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### Summary of midterm reviews of country programmes

#### East Asia and the Pacific region

#### *Summary*

This regional summary of midterm reviews of country programmes conducted in 2008 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

#### **Introduction**

1. During 2008, four of the five largest countries in the East Asia and the Pacific region conducted midterm reviews (MTRs): China, Cambodia, Indonesia and Viet Nam. To facilitate the process, the Regional Office provided opportunities for sharing ideas and agreeing on common themes at the planning stage and at the end conducted a lessons learned exercise, to assist countries due to undertake MTRs in 2009.

#### **Midterm reviews**

##### **China**

2. **Process.** The MTR process of the 2006-2010 country programme was coordinated by the Ministry of Commerce and involved situation analyses of children and women in each sector, systematic sectoral reviews and strategic discussions among all partners. Review of the summary results matrix facilitated assessment of results and strategies.

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\* E/ICEF/2009/16.



3. **Update on the situation of children and women.** China has achieved the Millennium Development Goals on halving poverty and achieving universal access to primary education at national level, and other Goals are likely to be achieved on time. However, more attention is required on preschool and secondary education, and out-of-school children in the western regions. Despite implementation of policies to enhance equity in social service delivery, disparities persist, with higher maternal and child mortality rates in remote areas and among vulnerable groups. For children under the age of 15, injury is the leading cause of death. The maternal mortality rate in 2007 was 1.6 times higher in rural areas than in urban areas and 2.6 times higher in remote areas than in coastal areas.

4. Undernutrition is concentrated in poor rural areas, and anaemia among children under five years and pregnant women remains serious. Although iodized salt consumption has increased to 94 per cent of households, some 75 million are still at risk of iodine-deficiency. China has made progress on increasing access to improved drinking water and sanitation. However, rural sanitation coverage is still poor, with serious contamination and excessive extraction of groundwater causes for concern. China's HIV prevalence remains low, but with pockets of high infection in specific groups and localities. Knowledge of HIV/AIDS remains poor and stigma and discrimination prevent people from seeking care or information.

5. Under Chinese law, children are not allowed to work before age 16. However, some children work in private factories, often under hazardous conditions. Other protection issues include trafficking of children and women for sexual exploitation, illegal adoption and forced marriage; violence and abuse against children; inadequate access to services for children with disabilities; and child abandonment.

6. Underfunding for essential public services, along with limited availability of relevant and reliable data and analysis disaggregated by location, sex, age, and socio-economic status, makes it difficult to address inequities and inefficiencies in public resource allocation and develop appropriate social policies for children.

7. **Progress and key results to date.** The country programme contributed to results in four broad areas: (a) development of national norms, standards, policies and laws; (b) enhanced capacities to assess and analyse the situation of children and monitor policy implementation; (c) enhanced capacity to provide quality basic services, with a focus on the poor; and (d) advocacy and experience sharing within China on successfully tested approaches and models. Outcomes for children will be measured in 2010 against 2006 baseline surveys. Key results and progress achieved with UNICEF support are reflected below.

8. UNICEF successfully advocated the inclusion of child-focused components within the Government's rural poverty-reduction programme; provided inputs to reform proposals for social protection and design and implementation of an expanded social protection system; made recommendations to the Ministry of Finance for policy options to leverage and promote efficient and effective use of public resources for children and women. Support was provided for revision of the Law on the Protection of Minors, which entered into force in June 2007. It developed improved capacities at level for data management and use, notably through DevInfo. UNICEF partnerships with youth groups, schools and the media have reached more than 20 million young people in joint advocacy campaigns on a variety of issues.

9. Key maternal and child health policies and guidelines and several national nutrition guidelines and standards were developed with UNICEF contribution. A mother-baby package of cost-effective high-impact interventions successfully introduced in 59 counties was adopted by the Government and expanded to additional areas. UNICEF support to immunization contributed to increased coverage among vulnerable groups, including migrant children. Two UNICEF child injury surveys fed into the development of standards for child injury prevention and into the Beijing municipal government's plan of action. Advocacy on iodine deficiency in low-coverage provinces has leveraged significant government subsidies for iodized salt and increased coverage in places like Tibet from 30 per cent to more than 50 per cent.

10. UNICEF support on water quality improvement and evidence-based advocacy and policy recommendations on sanitation leveraged resources: increased budget allocations for arsenic mitigation, from \$14.7 million to \$33.7 million, and for the first time, a budget for nation-wide sanitation programmes.

11. UNICEF supported the establishment of national norms and standards for early childhood development (ECD), for child-friendly schools and education quality, as well as greater capacity of the national education management information system to disaggregate data by sex and vulnerable groups. About 350,000 children and 20,000 schoolteachers in rural China benefited from child-friendly school pilots. In non-formal education, UNICEF supported learning and life skills education for out-of-school adolescents. More attention is needed on policy development for education of this group.

12. An expanded national programme for prevention of mother-to-child transmission (PMTCT) of HIV and strengthened national paediatric AIDS programmes were supported by UNICEF. Other results include the effective development and implementation of policies, including the national "Four Frees and One Care" AIDS policy on women living with HIV; the first provincial policy of support for children affected by AIDS in Henan; improved treatment rates and reduced drop-out rates among affected women in pilot areas supported by UNICEF; and measurable increases of knowledge in schools in nine provinces and among out-of-school youth. Reduced discrimination and stigma in these pilot areas empowered affected children to seek services. UNICEF, in collaboration with other partners, developed the "Eight Corporate Responses to Children and AIDS" for private-sector engagement in China's Children and AIDS Campaign. Participatory events during the Olympics mobilized leaders in support of children affected by AIDS.

13. UNICEF supported a number of actions in child protection: adoption in December 2007 of the Government's first national plan of action on combating trafficking; national guidelines and standards on community-based family foster care for street children and other children without primary caregivers; revision of national legislation to include new, more inclusive provisions for children with disabilities, reflected in a new law on the protection of disabled persons. Some 24,000 social workers received certification in child protection, pilot child protection structures were established, and innovative approaches, such as psychosocial counselling for the reintegration of trafficked victims and a partnership with the hotel industry to provide vocational training to girls and women at risk, were piloted. Surveys on abuse and violence against children, a national database on

children with disabilities and a situation analysis on China's juvenile justice system led to an improved knowledge base for policy advocacy.

14. UNICEF supported the preparation of China's combined third and fourth periodic report on the Convention on the Rights of the Child, with first-ever participation of civil society organizations. Successful replication of the registration system for migrant children in Beijing and its incorporation into the city's 11th five-year development plan will improve their access to basic social services. Other results include baseline assessments on left-behind children and their caregivers, an extensive baseline survey on knowledge, attitudes and practice of parents for use in policy development and training, and the first-ever incorporation of children's rights and gender equality into traditional family education services.

15. UNICEF responded effectively to the devastating Sichuan earthquake in 2008 and is continuing to support recovery processes in health, water and sanitation, education, psychosocial needs and protection. Support was provided for development of post-earthquake reconstruction strategies and policies. UNICEF recommendations received positive feedback from the Government and had a strong positive policy impact, which led to a strengthening of the partnership with the National Development and Reform Commission preparing China's national 12th five-year plan (2011-2015). UNICEF chaired the United Nations Disaster Management Team, which coordinated the United Nations China Appeal for Wenchuan Earthquake Early Recovery Support.

16. **Resources.** The total planned five-year budget for the country programme was \$101 million, with \$61 million for regular resources (RR) and \$40 million for other resources (OR). During 2006-2008, UNICEF mobilized \$38.5 million in OR for its regular country programme from National Committees, Governments and the private sector, and in 2008, the Executive Board agreed to raise the OR ceiling for the country programme from \$40 million to \$82 million. By the time of the MTR the programme had used \$36.4 million in RR and \$27.9 million in OR to achieve results.

17. **Lessons learned.** The MTR reinforced the need for the country programme to be in line with national development goals and develop strategic interventions that promote and facilitate development and implementation of laws and policies that can leverage resources for hundreds of millions of children.

18. All pilots that focus on local results should aim for adoption by the Government and scale-up. The pilots should have a clear purpose and design, link to a Government-led policy process or a national programme, be affordable for government replication, and have a clear exit strategy, with costing, evaluation, documentation and dissemination of results. The MTR identified some pilots that did not meet these criteria; these would therefore be phased out.

19. The country programme must continue to provide a strong voice for the most vulnerable children and women. Children's rights and child development issues will remain prominent, and UNICEF cooperation can support positive changes in this respect, working with communities, civil society, local and national authorities, and using situation analyses, demonstration approaches and advocacy.

20. The country programme should strengthen its contribution to China's adoption of and adherence to international norms and standards. Likewise, best practices and improved standards developed in China should be shared internationally, as

successes in China have potential to translate into greater opportunities and resources for children in other parts of the world.

21. Public-private partnerships provide opportunities and merit increased attention. Corporate social responsibility is a relatively new concept in China and UNICEF should provide technical inputs and innovative solutions, and identify areas of convergence between the public, private and voluntary sectors.

22. **Adjustments made.** The following adjustments are recommended:

(a) Social policy and economic analysis should be expanded and strengthened in a new social policy and economic analysis programme, accommodating existing activities from knowledge, advocacy and policy development for children, as well as new activities identified in the MTR.

(b) In health and nutrition, contribute to greater coordination, advocacy and technical assistance with national and international partners, to address health financing, insurance and access to health care services by migrants and other vulnerable groups. Focus on timely disaggregated health and nutrition data. Provide support for development of national policies, guidelines, regulations and standards on nutrition, including for multiple micronutrient supplements.

(c) To help meet national sanitation goals, more efforts should be devoted to advocacy to increase government investments. A new China Climate Change Partnership Framework has just been established; the MTR adopted this joint programme between nine United Nations agencies and ten Government counterparts as part of the water and sanitation programme.

(d) In education, emphasize knowledge management and national ECD legislation, budget allocations and alternative models of ECD for the poorest communities. Bring greater focus and consolidation to interventions under the child-friendly school framework to ensure successful documentation and replication. In non-formal education, place more emphasis on policy advocacy, research and promotion of opportunities outside formal schooling. Links should be made with industry for sponsored vocational training.

(e) Critically assess the efficacy of broad-based life skills education in preventing and controlling AIDS in China. The programme needs to explore upstream efforts with regard to HIV prevention among young people in schools, in partnership with education authorities.

(f) Strengthen the child protection data and knowledge base and consolidate pilot projects on child protection. Step up support to establish tracking and monitoring systems for orphans as well as migrant children and children left behind. Accelerated support should be provided for implementation of the national plan of action on trafficking and development of one on violence against children; juvenile justice; China's ratification of the Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children; and the shift from institutional care to family- and community-based care for children without primary caregivers.

23. The microcredit project has been phased out; UNICEF and the Government are exploring the use of conditional cash transfers to vulnerable women to complement development of services under the "local plans of action" project. UNICEF will step

up the advocacy campaign for girls' equality in partnership with the All-China Women's Federation.

24. UNICEF support to the victims of the Sichuan earthquake should continue until 2011, in line with the Government's Post-Earthquake Restoration and Reconstruction Plan. UNICEF should also work with counterparts to strengthen emergency preparedness.

### **Cambodia**

25. **Process.** The MTR process was launched in February 2008, co-chaired by the Ministry of Planning and with participation from all key ministries, the United Nations Resident Coordinator's Office and members of the United Nations Youth Advisory Panel. The MTR was carried out between February and September. Results from a number of analyses, studies and evaluations fed into the process, and work of technical working groups provided additional analysis. A limited number of consultations were organized by specific technical support missions, through thematic discussions with partners and with key counterparts in all focus provinces. The formal meeting was co-chaired by the Minister and the Regional Director.

26. **Update on the situation of children and women.** There has been continued improvement in Cambodia's political and economic climate since 2005. However, persisting gender inequalities and growing disparities, exacerbated by the global economic crisis, could negatively affect children and disrupt progress towards the Millennium Development Goals. The under-five mortality rate of the lowest economic quintile is 127 per 1000 live births compared to 43 for the highest quintile. In access to care at delivery, women from the richest quintile are 10 times more likely to have a facility-based delivery than those from the poorest quintile. Although there has been little change in the political environment at the national level, the ongoing decentralization and deconcentration process is expected to make local governments more responsive to the needs of communities, including women and children.

27. Cambodia's economic growth peaked at 13.3 per cent in 2005. However, the global economic recession has sharply lowered estimates for 2009 growth. This can be attributed to vulnerability of Cambodia's economic sectors, now experiencing lower export volumes and declines in tourism and foreign direct investment. Inflation peaked at 26 per cent in May 2008, but then plummeted into negative territory by early 2009. Research shows that half of all households are cutting back on food as a way of coping with high prices. The 2008 Cambodia Anthropometrics Survey shows that nutritional status of children has suffered, with rates of urban poor wasting exceeding 15 per cent and previous gains in underweight and stunting reversed. While Cambodia has already achieved the Goal 7 targets in terms of access to water, the sanitation situation remains one of the worst in the region. Despite reductions in fertility rates and increased antenatal care and skilled birth attendance, maternal mortality remains among the highest in the region, at 472 per 100,000 live births.

28. **Progress and key results to date.** The country programme action plan (CPAP) results monitoring table was fully updated through the MTR process to reflect current progress against the matrix of 49 expected outputs. Overall, the country programme appears on track, with some results within reach, particularly for a number of child survival interventions (protection from micronutrient deficiencies,

immunization), as well as reduction of casualties due to landmines, the rehabilitation of victims and access to improved water supply. Similarly, some of the HIV indicators relating to PMTCT, the availability of voluntary and confidential counselling and testing, and antiretroviral therapy appear to be on track. Regarding indicators defined for the performance of the six priority provinces against key child survival and development interventions, performance is varied, with some provinces appearing “off track”, while others have already surpassed or are close to achieving targets. Eight of the 50 unique planned key results cannot be reported on because the results and their indicators are either not measurable with available data sources or no longer the focus of current cooperation. Adjustments to the CPAP monitoring framework to better align with relevant national plans were agreed at the MTR.

29. **Assessment of programme strategies and lessons learned.** The current country programme adopted a two-pronged strategy, focusing programme interventions in six priority provinces while addressing policy and budget issues at national level. National policies, programmes, legislation and regulatory frameworks were supported with particular intensity in the priority provinces. Experience gained in the field informed improvement in policies and legislation. The MTR analysis of the child survival and education components concluded that the performance of priority provinces do not demonstrate significant value added. Whereas UNICEF cooperation was expected to bring additional resources to priority provinces, analysis shows that UNICEF resources often substituted Government resources rather than adding to them or building partner capacity.

30. Another hypothesis of the strategy was that accelerated benefits for children would be derived from strengthening collaboration among key social service providers, commune council members, provincial and district administrations in pursuing simple and measurable actions for children and women. Analysis of available data shows that local demand and investment for social services has increased in the priority provinces. However, investments do not always respond to commune requests, reflecting instead donor priorities and capacity of line ministries. There is emerging evidence that the Seth Koma programme — providing resources to local actors through the decentralization mechanism — is strengthening local government structures to respond to the needs of children in their communities.

31. Nineteen pilot initiatives supported in various programme components were analysed during the MTR. Initially the concept of “scaling-up” was linked to expansion, with UNICEF supporting “more of the same”, but when approached through mainstreaming, it allowed for communicating the need for policy decisions by the Government based on successful interventions or strategies.

32. In addition, four key issues were analysed to enable a strategic review of each programme and their components.

33. **Reaching the unreached.** The programme targets six priority provinces and selected urban, border and post-conflict areas on the assumption that concentration would allow for convergence and synergy to accelerate progress towards Millennium Development Goals. However, despite some important achievements, the current focus on increasing overall coverage of key interventions has not always clearly defined strategies to reach the most marginalized and vulnerable children. Moreover, capacity-building of partners and increasing investment in building the capacity of parents and families have not yet been explicitly based on a human

rights framework. The provincial data is insufficient to confirm whether UNICEF is making a difference in reaching the unreached in the six supported provinces or in promoting policy or strategic changes that aim to support the most vulnerable and “narrow the gap”.

34. **Improving decentralized service delivery.** UNICEF is helping sector partners to engage meaningfully in the decentralization and deconcentration policy debate. The Seth Koma programme channels funding through commune councils to strengthen their capacity to manage social services and plan related budgets. However, funding allocation follows detailed budget guidelines, with limited latitude for communes to change allocations between budget lines. Data shows that local demand for social services has increased in the UNICEF-supported provinces. The challenge is to encourage that more commune funds be committed to children while promoting flexibility in the use of allocated resources.

35. **Communication for development.** Many communication initiatives initiated or supported by UNICEF succeed in enhancing public awareness and increasing knowledge but often fail to stimulate positive changes in attitudes and practices. Most communication activities in Cambodia have been planned and implemented with mass media in mind. Communication strategies need to be more client-based, focusing on community participation, which could transform messages addressed to individuals and families into new social norms. While UNICEF collects much data there is insufficient analysis and dissemination, compromising the opportunity to contribute to evidence-based policymaking.

36. **Partnership in the new aid environment.** The MTR analysis highlighted best practices related to capacity building for sector planning and management, particularly in health and education and to national policy development. The MTR analysed current trends in the Cambodian aid environment through consultations with key partners and using results of a recent aid effectiveness survey. In March 2008, UNICEF pooled part of its funding and joined common management arrangements for the second health sector support project, co-funded by the World Bank, the Australian Agency for International Development, the United Kingdom Department for International Development, and the United Nations Population Fund (UNFPA). This provided an opportunity to explore potential sector-wide approaches in other relatively “well structured” areas, aligned with aid effectiveness principles. In other areas, such as water and sanitation, the office is contributing to strengthening sector-wide approaches or to discussions on decentralization, deconcentration and social protection.

37. **Resources used.** The total planned five-year budget for the country programme was \$92.5 million, with \$23.5 million for regular resources (RR) and \$69 million for other resources (OR). By mid-September 2008, the office mobilized \$13.2 million in RR and \$60.9 million in OR. The good performance in mobilizing resources for the country programme led the Executive Board in 2008 to approve an increased OR ceiling of \$73.9 million. By mid-2008, \$15.5 million in RR and \$38.5 million in OR had been used to achieve programme results.

38. **Adjustments made.** The following adjustments are recommended:

(a) Put greater focus on equity and on reaching the unreached in programming and advocacy and include equity indicators in the monitoring of outputs and outcomes.

(b) Refocus the province approach, to facilitate convergence in the focus provinces and ensure a UNICEF voice on children's rights issues; develop models of strengthened basic services for vulnerable children and their families; clarify 2009-2010 results outside the focus provinces; track local demand and supply for social services to learn lessons for the next country programme; and assess and analyse child poverty patterns and other relevant indicators at subnational levels in order to determine the best geographical focus for future cooperation.

(c) Facilitate the flow of evidence from field work into policy dialogue by strengthening the research and development function of the programme to generate and utilize evidence for policymaking while building government capacity to effectively analyse data and use it in transparent decision-making.

(d) Convene forums to promote interaction between government authorities and development partners on formulating decentralization and deconcentration policies and strategies. Participate in the planning of new sector-wide approaches. Support policy analysis on the delegation of functions, assets and budgets to subnational authorities, and develop qualitative indicators of progress, especially in capacity building efforts of provincial and district managers in planning, financial management and monitoring.

(e) Put greater focus on developing capacity of community groups (for children, youth and women) to interact with village leaders, service providers and the commune council, and to facilitate community action in analysing their situation, finding local solutions, demanding basic services and monitoring the delivery of quality basic services.

(f) Focus communication for development on selected strategic priorities, including linking more directly to evidence from research, taking advantage of strategic partnerships to provide support to individuals, families and communities as well as local and national governments.

(g) Develop effective partnerships in the new aid environment, based on an analysis of potential value added, clear rules of engagement and exit strategies, where appropriate.

(h) Contribute to developing financial management and procurement capacities at all levels, to support implementation of public financial management reform.

### **Indonesia**

39. **Process.** The MTR sought to assess the country programme to determine whether expected results, strategies and content of the CPAP and the country programme management plan required modification as a result of changes in the situation and lessons learned. At the national level, the process was managed by a Joint UNICEF-Government Steering Committee. Sectoral discussions involved working groups, United Nations agencies and non-governmental organizations (NGOs). A series of discussions also took place at the subnational level, complemented by key informant interviews and site visits. A number of cross-sectoral studies were undertaken, focusing on decentralization, social policy, gender and programme communication.

40. **Update on the situation of children and women.** During the past decade (1998-2008), the incidence of poverty declined from 23 per cent to 16 per cent. However, there are still more than 37 million persons living in poverty, heavily concentrated in rural areas and among agricultural workers. Of the absolute poor, 60 per cent live in the densely populated island of Java, while the highest poverty incidence can be found in some of the more isolated areas in eastern Indonesia. With an economic growth rate, in 2007, of 6.3 per cent and a gross domestic product per capita of \$1,800, Indonesia is progressing towards middle-income status.

41. The country programme has witnessed continued social and political transformation, as the country emerges as a vibrant democracy with decentralized government and more openness and debate. Political changes were reflected in the first popular election of national and regional leaders in 2004, followed by a series of subnational elections. While transfer of political and administrative authority to district governments has brought governance closer to the people, the reform process has been problematic. There is evidence that weaknesses in local technical and administrative capacity for local governance, coupled with the rapid expansion in the number of autonomous administrative units, have contributed to problems in maintaining quality of service delivery. It is likely that these have also added to the observed stagnation in progress with regard to a number of key social indicators.

42. There have been notable achievements in poverty reduction, net primary school enrolment, reduction in child mortality and access to clean water. However, there is stagnation in the malnutrition rate, continued high levels of maternal mortality and limited access to improved sanitation. Evidence confirms significant disparities in access to services across geographical locations and wealth quintiles. Violence against children has also increased with mounting socio-economic pressure, aggravated by child rearing practices that undermine rights. Even though national HIV prevalence is low, at 0.16 per cent, the HIV epidemic in Indonesia is among the fastest-growing in Asia, especially in Papua and West Papua provinces, with a prevalence rate of 2.4 per cent among the 15-49 age group. Indonesia also remains vulnerable to a variety of extreme natural disasters.

43. **Progress and key results.** The programme helped ensure high levels of immunization coverage, leading to a polio-free status, revitalized an expanded programme on immunization systems in tsunami-affected areas and made progress in elimination of tetanus. Births attended by skilled health personnel increased significantly. Emergency obstetric care was extended to more than 90 per cent of focus district hospitals. A series of updated nutrition relevant policies provided increased protection for children against malnutrition. Distribution of long-lasting insecticide treated mosquito nets in Sumatra during measles campaigns and integration of antenatal care and routine immunization services with malaria control in 11 districts in eastern Indonesia proved to be an effective strategy. Evidence suggests increased uptake of improved hygienic behaviours among school children in seven eastern provinces.

44. The programme contributed to increased access to water and sanitation facilities for communities and schools. In seven districts of Nusa Tenggara Timur and Nusa Tenggara Barat, 20 communities obtained access to clean drinking water through household rainwater collection, while 35 communities obtained access to improved latrines. The water, environment and sanitation (WES) programme was

scaled up to include six provinces in Eastern Indonesia. Children in 49 schools received improved access to WES facilities.

45. HIV education has been mainstreamed into the education strategic plan in Papua, serving as a model for other provinces. Children and families affected by HIV/AIDS were provided with PMTCT, care and support model services.

46. Overall, coordination was enhanced through ECD and Education for All forums in seven provinces. Some 25,000 parents of children aged 6 or younger benefited from training on ECD approaches. The “creating learning communities for children” approach was replicated in 3,500 schools in 41 districts, while 20 non-target districts adopted the approach and 22,000 teachers and supervisors implemented improved learning and teaching methods. Over 3,800 principals and 12,000 committee members implemented school-based participatory planning. Capacity gaps in planning, monitoring, budgeting and supervision were identified in 12 districts. Over 180 schools have improved planning and monitoring by using baseline data, while 6,000 education practitioners are implementing improved teaching and learning methods and school management.

47. In child protection, the programme contributed to improved knowledge and information for policy on juvenile justice, quality of care in institutions, trafficking and violence against children. It supported development and passage of national and subnational laws and regulations on human trafficking and universal and free birth registration. The revision of the juvenile justice law and the national planning authority on elimination of violence was finalized and submitted, awaiting Presidential Decree. Protection services for children were enhanced through capacity development of key professionals in law enforcement, health, education, training, social work, school committees and residential facility workers. A peer educators network provided a safety net for 30,000 children and youths. In tsunami-affected areas, children were protected by a favourable legal, institutional and policy environment. Some 2,562 children were placed in immediate or extended families, and 14,200 children regularly attend 21 children’s centres, providing integrated child protection services, including psychosocial and legal assistance.

48. The programme’s communication contributed to greater awareness of children’s rights. Advocacy and capacity development efforts with children’s rights focal points resulted in timely inputs to the periodic report on the Convention on the Rights of the Child. Strategic information on legal issues affecting children was shared with the Government and civil society organizations. Education materials for school children were developed and tested in 30 schools in Central and East Java. The programme helped journalists better understand children’s rights and promoted the participation of children and young people through annual achievement awards. A comprehensive private-sector fundraising and partnership approach was adopted, resulting in an increase in the number of individual donors, from 6,000 in 2006 to 16,000 in August 2008.

49. The capacity of province and district staff to undertake district situation analysis using a human rights-based approach to programming was enhanced in nine provinces. Staff members were trained to monitor progress of the Millennium Development Goals at national and selected subnational levels using DevInfo. In five districts, staff learned how to design, implement and analyse household surveys and disaggregated data for district planning in social services, while selected district staff began to collect data for community-based information systems in education

and development for social sector planning. In tsunami-affected areas, the Aceh provincial government established Aceh-NiasInfo, using DevInfo technology. It was used to develop the Tsunami Recovery Indicator Package, a report that contributed to bridging knowledge gaps through cross-sectoral analysis of the social development status of Aceh. Support was provided to the 2007 Demographic Health Survey to establish a solid baseline and monitor progress towards the Goals through generation of disaggregated data for 23 districts in Aceh and Nias.

50. Government officials in 18 districts were trained in emergency preparedness and response. A draft regulation on the role of international agencies during disasters was prepared and disseminated to key stakeholders, to guide implementation of Disaster Management Law 24/2007. Provincial contingency plans in West Sumatra were expanded to a district contingency plan for Bengkulu province. Emergency assistance was provided to children and families affected by the Yogyakarta earthquake and flash floods in South Sulawesi and Nanggroe Aceh Darussalam in 2006 and to approximately 54,000 families in 13 provinces in 2007. Peacebuilding training and community resilience initiatives in Surakarta was implemented in all subdistricts. Replication of projects in three other districts of Central and West Java is in process. With programme support, 80 secondary schools in Surakarta City, 119 schools in Banyumas and all schools in Cirebon are implementing peace education programmes.

51. **Resources.** The total planned five-year budget for the country programme was \$175 million, of which \$25 million were regular resources (RR) and \$150 million for other resources (OR). Actual available resources, not including emergency resources, mobilized by mid-2008 amounted to \$119 million, of which \$16 million were RR and \$103 million for OR. Total resources used by mid-2008 amounted to \$105.9 million of which 15.9 million was RR and \$90 million OR.

52. **Lessons learned.** Policy formulation will need to be strengthened through systematic application of evidence-based approaches, using quality disaggregated data and human rights principles, including those of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

53. Indonesia's emerging status as a middle-income country supported by economic growth and increasing fiscal space is very positive. However, equity in allocation of resources could be strengthened through better identification of vulnerable groups of children and women. Receptiveness to adopting new ideas and practices has created space for innovative interventions that could be scaled up later using government funding.

54. Decentralization has assigned greater authority to subnational governments, especially over resource management and basic social service delivery. However, the process has also led to ambiguity in accountability and oversight mechanisms, to critical human resource capacity gaps and to inconsistencies between national and local policies. The CPAP has followed a strategy of expanding its work to as many locations within Indonesia as possible; this has resulted in unconnected spread, with lack of geographical focus.

55. Increased private-sector participation in basic social service delivery in education, health, and water and sanitation, among other areas, has strengthened partnerships and complemented gaps in the public sector.

56. Inter-agency cooperation, together with the Government's commitment to advance the aid effectiveness agenda in both development and emergency contexts, has led to the pooling of resources and harmonized approaches in order to maximize the impact of interventions. However, the issue of high transaction costs remains.

57. **Adjustments made.** Based on the midterm assessment, the country programme strategy for the remaining two-year period has been revised to apply a two-tier approach: (a) support for upstream and policy-level work in favour of children and women; (b) addressing disparities and fulfilling the rights of particularly disadvantaged and vulnerable children and women affected by uneven development outcomes.

58. Except for the most disadvantaged regions or for the development of learning models, the programme will move away from a project-based service delivery approach towards a more upstream approach, based on modelling, evidence-based advocacy, policy formulation, planning and budgeting. The situation analysis will be strengthened to support this shift.

59. The country programme will decentralize significant management functions to the subnational level by strengthening capacities for evidence-based planning. Provincial and district situation analyses of children and women will be developed and updated regularly to highlight local situations and serve as a basis for planning interventions and budget allocation. Programme communication and partnerships with community-based organizations will be enhanced to improve sustainability of interventions. Selected pilot projects applying innovative approaches will be implemented with clear time frames, exit strategies and monitoring and evaluation mechanisms so that advocacy for possible scaling-up is supported by evidence.

60. The programme will mainstream gender and apply a human rights-based approach to programming, as well as results-based management, by strengthening the management of disaggregated data and the integration of programming and planning processes, by refining the monitoring and evaluation framework and by documenting and sharing best practices and lessons learned.

61. Besides the MTR, the multi-year plan for Aceh and Nias was reviewed for adjustments in programme direction. In line with the overall shift in the country programme strategy, capacity building of provincial and district governments and communities will be centred around evidence-based policy formulation, planning and budgeting that are grounded in a rights-based approach to programming. There will be a move away from projects. Building on ongoing efforts, detailed district situation analyses on children will be developed.

62. Management of the country programme will be strengthened through a number of actions: (a) introduce a rolling plan to synchronize government and country programme planning and budgeting cycles; (b) refine and operationalize the monitoring and evaluation framework; (c) decentralize some management functions to subnational levels; (d) redefine the national functions of the programme to strengthen knowledge; (e) focus on policy issues; (f) seek to address countrywide disparities and provide technical guidance to the subnational levels; and (g) strengthen emergency preparedness, based on better coordination between the Government and the international community.

**Viet Nam**

63. Process. The MTR was conducted between October 2007 and September 2008, with the formal MTR meeting held in June 2008. The process was led by the Ministry of Planning and Investment. The exercise included four interrelated components: (a) a situation analysis; (b) programme and thematic reviews; (c) integrated monitoring and evaluation plan review; and (d) a forward-looking paper examining the potential evolution of the socio-economic and political situation in Viet Nam. A variety of methodologies were used: (a) independent external assessment of selected programmes; (b) reviews on thematic issues; (c) joint reviews of sectors with counterparts; (d) consultations, interviews and focus group discussions with government leaders, United Nations country teams, NGOs, donors, and senior UNICEF leaders; and (e) establishment of a technical reference group with national and international expertise for undertaking a rights-based situation analysis of children.

64. **Update on the situation of children and women.** Although poverty was reduced to 16 per cent by 2006, income inequality has risen. Recently, rising inflation linked to food prices led the Government to adjust growth targets for 2008 downward. Viet Nam is a leader in the aid effectiveness agenda and the first One United Nations pilot country. Official development assistance pledges for 2008 totalled a record \$5.5 billion. Recent research on the situation of children in Viet Nam confirms that the country's progress in achieving the Millennium Development Goals is very strong, but stark disparities persist. The major axes of exclusion or disparity remain ethnicity, the rural-urban divide and income.

65. Malnutrition is a persistent problem, with 36 per cent of children under five years stunted and 20 per cent underweight, and reveals large disparities. The 2006 national baseline survey on environmental sanitation and hygiene revealed that 75 per cent of rural households and rural schools have latrines but only 18 per cent of the households and 12 per cent of the schools meet the standards set forth by the Ministry of Health. The same survey found that hand washing with soap was practiced by less than 5 per cent of students and that 12 per cent of the rural population did so before eating and 16 per cent after defecation.

66. Neonatal mortality accounts for three quarters of the infant mortality rate estimated at 22 per 1,000 live births in 2006. Maternal mortality rates are persistently high and continue to be higher in remote mountainous areas. Injuries, primarily traffic accidents and drowning, continue to contribute significantly to childhood morbidity and mortality.

67. Quality of education remains a concern with only 79 per cent of secondary school-aged children attending lower secondary school in 2006; there is a marked difference in attendance by ethnic minorities (65 per cent) and the Kinh majority (81 per cent). Preschool enrolment is still low, at 57 per cent for children aged 26-59 months in 2006.

68. Weak data and an inadequate social protection system are challenges. In the past few years, issues related to child exploitation and abuse and children affected by HIV/AIDS have received increasing attention in national media. Children with disabilities, in particular victims of Agent Orange, continue to receive great attention, and issues related to illegal international adoption are increasingly documented. Violence in the home is an emerging issue. Data from 2006 indicates

that one in three households experienced some form of domestic violence in the past twelve months.

69. In October 2006, Viet Nam presented its first reports on the two Optional Protocols to the Convention on the Rights of the Child. The combined third and fourth periodic report to the Convention has been delayed. The Government signed the United Nations Convention on Persons with Disabilities and adopted laws on gender equality and on prevention and control of domestic violence in 2007.

70. **Progress and key results.** The strongest results have been in improving national laws, policies and standards, especially in the areas of child protection, child-friendly education, and hygiene and sanitation, as well as support to nationally targeted programmes (NTPs). National plans of action have been developed, nearly finalized, or implemented in the areas of children and HIV/AIDS, accelerated child survival and development, injury prevention and human trafficking. The programme has provided technical support to the development of a wide range of national laws, policies and standards, including the penal code and penal procedure code, the decision on recovery and reintegration support for victims of trafficking, national standards on clean water and hygienic sanitation, and national standards and guidelines for reproductive health. The policy on free primary health care for children under six years of age is being implemented. Recommendations of a health equity consultation were taken up by the National Assembly, with a decision to increase health budgets and allocate 30 per cent for preventive care.

71. The programme has made effective contributions to NTPs by piloting child-friendly school water, sanitation and hygiene education designs (for application in all schools through the rural water supply and sanitation NTP) and through sectoral policy analysis reports and participatory consultations with ethnic minority communities to guide implementation of the social component of Programme 135 targeting the most disadvantaged and ethnic minority areas. Through advocacy efforts of UNICEF and partners, the NTP budget for the sanitation component rose from 10 per cent in phase 1 to 35 per cent in phase 2, and water quality is now a core component of the water programme. Models have been used with some success throughout the country programme to demonstrate new approaches, including piloting of non-custodial measures for children in conflict with the law in Hai Phong, and community-based models on child injury prevention in selected communes. The PMTCT pilot has informed decisions on the national PMTCT package and scale-up plan.

72. In monitoring and oversight for children's and women's rights, there has been slow but steady progress. National data and information systems have been strengthened through major research on children's rights, such as the multiple indicator cluster survey, the first-ever family survey and the development of indicators for monitoring the situation of children, women and the family. Efforts have been made to harmonize diverse injury data collection systems, with routine data being collected through health information systems. Progress has been slow on improving the "oversight" function of National Assembly and Government bodies. The institutional capacity for an inspection system to monitor children's rights, child care and services for children remains weak.

73. At the subnational level, the programme has contributed towards improved capacity for planning and monitoring and evaluation. Through the WES and protection programmes, efforts have been made to harmonize different local-level

sector planning processes and integrate and monitor relevant indicators. UNICEF has supported the development and roll-out of a national rural water supply and sanitation monitoring and evaluation system to help monitor the impact of the NTP. The maternal mortality audit is being scaled up after a successful pilot carried out with the World Health Organization and UNFPA. The central General Statistics Office and all provinces have received VietInfo training in partnership with the United Nations Development Programme; VietInfo is being used to produce the upcoming Viet Nam progress report on the Millennium Development Goals.

74. Progress is being made with child-friendly models for subnational socio-economic development. There has been an increase in the knowledge and skills of local counterparts in the provincial child-friendly programme provinces on planning and monitoring of local socio-economic development plans and the mainstreaming of children's issues in selected provinces. This progress can be seen in the planning and implementation by provincial authorities of more child-friendly multisectoral convergent services.

75. In two results areas, progress has been less pronounced: (a) participation of adolescents and young people and (b) improved disaster preparedness and response systems. Still, the programme has seen some results with regard to participation, including the involvement of children as peer support volunteers for children affected by AIDS, the participation of children in subnational planning and capacity building processes in An Giang province and in the dialogue between elected officials and children in Ho Chi Minh City. In the education sector, social mobilization and media campaigns have encouraged family and community participation in ECD, which has led to significantly higher enrolments in ECD centres in project sites compared to national averages. Building on elements of youth engagement through the "healthy living and life skills" pilot, the programme has fostered greater participation of youth, families and communities in adolescent-friendly education and activities for out-of-school youth. To promote the sustainability of these and other efforts, a more systematic mechanism and approach to children's participation is needed across the programme.

76. Disaster preparedness and response activities have been mainstreamed throughout the programme, with support given to avian influenza behaviour change communication, capacity building on the use of EmergencyInfo at national and subnational levels, sector-specific emergency preparedness and response training in WES and health and nutrition, and provision of supplies to disaster-affected areas. In this area, the programme will need to further align itself with the work undertaken by the wider United Nations system in Viet Nam.

77. **Resources.** The total five-year budget for the country programme was \$84 million, with \$20 million regular resources (RR) and \$64 million for other resources (OR). At the time of the MTR, actual resources mobilized totalled \$52 million while \$9.8 million RR and \$24.5 OR was used to achieve the results.

78. **Constraints and opportunities affecting process.** Changes in the partnership environment provide significant opportunities for UNICEF to further leverage results for children. United Nations coherence provides UNICEF an opportunity to position children within a coherent articulation of United Nations priorities and development work in Viet Nam. At the same time, newly established programme coordination groups in policy, education, protection, health, reproductive rights and natural disasters provide opportunities to influence a greater number of government

processes within the overall development agenda. Through the contribution of the One Plan Fund, UNICEF was fully funded in 2008. The assured and predictable funding has enabled full focus on delivering results. The joint communications team under One United Nations has contributed, on several occasions, to a stronger voice on children's issues. There has also been a broadening of sectoral partnerships at the national level, including the rural water supply and sanitation and the nutrition partnership groups. These have provided a platform for disseminating good practices for scale-up as well as stimulating action on key issues for children. UNICEF has gradually strengthened its strategic and programmatic relationship with the Ministry of Planning and Investment and the National Assembly, both of which provide good opportunities to engage a broad range of government decision makers. Efforts have been made to consolidate partnerships with NGOs, which are playing a greater role in development assistance.

79. The implementation of the provincial child-friendly programme has further strengthened direct collaboration with local authorities, resulting in good working relationships and an enabling environment to carry out constant advocacy with provincial decision makers (People's Councils, People's Committees, Department of Planning and Investment) in order to influence local plans and budgets for children.

80. A number of constraints affect progress: (a) unreliable data; (b) insufficient capacity, both within UNICEF and in the Government, for a rights-based approach to programming; (c) limited coordination and poor communication among various implementing partners; (d) the dissolution of the Committee on Population, Family and Children, hindering implementation for four of the seven programmes; (e) inadequate attention to the conceptualization and design phases of pilots; (f) limited understanding in the Government of child protection and a tendency to adopt approaches based on issues as opposed to a systems-based approach; (g) operational procedures related to supply, the Harmonized Approach to Cash Transfers and the application of the United Nations-European Union cost norms, contributing to delays in implementation. Limited capacity at the local level was a major constraint for timely planning and implementation of provincial projects. Intensive engagement in various One United Nations processes created additional workload for many UNICEF staff members.

81. **Adjustments made.** The overall objectives and results of the country programme remain valid and are now integrated within the outcome areas of the One United Nations Plan. The main adjustments proposed to the country programme are as follows: (a) a clearer orientation to a policy, data and knowledge generation and management function; (b) more investment in analysis and strengthening of institutional capacities; (c) stronger engagement at local levels to support decentralization and a strong feedback loop to inform policy; (d) more coherence in child survival and development interventions; (e) strengthened capacity in the areas of child protection and social policy; (f) strengthened monitoring and evaluation in the country programme; and (g) more focus and coordination in programme communication.

82. It was noted that the new provincial child-friendly programme has proven to be an appropriate channel for UNICEF to support Viet Nam's decentralization process in such a way that it benefits children. However, intensive and sustained efforts are needed for strengthening the often very weak capacities at local levels.

83. In response to the recommended shifts in programming priorities, the programme and management structure have been reshaped through a consultative and participatory midterm management review process.

**Conclusion**

84. At the conclusion of MTR processes, the Regional Office convened experience exchange meetings with the four countries and invited countries scheduled to undertake the MTR in 2009 to a two-day lessons learned exercise. Based on data from the MTR exercises, the Regional Office compiled studies on decentralization and on taking pilots to scale. It is clear from the adjustments being considered that the country programmes in the region are increasingly moving towards evidence-based advocacy, supported by local capacity development and communication for development.

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