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Summary of midterm reviews and major evaluations of country programmes

Eastern and Southern Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted during 2006.

Introduction

1. This report includes MTRs for Kenya and Somalia. It also discusses some of the 206 studies, reviews, assessments and evaluations carried out in the region in 2006, which cover all priority areas of the medium-term strategic plan (MTSP). One or more examples from each MTSP focus area are included in this report. Selection criteria included relevance, approach and purpose, validity of the methodology, range of stakeholders consulted, quality of the analysis and conclusions and follow-up actions taken.

* E/ICEF/2007/13.

Midterm reviews

Kenya

2. **Introduction.** The MTR of the 2004-2008 programme of cooperation provided an opportunity to review the programme's experience after its financial and planning calendar was aligned to coincide with that of the Government. The MTR included reviews of the programme's experience in implementing the learning districts strategy, the cash transfer programme to families taking care of orphans and vulnerable children (OVCs), and the social budgeting initiative that advocates for district-level fiscal reform. The MTR was participatory and involved a wide range of stakeholders from within and outside the Government. Ninety children were invited to Nairobi from diverse areas of Kenya to attend a three-day consultation and inform UNICEF about the impact and changes to their lives since the beginning of the country programme.

3. **Update on the situation of children and women.** Nationally, the under-five mortality rate (U5MR) has been stable over the period 2004-2006, fluctuating at around 115 per 1,000 live births. The highest rate, 163 per 1,000 live births, is found in North-East province. Northern Kenya also has the highest maternal mortality rates in the country, estimated at between 1,000 and 1,300 per 100,000 live births, compared to the national average of 414. In the North-East province, 95 per cent of deliveries take place at home with no skilled attendant, compared to the national average of 40 per cent. One third of Kenya's population had access to a safe drinking water supply in 2003, but coverage rates are much lower in remote and poverty stricken rural areas of Northern Kenya, where only about 1 in 10 households has access to safe drinking water.

4. The enrolment rate for children aged four to five years in early childhood development programmes is 58 per cent nationally, but only 20 per cent in North-East province. The net primary-school enrolment rate increased from 76 to 83 per cent from 2002 to 2005. The primary-school completion rate increased from 62 per cent in 2002 to 76 per cent in 2004 and more children are transiting to secondary education.

5. About 12 per cent of households in Kenya consist of orphans with no adult to take care of them. There are approximately 2.4 million orphaned children (having lost one or both parents) in Kenya and the number of OVCs is expected to increase, particularly because of the maturing of the AIDS epidemic. The recent increase in uptake of antiretrovirals will result in lower than anticipated increases in the number of orphans due to a slowing of death rates among people living with HIV.

6. **Progress and results.** Overall immunization coverage through the expanded programme on immunization (EPI) increased to 68 per cent in 2006, up from 55 per cent in 2003, but less than the expected target of 85 per cent. UNICEF provided a credit facility and other support to the Ministry of Health that allowed timely procurement of vaccines and maintenance of a cold chain. Support was provided to the Ministry for scaling-up malaria prevention for pregnant women and through the focused antenatal care initiative in eight northern districts affected by flooding, including provision of 200,000 insecticide-treated nets (ITNs) and treatment drugs. Over 3.4 million ITNs were procured by UNICEF via the Global Fund to Fight Aids, Tuberculosis and Malaria and distributed countrywide to children under age five years in endemic areas as part of the national integrated measles campaign.

7. There were remarkable improvements in children's and women's micronutrient status as a result of near universal coverage of vitamin A supplementation, achieved through a concerted delivery and publicity campaign which complemented routine biannual activities. About 96 per cent of children under age five years were reached through the biannual campaigns, and 21 per cent of post-partum mothers were covered.
8. Following the advent of free primary education in 2005, concerns exist about the quality and management of education. UNICEF supported the development of the Monitoring Learning Achievement in Lower Primary programme. A joint multisectoral programme with the World Food Programme (WFP), designed to enhance school health, nutrition and water, sanitation and hygiene (WASH) programmes in 11 districts, has helped 26,000 children claim their rights to food, clean water and sanitation, and improved school attendance and completion. As the co-chair of the National Education Emergency Committee of the Ministry of Education, UNICEF supported the training of 75 trainers in emergency and disaster management, and made available emergency education kits that helped 12,000 children remain in school during the droughts of 2004-2006.
9. About one third of 448 teams of out-of-school girls in the "Kick-out AIDS" sports initiative were tested for HIV in 2005; many of the girls have now returned to school and eight have joined the national women's soccer team. Eighty-two facilities (of the 243 targeted for 2008) around the country have received both equipment and training in adolescent and reproductive health, and youth-friendly services have been started in two northern districts.
10. A cash transfer scheme for OVCs established in 17 districts after trials in the three learning districts now supports over 10,000 OVCs. The target is to reach 100,000 children by 2009. UNICEF was an important force in raising awareness and training for the tourism sector at the Kenya coast, and enlisted the commitment of key stakeholders to sign and adhere to the Code of Conduct to eliminate the increasing exploitation of children by sex tourists and locals.
11. Efforts to improve maternal health centred on increasing access to and use of quality obstetric care. Some 120 health professionals were trained in emergency obstetric care, 80 per cent of the number planned for midterm. A pilot voucher scheme for pregnant women was introduced, through which attendance at antenatal care entitles them to a skilled delivery with costs reimbursed by the Government. This scheme, combined with the now routine training of hospital staff in maternal death review, has resulted in improved care at delivery.
12. Working upstream, UNICEF provided technical support for the new policies on malaria treatment drugs, ITNs and health communication strategies. UNICEF supported the development of the National Health Sector Strategic Plan II and its dissemination in North-Eastern province.
13. **Resources.** For the five-year country programme, UNICEF is committed to providing supplies, cash grants, technical assistance and supporting services to a maximum of \$24.7 million (or about \$4.9 million per year) from regular resources, and \$32.5 million (or \$6.5 million per year) in other resources, subject to availability. Some \$6.6 million in other resources was raised in 2004, \$10.3 million in 2005 and in \$27.5 million in 2006, with the increase partly due to emergency funds. The financial implementation rate was above 90 per cent.

14. The preferred priorities of donors are vitamin-A supplementation, emergency immunization, education and child protection. The targets for other resources were met overall but not for every programme, with underfunding for AIDS (e.g., paediatric AIDS had no funding at all), nutrition (only vitamin A was well resourced) and WASH, although funding is expected for this programme.

15. Constraints and opportunities affecting progress. This MTR spanned a period of great political change in Kenya, with the ending of 40 years in office of the former ruling political party and the formation of a coalition Government. Despite a return to generally positive economic growth, over one half (56 per cent) of the country's 34 million people still live in persistent and intense poverty.

16. A major constraint in some areas is the weak liquidation, accounting and reporting capacities of government counterparts. This can result in holding back further cash advances, thus hindering programme implementation.

17. Frequent natural disasters (droughts in 2004-2006 and flooding in late 2006) diverted staff time and resources to respond to the emergencies at the expense of regular programme activities.

18. The MTR highlighted the need for increased UNICEF support to influencing policies for more child-friendly use of national resources. Service delivery needs to be better aligned with local needs and affordability. Programmes need flexibility for implementing local innovations.

19. **Adjustments made.** One of the important lessons learned from the MTR was that monitoring of programme implementation was weak. As a result, programme adjustments have been recommended to ensure that there is a system of monthly feedback from the programme implementers in the field to the district steering committees. Financial bottlenecks will be addressed through timely flow of funds to the field according to the agreed implementation plan. The MTR re-emphasized the need for the Government to contribute 10 per cent towards the programme of cooperation as stipulated in the country programme action plan.

20. As a result of the MTR, programmes greatly increased their focus, leading to a downsizing of the 78 original programme outputs to 19. Although the focus of the country programme will continue to be the northern areas, the common thread to all programme decisions is the need to have a balance between support to implementation in the field and support to national policies by working more upstream. The MTR led to the mainstreaming of two of the five organizational priorities, child protection and fighting HIV/AIDS. Programming related to the other three priorities, EPI plus, integrated early childhood development and girls' education, are managed through specific projects or subprojects focusing on those issues. Emergency response is also mainstreamed and emergency preparedness is coordinated by the strategic planning monitoring and evaluation section.

Somalia

21. **Introduction.** The MTR of the 2004-2008 country programme started in January 2006 with extensive rounds of discussions and workshops. During the annual review of 2005, the overall direction and process for the MTR were developed and preliminary discussions held on identifying the key MTR issues overall and by zone. The MTR process involved reviewing achievements and lessons learned, followed by discussions on the way forward involving programme

results, strategies, structure, work processes and operational modalities, as well as rationalization and development of human resources. This MTR fed into a joint strategic review of all United Nations programmes in Somalia, and at the same time, a large-scale basic needs assessment was carried out in preparation for the establishment in Somalia of a federal Government and a reconstruction and development plan.

22. Update on situation of women and children. Somalia continues to be a country with a complex and chronic emergency situation. The Transitional Federal Government, backed by the United Nations and African Union, was constituted in 2003 and has since attempted but so far failed to take full control of Somalia. In 2006, widespread drought led to an acute crisis of water and loss of livelihoods for much of the population. Since early 2007, renewed conflict between the Islamic Militia and Ethiopian forces attempting to protect the newly elected Transitional Federal Government has resulted in over 365,000 internally displaced persons (IDPs). The self-declared independent Republic of Somaliland in the north-west has many characteristics of a nation state, as does its eastern neighbour, Puntland. The centre and south of Somalia as of yet has no strong political structures and is the main locus for the inter- and intra-clan conflict that has affected the country since 1991.

23. Somalia is one of the poorest countries in the world, and presents some of the worst indicators for children and women. National data are admittedly ambiguous, due to the great divergence in development in the country, with the northern states of “Somaliland” and “Puntland” undergoing economic and social rehabilitation, while the south remains embroiled in inter-clan conflicts fuelled by private militias. Officially, U5MR is 226 per 1,000 live births, but data from the 2006 multiple indicator cluster survey (MICS) put U5MR at 156 and the infant mortality rate at 96 per 1,000 live births.

24. The MICS estimates coverage rates of 12 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine and 19 per cent for measles vaccination, and only 5 per cent for full immunization coverage. Persistent malaria and cholera claim thousands of children’s lives annually, especially during the periodic flooding and in camps for IDPs. Net enrolment in primary school is low (19 per cent), with gender disparity in attendance (21 per cent of boys and 18 per cent of girls). Female genital mutilation/cutting is almost universal (98 per cent). Early marriage is common, with 46 per cent of women first marrying before their eighteenth birthday. The maternal mortality ratio is very high, at about 1,000 per 100,000 live births.

25. Progress and key results at midterm. In spite of the dangers and difficulties in implementing programmes, access to basic health and nutrition services has been maintained for nearly one half the population through a wide network of health centres and outposts in every region. A successful multisectoral cholera prevention campaign at the local level succeeded in preventing an outbreak in 2005, although there was a resurgence among IDPs in early 2007. More than 300,000 additional people were provided access to clean water.

26. The increase in the gross primary-school enrolment rate from 17 per cent in 2003 to over 22 per cent in 2005 was a notable achievement. According to the MICS data, girls now comprise 44 per cent of primary-school pupils, but this is still only 18 per cent of the total population of girls. The innovative “Back to School” campaign has enabled a large number of children in IDP camps and difficult-to-

reach locations to gain access to schooling through tented schools. In the more stable northern zones, investments have been made in building the capacities of local authorities to rehabilitate and resume school systems management. UNICEF has also supported in-service teacher training and supplied standardized textbooks and other learning materials.

27. Awareness-building at the community level and building of governmental institutional structures for child protection have led to better emergency planning and response processes and to a more effective response to several localized disasters, such as the response to the Sool/Sanaag drought (2004) and the Indian Ocean tsunami (2005).

28. **Resources used.** The overall ceiling for the 2004-2008 programme cycle was \$102.8 million, \$22.7 million in regular resources and \$80 million in other resources. Regular other resources funding increased from \$4.2 million to \$27.3 million in 2005, half of which is European Community multi-year funding; as of April 2006, \$46 million in other resources funds had been received. Emergency funding increased from \$9.9 million in 2004 to \$13.3 million in 2005. The utilization rate of funds received is near 100 per cent.

29. Expenditures in the country programme have grown from \$19.9 million in 2004 to \$28.4 million in 2005 (including funds for emergencies) without any major increase in full-time staffing. It is projected that this level of expenditure will be maintained for 2006-2007. The majority of donors see UNICEF as the primary international institution working within Somalia in all the social sectors, reflected in the designation of UNICEF as the principal recipient for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Discussions with the United Kingdom Department for International Development are in the final stages for funding a multiyear education programme for \$29 million.

30. **Constraints and opportunities affecting progress.** In health, limited access, poor infrastructure and the low human resources capacities on the ground mean that pre- and post-natal care, emergency obstetric care and maternal and child health interventions are seldom available, and most deliveries occur at home. Increasing the outreach and impact of supplementary feeding and other nutrition interventions needs to be explored through partnership with WFP and use of mobile services to access isolated communities.

31. Although prevalence remains low in Somalia, it is important to be vigilant in terms of prevention. The interventions directed at prevention of HIV have expanded in terms of both their importance and resource allocation, and as a result this programme component requires greater importance than its current status as a subproject within the country partnership programme.

32. There are gaps in the broader strategies that define the WASH programme. A model for the sustainable development, operation and maintenance of rural water supply systems needs to be built and tested in different locations, and coverage of the critical drought-affected regions needs to be expanded.

33. The noteworthy success of the alternative education programme through single-teacher tented schools should be further consolidated through a more convergent and well-designed Back to School programme, designed for substantial scale-up.

34. In the central and southern Zone, where much of the country programme has an emergency feature, the country partnership programme needs to be simplified. The apex policy-level advocacy role for meeting the overall corporate commitments of UNICEF, currently being executed by this programme, should be shifted to the planning, monitoring and evaluation programme, as the latter's role expands to supporting social policy formulation and capacity-building of planning and policy-making systems in counterpart governments within Somalia.

35. An important new role in capacity-building has emerged for the planning, monitoring and evaluation programme with the establishment of the planning ministries in Somaliland and Puntland. Restructuring and strengthening these areas within the zones will support capacity-building of counterparts, social policy formulation, establishment of planning systems and establishment of institutional mechanisms for meeting the core commitments of Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

36. **Adjustments.** The decision to introduce a single joint United Nations programme of cooperation in Somalia with effect from 1 January 2008 will effectively shorten the current UNICEF programme cycle by one year, ending it in 2007. The development of the next country programme will require redesign in order to reflect a number of substantial transitions envisaged over the next two years. The possibility of relocating the main UNICEF Somalia country office back to Mogadishu, with an associated decommissioning of the Support Centre currently based in Nairobi, should the political situation stabilize, is one factor to be considered. Given the decision to shorten the current country programme cycle proposals to change programme and staffing structures were deferred to presentation of the new country programme management plan with the new country programme document.

Major evaluations

Improving coverage of mosquito nets in the United Republic of Tanzania via an integrated health campaign

37. **Reasons for the evaluation:** Although ITNs have been shown to reduce morbidity and mortality related to malaria, only 1 in 10 children under age five years in the United Republic of Tanzania sleeps under an ITN. In July-August 2005, UNICEF provided close to \$500,000 to the Tanzanian Government and its partners to buy mosquito nets and promote their use in Lindi region via an integrated mass campaign, which also offered measles vaccination, helminth treatment and vitamin-A supplementation. Lindi was selected because it has a high rate of malaria transmission and very high child mortality; 20 per cent of children there die before their fifth birthday. Most mosquito nets were bundled with insecticide and a set of written instructions, and no further instructions were provided. The evaluation examined the rate of coverage and utilization of the free mosquito nets as a result of the integrated health campaign.

38. **Design and methodology.** A cross-sectional survey using a cluster sample design of 600 households in 30 sites in Lindi region was conducted three months after the campaign ended. Households were mapped using personal digital assistants (PDAs) equipped with global positioning system capacity, and information obtained through a customized questionnaire in Kiswahili was entered directly into the PDAs.

Household members participating in the survey were asked questions about their use of ITNs before and after the campaign.

39. **Findings, lessons learned and recommendations.** Nearly all households surveyed (96 per cent) were aware of the campaign, mainly through local community leaders (76 per cent), community mobilizers (22 per cent), neighbours (20 per cent) and the radio (19 per cent). Of the 354 children visited, 80 per cent had received a mosquito net, 82 per cent had received measles vaccine, 81 per cent had received mebendazole and 85 per cent vitamin A. As a result of the campaign, the rate of household possession of any mosquito net (treated or untreated) rose from 61 to 91 per cent, and possession of an ITN more than doubled among households in the survey area, from 17 to 37 per cent. Three months after the campaign, over 99 per cent of households had retained their nets, dispelling the fear that villagers might sell them.

40. However, the use of ITNs was lower than expected. Although awareness of the campaign was nearly universal, about 20 per cent of households did not receive a net, mainly because of unavailability of nets at the vaccination post. Less than one half of the children surveyed (46 per cent) had slept under any net the previous night, and only 22 per cent under an ITN, potentially diminishing the overall impact of the campaign on reducing malaria.

41. The main reasons cited for not using the nets were “no mosquitoes at the time” in over half the responses (the survey was conducted three months after the campaign, coinciding with the low transmission season), or “mosquito net not hanging” (32 per cent) or damaged (6 per cent). The major reasons given for non-treatment of a campaign net with insecticide were not using the net at the time (61 per cent), and not having the insecticide (17 per cent). The campaign strategy was problematic as only 81 per cent of nets distributed through the campaign were bundled with insecticides, and even in such instances, treatment instructions were conveyed to households merely via written instructions. Future campaigns will need to provide additional education on insecticide treatment or should distribute long-lasting ITNs. The evaluation of such campaigns should not be carried out during the low transmission season as the absence of mosquito at such periods confounds the potential impact of the campaign on the use of long-lasting ITNs.

42. **Use made of evaluation.** The Tanzanian Government’s policy promotes social marketing of nets at highly subsidized prices. Based on the findings of this evaluation, the National Malaria Control Program (NCMP), development partners and other stakeholders convened several discussions on the possibility and modalities of distributing free nets. During the last such meeting in May 2007, it was agreed that free nets should be given to pregnant women and children under age five years through a one-time catch-up campaign, using the same integrated strategy. However, some development partners are concerned that this approach will conflict with the existing National Discount Voucher Scheme, which is reported to be doing fairly well in increasing household access to mosquito nets in the country. The NMCP has consistently pointed out that because the need is so great, there is scope for both NDVS campaigns and provision of free nets to pregnant women and children under age five years through the planned integrated campaign.

Financing primary education in Ethiopia and Mozambique

43. **Reasons for the comparison studies.** The cost of education is often considered as the principal reason for low school enrolment rates and the tendency for children (especially girls) from poor families not to complete primary education. In Ethiopia, in 1995 the federal Government introduced the Education and Training Policy, which provides for free education for grades 1-10. In Mozambique, the Ministry of Education and Culture introduced free education for grades 1-7 in 2004. This review outlines the lessons learned in financing and implementing “fee-free” primary education, as a number of countries (e.g., Kenya) are now implementing it and one (Botswana) is reverting to capitation.

44. **Design and methodology.** This review consisted of an analysis of national and regional state policy and strategy documents and previous relevant studies, as well official statistical data from the Ministry of Education. Focus group discussions were conducted with government officials and administrators and students from selected schools were interviewed via a brief individual questionnaire.

45. **Findings, lessons learned and recommendations.** Primary-school enrolment rates in Mozambique have been rising steadily since 1994. Since fee-free primary education became effective only after 2004, this cannot be attributed solely to the abolition of school fees. Moreover, the evaluation found no massive immediate impact on enrolment for 2005-2006. Unlike in Mozambique, where the fee-free education policy had been implemented for only two years, the corresponding review period for Ethiopia spanned over a decade. Findings from this evaluation demonstrate that in Ethiopia, the fee-free policy substantially improved the primary-school gross enrolment rate from 26 per cent in 1994-1995, one year before the policy was declared, to 80 per cent in 2004-2005. However, substantial gender-related bottlenecks persist in both countries. For girls, rites of passage, higher susceptibility to HIV infection, risks of rape and other gender-based violence and the “sugar daddy” phenomenon are issues that have not yet been addressed.

46. In Ethiopia, high national drop-out (22 per cent) and repetition (about 37 per cent) rates lower the quality of primary education, and student performance is not up to par as judged by the Second National Learning Assessment. Average classroom size had increased to 69 and the ratio of pupils to teachers to 66:1 in 2004. Half of teachers are underqualified and the per-student allocation from the national budget is decreasing. In Mozambique, this “access shock” is now acute. Both countries are coping with burgeoning enrolments through building of lower-cost classrooms, use of temporary shelters (e.g., tents), using paraprofessionals as teachers, on-the-job training for teachers, curriculum reform based on competencies and specific techniques for dealing with oversized and multi-grade classes.

47. **Use made of the evaluation.** Indirect costs such as essential educational materials (pens, pencils, exercise books, and uniforms) are being covered in Ethiopia by increasing the amount and extent of the coverage of the school block grant. In order to help reduce inequalities, non-governmental organizations (NGOs), UNICEF and other United Nations agencies support students through provision of school uniforms. To address the decreasing quality of education, three innovative initiatives are now being implemented, namely the School Improvement Programme, the School Leadership Program and the Teachers’ Professional Development initiative. In Mozambique, this study resulted in a long-term campaign against sexual abuse of girls in schools, led by NGOs and UNICEF, and a national

plan of action for addressing the issue that was endorsed by UNICEF. The findings also informed the ongoing Poverty and Social Impact Analysis Study II which focuses on girls' education issues, and provided underpinning evidence for the regional approach to supporting OVCs through establishing schools as centres of care and support. In both Ethiopia and Mozambique, UNICEF has worked closely with the World Bank to consolidate knowledge on school fee abolition. Recognizing that fee abolition by itself is insufficient, measures to reduce other user costs and to provide incentives for the hardest-to-reach children are also taken into consideration. Since 2006, for instance, UNICEF has provided funding for incentives for OVCs in Mozambique in the form of health and counselling services.

Support to OVCs in Zimbabwe following the 2005 “Clean Up Cities Crash Operation”

48. **Reasons for the evaluation.** The humanitarian crisis in Zimbabwe continues to deepen, with hyperinflation, increased poverty, high mortality rates due to AIDS, critical shortages of supplies and staff for service delivery and the escalation of user fees. In this context, the Government began “Operation Murambatsvina” (“Operation Restore Order”) in March 2005 in the capital, Harare. This operation rapidly devolved into a nationwide demolition and eviction campaign conducted by the police and army. It left some 700,000 people in cities across the country without homes or sources of livelihoods. UNICEF provided support to local partners to reduce the extreme vulnerability of children affected by these evictions and displacements. This evaluation sought to determine the relevance, effectiveness, efficiency and sustainability of the interventions.

49. **Design and methodology.** Interviews were held with UNICEF staff, and with implementing NGO partners in the two most affected cities. The effectiveness of interventions was assessed through focus group discussions in Buhera with Young People We Care club members, patrons (teachers) of the clubs, home-based caregivers, members of child protection committees and some elderly women who were recipients of assistance.

50. **Findings, lessons learned and recommendations.** Some 52,646 children were reached by the emergency response, surpassing the target of 40,000. Over 10,000 OVCs and their caregivers were equipped with information and skills on risks related to HIV infection, and some 3,000 of the most vulnerable OVCs were provided with essential non-food items. However, the evaluation found a weak connection between what the implementing partners were doing and their own strategic objectives. Furthermore, there were different lists of indicators for the same objectives. Although there was a format for narrative and financial quarterly reporting, some partners were not using this format fully and other reports missed information critical for tracking progress. The evaluation recommended linking the objectives of implementing partners to their own organizational goals and to the agreed sets of international and national core indicators.

51. The evaluation revealed that there were differences in cost per claimholder because of a number of variables including but not limited to the size of the implementing partner, location of the implementing partner in relation to operational district, location of key project activities like training events and the timing of key purchases. Large organizations tended to have bigger overhead expenses.

Organizations located in places far removed from the districts in which they operated had larger travel-related expenses.

52. Overall, the emergency response surpassed many targets by as much as 40 per cent, for the same planned cost. In order to enhance cost-efficiency of the project action, UNICEF focused on children and families with the greatest need and who were not being reached by other initiatives. This avoided duplication and ensured that resources were utilized more effectively.

53. The evaluation found that both capacity-strengthening and service delivery activities around nutrition and education will need to continue beyond the initial emergency period since many of the affected households remain impoverished with no means to rebuild their livelihoods in the communities where they were forced to settle. UNICEF was appreciated for its coordination of sectoral working groups and leadership in setting priorities and the agenda for response. A strong and effective partnership was maintained with the Government, donors and NGOs, which has continued during post-crisis work.

54. The project contributed to the sustainability of local-level initiatives to prevent HIV infection and mitigate both the effects of AIDS and of Operation Murambatsvina on children by investing resources on existing local initiatives and on community-centred capacity development. However, the majority of implementing partners faced great challenges in budgeting in a hyper-inflationary environment. Many of their budget lines were eroded with inflation over a short period of time. Project “take-off” for the implementing partners was delayed by the slow process of proposal finalization and late disbursements of funds. Project closure was affected by the fact that UNICEF and the European Commission Humanitarian Affairs Office did not provide no-cost extensions to implementing partners so they could reach more OVCs without additional financial investment. The project would have been more effective by training implementing partners on how to operate in hyper-inflationary situations and by donor agreement on no-cost extensions.

55. **Use made of evaluation.** The recommendations of this evaluation substantially informed the formulation of the new UNICEF country programme (2007-2011), especially its OVC and community-centred approach. The findings were used in the design of an innovative, large-scale OVC pooled fund and joint programme involving the Government, donors, United Nations agencies, 23 NGOs and 150 community-based groups. The programme, which has just completed its pilot phase and is being scaled up, is strengthening family capacities to protect and care for OVCs through increasing school enrolment, school-based nutrition programmes, expanding birth registration, improving access to food and protecting children from abuse, violence and exploitation. The three-pronged approach by UNICEF involving strengthening of capacities of families to protect and care for OVCs and children affected by displacements, mobilizing and strengthening community-based responses, and ensuring access to essential services for OVCs is an effective mechanism for addressing the short, medium and long-term development issues for OVCs and their families.

Community-based child protection in Somalia

56. **Reasons for the evaluation.** Somalia has been without a functioning government since 1991 and plagued by consistent inter-clan fighting over the last 15

years, and its children live in a context of instability, insecurity and high risk. Following a major baseline study, UNICEF established the Child Protection Community Mobilization programme in 2003, aiming to build capacities to meet the rights of the most vulnerable children in all three of the United Nations operational zones in Somalia. Since most areas lack government services and infrastructure, the programme offers one of the few, if not only, community-based child protection interventions in Somalia. Under this programme, teams of child protection advocates (CPAs) disseminated the findings of the 2003 baseline study among communities and mobilized them to protect children from abuse and exploitation. The programme has been implemented across all three operational zones, in some of the most vulnerable communities. It has developed from being directly implemented by UNICEF to being implemented by local NGOs partners in each region over the past two years. This evaluation assesses the implementation and effectiveness of the activities of CPAs and makes recommendations for improving the programme.

57. **Design and methodology.** The evaluation gathered information through documentary review on the work of the CPAs, meetings with the UNICEF staff, consultations with NGOs sponsoring the CPAs and field visits to community mobilization sites.

58. **Findings, lessons learned, recommendations.** One of the key challenges for the programme has been engaging communities in the care and protection of children when their priorities are clearly focused on material assistance, basic services and making a livelihood. In order to sustain interest and knowledge, longer visits by CPAs over a sustained period are recommended. Communities would be more receptive to child protection messages if they were accompanied by interventions in health, water and education, either through linkages with other UNICEF and United Nations programmes or through referrals to other organizations. Referral processes therefore need to be strengthened internally and externally, and development of livelihoods should be promoted through strong partnerships.

59. The child protection committees provide a lasting point of contact, but most still rely on CPAs to carry out limited activities. While most committee members undertake to monitor child protection, they are not very effective in communicating with the greater community. Both the committees and CPAs need to undergo training in social mobilization and in helping community members to develop actions to stop and prevent exploitation and abuse.

60. Culturally relevant tools, i.e., Koranic verses and local proverbs, to convey messages on child protection were helpful in engaging communities, as the majority of communities viewed the information in the Convention on the Rights of the Child as a “foreign, imposed” concept. More appropriate tools and visual aids are needed as elements in a training pack for CPAs and child protection committees.

61. Communities focusing on only one or two child protection issues were more successful in introducing creative interventions, such as financial contributions for accessing education or health services, reduction in child labour hours or reducing the loads (e.g., of water) that children have to carry.

62. In the zones where the programme has been active, the evaluation found significant successes. In Somaliland, communities generally felt positively towards the programme and stated that they were committed to continuing with the child

protection work even without a CPA presence. Somaliland had also initiated a referral agreement between the programme and the Somali Red Crescent to provide services for children with disabilities. This model of practice was yielding positive results and had future possibilities as a sustainable approach to referrals. In Puntland, communities demonstrated more than just increased awareness and engaged in protection activities. However, a general observation across Puntland was that committee members lacked skills to implement strategies in many instances. The security situation in the central and southern zone is highly unstable and offers a challenging political and operational context. The child protection model adopted in this zone had a stronger focus on community leaders and core groups within the community. CPAs in this zone worked closely with women's groups, religious groups, youth leaders, elders and traditional birth attendants. Although the evaluation was unable to measure the impact of the approach adopted in this zone, it noted an innovative initiative supported by CPAs to assist committee members set up a vegetable garden to generate income to fund activities and interventions for vulnerable children in the community.

63. **Use made of evaluation.** The evaluation was widely shared among UNICEF staff and partners, including the CPAs. During the renewal of agreements with the community mobilization partners at end-2006, recommendations were taken into account in determining the numbers of new CPAs needed, and what kind of orientation they should receive. A formal review of CPAs is planned for the coming months, during which the evaluation and its recommendations will be examined closely with the CPAs and their umbrella NGOs.

Human rights-based approach to programming in Uganda

64. **Reasons for the evaluation.** The 2001-2005 country programme was anchored on promoting the human rights-based approach to service delivery. Its ambitious vision was the enhancement of capacities for the performance of duties by duty bearers and claiming of rights by rights holders at all levels, with the well-being of the child and the woman as the centre of focus. The country programme was organized into six components contributing to children's and women's rights to survival, health and development. Activities, financed by a \$61 million budget, converged in 31 districts. Most programme resources (80 per cent) were channelled to these districts, with 20 per cent used for upstream work at the national policy level. At the district and subcounty levels, multisectoral implementation was planned to increase capacities to deliver more holistically. The analysis of duty bearers and subsequent analyses of the capacities of rights holders and duty bearers revealed to communities that they held most of the solutions. In compliance with the principle of non-discrimination, the programme used pro-poor and vulnerable models, especially in education. This evaluation was commissioned following the 2003 MTR, which recommended a better understanding of how a human rights approach was contributing to the country programme's achievements.

65. **Design and methodology.** The methods of inquiry used included documentary review, self-assessments by UNICEF staff, key informant interviews with donors, government officials and UNICEF staff, focus group discussions with all stakeholders, community interactions and interviews with out-of-school and pre-school children. The participation of children and other stakeholders was guided by a multisectoral reference group that ensured adherence to ethical standards.

66. **Findings, lessons learned, recommendations.** The evaluation showed that the approach did lead to targeting of the most vulnerable and marginalized and to an increased awareness of human rights in Uganda. Human resources in the country programme were rearranged into multisectoral implementation teams and the UNICEF office was restructured to focus on districts with the most vulnerable populations rather than sectors. The human rights-based approach to programming also catalyzed a debate on needs-based versus rights-based programming. However, most Ugandans still do not appreciate that children are rights holders who can demand the enjoyment of their rights, and the human rights-based approach to programming is weakly implemented at national level. The approach has been more appreciated at community level, and has been adopted by local NGOs. However, participation of young people and accountability of duty bearers to rights holders was minimal, especially in conflict-ridden areas. Recognition and claiming of rights is still nascent in the culture.

67. Efforts to develop human rights capacities focused on the district government and volunteer parish development committees, but these partners in turn scarcely implemented the approach to programming at the subcounty and village levels. Opportunities for strengthening the approach within Uganda's local government system lie primarily in building stronger partnerships with the Ministry of Local Government and institutionalizing the approach in its Capacity Development Unit, as well as introducing it into the planning system as a tool.

68. The evaluation provided evidence that there is a difference in the reflection of children's and women's rights issues between the country programme's focus districts and Iganga, where the country programme implemented only one activity, immunization. However, there were also enormous variations within the districts where the programme implemented all its major components. The main reasons for the variations were team dynamic and the degree of programme ownership by communities, subcounties and districts.

69. **Use made of the evaluation.** Following this evaluation, the human rights-based approach to programming was mainstreamed in the 2007-2008 guidelines for the elaboration and implementation of district development plans of the Ministry of Local Government. A subcommittee on mainstreaming gender and rights was established under the Social Development Sector Working Group, which inter alia will be responsible for advising on making the Equal Opportunities Commission operational and coordinating the interministerial network for the promotion of the human rights-based approach to programming. UNICEF is supporting this initiative, as well as the assessment of training needs for the approach and monitoring and evaluation of training effectiveness. The country programme is mainstreaming the operational framework for the approach and scaling up training for programme implementers at both national and district levels, with support from a cadre of 15 trainers of trainers from the Uganda Rural Development and Training Institute.

Emergency response in Southern Africa and the Horn of Africa

70. **Reasons for the evaluation.** Over the past three-five years, UNICEF country offices and the Eastern and Southern Africa Regional Office have intervened in two major emergencies. In Southern Africa, two subregional harvest failures between 2001 and 2006 and a series of flooding events precipitated a crisis in food security, education, water and sanitation and health, further weakening 90 per cent of the

region's chronically hungry population. Southern Africa is also the epicentre of the world's AIDS pandemic, with 30 million of the 42 million global cases. Six of the worst-affected countries — Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe — were covered by a combined United Nations and NGO emergency response. In the Horn of Africa, the 2005–2006 drought was the nadir of a series of bad years, and particularly affected the semi-arid and arid lands where cultivation is marginal. The impact of the drought was exacerbated by civil conflict and the border crossing of pastoralists between Ethiopia, Kenya and Somalia. Two evaluations of the two joint responses described lessons learned and recommendations for preventing or mitigating future disasters, and for responding more effectively.

71. **Design and methodology.** For the Horn of Africa emergency, a real-time evaluation was carried out, involving document review, interviews with key stakeholders and field visits in all three countries. A retrospective evaluation of the Southern Africa crisis response of 2003–2005 also relied on document review, interviews with key informants, focus group discussions and extensive field visits in Malawi and Mozambique, which were selected for in-depth case studies.

72. **Findings, lessons learned, recommendations.** Resource mobilization for both crises mostly relied on the usual national and regional appeals, special appeals, Consolidated Appeals, United Nations and NGO country programmes and donor agencies. However, in the Horn, contributions from individual citizens (especially in the diaspora) and the private sector showed the potential of civil society to quickly mobilize emergency funds. Delays in raising funds (e.g., during the 2005 drought in Mozambique where there was a \$6.5 million gap) were likely a sign of donor fatigue. The new Central Emergency Relief Fund (CERF), which allows quick-start funding, especially for forgotten crises, only became available in March 2006 and was used by UNICEF and the World Health Organization in the Horn, but NGOs and non-United Nations agencies are worried that CERF will divert funds from their programmes. The great majority of funds raised in both subregions was spent on food aid (e.g., 80 per cent of the 2001–2003 Southern Africa subregional appeal and 66 per cent of the flash appeal in Malawi in 2005). Serious concerns were raised about the low levels of funding for nutrition, AIDS and WASH in particular. At the same time, however, food centres (especially in schools) provided the venue and opportunity for other types of emergency assistance in education, health and life skills.

73. In the Horn, some disaster response mechanisms and policies and ongoing relief activities were already in place by 2005, and helped to mitigate the impact of the drought. These included an early warning system in Somalia and a system for commodity management and distribution and water needs in Kenya. Delays in emergency response were common, due to poor transportation and telecommunications infrastructure. In Southern Africa, additional delays arose due to lack of warehouses, inadequate warehouse controls (e.g., use of emergency supplies for non-intended purposes) and delays in clearing supplies and equipment through customs.

74. In Southern Africa, the creation and utilization of vulnerability assessment committees at national and regional levels was one of the most useful and sustained contributions of the joint response. The Committees continue to provide data for policy development, planning, targeting and predicting likely needs. For instance, the response capacity for natural disasters of the Government of Malawi was

strengthened with help from United Nations agencies including UNICEF, and allowed pre-positioning of relief supplies using analysis of data from the Committees. Both Malawi and Mozambique used emergency preparedness and response plans to anticipate cholera outbreaks and to coordinate and monitor activities and collect and disseminate information. Capacity and output gaps still exist in the Committees, notably in the areas of gender, nutrition and water and sanitation expertise and information, and the capacities of Governments to use the information need to be expanded.

75. Early warnings were given through climate and weather assessments in four of the six Southern African countries. A vulnerability monitoring system, put in place with UNICEF assistance and used by the National Disaster Management Institute of Mozambique, worked well in the 2005 flash floods. In Malawi, the Famine and Early Warning System includes early warning information on vulnerable populations, identified via crop estimates, the health management information system and price information data.

76. Disaster-risk management (DRM) has been used to a very limited degree by countries to anticipate disasters and take action to protect life and property. In Southern Africa, Disaster Risk Management Committees were established at district level by the German Agency for Technical Cooperation (GTZ), the Red Cross and UNICEF. A contingency plan of the Government of Mozambique to improve emergency preparedness served as a framework for interventions in DRM, and was used in 2004 prior to the rainy season together with a 2003 UNICEF plan. Recent international and regional agreements, such as those of the African Union and the New Partnership for Africa's Development, are shifting policies from a focus on disaster response to DRM. However, few countries have explicitly included disaster reduction in their poverty reduction strategy papers and it is difficult to raise funds for developing DRM.

77. Development of livelihoods for poverty reduction is recognized as one of the best ways to reduce long-term vulnerability, especially in chronic and recurrent emergencies such as the prolonged droughts in southern Africa and the Horn. The limited activities of UNICEF in this area in Southern Africa included training in good agricultural practices for OVCs for sustainable food production and home gardens in Zambia. These activities were more or less buried under the child protection programme and need to be rethought in terms of mandate and comparative advantage; strengthening partnerships and leveraging resources might be a better approach for UNICEF.

78. **Use made of the evaluations.** The evaluation of the Southern Africa response was twinned with an evaluation led by WFP and NGO partners, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs, which concentrated on food security and the food-related response. Both evaluations were widely shared with stakeholders and discussed. The weak response of UNICEF in nutrition was addressed through placement of experts in the regional sub-office in Johannesburg and through establishing or strengthening partnerships, including with Tulane University. UNICEF country offices in the subregion also re-established nutrition posts and gave this area greater priority within country programmes. Various capacity-strengthening initiatives were carried out among staff and partners.

Conclusions

79. The quality of evaluations in the region has been improving since 2003. There are still a few barriers hampering significant progress in this area. Finding, recruiting and retaining skilled monitoring and evaluation officers is a challenge for most country offices. As a consequence, some country offices have had vacant monitoring and evaluation officer posts for several years and others have resorted to filling these at a lower level than required.

80. According to an online survey conducted by the Evaluation Office with country offices in the region in 2006, the top priority for strengthening evaluations is to improve their quality. The need to strengthen evaluation was highlighted by the Regional Management Team in March 2007. A draft guideline on strengthening evaluations in the region has been provided to the Evaluation Office as part of ongoing global work. The Regional Office encourages country offices to establish evaluation committees and make the evaluation function as independent as possible with a reporting line directly to the Representative. Almost all 20 country offices in the region have done so. Evaluation committees are expected to prioritize evaluations, oversee selection of consultants and review related terms of references, data collection instruments and evaluation reports. In 2006, 11 monitoring and evaluation officers were trained on evaluation design and management during the African Evaluation Association conference held in Niamey. In addition, over 100 staff in the region was trained on monitoring and evaluation through the 2006 Programme, Policy and Procedure training sessions.
