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Summary of midterm reviews and major evaluations of country programmes

West and Central 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. This report summarizes the main results of the midterm reviews (MTRs) of the country programmes for Cameroon, Côte d'Ivoire, Guinea Bissau, Mauritania, Mali and Sierra Leone. It also reports on the evaluation of the Child-Friendly, Girl Friendly Schools project in Mali and reviews the evaluation function in the West and Central Africa region.

* E/ICEF/2006/18.

Midterm reviews

Cameroon

2. The MTR process was led by a national committee headed by the Government with four technical sectoral commissions. Special focus was given to evaluating one programme component (the adolescent development and participation programme) and the programme's major strategy, known as the convergence strategy, which uses an integrated approach to young child survival, development and protection. A participatory process involved representatives of the Government, UNICEF, other United Nations agencies, the donor community, civil society and beneficiaries. The review meeting took place on 7 December 2005, with the participation of several ministers, representatives of United Nations agencies, donors and non-governmental organizations (NGOs).

3. **Update of the situation of children and women.** Cameroon's rate of economic growth (3.6 per cent 2004) is insufficient to ensure that the country reaches the Millennium Development Goals. There has been a slight decrease in the under-five mortality rate (U5MR), from 144 to 151 per 1,000 live births between 1998 and 2004. The maternal mortality ratio (MMR) remains high at 669 per 100,000 live births. Malaria is the cause of 40 per cent of deaths of children under five years of age and less than 1 per cent of young children sleep under mosquito nets. Polio has not been eradicated.

4. The net primary school enrolment ratio is 78 per cent. Girls' access to education has improved except for the Northern provinces.

5. Child trafficking is an emerging issue. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that about 240,000 orphans and vulnerable children (OVCs) are in need of support.

6. **Progress and key results.** The country programme has five components that are directly linked to the Millennium Development Goals and the priorities of the medium-term strategic plan (MTSP). Progress has been made in improving the health of children under five years of age through the integrated young child survival and development programme coordinated by the Ministries of Health and Education in collaboration with UNICEF, UNAIDS, the United Nations Population Fund (UNFPA), the World Food Programme (WFP), the World Health Organization and international and national NGOs. The programme contributed to the decrease in measles-related mortality from 258 reported deaths in 2001 to 25 in 2004. Immunization coverage increased but has not reached the district target of 80 per cent for each antigen. Coverage of vitamin A supplementation through routine activities increased from 9 per cent in 2003 to 90 per cent in 2004 for children aged 6-11 months. In Adamawa province, the integrated management of child illnesses is effective in 15 per cent of the integrated health centres and prevention of mother-to-child transmission of HIV (PMTCT) in 10 health districts. Emergency obstetrical care improved in 30 health centres and three hospitals. About 15,000 families have benefited from parental education for better care and early stimulation of young children, resulting in increased demand for services.

7. In education, the ratio of girls to boys (gender parity) increased from 75:100 to 90:100 in a population of 31,891 school children within the intervention zone. The programme provided both financial and technical assistance which led to a draft

policy document on access to education for children in need of special measures of protection. It also contributed to strengthening the education data management system. The principle partner is the Ministry of Education, in collaboration with the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA, WFP and NGOs.

8. Under the adolescent participation and development programme, youth-friendly centres were established to enable young people to participate in addressing problems such as sexually transmitted infections (STIs), HIV/AIDS, early pregnancy, drugs, alcohol and tobacco and school drop-out. The centres became a central organizational hub and information clearinghouse that serve 30 subdivisions in six provinces (out of 10). The Ministries of Secondary Education and of Youth, in collaboration with UNFPA, UNESCO, youth groups and NGOs, were the main partners.

9. A key result of the special protection programme has been the establishment of a multisectoral network composed of 120 trainers in juvenile justice. This resulted in the decrease from 199 to 60 days in the duration of preventive detention of children in conflict with the law. Birth certificates were issued for 3,850 newborn children in the convergence area, according to routine data. Results from the baseline survey (2003) and the follow-up survey revealed an increase in birth registration from 60 to 62 per cent. Some 3,000 OVCs were identified and cared for in Bamenda, Douala and Ngaoundere. These results were achieved under the coordination of the Ministries of Social Affairs and Justice, in collaboration with ILO, the United Nations Centre for Human Settlements, French Cooperation, NGOs and faith-based organizations.

10. Seven integrated communication plans on early childhood, girls' education, nutrition, emergency obstetrical care, PMTCT, immunization and special protection were implemented in the programme convergence areas; 15,000 primary-school pupils were sensitized on the Convention on the Rights of the Child and about 1 million mobile phone users were sensitized with messages on OVCs, girls' education and children and HIV/AIDS.

11. An experimental database, the Cameroon Socio-economic Database, was created using *DevInfo* and is being used by national and United Nations partners. It is coordinated by the Ministries of Development Planning and Communication, in collaboration with United Nations agencies, the United States Agency for International Development, Plan Cameroon and other NGOs.

12. **Resources used.** Between 1 January 2003 and 20 October 2005, the country programme used \$8.5 million in regular resources and \$8.7 million in other resources. It mobilized 151 per cent of other resources, mainly for immunization and PMTCT. Other programme components were underfunded. The financial implementation rate was 99 per cent in 2003 and 2004 and 96 per cent in 2005.

13. **Constraints and opportunities affecting progress.** The major constraints that impeded full implementation of the country programme are: (a) weak sectoral and operational coordination; (b) the limited capacity of implementing NGOs; (c) slowness of government procedures for the finalization of policy and legislation; (d) the limited fund-raising capacity of the country programme.

14. Key lessons learned are: (a) weak national capacities in rights-based and results-based approaches to programming impeded the ownership of the country

programme by line ministries; and (b) the elaboration of cross-cutting social policies requires good coordination, which has not been easy to implement and needs to be strengthened.

15. **Adjustments made.** The MTR adopted the following adjustments to the country programme: (a) creation of a subproject on social policies within the planning and evaluation project to support the development of national cross-cutting policies for children; (b) appointment of an HIV/AIDS officer to better coordinate all HIV/AIDS-related activities; (c) strengthening of UNICEF capacities in nutrition, water and sanitation; (d) review of results matrices to better reflect the 2006-2009 MTSP and the Millennium Development Goals; (e) support to the creation of national monitoring and evaluation network; and (f) and support to scaling up of the Accelerated Child Survival and Development strategy.

Côte d'Ivoire

16. The midterm review process was conducted by the Ministry of Planning, Development and Governmental Coordination. It was a participatory process involving the Government, non-governmental organizations (NGOs), United Nations agencies and the relevant bilateral cooperation agencies. Sectoral, multidisciplinary teams prepared the analyses and the cooperation programme was evaluated by independent analysts.

17. **Update of the situation of children and women.** Adverse consequences of the September 2002 socio-political crisis include armed conflicts, recruitment of children for armed militias, population displacement, large-scale return of foreigners to their countries of origin, serious disruptions of production and marketing systems and deterioration of socio-economic infrastructures. Côte d'Ivoire is not eligible for the Heavily Indebted Poor Countries (HIPC) Debt Initiative programme.

18. The under-five mortality rate (USMR) is 194 per 1,000 live births and the maternal mortality ratio (MMR) is estimated at 600 per 100,000 live births. More than one in five children are chronically malnourished. The adult HIV prevalence rate is estimated at 7 per cent and fewer than one in 100 children living with HIV have access to antiretroviral treatment, which is free.

19. Access to education is still low and the educational system performs poorly: the net primary school enrolment rate was 57 per cent in 2002, with four girls for every five boys enrolled. It is decreasing due to the crisis. In the area controlled by the New Forces, school exams have not been held in more than two years.

20. **Progress and key results.** The health and nutrition component helped restore delivery of primary health care services by making more than 100 first-contact health facilities functional as well as promoting the return of qualified personnel in the north of the country. Based on zero cases of polio in 2002 and 17 in 2004, mass routine immunization campaigns brought the number back down to zero in 2005. The number of women who, in prenatal office visits, use services for the prevention of mother-to-child-transmission of HIV increased from 11 per cent in 2002 to 41 per cent in 2005 in the neighbourhoods of Yamoussoukro, Bondoukou, Tanda, Abobo and Bouaké.

21. Access to drinking water and sanitation has improved for women and children affected by the crisis, reaching approximately 191,000 of an estimated 700,000

displaced, including 129,000 students. Guinea worm disease cases decreased from 198 in 2002 to 21 in 2005.

22. Approximately 2 million children (40 per cent girls) in Government-controlled areas, and 400,000 (30 per cent girls) in areas controlled by the New Forces attended school in 2004/2005.

23. HIV/AIDS prevention awareness campaigns were carried out by 2,000 peer-educators for 40,000 adolescents in 250 HIV/AIDS Clubs in neighbourhoods and schools. At least 10,000 youth have received HIV testing and been treated for sexually transmitted infections. Approximately 20,000 orphans and vulnerable children with HIV/AIDS have received psychosocial, medical and scholastic assistance. More than 250,000 children have received psychosocial assistance through educational or recreational activities. In the west of the country 1,960 children were reunited with their families and more than 1,000 children associated with armed groups were demobilized, reinserted into the educational system or given apprenticeships.

24. **Resources used.** The programme received \$43.2 million in funding from the United States of America for 2003-2005, including \$12.5 million in regular resources (120 per cent of amount planned) and \$30.7 million in other resources (600 per cent of amount planned), half of which was emergency funding. Education received 13 per cent from other resources and health 80 per cent, due to the resurgence of polio. The rate of expenditure was 89 per cent in 2003 and 2005 and nearly 100 per cent in 2004.

25. **Constraints and opportunities.** Programme implementation was seriously affected by a number of constraints: (a) the massive departure of qualified national personnel from the north of the country and the interruption of services; (b) slow redeployment of the administration; (c) insecurity; and (d) postponement of the poverty reduction strategy paper (PRSP).

26. Key lessons learned were: (a) during the crisis, support for the re-establishment of core health services was effective in reactivating response to population needs; (b) the recurrence of diseases and the emergence of new problems required more creative responses and truly cross-sectoral actions; and (c) use of the results-based management, human rights and gender-equality approaches required a new training effort.

27. The transition and post-crisis periods present new opportunities: (a) there is a real consensus at all levels that schools must be protected; (b) the postponement of the decision on the HIPC initiative to the end of 2006 provides an opportunity further to integrate the concerns of women and children into the PRSP.

28. **Adjustments made.** The programme convergence zone will be extended to include the Abidjan neighbourhoods of Abobo and Doumassi, the western central and south western regions and the entire area under New Forces control, to take into account the precarious living conditions for women and children in these areas, home to 40 per cent of the country's children. The programme will focus on young child survival. Urgent action to combat HIV/AIDS will take the form of prevention of mother-to-child transmission (PMTCT), information for youth and assistance for women and children victims of HIV and sexual assault. Children's return to and retention in school will be prioritized along with literacy, particularly among girls. Children affected by the conflict will be the focus of protection efforts, and the

prevention of recruitment in armed groups will be one of its strong points. Emphasis will be placed on the effectiveness of contingency plans.

Guinea-Bissau

29. The preparation of the midterm review began in February 2005 under the coordination of the Government. A steering committee led the process in collaboration with other agencies of the United Nations system. The review meeting was held on 8 December 2005 presided by the Secretary of State for Planning and Regional Integration, and included agencies from the United Nations system, representatives of bilateral cooperation agencies, leaders from the Children's Parliament, and technical officers from the ministries and institutions involved in the implementation of the programme.

30. **Update of the situation of children and women.** The debt stock is US\$920 million, or 390 per cent of the gross domestic product in 2005. Debt service is 44 per cent of export revenues and weighs heavily on public finances. Guinea-Bissau has not yet been admitted to the HIPC initiative.

31. In 2000, 211 of 1,000 children died before the age of five years. Almost one in three children is stunted. A cholera epidemic affected more than 25,000 people and caused 450 deaths in 2005. There have been no cases of polio in the past five years. The MMR is very high with 1,100 deaths per 100,000 live births. The adult HIV prevalence rate is estimated at above five per cent. The practice of female genital mutilation persists.

32. The net primary school enrolment rate is 63 per cent for boys and 45 per cent for girls. Forty-three per cent of primary school children reach grade 5. This percentage is essentially the same for boys and for girls.

33. **Progress and key results.** This programme functions in three convergence zones with an estimated total population of 450,000 inhabitants.

34. At the request of the protection component, the Government granted fee-exempt birth registration for children under three years of age. More than 10,000 children from 0 to 8 years of age have been registered, vaccinated and enrolled in school.

35. Developing a national youth policy and strengthening the capacities of youth associations and networks in the area of combating HIV/AIDS and peace education have enhanced adolescent' knowledge of HIV.

36. The health and nutrition component supported the development of health policies, action to combat AIDS and the promotion of the Bamako Initiative. The programme supported the acceleration of the salt iodization process and the national campaign promoting the consumption of iodized salt. Through the programme support, the use of treated mosquito nets rose from 18 per cent in 2003 to 46 per cent in 2005. Vaccination coverage increased between 2002 and 2005 from 76 per cent to 107 per cent for tuberculosis (BCG), from 69 per cent to 77 per cent for three doses of the diphtheria, pertussis and tetanus (DPT3) vaccine, from 70 per cent to 77 per cent for three doses of the oral polio vaccine and from 56 per cent to 59 per cent for the measles vaccine. In the three regions with the highest infant-child mortality rate, the programme supported the implementation of the accelerated child survival and development strategy.

37. The basic education component supported increased access to quality primary education in 97 schools targeted out of the 130 in the five-year plan. The rate of enrolment for girls increased by 30 per cent between 2002/2003 and 2004/2005 in schools within the programme. The gender parity index also improved in the same period, from 0.82 to 0.95.

38. The social policies and communication for development component obtained the commitment of a number of political parties to ensure the continuity of interventions on behalf of children should their party come to power. This component also supported capacity-building for the staff of the decentralized planning structures.

39. **Resources used.** Regular resources allotted to the programme were \$5,124,000, \$3,073,000 of which was earmarked for the first three years. In fact, expenditures have reached \$3,770,000, or 123 per cent of the amount planned for the first three years. The amount of other resources to be mobilized over five years was \$18 million, with \$10.8 million for the first three years. More than \$5.6 million have been mobilized to date, or 52 per cent of the amount planned. Resource mobilization was greater for basic education, health and nutrition. The rate of expenditure was 96 per cent in 2003 and 97 per cent in 2004.

40. **Constraints, opportunities and lessons learned.** The political and presidential agendas for children and adolescents, signed in 2004 and 2005 respectively, provide an enabling environment for keeping the cause of children constantly on the political agenda. In addition, the existence of a strategic plan to combat AIDS and initiatives like the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Multi-Country HIV/AIDS Program for Africa, and the Brazil +7 Initiative provide opportunities to strengthen action to combat this pandemic.

41. Programme implementation has encountered a number of constraints: (a) continuous political instability with changes in national personnel involved in implementation; (b) repeated strikes by civil servants; (c) weak capacities of entities involved in implementation; and (d) complete lack of national matching funds.

42. The main lessons learned were: (a) the participatory approach to planning and implementation of the integrated communication plan helped to give recognition to the important role of traditional leaders and local networks and to make communication at the local level effective in an essentially illiterate population; (b) the cholera epidemic of 2005 highlighted the need to strengthen health education on water contamination and personal hygiene; and (c) the programme's convergence strategy has promoted complementarity and synergy for interventions in target zones, but it must also aim at integration of actions and sustainability of results.

43. **Adjustments made.** The review made the following recommendations: (a) to extend the accelerated child survival and development strategy to two other regions given the positive results recorded in the first three pilot regions; (b) to implement PMTCT of HIV nationally in collaboration with other United Nations agencies and NGOs; (c) to strengthen the coordination of actions to combat AIDS by building on the achievements of current multilateral and bilateral initiatives; (d) to consider the possibility of including other regions in the convergence zones for the next cooperation programme; (e) to promote preschool education activities in community-based centres; and (f) to document the extent of begging and sexual exploitation of children.

Mauritania

44. The preparation of the MTR began in March 2005 with the establishment of a special committee by the Ministry of Economic Affairs and Development. The analyses made use of reports on about 15 studies, evaluations and national surveys conducted since 2002. The review meeting took place on 6 December 2005 with the Minister of Economic Affairs presiding, and bilateral development partners and agencies of the United Nations system in attendance.

45. **Update of the situation of children and women.** The population of Mauritania is estimated at 2.9 million in 2005, half living in urban areas, and a quarter in Nouakchott, the capital. Political life has been destabilized by several political crises since 2002. The country's external debt service was greatly reduced following its admission to the HIPC Initiative in August 2005.

46. The infant mortality rate is 123 per 1,000 live births. The main causes are malaria, diarrhoea, acute respiratory infections and malnutrition. Three-quarters of rural communes are at food risk.

47. The MMR is 747 deaths per 100,000 live births. The rate of HIV prevalence is relatively low. Excision affects nearly three-quarters of women from age 15 to 49 and two-thirds of girls from age 15 to 19. The practice of force-feeding affects more than one in five women. In 2003/2004, the net rate of school enrolment in primary education was 78 per cent for boys and 74 per cent for girls. One in two live births is registered with the civil registry, one in five in the south-eastern regions.

48. **Progress and key results.** Interventions are concentrated in the wilayas of Brakna, Assaba, Gorgol and Guidimakha and two neighbourhoods of Nouakchott and Nouadibou, or 40 per cent of the national population. The programme is under the PRSP, the common framework adopted by the Government and development partners.

49. The health and nutrition component has helped to maintain the rate of DTC3 immunization at 70 per cent nationwide and between 75 per cent and 92 per cent in the regions of concentration. No cases of wild-type polio virus have been reported. The percentage of children sleeping under treated mosquito nets rose from 5 per cent in 2003 to 22 per cent in 2004. In cooperation with WFP, 410 community nutrition centres have served 16,000 children. No cases of Guinea worm were discovered during the first half of 2005.

50. The education for all component has allowed nearly 42 000 pupils, including 50 per cent girls (one third of the goal for 2008) to benefit from the "clean, green and healthy community schools" project. Over 250 separate sanitary facilities for boys and girls have been provided with the assistance of a local NGO.

51. The promotion of rights and special protection component has mobilized a national movement for children by strengthening alliances, in particular with religious and traditional leaders, the media and journalists defending the rights of women and children. It contributed to the adoption of a code of protection for minors, establishment of a steering committee for the reform of justice for minors and adoption of alternative measures to detention of minors. Following its advocacy, the imams gave their support to combating female genital mutilation and they have issued a "fatwa" advocating its end.

52. The support to local development and community participation component has increased the participation of youth by strengthening the management capability of over 90 associations. It enabled over 100 000 women to have access to micro-credit from Nissa Bank. Youth and women's networks that it supported have served as the preferred vectors for combating HIV/AIDS. In the area of improvement of urban social services, the component contributed to the water supply of 8,000 residents of a commune.

53. The social planning, monitoring and evaluation component supported the establishment of the "MauritInfo" database which contains over 90 indicators, including those of the Millennium Development Goals. It also supported the creation of the Mauritanian Monitoring and Evaluation Association.

54. **Resources used.** The budget for the first three years of the programme is US\$ 9.6 million, including \$3.6 million in regular resources and \$5.9 million in other resources. A total of US\$ 13.9 million was mobilized, including \$5.5 million in regular resources and \$8 million in other resources, or 173 per cent of the planned amount. Other resources amounting to \$2.8 million were mobilized for emergencies. The amount received in other resources represents 105 per cent of the planned amount. The health and nutrition component mobilized 186 per cent of the planned amount while the education for all and promotion of rights and special protection components did not go above 100 per cent.

55. **Constraints, opportunities and lessons learned.** The people's poverty and illiteracy and the fact that they live widely spread in small localities are among the major structural constraints which had to be faced in implementing the programme. Recurring emergencies have often led to short-term actions at the expense of those promoting sustainable development. The ineffectiveness of the decentralization policy, the lack of qualified personnel, its inadequate spatial distribution and high mobility have slowed the implementation of activities. The involvement of civil society and limited capacity of national NGOs have also slowed the application of the programme convergence strategy.

56. The national poverty reduction strategy provided an opportunity to increase the national budget for social services. The forthcoming exploitation of the country's oil wealth has improved the budget prospect of increased allocations for children and women.

57. **Proposed adjustments.** For greater effectiveness, activities to combat AIDS will be grouped into an HIV/AIDS component. To strengthen community involvement, the health and nutrition component will focus on the implementation of the child survival and development strategy. Activities to combat Guinea worm disease and to promote early childhood development will be transferred to the support to local development and community participation component. A project on social planning and budget support for children will be created within the social planning, monitoring and evaluation component. The programme will support the preparation for moving from the areas of concentration to the national level, relying on the national financial resources expected from oil exploitation.

Mali

58. The preparation of the MTR was coordinated by the Ministry of Foreign Affairs and the Ministry of International Cooperation. It was broadly participatory

and involved civil society, children's representatives, the programme's technical and financial partners and United Nations system agencies. The analyses relied on three sources: documentary review, focus groups and the evaluation of the "Child-Friendly, Girl-Friendly Schools" project. The review meeting was held on 24 November 2005, led by the Government, with representatives of all the aforementioned stakeholders, including the children's parliament, in attendance.

59. **Update of the situation of children and women.** The population of Mali is estimated at 11.4 million. The country is politically stable and the democratic process is becoming stronger. Public debt, after relief, was 1.615 billion at the end of 2004, or 63 per cent of the gross domestic product. This level of indebtedness is not conducive to essential social services.

60. The U5MR is 229 per 1,000 live births. Children die mainly from malaria, acute respiratory infections, diarrhoea and malnutrition. One-third of children are underweight. The number of cases of Guinea worm disease increased from 64 in 2003 to 423 in 2005. Twenty new cases of poliomyelitis were reported in 2004 and three cases in 2005. The MMR is high at 582 per 100,000 live births. The HIV prevalence rate is 1.3 per cent for men and 2 per cent for women.

61. The net rate of enrolment in primary school is 57 per cent for boys and 49 per cent for girls. Nine out of ten women have undergone excision; four out of ten before the age of four.

62. **Progress and key results.** Programme interventions converge in the four regions of Kayes, Mopti, Koulikoro and Segou, which cover 58 per cent of the children in Mali. The programme supports the national sectoral programmes in health and social action, education and justice. The PRSP is the sole reference for development policy in the medium term.

63. At midterm the child survival and development 2007 component has achieved significant results. A total of 112 community health centres out of the 125 planned have become operational; 130 schools have been provided with latrines and hygiene kits, 10 schools and villages in areas where Guinea worm is endemic have been supplied with drilled wells; 32 health centres out of 30 planned have an operational technical support centre. Because of these activities in the convergence regions, since 2002 the DTC3 coverage has increased from 67 per cent to 85 per cent; consumption of iodized salt from 78 per cent to 86 per cent; use of treated mosquito nets by children from 71 per cent to 92 per cent; and household access to safe drinking water from 42 per cent to 62 per cent.

64. The education for life component has supported the development of an education plan in 19 *Cercles* and in 71 per cent of communes in the three regions. Because of its activities the gross rate of school enrolment increased in the Kayes region from 60 to 62 per cent, compared with an end-of-cycle goal of 65 per cent by 2007; from 46 to 48 per cent in the Mopti region, compared to a goal of 65 per cent.

65. The component on protection of children from all forms of violence, abuse, exploitation and neglect led to the adoption of new cooperation agreements on trafficking in children; elaboration of a national plan of action on civil registration; establishment and encouragement of local committees to combat the practice of excision; elaboration of a national policy for care of orphans and vulnerable children.

66. The promotion of a culture of rights component has set up a socio-economic database “DevInfo”, supported capacity-building for over 80 individuals involved in the implementation of the PRSP in programming based on human rights and results-based management. It contributed to the establishment of a partnership between the programme and religious groups, traditional chiefs and the media.

67. **Resources used.** Regular resources allocated were US\$ 24.7 million, including \$14.8 million for 2003-2005. In fact, \$17.6 million was mobilized, or 119 per cent of the expected amount. The other resourced to be mobilized over five years were \$23.2 million, including \$13.9 million for 2003-2005. Over \$21 million was mobilized, or 152 per cent of the expected amount. Mobilization of resources was highest for the child survival and development component (185 per cent of the total amount expected) and protection against all forms of violence, abuse and exploitation (113 per cent). The education for life and promotion of a culture of rights components have mobilized 88 per cent of the expected funding to date. The total level of expenditure was 94 per cent in 2003 and 98 per cent in 2004.

68. **Opportunities, constraints and lessons learned.** Several opportunities will arise for the programme in the next two years, especially the current review of the PRSP and national programmes; availability of a plan of action and funding for HIV/AIDS; Mali’s admission to the HIPC initiative.

69. The major constraints were: (a) low skill levels and limited capacities of the staff of NGOs and community leaders involved in programme execution; (b) mass illiteracy among the people; (c) allocation by the Government of insufficient financial and human resources in implementing high-impact models in Programme regions of convergence.

70. The following are the major lessons learned. Coordination among the programme partners under national development programmes allowed everyone to have a common vision of the Millennium Development Goals. Programme management mechanisms were demonstrated to be adequate to support the implementation of activities, and will therefore be strengthened. The programme convergence strategy did not result in sufficiently intersectoral interventions. The activities of programme components outside the convergence regions would have had more impact from synergy if they had been accompanied by activities in other sectors.

71. **Proposed adjustments.** The MTR recommended the following adjustments: (a) to create a separate HIV/AIDS component to better combat the pandemic; (b) to give greater attention to combating malnutrition; (c) to develop and test new strategies to combat excision; (d) to maintain gains in regions where high-impact models have been implemented while providing appropriate support in other regions where specific problems arise, as is the case in the northern regions with regard to access to water; (e) to systematically evaluate the performance of NGOs and support the strengthening of their capacities; and (f) to include in annual plans of action support to essential social services and to communities under emergency preparedness.

Sierra Leone

72. The MTR process included a series of participatory technical review meetings in each programme sector, led by the relevant line ministries. A national

stakeholders meeting, led by the Ministry of Development and Economic Planning and involving relevant government ministries, national and international NGOs, other United Nations organizations, the World Bank and donors, approved the findings of the MTR in October. Children also participated in the process, sharing their views during sectoral reviews and participating in focus group discussions.

73. **Update of the situation of children and women.** Growing stability and peace are creating an enabling environment for development and the Government is taking greater ownership of security mechanisms. The United Nations Mission in Sierra Leone was wound up in December 2005.

74. The 2005 Human Development Index ranks Sierra Leone second to last and it is children and women — the most vulnerable — who suffer the most. The U5MR is estimated at 284 per 1,000 live births and MMR at 1,800 per 100,000 live births, among the highest in the world.

75. National immunization coverage increased from 39 per cent in 2002 to 46 per cent in 2005. There has been no confirmed case of polio since 2001. Malaria, acute respiratory infections and diarrhoea are major killers. Malnutrition accounts for 29 per cent of under-five mortality. Only 54 per cent of the total population has access to safe drinking water. Most rural populations depend mainly on unprotected surface water sources.

76. The gross primary school enrolment ratio increased from 91 per cent in 2002 to 153 per cent in 2005. Girls are particularly marginalized. The reintegration of former child soldiers was completed in December 2005. However, there are many worrying child protection issues such as the increased reporting of sexual abuse and alarming numbers of street children. Economic exploitation of children continues to be a problem, especially in the mining districts. Instances of child trafficking have surfaced in the last two years. About 14 per cent of the children in Sierra Leone are orphans, and are even more prone to abuse, trafficking and the worst forms of labour. HIV/AIDS, with a prevalence rate of 2.1 per cent, is a major threat among young people.

77. **Progress and key results.** A key result of the country programme has been an improvement in the health of children. The number of fully immunized infants increased from 39 per cent in 2002 to 46 per cent in 2005. Coverage of tuberculosis vaccine (BCG) is reported at 82 per cent and 64 per cent of women have received two doses of tetanus toxoid vaccine. As a result of past National Immunization Days, vitamin A intake increased in 2005 to over 90 per cent of children aged 12-59 months. In collaboration with the WFP, UNICEF supported de-worming of primary-school children in seven districts covering 338, 381 children. Improvements in children's nutritional status have been recorded during routine health services through screening of 196,166 children under five years of age.

78. Progress has been slow in the water and sanitation sector. Only 23 per cent of the planned 450,000 people have been provided with safe drinking water and about half of the estimated 16,000 people have been provided with family latrines. Only 45 per cent of the targeted schools have access to school sanitation and hygiene education programmes.

79. Significant and quantifiable achievements have been made in education. Enrolment has increased to about 48 per cent of the planned target of 118 680; two thirds of the planned 5,000 teachers have been trained to provide quality education;

and 79 per cent of about 500 schools have been either reconstructed or rehabilitated. Sierra Leone will benefit from the World Bank's Fast Track Initiative. The Education Sector Reform Plan currently being prepared will offer the roadmap for achieving universal access to primary education.

80. The child protection component supported the Government, working with other partners, in providing essential services to child victims of violence, abuse and exploitation and those deprived of primary caregivers. These included emergency care; family reunification and reintegration services for children living without direct family support; appropriate recovery services for victims of sexual abuse; and monitoring of children deprived of liberty in police cells, prisons and juvenile facilities. The reunification and successful reintegration of more than 5,400 former child soldiers were completed in December 2005. A strategic plan for OVCs is currently being developed by the Government.

81. The adolescent HIV/AIDS programme has contributed to increased knowledge of HIV, from 8 per cent in 2001 to 40 per cent in 2005. The Child Right's Bill and Child Rights Policy have been finalized and are expected to be approved in early 2006. The Government has prepared its second periodic report to the Committee on the Rights of the Child, which is expected to be submitted in the first quarter of 2006.

82. **Resources used.** A total of \$7.3 million in regular resources was allocated to the programme in the reporting period, of which \$6.6 million were spent. The total amount of other resources mobilized during the reporting period was \$13.4 million, of which \$8.5 million were spent.

83. **Constraints and opportunities affecting progress.** The limited financial, technical and managerial capacities of line ministries to implement activities are key constraints. Baseline information hardly exists and much of the available data are outdated. The gains in security and political stability remain fragile. Many of the root causes of the brutal conflict which affected the country for over a decade are not being addressed or are being addressed too slowly. Poverty, huge youth unemployment and financial mismanagement are still rampant.

84. Several opportunities exist. The final report of the Truth and Reconciliation Commission, including a child-friendly version, was made widely available to the public at large during 2005. Sierra Leone's PRSP for 2005-2007 was completed in March 2005. It is closely tied to the Millennium Development Goals. The Government is in the final stages of enacting the Children's Rights Act and Policy, which should provide an overall legal framework for working with and for all children and the fulfilment of their rights in Sierra Leone. The Security Council agreed to establish a new structure, the United Nations Integrated Office in Sierra Leone, aiming at contributing to the peace consolidation.

85. **Adjustments made.** The MTR was instrumental in furthering a transition from relief towards development and consolidation of peace as part of the international assistance to Sierra Leone. The MTR recommended that: (a) the programme should be aligned with the Millennium Development Goals, the newly developed PRSP, the recommendations of the Truth and Reconciliation Commission, the United Nations Peace Consolidation Strategy, the revised United Nations Development Assistance Framework (UNDAF) and the UNICEF MTSP for 2006-2009; (b) the country programme's approach to education and child and maternal mortality should be

more strategically focused on the Millennium Development Goals; (c); interventions should be scaled up in three additional districts with the lowest indicators for children (Kailahun, Kenema and Pujehun), covering 6 of 13 districts; (d) the planning, monitoring and evaluation unit should be expanded and report directly to the Representative; (e) the child protection programme should focus on creating a protective environment for children; and (f) the HIV/AIDS programme should be expanded to include PMTCT and paediatric care while continuing with primary prevention and a stronger emphasis on school children.

Principal evaluations

86. Thirty evaluations were completed in the region in 2005. Following is a report on the evaluation of the Child-Friendly, Girl-Friendly schools strategy in Mali. The evaluation is relevant to the region because the strategy has been implemented in nearly all the countries in the region.

Evaluation of the Child-Friendly, Girl-Friendly schools project in Mali

87. The aim of the Child-Friendly, Girl-Friendly schools project is to extend access to quality primary education to 70 per cent of the children in the Ségou, Mopti and Kayes regions and the Bamako district and to reduce the gap between the gross enrolment rate of boys and girls from 20 to 5 percentage points between 2002 and 2005. The project was launched at the beginning of the 2002/2003 school year for a period of five years. It consists of developing a school model that is egalitarian, protective of all children and participatory by combining two complementary instruments: the “school project”, which is community-managed, and the “children’s government”, which is run by the pupils. In 2005, the project covered more than 1,000 schools.

88. Before implementing the strategy at the national level and to provide input for the analysis of the results of the national education sector investment programme, a decision was taken to conduct an independent evaluation of the two instruments in May and August 2005. On a qualitative level, the evaluation applied to a sample of 32 schools representative of the different categories of schools and 14 control schools. All stakeholders were surveyed: children, teachers, school directors, parents, community leaders, staff of the Ministry of Education, non-governmental organizations.

89. The field survey identified only nine school projects among the 32 schools and it showed that the achievements were modest. This poor performance reflects the inadequate use of the instrument. According to the people surveyed, this can be explained by (a) the blurred lines of responsibility between parents, community leaders and teachers, (b) stakeholders’ inadequate training and the lack of implementation guidelines, (c) the erroneous equation of the project with a pledge of external financial assistance, and (d) the poor performance of the service-providing non-governmental organizations. In spite of the mixed results, in all the schools surveyed the school project process has promoted, maintained and strengthened the aim of increasing girls’ enrolment.

90. With regard to the second instrument of the strategy, all the schools evaluated have a functional children’s government. The evaluation shows that the children’s government is an enabling approach that provides children with a forum in which to express themselves and participate and in which gender equality can be discussed

and gender differences and ways of establishing equality can be explored. The establishment of the children's government creates opportunities for pupils to exercise their rights as children and for gender equality and a positive image of girls. However, while there is equality in the "ministerial" positions, the equality in assigning cleaning tasks for the classroom, playground and latrines is still relative because pupils tend to organize themselves in such a way that tasks remain gender-differentiated.

91. The children's government allows pupils to become involved in, organize and develop activities that existed in schools before the project, such as cleaning tasks, discipline, sport and mediation between pupils. The children's governments add other activities arising from the project, such as girls' enrolment and efforts to improve attendance. However, teachers make little use of the activities of the children's government for educational purposes.

92. The evaluation recommended that the roles and responsibilities of the Government of Mali and UNICEF in implementing the strategy should be clarified and this was immediately carried out. The roles of teachers and schools counsellors, the alternatives to sub-contracting to non-governmental organizations involved in implementing the strategy and the revision of guidelines were discussed and actions were taken.

93. The evaluation also recommended improving the supervision provided to stakeholders in order to enable them to clearly distinguish between activities relating to educational relations (the children's government) and those relating to community relations (the school project). Training modules were revised accordingly. The evaluation's conclusions were taken into account by the MTR of the Mali-UNICEF cooperation programme. The number of schools targeted by the extension of the strategy will be reduced due to the modest results obtained and emphasis will be placed on improving the quality of teaching and consolidating achievements. The decentralized services of the Ministry of Education and of local governments will become more involved in implementing the strategy.

Conclusion

94. There has been a slight decrease in the number of evaluations supported by UNICEF country offices in the region, from 33 in 2004 to 29 in 2005; 40 evaluations were planned for 2006. Most of them concern projects and very few concern programmes, policies or strategies. The number of studies completed decreased from 73 in 2004 to 50 in 2005. More than 80 studies are planned for 2006. Country offices have been encouraged to be more realistic about the number of evaluations, especially because of the challenge of ensuring quality and the need to focus more on programmes and strategies. However, given the high level of other resources funding in the region (more than 50 per cent) there is still a tendency to limit evaluations to the scope of projects.

95. Evaluations commissioned by country offices tend to be limited geographically to zones of intervention or convergence. Examples of such interventions are the Satellite Schools in Burkina Faso, the Nafa centres in Guineas, the Nissa Banks in Mauritania, the Accelerated Child Survival and Development strategy and the child-friendly approach. Often the evaluation is part of the design of the "pilot" projects in order to assist scaling-up.

96. Efforts are needed, especially during MTRs and the development of new country programmes, to use evaluations more strategically, especially in terms of policies and programmatic approaches. This implies stronger national capacities, in counterparts and in country offices.

97. In fact, many countries in the region have no trained practitioners and no institutional evaluative frameworks and few academic institutions offer training. This is particularly true in francophone countries. One way in which the evaluation capacity is being strengthened is through the creation of new evaluation associations in Burkina Faso, Mauritania and Senegal, and similar requests have been made for Cameroon, Cape Verde and Côte d'Ivoire. The African Evaluation Association Conference, which will be held in January 2007 in Niamey, Niger, will provide another opportunity to strengthen national evaluation capacities.

98. UNICEF country offices and development partners can use the opportunity offered by the development of PRSPs and Common Country Assessments/UNDAFs to encourage a more strategic use of evaluation, especially with the framework of the Millennium Development Goals. This implies building partnerships and developing links with the academic institutions to build national capacities and ensure quality.
