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### United Nations Children's Fund

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

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

#### *Summary*

The present 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 present report summarizes the midterm reviews (MTRs) of the country programmes for Djibouti, Jordan and Oman and three major evaluations, of the UNICEF response to earthquake emergencies in Algeria, Morocco and the Islamic Republic of Iran, an assessment of the Child Development Project in Yemen, and a review of the participatory hygiene and sanitation transformation project in Sudan. It also presents summaries of two major studies: a regional study entitled, *Breaking the Silence and Saving Lives: Young People's Sexual and Reproductive Health in the Arab States and the Islamic Republic of Iran*; and a study on violence against children in primary schools in Morocco. Although the countries that conducted

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\* E/ICEF/2006/18.

MTRs in 2005 had relatively small programmes, given the breadth of the major evaluations and studies that are also summarized, the present report is well representative of child rights situation and the focus of UNICEF work in the region.

## Midterm reviews

### Djibouti

2. **Introduction.** The MTR was conducted in close collaboration with line ministries, local and international development partners and civil society. It was coordinated by the Ministry of Foreign Affairs and International Cooperation and was largely inclusive, participatory and transparent. A steering committee, including all implementing counterparts in relevant areas, was established and technical working groups were set up for sectoral reviews of the programme. This was the first joint MTR in Djibouti undertaken in close collaboration with other United Nations agencies.

3. **Update of the situation of children and women.** The level of moderate poverty (less than \$3 per day) increased from 65 per cent in 1996 to 74 per cent in 2002 and of extreme poverty (less than \$1 per day) from 35 to 42 per cent. Poverty affects all geographic areas, especially suburbs and rural areas, and all social categories. Despite this general deterioration of social conditions, the infant mortality rate (IMR) decreased from 114 to 100 per 1,000 live births between 1989 and 2002. The under-five mortality rate (U5MR) decreased from 165 to 127 per 1,000 live births. According to a 2002 household national survey by the Pan Arab Project for Family Health, published in 2004, the practice of female genital mutilation/cutting (FGM/C) is a major concern, affecting 98 per cent of women of all ethnic groups aged 15-49 years. According to the survey, attitudes towards FGM/C have changed, with educated women no longer in favour of the practice. However, the decision to abandon FGM/C has yet to emerge from the community. A survey on birth registration revealed that 20 to 25 per cent of children under age nine years do not have a birth certificate.

4. **Progress and key results.** The net school enrolment rate increased from 43 per cent in 2002 to 56 per cent in 2005. The gross enrolment rate increased by 10 per cent as a result of the nationwide revision of school enrolment policies that allows children with no birth certificates to register. School bags were provided to all newcomers in primary schools. Pedagogical materials were distributed to all primary-school children. Community sensitization days focusing on girls' education were organized. The child-friendly school initiative was promoted. As a response to the outbreak of polio cases in neighbouring countries, three rounds of emergency polio immunization campaigns were held nationally, reaching on average 89 per cent of children under five years of age. A fourth round of mass measles vaccination was also held, targeting children aged 9 months to 15 years. Overall, the progress in the HIV/AIDS programme has been tremendous, with the achievement of most of the planned outputs and with the addition of a new project on orphans and vulnerable children (OVCs). The performance of the integrated early childhood development programme component was satisfactory, although only 30 per cent of the activities against FGM/C were implemented because of delays caused by the Presidential elections. There was a breakthrough in the area of strategic information

collection as a result of successful advocacy to conduct a multiple indicator cluster survey (MICS).

### Resources used

<i>Programme</i>	<i>In United States dollars</i>		
	<i>Programme allotment amount</i>	<i>Expenditures</i>	<i>Utilization rate</i>
Girls' education	2 809 686	1 665 909	59%
HIV/AIDS	1 099 176	507 489	46%
Monitoring and evaluation	147 191	84 537	57%
Health	3 390 696	1 752 755	51%

5. **Constraints and opportunities affecting progress.** A major concern is the lack of accurate demographic data in the absence of a recent census, which makes it difficult to plan precisely and to monitor progress. The pre-school component of the programme had a slow start due to delays in its conceptualization and implementation decisions within the Ministry, which delayed scaling up of successful school initiatives. Recent focus on the Millennium Development Goals and efforts to establish *DevInfo* for monitoring progress are seen as major opportunities. The third MICS3, planned for 2006, is a major opportunity to generate much-needed data on a large number of indicators related to children and women.

6. **Adjustments made.** The programme structure was realigned to the focus areas of the medium-term strategic plan (MTSP). The health and nutrition components were repackaged as child survival and development, and a child protection programme was established with a focus on birth registration, prevention of FGM/C and OVCs. The monitoring and evaluation programme was streamlined and integrated directly into sectoral programme functions with cross-sectoral monitoring and evaluation activities to be managed by the programme coordinator. The revised programme will support and reinforce programme communication as a cross-cutting issue. In line with the recommendations of the joint MTR, the programme will also seek close collaboration with other United Nations agencies to harmonize approaches, simplify procedures and increase effectiveness.

### Jordan

7. **Introduction.** The MTR process commenced with a formal meeting involving the coordinating Ministry of Planning and International Cooperation, chaired by the Principal Secretary. This served as a starting point for dialogue between the Government, main civil society partners and UNICEF to develop the MTR work plan and assessment tools. The MTR took place in three phases: (a) discussions were held regarding the conceptual framework, objectives, tools, mechanisms and use of evaluations and/or other studies; (b) terms of reference were developed for the five technical committees which were to review each programme component; and (c) a one-day MTR meeting attended by government representatives, non-governmental organizations (NGOs), community-based organizations, civil society organizations, selected donors and other United Nations agencies. The

reviews of the programmes on adolescents, protection and early childhood were chaired by the Higher Council for Youth, the Ministry of Social Development and the Ministry of Education, respectively. The reviews of the community development and national movement and monitoring programmes were chaired by the Ministry of Planning and International Cooperation.

8. **Update of the situation of children and women.** Jordan continues to remain vulnerable to the political and economic situation in neighbouring countries and the region at large. The latest study on poverty by the Government and the World Bank reports a reduction in the poverty rate from 21 per cent in 1997 to 14 per cent in 2002-2003. Poverty is unevenly spread geographically. Disparities have implications for children who are underserved and over-represented in poor areas. According to a study by the National Council for Family Affairs, the range of children in poverty is between 393,000 and 900,000, with 14 per cent receiving no assistance. A baseline survey jointly conducted by UNICEF and the Department of Statistics in the geographic areas where UNICEF is supporting community-based programmes confirmed that in Al-Shallaleh and Mafraq, one out of ten deliveries still take place at home. Adolescents (especially boys) seem to be more exposed to violence in crowded areas. In Zarqa, approximately 20 per cent of boys were involved in a physical fight in the week prior to the survey. How adolescents spend their leisure time depends on the availability of facilities for them in specific areas. Immunization levels were high in all areas. Care practices were comparable in most areas, with 75 per cent of children receiving water and sugar as early as the very first day of birth, thus denying exclusive breastfeeding to the majority of babies born. More than 80 per cent of caretakers correctly mentioned the danger sign of fever and around 20 per cent mentioned difficulty in breathing as a danger sign. Jordan's first Millennium Development Goals report was published in 2004. The report is optimistic and states that all Goals can be achieved by 2015. Child immunization rates for children aged one year are: 98 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine; 98 per cent for polio; 87 per cent for measles; and 29 per cent for tuberculosis. According to the report, 94 per cent of children are fully vaccinated. The national prevalence rates of stunting, wasting, and underweight (moderate and severe) among children aged 0-5 years are 9, 2 and 4 per cent, respectively. There are signs of anaemia and other micronutrient deficiencies among women and children.

9. **Progress and key results.** The early childhood development (ECD) programme has positioned UNICEF as a major contributor to one of Jordan's most important national priorities. Led by Her Majesty Queen Rania, Jordan's view of the importance of ECD saw a substantial positive change and resulted in the Government's adoption of the ECD agenda as a national policy. A national training team has been established and strengthened with skills and knowledge to expand training throughout the Kingdom. UNICEF established a core group of ECD professionals; 73 trainers, 383 facilitators and 148 liaison officers acquired the higher skills and knowledge necessary to support field-level implementation and reports on activities (37 per cent were males and 63 per cent females; 36 per cent work in government organizations and 60 per cent in NGOs). Furthermore, 5,243 service providers attained improved knowledge on ECD practices and 38,357 parents and caregivers acquired knowledge about proper child care (23 per cent males and 77 per cent females).

10. The protection project's most significant contribution is support to the National Council for Family Affairs and other national stakeholders to review, analyse and amend legislation pertaining to child rights. Partners were mobilized within the context of the programme of cooperation to engage in a dialogue with the Ministry of Planning and International Cooperation, the Ministry of Social Development and others. Penal Reform International and UNICEF introduced a reform programme for juvenile justice. The project was adopted by the main organizations that work in the field of children at risk like the Public Security Directorate, the Ministry of Social Development, the National Centre for Human Rights and the Judiciary Council. A major achievement in the adolescent programme was the development of a five-year National Youth (12-30 years) Strategy which has been adopted as the national framework for improving the situation of adolescents and youth. In an effort to focus on marginalized adolescents, especially girls, the Noor Al-Hussein Foundation, a Jordanian NGO, was provided with support to establish six female youth clubs in marginalized rural areas. Through these clubs, 1,000 adolescent girls were provided with space to socialize with their peers, develop their life skills and participate in cultural activities.

### Resources used

<i>Programme</i>	<i>In United States dollars</i>		
	<i>Programme allotment amount</i>	<i>Expenditures</i>	<i>Utilization rate</i>
Early development	285 717	240 459	84%
Adolescent participation and empowerment	432 728	244 201	56%
Child protection	234 162	188 135	80%
National movement for children and monitoring of rights	111 548	56 326	50%
Community development	110 496	85 369	77%
Early childhood care for survival, growth and development	63 930	34 769	54%
Development and participation of adolescents	84 258	35 034	41%
Promoting and monitoring children's and women's rights	161 195	75 629	46%
Cross-sectoral costs	180 252	125 816	69%
<b>Total</b>	<b>1 664 286</b>	<b>1 085 738</b>	<b>65%</b>

11. **Constraints and opportunities affecting progress.** Although the ECD programme has been partially integrated within partners' plans and budgets, there is still a long way to go to ensure sustainability and the allocation of sufficient funds for its implementation and expansion. The programme changed its outreach strategy to attract fathers and male caregivers to the parenting sessions and managed to increase the rate of male participation to 23 per cent, but this is still far from ideal. In order to ensure sustainability of the activities supported by the adolescents' programme, the activities have to be integrated into the operational and budgetary

plans of governmental organizations and NGOs. The development of a National Youth Strategy with the active participation of governmental organizations and NGOs and adolescents themselves ensures commitment and ownership. Reaching the at-risk families is still a challenge.

12. The inter-linkage with the community development programme provides insights into how to direct efforts towards the most disadvantaged children and their families. Implementation of a multidisciplinary approach in handling protection issues is crucial. Health care professionals have a key role to play in identifying, treating and referring cases of abuse and neglect and in reporting suspected cases of maltreatment to the appropriate authorities. The voluntarism concept is not always correctly understood and many volunteers drop out when they see that there are no compensatory measures in place. The Integrated Management of Childhood Illness (IMCI) programme is at a stake due to the lack of health and related expertise in the country, as highlighted by the World Health Organization. This has drastically slowed the process and prevented the Ministry of Health from jumpstarting it accurately.

13. **Adjustments made.** The review made some suggestions in view of the new UNICEF MTSP. The community development programme will be realigned with focus area 5. The existing three projects under the adolescent programme will be merged into two projects: (a) policy and advocacy; and (b) an enabling environment for adolescents' participation. The new structure will ensure a consolidated response to adolescents' needs and will facilitate the effective management of the programme. A recommendation was also made for stronger collaboration and coordination among United Nations agencies and the need for the government to ensure that *DevInfo* is institutionalized at the Department of Statistics.

## **Oman**

14. **Introduction.** UNICEF and the main line ministries established an intersectoral steering committee chaired by the Ministry of Social Development, which formulated the MTR work-plan, established sectoral working groups, defined their terms of reference and coordinated and oversaw their activities. High-level officials were involved in the assessment and revision of the goals and strategies of UNICEF-supported programmes. The committee's aim was to ensure that lessons learned and emerging issues for children and women were reflected in the report. The process and its methodology were explained to the working group members.

15. **Update of the situation of children and women.** The number of births attended by skilled health personnel increased from 87 per cent in 1990 to 95 per cent in 2003. The maternal mortality rate decreased from 27 per 100,000 live births to 23. The IMR decreased from 29 per 1,000 live births to 10.31 and is expected to reach 9.7 by 2015. The U5MR is 11 per 1,000 live births, down from 35. Fertility rates decreased significantly, from nearly five children per female in 2000 to approximately three in 2004 due to an increase in the average age of marriage and to awareness of birth spacing. Awareness of the importance of breastfeeding still requires attention. In 2004, the number of infants exclusively breastfed for the first four months was 31 per cent. The immunization rate for children under one year of age remains 98 per cent.

16. **Progress and key results.** Oman is close to realizing Millennium Development Goal 4 (reducing child mortality by two thirds) with its U5MR below

the 2015 target and its IMR very close to target. Key advances have been made in promoting gender equality and empowering women with the ratification of the Convention on the Elimination of All Forms of Discrimination against Women. Other Millennium Development Goal targets also seem to be within reach. In 2002, the IMCI strategy was expanded to all the regions of the Sultanate. The passing of a Royal Decree on camel racing, which defined the rider's age and required the use of protective clothing, was a significant breakthrough. The decree means that, within five years, no one under age 18 years can be used in camel races. An important emerging issue is that of child injury prevention and control. Administrative data show that injuries are now the leading cause of death among those aged 1-18 years.

### Resources used

<i>Programme</i>	<i>In United States dollars</i>		
	<i>Programme allotment amount</i>	<i>Expenditures</i>	<i>Utilization rate</i>
Integrated early childhood development	218 397	131 143	60%
Development and protection of children and young people	176 286	105 315	60%
Planning, monitoring and evaluation	161 218	130 855	81%
Integrated early childhood development	9 243	6 360	69%
Development and protection of children and young people	245 218	55 658	23%
Planning, monitoring and evaluation	14 239	9 367	66%
Cross-sectoral costs	40 255	40 000	99%
<b>Total</b>	<b>864 856</b>	<b>478 698</b>	<b>56%</b>

17. **Constraints and opportunities affecting progress.** Inter-agency cooperation plays an integral role in the realization of long-term goals for children and women. Key line ministries believe that they can benefit from further support by UNICEF, particularly through technical assistance on issues like data and statistical analysis, training, peer education, counselling and capacity-building. High standards for planning, monitoring, evaluation and quality control are paramount for efficient, accurate and reliable outcomes. A major setback was experienced when programme allocations, which were needed at the beginning of the year, were not received until July, mainly due to the changes in leadership and the restructuring that took place at the Ministry of Social Development, which is responsible for coordinating the work of UNICEF.

18. **Adjustments made.** No major changes were required. The MTR recommended that the steering committee should be kept as an implementation and technical coordinating body. The Government expressed interest in continuing to work with UNICEF, especially in areas that need high technical expertise like child protection, social policy and injury prevention. A large dissemination of the studies was recommended.

## Major country evaluations and studies

### **The evaluation of UNICEF responses to earthquakes in Algeria, the Islamic Republic of Iran and Morocco (a multi-country evaluation)**

19. **Reasons for the evaluation.** Many areas in the Middle East and North Africa region are vulnerable to earthquakes. In the last few years, three major earthquakes struck the region, in Algeria in May 2003, the Islamic Republic of Iran in December 2003 and in Morocco in February 2004. The earthquake in Bam, Islamic Republic of Iran, caused the deaths of 40,000 people (25 per cent of them children) and the destruction of homes, schools, health facilities and other social infrastructure, creating havoc in the lives of the people who survived. The earthquake emergencies in Morocco (2,250 deaths) and Algeria (600 deaths) were less severe. In all three cases, UNICEF was actively involved in providing humanitarian assistance. The aim of this multi-country evaluation was to document the UNICEF experience and performance in preparedness planning and early response (the first three to six months) to these emergencies in the three countries so as to draw lessons and recommendations for the future.

20. **Summary of design and methodology.** The evaluation involved a desk review of a large number of documents available on the emergencies in the three countries, including UNICEF reports. The evaluator visited the countries to interview key informants within and outside UNICEF offices to gather information. He also visited selected field sites in order to interview local officials and people and observe the situation on the ground. The report contains detailed findings regarding each earthquake and a synthesis report summarizing major findings and recommendations.

21. **Finding, lessons learned and recommendations.** The evaluation found that as the three earthquakes and their consequences differed greatly, the emergency responses had to be adapted to the specific circumstances in each country. In Algeria, the Government coordinated international aid quickly and efficiently. Being only a small part of a huge international support effort, the initial response of UNICEF, adequate to the demands, came very quickly and was much appreciated by the Government. Beyond the initial response, the rehabilitation operations undertaken by UNICEF were not very ambitious and their implementation suffered from low efficiency.

22. In the Islamic Republic of Iran, local government capacity was destroyed so it was difficult to implement emergency operations. UNICEF initially quickly delivered tons of emergency supplies and formed part of a large United Nations/Red Cross appeal. The response of donors was very generous and UNICEF received double the amount it had requested. However, from early 2004, with little synergy with the other parts of UNICEF, the country office became entangled in organization, recruitment, management and logistical issues. Consequently, the interventions for child protection and psychosocial care were effective but outputs for other areas were modest, efficiency was average and effectiveness was low.

23. In Morocco, where the scale of the emergency was much lower, UNICEF took the lead role among the United Nations Country Team for a needs assessment and launched an appeal that succeeded in raising 52 per cent of the targeted amount, all of which was used for early response. UNICEF was able to quickly develop a response strategy in coordination with the Ministry of Education to restart schooling

and supported the health sector (including psychosocial care). One weak point was the inadequate support for children in remote villages. The response was compatible with the situation but was weakened by the lack of an appropriate monitoring system.

24. The evaluation drew the following key conclusions: (a) UNICEF is committed to helping children and women in emergency situations; (b) the Core Commitments for Children in Emergencies (CCCs) are an integral part of the corporate culture; (c) UNICEF was present and highly visible on the ground (its role was acknowledged and its voice listened to); (d) the UNICEF capacity to mobilize donors is strong but donors' response is difficult to predict; (e) the initial response of UNICEF was remarkable (it was able to provide a lot of necessary supplies in the immediate aftermath of all the earthquakes); and (f) after its initial response, UNICEF performed well in Algeria and Morocco but was less effective in the Islamic Republic of Iran except in the areas of child protection and psychosocial care.

25. **Use made of the evaluation.** The evaluation provided a large number of recommendations for improving UNICEF preparedness planning and early response which include the following:

(a) The CCCs should be modified to include preparedness and to clarify time-phasing and linking of programmes by sector. Psychosocial care should be added;

(b) The CCCs should also be more specific as to procedures. Emergency procedures should apply during the six to seven months of early response and when a large budget is involved, a specific autonomous UNICEF team should be put in charge of implementing the emergency response under the Regional Office's supervision;

(c) Preparedness activities should be planned to be result-oriented and there should be more training and regular benchmarking with other organizations;

(d) The Regional Office should undertake an annual review of country offices' level of preparedness;

(e) The rapid assessment concept should be clarified, including the need to focus on more specific data throughout the early response process;

(f) The Regional Office should maintain its role and improve the emergency specialist section, and should play a greater role in monitoring and evaluation;

(g) Headquarters should assess the efficiency of its recruitment of emergency staff and should review its global agreements with seconding agencies to ensure better performance.

26. **Use made of the evaluation.** The findings and recommendations are being used for both preparedness and response planning for natural disaster emergencies in the region, and also have relevance for other regions. Since a majority of the funding received for the Bam earthquake was spent after the first six months, with an ambitious rehabilitation and development component, a broader evaluation is being conducted to capture the entire spectrum of the UNICEF response to the Bam emergency.

**An assessment of the Child Development Project in Yemen (an evaluation)**

27. **Reasons for the evaluation.** The Child Development Project has been a tripartite partnership between the Government of Yemen, UNICEF and the World Bank. With a total budget of \$45.3 million, it is the largest collaboration between UNICEF and the World Bank to date. The Project began in 2001 and ended in December 2005. It was aimed at improving access to basic social services for children and women in 30 socially deprived districts in nine governorates. It included five components: (a) community readiness; (b) health; (c) nutrition; (d) education; and (e) a pilot ECD project. The evaluation, which carried out in collaboration with the Bank in the first half of 2005, aimed to examine the project's achievements, provide recommendations for strengthening the project in its remaining duration and document lessons learned for use in similar projects.

28. **Summary of design and methodology.** The methodology involved a comprehensive desk review of documents related to project planning and implementation, including annual reports, and interviews with a large number of key informants and beneficiaries. The assessment was based on data from 11 project districts, three of which were visited by the evaluators. As much as possible, the assessment used the criteria of relevance, efficiency, effectiveness, potential impact and sustainability. However, due to the lack of impact data, findings focused mainly on output-level results and an assessment of processes involved.

29. **Findings, lessons learned and recommendations.** The project faced a complex and challenging institutional structure due to the different procurement, financial management and reporting systems and requirements of the organizations involved. These differences were underestimated at the beginning. Existing capacities were also not advanced enough for the approach considered. In addition, the importance of monitoring was widely neglected by the project until a late stage. Information to measure the quality, efficiency and sustainability of training and its impact on achieving the objectives of the project was not gathered systematically. There was a lack of proper coordination between the project's field offices and its central office and between the components represented by the various sectors. Local visibility overall was good. However, the project was mostly known to the beneficiaries as the "UNICEF project".

30. All 30 projects districts benefited from the introduction of IMCI. Nevertheless, access to quality care for major childhood diseases was hampered by delays in the procurement of IMCI drugs. With respect to safe motherhood, eight district obstetric centres were updated and their staff retrained. However, referral rates were still low due to delays in implementing the community sensitization component. Investments in the expanded programme on immunization (EPI) went mostly to cold-chain procurement and the project performed well in integrating EPI into district health plans. However, by the end of 2004, a majority of the districts had not achieved the target output of 90 per cent vaccination coverage for children. By the same date, 534 classrooms had been constructed (exceeding the target of 210) and 50 per cent of the target set for classroom rehabilitation had been achieved. However, the target of increasing the number of female rural teachers by at least 15 per cent was unlikely to be achieved. In water and environmental sanitation (WES), the project had invested in 68 water schemes covering all governorates and benefiting 221,000 people (80 per cent of the target), although achievement varied from one governorate to another. The time for fetching water was substantially reduced,

lowering the burden on girls and women, and the involvement of communities in planning, implementation and maintenance of these schemes has increased their capacities and empowerment.

31. The assessment raised major issues regarding sustainability. For example, the prospects for financial sustainability were assessed as low in view of the contributions made by the Government, and the prospects for sustainability of the nutrition component of the project were also low as the Ministry of Health does not have the financial resources to continue training and retraining volunteers. However, the financial sustainability of the WES component might be secured as communities have collected substantial amounts for its maintenance.

32. **Use made of the evaluation.** The evaluation identified a number of key lessons from this “pioneering” tripartite project many of which are relevant for future programmes of cooperation and for joint programming opportunities:

(a) During the early phases of a programme innovation process, packaging and institutionalizing should be completed prior to scaling and scoping up. These steps need to be analysed and decided carefully by the partners involved;

(b) Risk assessment should cover the size and scope of the project and the amount of money involved and both should consider the capacities of all the partners involved. All partners must be dedicated to and involve themselves in capacity-building from the outset of the project;

(c) Prior to implementation, important decisions need to be made regarding harmonization of the processes involved (reporting, financial management, procurement) and midterm reviews should involve active participation of all the partners involved. Transaction costs are likely to decrease if such harmonized processes are applied;

(d) It is important to set up an internal monitoring system at the very start of a project to be used for both progress monitoring and as an early warning tool. The use of a project logic model is essential but weaknesses in the logic model should not be an excuse for a lack of monitoring;

(e) For such ambitious projects, training in procurement procedures for all staff concerned is necessary in order to minimize delays in procurement and enhance implementation efficiency;

(f) The gender dimension should be more pronounced in the project design from the outset. Mothers should be involved more in the social environment of the rural schools to reduce gender gaps in education;

(g) The “triple A” (assessment, analysis, action) approach should be used in community mobilization activities from the very beginning of such projects;

(h) The use of the human rights-based approach to programming as well as a pronounced gender approach should be considered in the planning stage of similar future projects.

33. For each component of the project, the assessment provided detailed recommendations which include:

(a) For health, exert every effort to ensure no interruptions in the delivery of IMCI supplies; consider distributing pre-packed drug kits for six months for health

units and centres; make the new health facility committees accountable for the operational budget of the facilities; and include adult family members in safe motherhood training as they are the most important factor in home deliveries;

(b) For nutrition, increase cooperation between UNICEF and the World Food Programme and expand the nutrition component of the project; focus the collaboration of both agencies on covering the project districts; and train the nutrition volunteers as IMCI communicators;

(c) For education, include the correct use of classrooms as an indicator for field monitoring; build or remodel facilities with a latrine for girls and boys, to assure water supply and their maintenance; allocate a higher number of female teachers to the project-supported schools and provide them with training; include a profound gender sensitization component into training of both male and female teachers; and introduce an evaluation system for training activities at the beginning of the project as a tool for quality assurance;

(d) For ECD, accelerate the implementation of this project component;

(e) For WES, define clear roles and divide tasks within the sanitation subcomponent of the project;

(f) For community readiness, provide training and in-country visits for local staff to demonstrate how community participation works; provide logistical support to focal points to enable them to interact with community communicators more frequently; and provide incentives to local staff including through refresher courses.

34. **Use made of the evaluation.** The findings, lessons and recommendations provided by this evaluation were useful in strengthening the implementation of the project for the remaining duration, although less than a year was left. In addition, they are being used in developing the next programme of cooperation for 2007-2011, which builds upon the experience of the Child Development Project with a strong area-based focus.

#### **Breaking the silence and saving lives: Young people's sexual and reproductive health in the Arab States and the Islamic Republic of Iran (a regional study)**

35. **Reasons for the study.** This regional situation analysis, which focused on young people aged 10-24 years in 19 Arab States and the Islamic Republic of Iran, was undertaken to strengthen the knowledge base on young people's sexual and reproductive health (YPSRH), including gender issues and on the regional programme and policy context; provide recommendations and arguments for national YPSRH programmes and for gender policies and programmes, based on evidence from international programmes and data from the Arab States and the Islamic Republic of Iran; and identify gaps in the knowledge base on YPSRH and gender issues in the region and recommend research priorities.

36. **Summary of design and methodology.** The study was broad-based in nature, covering all key aspects of YPSRH: early marriage, maternal mortality, unwanted pregnancy and abortion, reproductive morbidity, sexually transmitted infections (STIs), HIV/AIDS, substance abuse, FGM/C and violence against women. The review involved a comprehensive literature review globally and from the 20 countries specifically; a policy analysis related to the countries' compliance with international treaties and agreements related to YPSRH; interviews with

international and regional experts; and interviews and an e-mail survey of national programme professionals. It included an overview of international human rights law and country policies, and of international evidence and recommendations on YPSRH and key programme strategies.

37. **Findings, lessons learned and recommendations.** The review highlighted the following findings as central to YPSRH:

(a) **Marriage.** Although there is interregional diversity on marriage patterns and certain trends were observed including a rising age of marriage for males and females, early marriage remains a problem in pockets of all societies, there is a high incidence of consanguineous marriages, persistent but declining polygamy in some countries and an increasing number of single women;

(b) **Maternal mortality.** Although Arab countries account for only 3 per cent of maternal deaths worldwide, many of these are concentrated in a few countries (Djibouti, Egypt, Morocco, Sudan and Yemen);

(c) **Unwanted pregnancies and abortions.** Abortion remains a very taboo subject. Seven countries allow it only to save a woman's life, three allow it to preserve her physical health and three allow it for reasons of mental health. Tunisia allows abortion on request;

(d) **Reproductive morbidity.** Although there is very little information on this subject, studies from Egypt and Gaza, Occupied Palestinian Territory suggest that both obstetric and gynaecological morbidity are high among young women;

(e) **STIs.** National-level data are scarce because of stigmatization, poor reporting and a lack of research. The few studies which exist suggest that STIs are disproportionately high among young people. Because of the high valuation of child-bearing, infertility is particularly stigmatized in the region;

(f) **HIV/AIDS.** Estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS) suggest that there are 540,000 adults (250,000 women) living with HIV/AIDS in the region. Region-wide data are not available but it is estimated that 50 per cent of new infections are among young people. Among the countries covered, only Djibouti and Sudan have generalized HIV/AIDS epidemics. Given the relatively low prevalence, the region has a critical window of opportunity to prevent an epidemic;

(g) **FGM/C** is practiced in four countries in the region — Djibouti, Egypt, Sudan and Yemen — although in Yemen it is confined to certain regions. Campaigns against the practice have been ongoing for several decades in Egypt, Sudan and Yemen, although they have very recently gained greater momentum with government commitment to the eradication of FGM/C.

38. A lack of willingness among leaders to address YPSRH issues is a major challenge. With respect to services, most schools in the region lack counselling or education programmes on sexual and reproductive health (SRH) and life-skills. Due to the rapid changes that have taken place in the region, the increased generational differences mean that young people have less access to trusted adults in matters related to SRH. Public sector health services neither respond to the particular needs of this health group nor create a climate in which young people, especially unmarried young people, are welcome.

39. The study revealed an urgent need to invest in programmes aimed at young people and for increased attention to the 10-24 years age group, which comprises over one third of the total population in the region, and provided detailed recommendations for strengthening policies and programmes and for future research. Policy recommendations included the need to increase investment in the health and development of young people and the need to review human rights treaties and laws. This should include reviews of existing civil and customary law from the human rights and gender equity perspectives; expanding access to education, employment and SRH services; preventing unwanted pregnancies and abortions to reduce abortion-related morbidity and mortality; and supporting participation mechanisms for young people. Programme recommendations included the need for advocacy to play a central role and for a general health and development needs assessment to determine the focus of the programme in various settings.

40. The review highlighted the importance of the following strategies: SRH equity education, skills-building and referrals; promoting gender equity in all programmes and policies; decentralized YPSRH counselling and service networks; and peer education programmes. On specific programme issues, the report proposed the following recommendations: strengthen efforts to prevent early marriage; raise awareness about danger signs of maternal mortality, improve access to essential obstetric care and prevent malnutrition-related risk factors for maternal mortality; prevent unwanted pregnancies and abortion by making family planning available; and reduce reproductive morbidity. The review also provided recommendations for addressing HIV/AIDS and STIs and substance abuse; eliminating FGM/C; and reducing violence against women.

41. **Use made of the study.** A significant part of the study was devoted to a review of global policies and programmes that have succeeded in addressing young people's SRH in other regions. These have served as a useful reference for UNICEF and its partners in strengthening ongoing efforts in the region and in developing new policies and programmes. The study has had a wide audience within the region and elsewhere. Beyond UNICEF, it has been used by the United Nations Population Fund and UNAIDS for their strategies and regional reports on young people and HIV.

#### **Violence against children in primary schools in Morocco (a study)**

42. **Reasons for the study.** In the past several years, Algeria, Djibouti, Morocco, the Occupied Palestinian Territories, Syrian Arab Republic, Tunisia and Yemen have all carried out studies on violence in schools — a problem that is widely recognized in the region but is difficult to combat. In Morocco, where UNICEF and the Government have been working together since the beginning of 2002 to improve the quality of education in schools and thus reduce drop-out rates, the issue is seen as a real impediment. The aim of the study was to assess the situation to ascertain the prevalence of violence, study its causes and determine strategies to reduce and combat it effectively.

43. **Summary of design and methodology.** The study was carried out in two stages. Literature on the subject both in Morocco and in other countries was reviewed and an initial survey was done through 100 focus groups with 1,411 students and 57 teachers at holiday camps. A second, more comprehensive survey

was then carried out. It included distributing a questionnaire to a representative sample of 200 primary schools throughout the various regions of the country. The sample included 5,349 students in Grade 6 (the highest grade in the primary-school level), 1,827 teachers, 833 parents and 194 heads of schools.

44. **Findings, lessons learned and recommendations.** The findings were not pleasant: (a) 87 per cent of the students said that they had been hit by a teacher; (b) 60 per cent of these had been hit with a ruler; (c) 73 per cent of teachers admitted to hitting students; (d) 61 per cent of children said that they had been hit by their parents; (e) a large majority of parents approve of hitting; and (f) reports of incidents of serious ill-treatment and cruelty, including sexual abuse, were high and require further study.

45. However, some findings were encouraging: (a) 85 per cent of teachers said that they regretted hitting the children; (b) parents, children and teachers all agreed that the quality of education, the need to listen, communication and teachers aides would help; (c) 79 per cent of teachers and 73 per cent of heads of schools said that training would help, with training ranking well ahead of school programmes and the number of students per class; (d) 62 per cent of teachers and 70 per cent of heads of schools believed that children should participate in school councils; and (e) everybody was supportive of further discussions of the issue.

46. The recommendations covered all educational levels, local communities and the society. They included the need to: (a) hold a debate at the start of the school year on rights and responsibilities of all concerned; (b) have the students elect an internal classroom disciplinary committee each term; (c) decrease homework as much as possible for children under age 10 years and when homework is given, help the children to establish a study pattern; (d) put violence in schools on the agendas of school committees; (e) ensure full community participation in school committees; (f) establish a level of zero tolerance of violence against students among teachers; (g) review school curricula to ensure that they are based on tolerance rather than the incitement of violence; (h) ensure that the correct legislation is implemented; and (i) launch a media campaign on the issue.

47. **Use made of the study.** This report received considerable attention from the media in Morocco. In addition, its findings and recommendations are being used to further strengthen policy and programmatic work to protect children against violence. The next country programme, which commences in 2007, proposes a systemic approach to addressing violence against children in schools.

#### **A review of participatory hygiene and sanitation transformation in Sudan (an evaluation)**

48. **Reasons for the evaluation.** In 2005, UNICEF initiated the participatory hygiene and sanitation transformation (PHAST) methodology to address the concern that although hygiene and sanitation messages were known and largely understood by the targeted communities, they were not being translated into significant improvements in hygiene behaviour. The aim of this review was to assess the progress in and the effectiveness of the pilot projects in Rumbek and Yambio in South Sudan and to map out strategies for the way forward and for the scaling up of the projects.

49. **Summary of design and methodology.** The methodology included a review of project-related reports and existing tools and toolkit; interviews with the key people involved in the project; observations through field visits; and focus group discussions with trainers, and household and community members.

50. **Findings, lessons learned and recommendations.** The findings showed that the methods and tools are widely understood to be communication processes that are learner centred and aimed at improving hygiene and sanitation and community management of water supplies. However, they are looked upon as a training project and as an event rather than as an analytical and problem-solving process. The toolkit was available and was used by the trainers. It was regarded as suitable and locally acceptable and did not require revisions. However, the teams were unable to use the tools to facilitate baseline surveys, problem-solving, analytical planning and monitoring. There was also no community level-training strategy, no documentation and a lack of institutionalization. Improved water and sanitation is still a priority concern and many challenges exist including diarrhoeal diseases. Behaviour has not improved greatly. However, the PHAST methods and tools are relevant and should be applied as an integral part of WES. Documentation, monitoring and evaluation remain weak due to a lack of training and skills. There is also a need to develop monitoring indicators through technical support.

51. The assessment provided detailed recommendations which will contribute to improving the effectiveness and efficiency of the project. Specific recommendations include the need to organize advocacy and awareness creation for project managers to deepen their conceptual understanding and appreciation of PHAST and its role in WES; sharing of experiences and best practices; improving collaboration and coordination through partnerships and networks; providing technical support including for monitoring and evaluation; and continuing the provision of logistical and financial support.

52. **Use made of the evaluation.** This evaluation has provided valuable information and recommendations which are being used for strengthening water-, sanitation- and hygiene-related interventions in Southern Sudan. It was conducted at an opportune time when the need for such a review was critical for basing large-scale action for a sector where UNICEF is a lead coordinator.

## Conclusion

53. The three countries that held MTRs in 2005, although small in terms of programme size, are an interesting mix. Jordan is one of the high-achieving countries in the region and where the role of UNICEF is highly strategic and focuses on modelling of innovations and influencing policies. Oman is a country in transition where the Government provides support to the programme of cooperation including a team of national staff. Djibouti is the least developed country where the UNICEF programme captures all aspects of the current MTSP. It is also one of the countries with high rates of HIV prevalence which compounds an already challenging situation for children and women.

54. The quality of UNICEF-supported evaluations and studies in the region has improved in recent years. The Regional Office conducted an internal assessment of the quality of evaluations and studies that were supported in 2004. Of the 66 studies, surveys and evaluations, the review found that 7 were “excellent”; 43 were “good”;

14 were “fair”; and 2 were “poor”. This is an improvement as the “poor” and “fair” ratings have decreased significantly over the previous two years. The findings indicate that efforts to improve the quality of evaluations and studies have yielded positive results. Obviously, more work needs to be done so that no study or evaluation is rated “poor” or “fair”.

55. The Regional Management Team (RMT) took note of the findings and recommendations of the peer review of the UNICEF evaluation function. The RMT agreed to further strengthen planning, quality and use of evaluations through various measures which included the involvement of country management teams in planning and management of evaluations, the need to conduct more multi-country thematic evaluations to be included as part of the regional integrated monitoring and evaluation plan and management response to all UNICEF-supported evaluations. These and several other measures have been introduced through a regional circular whose implementation will be monitored by the RMT. These measures will require further strengthening of evaluation capacity in the region which is being pursued through a two-pronged strategy: (a) to train UNICEF staff and key counterparts on planning and managing monitoring and evaluation functions in the context of results-based management; and (b) to identify a pool of monitoring and evaluation experts in the region and support networking and training activities for them to more effectively address monitoring and evaluation needs in the region, particularly for United Nations-supported programmes. It is recognized that there will be a need to mobilize additional resources and partnerships for capacity development.

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