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### United Nations Children's Fund

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### **Summary of midterm reviews and major evaluations of country programmes**

#### **Middle East and North Africa region**

#### *Summary*

The present document 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. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted during 2004.

#### **Introduction**

1. Nine countries of the region conducted midterm reviews (MTR) in 2004: Algeria, Egypt, Lebanon, Morocco, the Occupied Palestinian Territory, Sudan, the Syrian Arab Republic, Tunisia and Yemen. United Nations partner agencies as well as donor representatives and non-governmental organizations (NGOs) took part in all the reviews. For the first time, two countries, Morocco and Tunisia, conducted joint United Nations inter-agency MTRs.

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\* E/ICEF/2005/10.

## Country midterm reviews

### Algeria

2. **Introduction.** Preliminary MTR discussions took place in early 2004 and five sectoral working groups were formed. The review, led by the Ministry of Foreign Affairs, included representatives from counterpart Ministries, members of Parliament, donors, NGOs and children.

3. **The situation of children and women.** Latest figures indicate that the infant mortality rate (IMR) is 31 per 1,000 live births, and the under-5 mortality rate (U5MR) is 37 per 1,000 live births. Immunization coverage is 90 per cent but varies between rural areas (86 per cent) and urban areas (91 per cent), as does access to most other social services. It is estimated that 80 per cent of mothers receive some form of prenatal care but only 62 per cent of them are attended by a physician. In rural areas, 28 per cent of mothers do not have access to prenatal services; in urban areas, the figure drops to 13 per cent. Only 3 per cent of children have access to pre-schools.

4. **Progress and key results.** The country programme supported the training of health personnel in immunization, acute respiratory infections and maternal and child health and helped in implementing a local Integrated Management of Childhood Illness (IMCI)/integrated early childhood development (ECD) project in the southern province of Timimoun. Education reform was supported through a pilot project introducing the child-friendly concept in 100 schools in the northern province of Boumerdes. The programme helped in analysing the situation of children with specific needs, and in assessing the impact of all forms of abuse, exploitation and violence. Hundreds of professionals and judges were trained in psychosocial care of traumatized children and in juvenile justice. In Tindouf refugee camps, vaccines and cold chain supplies were provided, and women's and girls' literacy was supported.

5. **Resources used.** In line with the plan, \$3.3 million in regular resources, \$1.3 million in other resources and \$460,000 in emergency funds were spent in the first three years. Health and nutrition programme expenditure was below budget, while child protection was above budget. This was due to the availability of additional resources after the earthquake of May 2003. The utilization of funds has been close to 90 per cent.

6. **Constraints and opportunities affecting progress.** A more comprehensive review and focusing of health activities is needed; the original objectives were too ambitious for the resources available. In education, better coordination with community programmes is needed. In child protection, there is a need for qualified staff.

7. **Adjustments made.** The review recommended that the programme (a) strengthen the human rights approach and adopt results-based management, including improved monitoring and evaluation; (b) invest in improving the quality of services, and (c) be more responsive to the Concluding Observations of the Committee on the Rights of the Child, and support creation of a child rights observatory.

## Egypt

8. **Introduction.** The MTR meeting was preceded by seven sectoral/thematic retreats and benefited from six project evaluations, four surveys and four studies. The review was led by the Ministry of Foreign Affairs and the National Council for Childhood and Motherhood and included other Ministries, NGOs, United Nations agencies and donors.

9. **The situation of children and women.** Immunization coverage is over 90 per cent, and only one polio case was reported. Latest figures indicate a further drop in IMR and U5MR, to 38 and 46 per 1,000 live births, respectively. However, significant geographical disparities exist: child mortality in upper Egypt is 1.4 times higher than in lower Egypt and 2 times higher than in urban governorates. Only 40 per cent of households nationally are equipped with modern flush toilets (13 per cent in rural areas). Around 17 per cent of the population lives in poverty and around 12 million people face problems in meeting their basic needs.

10. Primary school enrolment is estimated at 92 per cent. The gender gap in primary schools has decreased by 9 per cent over the past three school years, and the ratio of girls to boys is 93. Child labour is estimated at 6 per cent nationwide, and around 1 million children live on the streets. The 2003 demographic and health survey found that female genital mutilation (FGM) is practised widely, with a prevalence of 97 per cent among never-married women.

11. **Progress and key results.** The community school model contributed to the development of national standards for education, including the mainstreaming of its quality components. The programme, with financial backing from the Canadian International Development Agency, continued to support 227 such schools in depressed areas.

12. The Ministry of Health, assisted by the World Health Organization (WHO), UNICEF and other agencies, was able to reduce the number of polio cases to 1 in 2004 from 7 in 2002. The number of neonatal tetanus cases decreased from 176 in 2002 to 117 in 2004. Vitamin A supplementation among children aged 9-18 months was maintained at above 90 per cent. Iodized salt usage increased from 56 per cent in 2000 to 79 per cent in 2003.

13. The village environment assistance project, funded by the United States Agency for International Development, achieved the following results: access to safe drinking water reached 95 per cent in four targeted districts; some 62,000 people were provided with appropriate human waste disposal means; more than 9,000 double-pit pour flush latrines were built through partnerships with NGOs and communities; and sanitation conditions were improved in 39 community schools in two governorates.

14. Street mentors provided 2,000 children in the cities of Cairo, Alexandria and Qena with information and life skills. The national campaign against FGM targeted 47 communities in three cities.

15. **Resources used.** In the first three years, \$31 million (\$23.1 million of other resources and \$7.9 million of regular resources) was spent. Programme budget implementation was consistently over 90 per cent. Supplementary funding was successfully mobilized, and more than 80 per cent of other resources (\$25 million) approved by the Executive Board had been raised by June 2004.

16. **Constraints and opportunities affecting progress.** Insufficient information on child protection issues, especially violence, remains a concern. The experience gained with small-scale projects will assist the implementation of larger projects, especially regarding FGM, child labour, children who live or work on the street and water and environmental sanitation (WES).

17. **Recommendations and adjustments made.** The MTR made several recommendations: (a) the community schools model should be accelerated to reach 300 conventional schools by end-cycle; (b) the momentum on polio eradication should be maintained through immunization campaigns and programme communication; (c) greater priority should be given to maternal and neonatal tetanus (MNT) elimination and to sanitation and hygiene; and (d) studies on violence against children should be conducted to fill knowledge gaps in child protection.

### **Lebanon**

18. **Introduction.** The MTR was carried out by the Government and UNICEF in close cooperation with local NGO partners. The Ministries of Public Health, Education, Social Affairs and Justice were represented at the General Directorate level. A number of thematic studies were prepared in mother and child care, education and child labour.

19. **The situation of children and women.** IMR and U5MR, at 27 and 35 per 1,000 live births, respectively, are among the lowest in the region, but considerable disparities exist. Immunization rates for infants have been sustained at over 90 per cent. No indigenous cases of polio have been reported since 1993; one imported case of polio, however, was confirmed in 2003.

20. Primary education is almost universal, with near equal enrolment rates for girls and boys. A growing problem, child labour engages some 10 per cent of children aged 14-18. Although prevalence is low, HIV/AIDS is a potentially serious health threat.

21. **Progress and key results.** UNICEF supported national immunization by procuring vaccines, cold-chain and immunization equipment and essential drugs. Important alliances were formed with the World Bank and WHO to strengthen Primary Health Care (PHC) centres, train staff and develop quality standards as part of PHC reform. As part of parent education efforts, 13 episodes of a television programme, "My Child", were developed. ECD education materials were provided to 46 day-care centres and kindergartens. UNICEF, working with ILO, contributed to research on child labour and to the development of the national plan of action to combat its worse forms. A draft national youth policy is being developed. A partnership with Government Ministries and NGOs was developed to pilot vocational training programmes for young people in 12 districts. UNICEF has supported the national AIDS programme within the joint United Nations Plan of Action for HIV/AIDS Prevention. Preparation of Lebanon's third report to the Committee on the Rights of the Child involved the participation of a panel of children and the mobilization of the media to promote child rights.

22. **Resources used.** Out of a budgeted total for the country programme of \$8 million (\$3 million in regular resources and \$5 million in other resources), around \$3 million was spent in the first three years (\$1.8 million in regular

resources and \$1.2 million in other resources). During 2002-2004, programme budget implementation was 92 per cent for regular resources and 52 per cent for other resources. Office restructuring in 2004, which caused prolonged vacancy of several posts, was a major factor in low expenditure.

23. **Constraints and opportunities affecting progress.** Weaknesses in statistical and information systems hamper the improvement of monitoring and the effectiveness of programmes. The lack of institutional capacity, especially in child protection issues, remains a major concern. The next United Nations Development Assistance Framework (UNDAF) will be a good opportunity to improve the effectiveness of United Nations agencies. UNICEF is playing an active and often catalytic role in the theme groups on Millennium Development Goals monitoring, youth empowerment and HIV/AIDS prevention.

24. **Recommendations and adjustments made.** The MTR included several key recommendations: re-define project objectives to make them result-oriented, to avoid an overlap of activities and to better reflect the niche of UNICEF; in the absence of a child protection programme, incorporate child neglect, violence, abuse and exploitation into the existing youth empowerment and protection programme; more actively mobilize young people as agents of social change; include all young Lebanese, not just working and out-of-school youth, in the youth empowerment and protection programme; and improve performance in other resources fund-raising.

### **Morocco**

25. **Introduction.** The MTR was organized simultaneously with that of United Nations partners, especially the United Nations Development Programme and the United Nations Population Fund (UNFPA). The process was led by the programme steering committee and working groups of partners and UNICEF staff, which produced analytical sector reports that formed the core of the MTR report.

26. The process was reinforced by the country programme evaluation, which addressed key questions related to relevance, sustainability, replication, and the application of the human rights approach and results-based management.

27. **The situation of children and women.** In February 2004, an earthquake in Al Hoceima province killed 600 people and rendered more than 1,000 mostly poor families homeless. Wide discrepancies and gaps in some social service provisions and indicators remain between rural and urban areas and among regions and provinces. IMR and the maternal mortality ratio (MMR) remain unchanged since 1997. Only 31 per cent of children less than six months old are exclusively breastfed. In 2004, the number of reported HIV/AIDS cases totaled 1,442. The infection rate in the under-15 age group is 3 per cent, and among pregnant women it is 0.13 per cent. A survey on sexual exploitation showed that many children are victims of prostitution, often following violence in the family and in schools. The primary school enrolment rate has increased to 92 per cent, but around 600,000 children are still engaged in child labour.

28. **Progress and key results.** The Family Code was adopted unanimously by Parliament in January 2004. It applies the principles of equality and co-responsibility of both partners in all household-related decisions. A national strategy for the promotion of pre-school education was developed. Pre-school resource centres in seven provinces were equipped. Training for more than 80

trainers and 600 pre-school teachers was provided. Some 100,000 primary school students benefited from improved quality of education introduced through a rigorous Convention on the Rights of the Child/Quality Education Initiative. More than 600 supervisors and teachers were trained on formative evaluations of students. These initiatives were endorsed by the Ministry of Education and the World Bank for wider application. Specific pedagogic tools were developed and used to train 160 regional trainers and educators, benefiting more than 6,000 working children. In partnership with UNFPA and local NGOs, and to address the high MMR, a community-based approach aimed at improving access to essential obstetric care was introduced in selected communities. A new national strategy on breastfeeding promotion was developed. In HIV prevention, 150 peer educators were provided with skills to promote the youth-to-youth approach.

29. Training was given to 100 juvenile judges on child rights and revised penal laws. Around 400 working children were re-integrated into schools, and 4,000 working children aged 12-15 were registered into non-formal education activities. A major success was the Second Arab-African Conference on Sexual Abuse, Exploitation and Violence against Children, held in Rabat in 2004, hosted by the Government and organized jointly with the NGO End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes, and other NGOs. The Al Hoceima earthquake response included the rehabilitation of health services, back-to-school activities and the protection of the most vulnerable children and women.

30. **Resources used.** In the first three years, \$4.1 million of other resources and \$4 million of regular resources (out of a planned budget of \$10.7 million) was spent. The implementation rate was consistently over 97 per cent for regular resources but was low for other resources in the first two years (43 per cent and 42 per cent). The rate improved significantly in 2004, reaching 73 per cent, as a result of closer follow-up and use of funds in emergency areas. As of December 2004, the country office had mobilized \$3.4 million, representing 51 per cent of other resources approved by the Executive Board. This does not include the emergency funds of \$600,000 received in 2004 for the Al Hoceima earthquake.

31. **Constraints and opportunities affecting progress.** Institutional constraints include the weakness of and slow progress in the decentralization process; frequent changes in government personnel; and lack of adequate/skilled human resources in the field. Technical constraints include the lack of statistics and information disaggregated by gender, age and geographic areas; the lack of coordination mechanisms for programmes aimed at children at risk; and gaps between laws and enforcement mechanisms. Other constraints are several prevalent attitudes, beliefs and practices, including those that discourage fathers and male caretakers from participating in child care and those that exclude women from decision-making while also exposing them to domestic violence.

32. **Adjustments made.** The MTR recommended reinforcing gender mainstreaming and strengthening the tools supporting the human rights approach. The introduction of a child-centred budget and results-based management with strategic indicators will help. The review recommended preserving the intersectoral approach, particularly in ECD and child protection, and enhancing collaboration with other United Nations agencies within the framework of Common Country

Assessment (CCA)/UNDAF. It recommended reinforcing partnerships, focusing mainly on NGOs, and supporting national decentralization and de-concentration.

### **The Occupied Palestinian Territory**

33. **Introduction.** As the country programme cycle lasts two years (2004–2005), the MTR at the end of 2004 was combined with the annual review. The review involved partner Ministries, United Nations agencies, donors, national and international NGOs and children. Five working groups were formed for the preparation of the review.

34. **The situation of children and women.** The majority of Palestinian women and children continue to suffer the consequences of the conflict and of the restrictions of access. There are rising trends in IMR and MMR, decreasing access to education and increasing signs of psychosocial distress. Mortality rates in Gaza have increased by 30–35 per cent in the last four years. Stunting rates have increased from 7 per cent in 1996 to almost 10 per cent in 2004, reflecting the growing levels of poverty and malnutrition. Research indicates that 51 per cent of students admitted to using physical violence against schoolmates, and 44 per cent of teachers and 56 per cent of parents applied physical punishment.

35. **Progress and key results.** Nine emergency psychosocial support teams were established across the West Bank. Counsellors in 300 schools and 12,000 caregivers were trained to observe and detect violence and distress among children and provide them with support. The National Mine Action Committee was reactivated, and UNICEF is working closely with this committee to review strategy and training. The child-friendly cities project included four more municipalities and has taken steps towards nationwide expansion. The seven-year plan for Palestinian children within the framework of *A World Fit for Children* was finalized and endorsed. A national position paper on child protection was drawn up as a first step towards a national policy.

36. Routine immunization was maintained with the support of UNICEF in both the facilities of the Ministry of Health and the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), and a nationwide measles immunization campaign and polio mop-up campaign were conducted. Immunization training was provided to 121 trainers and 440 service providers. To expand the IMCI initiative, 45 trainers and 260 health care providers were trained, and 15 district training units were equipped.

37. Revised remedial education materials were printed and distributed; 18 lessons were developed and three workshops were held to train 100 teachers. A plan to conduct the national assessment of teacher-training needs was drafted. A two-day refresher training on life skills-based education was held for 80 trainers, who in turn trained 750 teachers and 450 school principals in 19 schools in Gaza.

38. A youth-focused decentralized participatory process was launched, which will lead to the development of a National Youth Policy covering the 15–24 age group. A pilot HIV/AIDS awareness-raising project for adolescents was launched in nine schools and six youth clubs.

39. A monitoring project was initiated for violence in school, domestic abuse and child labour, and UNICEF took the lead in introducing the concept of a protective

environment for children. A baseline survey on the psychosocial status of Palestinian children was carried out by the Palestine Central Bureau of Statistics.

40. **Resources used.** The bulk of the programme funds comes from other resources and emergency funding. In 2004, the programme spent \$426,700 in regular resources (against the planned \$558,000); \$3.27 million in other resources (against the planned \$4.11 million); and \$3.98 million in emergency funds (against the planned \$13.9 million and actual emergency funding of \$5.06 million). The low expenditure for other resources and emergency funds reflects the fact that the funding was received late in the year and disbursement was carried to 2005.

41. **Constraints and opportunities affecting progress.** The programme benefited from increased funding opportunities. UNICEF partners and civil society organizations show great enthusiasm and cooperation in moving ahead with children's and women's issues, though the number of these organizations is small. Ongoing violence and movement restrictions pose major constraints. There is a need for better common understanding of child protection issues; despite some progress, social sensitivity regarding certain "taboos" is still high.

42. **Adjustments made.** The MTR made several recommendations: make a transition from emergency programming towards development; continue to make educational quality a priority; continue to strengthen ECD, including the community IMCI and pre-school education; strengthen school health; focus more on children living under difficult circumstances; invest more in making society child-focused; and increase collaboration and coordination with UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other United Nations agencies. To increase programme performance, in Gaza, specific operations such as procurement of supplies should be conducted locally rather than from Jerusalem.

## Sudan

43. **Introduction.** The MTR took place during the second half of 2004 and was organized jointly with the Ministry of International Cooperation. A national MTR committee coordinated the sectoral review meetings. An explicit focus was the humanitarian response to the Darfur emergency. The MTR meeting in November was attended by senior Government officials, major donors, United Nations agencies and NGOs.

44. **The situation of children and women.** The situation of children and women continues to be affected by armed conflicts and related humanitarian consequences.

45. Child mortality, estimated at 104 per 1,000 live births, continues to be very high, as are malnutrition and MMR. More than 400,000 children aged 9-59 months are estimated to have been affected by measles. Some 12 million people, mostly in rural and conflict-affected areas, still have no access to safe drinking water or adequate sanitation facilities.

46. Enrolment levels in primary education remain low and show significant regional and gender disparities. In 2003-2004, the gross enrolment rate for primary education was 61 per cent, and the percentage of girls' enrolment to total enrolment ranged from 49 per cent in Khartoum to 39 per cent in South Darfur. Each year about 1,600 newborn babies are abandoned largely because of disability, extreme poverty and the social stigma of birth outside wedlock. FGM continues to affect

90 per cent of the female population. The United Nations Landmines Database classifies Sudan among the 10 worst-affected countries.

47. **Progress and key results.** Routine immunization coverage saw some modest improvements. For example, coverage with three doses of combined diphtheria, pertussis and tetanus vaccine (DPT3) increased from 70 per cent in 2001 to 74 per cent in 2003. However, after three years of polio-free status, 21 cases imported from Nigeria were reported in 2004. Implementation of IMCI was supported in 32 per cent of health facilities. In Darfur, measles cases and deaths have declined significantly, thanks to the measles campaign held in June 2004, which reached more than 2 million children, and to PHC coverage for children and women, which had reached 65 per cent by August 2004.

48. More than 90 per cent of children received vitamin A supplementation, and more than 1 million pregnant women received iron and folic acid supplements. Workers were trained and supplies were provided for establishing 38 therapeutic feeding centres in Darfur, which in turn handled 61,000 cases of severely malnourished children.

49. In Darfur, UNICEF played the lead role in providing access to safe water for 832,000 internally displaced persons (IDPs) and sanitation facilities for 570,000 IDPs. Elsewhere, access to safe water was provided to 2.7 million people and sanitation facilities to 1 million. Sanitation services were also improved in 421 primary schools. The number of cases of dracunculiasis decreased from 55,000 in 2001 to about 5,000 in 2004.

50. The improvement in enrolment, from 58 per cent in 2002 to 61 per cent in 2004, was marginal, but in the focus states, enrolment increased from 37 per cent to 46 per cent, and the number of girls enrolled increased by 12.6 per cent. In Darfur, UNICEF supported the opening of 1,013 classroom units, serving 125,000 children. In addition, in 2004, through the nomadic education project, the enrolment rate increased from 16 per cent in 2003 to 25 per cent in 2004.

51. The Rights, Protection, and Peace-Building Programme supported the reunification of 1,600 abducted children from Bahr El Ghazal with their families; the repatriation of 530 children and women members of the Lord's Resistance Army to Uganda; and family placement and foster care for 425 abandoned babies in Khartoum. Humanitarian workers were trained in sexual exploitation and abuse. Sudan enacted a new child law in 2004 and ratified the two Optional Protocols to the Convention on the Rights of the Child, the Ottawa Convention and ILO Conventions Nos. 138 and 182. A national strategy and action plan to end FGM were developed.

52. **Resources used.** During 2002-2004, the programme spent \$16 million in regular resources (against the planned \$16.8 million), \$16.5 million in other resources (against the planned \$19 million) and \$57 million in emergency funds (against the planned \$54 million).

53. **Constraints and opportunities affecting progress.** Poor access to rural and remote areas and security concerns (including landmines) are the key constraints. Though funding has grown rapidly, the provision of basic services requires a much higher level. Poor capacity and motivation and the high rate of turnover in the government remain a concern. In addition, institutional capacities are very weak at the local level.

54. The emergency experience in Darfur and the lessons learned from the Child-Friendly Community Initiative will be valuable for the country programme. The biggest challenge is to serve the returning IDPs and refugees following the peace agreement.

55. **Adjustments made.** Strategies were fine-tuned to strengthen the following:

(a) Protection of children and women in areas of conflict and natural disasters;

(b) Support for the return and reintegration of IDPs by providing protection along routes and final places of return, and making basic social services available;

(c) Increasing access to basic social services in order to reduce dependency on humanitarian aid;

(d) Consolidation of the peace process through the promotion of reconciliation, confidence-building and support for good governance in all social sector interventions;

(e) Promotion of shared utilization, and community management and ownership of, basic social services to resolve second-tier conflicts;

(f) Demobilization and rehabilitation of children under 18 years of age associated with armed forces and militias.

56. The MTR also called for some restructuring in HIV/AIDS prevention.

### **Syrian Arab Republic**

57. **Introduction.** Five thematic groups were established for education, health, communication, Healthy villages and child protection. The reports of the groups were presented in meetings at the State Planning Commission. The findings and recommendations formed the basis of the draft report presented at the MTR meeting, which included participants from the Ministries of Education, Health, Information, Social Affairs, and Interior, the Women's General Union, Damascus University, United Nations agencies and national experts and researchers.

58. **The situation of children and women.** The country's performance in child health and education is among the best in the region. However, iron deficiency and resulting anaemia is still a problem affecting 40 per cent of women of child-bearing age, 45 per cent of infants and 27 per cent of children under 5. The country has gender and geographical disparities, with five north and north-eastern governorates having especially low access to health services, and several showing a school dropout rate of 38 per cent, compared with a national average of 10 per cent.

59. **Progress and key results.** IMCI was adopted and implemented in four districts in four governorates. On-the-job training in capacity-building was conducted in more than 50 per cent of districts for doctors, nurses and health workers. A district health system was adopted to ensure decentralization. National Days of Immunization and mop-up operations were conducted twice to sustain the polio-free status. Mid-level managers in the expanded programme on immunization (EPI) in all governorates were trained, as were private doctors. More than 50,000 youths participated in summer camps at which HIV/AIDS awareness campaigns were held, and two AIDS information centres were established in the cities of Damascus and Hama. More than 40 villages in five governorates joined the

Healthy Villages Programme. Iodine deficiency disorders have been eliminated, and a pilot flour-fortification project is being implemented. The school curricula are being modified to become gender sensitive. Some 5,500 girl dropouts returned to school as a result of the condensed curriculum project. Global education has been implemented in 382 schools, and health education in 60 per cent of schools. ECD concepts and strategies have been introduced in partnership with UNESCO and the Aga Khan Development Network. Around 6,000 caregivers have been educated in better parenting. The inclusive education initiative was implemented in four schools and one kindergarten. Training was given to 80 trainers in dealing with orphaned children. The second report to the Committee on the Rights of the Child was submitted. A six-episode television programme on child protection was aired.

60. **Resources used.** The programme spent \$2.6 million in regular resources, \$160,000 in other resources and \$454,000 in emergency funds for the Palestinian Programme in the first three years. The Syrian Arab Republic attracts very little donor interest, partly because of its achievements in key indicators related to children.

61. **Constraints and opportunities affecting progress.** The rapid turnover of trained staff, due to low salaries, prevented the expansion of IMCI into the seven targeted governorates. Social, cultural and financial obstacles thwarted achievement of the annual target of returning girl dropouts to school. The lack of qualified teachers and educational resources delayed the expansion of the inclusive education initiative. The Healthy Villages Programme continued to suffer from weak management and an unclear vision. The health education programme benefited from the Ministry of Education's commitment to expand and fund it. The child-friendly school concept will aid in addressing child protection issues in schools.

62. **Adjustments made.** Several adjustments were made to emphasize certain components of the programme and/or to reorganize the structure to make it more effective.

## Tunisia

63. **Introduction.** The review was led by the Ministry of Foreign Affairs and involved Government counterparts, NGOs and United Nations agencies.

64. **The situation of children and women.** The net pre-school enrolment rate has increased and was estimated at 27 per cent for children 3-5 years old in 2003-2004. The net school enrolment rates remained high for 6-year-olds, at 99 per cent, and for children 6-11 years old, at 97 per cent, with no gender disparity. Repetition rates decreased from 16 per cent in 1998-1999 to 7 per cent in 2002-2003. The IMR decreased from 95 to 24 per 1,000 live births between 1972 and 2000, and the U5MR decreased from 149 to 30 per 1,000 live births. Rural areas are the most affected, as are boys and newborns, with neonatal mortality constituting two thirds of the IMR. Though maternal deaths in hospitals are decreasing (from 101 in 1993-1994 to 42 in 2003), regional disparities are significant. The immunization coverage across regions ranges from 81 per cent to 93 per cent, with the central and western regions lagging behind. Around 10,000 children each year face problems with the law, nearly 1 per cent of young people aged 13-18. The magnitude of the problem of abuse, neglect or exploitation is being studied.

65. **Progress and key results.** Evaluations of students' learning achievements showed that the basic competency approach initiated by UNICEF in the mid-1990s had helped to improve learning acquisition in grades 2 and 4 and to reduce repetition and dropout. To increase pre-school enrolment, preparatory classes for children 5 years old have been set up in 924 out of 4,400 schools, mostly in rural areas. To improve equity in the education system, the priority education programme covers 800 basic-education schools, benefiting more than 200,000 children. Inclusive education is implemented in 160 schools, aiming to reach about 600 children with learning difficulties. Quality standards for improving MCH services were defined, and staff in 24 governorates were trained on PHC quality assurance. The Integrated Management of Mother and Child Health strategy was finalized and implemented in four governorates and coupled with family empowerment activities on integrated ECD. Twenty-four child protection delegates and 1,200 social workers were trained in child protection issues. UNICEF advocacy efforts in support of children without primary caregivers led to major governmental decisions on deinstitutionalization policies. An important achievement in the monitoring and promotion of child rights was the strengthening of the Observatory on Child Rights created in 2003 through the establishment of *ChildInfo*, the first national integrated database on children.

66. **Resources used.** Regular resources allocation was \$3.28 million. The country programme mobilized \$1.03 million in supplementary funds out of the \$2.5 million planned. In the first three years, \$1.9 million of regular resources and \$1.4 million of other resources were spent, largely in line with what was planned. Budget implementation was 96 per cent.

67. **Constraints and opportunities affecting progress.** There is a lack of frameworks for setting up child protection networks, including monitoring mechanisms. A major opportunity in education is the new law mandating free and compulsory basic education, prohibiting expulsion from schools and reinforcing quality and equity in education. A national plan of action for children for 2002-2011 was finalized.

68. **Adjustments made.** Minor adjustments included those to improve the response to emerging issues in protection and adolescent well-being (including the prevention of violence in schools). HIV/AIDS activities, including the prevention of mother-to child-transmission of HIV and peer education, have also been integrated in the country programme. A coordination mechanism for data collection will be instituted, involving all relevant Ministries.

## **Yemen**

69. **Introduction.** For the MTR process, the Minister of Planning was informed, and focal points were identified among Ministries and technical departments. Thematic groups for each sector drafted the terms of reference for the field assessments and supervised the work. The recommendations of past evaluations and studies were incorporated. The September 2004 MTR meeting included senior Government officials, including Deputy Ministers and Undersecretaries.

70. **The situation of children and women.** The recent family health survey showed that between 1997 and 2003, IMR decreased from 75.3 to 74.8 per 1,000 live births and U5MR decreased from 105 to 102 per 1,000 live births. Improvement was slowed by the high prevalence of communicable diseases and

high rates of malnutrition. The latter affects almost 50 per cent of children under 5. MMR remains high at 366 per 100,000 live births. Though it has slightly declined, the fertility rate of 6.4 remains one of the highest in the world. Widespread gender disparity in primary school enrolment prevails among areas that are urban (85 per cent for boys and 74 per cent for girls) and rural (65 per cent for boys and 38 per cent for girls). This rate for rural girls is one the lowest in the world and of particular concern. Low enrolment stems from the inaccessibility of schools and lack of motivation among parents. Access to primary health care was estimated at 50 per cent in 2003, with immunization rates at 42 per cent in urban areas and 23 per cent in rural areas.

71. **Progress and key results.** Four sub-national polio immunization days reached over 90 per cent of the target population. Vitamin A supplementation was also provided during the National Immunization Days. Yemen had been polio-free for three years at the time of the MTR, but is now dealing with an epidemic of the imported virus. Two rounds of vaccination-acceleration campaigns for DPT3, oral polio vaccine (OPV) and measles were conducted, targeting 145,000 children under 1 year old. MNT surveillance now exists in 30 health facilities, and staff in 70 MNT focal points received training. Tetanus immunization campaigns targeted 67 high-risk districts in 13 governorates. IMCI management is now implemented in 252 health facilities in 24 districts of seven governorates. Ambulances were provided to three referral hospitals. Six orientation sessions on emergency obstetrics were conducted, and a community-based safe motherhood pilot project was developed in four districts. Training on management of emergency obstetrics facilities was provided to 46 physicians and 75 community midwives and female nurses. About 950 community health workers were trained in safe delivery and infection prevention. District health management teams were established in 30 target areas. Nine new health facilities were constructed and equipped, and 14 renovated. Community-based nutrition interventions were implemented in five districts. Fifty-six trainers, 220 health workers and 316 volunteers were trained, and refresher courses were held for 136 community volunteers. Forty-four water schemes in the 30 target districts were completed, benefiting around 110,000 people. These projects, now self-sustaining, are based on cost recovery and provide free water to poor families.

72. The programme supported revised training modules for teachers, head teachers, supervisors and trainers in 30 targeted districts. It is also contributed to the construction of classrooms in 30 rural areas in nine governorates to benefit 450,000 primary school students. Some 1,500 female teachers received initial training, while 3,400 teachers attended refresher courses. A coordination mechanism was established between the Ministries of Justice, Interior and Social Affairs and Labour, the Juvenile Courts, juvenile prosecution and juvenile centres. Nine juvenile courts were established, seven with UNICEF assistance, and 22 judges, prosecutors and social workers received training in Egypt. Twenty lawyers were trained in issues of child rights, juvenile law and child protection. Two drop-in centres for children who live or work on the street were established in the cities of Aden and Sana'a, where 2,062 children and 1,521 women benefited from social centres supported by UNICEF.

73. **Resources used.** By end-August 2004, \$6.36 million of regular resources had been spent (against the planned \$10.2 million by end-December 2004), and \$4.02 million of other resources (against the planned \$11.98 million) had been

spent. In addition, \$8.09 million of the International Development Association/World Bank funds received for the Child Development Project was spent. Other resources funding remained low.

74. **Constraints and opportunities affecting progress.** Access remains a major constraint in the provision of health services, as does the lack of information, the shortage of female health staff and lack of awareness about the need for immunization. Education is hampered by a lack of information and qualified teachers (male and female) and the reluctance of authorities to decentralize. The lack of technical expertise and social constraints hamper child protection.

75. **Adjustments made.** An HIV/AIDS component targeting young people and other vulnerable groups was established.

76. District EPI plans should be improved by introducing micro-planning at the health unit and district levels, involving local communities, health unit staff and district level staff. Resources are needed to conduct outreach vaccination. To reach the large pool of unqualified teachers, in-service teacher training through distance education should be accelerated. Alternative strategies to increase the numbers of female teachers should be tried. In addition, technical and management capacity at the subnational level should be strengthened.

77. The monitoring of cases of violence and exploitation should be implemented. Partnerships with the ILO, the World Bank and government and non-governmental organizations should be strengthened to address child labour and child trafficking.

## **Major country programme evaluations and reports**

### **Sudan: Joint Assessment Mission Report**

78. **Reasons for the assessment.** The signing of the peace agreement in January 2005 opened possibilities for rapid recovery from war in both northern and southern Sudan. The United Nations and the World Bank recognized the need for a fresh assessment of problems and capacities in order to set a framework for this recovery and to guide future assistance and investment. The Joint Assessment Mission Report, developed in partnership with the Government of Sudan and Sudan People's Liberation Movement (SPLM) officials, marks a milestone document providing a framework for sustained peace, development and poverty eradication in the post-war era in Sudan. The report was launched in March 2005.

79. **Methodology.** The report was produced by a team representing the World Bank and various United Nations agencies active in Sudan. The team worked with the guidance and participation of the Government of Sudan and the SPLM. The work involved extensive desk review of existing documents and publications, months of field visits and a large number of interviews and consultations. The review provided a sector-by-sector analysis of problems and capacities and suggested strategies for immediate action. UNICEF provided a coordinator for the social sectors, oversaw the water and education sector reviews and contributed to the health sector review.

80. **Conclusions, lessons learned and recommendations.** The assessment showed a severe situation in southern Sudan, with extraordinarily low social indicators and major gaps in social- sector infrastructure. Lack of trained manpower emerged as a

major issue likely to constrain recovery efforts in all sectors. Providing basic security and human rights protection and ensuring the safe return and reintegration of the displaced populations are fundamental to progress.

81. The team recommended a comprehensive set of investments to quickly follow the peace agreement's coming into practical force. It also provided cost estimates for the proposed plan amounting to \$7.9 million for the first phase (2005-2007).

82. **Use made of the assessment.** The Joint Assessment Mission Report was the basis for the donor conference held in April 2005 in Oslo, which led to the establishment of the Multi-donor Trust Fund for Sudan. It will also serve as a key background document for more detailed strategies and plans by a variety of partners contributing to reconstruction and development.

### **Sudan: Evaluation of UNICEF preparedness and early response to the emergency in Darfur**

83. **Purpose of the evaluation.** A joint team from UNICEF and the United Kingdom Department for International Development (DFID) examined preparedness-planning and early intervention as well as management and operational support.

84. **Methodology.** The evaluation was conducted by a team of four evaluators: two external experts, one DFID expert and one UNICEF expert. The team visited Sudan (Khartoum and the three Darfur states) and the UNICEF regional and headquarters offices, and conducted telephone interviews with additional key UNICEF and DFID staff and external stakeholders. A rigorous desk review included an examination of financial and supply records. Two feedback workshops were held, in Khartoum and Geneva.

85. **Conclusions, lessons learned and recommendations.** The evaluation revealed several weaknesses in UNICEF emergency coordination capacity, a lack of leadership on protection issues in the United Nations and a flaw in internal coordination between the different stakeholders within UNICEF. During the early phases of the operation, lack of sufficient attention was given to longer-term outlook and ensuring a degree of sustainability. Darfur was a slow-onset, protracted crisis rather than a rapid-onset emergency. As such, the timeframes for action in Darfur varied greatly from those usually encountered. Sector interventions (child protection, education, WES, health and nutrition) were relevant, while some of the operational strategies were less so. The initial provision of supplies in the early phase of the crisis was effective but limited. Activities in the second phase were far less effective largely because of staffing constraints. In phase three, recruitment of staff more adequately supported the emergency response.

86. The activities of UNICEF and its partners began to have an impact during the 2004 rainy season. Key achievements included better access to water, improved nutritional status and higher enrolment in schools. Continuing violence against women and children indicates that the initial UNICEF advocacy efforts were weak. Weak monitoring systems limited the measurement of progress.

87. The evaluation made valuable recommendations:

(a) Revise the Core Commitments for Children in emergencies to further clarify the UNICEF role in a slow-onset, long duration crisis;

- (b) Make the creation of a dedicated emergency team at country levels compulsory in times of emergency;
- (c) Increase the WES emergency staffing capacity of headquarters;
- (d) Integrate child protection into the overall protection coordination system, preparedness-planning and response and existing sector intervention plans;
- (e) Strengthen the position of UNICEF in the nutrition sector.

88. Standby arrangements with certain institutional donors, such as DFID, and NGOs, are efficient mechanisms. Mainstreaming emergency relief into development programmes at the expense of the emergency response capacity should be avoided.

89. Regarding the UNICEF-DFID partnership, diversified and coordinated mechanisms should be established to ensure good dialogue, with the programme funding office of UNICEF retaining its prominent role.

90. **Use made of the evaluation.** As a follow-up to the evaluation, management's recommendations are being used to strengthen the performance of all offices involved. The evaluation's recommendations are also being used for emergency preparedness and response planning within the region.

#### **Egypt: evaluation of the community school model**

91. **Purpose of the evaluation.** The implementation, expansion and success of the Community School Model have provided an example of an innovative partnership that demonstrates the importance of continuity and long-term commitment by partners and stakeholders. The evaluation aimed to understand how the key quality elements of the project can be mainstreamed into the broader educational system and how the model can be sustained as a "seedbed" for quality learning. Beginning with only four schools in 1992, the model has been expanded to 437 schools through the support of a variety of donors and NGOs.

92. **Methodology.** The evaluation was based on information obtained from meetings, field visits, workshops and focus groups. Interviews were held with project partners and stakeholders. In addition, relevant documents and evaluations were also reviewed and analysed.

93. **Conclusions, lessons learned and recommendations.** The project has successfully provided a "home-grown" model and has integrated an innovative structure. The pedagogical framework utilized available resources at the community level. Sustainability will require continuing partnership between the Government, UNICEF and community leaders and empowered and skilled project staff. The programme now faces an ambitious agenda to apply the model throughout Egypt. The risks include lack of personnel as well as funding challenges.

94. The evaluation made several key recommendations:

- (a) UNICEF should continue its role in policy and advocacy;
- (b) A multi-sector structure should be identified, as should a longer-term strategy for resource mobilization;
- (c) The 1992 memorandum of understanding on roles and responsibilities should be reviewed;

- (d) A strategy for capacity-building should be developed;
- (e) Input into the development of a licensing model should be continued;
- (f) UNICEF resources should be expanded;
- (g) The model should be expanded while a five- to ten-year plan is developed;
- (h) A strategy for monitoring and evaluation should be developed.

95. **Uses made of the evaluation.** The evaluation was used extensively in the MTR and is influencing national initiatives, notably the Girls' Education Initiative. A flagship programme for the Egypt country office, the Community Schools model has contributed to the following: (a) a plan of action by the Ministry of Education to mainstream the approach incrementally in the government system and all schools; and (b) a committee and structure managed by Ministry of Education to implement the plan over the next three years. In addition, close to 2000 girl-friendly schools are now supported through commitments of the private sector, the government and the European Union.

#### **Morocco: country programme evaluation**

96. Morocco was the only country to conduct a country programme evaluation (CPE).

97. **Purpose of the evaluation.** The CPE was conducted to support the MTR. The CPE aimed at reformulating the country programme in accordance with the legal reforms adopted by Morocco since 2000. The Morocco country office had shown considerable interest in being assessed on, and in benefiting from, the "state of the art" programming tools, namely the human rights-based approach to programming and results-based planning and management and in sharpening its approach to gender mainstreaming. The evaluation, carried out by the UNICEF evaluation office, was funded by DFID. It was supported by the regional office and the National Centre for Programme Evaluation of the Planning High Commission of Morocco.

98. **Methodology.** The process was based on a review of documents, discussions with UNICEF staff, field visits and interviews with partners, United Nations agency staff and NGOs. The evaluation team participated in all MTR meetings. All United Nations agencies were involved through consultations, interviews and discussions of findings and recommendations.

99. **Conclusions, lessons learned and recommendations.** The evaluation found that the programme provided crucial coordination between the local, regional and central levels and institutional partners and civil society. The objectives and activities were relevant to national priorities and policies and to international commitments arising from the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Millennium Development Goals. However, gender equality was not yet a priority. It was noted that the programme had to gradually adopt a human rights-based approach and results-based management. Programme objectives in general were not measurable and there was no rigorous monitoring system.

100. Operational activities for 2002-2006 had produced quality results according to plan, but the sustainability of projects had not been analysed. An objective, frank analysis of sustainability, replication and institutionalization of projects and activities is needed.

101. The evaluation included several key recommendations:

(a) Adopt a more systematic methodology as well as elements of a human rights-based approach as a way to promote national dialogue and empowerment;

(b) Continue to support legal reforms and adopt the participative approach;

(c) Adopt a gender approach to programming;

(d) Conduct an objective and frank analysis of each pilot project or intervention model to ensure its sustainability and feasibility;

(e) Ensure that advocacy and communication actions publicize the non-fulfilment of certain rights and the reasons behind it, and promote legal reforms, policies and general measures that help to realize these rights;

(f) Formulate a communication strategy, using a cross-sectoral approach, that distinguishes between the levels and targets of advocacy and social mobilization.

102. For the next cycle, a new programme structure will be needed, focused on priorities updated through a situation analyses and the rights-based approach.

103. **Use made of the evaluation.** The evaluation was used in the MTR and will help to plan the next country programme. Several findings and recommendations have proved valuable in the CCA/UNDAF process. The CCA, for example, is using a human rights approach. To strengthen mainstreaming of gender issues, including an introduction of gender-based budget planning in selected sites of the rural programme, training was conducted with the technical support of the United Nations Development Fund for Women. As a result of the CPE, the country programme has sharpened and intensified its focus on early childhood and other vulnerable groups of children through advocacy and programme activities. A dialogue has been initiated, including a high-level meeting, involving the Government and United Nations agencies on the scaling-up and sustainability of projects supported by the United Nations.

#### **Actions taken to strengthen evaluation functions**

104. UNICEF-supported evaluations and studies in 2004 showed improved quality and greater attention to following guidelines. The regional office now regularly reviews terms of reference and provides consultancy support for the process. Evaluations and studies in the region number over 100, and efforts to prioritize and condense such efforts are under way.

105. The MTRs in the nine countries provided a major opportunity for utilizing the evaluations and studies conducted in the past three years. In addition, in 2005, a number of studies are being used in the CCA/UNDAF processes in six countries of the region.