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### United Nations Children's Fund

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

#### **East Asia and the Pacific region**

#### *Summary*

The present 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. 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 2005.

#### **Introduction**

1. This report covers MTRs of the Pacific multi-country programme and the country programme of Papua New Guinea. Evaluations include one on China's water and sanitation programme, a multi-country assessment of the UNICEF communication response to the Indian Ocean tsunami of 2004, and the Cambodia country programme evaluation.

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## Midterm reviews

### Pacific multi-country programme

2. **Introduction.** The MTR of the 2003-2007 Pacific multi-country programme was carried out in two phases over a six-month period. The formal review, covering programme activities throughout the 14 Pacific Island countries, was led by an MTR Steering Group based in Fiji. More detailed and in-depth reviews were carried out in each of the three priority countries (Kiribati, Solomon Islands and Vanuatu). In both phases, the exercise was consultative and participatory, involving representatives from Governments, civil society and key donor agencies. The two-stage arrangement conformed to recommendations of the 2002 Fast-Track Evaluation of the Pacific multi-country programme.

3. **Update of the situation of children and women.** Development indicators vary widely from country to country. The smaller Polynesian states are generally faring relatively well. In several other countries, progress in infant and child mortality, malnutrition, girls' primary and secondary education and HIV/AIDS lags behind. The infant mortality rate (IMR), for example, ranges from 12 per 1,000 live births in Niue to 42 per 1,000 in Kiribati. Malnutrition among children under 5, close to zero in most Polynesian countries, lies between 6 and 27 per cent in the Solomon Islands, Federated States of Micronesia and Republic of the Marshall Islands. Vitamin A deficiency is also relatively high in Kiribati, Micronesia and Marshall Islands. In the smaller Polynesian countries, children have almost universal access to primary school and health services, though quality varies. In the Melanesian and Micronesian Pacific Island Countries, however, coverage tends to be substantially lower.

4. Suicide rates in the Pacific Island Countries are the highest in the world, and growing alcohol and drug abuse have contributed to increased mental health problems, domestic violence and rising sexually transmitted infections (STIs). Though HIV/AIDS prevalence is low, vulnerability is increasing due to high levels of untreated STIs and teenage pregnancies, and the disease is nearing epidemic proportions in Tuvalu and Kiribati. Advocacy for child protection has led to more frank public discussion of such problems as sexual abuse, trafficking and children in conflict with the law.

5. **Progress and key results.** The review found that the focus on early childhood development (ECD), including health and nutrition; on adolescent development, including HIV/AIDS; on child protection; and on rights-based advocacy and behaviour change communication has proven appropriate and effective. The strategic direction of the programme, particularly the concentration on three priority countries, together with region-wide programming, has shown clear advantages.

6. **Rights advocacy and protection.** Public knowledge and awareness of child rights issues was enhanced through region-wide training and public education campaigns on the Convention on the Rights of the Child. Support for studies and surveys, including situation analyses on birth registration and sexual exploitation and abuse of children in the three priority countries, helped to improve understanding of child protection issues. The programme helped to raise awareness of the psychosocial effects of ethnic conflict on children and families, and trained community workers to respond to these issues in the Solomon Islands. In addition,

UNICEF cooperation assisted the increased the participation in policy-making, planning and implementation by youths in areas of special concern to them and supported youths to take part in regional and international events.

7. **Integrated child health and development.** This programme contributed towards ensuring vaccine security in the Pacific through the Vaccine Independence Initiative and provided technical support for the expanded programme on immunization (EPI). This helped to ensure high levels of immunization among children under 5. Vitamin A supplementation was provided to all children in Kiribati, Micronesia, Micronesian Pacific Island Countries and Marshall Islands, where deficiency rates were known to be high, and food fortification was undertaken in Fiji. Exclusive breastfeeding has been promoted, partly via the Baby-Friendly Hospital Initiative, through which nine regional hospitals were certified. Skills of birth attendants in Kiribati have been improved to cater to the many outer-island women with limited access to health facilities.

8. Pre-positioned emergency supplies, including school-in-a-box, health and recreation kits, enabled a rapid response to the cyclone emergencies in Niue, Vanuatu, Tokelau and the Cook Islands. A regional consultative workshop on ECD led to formulation of draft work plans for expansion of ECD in 12 countries. A model child-friendly school (CFS) approach to improve the quality of basic education was developed along with a parenting module to enhance psychosocial development of children under 3.

9. The **adolescent development** programme increased access by young people in eight countries to information about HIV and education to facilitate responsible choices. Life-skills curricula were improved and expanded to include modules on parenting and peace education. The programme also undertook an assessment of health-service preparedness in seven countries, emphasizing prevention of mother-to-child transmission (PMTCT) of HIV, and developed generic PMTCT policy guidelines for the region. A Knowledge, Attitudes and Practices survey on HIV/AIDS among health workers in these countries assessed training needs.

10. **Planning, monitoring and evaluation.** Situation analyses were prepared in eight countries. UNICEF also promoted and facilitated the adoption of *DevInfo* as the key monitoring tool for the Millennium Development Goals in the Pacific.

11. **Resources used.** Allotments of regular resources and other resources increased steadily. There was an increase in the regular resources allocation for the Pacific and in the availability of set-aside funding. Total regular resources funding for the three years amounted to \$7,460,471. Total other resources increased from \$440,180 in 2003 to \$1,343,088 in 2005, reflecting successful fund-raising. Total other resources amounted to \$2,769,979. This increase in allotments was matched by an increase in expenditure: for regular resources, \$7,331,485, or 98 per cent of the allotment; for other resources, \$2,572,761, or 93 per cent of the allotment.

12. **Constraints and opportunities affecting progress.** Delivery of basic services to the small and widely dispersed populations led to costly transport and communication, which affected delivery of supplies and programme monitoring. The absence of clear, measurable indicators limited the use of a results-based approach to planning and reporting. There is scope for strengthened programme management and coordination, which would facilitate integration of cross-cutting concerns into major programme components; the bringing to scale successful

approaches modelled through UNICEF-supported activities; and collection and use of data.

13. **Adjustments made.** While the objectives and strategies of the current programme were considered largely successful, the evaluation proposed the following adjustments:

(a) The programme's objectives should be better integrated with the priorities of the Pacific Plan and of individual countries. Wherever possible, the compatibility of UNICEF activities with those of other development partners should be enhanced;

(b) A separate Child Protection programme should be established, and the current Rights Advocacy and Protection programme renamed the Advocacy and Communication programme. This would enable UNICEF to intensify and consolidate child protection activities in one programme while continuing to support high-level policy and legislative change;

(c) Improve capabilities for planning, monitoring, evaluation, social policy research and results-based management through the establishment of a planning unit led by an international planning officer;

(d) Emphasize disparity reduction as a key principle in programme planning and development;

(e) Mainstream emergency preparedness and response into all programmes, and enhance child protection as a component of emergency and post-conflict situations;

(f) Integrate pilot interventions (e.g., CFS in Vanuatu and Solomon Islands) into wider sectoral approaches in national and regional development and emphasize their wider application.

## **Papua New Guinea**

14. **Introduction.** The MTR, which took place in April-December 2005, was jointly organized by the Government and UNICEF and led by an inter-agency technical committee chaired by the Secretary of the Department of Community Development. The highly participatory process involved national, provincial, district and community levels and employed a wide range of methodologies. The response to internally displaced persons resulting from the Manam Island volcanic eruption was reviewed to derive lessons on how UNICEF and the United Nations system could better plan for emergencies and assist children and women.

15. **Update of the situation of children and women.** The lack of relevant data made it difficult to accurately assess the status of children and women. According to available information, national-level status on many development indicators was poor: the country showed wide disparities, and most Millennium Development Goals were not likely to be achieved by 2015.

16. Approximately 91 per cent of deaths occurred at home, out of reach of the formal health system. Major killers were endemic malaria, diarrhoea, pneumonia, and, in recent years, AIDS. Low birthweight, at 23 percent of children, along with poor infant feeding practices and high rates of infectious disease, were major causes of high levels of malnutrition during the first two years of life. Immunization

coverage had declined in recent years, and only 9 per cent of children aged 12- 23 months completed scheduled immunizations in the first year of life.

17. Maternal mortality was estimated at 370 deaths per 100,000 live births. Expectant mothers from most rural villages had to walk or sail for several hours to reach the nearest health centre, and in 2004 antenatal clinic attendance and supervised delivery stood at only 56 per cent and 39 per cent, respectively.

18. Only 9 per cent of rural households had access to potable water, while 39 per cent had proper latrines. This limited access led to a high incidence of diarrhoea and worm infestations; long distances from water sources contributed to heavy work loads for women and their vulnerability to abuse. Only 55 per cent of schools had a usable water tank, and one third depended on rivers, springs or lakes for drinking water.

19. Nearly 50 per cent of children who enrolled in grade 1 dropped out before grade 6, and since retention in grades 1-6 was considerably greater than in grades 1-8, there was an additional substantial loss between grades 6 and 8. The burden of school fees was the most important factor keeping children away from school, but other reasons included security concerns, distance from home and unsupportive environments in homes, schools and communities.

20. Approximately 1 million children were living in violent homes, and a similar number were subject to sexual exploitation. According to census data, 22 per cent of children were not living with their biological parents, and some households, particularly in rural areas, were headed by children only 10-14 years old. Most adoption and fostering were done under traditional arrangements without formal registration and with little Government regulation and oversight.

21. Under customary law, girls may marry as early as age 12. Those who do tend to have less education, more children, older husbands, greater exposure to domestic violence, a higher incidence of divorce and beliefs that justify abuse by their husbands. Rape and sexual assault have become major threats to social stability, and fragile marriages have weakened the social fabric and increased poverty, forcing many women into commercial sex work. Violence against juveniles in contact with the law was endemic, despite legislation that, in principle, guarantees protection.

22. More than 40 per cent of the population is made up of young people, the majority of whom are not in school, have no job and are without parental care. This situation, along with limited recreational opportunities, has brought about alienation, boredom and feelings of hopelessness. The response of many was to turn to alcohol, drugs and unsafe sex. Despite mass awareness campaigns, knowledge of HIV/AIDS and STIs within this group remained poor.

23. At the end of 2004, about 2 per cent of the population had contracted HIV. Women and girls were particularly vulnerable, due to their low social status, inadequate access to information and inability to negotiate safe sex, and cultural norms that encourage domestic and sexual violence. Children of HIV-positive parents were frequently refused school admission by authorities, and caregivers of HIV-positive children have difficulty obtaining assistance.

24. Women were under-represented at all levels of policy and decision-making, from local government and village courts to provincial and national parliaments, and only 5 per cent of working women had a wage-paying job. Nationwide, the ratio of

girls to boys in school was 80:100 at primary level; 65:100; in secondary school; and 35:100 at tertiary level. Disparities among provinces were equally striking: in Eastern Highlands Province, for example, only 22 per cent of students reach grade 8, compared with 79 per cent in the National Capital District.

25. **Progress and key results.** Despite its least developed countries status, the country needed more policy-level professional engagement and leadership than cash and supplies. The expansion of professional capacity during the programme cycle for 2001-2005 had contributed to significant improvements in policies, systems and service delivery.

26. **Health, nutrition and ECD.** The support provided by UNICEF to the Department for Community Development resulted in the development of an ECD policy focused on effective parenting and psychosocial stimulation. UNICEF, with other partners, assisted the National Department of Health to implement supplementary immunization activities, resulting in coverage in excess of 90 per cent for measles, poliomyelitis and vitamin A. The Home Fit for Children initiative, which teaches children good hygiene practices and promotes the use of insecticide-treated mosquito nets, reached approximately 20 per cent of districts in target provinces.

27. **Accelerating girls' education (AGE).** This programme successfully advocated for the inclusion of gender equity perspectives and child-friendly strategies to improve learning quality and promote school health and safety, school-based counselling, child protection and HIV/AIDS awareness, prevention and care in the National Education Plan 2005-2014.

28. In Bougainville, the AGE programme supported teacher training and provided education supplies, including school-in-a-box, to newly reopened schools in the "no go zone". As a result, educational opportunities were provided to about 2,000 children and young adults.

29. The CFS initiative improved the quality of education for more than 13,000 students and increased the capacity of about 700 teachers and provincial focal points. Incorporated into school planning, CSF received counterpart funding from provincial education authorities.

30. **HIV/AIDS prevention and care.** As part of the United Nations Theme Group, UNICEF assisted the Government in the development of the 2004-2008 National Strategic Plan for HIV/AIDS. In 2004-2005, PMTCT services were set up with UNICEF support in health care facilities in six provinces handling about 80,000 deliveries per year. As a result, in 2004, 50 per cent of 17,000 pregnant women presenting in three hospitals were tested for HIV compared with fewer than 10 per cent in 2001. Women identified as HIV positive were linked to the "3 by 5 initiative" supported by the World Health Organization so they could access antiretroviral treatment. As part of the process, regional and provincial hospitals improved their capacity to regularly collect and report seroprevalence data.

31. Young people contributed to raising HIV awareness through the distribution of information, education and communication (IEC) materials and condoms and one-on-one sessions with their peers. Approximately 6,000 males and 4,000 females had been reached through mass awareness activities, including video shows and peer-to-peer education.

32. **Child protection.** The Juvenile Courts Act of 2003 led to significant changes in the way children and young people are treated when they come into contact with the law. Juvenile courts operated in seven provinces, up from one in 2003. The constabulary adopted its first Juvenile Policy and Diversion Programme, which includes modified arrest and charge procedures and gives greater effect to restorative justice and the Convention on the Rights of the Child.

33. The UNICEF-supported national birth registration campaign in 2004 eliminated registration fees, introduced a more user-friendly recording form in three languages, created a paid Civil Registration Officer position in each province and mobilized community-based organizations and non-governmental organizations (NGOs) to promote registration centres. Birth registration had doubled nationally, from 3 to 6 per cent.

34. The Child Welfare Act, drafted with UNICEF support, was awaiting Parliamentary approval. The Act, based on the Convention on the Rights of the Child, would extend protection to all children, including those affected by HIV/AIDS, the sexually and physically abused, those affected by conflict and those with disabilities.

35. With the opening of the first Family Support Centre in May 2004, victims of child sexual abuse and domestic violence were now provided with support, crisis counselling and legal referral.

36. **Communication.** UNICEF advocacy and technical support contributed to the development of national plans and policies for education, child protection, HIV/AIDS and health. Promotional activities took place through media and interpersonal communication.

37. Gender issues were prioritized by the communication programme, which provided technical support for reviews of family and child protection laws and domestic violence. The media and provincial women's groups raised awareness of gender issues. The use of theatre to generate awareness on girls' education was particularly effective. UNICEF and the United Nations Development Programme (UNDP) were collaborating to ensure that gender-based violence and the inequalities underlying women's vulnerability to HIV/AIDS were addressed through the National HIV/AIDS Strategy.

38. **Enhancing partnerships for children.** UNICEF engaged partners at all levels to highlight the rights of children and the obligations of duty-bearers to fulfil them. Relationships were strengthened with church groups, which provide most of the health and education services in the country. UNICEF and UNDP worked with the United Nations Observer Mission on Bougainville on peace-building and post-conflict rehabilitation in the autonomous province. UNICEF also worked with other development partners to strengthen the health system through the Health Sector Improvement Programme framework. UNICEF was an active member of the United Nations Theme Group on HIV/AIDS and worked with the Office of the United Nations High Commissioner for Refugees to ensure birth registration in the Western Province, and with the United Nations Development Fund for Women in research and advocacy on violence and abuse.

39. **Resources used.** Regular resources for 2003 to mid-2005 amounted to \$3.4 million. The highly successful mobilization of other resources had reached

\$3.1 million by 2005, compared with the planned amount of under \$2 million. Approximately 75 per cent of available funds were disbursed.

40. Because of higher-than-planned availability of funds and good implementation rates, some objectives were upwardly adjusted, and the Executive Board will be requested to raise the other resources ceiling from \$650,000 to \$4 million per year.

41. **Constraints and opportunities affecting progress.** A major challenge was the lack of quality data. Indicators of poverty, health, education and the environment were outdated or unavailable. A reliable nation-wide system of surveillance and monitoring HIV/AIDS had yet to be fully established. The absence of reliable data on child abuse and exploitation was particularly problematic for the child protection programme.

42. The 1994 transfer of responsibility for planning and service delivery to provincial, district and local governments failed to make adequate provision for resources and skills at these levels. As a result, access to services had declined sharply in recent years. Between 1995 and 2000, more than 300 health posts were shut down, making child health and antenatal services increasingly unavailable.

43. Sector-wide approaches provided an opportunity for joint sector planning, resourcing and review to facilitate donor coordination, reduce transaction costs and increase the focus on results.

44. **Adjustments made.** The MTR recommended expanding several broad strategic areas:

(a) Cross-sectoral concerns, such as gender equity, youth participation, orphaned and vulnerable children (OVC) and HIV/AIDS, should be mainstreamed into all programmes. In these areas, subnational groups and partners, including women, young people and community institutions, should be mobilized to broaden outreach, and their capacity strengthened in coordination, management and monitoring;

(b) UNICEF will participate in discussions around SWAPs to facilitate donor coordination and reduce transaction costs in relevant areas. UNICEF will ensure that Core Commitments for Children are mainstreamed in the emergency preparedness and response plan being prepared by the United Nations system;

(c) The Government, with United Nations support, will formulate a development-monitoring master plan to obtain relevant, timely data and strengthen the capability of decision-makers in results-based planning, policy and programme formulation and monitoring;

(d) Birth registration will be sustained;

(e) The Department of Community Development will be supported to develop national policies and programmes on family, youth and child protection, particularly in areas of OVC, HIV/AIDS prevention and control, justice and other youth-oriented activities, including intensified subnational mobilization for advocacy, communication and information-dissemination;

(f) In health and nutrition, a multisectoral approach will be devised to combat child malnutrition through innovative and decentralized solutions. The community-based pregnancy outcomes initiative will be expanded, giving increased attention to mothers' health;

(g) Support for selected national priorities (EPI, universal primary education, birth registration, girls' education, PMTCT and a development-monitoring system) will be maintained or intensified. UNICEF will also engage in policy dialogue on child rights issues affecting children's rights and monitoring the implementation of the Convention on the Rights of the Child at national level. Focusing especially on the six priority provinces, models of convergent programming aimed at holistic outcomes for children will be developed;

(h) UNICEF field offices will be established in two strategically located provinces to encourage convergence. This is also expected to improve the UNICEF-supported national birth registration campaign.

## Major country evaluations

### End-of-cycle evaluation of the Child's Environment and Sanitation programme in China

45. The Ministry of Health, the National Patriotic Health Campaign Committee and UNICEF undertook an end-of-cycle evaluation of the programme (2001–2005), focusing on two components: the **rural environment, sanitation and hygiene education project**, with a UNICEF budget of \$1.6 million, and the **safe water supply for rural areas project**, with a UNICEF budget of \$233,000.

46. **Reasons for the evaluation.** The exercise looked closely at the quality, effectiveness and sustainability of the programme and its contributions towards achieving national goals and targets for sanitation and water coverage. One aim was to distil lessons learned for the future application of the programme and replication of its strategies in other contexts.

47. **Summary of design and methodology.** The methodologies included a desk review of policy and project documents, disease-reporting statistics; a case study on management practices and beneficiaries' responses; a field assessment; and interviews and discussions with leaders of related agencies.

48. **Findings, lessons learned and recommendations.** The limited UNICEF investment in both projects successfully generated complementary resources amounting to more than ten times direct programme inputs. These consisted primarily of contributions from local governments and residents of project counties for latrine construction and rural water supply. In addition, UNICEF financial inputs and advocacy contributed to the Government's investing \$2.28 billion by end-2004 for the construction of piped-water supply schemes bringing water to 56.2 million rural people at a cost of about \$40 per person.

49. In spite of limited investment in water, sanitation and hygiene (WASH) activities in schools, good results included improved knowledge and hygiene practices and progress in preventing intestinal worm infections and breaking the cycle of disease transmission.

50. The project expanded from 8 to 78 counties, and three of the four project provinces reached sanitation coverage greater than national targets. Although one province had reached only 36 per cent by end-2004 versus a target of 55 per cent, this was a 9-per-cent increase over 2000 and represented the construction of more

than 2.4 million new sanitary latrines. Project personnel learned effective ways of involving water users through participatory approaches to management and financing, creating a sense of user ownership.

51. The sanitary latrine technologies were adapted to local conditions and technologies. The project emphasized capacity-building among personnel social mobilization for journalists. About 5,000 personnel were trained in project implementation, management, quality control, social mobilization and IEC.

52. The provision of services, along with hygiene education and media-disseminated health messages, increased awareness of the benefits of drinking water and good sanitation and hygiene practices. However, in terms of capacity development, no training was provided for community-level masons and women's groups.

53. The programme generated many positive lessons:

(a) Establishing project committees and offices at provincial, city, county, township and village levels, and providing sufficient technical and social mobilization expertise, contributed substantially to effective implementation, management and monitoring of activities;

(b) Convincing leaders of the importance of improved sanitation, hygiene and a clean environment, and the effectiveness of a participatory approach in rural water supply, are essential if the necessary funds for the large-scale promotion of sanitation in project counties and provinces is to be allocated;

(c) Community participation in the planning, implementation and management of rural water supply is key to success;

(d) Intensive social mobilization is necessary to create demand for sanitary latrines and a willingness to contribute to their construction. This led to positive changes in hygiene behaviours;

(e) Intensive intersectoral collaboration and the collective utilization of available resources made improvement in sanitation and rural water supply possible and sustainable;

(f) The establishment of model villages, townships and counties in project provinces helped to demonstrate key messages to stimulate local demand for latrines and support for the programme, and to expand the programme;

(g) Building a strong surveillance and monitoring system helped to ensure quality control and target training to the needs of programme personnel.

54. The following successful components of the projects were recommended to be continued and intensified:

(a) intensive promotion of school sanitation, with an increase funds to cover more schools in selected project areas with intensive hygiene and health education;

(b) large-scale promotion of rural sanitation and the construction of household sanitary latrines in selected project areas. Along with this it was important to reinforce the learning of good hygiene and sanitation behaviour in schools, helping to create a cleaner home environment and raise the quality of life. This would help to increase demand for household sanitary latrines and improve programme sustainability.

55. The following approaches were suggested to ensure long-term sustainability:

(a) Forge strong links between sanitation, the provision of rural water supply and poverty alleviation and economic development schemes for the western provinces;

(b) Strengthen collaboration with all relevant health and education agencies and the Civilization Campaign to ensure prevention of the transmission of water or filth-borne diseases and a reduction in intestinal worm infestations and schistosomiasis in endemic areas;

(c) Enhance the technical and advocacy capacity of project personnel to improve the quality control of latrine construction and to further social mobilization;

(d) Promote a shift of financial responsibility for the construction of household sanitary latrines from government to people. A variety of schemes for subsidizing latrine construction in rural areas may be necessary to adapt latrines to local conditions and make them affordable;

(e) Encourage private-sector involvement in the marketing of improved sanitary latrines.

56. Applied research studies were recommended in several areas: a plumbing system for multiple sanitary latrines; latrine designs for schools and rural households with adequate hand-washing facilities; effective biogas (methane gas) plants for treating human excreta from schools; rural inhabitants' willingness to contribute to the construction of sanitary home latrines; proper recycling and safe use of household waste water for irrigation; and cost-effective technologies for the safe disposal of rural wastes.

57. **Use made of the evaluation.** In the schools component of the current (2006-2010) Water and Environmental Sanitation (WES) programme, actions have been or are being taken in line with the evaluation recommendations. The implemented recommendations are described in the following paragraphs.

58. With the aim of achieving full sanitation coverage, the country office will focus on increased knowledge and advocacy for promoting sanitation and hygiene and support the development of a national strategy to achieve the goal of full coverage.

59. The joint project of the World Bank, Department of International Development (DFID) of the United Kingdom and UNICEF for the rural water supply, sanitation and hygiene in the Western provinces integrates WASH in one location in partnership with the Government's poverty alleviation programme, economic development efforts and other relevant schemes.

60. The WASH project is designed to ensure close functional linkages between WES and education programmes, with a strong programme communication component, to improve existing designs and guidelines for school water and sanitation facilities. This involves close collaboration between the Ministries of Health, Education and Water Resources. The private sector is encouraged to invest in the construction of household and school sanitary latrines and to become involved in the marketing of good-quality sanitation equipment; and to develop a social marketing strategy for sanitation promotion.

61. A strategic partnership was established to strengthen knowledge and advocacy for the sanitation and hygiene project, to facilitate the development of a national policy to raise its profile and give higher priority to improved coverage, and to allocate a regular budget to ensure continued funding through the National Development Reform Commission.

### **The Indian Ocean tsunami: UNICEF communication evaluation**

62. The assessment, commissioned by the East Asia and the Pacific Regional Office, took place from July to November 2005. The assessment focused on Indonesia and Sri Lanka, the two countries hardest hit by the tsunami, with close to a quarter of a million deaths and massive destruction.

63. **Reasons for the evaluation.** The purposes were (a) to assess the effectiveness of UNICEF media in communicating generic messages relating to children affected by the emergency and the impact on Government policies and country programmes in the tsunami zone; and (b) to extract lessons to improve communication in support of UNICEF programming and advocacy.

64. **Summary of design and methodology.** The evaluation consisted of two parts. The first was the administration of a questionnaire to approximately 90 UNICEF staff, Government officials, media representatives, Government health workers, educators and child protection staff, and NGO personnel, as well as a review of press clippings and other documents compiled by the UNICEF Division of Communication. The second component was a media content analysis carried out by a global reputation analyst.

65. There were several basic elements: a timeline of UNICEF major communication outputs; a review of progress in UNICEF programmes and advocacy on issues related to the key messages, and links with national and local policy development; an analysis of how media messages and specific programme actions and advocacy were decided upon; and an appraisal by UNICEF staff and key partners of the impact of message delivery.

66. Daily press clipping summaries for the first three months following the tsunami were reviewed, as were various situation reports, country reports from Sri Lanka and Indonesia, and articles and feature stories available through the UNICEF website.

67. The media content analysis of Echo Research, Inc., covering the initial three months, tracked message pick-up, spokespersons activities, issues related to the tsunami aftermath and UNICEF efforts. The findings substantiated many of the conclusions of the UNICEF assessment and provided quantitative profiles of the large volume of media stories that reflected the UNICEF main messages.

68. Both the UNICEF assessment and the Echo Research study covered primarily the print media, as television and other media material were difficult to track; this was a major limitation.

69. **Findings, lessons learned and recommendations.** It was clear that UNICEF had a major influence on how the global media story was shaped during the first month after the tsunami. Media messages were consistent and aimed at characterizing the nature and extent of the disaster and identifying priorities for

action, rather than promoting the organization. Communication staff in the affected areas worked closely with counterparts staff at regional and global headquarters.

70. Global spokespersons, from the Executive Director downward, consistently relayed the organization's generic media messages in education, health and child protection. These messages adhered closely to the organization's Core Corporate Commitments in emergencies, and were effective because they were both generic and relevant to the actual situations in the affected countries.

71. These messages provided a unifying context for the more nuanced sub-messages delivered by regional and national staff, who had greater knowledge of realities on the ground and were able to present print, television and radio journalists with colour and detail. Details provided by country office communication staff, in turn, helped regional and global personnel to further refine the broader global messages, and to feed updates to National Committees for UNICEF for use in fund-raising.

72. The message that one third of the victims were children quickly established UNICEF as the global authority on the tsunami's effect on children. This message may have been the most influential of all for fund-raising, as it linked UNICEF early on with those who wanted to help. The early bolstering of the UNICEF reputation benefited the organization in the following weeks.

73. Although the risk of potential disease outbreaks is common to many emergency situations, and warnings of this were issued by several aid agencies, the Executive Director and the organization continued to express concern about this issue. A measles immunization campaign was launched in Aceh and other provinces of northern Sumatra as a precautionary measure.

74. The back-to-school campaigns in Indonesia and Sri Lanka, launched as a way to restore normalcy to children's lives, involved one of the most important — and most successful — of UNICEF efforts and messages. Important to the success was the fact that in both countries, UNICEF was in place to move quickly to assist the rebuilding and construction of schools.

75. Another major message of UNICEF that gained prominent attention was the risk of child trafficking and exploitation; several countries outlawed adoption from the affected regions as a result. Nevertheless, there was some concern in UNICEF and among Government and other partners about the veracity of several reports and the appropriateness of the occasion to highlight the issue. On the other hand, there were those who thought there was no evidence of substantial trafficking because the widely publicized story had served as a preventive measure.

76. Overall, the conclusion was that the UNICEF communications approach supported existing policy efforts as intended, and that the unprecedented media exposure raised the profile of UNICEF and its leverage with Governments, other agencies and donors.

77. The media campaign also pressured UNICEF to back up its advocacy with fast-track delivery of supplies and programmes, and concern was raised that some of the organization's operational and administrative difficulties in responding to the catastrophe would compromise the credibility gained.

78. The UNICEF response yielded several lessons on how to conduct a successful media campaign in an emergency. To begin with, the media campaign was effective

because all levels of the organization's global communications system worked together, repeatedly reinforcing the basic organizational messages in the four to six weeks after the event.

79. Generic global messages provided a universal context and organizational parameters for the more nuanced and changing sub-messages developed by regional and local communications and other staff. The global messages told the world what UNICEF stood for, and allowed UNICEF a major influence in establishing relief priorities in what was a very complex and competitive environment for relief agencies. The sub-messages were what made UNICEF credible to journalists, who were looking for unique details about developments on the ground. The main media messages bridged corporate emergency commitments and the realities on the ground. These main messages were few, to the point, and easy to comprehend, avoiding an over-reliance on numbers and technical jargon. In its communications, UNICEF exercised its role as an authority and spokesperson for children, rather than as a promoter of the organization.

80. Key staff were accessible to the media and responded readily to media inquiries, with leading spokespersons communicating with passion. As a result, UNICEF seemed to be well informed and ready to respond with a plan. Interaction with both national and international media was most effective when an international communications officer was paired with a national officer, thereby offering a global and national/local view.

81. Immediately after the tsunami UNICEF communication messages preceded the actual relief effort, serving to motivate the organization and encourage the establishment of an accountability system. However, a number of staff expressed a concern about the possibility of generating expectations the organization could not fulfil.

82. The campaign showed how the organization functioned at its best on a global level. The high level of media exposure led to an unprecedented level of donor funding.

### **Country programme evaluation in Cambodia**

83. The country programme of cooperation (2001-2005) between the Royal Government of Cambodia and UNICEF was evaluated in 2004, with the report published in June 2005. The exercise was coordinated by the Ministry of Planning and the country office with support from the UNICEF Evaluation Office and the regional office.

84. The evaluation was a pilot for the DFID-funded Project for Country Programme Evaluation (CPE) Methodology and Guidance Development, which is implemented by the Evaluation Office. The CPE project served the MTSP for 2002-2005 goal of making country programmes more effective in terms of focus, implementation strategies and coordination with the United Nations Development Assistance Framework (UNDAF) and development partners.

85. **Reasons for the evaluation.** The purpose was to learn lessons for the strategy development process for the next country programme (2006-2010), and to assess the alignment of the country programme with MTSP priorities and global goals for 2015 (*World Fit for Children* and Millennium Agenda).

86. The objectives were to assess the country programme's role, relevance, design, focus, niche and comparative advantage. An assessment was also to be made of resource mobilization and budget realization as well as the effectiveness, efficiency, sustainability, replication potential and mainstreaming of results. Lessons were to be learned for global CPE methodology

87. Given the size and complexity of the country programme, it was decided that the CPE would focus on three programmes: (a) the *Seth Koma* ("child rights") programme; (b) the Health and Nutrition programme, including HIV/AIDS; and (c) the programme on Children in Need of Special Protection.

88. The CPE focused on three strategic dimensions of the country programme that received relatively little attention in the 2003 MTR: (a) the alignment with and contribution to evolving national policy frameworks, especially the progressive realization of the rights of children and women; (b) partnerships and alliances that need to be developed at all levels to realize these rights; and (c) the application of the human rights-based approach to programming to results-based management. Special attention was not devoted to efficiency, including that of human resource planning and management and the supply function.

89. The CPE followed the 2003 MTR, building on its focus and results. The challenge was to maintain stakeholder participation in MTR follow-up with as little transactions cost as possible.

90. **Summary of design and methodology.** The evaluation employed several methods: (a) a desk review of documents, including studies, reviews and evaluations; (b) an extensive round of interviews and focus group discussions with key stakeholders; (c) field visits to selected provinces, districts and communities; (d) an inception report and an annotated outline of the final report, containing major lines of analysis as interim products of the CPE; and (e) a participatory workshop during which the main findings, conclusions and recommendations of the evaluation were discussed.

91. **Findings and recommendations.** Compared with other external aid mechanisms, the country programme mobilized a relatively small amount of external financial resources, an average of a little more than \$15 million per year between 2001 and 2003, but nevertheless was able to exert a disproportionately high influence in Cambodian society.

92. The country programme dealt with a broad range of issues affecting children: child survival; early childhood care and development; formal and non-formal education for all ages; HIV/AIDS; and protection issues. The country programme and its programme components played a multitude of roles at various levels (national, province, community) and in different sectoral or thematic contexts, thereby making flexible use of niches and opportunities. UNICEF actively contributed to the formulation of national legislation, policies and strategies in all major social sectors, especially child protection, health and education.

93. In terms of design and focus, the country programme contained most of the elements of a rights-based approach programming, addressing the causes of the non-realization of children's rights. However, although gender disparities received some attention, gender equality and the empowerment of women received too little, and this weakness needed to be addressed. The rights-based approach of *Seth Koma* was

relatively successful in terms of process but less so in terms of tangible results in health and nutrition.

94. The CPE noted that a results-based approach to programming and a logical frame work were not features of the master plan of operations (MPO) design. Thus, there was no description of expected outputs and no information on vertical and horizontal relationships between outputs, outcomes and impact results, which constrained the evaluation in assessing linkages between plans and outcomes.

95. The focus, convergence and integration objectives spelled out in the MPO have not entirely materialized in the current country programme. While there were several examples of convergence and integration in projects, the achievement of these objectives in programme components was limited. The *Seth Koma* programme, in particular, had not lived up to its potential as a force for integration, maintaining a separation from other programme activities, especially in health and nutrition. However, the re-orientation of *Seth Koma* resulting from the 2003 MTR and the strategic partnership with the *Seila* programme (poverty alleviation through good governance) have improved *Seth Koma's* links with mainstream policies and strategies of deconcentration and decentralization of the Government.

96. The programme for Children in Need of Special Protection, which attracted increased interest and funding during the first half of the country programme, expanded in the areas of prevention and early intervention. However, the significant expansion took place without a prior evaluation of existing newly-piloted protection projects. Likewise, the programme took up a wider range of issues, including alternative care, child trafficking, sexual exploitation and abuse, and various aspects of legal protection, including birth registration, without adequate prioritization or focus.

97. In terms of effectiveness, the country programme deserved some credit for successes in processes and outcomes at all levels. However, closer cooperation was needed with other United Nations agencies in strengthening processes and in promoting behavioural and institutional changes among rights-holders and duty-bearers. To demonstrate causality, the report recommended several elements: specific, measurable, achievable and time-bound results and indicators (including baseline data); an adequate system of performance-monitoring, reporting and evaluation; and a clear understanding of the specificity and complementarity of the contributions of other stakeholders.

98. Several studies and evaluations of *Seth Koma* have indicated its effectiveness, most notably in the strengthening of the capacities of rights-holders and duty-bearers to drive the development process in supported villages. A more tangible result was improved access to water and latrines, although the studies showed no significant increase in usage when compared with control areas. Families in *Seth Koma* villages did better than those in control villages in terms of health knowledge and care practices, immunization coverage and micronutrient supplementation. However, other tangible outcomes, such as improvements in the nutritional status of mothers and children and increases in income and use of social services, showed little improvement in programme villages.

99. The country programme focused on a number of issues essential to child survival but should pay closer attention to several areas: support for birth spacing,

maternal nutrition, safe delivery and newborn care, and literacy and life skills education for out-of-school youth.

100. The country programme contributed considerably to the policy/legislative framework for children in need of special protection through awareness-raising campaigns against trafficking and sexual exploitation and a variety of other activities, including police training, the setting up of telephone hotlines and the establishment of a computerized case database. These have contributed to increased public awareness and an increase in reported cases and arrests.

101. **Sustainability, replicability and mainstreaming of results.** Evidence was lacking in two areas: the impact on *Seth Koma* villages and communities when external assistance was reduced or withdrawn; and the use or adaptation of the development models introduced by Seth Koma by national or external partners outside *Seth Koma* project areas and provinces.

102. The country programme included no explicitly stated aims for sustainability and replicability of the main activities related to child survival. The major efforts in mainstreaming interventions promoting child survival had been through work on national policy and guidelines (including pilot studies or test cases), and at province level through support to public-sector service planning and implementation. Important child survival-related efforts were considered unsustainable in the short term to medium term, due to their dependence on funding and technical support from UNICEF. The expansion or replication of successful initiatives will also require funding and technical support from UNICEF or other partners.

103. Protection activities related to children in post-conflict situations had the longest track record and provided examples of relative sustainability and mainstreaming of supported initiatives. One lesson learned was that the creation of networks and structures is necessary to ensure improved child protection. Referral mechanisms were limited because of the scarce social services and insufficiently qualified staff. The country programme was promoting social service training, but this would have little effect on sustainability and mainstreaming without complementary inputs.

104. **Recommendations.** There was no need for major changes to the programme beyond those required to adapt to the policy framework of the Government and to the Common Country Assessment and UNDAF. Nevertheless, some adjustments were recommended to improve the effectiveness of the current and future programmes.

105. **Deconcentration and convergence.** A re-orientation of *Seth Koma*, undertaken during the 2003 MTR, dramatically increased its potential contribution to national policies and strategies. The programme was transformed from a set of discrete activities at local level, separate even from other country programme components, into an approach that formed part of the national effort, with a consolidated and coordinated external support mechanism and increased potential for replication and mainstreaming.

106. The shift of focus from village and communities to Commune Councils was positive but created new challenges that needed addressing. Beyond their traditional focus on planning and budgeting of infrastructure projects, Commune Councils needed to be involved in the realization of children's rights, particularly in health and education. There was a lack of clarity about the role of Commune Councils,

which should include the above issues in their agendas and ensure that Council members were motivated to deal with them. This would happen, for example, by including women in the membership and by creating committees to address children's and women's rights.

107. Key policy documents concerning deconcentration and decentralization emphasized the need for horizontal integration of the programmes of line Ministries at all levels. Guidance for this was under development as part of a strategic framework. To contribute to this national process, the country programme will have to develop a more convergent intervention model at the province, district, commune and village levels. *Seth Koma* had the potential to be an important integrative force, provided that concrete areas of cooperation and joint development initiatives were identified and jointly implemented with each of the other programmes.

108. **Child survival.** The next country programme should re-affirm the primacy of the right to survival as an overarching goal. Given the long-term nature of challenges in this area, the country programme for 2006-2010 should be designed as the first stage of a two-stage strategy for 2006-2015, addressing the factors underlying high mortality.

109. Within this ten-year vision, it was recommended that the country programme (2006-2010) adopt two major objectives: (a) improved and increased application of key child survival interventions, especially among the rural poor, through intensified multisectoral support; and (b) the empowerment of young people, as tomorrow's parents, for planned and successful child-rearing.

110. UNICEF will need to address several issues: continued recurrent funding and the linking of expenditure to results; and increased use of health services by the poor to reduce infant and child mortality from respiratory infections, diarrhoea and other childhood illnesses. However, the Government has insufficient operating funds for health, even at present levels of utilization, and a relatively small proportion of external funds is used for recurrent service costs. The CPE recommended expanding the Equity Fund model piloted in Svay Rieng Province, including it in the Health Sector Strategic Plan, and funding it.

111. While UNICEF worked with a range of technical and funding partners for defined projects or sub-programmes in the health sector, relationships were less clear with respect to area-based system-strengthening, especially in UNICEF priority provinces. While partnerships with other United Nations agencies were cordial and productive, the partnerships needed to be reviewed to ensure that the agencies presented a cohesive approach when coordinating with other partners.

112. **Children in need of special protection.** This programme originally addressed challenges linked to the post-conflict situation that prevailed until the mid-1990s, which will gradually become less prominent. UNICEF should find an exit strategy from landmine-related activities and identify new protection issues, replicating and expand workable models.

113. The protection programme was somewhat issue-driven and dependent on the availability of donor funding. The public notoriety of issues such as child trafficking had diverted attention from equally serious, or even more important, forms of neglect, abuse, violence or exploitation, which were less well known. The new country programme should adopt a more systematic and programmatic approach to major protection issues.

114. **Human rights-based approach to programming.** The CPE recommended re-activating the working group of gender focal points within the UNICEF country office and expanding it to include counterparts in governmental and non-governmental partner organizations. A policy should be developed specifically aimed at gender parity in the staffing of UNICEF, line Ministries and partner NGOs. An emphasis on gender equality should be integrated in life-skills education.

115. **Results-based management.** The design of the next country programme should be strengthened by applying the principles and practices of results-based management in line with the 2006-2010 UNDAF.

116. **Utilization.** The evaluation's findings and recommendations were utilized in the preparation of the 2006-2010 country programme. Some recommendations, however, were only partially accepted, including those regarding the empowerment of young people, as tomorrow's parents, for planned and successful child-rearing; the exit strategy for landmine-related activities; and the identification of new protection issues.

117. **Conclusion.** The MTRs for the Papua New Guinea and Pacific programmes demonstrated clearly the value added of strong collaboration with partners in addressing critical issues, particularly in an environment constrained by difficult logistics and the absence of data. The three evaluations showed the wide range of types of evaluations undertaken in the region and how findings specific to one country or issue could be applied more widely to other contexts.

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