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Summary of midterm reviews and major evaluations of country programmes

Middle East and North Africa region

Summary

This report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. Country offices in the region carried out the evaluations and studies described in this report were during 2002-2003. No country conducted an MTR in 2003.

Introduction

1. Country offices in the region supported 109 studies in 2003. Only a few of these are summarized here. Several were devoted to emergencies in Iraq and in the Occupied Palestinian Territory. UNICEF produced a major evaluation of its work preparing its humanitarian response to war in Iraq along with a series of "Watching Briefs" and other studies in the immediate aftermath of the war. It also supported studies in other emergency situations, including a review of the nutritional situation of Palestinian children. Other studies focused on priorities set out in the Millennium Development Goals and the UNICEF medium-term strategic plan. These issues included gender in education, sexual exploitation, female genital mutilation and cutting, violence in schools, early child education and maternal health.

* E/ICEF/2004/12.

Major country programme evaluations

The Iraq emergency: preparedness and early response

2. UNICEF undertook an extensive evaluation of its preparedness-planning and early response in Iraq. The report of the evaluation, which was completed in April 2004, offers an in-depth review of UNICEF involvement in the Iraq emergency and provides valuable recommendations for the future in each area covered.

3. Major findings include:

(a) Each of the five country offices (Jordan, Iran, Iraq, the Syrian Arab Republic and Turkey) achieved its planned level of standing readiness before the war;

(b) The planning processes were productive both internally and in terms of developing important links with United Nations and non-governmental organization (NGO) partners, but these processes were also drawn out and onerous;

(c) Pre-positioning of supplies before the war, and trucking from surrounding countries immediately after the war, provided direct assistance to at least 2 million Iraqi children;

(d) Media coverage of children's needs was very good, and seems to be partly responsible for early and very successful fund-raising;

(e) UNICEF made a substantial contribution to inter-agency planning and coordination at country, regional and headquarters levels. In the concerned countries, UNICEF staff took on the coordination of United Nations and NGO partners in at least one, and often two or three, sectors per country;

(f) A cluster approach to emergency coordination worked well and replaced an earlier concept of lead agencies. Clusters provided a more neutral forum where large and small agencies could meet to sort out coordination issues. Three out of the four sector coordinators working in UNICEF were seconded from other organizations, an arrangement that generally worked well;

(g) Programme management procedures need more streamlining. Current systems for contract management often complicate and slow down emergency response;

(h) In general, staff deployments worked well. However, UNICEF systems for finding and deploying personnel still need to be strengthened.

Iraq emergency: the Watching Briefs

4. In the immediate aftermath of the Iraq war, UNICEF undertook the responsibility of preparing desk reviews of the social sectors in Iraq. These studies, or Watching Briefs, aimed at establishing a base for immediate action by agencies re-entering Iraq. They covered education, water and environmental sanitation, health and nutrition, HIV/AIDS and child protection. The World Bank provided part of the costs, and UNICEF provided the balance. Staff of the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization provided technical inputs. The Watching Briefs were also used extensively in the

larger World Bank/United Nations needs-assessment exercise for Iraq. The process applied and the methodology used have significant implications for inter-agency collaboration for quick assessments in future emergencies.

The Occupied Palestinian Territory emergency: young child nutrition

5. The continuing closures, curfews and siege in the Occupied Palestinian Territory have disturbed the lives of families and children, escalated poverty and disrupted access to and availability of food for Palestinian children. This survey was conducted to determine the nutritional status of Palestinian children and to prompt timely action to prevent the rapid deterioration of children's nutritional status.

6. The Palestinian Central Bureau of Statistics, in collaboration with Birzeit University, conducted this study, with support from UNICEF, in 2002. The study considered factors that included the standard of living index, mother's age and education, children's age, weaning food, and feeding practices. The surveyors measured haemoglobin levels and growth parameters for children aged 6-59 months. However, the survey did not consider exclusive and continued breastfeeding practices and complementary feeding.

7. The survey found that 38 per cent of the children were anaemic, with highest levels in children aged 12-23 months (53 per cent) followed by children aged 6-11 months (42 per cent). Children in the Gaza Strip were significantly more anaemic than West Bank children. The highest level of stunting (chronic malnutrition) was found in children aged 12-23 months, and children in the Gaza Strip had higher levels of stunting than children in the West Bank. In 2002, 2.5 per cent of the children experienced wasting (acute malnutrition), compared with 1.4 per cent in 2000 and 2.8 per cent in 1996. More children experienced wasting in the West Bank than in Gaza. Urban and rural children had higher levels of wasting compared with refugee camp dwellers.

8. The study recommended improving the existing systems for the detection and management of anaemia and child malnutrition through training of all staff, improving record-keeping, maintaining a focus on high-risk groups and establishing a computerized health information system. It also proposed strengthening the role of maternal and child health clinics, dietary advice and provision of nutrition supplementation as well as introducing a home-visit system to follow up children. However, it stopped short of making concrete recommendations about budget requirements and implementation steps.

Girls' education

Lebanon, Morocco and Sudan: gender reviews

9. Several countries of the region completed desk studies, reviews of textbooks, and interviews with key informants in order to assess the steps needed to improve access and retention of girls in school.

10. Since one of the primary research sources involved only desk reviews, the conclusions may not be validated in future research. However, the reviews highlighted general indications:

- (a) Gender disparities are not evident in pre-schools;
- (b) There are more girls than boys in public primary schools;
- (c) Parents are more willing to spend money to educate boys;
- (d) There is gender bias in the subject choices of students, in curricula and materials, and in the teaching profession;
- (e) Gender sensitivity-training has so far received little or no attention among educators;
- (f) Early marriage reduces the number of girls who can complete school.

11. The reviews indicate a need to carry out similar studies in other countries of the region. There is also a need to train UNICEF staff and government and community programme managers in gender barriers to education.

Protection of children and adolescents

Algeria: psychosocial care for children traumatized by terrorist violence

12. The evaluation used a participatory approach involving all stakeholders, including adolescents in focus-group discussions, and it also drew information from a number of case studies.

13. The evaluation highlighted a number of achievements, including capacity-building of professionals and the creation of spaces in which children affected by violence could express their views. However, a lack of adequate coordination and communication among the different sectors and partners remains a major constraint. One of the most important recommendations of the evaluation is to broaden the scope of interventions, and to address all forms of violence, abuse and exploitation affecting all children.

Morocco: sexual exploitation of children in Marrakech

14. Morocco is a leader in the region in combating commercial sexual exploitation of children. As a part of its efforts to understand the issue of child prostitution, an NGO undertook this study with support from the Government and UNICEF. The survey covered 100 children (62 boys and 38 girls). The researchers who conducted the study noted that the sample of children working in prostitution was arbitrarily composed; therefore, the conclusions from the study, while important, should not be generalized.

15. According to the study, several key factors were associated with child sexual exploitation: poverty, single-parent households, abuse and maltreatment in early childhood, peer pressure, and absence of sex education. Clients are both nationals and foreigners, with an increasing number of sex tourists coming from the West and from the Gulf region. More than 70 per cent of the children interviewed had been informed about health risks but knowledge about HIV/AIDS and prevention was limited.

16. Even if they condemn sexual exploitation, families sometimes do not question their children about their activities, especially if the families are poor and the children bring money to the household.

17. The study recommended these actions:

(a) Information and sensitization of families on the issue of sexual exploitation and on its damaging effects on their children, clarifying that such exploitation is a crime;

(b) Creation of child-friendly spaces where parents may discuss the issue of rape and other forms of violence against children;

(c) Integration of information on sexual abuse and exploitation of children in school curricula.

The Syrian Arab Republic: violence against children of primary school age

18. The survey was taken among more than 12,000 randomly selected primary schoolchildren and some 850 teachers on the incidence and severity of violence and abuse committed against children at home, in school and in the street. Almost 80 per cent of the children who responded reported being beaten at home, and more than 70 per cent said they were beaten in schools. In contrast, only 40 per cent of the children reported having been beaten in the street by other children.

19. No significant difference was observed between schools that were public, private or operated by the United Nations Relief and Works Agency for Palestine Refugees in the Near East. Nor was a significant difference observed between unemployed and working families. There was, however, a correlation between the incidence of violence and the size of the family. Evidence suggested that mothers were more violent than fathers. The report concluded with a number of very relevant recommendations, including the call for more in-depth knowledge of the problem.

Early childhood development

Algeria: pre-school education

20. Currently, pre-school education is not compulsory and is provided mostly by private entrepreneurs. This study examined the pre-school structure, organization, legal status, curriculum, pedagogy and parental expectations. It used a stratified sampling methodology to obtain information in 14 out of the country's 48 *wilayas* (provinces). In-depth interviews were conducted with pre-school proprietors, teachers and parents.

21. The study showed that pre-schools focus on preparing children for primary school but give little attention to other important aspects of children's development. More working mothers are enrolling their children in pre-schools, and the numbers of children of both working and non-working mothers are increasing. There is an enrolment gap in favour of boys (only 24 per cent of those enrolled were girls). The study also showed that pre-schools are functioning as lower-level primary schools and have inappropriate furniture and a lack of amenities. Only one third of the heads of these institutions had training in pre-school education.

22. Since the schools are mostly privately run and autonomous, there has been little quality control and a lot of scope for propagating gender inequity and disparities in learning opportunities. The study noted a diverse selection of pre-schools, with at least six types identified. The advantage of this diversity is that it offers several options to parents, depending on their financial status and residential location. The disadvantage is that monitoring of quality becomes more difficult.

23. The study recommended that the Government accelerate the creation of quality-control measures, including the development of minimum standards for the functioning of pre-schools, the training of pre-school educators and the systematization of pre-school institutions. The Government will also use results of the study to develop strategies for reaching children who lack the means to enrol in pre-schools.

Integrated child services

Yemen: child development project midterm review

24. Yemen's integrated child development project focuses on health, nutrition, safe water and education needs in 30 target districts. The midterm review was conducted to assess and analyse the situation after two and a half years of implementation.

25. The review showed the value of an integrated approach to efforts to strengthen services for children. The study indicated good progress in terms of expanded immunization coverage, school construction and rehabilitation, and equipping of health centres. However, the evaluation also noted the need to improve data quality and routine reporting of immunization. It also indicates that while many water schemes have been initiated, completion has been slow.

26. The findings and recommendations from the review will be used for further strengthening of the project and for designing next steps.

Maternal health

27. Despite impressive reductions in infant and child deaths, the region has seen relatively little reduction in maternal deaths. The four studies summarized below indicate two of the challenges that face countries of the region in their attempts to reduce maternal mortality: the lack of rural health facilities adequately equipped to handle obstetric emergencies and the extent of female genital mutilation (FGM/C) in certain countries of the region.

Yemen: equipment and personnel needs for maternal health facilities

28. UNICEF worked with the Government to launch a safe motherhood programme in four governorates. This effort included detailed planning for the upgrading of health facilities at the governorate-level referral hospitals.

29. Findings showed that only one hospital had surgical emergency obstetrics care service. Even where there was a surgical theatre, the hospital lacked a specialist. Five health units in the Lahj governorate and 11 health units in the Abian governorate were not providing any maternal services because of lack of female health providers and suitable equipment. The other health units offered minimal

maternal services because they were badly equipped. Furthermore, all health units in both districts lacked various manuals on reproductive health standards and guidelines, and there was a shortage of registration materials in the health units of both districts.

30. The study allowed Government, UNICEF, the United Nations Population Fund and WHO to lay out plans to address the deficiencies in equipment and personnel.

Djibouti: obstetric complications linked to genital mutilation

31. FGM/C is widely prevalent in Djibouti. This government study was undertaken to document the links between the practice and obstetric and perinatal complications in the country. The sample included 1,000 women admitted overnight in three maternity wards.

32. In addition to the expected obstetric and perinatal complications, the survey indicated psychological consequences, such as disturbances in behaviour, frustration, anxiety, depression, chronic irritability or frigidity.

33. The study is expected to help to sensitize the public on the issue and mobilize action. Taking the study's results into consideration, the Government has created a national committee to fight harmful traditional practices, grouping together several institutions under the patronage of the First Lady of the National Union of Djiboutian Women.

Egypt: opinion leaders and FGM/C

34. In Egypt, FGM/C is almost universal. UNICEF, in collaboration with the National Council for Childhood and Motherhood, commissioned this qualitative study on the attitudes and values of opinion leaders and media professionals.

35. The sample included 21 highly respected opinion leaders representing mass media, medicine, religion, politics and the social sciences. The study found that opinion leaders' knowledge about the practice was limited and showed confusion about the religious foundations of the practice. The majority of participants believed that the media could play a pivotal role in changing public attitudes about FGM/C as long as the topic was properly presented. Those surveyed expressed a need for caution in international efforts, which many saw as counter-productive. Interviewees strongly recommended that the lead in efforts be taken instead by local or governmental organizations, with international organizations providing support roles and technical assistance when needed.

Sudan: FGM/C and the child-friendly initiative

36. More than 90 high-priority communities in Kassala, West Kordofan and South Darfur states were surveyed in order to plan for interventions against FGM/C. The research measured baseline prevalence of the practice in girls aged 5-11 years. It also assembled a cohort of five-year-old girls who had not undergone the practice to track the incidence of FGM/C. Parents were interviewed using a well-structured questionnaire.

37. The overall prevalence of FGM/C varied from 19 to 59 per cent of girls aged 5-11. In some cases, a low incidence was compensated for by a much higher percentage of parents aiming to have their girls undergo FGM/C at a later age. At

least three fourths of the girls aged 5-11 will undergo the practice unless parental views can be changed.

38. The study recommends that the project encourage health promoters to meet parents face to face in certain high-priority communities.

Continued effort needed to improve quality

39. The regional office again this year reviewed all studies prepared by country offices. As part of an effort to improve quality and share findings, the region posted all studies on the regional intranet. It also established a grading system to provide feedback to offices on their individual reports as well as on their performance in adhering to guidelines, and to compare results with those of other offices. While some country offices showed improved adherence to the guidelines, one third of the reports reviewed did not meet the standard.

40. In light of the 2003 review, the regional office in 2004 continues to urge offices to support fewer studies to ensure better focus and quality. The region also hopes to complete a regional integrated monitoring and evaluation plan, which would tie in with similar plans already in place in country offices. This regional plan should help in promoting and guiding multi-country studies and evaluations.
