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Summary of midterm reviews and major evaluations of country programmes

Latin America and Caribbean 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 2006-2007.

Introduction

1. This report summarizes an MTR from Argentina, four evaluations and one study. Two of the evaluations and the study cover public policy: the evaluation of the impact of the Mother and Child Insurance Policies during 1989-2003 in Bolivia; the study *Aprova Brasil: O Direito de Aprender* ("Approving Brazil: the right to learn") on good practices for learning achievements in schools in Brazil; and Mexico's *Oportunidades* ("Opportunities") programme on conditional cash transfers. In addition, evaluations cover the Dominican Republic's Child-Friendly Municipalities (CFM) initiative and interventions in Haiti for children made vulnerable by HIV/AIDS in the context of general access to antiretroviral (ARV) treatment.

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2. The Latin America and Caribbean (LAC) region continues to exhibit deep social and economic disparities, with large numbers of people suffering exclusion. National averages mask great disparities between subregions, urban and rural areas, and men and women, and also between indigenous and Afro-descendent populations and other populations. A focus on public policies to redress disparities and exclusion is a key strategy and feature of UNICEF country programmes in LAC, and the Bolivian and Mexican evaluations provide key insights on this. The Dominican Republic's evaluation of CFM addresses another key strategy to attain the Millennium Development Goals for all people: working at the municipal level to reach the most excluded groups. All three of these evaluations address chronic malnutrition, a persistent problem that has not seen improvement. The LAC Regional Directors Team agreed to prioritize work on chronic malnutrition, as well as on infant and maternal mortality at the municipal level. The Dominican Republic's evaluation contributes to a critical, growing knowledge base on municipal experiences, joining that of numerous and varied experiences reported from Bolivia, Brazil, Colombia and Ecuador, among others. Brazil's study on quality education highlights good practices of fundamental importance for the whole region, while demonstrating the key role of UNICEF in knowledge-generation and influencing policy.

3. The evaluation in Haiti demonstrates the viability of integrating community-based psychosocial care with ARV treatment, an innovative approach in the region. In the Caribbean, HIV/AIDS continues to be a major concern despite progress made by several countries in controlling the epidemic. The benefits of wider access to ARV treatment is especially evident in the Bahamas, Barbados, Cuba and Jamaica. However, the Caribbean region ranks second in the world in estimated prevalence of HIV infection (1.2 per cent at the end of 2006), with the highest rates (2-4 per cent) seen in the Bahamas, Guyana, Haiti, and Trinidad and Tobago.

4. The programmes and activities in the countries covered in this report demonstrate key national and regional priorities and highlight the significant contributions made by UNICEF and partners in the region, including their evolving role in middle-income countries. Important lessons are derived from the work on capacity development and service provision at subnational levels, generating knowledge, best practices and sharing of experiences as well as influencing policies at national level.

Midterm review

Argentina

5. **Introduction.** The MTR of the cooperation programme for 2005-2009 took place between February and April 2007. The process included the wide participation of representatives of the State and civil society at the national and provincial levels, including universities, non-governmental organizations, adolescents, the private sector and media, as well as organizations and agencies of the United Nations system.

The review was conducted in the context of national and international commitments related to children, adolescents and women, with a view to precisely identifying the UNICEF role and value added in a middle-income country like Argentina, within the

framework of the United Nations Development Assistance Framework being developed.

6. An updating of the Situation Analysis showed that there have been general improvements in the situation of children, due to several factors: sustained economic growth, increased employment and household income, the Government's recognition of human rights as a pillar for democratic development, and the new legal framework and public policies recently established to promote social inclusion. However, certain groups continue to be socially excluded, and there remain significant inequalities in the exercise of rights based on strong regional, social and ethnic disparities, while adolescents remain vulnerable in many areas.

7. **Update of the situation of children and women.** A review of the progress made in achieving the Millennium Development Goals showed that health and nutrition, anaemia, early screening of HIV-infected women, treatment of paediatric AIDS, and maternal mortality (which has seen no reduction since the early 1990s) require priority strengthened efforts.

8. In education, deficits persist in access, retention and quality in major sectors of the poorest child and adolescent populations. Repetition is high in primary school, while for higher grades, over-age population and early dropout are the main problems, especially among adolescents (secondary education's dropout incidence is 20 per cent nationally, being higher in lower-quality schools). Indigenous children suffer greater limitations than other children in their right to education. For example, partial data from the provinces of Wichi and Pilagá and on the Toba peoples in the province of Formosa, show that out of 9,659 indigenous children enrolled in primary school, only 673 reach the secondary level (6.9 per cent), 108 (1.1 per cent) go on to tertiary or higher education, and 32 (0.3 per cent) go to university.

9. Adolescents commonly suffer from violence perpetrated against them, unsafe practices leading to the high risk of toxic-substance abuse, HIV infection, and early pregnancy. At the same time, adolescents have limited opportunities to participate in decision-making that affects their lives. Multisectoral and effective public policies on these critical issues urgently need to be formulated or strengthened and implemented. The measures applied to adolescents in conflict with the law most often deprive these adolescents of their rights and freedom. A reform of the justice system in accordance with the Convention on the Rights of the Child is yet to be realized.

10. Child labour remains a challenge, with 8 per cent of children 8-13 years old at work in rural areas, compared with 6.4 per cent in urban areas. Among adolescents 14-17 years old, 19.1 per cent in urban areas and 35.1 per cent in rural areas engage in labour, and 25.3 per cent of the latter are not in school. The dropout rate is 29.7 per cent among children aged 5-13 who work, compared with 12.6 per cent of those who do not work.

11. The challenge of implementing an integrated protection system at the local level remains. This needs to include processes of de-institutionalization of children (almost 20,000 children were institutionalized in 2005; 10 per cent of these were law offenders) and improved access to justice for victims of family violence, an issue that has gained greater visibility.

12. There has been an increase in the national public budget allocated for children during 2005-2007. However, a comprehensive framework and system of public policies for children and adolescents is still not fully in place. More effective regulation, coordination and decentralization across the various government levels is needed, together with the design and implementation of multi-annual and intersectoral governmental plans at all levels of government and systematic coordination between state and civil society organizations (CSOs), accompanied by higher levels of citizen and adolescent participation. Despite the overall sophistication in national data-gathering, there is a need for timely collection and dissemination of statistics on children and adolescents, disaggregated by sector and jurisdiction. Data compilation on intra-family violence and other forms of violence against children are sketchy or available only for some provinces. Registration at the time of birth is guaranteed free of charge to all boys and girls but is not yet universal, and surveys have indicated the existence of a larger indigenous population than that recorded by official data.

13. **Progress and key results at midterm.** The two components of the 2005-2009 programme specified the following planned results: (a) for **public policies for equity and inclusion**, support for the formulation and management of public policies, including legal and institutional reforms adapted to the Convention on the Rights of the Child and oriented to reducing disparities through the improved access of children to quality basic services; and (b) for **social monitoring and mobilization**, the development of a culture of social responsibility for the monitoring, promotion and protection of child rights among public-policy decision makers and service providers and civil society, universities, opinion leaders, mass media and families.

14. The most significant intermediate results that UNICEF supported were the increased investment in education, with new ambitious goals in this area; the modification of major national subsidy programmes investing in families' education; and initial changes in the protection system. Other milestones were the passing of the new Law for the Integral Protection of the Rights of Girls, Boys and Adolescents (inspired by the Convention on the Rights of the Child), in force since 2005, and an increased budget allocation to education (from 4.1 per cent of the gross national income in 2004 to 4.5 per cent in 2005, and to 5.0 per cent in 2006).

15. Support for the development of national capacities resulted in improved policy dialogue, networking, partnering, and intersectoral programming (especially among United Nations agencies focusing on HIV/AIDS, maternal mortality reduction, child labour, domestic violence and information systems) with provincial and local governments (particularly those of the poorest areas of the country). The capacities of journalists, CSOs and technical professional organizations were also strengthened.

16. New relevant knowledge was generated and disseminated through studies and evaluations as a way to contribute to more effective public policy and to the greater participation by civil society. The knowledge areas related to (a) management of early childhood integrated care services; (b) the inclusion and retention of children and adolescents in school; (c) care practices in the health system; (d) access to care by orphaned children infected with HIV/AIDS; (e) institutional initiatives to prevent and eradicate child labour; (f) critical issues of adolescents' education;

(g) institutionalized children; and (h) good practices in juvenile justice, including non-imprisonment.

17. A significant result has been the strengthened capacity of provincial and municipal authorities, largely through the systematization of knowledge from experiences at the subnational level. Several areas were covered: intersectoral rights-based approaches, including a focus on children with disabilities and special learning needs; information systems development, including the monitoring of local budgets; and education strategies to reduce repetition and to bring adolescents back into the system.

18. Capacity development took place where innovation was needed, in the following initiatives: the Southern Cone initiative for the training of juvenile justice actors; the education of families covered by the main public programmes providing subsidies to improve social inclusion; the training of adolescents for participation and for the improvement of education; and the training of media professionals in the rights-based approach.

19. In the following areas, citizens' awareness was promoted and key issues were highlighted by the media: gender equity, education priorities, the need to improve social investment in children, and the situation of children under institutional care. In addition, important issues regarding children and adolescents received greater visibility through innovative media, notably the project "A Minute for My Rights".

20. Nearly 4,000 children received direct assistance during the flood emergencies in the provinces of Salta (2005) and Santa Fe y Entre Rios (2006). In these operations, the significant role of UNICEF as capacity builder was acknowledged, particularly in making psychosocial care for children widely available.

21. **Resources used.** The country programme had planned a yearly ceiling of \$3,120,000, of which \$600,000 was for regular resources. The ceiling for other resources (annually \$2,520,000) was fully met for 2005, 2006 and 2007 (almost exclusively through in-country private sector fund-raising, which increased during 2005-2006), and the funds were fully utilized in 2005 and 2006. The amounts were based on a balanced income portfolio, mainly structured around numerous small individual donations provided by nearly 45,000 monthly donors who received regular feedback on UNICEF activities.

22. **Constraints and opportunities affecting progress.** With approximately \$3 million per year, the programme achieved major results in making the national budget allocation of \$8 billion for children and adolescents more effective and efficient. With relatively small but critical funding, significant opportunities exist for contributing to the fulfilment of children's rights through the use of the following strategies: networking; widening partnerships and leveraging support; providing technical advice for the adjustment of legislation and other regulatory instruments; supporting evaluations and the documentation of local innovations; and increasing the dissemination of information and demand for the fulfilment of rights.

23. A specific juvenile justice legal reform, as advocated by UNICEF and its allies, was not embedded in the 2005 law protecting children's rights. This lack of reform was tied to a prevalent view in the country that juvenile offenders require repressive measures. The country office has decided to intensify support given to exemplary non-custodial practices of juvenile justice as a way to prepare the ground for the needed legal reform. Intensified support will also be given to strengthening

the participation and visibility of adolescents, especially those in urban areas, so that adolescents can contribute to policy dialogue in the building of protective environments.

24. **Adjustments made.** The MTR did not recommend basic changes to the programme structure but did recommend increasing the emphasis on certain themes and strategies for the remaining period (2007-2009).

25. To begin with, the country programme should reinforce its commitment in several areas: achievement of the Millennium Development Goals through the reduction of disparities; the generation and dissemination of relevant knowledge oriented to strengthening technical and institutional capacities for fulfilling children's rights at national and provincial levels; and support for the country's commitment to South-South cooperation, which has been increasing since 2005.

26. UNICEF should also reinforce its support for the cultural and institutional transformations required under the 2005 protection law and other legal frameworks by promoting more coordination among institutions. UNICEF should also strengthen systematic multi-annual and intersectoral planning for integrated protection systems involving the State and CSOs. This would involve dialogue and networking among key allied stakeholders, taking advantage of the opportunities to be had following the 2007 elections.

27. Emphasis should be placed on cooperation for social inclusion, based on a vision of building a protective environment, free from violence and discrimination, where education, in its broadest and inter-institutional sense, is seen as the right that enables other rights. These efforts should involve a reinforced focus on several issues: (a) the strengthening of the practices of family care and the transformation of educational institutions into spaces for the full development and protection of children; (b) support for the large-scale implementation of innovative policies to reduce school dropout and improve completion; (c) the needs and rights of adolescents, considering their unequal opportunities and cultural and ethnic diversity, and the benefits of their participation.

28. It was also recommended that partnerships be consolidated with the media, CSOs and the private sector to promote a culture of respect for the rights of children and child rights-oriented public policies, including in disparity reduction. To this end, it was important to focus on capacity development for the media.

29. Strategies should also be developed to increase the commitment of the private sector; to further mobilize resources for children in education and the training of adolescents; and to explore new fund-raising partnerships and strategies going beyond national borders.

Major country evaluations

Evaluation of the impact of the National Mother and Child Insurance policies in Bolivia, 1989-2003

30. **Reasons for the evaluation.** In order to eliminate the economic and social barriers that prevent access to health services and to swiftly reduce maternal

mortality and infant mortality¹ from their 2002 levels in line with the Millennium Development Goals, to which the country agreed in 2002, Bolivia expanded the country's public insurance policies originally established in 1996 and 1997. The National Mother and Child Insurance (NMCI) was created in 1996 to promote increased access to quality public health for reproductive-age women and children under five. In 1997, the Basic Health Insurance (BHI) programme was implemented as part of the poverty reduction strategy. This insurance offered an integrated promotional, preventive and curative package focusing on the main mortality factors for low-income reproductive-age women and children under five, and made disease-specific services available to the whole population. In 2002, in accordance with the country's commitment to the Millennium Declaration, the Universal Maternal Infant Insurance (UMII) was instituted, replacing the BHI disease-specific package and focusing on a coverage increase to reach all pregnant mothers up to six months post partum and children under five. The current health insurance policies are covered by direct municipal resources from the national tax system and are distributed to all municipalities, based on population size.

31. Summary of design and methodology. This evaluation, conducted in 2006, aimed to assess the impact of the three free insurance policies on the health of mothers and children and to compare pre- and post- implementation periods since 1989. The evaluation relied on extensive secondary data analysis from national socio-economic and health and demographics studies, the National Health Information System and the General Accounting Directorate. Econometric estimates of the impact of the public insurance policies were computed from mathematical models based on infant and child death risks and probability of mothers accessing prenatal care services. Results were disaggregated by urban/rural area, level of services and department and subsector of the National Health System. Only people without access to private health services were considered in the evaluation.

32. Findings, lessons learned and recommendations. Between 1989 and 2003, MMR was reduced from 650 to 380 per 100,000 live births (reduction of 41 per cent), IMR was reduced from 89 to 64 per 1,000 live births (reduction of 39 per cent) and the under-five mortality rate (U5MR) decreased from 125 to 81 per 1,000 live births (reduction of 35 per cent). The risk analysis suggested that birth delivery through public health services diminished the infant death risk, and an analysis of data in the pre- and post-insurance policies implementation periods suggested that free insurance policies positively contributed to the mortality reduction. These results were attributed to the increased access to health services by pregnant women and children under five. UMII, introduced in 2002, delivered 8.4 million benefits in 2003 and almost 15 million in 2004. Most of the benefits were in paediatric services (60.4 per cent) and care to pregnant women (18.8 per cent). Expenditure on insurance also increased. NMCI received \$0.6 million in the third quarter of 1996, while UMII received \$4.3 million during the third quarter of 2004. Between 1996 and 2002, the different types of benefits available increased from 32 to 547. The decentralization of management and financial resources to the municipal level was evidently a key ingredient for success.

¹ In 2002, Bolivia had an estimated maternal mortality ratio (MMR) of 420 per 100,000 live births. In that same year, Bolivia's estimated infant mortality rate (IMR) was 81 per 1,000 live births. *Source:* UNICEF, Child Survival Data Indicators, 2005.

33. In terms of usage of public services, the evaluation found that mothers who had higher incomes and education levels and lived in urban areas benefited more than other mothers. Services were not yet reaching the poorest and most vulnerable populations due to rural/urban migration and the use of traditional health systems, and were not reaching people in some areas for cultural reasons.

34. Public insurance policies also appeared to have made a significant positive impact on the reduction of infant death risk in urban areas (-45 per cent) but a lower impact in rural areas (-2 per cent). The improvement was attributed to better neonatal services in urban areas, while rural areas remained deprived of full-capacity neonatal health facilities. By contrast, rural areas benefited from a positive impact on the reduction of U5MR. The reduction was attributed to improved paediatric services through insurance benefits; in urban areas, which were already benefiting from quality public services before the insurance policies, no impact was observed.

35. Free insurance policies seemed to have also had a significant positive impact on prenatal services, as indicated by the increased number of pregnant mothers with access to four prenatal controls. The impact seemed to be higher in rural areas, and a large gap still existed between urban and rural areas.

36. Despite the relative improvements in rural areas, these areas suffered from major inequalities in access and quality of health care services in relation to urban areas. Universal access to health benefits for pregnant women and children under five was not reached because of persistently poor health infrastructures, distance to health facilities, high transportation costs, and probably additional cultural factors, mainly in the rural areas.

37. **Use made of the evaluation.** These results strengthened the commitment of the Government to continue free insurance policies, further raising the age limit of beneficiaries to 21. The issue of transportation costs as a barrier to access was addressed by a plan whereby municipalities guarantee transport of women for prenatal services and birth delivery. The quality of services was also strengthened through the establishment of a set of minimum quality criteria required by health facilities, as well as through the introduction of intercultural services in maternal health. Lastly, Congress began discussions on a new free insurance policy that would offer universal access for women and men and would aim to reach the poorest populations and areas needing the greatest impact. UNICEF has played a key role in the design, promotion and sustainability of these free insurance policies, and further advocacy by UNICEF and partners has been strategic in strengthening the Government's commitment.

Evaluation of *Aprova Brasil: O Direito de Aprender* “Participative evaluation of results of learning in primary schools situated in regions with low income”

38. **Reason for the evaluation.** In November 2005, the Anísio Teixeira National Institute for Educational Study of the Ministry of Education conducted the first national-level testing in more than 40,000 public schools to assess the performance of students in fourth and eighth grades in the Portuguese language (reading) and mathematics. The results indicated serious deficiencies in student achievement. As a result of this *Prova Brasil* (“Test Brazil”), the Ministry of Education of Brazil and UNICEF jointly undertook the *Aprova Brasil: O Direito de Aprender*, a participatory study carried out in 33 public schools situated in disadvantaged

socio-economic areas in 14 states and the Federal District of Brazil, where learning achievement results were above the national average in the *Prova Brasil*.

39. The purpose of the *Aprova Brasil* evaluation was to mobilize managers, school leaders and the society in general to improve learning outcomes of boys and girls, placing increased responsibility on schools, teachers and leaders for the scholastic performance of their students. On a broader level, the evaluation was intended to contribute to improving basic education in Brazil, which is marked by inequality and inequity in access as well as in quality. The evaluation supported the UNICEF country programme for 2007-2011, which focuses on quality education for all children and adolescents up to 17 years old and on guaranteeing education access for 800,000 children 7-14 years old who are out of school. Improving the quality of education is an identified regional priority.

40. **Summary of design and methodology.** In order to identify the aspects of management, organization and functioning of schools that could contribute to improved student learning, researchers selected schools from five geographic regions of Brazil that in the *Prova Brasil* had been rated above the national average despite their disadvantaged socio-economic characteristics.

41. These schools were selected based on the “Index of the Effect of Schools”, which is a composite indicator that assesses the impact of school on the life and learning of the child. The composite indicator is derived from socio-economic data of children in schools (collected from a questionnaire during *Prova Brasil*), data from municipalities, and data showing the average proficiency of the school. For this study, the schools visited were not necessarily those with the best ratings but rather those that had made the greatest impact. The schools were located in low-income neighbourhoods where students were at high risk of social exclusion, yet despite these challenges were learning.

42. The evaluation employed a rapid-assessment methodology that departed from the investigation of a central unit of analysis — in this case, the selected schools — in order to identify elements allowing a broader analysis. The researchers relied on a “field notebook”, a guide for observing, listening, and recording, developed in a simple format appropriate to the rapid assessment methodology. The researchers were required to interview directors, curriculum/teaching coordinators, teachers, students, students’ families, staff, and members of school councils. Information was augmented with interviews that took place with external school partners, municipal education directors, and members of the communities. The students, children and adolescents had a central role guiding the researchers through the schools and shared their perceptions of classes and activities, learning processes and relationships between different actors, as well as their opinions of the results of the *Prova Brasil* test.

43. The study, carried out in October and November 2006 at a cost of \$143,000, was coordinated by UNICEF and the Ministry of Education. To conduct the field research, 12 interviewers with diverse training and experience in research and evaluation were selected.

44. **Findings, lessons learned and recommendations.** The majority of those who participated in the interviews, meetings, and conversations attributed the good student performance to the teachers, to the students themselves, to innovative teaching practices, and to the participation of the community. Each participant

described one or more practices developed in the school that had contributed effectively to children's learning.

45. The methodology and format of the evaluation did not permit direct attribution of the good performance of the students exclusively to the identified practices. Nevertheless, the practices were highlighted as being relevant and significant for the schools, and especially for student learning.

46. The best practices identified were grouped in blocks called "dimensions of learning", which incorporated the following aspects: (a) teaching practices that promoted integral education, referring to teachers' working strategies, teaching projects, use and production of teaching materials, and the processes for evaluating and improving student learning; (b) the initial and continuing training and mobilization of teachers, as well as incentives given them, such as remuneration and recognition of merit; (c) democratic management, the promotion of incentives and practices for participation through existing school councils and the active participation of families and students in school decision-making and follow-up; (d) students' daily participation in school life, demonstrating that students can and should be active subjects in the school environment and in social and community life; and (e) external partnerships with institutions in the community and municipality, and even at the national level, which served to strengthen the school.

47. **Use made of the evaluation.** The main contribution of the evaluation was to mobilize managers and educators in municipalities and schools to practice results-based management, focused on student learning. The study also played a role in encouraging education managers to appreciate, understand and analyse education indicators, incorporating performance data into their planning, monitoring and evaluation. Dissemination of the study is intended to provide a mobilizing impetus to inspire new practices and experiences in public schools throughout the country. The fact that the Basic Education Development Plan relies on the Index of Basic Education Development, which incorporates learning outcomes, reinforces the use of the study as a catalyst for new management and teaching practices. At the same time, the evaluation has become a reference for important public policies, such as the Plan for Educational Development launched by the Ministry of Education. In addition, innumerable articles and reports in various media have used this study as a reference.

48. UNICEF will share the evaluation with all municipalities participating in the UNICEF Municipal Seal of Approval, an initiative to mobilize municipal action for children in the Brazilian semi-arid region. The 13.5 million children and adolescents living in this region are expected to benefit from better-quality education resulting from implementation of best practices in schools.

Study on Mexico's *Oportunidades* programme from a human rights perspective

49. **Reasons for the study.** The Government of Mexico has successfully developed the *Oportunidades* programme, which covers more than 5 million families living in extreme poverty, by providing them with cash payments in exchange for the regular school attendance and health clinic visits of family members, and by offering nutritional support to families with children. The programme, with its integrated interventions, has helped to increase school enrolment and to improve the health and nutritional status of children and pregnant and lactating women, thereby contributing to breaking the intergenerational cycle of

poverty. Several other developing countries have expressed interest in learning from this programme, which has also been adapted by the City of New York in the United States of America.

50. *Oportunidades* was first implemented in 1997 under the name *Progresa* (“*Make progress*”), and has undergone many evaluations and modifications. In 2000, *Oportunidades* was integrated into the overall national strategy named *Contigo* (“*With you*”), that has four interrelated areas of intervention: capacities (education, health, nutrition); income-generating opportunities (employment opportunities, access to credit); asset formation (saving, housing); and social protection.

51. Currently, the programme covers the whole national territory (2,429 municipalities). In 2006, *Oportunidades* had the largest budget allocation among federal programmes, with total resources approved by Congress amounting to more than \$3 billion. It is considered one of the most efficient social programmes in Mexico and the region.

52. **Summary of design and methodology.** This study formed part of a comparative study organized by UNICEF LAC to evaluate the human rights approach of four conditional cash transfer programmes in the region: *Solidario* (“*Solidarity*”) in Chile; *Bolsa Escola/Bolsa Familia* (“*School purse/family purse*”) in Brazil; and Fondo de Desarrollo Social y Asignaciones Familiares, or FODESAF (“*Fund for social development and family allowances*”) in Costa Rica. This study aimed to assess whether the design, and especially the implementation of *Oportunidades*, was consistent with a human rights approach, and more specifically, with the principles of the Convention on the Rights of the Child. These principles included universality and non-discrimination, indivisibility and interdependency, participation, accountability, sustainability, and best interests of the child.

53. The methodology included semi-structured interviews with federal programme authorities from seven states (representing a third of total programme coverage) and selected state officials directly involved in the programme operation. Focus groups were organized with children and adult beneficiaries in the same seven states as well as with members of CSOs and academics specializing in social and human rights policies. In addition, reports of previous evaluations and studies were reviewed.

54. **Findings, lessons learned and recommendations.** Although the programme recognized the basic rights of citizens, it was not originally designed as a rights-fulfilment programme for poor families. One of the main barriers that poverty reduction strategies face is the difficulty that poor families have in effectively demanding realization of their rights. This barrier is closely related to a weak culture of human rights, including the roles played by duty bearers and rights holders, as well as to the lack of institutional mechanisms promoting the fulfilment of human rights.

55. The results of the study indicated that the poverty-reduction and capacity-development focus of the programme had contributed to the strengthening of human rights. However, though the programme had stimulated a significant increase in demands by beneficiaries for public services, in particular in education and health, the demand for rights fulfilment continued to be limited, and the quality of services and participation remained an issue. Nevertheless, beneficiaries had acquired a greater awareness of their rights, including their right to the benefits of the

programme, thanks largely to the continuous communication campaigns on these issues.

56. The study offered several specific recommendations. To begin with, the selection criteria for the conditional cash transfer beneficiaries must be explicitly stated at the outset, and the programme needed to include the greater participation of males and older adults. Since conditional cash transfers in *Oportunidades* had been explicitly channelled to adult women in the household, the programme was criticized for perpetuating the traditional gender role of women within the family.

57. Various observations were made regarding programme sustainability. First, the programme depended on political will, as there was no legislative or legal basis for its continuity. A feasibility study was needed on introducing legislation that would recognize the benefits of the programme as rights, thereby strengthening sustainability. Second, the programme needed capacity for increasing the participation of communities and mechanisms to facilitate compliance with the programme's provisions. Training in human rights approaches needed to be strengthened, especially for teachers, doctors and nurses.

58. **Use made of the study.** The study illustrates the important role of UNICEF in knowledge-generation in middle-income countries. The sharing of the experience of *Oportunidades*, along with that of the three similar programmes in the region, will facilitate inter-country exchange on improving the design of social protection programmes for children. A draft report of the study was shared with the programme authorities, who agreed to its future publication. It is expected that the publication of the study will foster a debate on the role of the human rights approach among social policy authorities and will provide a basis for discussion of the redesign of the programme, especially in the context of a change of federal administration and management of *Oportunidades*.

Evaluation of the Child-Friendly Municipality (CFM) initiative of the Dominican Republic

59. **Reasons for the evaluation.** The CFM initiative in the Dominican Republic, based on the Child Friendly Cities guidelines, aims specifically to contribute to the goals of the Convention on the Rights of the Child and to the Millennium Development Goals at the local level through enhanced planning and oversight structures; the strengthened participation of families and communities in the planning and implementation of actions for children; and the increased engagement of children in local processes of development. This evaluation of the CFM initiative, after almost 10 years of its implementation and support by UNICEF, was conducted to assess the initiative's relevance, efficacy, efficiency and impact, and to make recommendations on any reorientation needed, to feed into the elaboration of the new Dominican Republic-UNICEF programme of cooperation for 2007-2011. The evaluation focused especially on key constraints previously perceived: (a) weak monitoring and diagnostic and planning capacity at the local level; (b) limited intersectoral cooperation; (c) the fact that the CFM certification had not been based on a system of indicators; and (d) the unclear definition of roles and responsibilities of different governmental levels for child rights protection. The evaluation was also intended to contribute to key UNICEF regional priorities: to strengthen work and capacities at the municipal level to reach excluded populations; and to complement,

learn from and contribute to experience gained in this kind of municipal work in countries of the region, for example, Bolivia, Brazil, Colombia and Ecuador.

60. **Summary of design and methodology.** The evaluation, conducted in January 2006, aimed to assess in selected CFM municipalities the effectiveness of actions undertaken at the municipal level against the planned objectives, as well as against broader goals set by the municipalities in 2005. Also assessed was the level of participation of local actors and the sustainability of achieved results and processes. The methodology involved the extensive participation of all stakeholders; a review and analysis of secondary data and reports; interviews with key national stakeholders; and site visits in 10 municipalities selected on the basis of size, geographic location, human development situation and number of UNICEF activities implemented.

61. Each site visit included two participatory workshops organized as a way to identify the actions implemented and the general perception of their impact; to assess the perception of the current situation of specific child rights within the municipality; and to gauge the level of understanding of child rights and of the role of duty bearers in guaranteeing these rights. The first workshop was multisectoral and included representatives of CSOs, municipalities, the Government and local and international NGOs. The second workshop took place with youth who were selected from among children and adolescents involved in one or more of the CFM projects. In addition, site visits included interviews and a walk-through of the municipality, which provided random information concerning the level of knowledge and understanding of child rights among the children and adults encountered.

62. **Findings, lessons learned and recommendations.** The first priority of the CFM initiative was to raise awareness about children's rights at the municipal level. The perceptions of the various local actors interviewed strongly confirmed that great progress had been achieved in that area. All children and a majority of adults in the CFM municipalities demonstrated awareness of child rights — in concept and substance — and of the CFM initiative.

63. For the mobilization of action for child rights, it was found that most municipalities still depended upon initiatives proposed and designed from the outside — by partners such as UNICEF and NGOs and by national government programmes. Nevertheless, several actions had been generated independently in some municipalities, such as actions to realize the right to a name and nationality, the right to protection against abuse and sexual commercial exploitation, and the right to participation. Most CFM municipalities had made good progress in establishing the structures to adequately support the CFM activities. However in general, these structures had not yet become dynamic and sustainable, were not fully transparent and lacked sufficient scope for civil society and non-governmental representation. Elected government officials led the initiatives and nominated those who were to be part of the established processes. Another issue was the weak capacity at the local level, which led to a lack of continuity and low level of coordination with other institutions.

64. To date, the raised awareness on children's rights has not been turned into concrete municipal actions to improve the quality of life for children through the CFM initiative. Although parents and families are now aware of children's rights, they are not yet developing actions collectively to realize these rights. Within households, however, such knowledge could be expected to have improved

practices, and further research is needed to assess how the improved knowledge of children's rights has impacted the behaviour of adults towards children.

65. One promising finding was the degree of collaboration between government agencies, with NGO support, in producing municipal plans for children. Activities focused on several areas: abuse and sexual commercial exploitation, youth participation, the right to a name and nationality, recreation, education, health, nutrition and child rights promotion in general, all in accordance with the local setting. However, training was needed to strengthen the capacity to conduct situation analyses and needs assessment and to develop budgeted plans. Moreover, special efforts were needed in order to ensure the broader participation of excluded populations so that the poorest were reached.

66. The evaluation also found that while most children were aware of their rights, few had so far been given opportunities to act collectively to secure them. Moreover, the social and legal structures and processes to guarantee rights were still weak. While the youth councils had been successful in demonstrating the effectiveness and strong potential of youth participation in local decision-making and action, the councils were commonly not drawn from the poorest families and therefore need to find a way to involve wider peer representation.

67. One of the most promising achievements of the CFM initiative was the degree to which it had stimulated new visions in municipalities about actions for children's rights. For example, a conference that brought together many municipalities in 2005 resulted in the creation of a much broader set of goals and objectives for the further development of CFM. This evaluation aimed to address the potential of CFM to meet these broader objectives, as characterized by the Millennium Development Goals and the comprehensive plan for the protection of children's rights that was instituted by law. It was noted that while the law is comprehensive, it represents a largely reactive response to infractions of children's rights. There is an opportunity for the law to adopt CFM-like participatory processes and structures to ensure a proactive vision of transforming communities into sustainable child-friendly settings.

68. Finally, the sustainability of the CFM initiative remained an issue. While UNICEF had been instrumental in the initiative's success, the programme needed to be supported through local means and independent governance structures bolstered by an empowered civil society, sustainable budget resources, continued awareness and advocacy, and ongoing training.

69. **Use made of the evaluation.** The evaluation has been an important input to the reorientation of the strategy of cooperation with municipalities. In particular, the evaluation recommended (a) the creation of a CFM accreditation system based on specific impact and management indicators; (b) the establishment of a monitoring system at the local level to allow a better monitoring of project implementation and impact; (c) much wider youth participation connected to the youth councils through mobilization at community level; (d) the strengthening of local capacity to realize participative diagnosis, planning and budgeting involving the community, including children; (e) the strengthening of civil society participation, and that of community-based organizations in particular, in order to reach sub-municipal areas with higher degrees of poverty; (f) the provision of support to the National Council for Children and Adolescents for the establishment of local protection systems; and (g) the provision of support to the decentralization process in order to allow a better

coordination among different institutions. The evaluation will feed into the UNICEF regional analysis of policy work at the municipal level and into the United Nations Development Programme-UNICEF documentation of key municipal-level policy work in the region.

Evaluation of integrated interventions for children made vulnerable by HIV/AIDS in the context of general access to antiretroviral treatment in Haiti

70. **Reasons for the evaluation.** Haiti is plagued with high HIV prevalence. An estimated 19,000 children under 15 years old were living with HIV in 2003. The large number of children orphaned by AIDS, weak family capacities and poor community based-responses, combined with the inexistence of treatment such as ARV, and the reluctance or outright refusal of existing orphanages to accept HIV-affected or -infected children, led to the creation of a shelter known as La Maison l'Arc-en-Ciel (ARC) in 1995 in Port-au-Prince. The activities of this shelter paved the way for improved institutional care for orphans and vulnerable children (OVC) in a context where community ties are poor. The initiative proved effective in providing psychosocial care for admitted children, and was extended to community outreach activities in 2002, and to a community mobilization programme in 2003. With UNICEF support, ARV medicine became available to ARC in December 2002, thus broadening chances for the survival of infected children and raising strategic and programmatic challenges for ARC itself.

71. ARC consists of three programmes: a residential care facility (shelter) for children infected or affected by HIV/AIDS; a community outreach programme to provide centre-based support, such as training on health and HIV for caregivers and children, medical consultation and home-based-care to families affected by HIV/AIDS; and a Community Mobilization programme for sharing information with, and tapping into the resources of, the broader community. Though not as unique as an OVC intervention, the way in which ARC had integrated the three programmes had important implications for the care of children outside of their extended families. In particular, ARC used members of ARC community programmes as host families; helped to build social acceptance for people living with HIV/AIDS, for example by helping to make children and adults who were seropositive more familiar to community members; promoted sustainability, particularly by mobilizing volunteers within one programme to support those in another and by sharing resources between programmes.

72. ARV treatment is available in only a few areas in Haiti; the vast majority of the infected population does not have access to this therapy. In anticipation of a greater availability of ARV treatment, which is critically needed, there is an opportunity to identify strategies and lessons learned that will facilitate a more efficient and effective delivery of care for children infected and affected by HIV/AIDS. Furthermore, in the context of Haiti, there is a need to strengthen a community-based approach to ensure the fulfilment of the rights of children to access, care and support. The innovative strategy of ARC in Haiti, combining the institutional approach to caring for OVC with community dynamics 'generated' through social mobilization, including mobilization of persons living with AIDS, has potential for replication in settings with high risks of stigma and weak community ties — both in Haiti and other areas of the Caribbean.

73. **Summary of design and methodology.** The evaluation aimed (a) to assess how well ARC could continue to integrate critical psychosocial, community outreach interventions and ARV treatment in a sustainable manner; and (b) to identify best practices to facilitate replication in Haiti and possibly in the whole Caribbean region.

74. The evaluation aimed at identifying, validating and documenting good practices channelled by the ARC experience, through desk reviews and key-informant interviews with ARC and UNICEF staff as well as with persons living with AIDS and other beneficiaries. The views of children, in particular, were given strong consideration. The evaluation was completed by participatory group discussions and observational visits.

75. **Findings, lessons learned and recommendations.** Contrary to expectations, the introduction of ARVs through ARC did *not* force the organization to focus more intently on medical issues, and less on socio-economic interventions. The ARC thus set an example of how care and support could be integrated with ARV treatment, showing the great potential of this approach for replication in the region. Programmes that mobilize communities around HIV/AIDS can be brought together with programmes that support people who are living with the virus through a gradual, carefully managed process, in consultation with all parties. This approach would integrate treatment, care and overcoming stigma and discrimination.

76. The outreach programme proved effective in reaching the homes of people who were victims of stigma and discrimination and in offering those families emotional and practical support. Interactions between people involved in the three programme components had helped to reduce the stigma and discrimination. The successful integration of institutional support with community outreach and mobilization proved again to be a model holding out potential for the design of other HIV/AIDS initiatives.

77. Children who are HIV positive can be extremely effective advocates for social tolerance towards people living with the virus. However, to avoid traumatizing or exploiting the children, the process must be carefully designed and controlled and ensure that the children are consulted and professionally counselled throughout.

78. Elected volunteers from among the caregivers (“Delegate Mothers”) complemented the work of paid staff by conducting home visits, forming the nucleus of a peer-support group. These volunteers will progressively take over from paid staff, thereby contributing to the programme’s sustainability.

79. Community animators (“Leaders”), nominated by local institutions oriented to community service, had a great, positive impact on strengthening the community. In settings where communities are not used to working together on social issues, the community should be encouraged to nominate such Leaders through local institutions such as places of worship and learning.

80. **Use made of the evaluation.** The evaluations findings were published and disseminated among partners. The findings also were used for annual reviews and donor reports, for the design of new programme initiatives and for strengthening the partnership involved in caring for OVC. Moreover, following the evaluation’s findings, UNICEF and its partners extended the geographic coverage of the integrated interventions for caring for OVC, focusing strongly on community

outreach and the strengthening of family capacity. The model needs to be scaled up in Haiti to address critical needs of children affected by HIV/AIDS.

Conclusion

81. The evaluations and studies covered in this report illustrate the various roles that UNICEF is playing in different country contexts in LAC. The programmes analysed have a consistent policy and human rights approach, focusing on improving policy and programmes at the subnational (especially municipal) levels to reach excluded populations. This focus is extremely important in LAC, which is the most unequal region in the world in terms of the distribution of social and economic resources, and where massive disparities and the exclusion of large segments of the population are often hidden behind otherwise good national-average indicators.

82. In Argentina, the MTR highlighted the continuing evolution of the role of UNICEF, which is increasingly focused on knowledge-generation and South-South collaboration, capacity development, resource mobilization and leveraging, and social mobilization and advocacy for policy and legislative reform to address key gaps in the fulfilment of children's rights. The MTR acknowledged solid results in these areas while recommending a strengthening of knowledge dissemination and capacity development at provincial and municipal levels.

83. The CFM evaluation in the Dominican Republic forms part of a wide range of accumulated experience in municipal-level work and impressive results in the region — for example in Bolivia, Brazil, Colombia and Ecuador. The prioritization of joint municipal work is an agreed strategy of the United Nations LAC Regional Director's Team. The evaluation demonstrated the potential of sharing knowledge among countries, and the challenges of achieving participation and sustainability at municipal and household levels. It also showed that such initiatives can help to mobilize national commitment to achieving children's rights.

84. The Bolivia and Mexico evaluations of public policy highlight the vital contribution that UNICEF is making to strengthening policies and making them sustainable. Through a human rights evaluation of the successful conditional cash transfer (*Oportunidades*) programme in Mexico (as part of larger regional study covering four countries), key recommendations emerged for the sustainability and effectiveness of such programmes. The Bolivia evaluation of the successful Mother and Child Insurance programme showed the need for policy and programme design to reach the most excluded populations and for the quality of service provision to be prioritized just as much as access. This finding also emerged from the Mexico evaluation.

85. The Brazil education evaluation applied a rigorous methodology to isolate and identify practices that contributed to improvements in learning achievements in schools. Education quality is a major regional challenge, and this study provides key inputs for the improvement of quality and for South-South cooperation in this area. The Haiti evaluation of the integrated response to HIV/AIDS demonstrated remarkable advances made in an extremely challenging situation, and pointed the way to achieving integrated medical and non-medical responses for children who are HIV positive. Combining institutional care, outreach, community mobilization

and ARV treatment was shown to be an effective way to support individuals and families against stigma and discrimination.

86. To strengthen the evaluation function, a regional evaluation strategy is being finalized, with the objective of ensuring that country-level evaluations are strategic and contribute to not only national but also regional learning. A set of core regional results identified at the May 2007 Regional Management Team meeting will provide the basis for this strategy, which aims to improve the quality of evaluations and to ensure better use of their findings, including in South-South collaboration. The further professionalization of the evaluation function is planned, at the levels of both the regional office and country offices.
