



Economic and Social Council

Distr.: Limited
10 July 2007

Original: English

For information

United Nations Children's Fund

Executive Board

Second regular session 2007

5-7 September 2007

Item 4 of the provisional agenda*

Summary of midterm reviews and major evaluations of country programmes

East Asia and Pacific 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 covers the MTR of Malaysia, and reviews of the Comprehensive Intervention Programme on increasing iodized salt consumption at household level in high-risk areas in China; an evaluation of the Seth Koma water, environment and sanitation activities in Cambodia; and a review of the Child Injury Project in Viet Nam.

* E/ICEF/2007/13.

Midterm reviews

The Malaysia country programme 2005-2007

Introduction

2. The MTR exercise was carried out under the guidance and leadership of the Economic Planning Unit (EPU) of the Prime Minister's Department, with the active participation of key Government Ministries and institutions. The exercise comprised three interrelated components: an update of the situation analysis of children; an in-depth review of the 2005-2007 country programme and a review of the strategic direction of the future Government-UNICEF partnership.

3. The review of the strategic direction was facilitated by a National Advisory Committee established in 2005 to lead the process towards, and provide advice on the content of, a new partnership model. The committee comprises senior representatives from key partner Ministries, other Government agencies and non-governmental organizations (NGOs).

Update of the situation of children and women

4. Malaysia has made great strides in its quest to become a fully developed nation by 2020. In the process, its policy of growth with equity has resulted in declining poverty rates and improving social indicators to the extent that the country has made impressive progress in the well-being of children and is well on its way to achieving or exceeding all the Millennium Development Goals. The possible exception is Goal 6 on combating HIV/AIDS, malaria and tuberculosis. A clear success story is the country's reduction of maternal mortality, which stands in contrast to regional and global trends.

5. Of the country's relatively youthful population of 26.1 million, approximately 1.8 million are non-Malaysian citizens. The Government has demonstrated strong commitment to children in terms of legal and policy frameworks, budgetary allocation and the promotion of children's issues, including the fight against human trafficking. The Ninth Malaysia Plan (2006-2010) makes provisions for sharing the country's development experiences internationally. For these reasons, Malaysia is a valuable strategic partner in the region.

6. Despite this positive assessment, the situation analysis and the Concluding Observations of the Committee on the Rights of the Child on Malaysia's initial report in February 2007 highlighted remaining challenges. These include disparities affecting migrants and indigenous populations in the islands of Sabah and Sarawak and the Orang Asli population of peninsular Malaysia. Since these vulnerable groups have less access to social services and economic opportunities, they have higher levels of poverty and relatively poor social indicators. For example, while national poverty rates have declined to 5.7 per cent, the rate is higher in several states (23 per cent in Sabah, 15 per cent in Terengganu and 11 per cent in Kelantan). In 2000, approximately 42 per cent of maternal deaths were among non-Malaysian women.

7. Other issues highlighted include the growing threat posed by HIV/AIDS, the emerging challenge posed by accidents, including drowning, as a source of mortality among children 5-18 years old and an increasing trend of child abuse and neglect,

bullying and trafficking. One lesson learned as a result of the response to the 2004 Indian Ocean tsunami was the need to increase the capacity of communities to cope with the psychological impact of such a disaster in the context of an effective emergency preparedness programme, which should include comprehensive psychosocial components.

8. Effectively addressing these issues requires a better understanding of the knowledge, attitudes and practices among adolescents, especially regarding HIV/AIDS, which is now spreading beyond high-risk groups. One third of the 6,120 reported new cases in 2005 were found outside the traditional group of injecting drug users (IDU). At the same time the incidence of HIV infection in traditionally low-risk groups such as non-IDU, heterosexuals and monogamous women continues to rise, highlighting the potential for a generalized epidemic. As a result of an effective antenatal screening programme combined with widely accessible and successful clinical management, only a small number of newborns are infected by HIV every year. However, an increasing number of children are affected and orphaned by HIV.

9. Because of its relative wealth and large influx of both regular and irregular migrants, Malaysia has become a transit and destination country for trafficking. While trafficking for the purposes of sexual exploitation is particularly worrying, trafficking for labour exploitation and adoption also occurs, especially from Indonesia. The magnitude of child trafficking is unknown, although proxy indicators suggest an increasing trend. There is also an increasing trend of sexual abuse, bullying and neglect of children.

10. Further disaggregated quantitative and qualitative data is needed to enhance evidence-based policies, systems and services. Targeted research, studies and surveys need to focus on particularly vulnerable groups of children. In parallel, a focus on empowering parents and children through the promotion of reproductive health, childcare practices, life skills and adolescent health through integrated services will be critical for improving the protective environment.

Progress and key results

11. The three-year country programme includes four programmes. Significant progress has been made in the **fight against HIV/AIDS** and in the development of a **sustainable partnership between Malaysia and UNICEF beyond 2007**. There has been less progress in **child protection** and some delays in the initiation of the **child injury and accidents** programme due to complex negotiations with multiple partners, lack of basic data, and UNICEF capacity limitations. The country programme responded to the immediate tsunami needs while subsequently mainstreaming psychosocial support, protection and life-skills development mechanisms. The key programme results described below were achieved in the first half of the programme with UNICEF advocacy, technical and financial support.

12. **Fight against HIV/AIDS.** The expected result of this programme is to reduce the spread of HIV/AIDS, especially among young people, and reduce its negative impact on children, women and communities. Key results include:

(a) the drafting and subsequent adoption by the Cabinet of the National Strategic Plan and National Action Plan on HIV/AIDS (2006-2010);

(b) increased capacity of the Ministry of Health to carry out Harm Reduction Initiatives as a result of a study tour to Hong Kong and a specialist in technical support was provided for the establishment of the HIV/AIDS Harm-Reduction Secretariat at the Ministry of Health;

(c) increased knowledge and awareness of HIV/AIDS and the piloting of a new Life Skills-Based Education module, including HIV/AIDS prevention and the scaling-up of the Pro-STAR AIDS-prevention programme for youth, which has been shared and well received by other Member States of the Association of Southeast Asian Nations.

13. Sustainable UNICEF partnership with Malaysia. The expected result of this programme is to ensure a sustainable partnership between the Government of Malaysia and UNICEF beyond the conclusion of the programme and to ensure that the impressive gains, especially in women's and children's health, are sustained. Key results include:

(a) a new model of cooperation between the Government of Malaysia and UNICEF developed and agreed to at the MTR on 19 December 2006;

(b) the establishment of the Institute for Health Management–UNICEF Centre of Health Policy Enhancement and Appraisal as a joint platform for research and policy development;

(c) the submission of Malaysia's initial report to the Committee on the Rights of the Child, and support given to the reporting on key international treaties and conventions, including the Millennium Declaration Goals and the Convention on the Rights of the Child;

(d) increased capacity of Government counterparts from Indonesia, the Islamic Republic of Iran and Yemen, who benefited from exposure to best practices during study visits facilitated by UNICEF.

14. Child protection. The expected result of this programme is to ensure a protective environment that will help all children to be free from violence, abuse and discrimination through the establishment of an effective social and legal protection system and the promotion of child rights. Key results include:

(a) increased capacity for the early detection of autism and thalassaemia through support for a pilot project in this area;

(b) the development and piloting of a school-based bully prevention model in schools in Kuala Lumpur;

(c) improved international networking and knowledge transfer in the area of trafficking in place;

(d) the sharing of best practices in child protection by EPU and UNICEF through the organization of six study visits in 2005 and one in 2006;

(e) the post-tsunami establishment of longer-term psychosocial support, protection and life-skills development mechanisms.

15. Prevention of child injury and accident. The expected result of this programme is to assess the magnitude of the problem and the risk associated with child injuries and accidents and to support UNICEF counterparts in developing effective interventions. The basis has been laid for undertaking the planned

activities through the establishment of the Centre for Health Policy Enhancement and Appraisal at the Ministry of Health.

Resources used

16. Funds in the amount \$1,500,000 in regular resources and another \$1,500,000 in other resources were authorized. As a result of the tsunami, UNICEF also committed approximately \$3.5 million to relief, recovery and rebuilding efforts in Malaysia for 2005-2007 from Global Tsunami Funds. For the two-year period covered by the review, \$4,153,750 was allotted, of which \$3,367,972, or 81 per cent, was expended on implementation of the programme.

Constraints and opportunities affecting progress

17. **The tsunami.** Programme implementation coincided with the need to address the impact of the Indian Ocean tsunami of December 2004. An assessment highlighted the need to increase capacity within Malaysian communities to ensure a broader protective environment. Psychosocial interventions contributed to and enhanced community capacity to cope with stressful situations at the individual, community and Government levels. This capacity allowed longer-term psychosocial support, child protection and life-skills development mechanisms. Such support was then mainstreamed throughout the programme. This has contributed to further preparing Malaysian society for man-made or natural emergencies.

18. **The slow process of disbursing funds combined with early requirements for reporting hampering implementation.** Several projects have highlighted the negative consequences of the slow disbursement of funds. UNICEF requirements for partners to open trust fund accounts, along with complex UNICEF administrative procedures and reporting requirements, have reduced the actual implementation period. This constraint has had an even greater impact because of the relatively short duration of the country programme.

Adjustments made

19. Adjustments to the programme were suggested in terms of a technical review and a review of strategic direction. The technical review suggested that the programme strengthen its focus on evidence-driven advocacy and technical support for rights-based approaches to issues such as child protection, child participation and disparity reduction. The following was suggested:

(a) **For strengthening the evidence base:** (i) support scientific research and the collection of disaggregated data to improve understanding of children's issues, and facilitate advocacy for and further sharpen programmes for children; and (ii) document and share best practices for potential replication and "export";

(b) **For strengthening awareness:** (i) bolster activities to raise awareness about the Concluding Observations of the Committee on the Rights of the Child; and (ii) support study visits to share knowledge and accelerate specialized programmes;

(c) **For strengthening sustainability:** (i) build support for peer-to-peer programmes, including child participation; (ii) engage with community leaders, including religious leaders; and (iii) maintain cost-sharing and reimbursement models.

20. **Malaysia-UNICEF country programme vision for 2008-2010.** The MTR recommended that the country programme continue to move towards high-level social policy advice and technical expertise within the following framework: (a) a programme focus on the fight against HIV/AIDS, protection of children from violence, abuse, neglect and trafficking, and child rights within the context of the Convention on the Rights of the Child; (b) a special focus of future programmes on vulnerable and marginalized children and disparities; (c) an exploration of new partnerships; (d) the continued UNICEF role as a “broker” of cooperation internally and abroad; and (e) a strengthened UNICEF role in the provision of high-level research and analysis.

21. **UNICEF country presence.** The MTR recommended that UNICEF, in collaboration with EPU, develop the country programme for 2008-2010 under the premise that UNICEF continue its presence in Malaysia in the form of a United Nations legal entity, bringing corresponding intergovernmental status to the cooperation. This would ensure a continuum of the current independent structure and ensure effective implementation of country programmes. In contrast to a National Committee or a traditional UNICEF country office, this entity would thus depend on and be responsible to UNICEF headquarters, the Government of Malaysia and civil society in Malaysia.

22. **Potential funding modality.** The MTR recommended that a tripartite funding model be applied to the 2008-2010 country programme and that: (a) EPU would take the lead in preparing a paper suggesting a co-funding and fund-raising model, for presentation to the Cabinet in early 2007; (b) key Ministries would provide timely comments on the Cabinet paper; (c) the Attorney General’s Chamber would provide assistance in advising on provisions for fund-raising in Malaysia; (d) the private sector should be encouraged to support UNICEF; and (e) NGOs would pledge their support in future collaboration.

23. *Funding for 2008-2010* would include the following assumptions: (a) UNICEF will finance its presence in Malaysia through the UNICEF support budget; (b) UNICEF will provide regular resources to partially cover programme costs until 2010; (c) UNICEF will provide some seed funds to explore the fund-raising capacity of the private sector in Malaysia, under the assumption that UNICEF will be allowed to fund-raise; (d) given the high and increasing level of socio-economic development in Malaysia, it is expected to become increasingly more difficult to leverage other resources from out-of-country donors; and (e) the Government of Malaysia will contribute with programme funds matching an indicative level of \$500,000 per year during the 2008-2010 period.

24. *Funding for the period of 2011-2020* is aligned both to the 2020 end date of Malaysia’s “Vision 2020” and to the five-year cycles of the tenth and eleventh Malaysia Plans, and includes the following assumptions: (a) UNICEF will finance its presence in Malaysia through the UNICEF support budget until 2020; (b) UNICEF will review the possibility of providing regular resources; (c) UNICEF will no longer be able to directly attract other resources from out-of-country donors; (d) UNICEF will be able to fund-raise in Malaysia, with such funds used to partially cover programme costs, and as fund-raising capacity increases, funds will also be “exported”; and (e) the Government of Malaysia will contribute with programme funds matching an indicative level.

25. The MTR recommended that EPU table the suggested partnership model to the Cabinet in early 2007 and hand over the Situation Analysis to the Cabinet for endorsement, and that a draft CPD for 2008-2010 be submitted for consideration at the June 2007 annual meeting of the UNICEF Executive Board.

Major country evaluations

Review of the comprehensive intervention programme on increasing iodized salt consumption at household level in high-risk areas in China

Reasons for the evaluation/study

26. Iodine deficiency is well known as a cause of poor health that can lead to poor outcomes in pregnancy and in foetal and infant development. In 1991, the Government of the People's Republic of China promised to achieve the goal of elimination of Iodine Deficiency Disorders (IDD) by the year 2000, with universal salt iodization as the main strategy. In 2000, an evaluation showed that China had basically achieved IDD elimination nationally but that progress was not balanced among the 23 provinces, as 7 provinces had low iodized salt coverage, and 7 other provinces were close to the goal but had some issues to resolve regarding consumption of iodized salt.

27. In order to address this situation, a comprehensive intervention project (mainly an integrated health promotion campaign including social mobilization, multi-sector participation, the building up of a supportive environment, and health education) has been implemented since 2000 as a cooperative project between China's Ministry of Health and UNICEF, in order to increase iodized salt consumption at household levels in the high-risk areas. In addition to mobilizing the local population, the project attempted to secure the attention and support of local leaders to better enable its success.

28. During its five-year implementation, the project showed significant achievements, and the efforts of local governments, multiple sectors and the people involved were impressive. A review was undertaken aiming to: (a) provide an understanding of how the project had increased the consumption of iodized salt in local communities and of the project's effectiveness, sustainability and limitations; and (b) recommend future directions for IDD elimination in China.

Summary of design and methodology

29. The research used both analysis of secondary data and field investigation to review and analyse the strategies, key achievements and results and existing constraints. Secondary data reviewed included: (a) the background and profile of the high-risk provinces; (b) the major obstacles to success encountered in counties of these provinces; (c) the strategies and actions taken to overcome obstacles; and (d) the key results and remaining constraints. The key sources of these secondary data were the needs assessment; the baseline survey; and the evaluations undertaken during the project period. Other sources were annual project reports and data from field supervision trips conducted and documented by the National Training and Technical Support Team.

30. Semi-structured in-depth interviews in the field were conducted with programme managers, leaders of health and salt sectors, salt plant owners and religious leaders. In addition, focus group discussion was held with schoolteachers, students, women, salt plant workers, village doctors and other health workers.

Findings, lessons learned and recommendations

31. The common features of high-risk provinces were low iodine content in drinking water; low iodized salt consumption in households; limited knowledge of IDD; abundant, price-competitive, natural salt resources; and in some provinces, abundant, cheap salt meant for industry flowing into the edible salt market.

32. In almost all provinces, the iodated salt coverage reached the project objectives and increased from sometimes-low levels to 90 per cent or higher. In addition, the awareness of IDD increased substantially in most provinces. However, in some provinces, iodated salt coverage declined again after reaching a peak in 2002-2003, largely because the authorities became complacent after initial successes.

33. The abundant, uncontrolled, un-iodated salt supply coming from small salt producers was tackled successfully in many cases, but more needs to be done. The process of closing small salt fields was rather difficult, as villagers making a living with salt production had to be offered alternative livelihoods (e.g., aquaculture). Persuasion and punishment alone were not practical or humane strategies.

34. Most of the provinces used a school-student-community approach in health promotion regarding IDD; several provinces, such as Fujian, Gansu, Hainan and Liaoning, were especially successful.

35. The dissemination of information on IDD and iodized salt through religious channels in the Ningxia region achieved good results. The mosques were used to spread health education with imams and sheikhs as lecturers. More than 700 mosques conducted health education, involving hundreds of thousands of religious followers.

36. The price of iodated salt, only a small factor in the richer coastal provinces, was an important concern in the poorer western provinces, where, in addition, dietary customs and habits favoured consumption of crude rock salt. The consumption of inferior or contaminated rock salt and industrial salt is forbidden, but because of difficult logistics and weak law enforcement, many people in the western provinces continued to consume these inexpensive and accessible salts.

37. Lack of knowledge and information about IDD also hindered the popularization of iodized salt. Especially in western regions, carrying out health education is difficult because people have little education, the illiteracy rate is high and there are many ethnic minorities who speak a variety of languages.

Recommendations and way forward

38. Recommendations were grouped into those covering all programme provinces and those covering individual provinces. The overall recommendations included the following:

(a) Leaders at various levels needed to be made more strongly aware that IDD control is a long-term process requiring continuous financial and policy support to ensure sustainability of results achieved;

(b) Salt administration authorities at various levels should continue with the regulation of small salt fields, further strengthen the administration of the salt market and establish long-acting mechanisms to prevent declines and ensure adequate iodized salt coverage of households;

(c) Health education models should continuously be strengthened and renewed, and adequate core information and publicity approaches adopted and adapted to different target groups. Existing models should be reviewed to ensure continued relevance and impact;

(d) A dedicated team of IDD professionals should be established and trained to facilitate the sustainability of the initiative.

Uses made of the evaluation/study

39. Initially, it was recognized that going the last mile would be difficult and that several fine-tuned strategies were needed, based on appropriate assessment and analysis of critical factors in each area. The provinces that succeeded in the project, such as Sichuan, Gansu and Ningxia, were phased out of significant UNICEF support at the end of 2006, but they continue to participate in key UNICEF-supported IDD events as a way to exchange experiences with the remaining provinces.

40. In the remaining provinces, mainly Tibet, Xinjiang and Hainan, the comprehensive review guided further expert investigations and discussions with national and provincial authorities. To address the challenges posed by poverty and abundant and less expensive non-iodized salt resources in these provinces, UNICEF has been supporting several advocacy events involving high-level officials and the UNICEF Representative.

41. In Xinjiang, the challenges worsened because of limited leadership and lack of coordination between sectors. The President has asked the provincial government to address the problems. This year, the Xinjiang Government allocated 20 million yuan, 18 million of which will be used to subsidize the price of salt in poor areas, and the remainder of which will be used for monitoring and promotional activities.

42. In Tibet, the Ministry of Health will support local strategies that are suitable for the Tibetan population, taking into consideration the role of salt in their cultural activities. These strategies will include local iodization in Tibet, which represents a significant policy shift.

43. In Hainan, in a departure from past practices, participatory communication strategies are being intensified, and the Government is helping to ensure that iodized salt is available for those who want to buy it. Hainan's participatory communication strategies were so successful that they were highlighted in the review, and a UNICEF consultant was hired to train local stakeholders in these communication strategies. However, because of the top-down approach in China, it will take some time to establish this capacity in the remaining areas.

Evaluation of the UNICEF-supported Seth Koma water, environment and sanitation activities in Cambodia, 2001-2005

Reasons for the evaluation/study

44. Through the Seth Koma programme for 2001-2005, UNICEF assisted the Royal Government of Cambodia in achieving the Millennium Development Goals by supporting investments improving access to water and sanitation in rural areas. The majority of UNICEF water and sanitation support is now channelled through the Provincial Rural Development Committees. These committees address needs and demands coming from the consolidated commune planning and district integration processes in use since 2002 as part of decentralization and deconcentration reforms.

45. At the end of the previous programme, UNICEF had commissioned an independent evaluation of the water, environment and sanitation (WES) component of the Seth Koma programme covering the 2001-2005 period to assess the effectiveness of the component and make recommendations based on the lessons learned. The aim was to formulate a comprehensive package of UNICEF assistance for WES in Cambodia.

46. The original objectives for the WES component were revised following the midterm evaluation (in 2003). The new objectives were to ensure the access of families to quality basic services in water and sanitation in 117 communes, leading to the following results: “(a) Families and schools have increased access to and use of safe water in 150 villages. Access to safe water should be 20 per cent higher for families living in villages covered by the Seth Koma compared with control villages at the end of the Master Plan of Operations (MPO). All schools in Seth Koma-supported areas should have water facilities by the end of the MPO; and (b) Families and schools in 1,150 villages have increased access to and use adequate sanitation. Access to sanitation should be higher for families living in villages covered by Seth Koma compared to control villages at the end of the MPO. At least 30 per cent of schools in the Seth Koma-covered communes should have latrines by the end of the MPO”.

Summary of design and methodology

47. The Centre for Development, an NGO, partnering with the Ministry of Rural Development, was commissioned to undertake the evaluation, which had the following aims: to assess the effectiveness of the WES project in terms of objectives achieved; and to make recommendations, based on the lessons learned, for the formulation of a comprehensive package of UNICEF assistance to WES in Cambodia.

48. Over the course of the 2001-2005 project period, UNICEF supported the installation of 2,425 water points in villages and schools in the six target provinces. A sample of 213 sub- projects (water points, school water and sanitation facilities, water and sanitation support to community pre-schools) in 125 villages in the six target provinces were visited. No list of control villages was made available to the evaluation, so results were benchmarked against changes in access to improved water and sanitation in the respective provinces.

49. The evaluation team undertook a review of available information and developed a set of tools and field guides to assist in eliciting and collecting relevant information and guiding informal focus group discussions.

50. The terms of reference encouraged participatory approaches involving project implementers and beneficiaries in all evaluation components. In the field, informal group discussions were held with user/beneficiaries of supported activities; key local resource persons in the villages (village leaders and representatives of village development committees, where they existed) and elected Commune Council members. Interviews and discussions were also held with members of the Water and Sanitation User Group.

51. One of the major constraints confronted at the start of the evaluation was the loss of the electronic database due to a computer failure. To overcome this, the evaluators developed a sample frame from information available on hard copy to examine 230 projects for community water points, community/household sanitation materials supported, school water and sanitation facilities, and community pre-school water and sanitation facilities. Newer activities started in 2005 were excluded from the sample frame.

Findings, lessons learned and recommendations

52. It was found that 83 per cent of supported water points appeared to be functioning effectively, and 79 per cent of beneficiaries were using the supported water points as their primary source of water for drinking. It was not possible to validate that the water supplied was “safe”, as no comprehensive testing was undertaken.

53. Supported interventions have improved access to water sources in villages and have contributed to a reduction of 21 per cent in the use of unimproved, usually open, water sources. However, the improvements in access roughly equalled overall improvements in the target provinces.

54. It was difficult to ascertain what was achieved in household/community sanitation, as the sanitation materials distributed (as reported in the commune database) did not appear to make a significant impact on access to sanitation in villages.

55. In terms of sanitation, quantitative improvements were noted, but MTR targets had yet to be reached. However, qualitative improvements in terms of behaviour change were not widespread: open defecation was observed in 39 per cent of schools visited, many with UNICEF-supported but locked sanitation facilities. The lack of progress appeared to stem from a lack of coordination between the water and sanitation interventions for schools.

56. The evaluation noted that improvements were needed in ensuring the proactive participation by communities in decision-making in local water and sanitation issues. UNICEF also needed to better target its support to deficient areas in the provinces in order to help to reduce the impact of poverty and improve access to services.

57. In addition, the “by rote” approaches and materials used in the programme needed to be reviewed. Support should be given to more innovative, interactive

approaches involving Water User Hygiene Education to encourage greater community participation and critical thinking on water and sanitation issues.

58. There was also a need to develop and maintain the competencies of provincial institutions to better plan, support and monitor water and sanitation sector performance in the provinces. At the same time, coordination of different actors and stakeholders involved in rural water supply and sanitation needed to be improved so that interventions would be better targeted to increase access in deficient areas in communes and villages.

59. Supported interventions for water and sanitation in schools did not reach the universal coverage targets set in 2003: a reported 40 per cent of schools in the target districts still lacked access to an improved water source.

60. Improvements were noted in access to sanitation in schools in the focus provinces. However, these improvements were only marginally better than those in the provinces in general. The fact that over half of all toilets in schools were locked contributed to continued open defecation near schools. The lack of adequate coordination of water and sanitation inputs for schools and pre-schools hindered accessibility to services and improvement in their use.

61. Fewer than half of the established Water and Sanitation User Groups (42 per cent) were formed prior to the installation of the water points, and 58 per cent of these groups were appointed rather than elected by communities as advocated. On the positive side, three quarters of the groups had some female participation. Regarding community contributions to the services, 38 per cent of beneficiary households had contributed to the required maintenance funds, while 53 per cent who had not contributed stated that they had never been asked to contribute.

62. The majority of Provincial Departments for Rural Development continued to be institutionally weak, showing limited capacity to effectively plan and monitor the performance of water and sanitation sector interventions. The limited capacity was largely related to poor documentation of previous interventions and results; weak coordination efforts and support provided; and inadequate training of staff. As a result, when staff members were transferred out of office, their accumulated knowledge and experience was lost. Most departments took a supply-side approach, undertaking little analysis or targeting of interventions in order to reach deficient villages or communes.

Recommendations and way forward

63. The following were the most strategic recommendations:

(a) Initiate discussions with the Ministry of the Interior on establishing a commune focal point to better mainstream water and sanitation priorities and issues into commune activities;

(b) Support provinces in developing a baseline and annual reviews and analysis of data on access to water and sanitation in communes and villages;

(c) Support the provinces and Ministry of Rural Development in maintaining, reviewing, assuring quality control for, and disseminating provincial data on the locations of all water points;

(d) Undertake a systematic sampled survey of water points in order to assess the risk of bacteriological contamination in existing water points and to identify the levels of compliance with the national drinking water standards in use since 2004;

(e) Provide more comprehensive training in maintaining and servicing water points to key groups at either commune or village level;

(f) Initiate discussions with responsible government agencies to better incorporate guidelines into Commune Councils/district/provincial planning and expenditure regarding funding the repair, servicing and maintenance of water points rather than their replacement;

(g) Increase community responsibility for, and access to, water points and facilities in schools as a way to improve the management, maintenance and sustainability of the services.

Uses made of the evaluation/study

64. The recommendations presented in the report have been translated into the Khmer language and disseminated to national and provincial counterparts (Ministry of Rural Development and Provincial Departments for Rural Development). Discussions on follow-up to these recommendations took place both at the national and provincial levels soon after the report was submitted, including in April 2007 at a quarterly meeting with the Ministry of Rural Development and Provincial Departments for Rural Development from the six provinces.

65. The following are actions that are being taken in 2007 to implement several key recommendations and reflected in the 2007 annual work plans:

(a) Water-quality testing has begun in three selected provinces;

(b) A Commune database is being used in annual planning at the provincial level;

(c) Issues relating to technical designs of school latrines and the provision of school facilities are being addressed through discussions with the Provincial Departments for Rural Development and the Provincial Office of Education;

(d) The need for the establishment of a commune focal point for WES has temporarily been met through the involvement of the district focal point for child rights;

(e) Issues regarding operation and maintenance of pumps are being addressed through plans to conduct a workshop and surveys at the provincial level regarding spare-parts availability and potential markets;

(f) Issues related to possible corruption of contractors are being addressed through the increased involvement of UNICEF supply officers in the training of contractors and the bidding process.

Childhood injury prevention in Viet Nam: experiences and lessons learned

Reasons for the evaluation/study

66. Injury in general, and childhood injury in particular, has become a major public health issue in Viet Nam. Injuries of children up to 18 years old (mainly by drowning, traffic accidents, poisoning, and injury from sharp objects) are the main cause of child death. Since 2001, UNICEF, together with the Ministry of Health, the Committee for Population, Family and Children and other Government counterparts, has been addressing this issue through various programmes.

67. Given the short project implementation period, the undertaking of an evaluation was considered premature. However, since this was the first time that UNICEF had undertaken a project on child injury prevention, it was decided that a project review could provide useful insights and recommendations for the future and serve as a valuable resource for childhood injury-prevention projects elsewhere. Specifically, the review, carried out during November- December 2005 in Hanoi and the project's six pilot provinces, was designed to assess progress against the project MPO and draw lessons for improving the 2006-2010 UNICEF-supported programme on childhood injury-prevention (CIP).

Summary of design and methodology

68. The methodology was determined by the duration of project, project objectives and the specific objective of this review. As many of the project results, such as successful policy advocacy, capacity development and behaviour change, were likely to be widely dispersed and measured over a long period of time, a quantitative analysis in terms of survey data or statistics was not sought, even for locally targeted interventions. Emphasis was placed instead on a qualitative analysis of the project processes and administrative systems.

69. The project review was conducted by a consultant from the Centre for Community Empowerment. Various methods were utilized in the project review, including a desk study; an information, education and communication (IEC) materials review; group discussions; in-depth interviews during field trips; household visits; participatory rapid appraisals and observations; and meetings of the project management unit. The initial findings of the assessment were presented for verification at the project's three-year implementation review workshop to all the project stakeholders. The consultant assembled the evaluation report on the basis of the initial findings from the desk study, interviews, field trips and the outcome of the workshop.

Findings, lessons learned and recommendations

70. The CIP project objectives were to: (a) improve public awareness on safety and child injury prevention through IEC; and (b) develop good practices on child-safe models such as the 'child-safe home', 'child-safe school' and 'child-safe public space' (which is called model demonstration). In addition to a national component aimed at public education and advocacy on development and enforcement of policies, laws and regulations, the project also implemented demonstration models in six pilot provinces.

71. Overall, the review concluded that this was a successful, well-managed project with potential for expansion and sustainability. These were the main findings:

(a) The project was able to provide a better understanding on the issues of childhood injury in Viet Nam through studies and baseline surveys. For instance, one piece of research improved understanding of the causes and risk factors regarding injury among children in rural areas;

(b) The CIP project developed and launched a significant number of IEC programmes and products for raising public awareness. The IEC products were innovative and included such diverse formats as cartoons, feature films, television talk-shows, newspaper articles, and a radio programme for children broadcast on the Voice of Viet Nam;

(c) The project contributed to raising the awareness of CIP of different target groups, such as policy makers, community leaders and groups, parents and child caregivers;

(d) The project contributed to a change in behaviour towards CIP among the prioritized groups. Actions included making houses safer for children, including by placing dangerous objects (knives and other sharp objects, electric sockets, etc.) out of children's reach;

(e) The CIP project built a core team specializing in CIP from Government counterparts at different administrative levels and developed their capacity in different areas, including project planning, monitoring and supervision, and coordinating different stakeholders in project implementation;

(f) Support from different sectors of society and organizations was successfully mobilized to contribute to the project's long-term sustainability;

(g) The project contributed to the development of safety standards in CIP, including 'safe-home', 'safe-school' and 'safe-public spaces' models;

(h) The CIP project contributed to the development and revision of the injury- monitoring and -surveillance system.

72. In addition to above-listed results, the project also achieved results beyond its MPO objectives thorough: (a) a contribution to the mainstreaming of CIP in other UNICEF programmes and other programmes at country, regional and global levels; and, (b) awareness-raising on CIP among different groups such as researchers, health staff and staff from non-project locations These achievements will be critical for CIP mainstreaming in different sectors in the future.

73. The following project strengths have contributed to its achievements. The project: (a) accords with the Government's policy on injury prevention and provides support for its implementation; (b) has strategies that are relevant to the Viet Nam context and address the key problems of CIP; (c) has a good selection of project sites for its pilot model demonstration; (d) has applied bottom-up planning methods; (e) has diversified and creative intervention activities; (f) applies effective capacity development for its stakeholders, including appropriate training and study tours; (g) has the commitment and enthusiasm of project management unit members and implementing partners at all levels; (h) creates effective cooperation among project management unit members at different levels, implementing partners and coordination partners; and (i) is transparent in its financial disbursement.

74. Beside its strengths, the project needs improvement in the following areas: (a) the lengthy process of project annual-plan approval; (b) difficulties for government counterparts in adhering to UNICEF financial procedures; (c) the impact of communication messages disseminated through loudspeakers at community level and weak capacity of commune collaborators; (d) the limited participation of top leaders of committees at provincial, district and commune levels; (e) and insufficient human resources devoted to project management by government counterparts.

75. Additionally, the project also faced some initial challenges: the lack of experience and expertise in CIP among stakeholders that caused difficulties for the project's management and implementation; aspects of the culture, customs and living conditions of poor households in some areas that acted as barriers to changing behaviour; and the difficulties encountered in the planning and implementation of interventions to reduce risk factors.

76. There is evidence, albeit limited, that objectives were met regarding raising awareness among the general public and policy makers and reducing risk through environmental modification and changes in behaviour. The project also seemed to be effectively meeting intermediate objectives such as capacity development, institution-mobilization, improvement of research and available data on injury, and the creation of suitable IEC products for distribution in the media. Moreover, although novel and challenging to some partners, many project activities were being effectively implemented.

77. Regarding project administration, planning and implementation, the particular strengths of the project lay in its harmonization with Government policy, the mobilization of partners at all administrative levels, the level of feedback gathered, and ownership among stakeholders.

78. These implementation issues involve a three-way balancing act between the need for proper procedure, the need for achieving project goals and the need to build project implementation capacity among partners.

Recommendations

79. The evaluation report lists many focused recommendations on details of the project, but the following were the general recommendations:

(a) In the future, the project should continue its comprehensive strategies but place greater emphasis on law enforcement and development. The project should also apply good lessons learned from its first three years, including the usefulness of various communication methods and innovative and diversified intervention activities;

(b) In the first three years, UNICEF played a leading role in promoting CIP issues on the Government agenda and has facilitated a much needed cross-sectoral response from the Government. This role should be continued in the next programme cycle;

(c) The project should strengthen project advocacy at the provincial level by improving advocacy aimed at project management unit members and implementing partners through events such as World Health Day that would involve the

participation of top provincial leaders. Training for sector and committee leaders in CIP mainstreaming into policies and decision-making was also recommended;

(d) Capacity development, including refresher training on CIP and training in communication and facilitation skills, is important for collaborators and project management unit members at the local level;

(e) The project should further strengthen the role of children and schoolteachers in promoting CIP in the community. Schoolchildren in the pilot communes visited in this review understood CIP well and already knew how to protect themselves from injury.

Uses made of the evaluation/study

Internal use

80. The CIP project reviewed the report's recommendations and took actions that were reflected in annual work plans from 2006 onwards. Training was held for implementing partners in project design and planning, and a five-day trainer of trainer course on project design, implementation, reporting, monitoring and evaluation was given to provincial counterparts, who went on to train counterparts at district and commune levels. In 2006, the programme trained leaders from the Committee for Population, Family and Children (CPFC), the main national coordinating body on all children's issues, as well National Assembly members and representatives of people's committees on CIP issues. One of the indirect results has been that CPFC is much more committed to CIP issues and entered a line in the Government budget on CIP. The training also provided an opportunity to lobby several of the national and provincial elected officials on CIP issues, which led to some references to CIP issues in the November 2006 National Assembly session.

81. The recommendation to place greater emphasis on policy and law enforcement and development was taken into account during the design stage of the current country programme cycle. A separate project titled "Advocacy and Public Education on Childhood Injury Prevention" was established, with the objective of focusing more efforts on advocacy with decision makers and the donor community for improved child safety policies and regulations.

82. As recommended in the review, UNICEF advocated for local authorities to use more of their own resources to support CIP work in the provinces, and as a result communes are now increasingly using matching funds to co-fund some activities.

External use

83. The report was translated into Vietnamese and shared broadly with counterparts both at central and provincial levels. Counterparts found the report very useful and agreed to implement the recommendations. This report was also shared broadly with the NGO community interested CIP issues and has helped some of them work on CIP and even to replicate key aspects of the project within their localities.

Conclusion

84. The review and three evaluations offer a sample of the work being done in East Asia and the Pacific. Of particular interest is the review of the Child Injury Project, since this is a relatively new area for UNICEF. The studies also highlight some of the issues constraining quality of evaluation in the region. In order to address some of these issues during the year under review, the East Asia and Pacific regional office undertook some capacity development exercises, and jointly with the regional office for South Asia contributed to laying the groundwork for the establishment of the United Nations Evaluation Development Group for Asia and the Pacific, due to be launched later in 2007. This inter-agency group will act as a help desk for evaluation, providing a point of reference for evaluation issues, and will support United Nations-wide capacity development. The group will also support inter-agency thematic evaluations relating to the Millennium Development Goals.

85. There is further room for improvement in the execution of the evaluation function in the region. The regional Office Management Plan for 2008-2009 proposes increasing capacity in this area through the hiring of an L5 Evaluation Specialist to assess the quality of evaluation in the region; developing an overall strategy for improving the quality of evaluations; providing hands-on support for evaluation to country offices; facilitating the undertaking of thematic cross-country evaluations; undertaking or supporting meta-analysis or meta-evaluation of UNICEF interventions in the region; and consolidating inter-agency and intra-agency linkages.
