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Summary of mid-term 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 mid-term 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 2004.

Introduction

1. The present report covers the 2004 mid-term reviews (MTRs) of seven country programmes in West and Central Africa: Gabon, the Gambia, Guinea, Equatorial Guinea, Nigeria, Sao Tome and Principe and Togo. It also discusses an evaluation of the Accelerated Child Survival and Development (ACSD) programme in Upper East Region of Ghana, and summarizes the major activities conducted by the Regional Office to strengthen national and country offices' capacities in evaluation.

* E/ICEF/2005/10.

Mid-term reviews

Gabon

2. **Mid-term review preparation process.** The preparation process involved communities, non-governmental organizations (NGOs), religious leaders and all government line ministries. The process was led by the Ministry of Planning and Development. Representatives of NGOs, civil society and other United Nations agencies participated in the MTR meeting.

3. **The situation of children and women.** The under-five mortality rate (U5MR) is estimated at 87 per 1,000 live births and the maternal mortality ratio (MMR) at 519 per 100,000 live births (2000). The school enrolment rate for children aged 6-15 years was estimated at 94 per cent in 2000, with small variations between rural and urban areas, and no difference between boys and girls. The prevalence rate of HIV/AIDS was 8 per cent in 2002.

4. **Key achievements and constraints.** UNICEF expanded its strategic alliances and partnerships. The visibility of UNICEF contributed to the development of a shared vision of how to accelerate the implementation of the medium-term strategic plan (MTSP) as a programmatic response to the Millennium Development Goals and national priorities. Following several years of advocacy by UNICEF and the World Health Organization (WHO), the Government provided funds to buy vaccines through UNICEF Supply Division for 2004 and 2005. This has increased national routine immunization coverage rates from 17 per cent in 2000 to 40 per cent in 2003. The immunization programme was used as an entry point to fight malaria and to promote parental education and birth registration.

5. Implementation of the recommendations of the Committee on the Rights of the Child is progressing with the support of UNICEF and other external partners. Child trafficking is now considered a crime under a law passed in 2004. Special attention was given to vulnerable and marginalized pygmy communities by strengthening their capacities and raising their awareness regarding the importance of adopting behaviours that reduce morbidity and mortality. There is an effective partnership with the media, religious groups, youth clubs and NGOs on the prevention of HIV/AIDS. For example, 369 peer educators were trained and 123 youth clubs created in 133 secondary schools, representing 93 per cent of the targeted population group. Codes on the importation of iodized salt and on the commercialization of breast-milk substitutes were adopted by the Government. This significant progress will help the country achieve universal salt iodization by 2005.

6. **Resources utilized.** A total of \$1,845,000 was allocated from regular resources, of which the integrated programme in urban areas utilized \$1,020,000 and the advocacy and development programme for social policies spent \$438,000 during the first three years of the programme cycle. Against an approved other resources level of \$2,960,000, \$1,996,785 was raised, of which \$405,618 was spent by the integrated programme in urban areas and \$633,135 by the advocacy and development programme for social policies.

7. **Assessment of programme strategies and lessons learned.** A major constraint for programme implementation was related to the establishment of a new UNICEF Office in Libreville, with integrated management responsibilities for two other country offices, Equatorial Guinea and Sao Tome and Principe.

8. Initiatives already taken with the private sector, including the oil companies, are good opportunities for the country programme to expand. This collaboration with the private sector could serve as an entry point to larger participation by civil society in the achievement of the Millennium Development Goals.

9. **Agreed recommendations.** The MTR found that the current programme did not take into account the importance of the family in the fight against violations of children's rights, child trafficking, HIV transmission, maternal mortality reduction and the promotion of parental education. It recommended that the programme put stronger focus on child protection, social policy development, and community and family capacity-development.

The Gambia

10. **Mid-term review preparation process.** The process began early in 2004 with orientation for government officials and UNICEF staff, followed by the establishment of a steering committee. A two-day MTR meeting on 24-25 November 2004 brought together the major stakeholders including implementing government departments, NGO partners and the United Nations system.

11. **The situation of children and women.** Between 1993 and 2003, the infant and under-five mortality rates improved from 84 to 64 per and from 260 to 135 per 1,000 live births respectively. The national gross primary-school enrolment rate, including Arabic schools with standard syllabus, is 91 per cent (94 per cent for males and 88 per cent for females). Children are being exploited sexually by tourists but the most pervasive form of sexual abuse and exploitation of children is by Gambian men in exchange for money and gifts. While political will to combat child abuse and exploitation is high, national child protection systems are weak, and NGOs are not involved in service delivery. Abandonment of babies is increasing, with 26 reported cases in 2003, up from six in 2000. Nationally, only 32 per cent of children under five years had their births registered in 2000. Although no study was undertaken on child trafficking, 12 Ghanaian children from a settlement of Ghanaian fishermen in the Gambia in 2004 revealed the existence of a trafficking route between the two countries. The children were subsequently repatriated to Ghana with UNICEF assistance. Female genital cutting (FGC) is practiced by the overwhelming majority of ethnic groups but there are no available data. The HIV prevalence rate among the general population is 1.4 per cent. While young people's knowledge of HIV/AIDS is high, they lack the requisite life skills to protect themselves from infection.

12. **Key achievements and constraints.** In child survival, significant results were achieved through nationwide interventions in the targeted intervention zones (Lower, Central and Upper River Divisions). Immunization coverage remained above 80 per cent for all antigens in all divisions compared to end-2001, when it had dropped substantially. The aging cold chain was almost completely replaced and by 2004, the government budget was set to cover all purchases of vaccines and related costs. Routine administration of vitamin A was introduced, resulting in nationwide coverage of over 50 per cent in 2002. Coverage in excess of 90 per cent for polio and measles was maintained through three National Immunization Days. Through the ACSD strategy implemented in the intervention zones, remarkable results were achieved in malaria prevention and treatment, leading the Government to adopt the strategy for nationwide implementation. Advocacy for universal salt iodization

resulted in the first-time introduction of locally iodized salt into the market. A food law awaiting enactment allows for the importation of iodized salt. Nevertheless, with over 90 per cent of households not consuming iodized salt, achievement of universal salt iodization by 2005 is not assured.

13. Early childhood development (ECD) interventions built on the success of the Baby-Friendly Community Initiative, which promotes exclusive breastfeeding, and commenced implementation in communities. A parental education programme and accompanying manual were developed, reaching 40 per cent of children under five years of age in the intervention zones. Following the recent introduction of birth registration into health services, the low nationwide rate of 32 per cent is set to rise dramatically. In addition, there was significant strengthening of national capacities in communication for behavioural change, evidenced by the development of quality integrated communication plans for ECD and immunization.

14. In the intervention zones, girls' school enrolment rates increased from an average of 63 per cent in 2002 to 81 per cent in 2004. Drop-out rates decreased significantly from 26 to 16 per cent in the same period. With enrolment rates of 51 and 49 per cent respectively for boys and girls, the Gambia is poised to attain gender parity in primary education in 2005. However, retention, low completion rates and the performance of girls continue to be challenges.

15. Through the Girl-Friendly Schools Initiative, members of mothers' clubs and other adult women were enrolled in basic literacy and skills courses which helped to enhance their income-generating skills and prepared them to participate actively as decision makers in community planning meetings.

16. Significant results were achieved in the national policy and legal environment, including the development of a National Policy on Children and a National Plan of Action for a World Fit for Children. A new education policy and master plan (2004-2015) for achievement of Education For All (EFA) targets was developed, as were an ECD policy framework and a policy to prevent sexual harassment in schools. A children's bill, prepared and validated through participatory processes, brings together in one volume all child-related laws and harmonizes domestic laws with the Convention on the Rights of the Child. The law is expected to be enacted in 2005. The Tourism Offences Act, passed in 2003, prohibits and provides severe penalties for the sexual exploitation of children in tourism. A report on sexual abuse and exploitation of children raised awareness, galvanized high-level government commitment, fostered a strong partnership with stakeholders in the tourism industry, and resulted in the finalization of a national plan of action on commercial sexual exploitation of children and the establishment of a task force on child sex tourism. Women's rights and gender equality were promoted through the preparation of a report to the Committee on the Elimination of Discrimination against Women that combined the country's initial, second and third reports on the Convention on the Elimination of all Forms of Discrimination against Women.

17. **Resources utilized.** A total of \$2,492,000 in regular resources was allocated for 2002-2004. The ceiling for other resources was \$4,620,000 million, of which \$3,981,000 was raised in 2002-2004. The basic services programme has now mobilized 87 per cent of its total other resources allocation for the five-year programme cycle. Overall, 72 per cent of available resources (regular and other resources) were expended. The country programme contributed virtually all of its available resources to the five MTSP priorities, with programme expenditures as

follows: 33 per cent for immunization plus; 31 per cent for ECD, 27 per cent for girls' education; 6 per cent for HIV/AIDS; and 3 per cent for child protection.

18. **Assessment of programme strategies and lessons learned.** Given the multisectoral approach used by the main programme components, the lack of a formal country programme coordination mechanism slowed implementation. The low quality and less than minimum required number of national civil servants involved in the programme, coupled with high attrition rates in implementing departments, affected the overall absorptive capacity. The slow pace of decentralization and the overly ambitious geographic scope impeded the implementation of the basic services programme, the largest programme component. Capacities remain weak in data management and report writing. Emphasis on access to basic social services, especially education, often eclipsed the focus on quality. Monitoring of programme implementation was insufficient.

19. Opportunities include the high political commitment to girls' education, immunization and fighting against child sex tourism. The passing of the financial and audit bills and the Local Government Act in 2004 are opportunities to accelerate the decentralization process. Other opportunities are offered by the release of funding from the EFA Fast Track Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Government's Medium-Term Plan 2005-2009, which incorporates the National Plan of Action for a World Fit For Children.

20. **Agreed recommendations.** Adjustments adopted include the establishment of a formal country programme coordination mechanism that will use information from enhanced joint monitoring activities; and agreement on the Government's inclusion of counterpart contributions in the 2006 national budget, including provisions for customs clearance and transportation of supplies. While the geographic scope of the largest programme component was maintained, the MTR agreed to establish zones of convergence that will serve as models for future programme design. Since FGC is no longer a taboo subject in the Gambia, programming for the elimination of the practice will be included in the country programme.

Guinea

21. **Mid-term review preparation process.** Ten line ministries were involved in the preparation of the MTR, beginning early in 2003. Data collected from the Multiple Indicator Cluster Survey and other studies and evaluations served as inputs to the MTR, with analyses conducted at the subnational and national levels.

22. **The situation of children and women.** The socio-economic situation has worsened as a direct consequence of the armed conflict in neighbouring countries and as more resources are spent on national security instead of social services. The U5MR is estimated at 177 per 1,000 live births and the MMR at 528 per 100,000 live births. In 2003, one child in three was suffering from moderate to severe stunting. The rate of HIV prevalence increased from 1.3 per cent in 1996 to 4.3 per cent in 2004.

23. The primary-school enrolment rate increased from 61 per cent in 2001 to 77 per cent in 2004, and for girls from 50 to 70 per cent. Since the onset of the armed conflict in 2000, increasing numbers of children have been separated from their parents, trafficked or exploited.

24. **Key achievements and constraints.** Immunization coverage increased in 2004, reaching 77 per cent for anti-tuberculosis vaccine (BCG), 68 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and 72 per cent for measles vaccine. Immunization campaigns and improvements in the expanded programme on immunization (EPI) have reduced the number of measles and tetanus cases. Health interventions were focused in six provinces. An integrated maternal health system was developed with strong community participation through a health insurance scheme (*mutuelle de santé*). The Ministry of Health has integrated this strategy into the national health policy, with the support of the United Nations Population Fund (UNFPA), the African Development Bank and the World Bank. The rate of household consumption of iodized salt increased from 12 per cent in 1999 to 68 per cent in 2003. The rate of goitre prevalence among children aged 6-16 years decreased from 64 per cent in 1994 to 27 per cent in 2003.

25. With the support of the Joint United Nations Programme on HIV/AIDS, WHO, the World Bank and UNICEF, a strategic plan to fight HIV/AIDS was developed and a policy on the prevention of the mother-to-child transmission of HIV (PMTCT) was adopted. UNICEF has supported the harmonization of national laws with the Convention on the Rights of the Child and other international instruments. UNICEF also supported a survey on birth registration, child trafficking and orphans and vulnerable children (OVCs). It also funded activities aiming at psychosocial support to orphans, and provided health care, food and educational assistance to them.

26. The programme supported the development of national strategies for the young child through the review of the Government's policy document. It contributed to improving education in primary schools by building 56 classrooms and equipping schools with latrines, safe water supplies, playgrounds, textbooks and other supplies for 80,000 children, most of them girls. The programme also contributed, through training, to improving the quality of education in non-formal education (*Nafa*) centres.

27. Focused interventions in geographic areas where girls' education rates are low have contributed to increased rates in these areas. The gross enrolment rates for girls increased from 36 to 57 per cent and repetition rate decreased from 19 to 8 per cent.

28. In collaboration with the Office of the United Nations High Commissioner for Refugees, the country programme provided medicine and immunization supplies in and around refugee camps. Mass immunization campaigns against yellow fever and measles reached almost all targeted children. More than 25,000 people had access to primary health care, 18,000 refugees and displaced school-age children went back to school in normal learning conditions, and 15,000 other children benefited from special measures of protection.

29. **Resources utilized.** A total of \$11,966,000 in regular resources and \$15,750,000 in other resources was approved for the country programme for the five-year cycle. During 2002-2004, the country programme spent \$7,880,000 in regular resources and \$11,331,000 in other resources, including funds raised through the Consolidated Appeal Process (CAP). About \$10 million in other resources were raised during the period, not including funds from the CAP.

30. **Key achievements and constraints.** The programme implementation faced major constraints, the most critical of which are long delays in liquidation of cash assistance to Government (CAG); difficulties in implementing activities during the

rainy season; weak community participation; recurrent political instability in the subregion; poor economic performance; and poor power and water supply to populations throughout the country.

31. Opportunities worth mentioning are the implementation of laws aimed at protecting children; increasing partnerships with civil society; the decentralization policy allowing community participation and empowerment; the ACSD strategy; and joint programming in the context of the United Nations Development Assistance Framework (UNDAF).

32. **Agreed recommendations.** The MTR recommended that the programme on child development' should become the girls' education programme to better tackle gender disparities in education. The intersectoral programme on community development and monitoring and evaluation will become a programme on integrated support to child development, to better reach communities. The water and hygiene project will be transferred to this programme to support provision of water and sanitation to schools and health facilities. The United Nations should advocate for the use of *DevInfo* in monitoring the indicators of the poverty reduction strategy paper and the Millennium Development Goals.

Equatorial Guinea

33. **Mid-term review preparation process.** The MTR was planned and conducted by the Ministry of Planning with the participation of communities, NGOs, religious leaders and all government line ministries. The review meeting was very participatory and other United Nations agencies such as UNFPA and WHO contributed significantly to the discussions.

34. **The situation of children and women.** The U5MR dropped from 206 per 1,000 in 1990 to 153 in 2002 and the MMR is 352 per 100,000 live births. Immunization coverage has declined as a direct result of a lack of government funding in 2001 and 2002. Primary-school attendance is high but the quality of education is poor.

35. **Key achievements and constraints.** Following extensive advocacy efforts by UNICEF, the Government provided funds for the purchase of vaccines and immunization equipment. In spite of weak institutional and organizational capacities, routine vaccination coverage increased from 27 per cent in 2002 to 60 per cent in 2004.

36. In total, 570 pre-schools were established, with a resulting increase in the number of children in pre-schools from 9,000 in 2000 to 33,000 in 2004. Today, 46 per cent of children aged three to five years old attend pre-school education. Due to the success of this project, the Government integrated pre-school education into the national education system. Following UNICEF-supported national campaigns on the importance of girls' education and the construction of separate latrines for girls in 34 schools, there are at present 5 per cent more girls than boys in basic education.

37. In the past, HIV/AIDS was considered taboo by the entire society. The first national forum on HIV/AIDS, supported by UNICEF in collaboration with the private sector, civil society and international and national NGOs, helped to break the silence.

38. With the support of UNICEF, the Ministry of Social Affairs initiated a project which aims at reintegrating young prostitutes into a normal life. The public was largely sensitized on problems and issues related to child trafficking, and new structures and procedures for birth registration were put in place. A law prohibiting child trafficking was adopted by the Government.

39. A progressive sense of ownership of the programme by the Government was noted when the country submitted and defended its initial report to the Committee on the Rights of the Child in 2004. The Government signed a memorandum of intent with UNICEF pledging to finance the implementation of the Committee's recommendations.

40. **Resources utilized.** Of the approved regular resources allocation of \$2,013,000, during 2002-2004, the programme for promotion and monitoring of children's and women's rights spent \$960,800 and the survival and development programme spent \$428,800. Of the approved other resources ceiling of \$780,000, \$442,000 was mobilized and \$307,174 expended.

41. **Key achievements and constraints.** Programme implementation was hindered by weaknesses in government ownership, civil society and capacities in health and education. The merger of the three country offices (Gabon, Equatorial Guinea, Sao Tome and Principe) under the area office in Libreville has been a good opportunity for staff exchanges and developing the capacities of counterparts in the areas of education, health and protection.

42. **Assessment of programme strategies and lessons learned.** The MTR recommended that emphasis be put on child protection, including child trafficking, child abuse, domestic violence, sexual exploitation, early pregnancies and birth registration.

Nigeria

43. **Mid-term review preparation process.** The MTR was organized jointly by UNICEF and the National Planning Commission, sectoral ministries and state counterparts. The MTR produced 36 state reports, four programme reports and the country programme report. The Master Plan of Operations was amended and duly signed.

44. **The situation of children and women.** The situation of children and women in Nigeria has, on the whole, worsened: 70 per cent of the population live on less than one dollar a day and 90 per cent on less than two dollars a day. Despite Nigeria's potential wealth, its external debt was \$33 billion at the end of end 2003, with debt servicing amounting to \$2.1 billion in 2004. The infant and under-five mortality rates increased from 90 and 168 per 1,000 live births in 1999 to 109 and 217 per 1,000 live births in 2003. The MMR increased from 704 per 100,000 live births in 1999 to 800 in 2002. Life expectancy remains low. HIV/AIDS remains a major issue of concern with an overall prevalence of 5 per cent. An estimated 3.2 million to 3.8 million Nigerians, mostly females, were living with HIV at the end of 2003 and about 1.8 million are orphans due to AIDS. Only about 1 per cent of children under five years of age sleep under insecticide-treated nets (ITNs). Coverage for full immunization has declined to about 13 per cent (2003) and Nigeria had 80 per cent of the global case load of paralytic polio. About 98 per cent of households now use iodized salt.

45. The rate of access to safe water decreased from 89 and 58 per cent respectively in urban and rural areas in 1999 to 65 and 40 per cent in 2003. Access to sanitary means of excreta disposal showed marginal improvement, with urban areas moving from 86 per cent coverage in 1999 to 90 per cent in 2003, and rural areas increasing from 64 to 66 per cent. The drive to eradicate dracunculiasis (Guinea worm disease) is showing success, with the number of reported cases dropping from 5,344 in 2001 to 1,460 at the end of 2003. About 30 per cent of children aged 6-11 years are not in primary school, with wide variations among states. There is a 10-per-cent gender gap in favour of girls in the South. About 15 million children are currently involved in exploitative labour, with over 40 per cent of them vulnerable to sexual exploitation, illicit drugs, violence, crime and trafficking. Only 28 per cent of children are registered at birth, and many girls are married off when they are eight or nine years old. Over 6,000 children nationwide are in prisons and juveniles detention centres, with inadequate care.

46. **Key achievements and constraints.** UNICEF interventions contributed to positive outcomes for children in certain geographic areas. The survival and early child care programme provided cold-chain equipment, vaccine carriers and associated training to cover 67 per cent of the cold-chain rehabilitation requirements in the focus areas in Local Government Authorities (LGAs) at high risk of polio. UNICEF provided procurement services for routine vaccines and delivered three shipments of vaccines, along with training to national partners on vaccine security. UNICEF also provided full vaccine and vitamin A requirements for National Immunization Days. Since 2002, the programme supported social mobilization for polio eradication, aimed mainly at providing information and fostering demand for and acceptance of oral polio vaccine (OPV). The programme has also contributed to strengthening the health system, and improving case management for the major childhood illnesses at the state and LGA levels. In the drive against malaria, the programme supported a draft policy document on ITNs. The ITN Massive Promotion and Awareness Campaign (IMPAC) was adopted as a strategy for promoting use of the nets. Training of trainers on IMPAC was conducted for 101 officers in the country's six geopolitical zones. The programme supplied ITNs for IMPAC in the 63 LGAs of Enugu, Bauchi and Ogun states. To promote health services that are women- and child-friendly, 45 doctors and nurses were trained as facility assessors.

47. Vitamin A supplementation was provided through national and state immunization channels, achieving 73-per-cent coverage. With over 90 per cent of households already using iodized salt, efforts began to institutionalize monitoring of iodization in factories, distributors, retail sellers and the household. Iron-folate tablets were distributed to pregnant women at the health facilities in 36 focus LGAs, reaching 30 per cent of this population group. A National Policy on Food and Nutrition was launched in 2002 and work commenced on the development of a National Plan of Action for Food and Nutrition. The programme supported the establishment of 36 community-based and 36 school-based functional child-care centres in focus LGAs. The programme supported 32 sites for PMTCT in tertiary and secondary health facilities with equipment and supplies. However, care for HIV-positive children was greatly constrained by lack of anti-retroviral drugs for children.

48. Under the integrated growth and development programme, the water and environmental sanitation (WES) project supported the revision and adoption of the

National Water Supply and Sanitation Policy and the Rural Water Supply and Sanitation (RWSS) Strategic Framework, and the establishment of RWSS agencies in all states. A total of 86 focus communities have a functional WES system involving a WES committee. A total of 3,968 new safe water sources were constructed in the 36 states, providing safe water to about 1.2 million people. In 1,176 rural communities, 2,000 traditional pit latrines were upgraded and 9,063 new household sanplat latrines were constructed. Some 145 primary schools have new safe water sources and 274 have sanitary latrines. For control of onchocerciasis, 20 million persons were treated with ivermectin in 2003, up from 18.4 million in 2002.

49. The learning and girls' education project worked to mainstream the principles of "child-friendly" schools. Some 286 primary schools were designated as child-friendly, with 90 per cent of them having links to non-formal education and early child care. National modules for child-friendly schools were developed. The strategy has led to increased enrolment, retention and completion. The gross enrolment rate in South-East States increased from 83 to 89 per cent (72 per cent for girls, 84 per cent for boys) and enrolment in North-West States from 4.49 million in 2002 to 5.1 million in 2004. The project focused special attention on girls' education and provided supplies, water and sanitation facilities and teacher training to 22 pilot schools, resulting in a 28-per-cent increase in girls' enrolment, an 80-per-cent decrease in their drop-out rate and an increase of 40 per cent in the number of female teachers in these schools.

50. The protection and participation programme provided crucial support for the passage of the Child Rights Act in 2003 and in four states. It also facilitated the enactment of the Trafficking in Persons Law in July 2003, which led to the establishment of the National Agency for the Prohibition of Traffic in Persons. The programme also supports the reconstitution of the National Child's Rights Implementation Committee to coordinate state inputs to the periodic reports to the Committee on the Rights of the Child. A number of Northern states enacted laws prohibiting street hawking and withdrawal of girls from school, and Zamphara State established a Child Rights Protection Agency. The National Agency facilitated the repatriation of over 300 trafficked children from Abeokuta in Ogun State to Cotonou in Benin.

51. Through the National Youth Corps Service, the programme reached 221,926 young people with training and messages on reproductive health and HIV/AIDS, and trained 7,768 of them as peer educators who were subsequently deployed to 3,960 schools. Support was also provided to the first National Conference on OVCs in 2004, which led to the creation of national and zonal OVC units by the Federal Ministry of Women's Affairs. With the United Nations Development Fund for Women and other United Nations agencies, the programme developed a training manual and trained partners on gender mainstreaming in sectoral programmes.

52. The social statistics project of the planning and communication programme supported the development of a national and state plans of action to address the Millennium Development Goals and the goals set by the General Assembly Special Session on Children. The programme introduced and trained partners on *ChildInfo*, supported the Federal Office of Statistics to use it for compiling Nigeria's first database, and is working to produce a standard charter of social research with harmonized definitions of indicators, data collection, analysis and reporting methods. The communication and alliance-building project produced a range of

print and audio-visual communication materials and expanded programming through the electronic media, reaching 70 per cent of the population through radio and 33 per cent through television. Several media houses have been trained in assessment, communication analysis, design and action. Alliances with NGOs and civil society organizations facilitated the passage of the Child Rights Act and ensured that children's issues are part of university curricula.

53. The emergency preparedness and response project focused on building the capacities of federal, state and community partners to prepare for and respond to emergencies through a combination of training, provision of equipment and technical assistance to develop risk maps, contingency plans and management information systems. At the federal level, sectoral contingency plans for health, water, sanitation and protection were prepared and all states have vulnerability maps. The project coordinated response to numerous emergencies. For example, in 2002, when an army weapons dump exploded in Lagos, thousands of people were displaced in the initial chaos, and the Government set up a number of camps for them in Lagos, UNICEF coordinated the United Nations response to the crisis. In 2004, a major ethnic clash broke out in Plateau State, which led to a state of emergency. Thousands of people were injured, hundreds were killed and thousands more were displaced into neighboring states. UNICEF coordinated a joint United Nations response for the health and water and sanitation sectors.

54. **Resources utilized.** The total throughput of the country programme between 2002 and 2004 was \$93,865,448 out of \$102,406,151 approved by the Executive Board for the same period; 65 per cent of the approved budget was regular resources. The approved breakdown across the programmes was as follows: 30 per cent allocated to health and nutrition, 17 per cent to education, water and sanitation, and nearly 10 per cent to child protection. The only significant difference was from the approved amounts in additional other resources for immunization, which exceeded the approved allocation for health and nutrition, and was occasioned by the dramatically worsened situation in the spread of the polio virus and the intensification of polio eradication activities. There was a shortfall in other resources for the other programme areas, although there was an indication in 2003-2004 of significant increases in other resources for education, water, sanitation and health.

55. **Key achievements and constraints.** Administrative processes and internal communication problems within and between government partners often delayed implementation. This has been aggravated by changes of leadership at many levels. Delays in receiving or the non-availability of government cash contributions reduced the programme's coverage and delayed liquidation of CAG. The main lessons learned concern data and information, the focus of programme activities and partnerships. The country programme therefore needs to make better use of data and information by strengthening data collection, analysis and utilization.

56. The MTR concluded that resources are spread too thinly, both in terms of the sectoral activities and geographic areas, reducing the impact of the country programme. The programme, therefore, should narrow the focus of activities, concentrating and converging resources on the focus LGAs, devoting more resources to service delivery and enhancing local capacities, limiting the sectoral interventions to those most likely to achieve desired results.

57. **Agreed recommendations.** The overall goal and objectives of the programme, apart from increasing the number of focus LGAs from 100 to 111, remain unchanged. The MTR agreed to increase service delivery and capacity-building in the focus LGAs and communities; increase support to policy formulation and training at the LGA, community and state levels, while decreasing it at the national level; more effectively design and integrate social mobilization and communication for behavioural change, particularly at LGA and community levels; and increase advocacy activities at state and LGA levels. It was agreed that 60 per cent of regular resources will be devoted to LGAs and communities, with 20 per cent each for state- and national-level activities. The country programme structure remains largely the same, except that the activities of the community development programme have been integrated into the four sector-based, life-cycle programmes. This change facilitates the greater focus on the 111 LGAs.

Sao Tome and Principe

58. **Mid-term review preparation process.** The MTR was organized with the involvement of communities, NGOs, religious leaders and all government line ministries.

59. **The situation of children and women.** The infant mortality rate (IMR) is estimated at 53 and the U5MR at 101 per 1,000 live births. The primary-school enrolment rate is high, at 69 per cent for boys and girls. The prevalence rate of HIV/AIDS is 2 per cent. Domestic violence is a major protection issue in the country.

60. **Key achievements and constraints.** With the support of UNICEF and other development partners, routine immunization coverage rates increased nationwide, reaching 98 per cent for BCG, 99 per cent for OPV, 94 per cent for DPT3, 87 per cent for measles, 43 per cent for hepatitis B and 33 per cent for yellow fever.

61. Despite weak institutional capacities to implement policies in education, a significant improvement in the quality of basic education was seen, especially through the Child-Friendly School Initiative in seven targeted schools. With the support of UNICEF, the production and dissemination of 40,000 manuals improved students' knowledge and practice in hygiene and health. Thanks to high-level advocacy efforts by UNICEF, 13,300 children were registered throughout the country for the first time, increasing nationwide birth registration rates from 70 to 82 per cent.

62. Collaboration between UNICEF, the National Assembly and youth clubs led to the creation of the Children's Parliament. The National Assembly agreed to give children a voice regularly during its sessions.

63. **Resources utilized.** The country programme's regular resources allocation was \$1,249,500. The basic services programme expended \$1,055,000 and the planning, monitoring and evaluation programme \$178,400 during the first three years of the programme cycle. Of the approved other resources ceiling of \$500,000, about one half (\$262,400) was mobilized for the primary health care project on malaria; \$228,500 of the mobilized other resources were expended.

64. **Key achievements and constraints.** Frequent changes in government partners have been a major constraint to the country programme implementation. The integration of the Sao Tome office under the Area Office in Libreville and the

sharing of staff have been beneficial to the programme. The programme has developed strong partnerships with NGOs, religious groups and community-based organizations, which offer an opportunity for local and national capacity development.

65. **Agreed recommendations.** The MTR recognized the significance of continued attention to the child-friendly schools initiative and malaria eradication. It recommended that the focus be put on child protection and community and family capacity development in 2005 and 2006.

Togo

66. **Mid-term review preparation process.** The MTR was carried out during the third quarter of 2004. The process included key partners among whom representatives of communities, civil society and organizations involved in the implementation of the country programme.

67. **The situation of children and women.** Since 1988, the IMR has stalled at around 81 per 1,000 live births. Over the same period, the U5MR decreased from 159 to 138 per 1,000 live births. The MMR remains very high at 478 per 100,000 live births. The HIV prevalence rate increased from 1 per cent in 1987 to 4.8 per cent in 2003 (4.4 per cent in rural areas and 6.8 per cent in urban areas). An estimated 11 per cent of children aged 0-14 years have lost either their mother or father or both parents.

68. The primary-school enrolment rate increased from 68 per cent in 1997 to 77 per cent in 2003 (81 per cent for boys compared to 73 per cent for girls). Between 2001 and 2003, 29 per cent of boys and 33 per cent of girls either failed or dropped out of school. The numbers of trafficked children has been increasing, with some 1,250 cases reported in 2002.

69. **Key achievements and constraints.** The country programme contributed to the eradication of polio. The Reach Every District approach, implemented jointly by the Government, UNICEF and WHO, contributed to overall increases in immunization coverage. Funds from the Global Alliance for Vaccines and Immunization and the European Union's ARIVA (*Appui au Renforcement de l'Indépendance vaccinale en Afrique*) project complemented the contributions of traditional immunization partners. UNICEF support included vaccines, vitamin A capsules, cold-chain equipment, training and micro-planning. As a result, routine immunization coverage of at least 60 per cent is expected in all districts of the country. National coverage for DPT3 increased from 43 to 75 per cent between 2001 and 2003.

70. Through PMTCT activities in five districts, 44 per cent of pregnant women (37,000) received pre-testing counselling at health facilities. Few of them (7,076) accepted to be tested and 6 per cent (446) of those tested were HIV-positive. Only 124 of the HIV-positive women gave birth at the health centre offering PMTCT services, of whom 102 benefited from nevirapine.

71. The gap between girls' and boys' primary-school enrolment decreased from 10 points in 2002 to 8 points in 2004. Over 1,654 teachers received skills training in strategies and practices to eliminate stereotypical behaviours in the classroom and school environment.

72. UNICEF supported the schooling of 58,644 pupils during the first three years of the primary cycle by subsidizing school fees and kits. The physical environment of 26 schools has been improved by rehabilitating facilities and installing latrines and drinking water points. The quality of teaching still remains a concern, as shown by an increase in the number of repeating pupils (7,376 boys in 2003 versus 6,554 in 2001; 5,185 girls in 2003 versus 3,742 in 2001).

73. Sustained advocacy activities carried out by UNICEF put issues surrounding OVCs and violence against children on the national agenda, thus jump-starting the drafting of a national plan of action. In collaboration with Save the Children, UNICEF also provided support for the training of military personnel in the protection of children before, during and after armed conflicts.

74. **Resources utilized.** Of \$4,861,000 in regular resources allocated for 2002-2004, \$4,360,000 was spent on health and nutrition. Against an approved other resources ceiling of \$2,300,000 for 2002-2004, \$411,000 were raised and \$349,000 were utilized, primarily for health, nutrition and HIV/AIDS. The bulk of resources mobilized (65 per cent) was used for immunization, essentially funding of the nine rounds of polio supplementary immunization activities and maternal and neonatal tetanus elimination campaigns. The country programme contributed to all MTSP priorities, with 53 per cent of funds allocated to immunization "plus", 13 per cent to girls' education, 3 per cent to HIV/AIDS, 3 per cent to child protection, 2 per cent to ECD and 26 per cent to other programming areas.

75. **Key achievements and constraints.** Opportunities for collaboration between the Government and its partners in the health sector were not fully explored, except for immunization activities. In the education sector, institutional constraints such as a shortage of teachers hindered the achievement of programme objectives. As for community capacity-building, the lack of enforcement of the legislation governing the decentralization process did not permit the smooth integration of village development committees and village plans of action into district resource mobilization mechanisms. Limited legal frameworks for child protection and the absence of an effective coordination mechanism for partners working in this area have been obstacles to programme implementation.

76. Partnerships for immunization and the fight against HIV/AIDS offer opportunities for more comprehensive sector-wide support to the Government. Other opportunities are the appointment of regional focal points at subnational levels, the adoption in 2004 of the first report on the Millennium Development Goals and the introduction of protection issues into the poverty reduction strategy.

77. **Agreed recommendations.** The MTR recommended the suppression of the communication, monitoring and evaluation programme in order to integrate communication for development actions into all sectoral programmes and to link monitoring and evaluation with the new programme for integrated basic services and social planning. The review also recommended the creation of a protection and advocacy programme in order to scale up child protection activities.

78. The MTR found that the country programme would need to take stock of the community capacity-building experience when working closely with the community in the coming years. The MTR recommended that the health and nutrition programme refocus resources on ACSD interventions.

Major evaluations

Evaluation of the ACSD programme in Upper East Region of Ghana

79. At the Ghanaian Ministry of Health's Summit in June 2004, the child survival trends in Upper East Region caught the attention of staff and partners. While trends in other regions with comparable geographic, social and economic indicators either were negative or remained the same, those in Upper East Region were positive. One possible contributing factor was the ACSD programme. A team of public health experts was established to identify the factors that had contributed to the positive changes. The team was tasked to determine to what extent the ACSD programme had contributed to the reduction in U5MR; review and document the implementation of the programme from January 2002 to November 2004; document the amount of resources expended; identify and assess the role of all contributing partners to determine the cost implications of the ACSD package; make recommendations regarding successful approaches; and present a model for replication in other regions of the country.

80. The team undertook a document review, data analysis, consultation with key partners and collaborators, field visits and interviews. Several survey reports, publications, regional health reports and UNICEF annual reports were identified and collected. A field trip was undertaken to the region to interview partners, implementers and recipient communities. Questionnaires were developed for each level of partner or collaborator. Interviews were conducted with key persons at the district and regional levels to determine their level of participation and perceptions of the ACSD programme. Community members were also interviewed to determine their level of awareness and satisfaction with the programme. Documents were reviewed to compare child health indicators in the three northern regions as well as indicators within Upper East Region prior to and during ACSD implementation.

81. **Findings.** ACSD, as packaged by UNICEF, was started in the entire Upper East Region and some Northern Region districts specifically to enhance the implementation of child survival and development programmes through an infusion of extra funding. The programme involved training of community-based agents, provision of equipment and other support necessary for a synergistic implementation of all the components of the child survival program. The implementation of ACSD was progressive, starting in January 2002 with EPI "plus", followed by promotion of ITNs and the Integrated Management of Childhood Illness during the second half of 2003. Intermittent preventive treatment of malaria did not start until mid-2004. The team noted that implementation of all components of ACSD was well advanced in all six districts of Upper East Region, although the level of implementation varied in each district.

82. Interviews revealed that ACSD had a positive impact at various levels on the health systems in the region. At the community level, health workers were more friendly and approachable. The community volunteers felt comfortable with their roles and attributed this to the training they received, and the community members were happy to have the volunteers within their communities. There were improved links between the communities and health workers at subdistrict levels. The health care workers believe that there has been increased attendance at service delivery points and the clinics were seeing less severe cases of illness. However, there was

no proper documentation of these observations and perceptions by the regional authorities.

83. Data gathered during the document review reflected some success attributable to ACSD. Of the targets set at the inception of the project, some were not achieved and others were sustained. This can be attributed to the short time period between implementation and the review. In the prevention and management of malaria, for example, the proportion of children sleeping under ITNs the night before increased from 4.6 per cent in 2002 to 21 per cent in 2003, an increase attributable to ACSD. In the management of diarrhoea, the proportion of cases correctly managed with oral rehydration salts (ORS) increased from 35 per cent in 2002 to 65 per cent in 2003, which also can be attributed to ACSD. On EPI coverage, with an ACSD added value of improved defaulter tracing, the number of fully immunized children between 12 and 23 months of age increased from 44 per cent in 2002 to 77 per cent in 2003. On infant feeding, there was a significant increase in the proportion of children breastfed within an hour of delivery, from 7 per cent in 1998 to 86 per cent in 2003. The cost of implementing the ACSD programme to the Government and health partners was \$1,955,715, a per-capita cost of \$5.01 for the targeted population.

84. **Conclusion.** From the field visits and document reviews, the team concluded that there had been significant improvements in certain child survival indicators that could be attributed to the implementation of the ACSD package in Upper East Region. Besides infusing additional resources into the health system, ACSD also created much needed synergy across programmes, with a coordinated approach to implementing child survival activities in the region. The extensive support to community-based activities was the key factor in the success achieved to date. The enabling environment was crucial, combined with additional support including human resources; equipment such as bicycles; and supplies such as ITNs, ORS and medications for managing fevers and malaria at the community level. The Marginal Budgeting for Bottlenecks tool was used to estimate the contribution of ACSD to the decline in U5MR. This tool, developed by UNICEF, the World Bank and WHO, utilizes three factors: change in coverage of the intervention; the efficacy of the intervention; and the percentage contribution of the disease condition to mortality. The product of these three factors gives an estimate of an intervention's contribution to U5MR reduction. It is estimated that ACSD may have contributed to a 14-per-cent reduction in U5MR after 18 months of implementation by raising the coverage levels of key child survival interventions.

85. Thus, the design of the package and the implementation of programmes that enhance the community component of health interventions are bound to make a positive difference in child health indicators. This design should take into account the synergy within programmes at the community level brought about by ACSD. Apart from the community, the other main determinant of the program was the availability of funds. Without the attendant funding, all the gains attained would be lost. The gains achieved in the Upper East Region were due to the infusion of funds by UNICEF. Therefore, dedicated or earmarked funding is needed to support replication in other regions. However, replication will have to take into account the exigencies of those regions or districts and the cost implications of the added intervention for better results.

Strengthening the UNICEF evaluation function in West and Central Africa

86. UNICEF-commissioned evaluations are managed by project officers but conducted mostly by external consultants. There are several reasons for the poor quality of these evaluations: insufficient attention to the importance of evaluation by the leadership of country offices; weak capacities and competencies of project or programme officers in drafting terms of reference for evaluations; managing evaluations and using evaluation findings; and weak national capacities in evaluation in most countries. The Regional Office has come to realize that strengthening of national evaluation capacities should be addressed not only in the limited context of UNICEF assistance but within larger development assistance frameworks, for example the UNDAF, poverty reduction strategies and sector-wide approaches, and in collaboration with other United Nations agencies, bilateral donors, development banks and major NGOs. In this context, several agencies including UNICEF, the United Nations Development Programme, UNFPA and WHO, have launched a study on capacity development which has begun by assessing national evaluation capacities in Mauritania, Niger and Senegal. The study will be continued in other countries in the region after lessons have been drawn from the three pilot studies.

87. National associations are effective channels to foster demand for and enhance national evaluation practices, especially in the context of good governance and development assistance. The Regional Office has therefore supported the creation of national evaluation associations in several countries, including Burkina Faso, Mauritania and Senegal. Demand for this type of support is increasing in the region.

88. For 2005, 30 evaluations were planned by country offices in the region. The regional office provided proactive feedback to several offices by suggesting that they plan fewer evaluations, focus on strategic issues and aim at quality and utilization. The number has since been reduced significantly. The Regional Office will support selected evaluations which are most relevant to the region's priorities by reviewing the terms of reference, helping in identifying consultants and reviewing the reports. These include an evaluation of the convergence strategy planned by several countries and an evaluation of the child-friendly school model in Mali. This support is aimed at strengthening overall evaluation capacity in the region.