burundi's medium- to long-term development.

43. The MTR allowed the UNICEF country team, government counterparts and key stakeholders to update the situation analysis of women and children; review progress towards results in the country programme; identify key bottlenecks, challenges and opportunities in programme implementation; and adjust programme strategies to strengthen the delivery of results. A further main objective was to request an extension of the country programme to the end of 2016 to align it with the revised United Nations Development Assistance Framework and the country's second-generation poverty reduction strategy paper.

Update on the situation of women and children

44. Burundi has an estimated population of 9 million (8.05 million according to the 2008 census) with an annual population growth rate of 2.4 per cent and high population density, about 315 habitants per square kilometre. After more than 13 years of civil war, the country has made progress in peacebuilding and has become more stable.

45. The annual economic growth rate is less than 5 per cent, and with a Human Development Index of 0.355 in 2012, Burundi is ranked 178 out of 186 countries. Poverty rates are high; 81 per cent of the population lives below the international poverty line of \$1.25 per day and 67 per cent below the national poverty line of \$1.00 per day.⁶ The distribution of wealth in Burundi is highly unequal — the richest 10 per cent of the population controls 28 per cent of the country's wealth, whereas the lowest 10 per cent controls only 4 per cent.

46. Children under 5 years make up about 14 per cent of the population. Infant and under-five mortality rates are high but have decreased over the past decade from 100 and 164 per 1,000 live births in 2000 to 88 and 142 deaths per 1,000 respectively, according to the 2012 *State of the World's Children*. The 2010 Demographic and Health Survey reported infant mortality at 59 per 1,000 live births and under-five mortality at 96 per 1,000.

47. Malnutrition is a major underlying cause of child morbidity and mortality. The rate of chronic malnutrition (stunting) among children under 5 increased from 53 per cent in 2005 to 58 per cent in 2010. Prevalence is highest among children of mothers with low levels of education and those living in poor households in rural areas. Child morbidity and mortality are also associated with preventable or treatable diseases such as measles, acute respiratory infections, diarrhoea and malaria.

48. The maternal mortality ratio declined from 1,100 to 800 deaths per 100,000 live births between 2000 and 2010, according to inter-agency estimates, and to 500 deaths per 100,000 according to the 2010 Demographic and Health Survey. Despite this improvement, Burundi is unlikely to meet the Millennium Development Goal target of 275 deaths per 100,000. About 99 per cent of pregnant women attend antenatal care, though the first visit often occurs after the first trimester. Assisted deliveries have increased, from 34 per cent in 2005 to 60 per cent in 2010, while 38 per cent of HIV-positive pregnant women benefited from interventions to prevent mother-to-child transmission of HIV in 2011, compared to 11 per cent in 2009.

49. Net enrolment in primary schools increased sharply following the abolition of fees in 2005, from 59 per cent in 2005 to 96 per cent in 2010. Completion rates also improved, from 37 per cent in 2005 to 51 per cent (47.7 per cent for girls, 52.6 per cent for boys) in 2010. However, the low quality of education remains a major challenge, as manifested in a grade repetition rate of 38.4 per cent (39 per cent for girls, 37.8 per cent for boys) and a dropout rate of 6.5 per cent.

50. Burundi has a birth registration rate of 75 per cent, though disparities exist between urban and rural areas, between regions and between household income groups. After many years of war, Burundi has a significant population of vulnerable children. These include children who are orphaned, living in the street, in conflict

⁶ According to the Core Welfare Indicators Questionnaire 2006.

with the law, affected by gender-based violence or involved in the worst forms of child labour.

51. A worrying phenomenon among adolescents is the rising number of pregnant teenagers and unmarried mothers. Teenage pregnancies contribute to dropout rates among girls, and adolescents who have dropped out of school lack alternative opportunities for education, training and employment.

52. Despite the cessation of open hostilities, Burundi still suffers from high levels of violence, including sexual and gender-based violence at community level, partly a legacy of the civil war. Conflict-sensitive programming provides an opportunity to tackle these issues by involving adolescents and youth more strongly in programming and ensuring sustainable integration of returnees.

Progress and key results at midterm

53. The Burundi country programme has five components: health and nutrition; water, sanitation and hygiene (WASH); basic education, gender equality and HIV prevention among young people; child protection; and communication for development.

54. **Health and nutrition.** This component contributed to strengthening the Burundi health system to scale up high-impact interventions such as Integrated Management of Childhood Illness, PMTCT and immunization. Specifically, the programme supported the development and implementation of a strategic plan for Integrated Management of Childhood Illness, the rollout of maternal death audits across the health system and implementation of a community-based health strategy that includes a minimum package of services. Support to the national immunization programme contributed to raising the proportion of children fully immunized from 65 per cent in 2009 to 85 per cent in 2010. The validation of the national PMTCT scale-up plan contributed to treatment for 800 HIV-positive women and over 700 children born to HIV-positive mothers each year.

55. The programme also supported the development and implementation of a coordinated response to malnutrition. The development of a national strategic plan for nutrition and a national protocol on community-based integrated management of malnutrition contributed to implementation of the community-based approach in 16 out of 17 provinces.

56. **WASH.** This component supported the development of a national basic sanitation and hygiene policy. It also contributed to increasing access to safe drinking water through the construction and rehabilitation of 28 water supply networks. At the community level, the programme supported piloting of an innovative community-led total sanitation approach that will be scaled up to other communes. The proportion of households with access to safe drinking water increased from 64 per cent in 2005 to 76 per cent in 2010, and access to basic sanitation rose from 32 per cent to 42 per cent.

57. **Basic education, gender equality and HIV prevention among young people.** This component contributed to strengthening the sector's policy environment through support for development of a national education sector plan and the gender and equity strategy; revision of the national early childhood development policy; and establishment of a high-level intersectoral committee on early childhood development by the Ministry of Education. Support was also

provided to increase access to education and enrolment rates through construction of 23 new schools, rehabilitation of 135 classrooms, distribution of school materials and teacher manuals, and community sensitization to increase demand for education. The programme also promoted the child-friendly school approach by training teachers and school management committees.

58. **Child protection.** This component contributed to the generation and use of strategic information for programming by supporting a series of studies on vulnerable children. These addressed commercial sexual exploitation, children living on the street and the disarmament, demobilization and reintegration process for children associated with armed forces and armed groups. The programme also supported strengthening of community-based mechanisms for protection of children against all forms of violence and abuse by supporting the Ministry of Solidarity, Human Rights and Gender to establish 750 functional child protection committees in five provinces. The programme's advocacy efforts contributed to creation of the Department for Families and Children within the Ministry of Solidarity and the adoption of a policy by the Ministry of Justice on juvenile justice and children in conflict with the law.

59. **Communication for development.** This component supported the achievement of results in other sectors through development of communication programmes. These included social mobilization campaigns, mobile cinema and interactive theatre and listening groups to promote behaviour change in health, nutrition, education, child protection and hygiene/sanitation.

Resources used

60. The total approved budget for 2010-2014 was \$99.33 million, of which \$49.33 million is regular resources and \$50.0 million is other resources. Between 2010 and November 2012, \$52.08 million was mobilized, comprising \$29.74 million in regular resources, \$16.47 million in other resources and \$5.86 million for emergencies. Spending during the same period was \$47.98 million, representing 93 per cent of available funding. Expenditures were high in all programme components, including 99 per cent of available funding in communication for development and 85 per cent in basic education, gender equality and HIV prevention among young people.

Constraints and opportunities affecting progress

61. **Constraints.** The main challenges to programme implementation in Burundi are high turnover of staff and focal points in government ministries; slow progress in adopting policies and strategic plans; time lags between adoption and implementation of policies; and the voluntary status of community-based workers (e.g. community health workers, child protection committees, etc.) who are expected to contribute significantly to implementation at the local level.

62. **Opportunities.** During the post-conflict period, the Government adopted several policies and strategies that have had a positive impact on children's lives. These include abolition of primary school fees, free health care for pregnant women and children under five, introduction of performance-based financing in the health sector and establishment of (a) the Department for Families and Children in the Ministry of Solidarity, (b) an intersectoral committee to reduce violence in schools and (c) the National Children's Forum. There is a high level of commitment from

the Government to address malnutrition as part of the Scaling Up Nutrition movement, supported by significant civil society potential to increase access to services. Strong government ownership and leadership have been key to delivery of results in all programmatic sectors.

63. **Lessons learned.** The main lessons learned during implementation of the programme concern the need for a stronger emphasis on cross-sectoral strategies and strengthening of the multi-sectoral response to malnutrition. Weaknesses in national implementation capacity, particularly at community level, provide a rationale for UNICEF to strengthen its support to the decentralization process. This includes capacity-building for creation of local development plans that take into account children's and women's needs as well as increasing the focus on innovations to address bottlenecks and community-based delivery of services. Capacity-building for government staff to improve the effectiveness and efficiency of basic service delivery for children and women will be key to achieving results in child survival and development, education and child protection.

Adjustments made

64. The MTR has confirmed the performance, relevance and appropriateness of the design of the Burundi country programme. While no major changes are envisaged in programme structure, the MTR reinforced the need to strengthen equity-focused programming and innovations and to reorient them towards cross-cutting issues such as malnutrition, early childhood development and adolescents and HIV/AIDS. Specific priorities for the remainder of the country programme will include:

(a) Implementation of a coordinated and multi-sectoral response (involving the health, WASH, education and social protection sectors) to chronic malnutrition and integrated development of children up to age 6 with emphasis on community-based interventions, innovations and communication for development;

(b) Strengthening interventions for adolescents to tackle HIV prevention, employment, reduction of violence, promotion of social cohesion/peaceful reconciliation and greater participation in planning and implementing activities that concern them directly;

(c) Using a conflict-sensitive approach to programming and strengthening the peacebuilding component of the country programme;

(d) Strengthening social protection as a cross-sectoral approach to confront the numerous aspects of vulnerability and extreme poverty that affect families and providing support for a realistic strategy to implement the national social protection policy;

(e) Scaling up innovation through the use of new technologies such as Rapid SMS to support services for adolescents and youth; the national health information system; and follow-up of pregnancies and care for obstetrical and neonatal emergencies as well as audits of maternal and neonatal deaths;

(f) Strengthening decentralized planning and service delivery for children to support local actors and structures in implementing programmes and structuring community activities through stronger involvement of organizations and community workers;

(g) Using the Monitoring Results for Equity System to design and manage equity-focused analysis, including analysis, mitigation and monitoring of bottlenecks.

Conclusion

65. In both Botswana and Burundi, the MTRs confirmed the contribution and continued relevance of the country programme's delivery of results for women and children. The MTRs have assisted the country teams and partners to generate relevant evidence and develop appropriate strategies to build on progress and to address persistent challenges such as chronic malnutrition, multiple deprivations and inequalities in key outcomes.

66. The MTRs have also generated important lessons for programming in diverse country contexts. The Eastern and Southern Africa region will draw on these lessons to support countries as they scale up programmes for equitable results and implement innovations to improve programme effectiveness and operational efficiency.
