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Draft country programme document**

Somalia

Summary

The draft country programme document (CPD) for Somalia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $16,930,000 from regular resources, subject to the availability of funds, and $48,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2009.

* E/ICEF/2007/13.

** 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. It will then be approved by the Executive Board at its first regular session of 2008.

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Basic data (2006 unless otherwise stated)	
Child population (millions, under 18 years)	4.3
U5MR (per 1,000 live births)*	149
Underweight (%, moderate and severe)	36
Maternal mortality ratio (per 100,000 live births)**	1,000
Primary school attendance (% net, male/female)	21/18
Primary schoolchildren reaching grade 5 (%)	56
Use of improved drinking water sources (%)	29
Adult HIV prevalence rate (%, end-2005)	0.9
Child work (%, children 5-14 years old)	49
GDP per capita (US$)	[a]
One-year-olds immunized against DPT3 (%)*	35
One-year-olds immunized against measles (%)*	35

[a] Range for low income ($875 or less) for 2005.

* MICS 2006 data: U5MR = 156 per 1,000 live births, DPT3 = 14 per cent, measles = 29 per cent.

** Data of 1,044 submitted by the field office is rounded to the nearest 100, as classified by WHO/UNICEF/UNFPA for this estimate.

The situation of children and women

1. Somalia is a country of children, with an estimated 52 per cent of the population under the age of 18 years. It is still a divided state. The self-declared independent Republic of Somaliland in the north-west has many characteristics of a nation state, as does its eastern neighbour, Puntland. The centre and south of Somalia as of yet has no strong political structures and is the main locus for the inter- and intra-clan conflict that has affected the country since 1991. A Transitional Federal Government, backed by the United Nations and the African Union, was constituted in 2003 and has since attempted but so far failed to take full control of Somalia.

2. The political disparities are reflected in the environment for children and women. Central and southern Somalia continues to be in a state of chronic emergency, caused by the conflict and worsened by an extreme cycle of drought and flood. Large segments of the population are displaced or severely affected by these events. The two northern parts go through a similar drought-flood cycle, but the established government structures provide a more enabling environment for emergency preparedness and response and contribute to provision of basic services.

3. The effect of the different levels of stability across the country is clearly seen when disaggregating key child survival indicators. The under-five mortality rates in the north-west and north-east of the country are estimated by the multiple indicator cluster survey (MICS) undertaken in 2006 as 116 and 115 per 1,000 live births respectively, and in the south and centre as 173. Infant mortality rates were estimated from MICS 2006 data at 105 per 1,000 live births in the central and southern zone and at 73 in the two northern zones.

4. This disparity extends into the causes of child mortality. Access to a safe water source is a key determinant of child survival, and is a service that benefits from a stable public administration. Access is significantly higher in the northern zones than in southern and central Somalia (40.5 per cent of the population in the north-west have access to an improved water source, but only 25 per cent in central and southern Somalia can rely on the same). Similar discrepancies prevail for sanitation. The benefits of stability can also be seen in child development indicators. The 2005-2006 school survey shows a gross enrolment rate of only 22 per cent nationwide, with 37 per cent in the north.

5. While there clearly is measurable progress for parts of the population, the overall situation continues to be difficult. According to the latest United Nations Development Programme (UNDP) Socio-economic Survey (2002), two thirds of the population still pursue a rural or nomadic livelihood, the most susceptible to droughts and floods. Based on the survey, the proportion of the population living in extreme poverty (per-capita income of less than $1 per day) is 43.2 per cent. The situation would be worse without a comparatively large diaspora that sends remittances back to families in Somalia, which according to a 2003 UNDP study contribute 22.5 per cent of the average household income in the country. This is indicative of the scarce economic opportunities of a rural population under stress. These people consequently increasingly seek economic opportunities in towns. Here, disconnected from the social safety net of their clan system, they are vulnerable to discrimination and violence, and exposed to a higher burden of sanitation-related disease.

6. This large proportion of rural and urban poor is reflected in continually high rates of malnutrition: 35 per cent of children under the age of five years are moderately or severely underweight, with 11 per cent classified as severely underweight. The poor availability of basic services is most apparent in the health sector. Due to poor access to essential maternal health services, the maternal mortality ratio is high, at 1,000 per 100,000 live births. Prevalence of HIV remains low at less than 1 per cent among antenatal care attendees (in 2003), but misconceptions about HIV are common and hinder prevention efforts.

7. Children are a highly vulnerable and voiceless group in Somalia. Clan fighting, vengeance killings and land disputes are common and children are the most likely victims of such conflict, either from attacks or through recruitment as child soldiers. Girls are vulnerable to sexual violence, early marriage, female genital mutilation and all forms of discrimination. The traditional role of children as labourers in the household makes them susceptible to domestic and public abuse.

8. Further analysis of the disparities across the country shows that strengthening the capacities of duty bearers at all levels is key to improving the situation for children and women. Where public institutions in the north can be assisted in providing services, care and support for the most vulnerable, better results are seen. In the centre and south, the challenge remains to clearly assign duties and build duty bearers' capacities. Similarly, people living under stable administrations in the north are more willing and capable to speak out and participate in decision-making. In violent central and southern Somalia, the most affected are unlikely to claim their rights. Generally, the lack of national policies and legal instruments, combined with limited knowledge and lack of skills, are exacerbating factors. Somalia has not acceded to the Convention on the Rights of the Child, and child rights issues and the

principles of the Convention on the Elimination of All Forms of Discrimination against Women hardly feature in polices and legislation.

9. The country programme therefore faces a twofold challenge: firstly, to continue to ensure child survival under often extreme circumstances in central and southern Somalia; and secondly, to support sustainable development in the north in partnership with increasingly stronger government institutions. Here, the country programme steadily reduces the direct implementation that has characterized the approach of the past. In the central and southern zone, the country programme continues to provide direct assistance to the population and could only recently make tentative use of a nascent transitional administration. The key problems it addresses are the causes of the high child mortality rates, including poor access to water and sanitation, inadequate basic and maternal health care, high malnutrition and widespread violation of children's and women's rights.

Key results and lessons learned from previous cooperation, 2004-2007

Key results achieved

10. In its emergency assistance, the country office has successfully adopted and developed further the Inter-Agency Standing Committee cluster leadership in water, sanitation and nutrition. Lessons learned in consecutive major emergencies (drought in 2005-2006, floods in 2006, conflict in 2006-2007) have shaped the global approach to cluster leadership. This humanitarian effort, predominantly in central and southern Somalia, provided basic services to at least 300,000 affected people throughout 2006. An external real-time evaluation confirmed this markedly better impact compared to the previous system.

11. In its development assistance, the country office has strengthened the capacities of targeted communities to claim control of their development through the principles of community-driven recovery and community-driven development, with integration into support to local governance in the basic services sector. The education, water and health sectors were substantially strengthened in the northern parts of Somalia, in partnership with the respective governments. Successful models were further established for sustainable water management, with a focus on public-private partnerships. All previously supported urban water systems have increased the number of private and public connections during the programme period. The enrolment of children and the ratio of girls in schools were further increased through a dedicated "Go to School" campaign. The 2005-2006 school survey confirmed significantly higher enrolment figures. Significant progress was made for the protection of children in north-west Somalia with the adoption of a juvenile justice bill. Young people's awareness of such key social issues as female genital mutilation and HIV/AIDS has clearly increased, and the protective environment for children has improved markedly, as confirmed by the 2006 evaluation of community-based protection activities.

Lessons learned

12. Fulfilling the UNICEF Core Commitments for Children in emergencies (CCCs) in central and southern Somalia requires a dedicated emergency focus, with the necessary staffing, pre-positioning of supplies and ongoing investment in

coordination and preparedness planning. The cluster approach shows great promise, and must be continued and refined. Monitoring of emergency assistance in relation to the CCCs must be strengthened, benefiting from new tools and agreed sets of indicators. A real-time evaluation carried out during the country office's emergency response to the drought in 2006 confirmed this and is the basis for reinforcing the humanitarian response.

13. Facilitating partnerships between government authorities, where they exist, and communities has improved basic service delivery. They need further strengthening and dedicated institutional capacity-building in all sectors of the country programme. This is most evident from the experience with two strategic development approaches, public-private partnerships and community-driven development. Public-private arrangements for urban water systems have substantially increased the coverage of piped water. Community-driven development in pilot locations has established regular participation of claim holders in their own development planning.

14. The mid-term review of the country programme highlighted a need for stronger joint planning within UNICEF and for developing formal systems to ensure programme integration within UNICEF. The joint United Nations Transition Plan (UNTP), developed in 2007, underlines these points, based on the 2006 joint strategic review.

The country programme, 2008-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Health	2 200	14 184	16 384
Nutrition	677	3 770	4 447
Water, sanitation and hygiene	1 524	6 454	7 978
Education	1 354	8 103	9 457
Communication, protection and participation	2 709	7 900	10 609
Planning, monitoring and evaluation	1 693	1 804	3 497
Fund management			
Cross-sectoral costs	6 773	5 785	12 558
Total	**16 930**	**48 000**	**64 930**

* Additional funds may be received through Consolidated Appeals as required.

Preparation process

15. A joint needs assessment undertaken in 2006 by the United Nations, the World Bank and Somali partners established a common understanding on development priorities. The results informed the Reconstruction and Development Framework for 2008-2012, the five-year national plan for Somalia. The United Nations contribution to the goals of the Framework was mapped out in the common, two-year UNTP,

taking into account the strengths and weaknesses of the United Nations in Somalia (derived from a joint strategic review in 2006), and further consultation with Somali partners.

16. For the UNICEF programme, consultative sessions on priorities and approaches were held with partners in each zone during the 2006 mid-term review. In addition, the 2006 meeting of all UNICEF Representatives in Africa, which focused on young child survival and development, shaped the strategy for basic health and education services.

Goals, key results and strategies

17. The goal of the UNICEF country programme, working within the framework of the UNTP, is to accelerate progress towards targets 3-8 of the Millennium Development Goals by further increasing access to basic services for accelerated child survival and development (ACSD) through humanitarian assistance, strengthening the institutional capacity of government as a duty bearer and further enabling children and women to claim their rights.

18. The UNTP commits the United Nations country team to achieve five outcome-level results:

(a) outcome 1: key federal, Somaliland and Puntland institutions administer and manage core government functions more efficiently;

(b) outcome 2: local governance contributes to peace and equitable priority service delivery in selected locations;

(c) outcome 3: improved security and protection under the law for all Somalis;

(d) outcome 4: children, youth and vulnerable groups have increased, more equitable access to quality education and health services;

(e) outcome 5: vulnerable and marginalized groups have improved sustainable food security and economic opportunities.

19. Within the five UNTP outcome areas, the UNICEF country programme will be a major contributor to institutional capacity-building (outcome 1); basic service delivery (outcomes 2 and 4); protection of children's and women's rights (outcome 3); and improved livelihoods for vulnerable groups (outcome 5). This derives directly from the situation analysis, which identifies the main problems in Somalia as high child mortality and the extreme vulnerability of groups affected by conflict and natural disasters, disparate government capacities and weak or no capacities of claimholders to demand their rights. It is complemented by a number of results that cover the UNICEF mandate under the CCCs and in leveraging resources for children.

20. The **health** programme will contribute primarily to outcomes 1 and 4 and achieve these results:

(a) minimum technical capacity in the Ministry of Health established to coordinate and implement policies and legislation and monitoring and evaluation systems;

(b) a basic service package based on child survival, emergency obstetric care and integrated preventive treatment and care services for most vulnerable groups developed and under implementation in at least 10 districts;

(c) health and nutrition communication strategy adapted, expanded and implemented;

(d) children and women have improved access to quality health services in 20 targeted districts;

(e) health workers are able to manage health information effectively and efficiently;

(f) improved regional and local authority capacities to address emergency health needs.

21. The **nutrition** programme will contribute primarily to outcomes 1, 4 and 5 and achieve these results:

(a) minimum technical capacity in the Ministry of Health established to coordinate and implement nutrition policies, legislation and monitoring and evaluation systems;

(b) improved infant and young child feeding practices at household level;

(c) micronutrient deficiencies are controlled;

(d) at least 30 per cent of mothers who attended antenatal care practicing exclusive breast feeding for the first six months;

(e) at least 80 per cent of the targeted malnourished children who received curative interventions have recovered.

22. The **water, sanitation and hygiene** (WASH) programme will contribute primarily to outcomes 1, 2 and 4 and achieve these results:

(a) minimum technical capacities established in national and regional water authorities to coordinate and implement water policies, legislation and monitoring and evaluation systems;

(b) at least 20 additional district and regional water authorities have the technical capacity to engage systematically with communities to implement plans that reflect community priorities;

(c) in the targeted districts, at least a 40-per-cent increase in access to safe drinking water and water sources are managed in a sustainable manner;

(d) in the targeted districts, the number of people using improved and/or appropriate sanitation facilities and good hygienic practices is increased by a further 40 per cent;

(e) improved capacities of government authorities, the private sector and communities to ensure provision of safe drinking water and sanitation facilities during emergencies.

23. The **education** programme will contribute primarily to outcomes 1 and 4 with a concerted “Go to School” strategy and achieve these results:

(a) minimum technical and infrastructure capacities established in the Ministry of Education to develop a relevant and inclusive curriculum, including life skills-based HIV education, human rights and functional literacy, and to coordinate and implement education policies, legislation and monitoring and evaluation systems;

(b) at least 20 district or regional education authorities have the technical capacity to engage systematically with communities to implement plans that reflect community priorities;

(c) an additional 100,000 children enrolled in primary schools, 50 per cent of them girls;

(d) at least 70 per cent of children successfully complete lower primary (up to grade 4) and move to upper primary level;

(e) improved capacity of government authorities, the private sector and communities to ensure continuity of education services in time of emergencies.

24. The **community empowerment, protection and participation** programme will contribute primarily to outcomes 1, 2 and 3. The community participation facilitated through the programme will contribute to stronger involvement of claim holders in the entire country programme. In particular, it will achieve these results:

(a) minimum technical capacity is built in three key ministries — the Ministries of Women and Family Affairs, of Justice and of Local Government and Rural Development — established to coordinate, develop and implement policy and legislation, and to provide essential services for greater child protection, participation and reduction of HIV-related risks and vulnerabilities;

(b) duty bearers have better knowledge and the skills and actively advocate for policy and legislative reform for greater protection, participation and reduction of HIV-related risks and vulnerabilities;

(c) at least in 20 districts, all key stakeholders participate in an equitable manner in the community- and district-level planning, policy formulation and development processes;

(d) at least 40 per cent of women and adolescents from 300 communities practice the necessary skills to improve participation, leadership, protection and reduce HIV-related risks and vulnerabilities;

(e) evidence-based advocacy and response carried out for children affected by armed conflict, displacement and emergencies in a timely manner;

(f) systems to protect vulnerable children and reduce HIV-related risks and vulnerabilities are in place and rapidly activated during emergencies.

25. The **social policy, planning and monitoring** programme will contribute primarily to outcomes 1 and 2 and achieve these results:

(a) minimum technical capacity is established in the Ministry of Planning to coordinate and implement social policies, legislation and monitoring and evaluation systems;

(b) gender and child rights principles articulated in key government policies and national plan of action for children developed and adopted by Somali authorities;

(c) key social data on the situation of children and women in Somalia available for planning and policy development;

(d) programme planning and review processes established and maintained, effectively integrating emergency preparedness, gender sensitivity, human rights principles and focus on the most vulnerable.

26. The **funds management** programme will achieve these results: (a) the UNICEF role in leveraging resources for children and women is strengthened; and (b) UNICEF satisfactorily fulfils the principal recipient role by ensuring timely disbursements, accurate and timely reporting and adherence to fund conditions by all recipients.

27. Weak capacities of duty bearers and claim holders alike have been identified as a principal cause of key structural obstacles to development in all areas. Strengthening of capacities as part of a human rights-based approach to programming is therefore a major strategy of the country programme. Mainstreaming emergency preparedness and response in all five programme components will ensure timely delivery of services during emergencies for meeting the CCCs. Full programme convergence is a prerequisite to achieving the results on the ACSD and "Go to School" targets. A Strategic Communication Task Force was established as a result of the mid-term review to bring together sectoral programme communication focal points for a synchronized communication strategy.

Relationship to national priorities and the UNDAF

28. The country programme is guided by the priorities of the Reconstruction and Development Framework, which is supported by the joint United Nations country programme, framed by the UNTP. The United Nations programme cycle is harmonized within the framework of the UNTP.

Relationship to international priorities

29. The country programme results have been guided by the Millennium Development Goals and the Plan of Action of the General Assembly Special Session on Children (*A World Fit for Children*). The results will contribute to all the focus areas of the UNICEF medium-term strategic plan, with particular focus on young child survival and development and basic education and gender equity. The Convention on the Rights of the Child provides the framework for strengthening the existing Government's role as duty bearer for the civil, political, social and economic rights of children, with potential accession to the treaty during the country programme cycle. The Convention on the Elimination of all Forms of Discrimination against Women informs work in the wider human rights framework, as do the CCCs for humanitarian response. The commitment to the goals of the Abuja Declaration is reflected in both the health and the fund management programme components.

Programme components

30. The proposed country programme is comprised of seven programmes components and a cross-sectoral component. Emergency preparedness, programme communication and gender will be integrated into all programme components. In the north, UNICEF will work through relevant ministries in both Somaliland and Puntland to further strengthen the sector and ensure government quality control of service delivery. In central and southern Somalia, the programme will continue to give direct support to basic services, but with a perspective to build up government capacity as it emerges.

31. The **health** programme is largely based on a young child survival and development strategy developed under a joint programme with World Health Organization (WHO). Its design is shaped by the outcome of the UNICEF meeting of all Representatives in Africa. The programme has four components:

(a) The child health care component will train health staff, give financial and technical support, including supplies, to child health care facilities, and strengthen the integrated management of childhood illness and malaria prevention and treatment. Together with the education section, the programme will facilitate and support school health programmes through the establishment of school health clubs, and will fund the development of communication tools;

(b) The safe motherhood component will provide financing and supplies to establish facilities for antenatal care, prevention of mother-to-child transmission of HIV and home care, and will train personnel;

(c) The child immunization component will finance and facilitate vaccination campaigns, focusing on hard-to-reach communities, including polio eradication efforts with WHO;

(d) The institutional development component will provide financial and advisory support to establishing and refining policies, laws and health systems through relevant ministries, and training and financial support to implement policies and establish and maintain monitoring and evaluation systems, including a strengthened health information system.

32. The **nutrition** programme has four components:

(a) The control of micronutrient deficiency disorders component will provide financial support and advice for expanding coverage of micronutrient supplementation and will carry out community awareness-raising activities;

(b) The improved feeding practices component will fund the promotion of exclusive breastfeeding and appropriate complementary feeding practices and deliver community-based maternal and child nutrition packages for improved feeding practices;

(c) The selective feeding component will regularly monitor children's growth and carry out nutritional surveillance, and provide financial support and supplies for targeted feeding activities;

(d) The institutional development component will provide financial and technical support for micronutrient policy frameworks as part of health sector reform and, through training, advice and supplies, develop the technical capacity of the Ministry of Health and of maternal and child health staff.

33. The **WASH** programme has three components:

(a) In the north, where government is a strong partner, the WASH service delivery component will work with local authorities, communities and the private sector to establish partnerships for service delivery, supported by investment in infrastructure;

(b) The behavioural change component will further refine and apply individual and collective social mobilization strategies for household hygiene in rural and urban areas. Where strong government partners are available, they will be given the skills and the means to carry out training and campaigns;

(c) The governance of water and sanitation component, in urban areas, will continue to pursue public-private partnerships for water management and aim to expand them into rural areas. This will involve further capacity-building, including support to policy development with the existing and upcoming central administration. The local governance of water will be addressed specifically through developing local administrative capacities to provide oversight for local water services.

34. The **education** programme has three components:

(a) The improve access to basic education component will provide funds to build or rehabilitate schools, working with authorities where they exist. It will carry out teacher training for all systems (formal, non-formal, alternative, koranic) and establish mechanisms to increase girls' enrolment. Emergency schools will be provided as required;

(b) The quality improvement of basic education component, together with education authorities where they exist, will support the development of quality teaching materials. Through training of teachers and community education committees, it will strengthen the quality of schools and teaching;

(c) The institutional development component will provide financial support and expertise to the existing ministries of education for the development and implementation of gender-sensitive education policies and standards, including development of a standardized curriculum, textbooks and related materials.

35. The **community empowerment, protection and participation** programme will provide funding and advice to key government counterparts, where they exist. It has four components:

(a) The community participation and development component will initiate and facilitate community discussions around human rights and claims to development, and will facilitate the linkage to duty bearers;

(b) The child protection component will initiate and facilitate community processes around improving the protective environment for children. Through financial support and advice, it will guide and advise existing government institutions on the development and implementation of policies, legislation and services related to protection of children;

(c) The HIV/AIDS advocacy and behavioural change component will focus on prevention in the low-prevalence environment in Somalia. It will support existing public information and advocacy strategies, and provide training to build community skills to prevent HIV infection and transmission and to respond to HIV

and AIDS, specifically addressing support, treatment and avoiding stigmatization. It will also provide financial support and advice to strengthen support initiatives;

(d) The adolescent development and participation component will provide financial support and training to youth groups to design and implement strategies for adolescents without access to schooling and to enhance their participation in social development. Advice will be given to existing government institutions on adolescent-friendly policies and legislation.

36. The **social policy, planning and monitoring** programme has two components:

(a) The social policy, planning and monitoring of child rights component will provide financial and technical support to existing ministries of planning to build capacities in social policy development, coordination and monitoring. It will implement advocacy activities to lobby for adoption of or accession to international human rights treaties;

(b) The programme planning and monitoring component will be instrumental to a joint United Nations planning process and strong joint monitoring systems, based on strengthening monitoring systems within the UNICEF country programme.

37. The **funds management programme** establishes a clear mechanism for UNICEF to receive funds as a principal recipient (in the case of global funds) or as an administrative agent, by assigning dedicated staff to managing these funds. This will ensure separation between administered funds and their implementation through the country programme. Funds will be implemented by external partners, but also by UNICEF programmes.

38. **Cross-sectoral costs** support all sectoral activities with administrative and operational services. This structure has two key advantages. Firstly, in the comparatively demanding operational environment in Somalia, it ensures focused management of joint services, e.g., flight services, freight logistics, cash transfers into Somalia. Secondly, it can provide better support to joint activities and projects. Key management functions complement this system. The external relations function is in charge of all interaction with media and the public, and the contribution management function deals with donor contributions from fund-raising through budget monitoring to reporting.

Major partnerships

39. The 2008-2009 country programme will substantially strengthen its partnership with other United Nations agencies, guided by the UNTP framework. UNICEF will enter into joint programmes on young child survival and development with WHO; and a package of high-impact interventions with the International Labour Organization, the United Nations Centre for Human Settlements (Habitat), UNDP and other agencies on local governance as a means to basic service delivery. A joint “Go to School” programme is under development with the United Nations Educational, Scientific and Cultural Organization (UNESCO).

40. The governments in the north-west and the north-east are key partners for the implementation of the country programme at both the central (for policy and sector governance) and the local (district) levels (for service delivery). Basic cooperation agreements are being established with the Transitional Federal Government, at present only for activities in southern and central Somalia. These are potentially the

basis for stronger partnerships like those established in the north and ultimately for a truly national programme. International non-governmental organizations (NGOs) are key partners in sectoral approaches, e.g., Save the Children Alliance for education or Merlin for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Local NGOs are essential partners for programme implementation. The country office will also act as fund manager for the strategic partnership between UNESCO, UNICEF and the United Kingdom Department of International Development in education that, similar to the Global Fund system, administers the overall budget and disburses funds to UNICEF and partners as recipients for implementation.

Monitoring, evaluation and programme management

41. A two-year UNTP monitoring and evaluation plan will provide the framework for the integrated monitoring and evaluation plan (IMEP), which will include school surveys, nutrition surveys, the health information system, DevInfo and routine monitoring visits. The next MICS, expected to be carried out in 2009, will provide data on results of the country programme 2008-2009, and on longer-term results for interventions initiated before 2008. Sectoral evaluations will be carried out where appropriate and built into the IMEP. Mid-year and annual reviews will be a joint United Nations exercise, led by ministries of planning where they exist. The internal evaluation function has been given a more independent role by attaching it to the Representative, based on the recommendation of the 2006 mid-term review.

42. Programme management to a significant extent will become a joint responsibility. Joint programmes will be headed by a lead agency, with responsibility for delivery, reporting and facilitating the availability of funds. Detailed terms for these structures will be worked out by the end of 2007 by a joint United Nations programme working group. Similarly, there will be a lead agency for each UNTP outcome, with UNICEF being the lead for outcome 4, basic services in health and education.

43. UNICEF responsibilities within and beyond the UNTP will be managed through the structure as outlined in the programme components section and supported by cross-sectoral functions. The commitments of the UNTP will be taken up by additional dedicated functions for leadership for outcome 4, to ensure stringent management across the partners as well as dedicated monitoring of implementation. This ensures that both the commitments to the UNICEF mandate and to the UNTP are given matching priority.