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

#### **Eastern and Southern Africa 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. The UNICEF Eastern and Southern African Region cover 20 countries. Two of these country programmes — Botswana and Comoros — conducted MTRs in 2005. In addition, 170 studies, reviews, assessments and evaluations were carried out by country offices and the Regional Office in 2005, covering all priority areas of both the old and new medium-term strategic plans (MTSP). One or more examples from each MTSP area are included in this report. Selection criteria included relevance, approach and purpose, validity of the methodology, the range of stakeholders consulted and the quality of the analysis and conclusions.

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## Midterm reviews

### Botswana

2. **Introduction.** The UNICEF programme of cooperation with Botswana (2003-2007) carried out an MTR in 2005 that was remarkable for the substantial involvement of 106 children aged 10-18 years who represented different socio-economic groups, areas of residence and educational backgrounds. They led their own MTR meeting and two of them facilitated the final validation meeting. Others presented their programme recommendations and a manifesto to UNICEF, donors and ministry officials. The MTR was guided by a government-led coordinating committee and carried out by six project reference groups that were composed of key stakeholders, chaired by ministry officials and assisted by consultants. Methodologies included a desk review of documents; interviews with 72 key informants from the Government, United Nations agencies, civil society organizations, donors and development partners; and 13 focus group discussions.

3. **Update on the situation of children and women.** Many of Botswana's social and economic gains made over the past three decades are being undermined by the impact of HIV/AIDS. The proportion of people living under the poverty line decreased to about 30 per cent in 2002-2003, but 55 per cent of children live in female-headed households, the majority of whom are unemployed and poor. The infant and under-five mortality rates (IMR and U5MR) increased between 1991 and 2001 to 56 and 74 deaths per 1,000 live births, respectively.

4. The HIV prevalence rate in the general population is 17 per cent, with rates in some areas as high as 52 per cent. HIV prevalence is higher for female adolescents and 25-34 year-old women than for men. Nationwide, 37 per cent of pregnant women aged 15-49 years are infected with HIV. Orphans represent 15 per cent of the population and usually live with non-economically active heads of households.

5. Botswana has consistently maintained high primary school enrolment rates. Currently, 83 per cent of children aged 6-12 years attend school and 90 per cent of 15-to-19 year-olds are literate. Botswana has achieved Millennium Development Goal 3, target 4, for gender parity in school enrolment. However, only 10 per cent of children aged three to four years participate in early childhood education programmes, according to the 2001 Census.

6. The Government approved the Abolition of Marital Power Act in 2005. It also amended guidelines such as the Children in Need of Care Regulation and early childhood education policies to better protect children's rights.

7. Children's rights are not adequately protected in situations where children are in contact with the law. There is ambiguity around the definition of a juvenile and juvenile courts do not exist in reality. In addition, gender-based violence and abuse in Botswana is increasing and there are many unreported cases.

8. **Progress and results.** The programme contributed towards achieving key national targets for prevention of mother-to-child transmission of HIV (PMTCT). PMTCT was rolled out in all 24 health districts and uptake increased from 36 per cent in 2003 to 73 per cent in 2005. Testing of pregnant mothers increased from 45 per cent in 2002 to 60 per cent in 2003.

9. UNICEF is the lead agency in collaborating with the Government on increasing access to care, treatment and support for children living with HIV/AIDS. In collaboration with the Ministry of Health, UNICEF organized the first National Consultative Meeting on Access to Prevention, Treatment, Care and Support for Children Living with HIV/AIDS in Botswana in 2005.

10. The country programme provided strategic inputs to the expanded programme on immunization and the Integrated Management of Childhood Illness (IMCI) programme. UNICEF, along with other partners, helped the Government to secure funds, supplies and equipment to mount two national vaccination campaigns that reached 250,000 children under five years of age in response to a case of imported poliomyelitis in 2004. The programme supported the 2005 measles and vitamin A campaign, which reached approximately 180,000 children aged nine months to five years.

11. In order to scale up and sustain services to children orphaned and made vulnerable by HIV/AIDS (OVCs), capacity development training workshops were held for eight non-governmental organizations (NGOs) in the areas of health, early childhood education and development, psychosocial support, health and nutrition, project and financial management, advocacy, research and monitoring and evaluation. This training and additional assistance enabled the NGOs to increase the number of OVCs receiving services from 2,500 in 2003 to 4,700 in 2005.

12. The programme supported the Ministry of Education to develop a National Life Skills Framework and, through a fully youth-led arts festival, annually reached 40,000-50,000 people with HIV/AIDS prevention messages. The MTR recommended that improvements are needed in the areas of documenting results, sustaining interventions, working from a clear conceptual framework and very importantly, de-emphasizing knowledge acquisition in favour of a behavioural change.

13. The country programme also aims to ensure that policies, laws and social services are child-friendly and human-rights based. The 1981 Children's Act was reviewed and recommendations for reform were made in 2004, but the amended Act still has not been approved. The programme also supported a new National Programme of Action for Children; a policy analysis framework to review all policies affecting children; monitoring of the implementation of the Convention on the Rights of the Child; a study to review customary law; and a study and reform plan on the justice system for children.

14. A national consensus-building workshop resulted in the adoption of a national integrated early childhood development (IECD) framework for action, but the MTR found that effective coordination of IECD remains a challenge.

15. *Ringing the Bell*, an initiative implemented with the Ministry of Education, the Botswana Network of Persons Living with AIDS and UNICEF, engages people living with HIV as field educators, who reached 37 primary schools and 10,000 students in 2004. The *Telling the Story* initiative enabled girls across Botswana to express to peers, policymakers and programme implementers their experiences, hopes and fears about their access to education, gender discrimination and gender-based violence.

16. Close to 300 community leaders, service providers, health workers, social workers and other stakeholder were trained in the human rights-based approach.

Numerous national-level events such as the launching of the *State of the World's Children* report by Botswana's Vice-President, raised awareness of children's rights. A key achievement was the establishment of the UNICEF Knowledge and Learning Centre, with a depository of close to 4,000 articles and reports on children's and women's issues. The Centre launched a monthly bulletin called *Child Monitor: A Bulletin of Events, Statistics and Acquisitions on Children and Women*, circulated to 440 local and international organizations, government offices and NGOs.

17. **Resources.** The regular resources total of \$3.1 million originally allocated for 2003-2007 was subsequently increased to \$3.136 million. The original other resources ceiling of \$7.90 million was increased to \$11.40 million for 2003-2007, bringing the total approved budget to \$14,536,000 for 2003-2007.

18. The total approved ceiling for the period under review, 2003-2005, was \$7,826,000 of which \$7,340,949 was available. Total expenditures from 2003-2005 were \$6,041,214 (representing 82 per cent of the total available budget) which was spent in the following percentages: HIV/AIDS prevention and mitigation (57 per cent); policy, legislation and social services (30 per cent); mobilization for children's and women's rights (10 per cent); and cross-sectoral support (3 per cent).

19. The perception of Botswana being a middle-income country negatively affects mobilization of external resources. The HIV/AIDS programme attracted the largest contributions from donors. Contributors to various programme components included bilateral agencies, National Committees and the private sector.

20. **Constraints and opportunities affecting progress.** *Telling the Story* and *Ringling the Bell* are perceived as UNICEF projects, and require greater community and government ownership for sustainability and scaling-up. Research, studies and evaluation findings need to be used more effectively to improve programming. Inadequate human resource capacities and lack of funding led to delays in the enactment and implementation of children's rights policies, legislation and programmes. Social mobilization remains limited and has not resulted in significant outcomes. A priority for the United Nations in the next programme cycle will be total alignment with national planning processes, which will lower transaction costs for the Government.

21. **Adjustments made.** The current Government of Botswana/UNICEF joint planning and coordination committee will work with Permanent Secretaries to ensure that key recommendations are implemented. Results-based planning and monitoring and evaluation will be strengthened. Requests made for technical assistance during the MTR will be met in the areas of social policy development, legislative reform and monitoring and evaluation. The programme will accelerate the Baby- and Mother-Friendly Hospital Initiatives, give stronger support to the implementation of the infant and young child feeding policy and accelerate implementation of new and stronger referral networks for antiretroviral therapy and paediatric care.

22. The country programme will move away from the funding of small-scale projects and instead support holistic, comprehensive and systematic initiatives that rely on national mechanisms. The country office proposes to strengthen training capacities in the area of HIV/AIDS and youth programming coordination.

23. Following the MTR recommendations, UNICEF will advocate and support the enactment of the revised Children's Act, and will support the review of all policies

and laws regarding children from a human rights, including gender, perspective. Several projects will be shifted to different programmes or merged in order to focus the country programme on OVCs. The human rights-based approach to programming and programme communication will be mainstreamed. Positive experiences with the private sector will be expanded in order to mobilize a larger amount of financial contributions for children's programmes.

### Comoros

24. **Introduction.** The Comoros country programme of cooperation began in 2003 and will end in 2007. The MTR was coordinated by the General Commission for Planning and the General Directorate for Planning of the Autonomous Islands. Methodologies included external project evaluations and internal sectoral reviews, culminating in a validation meeting attended by representatives of ministries and the General Commission for Planning, lawyers, journalists, development partners, civil society members including youth representatives, and the UNICEF Regional Office.

25. **The situation of children and women.** Following the resolution of political crises and writing of the 2001 Constitution, legislative elections were held in 2004 and deputies elected to the Assembly of the Union and to three individual island local assemblies. This in turn resulted in organizational changes within the health and education sectors.

26. One of the world's poorest countries, Comoros has a gross national (GNP) product per capita of \$450 and weak economic growth. There has been an alarming increase in debt, only partly alleviated by foreign assistance and remittances.

27. Life expectancy increased to 63 years in 2002, IMR was reduced from 77 per 1,000 live births in 1996 to 53 in 2004 and U5MR from 104 per 1,000 live births in 1996 to 70 in 2004. The maternal mortality ratio (MMR) has decreased, but remained high at 381 per 100,000 live births in 2003. The HIV/AIDS prevalence rate is very low at 0.026 per cent.

28. While the rate of mosquito net utilization is 72 per cent, re-impregnation of nets is uneven and "permanets" have only recently been introduced. Only 23 per cent of households have access to adequate sanitation and 44 per cent to protected water sources. In 2004, 25 per cent of children were moderately or severely underweight. Immunization coverage against measles stayed below 80 per cent in 2003 and 2004, and there was a deadly measles epidemic in 2005. Routine immunization coverage against polio remains weak (73 per cent in 2004). The objective of maintaining immunization coverage at 90 per cent for each antigen was not achieved due to the closure of a health centre and access problems. The goal to reach all children with vitamin A and all pregnant women with iron-folate supplements remains a challenge.

29. Primary school attendance increased from 51 to 77 per cent between 1996 and 2003. Marked disparities, however, exist among islands due to insufficient infrastructure and teacher shortages. Gender disparities have decreased, but remain significant; in 2003, for example, the primary school attendance rate for girls was 13 points below that of boys. Promotion of girls' education is not yet explicitly inscribed in the poverty reduction strategy paper.

30. In 2000, only 16 per cent of infants were registered at birth. Violence against children occurs in the form of rape and trafficking, although solid statistics are

lacking. Some 37 per cent of children aged 5-14 years work and 7 per cent of children younger than age 15 years live outside their biological family.

31. **Progress and key results.** As a result of polio campaigns in Ndzouani and Mwali, all children under five years of age received two doses of oral polio vaccine. Campaigns against neonatal tetanus were conducted in Ndzouani and Mwali in 2003. An emergency measles immunization campaign was conducted in 2005 for children under 15 years of age and immunization against hepatitis B was introduced.

32. The elimination of iodine deficiency was achieved through consumption of imported iodized salt. The country programme's objective to introduce IMCI at all health centres and at community levels in 50 per cent of health districts was achieved.

33. Community nutrition activities were undertaken in 54 sites and two nutrition rehabilitation centres. Community awareness-raising on exclusive breastfeeding and therapeutic feeding of more than 150 severely malnourished children took place at the nutrition rehabilitation centres. An evaluation of community nutrition and IMCI revealed that while services were highly appreciated, coverage of children under five years of age was poor.

34. UNICEF is supporting the Government in developing new, updated education policies and strategies. The country programme reached its objective of increasing school enrolment from 69 to 78 per cent in 2005 and abolishing school fees in Mwali.

35. In 2005, the Ministerial Council adopted the two Optional Protocols to the Convention on the Rights of the Child, and in 2006, legislation on child protection and elimination of juvenile delinquency and justice for children will be considered for adoption by the Union Assembly. The 2005 adoption of the Code of the Family, which fixed the legal age of marriage at 18 years, was a considerable achievement. Seventy civil service agents were trained on birth registration laws and 500 birth declaration registers were distributed.

36. **Resources used.** The regular resources approved budget ceiling for 2003-2007 was \$3,399,000 and the other resources approved ceiling was \$2,500,000. These amounts were allocated as follows: education (26 per cent); health (52 per cent); child protection (10 per cent); and cross-sectoral support (12 per cent).

37. UNICEF Comoros has been successful in resource mobilization and the total other resources budget doubled in 2005 and nearly tripled by 2006. Total other resources funds increased from \$130,308 in 2003 to \$2,732,154 in 2006.

38. In the education sector, 92 per cent of the allocated budget was spent; in health, 93 per cent; in protection, 91 per cent; and for cross-sectoral support, 98 per cent.

39. **Constraints and opportunities affecting progress.** Weak government financial capacities prevented routine vitamin A distribution. Mobilizing partners and promoting ownership of a rights-based programming approach was difficult as partners do not yet fully understand the approach. Authentic participation of youth in programming has not been achieved. Follow-up to action plans and monitoring and evaluation is weak. The programme cycles of UNICEF, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA)

and the World Food Programme will be harmonized with each other and with the Government's planning cycle in the next country programme cycle.

40. The elimination of school fees presents an opportunity to study the impact of this policy decision on school enrolment rates and among girls in particular.

41. **Adjustments made.** A water and sanitation component was added to the health and nutrition programme, especially in view of volcanic activity and recent eruptions that polluted drinking water supplies. The programme is improving monitoring and evaluation systems, including the use of *DevInfo* as a tool to track changes in the situation of children and women. In addition, partners' information systems will be strengthened to improve information management and use for advocacy, accountability and decision-making. Intersectoral approaches will be reinforced through creation of working groups on school health, prevention of HIV/AIDS and the participation of children and adolescents.

42. Appropriate technical expertise will be required to establish and strengthen child rights monitoring and reporting mechanisms. The child protection programme will seek the right balance between policy advocacy, capacity development and service delivery.

## Major evaluations

### Girls' education: UNICEF girls' education programmes under the United Nations Girls' Education Initiative

43. **Reasons for the evaluation.** The United Nations Girls' Education Initiative (UNGEI) aims to achieve Millennium Development Goals 2 and 3 by narrowing the gender gap in primary and secondary education by 2005 and ensuring that all children complete primary schooling by 2015, with girls and boys having equal access to all levels of education. Through its African Girls' Education Initiative, UNICEF is leading UNGEI in over 30 countries in Africa. The UNGEI evaluation studied four girls' education programmes in Burundi, Lesotho, Uganda and Zambia.

44. **Summary of design and methodology.** The UNGEI evaluation methodologies included a desk study and interviews, meetings and focus group discussions, and observational visits. UNICEF staff, government officials, school staff, NGO representatives, university associates and task force members were interviewed. In a few instances, structured questionnaires were administered to participants before and after the interventions.

45. **Findings, lessons learned and recommendations.** The evaluation identified nine characteristics of successful girls' education programmes: (a) the introduction of "pro-girl" education policies; (b) the involvement of girls themselves in controlling their own destinies; (c) the involvement of parents and local communities in the education programmes; (d) an emphasis on quality education; (e) the provision of materials and physical facilities; (f) financial contributions made by Governments and partners; (g) inclusion of advocacy as a programme component; (h) development of partnerships for girls' education; and (i) institutionalization of reforms.

46. Underinvestment in primary education was common. Typically, less than 3 per cent of GNP was spent by Governments on education in the 2000s, except Lesotho

which reached 9 per cent in 2002. The share of education expenditures in national recurrent budget has increased substantially in all countries to 25-30 per cent. All evaluated programmes depended heavily on donor funding. However, innovative funding mechanisms, such as the school-level funds institutionalized by the Ministry of Education in Zambia, have been set up to address sustainability issues.

47. The evaluation also examined education within conflict and emergency situations. Successful initiatives include developing a corps of professional women educators; training and utilizing paraprofessionals; providing school-in-a-box materials; supporting girls at risk of sexual exploitation through clubs such as the Girls' Education Movement in Uganda; and promoting education for peace within schools.

48. The evaluation concluded that UNGEI should be strengthened by professional, technical and financial inputs. The nine characteristics described above provide a framework that can be adapted to specific situations.

49. **Use made of the evaluations.** The UNGEI evaluation results informed the evaluation of the Girls' and Boys' Education Movement and the first ever joint annual review of the education sector held in the region in March 2006. The evaluation's findings also were used for annual and donor reports, to write Education for All workplans for 2006, to improve draft sectoral policies, to design new programme initiatives (child-friendly schools), to strengthen the Girls' and Boys' Education Movement and to pilot a life-skills curriculum.

### **Health: Follow-up Roll-Back Malaria survey in 10 sentinel districts in Zambia**

50. **Reasons for the evaluations.** Malaria is a significant contributing factor in 20-26 per cent of under-five mortality and 25-60 per cent of morbidity in many African countries and accounts for up to 30 per cent of maternal mortality. Coverage of insecticide-treated nets (ITN) is increasing across the region from rates as low as 5 per cent in 2000. Zambia committed to a Roll Back Malaria (RBM) strategy in 1999 and re-affirmed this in signing the Abuja Declaration at the African Summit on Roll Back Malaria in 2000. The Zambia evaluation aimed to review progress towards achieving the Abuja and RBM targets and to measure the impact of malaria interventions in Zambia by comparing results for 2004 and 2001 in the 10 RBM sentinel districts.

51. **Summary of design and methodology.** Ten sentinel districts were selected for monitoring the impact of RBM interventions. A baseline survey on RBM was conducted in 2001 and a follow-up survey conducted in 2004. Questionnaires were administered to selected communities in the catchment areas of a sample of health facilities.

52. **Findings, lessons learned and recommendations.** The evaluation found that household ownership of ITNs increased but high cost and problems with vouchers prevented poor people from accessing them. The Abuja targets for intermittent preventive treatment were met but the target for pregnant women using ITNs was far from being achieved. While there were improvements regarding the number of children below under five years of age sleeping under an ITN, results were still far

below targets. Knowledge of malaria and its causes was good but knowledge of danger signs in a child with malaria was low.

53. Recommendations for the Zambia RBM programme included the need to focus on ITN use in children and pregnant women; promote prompt care-seeking behaviour for children; and scaling-up of vector control measures in rural areas. Other recommendations concerned hiring more people, better training and supervision of staff and improving medicinal supplies, diagnostic systems and record keeping.

54. **Use made of the evaluation.** The evaluation's findings and recommendations provided an evidence base for government actions regarding progress towards the Abuja and regional RBM targets for ITN use in children and pregnant women.

### **Health: national assessments of emergency obstetric care services in Lesotho, Malawi, Namibia, Zambia and Zimbabwe**

55. **Reasons for the evaluations.** In the region, fewer than one in five women suffering from obstetric complications receives treatment, resulting in high maternal and neonatal mortality and severe morbidity. In the five countries studied, the MMR has worsened or is unacceptably high despite programmatic efforts. Neonatal deaths account for more than 40 per cent of child mortality in southern African countries. These countries are far from achieving Millennium Development Goal 5, to improve maternal health and reduce maternal mortality by three fourths. Some Governments have not adopted evidence-based policies and strategies for maternal mortality reduction. However, Ministries of Health in five countries commissioned assessments with support from UNICEF.

56. **Summary of design and methodology.** The assessments evaluated the in-country availability, use and quality of emergency obstetric care (EmOC) services in order to provide information to develop appropriate strategies and recommendations for action. Standards for EmOC services or "signal functions" were used to classify health facility performance as basic or comprehensive. The United Nations process indicators for EmOC were used in all assessments. Data were collected through facility-based assessments, interviews with health staff and selected community members, focus group discussions, reviews of facility records and observations made at facilities. In most countries, 100 per cent of hospitals were included as well as a sample of primary care facilities.

57. **Findings, lessons learned and recommendations.** The studies found that coverage of comprehensive EmOC is adequate in most hospitals; that basic EmOC services are inexistent in other facilities; and although a significant proportion of women deliver in health facilities, few of them receive timely and quality treatment and there is a high case fatality rate. The provision of quality EmOC services is hindered by an acute shortage of qualified health care providers, lack of standards and guidelines, high user fees, poor supervision and quality control, poor infection prevention practices, outdated or broken essential supplies and equipment and poor staff motivation. Inadequate roads, transport and communication facilities cause referral delays.

58. The Malawi assessment showed that the vast majority of health centres only have enrolled or registered nurse-midwives. Registered nurses are authorized to

perform four out of six basic EmOC signal functions and are not authorized to perform removal of retained products or assisted vaginal delivery. Enrolled nurse-midwives are only authorized to perform three of the six basic EmOC signal functions and are not authorized to perform manual removal of placenta, removal of retained products or assisted vaginal delivery. The evaluation concluded that not authorizing skilled attendants to perform life-saving functions is a waste of human resources.

59. In Namibia, while all state hospitals provided antiretrovirals to newborns of HIV-positive mothers in the last three months, only 57 per cent of private hospitals and 40 per cent of health centres had done so. Some required drugs were not available or in short supply and some did not figure on the Namibia Essential Medicines List. In Lesotho, provision of blood transfusion services was inadequate, affecting management of postpartum haemorrhage and caesarean delivery; rapid testing kits were not widely available; and routine data collection was poor. In Zambia, the quality of care was substandard and only 16 per cent of surveyed facilities had most of the required equipment.

60. In Zimbabwe, knowledge among community members about pregnancy complications was poor. There was little evidence of structured, viable emergency transport and communication. In Zambia, radio communication, while available, was not always functioning. In Lesotho, only 43 per cent of women made the decision immediately or within six hours to go to the hospital. In Namibia, ambulance services were lacking in outlying areas.

61. The evaluations recommended upgrading outlying health facilities to basic EmOC centres. In Namibia, it was recommended to upgrade selected health centres in each health region to function as a basic EmOC centres and one hospital in each region to a comprehensive EmOC centre. In Lesotho, recommendations included a major reorganization of services and resources to meet minimum requirements for basic EmOC in health centres. In Malawi and Zambia, recommendations included equipping hospitals and health centres with basic equipment and proper infrastructure.

62. All the evaluations recommended strengthening human resources, for example through training of traditional birth attendants; providing in-service training on EmOC functions for all levels of staff; recruiting more midwives, especially in rural areas; and improving supervision systems.

63. **Use made of the evaluations.** The evaluations provided compelling evidence of specific programmatic capacity gaps and informed national strategies and policies, and generated commitment to and spurred development of programme roadmaps for accelerating the achievement of Millennium Development Goals 4 and 5. The UNICEF Regional Office refocused its resources to better support EmOC. Lessons learned greatly assisted in advocacy and fundraising. In Lesotho, a pilot maternal and neonatal care project was launched in partnership with UNFPA and the World Health Organization (WHO). In Namibia, tools for reviewing maternal deaths and EmOC guidelines were revised and partnerships were strengthened with UNFPA and WHO. In Malawi, the Government incorporated road map strategies into the health sector-wide approach (SWAp) and \$21 million was allocated by the African Development Bank. In Zimbabwe, the Government received a significant grant to improve maternal and neonatal health and a national roadmap is being developed.

## **Health and integrated early childhood development: cost analysis of the national twice-yearly vitamin A supplementation in the United Republic of Tanzania**

64. **Reasons for the evaluations.** Millennium Development Goal 4 aims to reduce U5MR by two thirds between 1990 and 2015. In sub-Saharan Africa, 42 per cent of children under five years of age are vitamin A-deficient — a major contributor to the annual 1.5 million deaths among children in the 20 countries in the region. In the United Republic of Tanzania, after high coverage of vitamin A supplementation was achieved through immunization days in 1999 and 2000, the Government has opted since 2001 for twice-yearly vitamin A supplementation for children aged 6-59 months. So far, more than 80 per cent of the target population has been reached by this initiative. It is estimated that this will reduce the number of deaths of children under five years of age by 15-20 per cent and save up to 80,000 lives each year. This evaluation aimed to inform the Government and policy makers on the programme's costs.

65. **Summary of design and methodology.** The costing approach adopted in this evaluation consisted of both expenditure and ingredients analyses. Accounting data were analyzed and assigned to programme data, while all inputs used for a specific activity were identified and assigned to specific costs. Two major categories of costs were estimated: programme-specific costs (those incurred exclusively for the delivery of vitamin A); and "other" costs (which include personnel and capital costs).

66. **Findings, lessons learned and recommendations.** The evaluation estimated the total annual cost of the vitamin A supplementation programme at \$4 million, of which 32 per cent were programme costs, 52 per cent personnel costs and 10 per cent capital costs. About 75 per cent of total costs were provided by the Tanzanian Government. Programme-specific costs were evenly split between the Government and UNICEF. The cost per child for two doses per year was \$0.71, representing \$0.22 for programme costs, \$0.42 for personnel costs and \$0.07 for capital costs.

67. The evaluation found that the average programme cost per child death averted by the vitamin A supplementation initiative is about \$33. This increases to \$106 if personnel and capital costs are included. These cost-effectiveness results compared favourably with those related to malaria chemoprophylaxis, breastfeeding promotion and measles immunization, and hence demonstrate that the twice-yearly vitamin A supplementation programme was highly cost-effective.

68. The study recommended that the twice-yearly vitamin A supplementation programme should receive priority consideration when allocating resources to primary health care interventions and should be an integral part of an overall strategy to reduce micronutrient deficiency in the United Republic of Tanzania. The programme should also be expanded into a child health week model.

69. **Use made of the evaluations.** In the United Republic of Tanzania, vitamin A supplementation is now included in the IMCI and reproductive and child health packages and approximately 50 per cent of Tanzanian districts are contributing towards vitamin A supplementation. The results of the evaluation are being used to influence the remaining 50 per cent. The costs and cost-effectiveness findings from this evaluation will be used to advocate for the expansion of the programme. Given

the cost-effectiveness results and the substantial contribution of the Government to the total programme costs, the findings of the evaluation will also be a sound basis for mitigating the negative impact of the common-held belief that the twice-yearly vitamin A programme is too costly and donor driven.

### **Child protection: gender-based violence assessment in Angola**

70. **Reasons for the evaluation.** Sexual abuse and violence against children seem to be increasing in Eastern and Southern Africa. Several studies were commissioned in the region to raise awareness and contribute information to the United Nations Study on Violence against Children. The study carried out in Angola was part of a regional, multi-partner effort (by UNICEF, UNFPA, the United Nations Development Fund for Women and the United States Agency for International Development) to map gender-based violence in African countries.

71. **Summary of design and methodology.** The overall purpose of the study was to contribute to a strategy for addressing gender-based violence to guide future activities of the participating agencies. Questionnaire-guided interviews were administered to such key informants as police and other security personnel, lawyers and judges, international NGO staff, United Nations staff and community members. Focus group discussions were held with women and adolescent girls and men and adolescent boys. Interviews and focus group discussions were held in Luanda, the surrounding area and the city of Luena.

72. **Findings, lessons learned and recommendations.** The study found that many girls and women in Angola suffer from gender-based violence in almost all aspects of their lives. Domestic violence was pervasive in both its psychological (denial of paternity and abandonment) and physical forms. Respondents identified alcohol consumption, lack of money, polygamy-related conflicts, a wife's perceived or actual adultery and patriarchal beliefs and attitudes towards women as important contributing factors to domestic violence. Traditional marriage practices were also linked by respondents to the prevalence of domestic violence. High bride prices or child marriage and the resulting male's sense of ownership over their wives, can confine women to abusive marriages when their families can not or are not willing to pay back the *Alambamento* (bride price).

73. The study respondents were of the view that child sexual abuse was on the rise in Angola. These trends were explained by a lack of understanding of what constitutes abuse, and an increased abuse of alcohol. Sexual assault of adolescents was frequently mentioned by respondents who related it to girls dropping out of school because of fears of being robbed or raped when walking home. The study also found that child trafficking and the exploitation of children in the commercial sex trade, which did not exist before 1992, are now common.

74. The programmes and services addressing gender-based violence were found to be very inadequate in scope, coverage and impact. Primary protection is weak, and preventive measures to ensure that rights are recognized and protected through international, statutory and traditional laws and policies are inadequate. Angola has ratified several international and regional human rights treaties that are of particular importance for the rights of women and girls (Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women). Unfortunately, none of these treaties is fully enforced. Theoretically,

physical assault and battery of wives by their husbands can be prosecuted under existing penal code provisions, but crimes of domestic violence are rarely punished. The evaluation found that when complaints do reach the courts, a great deal of leniency is afforded to perpetrators.

75. Substantial efforts have been invested in strengthening the capacities of various secondary protection systems to monitor and respond to gender-based violence in Angola. With funding from UNFPA, the training of all Ministry of Health nurses now includes a component on the medical management of rape. However, the study found that nationwide, the only doctor qualified to conduct post-rape related forensic exams was based at the National Department of Criminal Investigation. According to key informants interviewed during this evaluation, all members of the Association of Police Women, which has representatives in each government department, have been sensitized on how to assist individuals exposed to gender-based violence. The Organization of Angolan Women has a well-established relationship with the Angolan Bar Association, which provides it with training support. Training sessions cover the causes and consequences of domestic violence, and the rules and standards regarding human rights.

76. With respect to tertiary protection and response, the evaluation found that health services are not oriented specifically to address the needs of women and girls exposed to gender-based violence. When women seek health services for domestic violence, health workers try to engage in family mediation or make referrals to legal centres run either by the Ministry for Family Affairs and the Advancement of Women or the Organization of Angolan Women. Constraints to police response include beliefs that domestic and sexual violence should be addressed at the family level and lack of female officers. There are almost no formal psychosocial support services for women and girls who have been exposed to gender-based violence, with the exception of a few legal counselling centres established by the Ministry for Family Affairs and the Advancement of Women and the Angolan Women's Organization.

77. The study recommended collaboration between organizations to provide medical, legal, security, psychosocial and community support services to victims of gender-based violence; capacity-building for individuals and systems to address causes of gender-based violence through a coordinated, integrated, multidisciplinary approach; promotion of full participation of target communities; and improved data collection.

78. **Use made of the evaluation.** Workshops were held in Luanda and Moxico provinces to share information, solicit feedback and validate findings. The findings were formally shared with the Government, NGOs and United Nations and community-based partners in order to advocate for resources for programmes addressing gender-based violence. UNICEF has strengthened partnerships with the Ministry of Women and Family and the Angolan Women's Organization for programme action. As a follow-up to the study, a household survey on prevalence of domestic violence against women and children in Luanda is planned for 2006.

## **Evaluation of the mine-risk education programme in Ethiopia**

79. **Reasons for the evaluation.** Internal and international armed conflicts in Ethiopia have resulted in significant contamination from landmines and other

explosive remnants of war. Mine-risk education (MRE) was initiated in Tigray region by the Rehabilitation and Development Organization (RaDO) in 1999, following the conflict between Ethiopia and Eritrea, and then extended to Afar region in 2001. In 2001, governmental authorities set up the Ethiopian Mine Action Office (EMAO), which is responsible for public MRE. UNICEF supported MRE in Ethiopia and provides funding and technical support to both RaDO and EMAO. Under a 2003 agreement between RaDO, UNICEF and regional government authorities, RaDO is handing over responsibility for MRE in Tigray and Afar regions to EMAO. In February 2005, UNICEF requested the Geneva International Centre for Humanitarian Demining to conduct an independent evaluation of the effectiveness of the MRE programme.

**80. Summary of the design and methodology.** The evaluation assessed the rationale, impacts, outcomes, outputs, efficiency and safety of the programme. The methodology included a desk review of existing data on the impact of mines and unexploded ordinance (UXO) and an examination of past and current MRE initiatives. Interviews were held with staff from the Government and agencies including the Ethiopian Mine Risk Office, Landmine Survivors' Network, the Ethiopian Rehabilitation and Development Organization, UNICEF and UNDP. A village risk-taking questionnaire was administered to individuals during group discussions and/or via observations and community mapping exercises. Semi-structured interviews were conducted with military and police officials, survivors of a mine or UXO incident, teachers and youth workers, health workers and NGOs working in the health field, and such key informants as chiefs, local leaders, church workers and local authorities. Although the content of each of these data collection tools was adapted to the local context, the information collected covered areas of global interest. Overall, these instruments were designed to allow the evaluation team to draw findings on such key areas as community context, security situation, communities' mine knowledge, mine risks and impact, practices about MRE and victim assistance.

**81. Findings, lessons learned and recommendations.** The MRE programme has successfully built social capital through such community-based initiatives as rehabilitation task forces set up at district and subdistrict levels. There are high levels of awareness of the dangers of landmines and other explosive remnants and casualty rates have been reduced. Deployment of community liaison officers has linked clearance operations to community needs and generated participation in priority areas. The programme effectively used monitoring data to adapt message content and delivery via anti-mine clubs, child-to-child communication and outreach to out-of-school youth. Sustainability of the programme was accomplished through handing over projects in Afar and Tigray to regional government authorities. The evaluation noted, however, that programme costs were high and challenges remain to strengthen national programme coordination, management and emergency preparedness.

**82.** With respect to victim assistance, RaDO agents provide psychosocial counselling in Tigray. Physical rehabilitation facilities for landmine survivors at the Mekele Orthopaedic and Physiotherapy Centre (an Ethiopian NGO) are, in the experience of the evaluation team, second to none and yet operate under capacity, primarily for financial reasons. The Office for Rehabilitation and Social Affairs (ORSA) has strengthened the existing referral system in Afar and Tigray, although in a small number of instances at *woreda* (district) level, there appeared to be unmet

needs among the physically disabled and a reactive rather than proactive stance from the local ORSA representative. RaDO agents have also responded to the continuing casualties in Tigray, in collaboration with the regional health bureau and hospital administration, by establishing a physiotherapy unit and orthopaedic workshop in Akum and Shire hospitals. They also trained nurses and technicians on basic physiotherapy and orthopaedic techniques. A number of mine victims benefited from these services. RaDO also facilitated the provision of prosthesis fittings and other appliances to the mine victims.

83. Victim assistance is seriously hindered by the fact that there is no effective victim surveillance system in place in Ethiopia. RaDO collected certain data on victims, which represents the best information available but is still insufficient. Little to no data have been collected on risk-taking. For UNICEF, the main priorities for the MRE programme are the effective establishment of a victim data surveillance system, and full integration of MRE within mine action programmes.

84. The evaluation recommended improved allocation of resources based on an impartial needs assessment; strengthened monitoring of activities and changes in the situation; and better sharing of information on priorities, activities and plans to minimize duplication or contradictory messages. Key actors at federal and regional levels should agree on responsibilities, perhaps endorsed through a memorandum of understanding. Secondly, project management skills need reinforcing, in particular targeting of interventions (ensuring that underserved regions such as the Somali region are reached), strengthening of community-based rehabilitation task forces and maintaining an effective surveillance system. Thirdly, the MRE program in Ethiopia would greatly benefit from an effective and efficient victim surveillance system. The mechanism of data collection, storage, analysis and dissemination should be reviewed and amended to ensure can monitor knowledge, attitudes and practices. Lastly, the evaluation recommended strengthening coordinated emergency preparedness.

85. **Use made of the evaluation.** The evaluation resulted in the creation of the Village Profile Project, an MRE management system which assists stakeholders (including village communities) in clarifying problems and challenges in the mine affected areas. This system also collects data on victims, risk takers and services available to them. To improve coordination and implementation of the MRE programme, UNICEF is working with partners to set up a joint action plan, define roles and responsibilities and develop a national emergency preparedness strategy.

### **Social policy: The role of UNICEF in education sector-wide approaches in Eastern and Southern Africa**

86. **Reasons for the evaluation.** SWApS in education are increasingly prevalent in Eastern and Southern Africa with 12 countries at various stages of adopting them. UNICEF is committed to SWApS but is not always clear about how to achieve effective engagement. In 2003, UNICEF held a regional education SWAp workshop which recommended an evaluation of the role of UNICEF in education SWApS in the region.

87. **Summary of design and methodology.** The objectives of this evaluation were to: (a) recommend capacity-building strategies for UNICEF officers working in SWAp engagement; (b) analyse compliance of SWApS with the Convention on the

Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; (c) review the extent of gender mainstreaming in current SWAp; (d) assess the role of UNICEF in SWAp processes; (e) document difficulties, lessons learned and good practices in education SWAp; (f) analyze needs for monitoring, evaluation and gender analysis; and (g) analyze how well UNICEF supports poverty reduction strategies with respect to education SWAp.

88. Evaluation methodologies included a document review; visits to seven countries in the region; and discussions with UNICEF regional and country office staff and stakeholders including government officials, development partners, NGOs, primary schools, non-formal education centres, school committees, parent-teacher associations, mothers' groups and Girls' Education Movement clubs. In all, 216 people were consulted in individual or small group meetings, and in some countries via field visits to selected UNICEF-supported projects.

89. **Findings, lessons learned and recommendations.** The UNICEF areas of comparative advantage include gender mainstreaming and girls' education, intersectoral policy development and scaling up of non-formal education. However, UNICEF does not have an effective, coordinated and systematic approach. The evaluation found that UNICEF programming procedures are heavy, time-consuming and largely parallel to government systems, thus putting a burden on government staff, undermining ownership and incurring high transaction costs for everyone. UNICEF financial processes are contrary to accepted good practices in SWAp, and limit the engagement of UNICEF staff in work that is more strategically oriented. UNICEF staff have a limited understanding of external assistance modalities within SWAp. The orientation, profile and experience of UNICEF staff are heavily skewed towards project management and insufficiently matched to the requirements of SWAp.

90. UNICEF is unlikely to channel large financial amounts through pooled funds, although the evaluation recommended that UNICEF undertake a number of changes in terms of project orientation, policy analysis and development, human resources management and funding of partner agreements. Specifically, the evaluation calls for UNICEF to scale down project implementation and concentrate instead on high-quality demonstration projects with direct implications for improvements in policy and scaling up successes. UNICEF should accelerate simplification and harmonization measures in the context of United Nations reform. UNICEF should also enhance the quality and relevance of policy analysis and development within sector-wide and national policy contexts by recruiting specialists, building capacities and reviewing current staff roles and organizational structures with respect to project management and policy work. UNICEF does not adequately support secondary education policy and strategy development and needs to intensify its support to national poverty reduction strategies and intersectoral approaches to social protection for vulnerable children.

91. The development of internal guidelines and their communication and dissemination to external partners will help to clarify the UNICEF position on SWAp and the new aid agenda. UNICEF should negotiate agreements with funding partners to allow resources to be used for more upstream policy work. Lastly, UNICEF must reconsider its practices of organizational attribution, visibility and branding as these are inconsistent with government ownership and partnership within SWAp.

92. **Use made of the evaluation.** At the regional level, the evaluation's results and recommendations were widely disseminated and presented to the Regional Management Team in November 2005. UNICEF offices are advocating with Governments and donors on the different types of value added of participating in SWAps and other basket funding arrangements. A toolkit for education SWAps was prepared and is being used to build knowledge, understanding and engagement of UNICEF staff. A resource roster of highly qualified consultants is being established.

## **Conclusion**

93. The 2005 MTRs and evaluations assessed progress towards achieving Millennium Development Goals in all of the MTSP focus areas, and supported regional and national priorities. Among the conclusions of MTRs and evaluations were several key points: (a) capacity-building requires follow-up to ensure that new knowledge and skills are applied; (b) planning for utilization-focused monitoring and evaluation must start from the programme design phase, thus ensuring that expected results are feasible, measurable and amenable to regular monitoring; (c) wider partnering is essential to ensure a holistic approach and leveraging of resources, especially within nutrition and OVC programmes where food security and livelihoods must be addressed; (d) the human rights-based approach is resonating strongly at grass-roots levels and with district-level duty bearers.

94. Participatory and empowering evaluation approaches are particularly noteworthy in the region. This has tremendously helped to involve stakeholders (including children) in articulating their needs and rights. Teaming of international and national consultants increased national capacities for international-standard research and analysis. Nevertheless, room for improvement remains, starting with project design to ensure that measurable indicators are established, monitored and documented in progress reports. The filling in June 2006 of the long-vacant post of regional monitoring and evaluation adviser promises a renewed and strengthened attention on quality assurance and capacity-building of staff in monitoring and evaluation. The regional Programme and Budget Review meeting held in May 2006 mandated independence of the evaluation function in all countries submitting management plans, and many countries are instituting independent evaluation committees to approve evaluation plans and approve drafts.