Summary

This regional summary of midterm reviews of country programmes conducted in 2009 was prepared in response to the Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.
Introduction

1. This report covers the midterm reviews (MTRs) of the country programmes of Algeria, Egypt, Morocco, Oman, the Syrian Arab Republic, Tunisia and Yemen. All reviews were completed in 2009, except for the review of Tunisia, which was conducted in 2010.

Midterm reviews

Algeria

2. Introduction. The MTR of the 2007-2011 programme of cooperation started in April 2009 with an internal planning review involving UNICEF programme and operations sections, as well as a number of advisors from the UNICEF Regional Office for the Middle East and North Africa. External sector reviews were held with the Ministry of Foreign Affairs and other stakeholders between April and June 2009. The final MTR meeting, co-chaired with the Ministry of Foreign Affairs, was convened on 12 October 2009, with the participation of all technical partners, representatives of civil society and resident United Nations agencies.

3. Update of the situation of children and women. According to the Ministry of Health, the under-five mortality rate was 30 deaths per 1,000 live births in 2008, down from 35 deaths per 1,000 live births in 2006. Neonatal mortality (17 per 1,000) constitutes more than half of under-five mortality deaths. Maternal mortality is estimated at 86 deaths per 100,000 live births in 2008. Regional disparities in coverage and access to health care persist in favour of urban centres. Nearly 4 per cent of under-fives were underweight and 11 per cent stunted. Severe malnutrition stood at 3 per cent.

4. Key challenges in education include an inadequate early childhood education system and insufficient education standards, particularly at preschool (children aged 4-5 years) level. More than 1 million students repeated a grade in the 2008/2009 school year, and 500,000 students dropped out of school in 2007/2008. Only a little more than 4 per cent of students enrolled in primary education attain Baccalaureate standard without ever repeating a grade.

5. Data from various studies suggest that violence against children remains an issue in Algeria. Data from the 2006 multiple indicator cluster survey indicate that 86 per cent of children aged 2-14 years had been subjected to physical or psychological punishment in the one month prior to the survey, and 23 per cent experienced severe physical violence. The same survey showed that child labour reached 5 per cent among children 5-14 years old. The main causes of child labour were poverty, weakened family social structure, domestic violence and dropping out of school. Government figures indicate that nearly 3,000 children are abandoned every year, with a cumulative figure of 28,000 children in 232 institutions nationwide.

6. A recent survey on knowledge, attitudes and practices on adolescent participation suggests that little is known or accepted regarding the rights of adolescents. The study also showed large geographic, gender, age and socio-economic class disparities in recognition of the importance of adolescent participation.
7. **Progress and key results at midterm.** The following progress and results were achieved:

(a) Development of strategies to reduce maternal and neonatal mortality in the areas of prevention of mother-to-child transmission of HIV, monitoring and evaluation of the national programme of perinatalogy, support for the training and sustainability of contributing to the reduction of child-child mortality concerning prevention programmes (Expanded Programme on Immunization, acute respiratory infections, Programme for the Control of Diarrhoeal Diseases, Integrated Management of Childhood Illness). Development of a Communication for Development plan in support to national programmes and specifically promotion of breastfeeding;

(b) Through the Situation Analysis and studies supported by UNICEF, the knowledge on the education system is improved. The education programme is enhanced to build and set national standards and indicators and advocate for policies that address challenges in reaching unreached and marginalized children;

(c) A care system reform process for children without parental care has begun and resulted in a strategy more in line with international standards and principles of the Convention on the Rights of the Child;

(d) Advocacy and technical support has been provided by UNICEF at the policy level to develop a National Plan of Action for children and the multiple indicators cluster survey (round 3). Disaggregated data showing inequalities have been produced. These data have been used to further analyse child poverty and vulnerability. In terms of partnership, several new partners have been mobilized in a reflection on child-sensitive social policies, and the strategic role of UNICEF for the next several years in this area has been defined and recognized;

(e) Knowledge is improved on the situation of adolescents regarding their right to participation.

8. **Resources used.** Total expenditures over the 2007-2009 period reached $4.7 million, of which $3.2 million were regular resources (RR), $0.9 million other resources (OR), and $0.6 million other resources-emergencies.

9. **Constraints and opportunities affecting progress.** The role of various government institutions in managing and implementing the maternal and neonatal health programme component needs to be clarified further with the Ministry of Health. Inter-sectoral collaboration among key stakeholders to formulate a comprehensive child protection strategy is an area of opportunity. In education, there is a need to evaluate programmatic interventions with a view to scaling them up. The establishment of an integrated information system (DevInfo) was a challenge due to inadequate coordination among United Nations agencies. External financing remains a constraint in programming in the context of Algeria as a middle-income country.

10. The basic health system is considered well-staffed and of good quality. Health information systems are robust, with reliable data available for informed decision-making. There are opportunities for education system reform, as well as for child rights policy reform and the participation of young people. Algerian media have demonstrated a strong commitment to promoting the rights of children and adolescents.
11. Adjustments made. The MTR identified the need to develop and improve maternal and child health information systems at national level, particularly with respect to perinatal health and maternal and child nutrition. New partnerships will be forged with ministries and research institutions, such as the National Institute of Public Health and national and international universities. In parallel, standardized protocols and training materials will be developed to strengthen neonatal and maternal health programmes and emerging public health issues such as obesity, domestic violence and road accidents.

12. A coherent strategy and vision for the education sector needs to be formulated, including teacher performance standards, preschool education guidelines and quality standards, based on UNICEF and World Bank indicators.

13. Roles and responsibilities need to be developed for the different actors in social and legal protection of children, with clearly defined social policies responsive to child welfare. Information systems such as DevInfo need to be established and data collected to better understand child poverty, children within the judicial system and the impacts of the worldwide economic crisis on children. Front-line social services need to be put in place to respond to the needs of vulnerable children. Also needed is analysis of public sector expenditure on social services for children, including the role of civil society in the national debate around the welfare system.

14. More information and training needs to be made available to improve knowledge and perceptions on child rights and the importance of youth participation in society. In particular, greater effort will be made to include the media, civil society and non-governmental organizations (NGOs) in advocacy campaigns around child rights.

Egypt

15. Introduction. The MTR for the UNICEF-Government of Egypt programme of cooperation (2007-2011) was part of the midterm review of the United Nations Development Assistance Framework (UNDAF) and took place on 8-9 June 2009. Prior to the UNDAF MTR workshop, the UNICEF country programme was reviewed by sectoral working groups in a process that drew on the expertise of more than eight government ministries and agencies, United Nations agencies, multilateral and bilateral development partners, international and national NGOs, and private sector partners, as well as the UNICEF Regional Office. A two-day consultation with the Youth Advisory Panel ensured that the opinions of young people were included in the process. As part of the preparation, the child protection programme was reviewed with the assistance of an external expert.

16. Update of the situation of children and women. Egypt enjoyed impressive economic growth for the first two years of the reporting period. Growth slowed in 2009 due to the global economic crisis. The Egypt Child Poverty study conducted by UNICEF in collaboration with Cairo University found that one of every four children was deprived of at least one of the seven basic social services; shelter and food were the areas with the highest levels of deprivation. Nationally, the prevalence of under-five stunting is 29 per cent, amounting to over 3 million children. Household consumption of iodized salt has increased to 68 per cent but Egypt is still short of the international goal of 90 per cent.
17. Egypt has made good progress in child survival and is on track to achieve Millennium Development Goal 4. The under-five mortality rate is currently 28 deaths per 1,000 live births, the bulk of which are concentrated among infants (25 deaths per 1,000 live births).

18. Amendments to the Child Law were formally adopted by Parliament in June 2008, thus securing significant legal protection for children at risk of abuse, violence and exploitation. The Child Law now harmonizes the minimum age of marriage for both sexes at 18, raises the age of criminal responsibility to 12 and prohibits the worst forms of child labour in accordance with International Labour Organization Convention 182. The law establishes penalties for perpetrators of violence against children, including female genital mutilation/cutting. It also requires formation of child protection committees in every governorate and district.

19. Egypt has made good progress in expanding access to basic education and reducing the gender gap in primary education. However, issues of quality as well as enrolment and retention in primary and middle grades remain a concern. According to net enrolment figures of the Ministry of Education, 17 per cent of children 6 to 11 years old — 1.6 million children — are out of school. These include the 12 per cent of primary-school-age children (1.1 million) who have never enrolled. The net enrolment of girls is now higher than that of boys, and there are more boys than girls out of school.

20. The number of people who are HIV-positive reported to the National AIDS Programme by the end of June 2008 was 3,151; conditions for a wider epidemic exist. The rate of condom use is very low in the general population and among those most at risk. Only 5 per cent of ever-married females in the age group 15-24 have comprehensive knowledge about AIDS.

21. **Progress and key results at midterm.** UNICEF provided technical support to the National Nutrition Institute to prepare a new National Food and Nutrition Policy and strategy, followed by a national action plan to improve infant and young child feeding.

22. A national plan has been developed to achieve the target of universal salt iodization and eliminate iodine deficiency disorders (IDD). The status of IDD legislation has been reviewed and bottlenecks for implementing the law identified.

23. More than 11 million under-five children were immunized against polio in the two rounds of national immunization days and two "mop-up" campaigns, achieving 97 per cent coverage. Ninety-seven per cent (18 million) of the targeted population in the 10-20 year age group was reached in a national round of measles-rubella immunization.

24. The gross enrolment rate in primary education reached 95 per cent for boys and 94 per cent for girls in 2007/2008. The community-friendly and girl-friendly schools have played a key role in increasing girls’ access to quality education, with completion rates in those schools exceeding 95 per cent. The community school project, funded by the Canadian International Development Agency and managed by UNICEF for the past 17 years, is currently in transition. UNICEF is gradually phasing out of direct management and the schools are being transferred to the Ministry of Education.
25. In collaboration with the National AIDS programme and Caritas, UNICEF has supported establishment of the country’s first home-based care programme for people living with HIV and the first NGO led by people living with HIV in Egypt. As of March 2009, 942 children who live or work on the street had received through social care institutions various forms of training to reduce their vulnerability to HIV and AIDS.

26. A cadre of 157 adolescent peer educators has been established and has reached more than 6,400 adolescents with key life skills in partnership with Barclays Bank. More than 6,800 young people have accessed a complementary counselling service. Over 8,000 young people have participated in the civic education programme, and over 1,300 young leaders at youth centres and NGOs have gained skills to plan and implement youth-led initiatives. The national civic education programme has become institutionalized within the National Council for Youth, while the youth-led initiatives approach has been scaled up by the Egyptian Red Crescent Society in four governorates.

27. Partnerships between the Information and Decision Support Centre, the National Council for Childhood and Motherhood, and UNICEF resulted in the establishment of the Egypt National Observatory for Child Rights. The main role of the Observatory is to promote coordinated, child-friendly and evidence-based public policies through research, surveys and sharing of strategic information and knowledge on children and their rights with a wide audience of researchers, policy makers, media and civil society.

28. The country programme supported national efforts to contain avian and pandemic influenza, focusing on communication for development. A UNICEF-sponsored evaluation of avian influenza awareness found that children’s knowledge of the avian influenza messages had increased dramatically; about 99 per cent mentioned that they washed their hands and 70 per cent were able to recall all four critical messages.

29. **Resources used.** In 2007-2009 total expenditure reached $28.1 million, of which $9.6 million was RR and $18.3 million OR. Emergency OR expenditure for the same period was $200,000.

30. **Constraints and opportunities affecting progress.** Lower funding levels were among the constraints during the period under review. The government mechanism for coordination between ministries and agencies in the social sector was identified as needing further strengthening. While several civil society actors in the country are dedicated to public policy work, few have tackled policies from the dual perspective of an explicit focus on children and on rights.

31. **Adjustments made.** The Government-UNICEF programme of cooperation has begun to analyse and address emerging issues such as human trafficking and childhood disability. The country programme will support implementation of the national nutrition policy, with a major focus on establishing a national nutritional surveillance system, promotion of the infant and young child feeding action plan and revitalization of the Baby-Friendly Hospital Initiative. In IDD elimination, establishment of an Egypt office of the Global Alliance for Improved Nutrition is expected to strengthen significantly the push towards universal salt iodization. UNICEF cooperation with the Government over the next two years will support the development of a child and family welfare system and reform of the current child
protection system. No significant shifts are envisaged in the HIV/AIDS programme. However, more priority will be given to data collection to support enhanced policy and programming among most-at-risk adolescents.

Morocco

32. **Introduction.** The MTR process for the Morocco-UNICEF programme of cooperation (2007-2011) started in 2008 with a series of internal meetings focused on making the UNICEF contribution relevant to a middle-income country such as Morocco. Further preparation included studies and evaluations to inform the MTR discussions, as well as targeted field visits and an internal consultation workshop with UNICEF regional advisors in September 2009. A strategic review of the UNDAF and the UNICEF-Government country programme was undertaken to align United Nations system priorities to those of national counterparts. The final, official MTR meeting, held in November 2009, was chaired by the Ministry of Foreign Affairs and attended by United Nations agencies, civil society organizations, donors, international NGOs and the media.

33. **Update of the situation of children and women.** The 2005 national initiative to reduce extreme poverty in the country, with special focus on women and children, has had limited impact on beneficiary households, primarily owing to inequities between urban and rural areas. While the country is on track to achieve most Millennium Development Goals, poverty and malnutrition continue to be of concern, with rates of moderate and severe underweight among children estimated at 10 and 2 per cent, respectively, while levels of moderate stunting are at 18 per cent and severe stunting at 6 per cent. The Morocco Child Poverty Study revealed a poverty rate of 17 per cent among children.

34. Over 93 per cent of children have access to primary education, but drop-out rates are very high (38 per cent). Although literacy rates for women have improved over the last few years, only 43 per cent of women are considered literate, compared to 57 per cent of men. Political equity for women has improved as noted by their representation in Parliament (10 per cent), the cabinet (14 per cent) and communal councils (12 per cent).

35. Although the under-five mortality rate has registered a 58 per cent reduction, neonatal mortality represents 57 per cent of overall child mortality and infant mortality represents 67 per cent. More effort needs to be invested in reducing mortality in the first year of life. Reduction of mortality among women due to complications during pregnancy or birth has been limited.

36. **Progress and key results at midterm.** UNICEF participated in the country-led education reform process by developing a national preschool curriculum and indicators to measure primary and lower secondary school quality standards.

37. Basic health staff were trained in three provinces, and a measles outreach campaign was undertaken, with 99 per cent coverage. A campaign to sensitize school children on hand-washing for prevention of a pandemic of influenza A and other communicable diseases reached 3 million children. With support from UNICEF, the Ministry of Health conducted skills building sessions on maternal and child care, reaching 55,000 people, and on promotion of breastfeeding, reaching nearly 270,000 people.
38. The first forum on social policy and child rights in the country, held on 25 May 2009 and chaired by the Prime Minister, highlighted concepts of child poverty and social budgeting with concrete case studies and preliminary findings from policy research initiatives supported by UNICEF since 2007. In collaboration with the United Nations Population Fund (UNFPA), UNICEF and the Government are also tackling the problem of youth exclusion from planning and programming processes through development of a National Integrated Strategy for Youth, which highlights a multi-faceted response at central and local levels.

39. UNICEF contributed to elaboration of a law regulating domestic labour and a law establishing decentralized child protection services. UNICEF also partnered with the Moroccan Human Rights Council to explore best practices of ombudsperson institutions to address complaints of children whose rights are violated. The consultation process is ongoing and will lead to a recommendation to the Government to create an appropriate institution to address child rights violations.

40. In close collaboration with the Ministry of Home Affairs, UNICEF contributed to strengthening local development planning through the newly introduced communal information system, results-based planning, participatory strategic planning and advocacy. The Government has also adopted the child-friendly city concept and aims to lead the way in this area in Africa and the Middle East. The UNICEF-supported “Dar Al Oumouma” initiative (waiting homes for women giving birth) was scaled up by communities throughout the Kingdom. An evaluation conducted in 2009 showed that implementation of the concept has contributed to a significant increase in the number of births attended by skilled personnel and deliveries in resourced health facilities, including in remote areas.

41. **Resources used.** Over the first three years (2007 to 2009) of the country programme cycle, UNICEF spent a total of $15.8 million, of which $4.2 million was RR and $11.6 million OR. No emergency OR was used in the period.

42. **Constraints and opportunities affecting progress.** Adequate capacity to implement UNICEF-supported programmes at local level remains a constraint to achieving results for children. Another challenge is lack of data to aid reaching the most vulnerable populations and assess the impact of social programmes. There is, however, strong political commitment to social protection programmes, as exemplified by the launch of several initiatives designed to improve the status of the most vulnerable, particularly children and women. These initiatives integrate a rights-based approach to social programming and involvement of civil society and the media.

43. **Adjustments made.** The MTR endorsed the need for UNICEF to move towards more strategic partnerships in support of national strategies, taking into consideration the role of important partners such as the European Union, France and Spain. As in other middle-income countries, in Morocco UNICEF will continue to play a key role in knowledge leadership, advocacy, capacity building, partnership and social mobilization. Adjustments made to specific programmes included a focus on maternal and neonatal health and nutrition, specifically at the community level, and the integration of HIV and parental education with neonatal care. Within the education sector, a focus on quality was endorsed, in both teaching and curriculum content, and access for marginalized groups, in addition to the development of non-formal education opportunities. The UNICEF communication and advocacy
component will be refocused as cross-sectoral and will no longer fall solely under social policy. An adolescent component was added to the country programme structure.

Oman

44. **Introduction.** The MTR of the Oman country programme (2007-2010) was the culmination of a process, begun in early 2009, that was guided by a steering committee under the leadership of the Government and UNICEF. Extensive consultations took place with counterparts, resulting in agreement on the objectives, approach and key questions to be addressed. Following discussions with counterparts, it was agreed to conduct a two-track MTR, programmatic and operational. It combined desk reviews and in-depth interviews with government stakeholders and the United Nations in the country. The situation analysis was updated, and two sector reviews took place, on disability and child protection. The MTR meeting was held on 16 November 2009, under the chairmanship of the Under-Secretary of Social Development and with the participation of a wide range of partners and the UNICEF Regional Office.

45. **Update of the situation of children and women.** The Omani economy remains relatively stable, despite the global economic crisis and the recently contained financial crisis in Dubai. Social sector expenditures, while roughly constant as a percentage of total government expenditures, have increased in absolute terms. The country faces a challenge in sustaining its economic growth, which is still heavily reliant on oil and natural gas. Recent evidence indicates that households’ purchasing power is not keeping up with the rate of inflation.

46. With an under-five mortality rate of 12 deaths per 1,000 live births in 2008 (vs. 31 per 1,000 in 1990), the country has already achieved Millennium Development Goal 4 on child mortality reduction. The infant mortality rate was 10 deaths per 1,000 live births in 2008, down from 23 deaths per 1,000 in 1990. Perinatal and neonatal conditions are now the main cause of infant mortality. The country’s maternal mortality rate is 17 deaths per 100,000 live births, compared to the Millennium Development Goal target of 7 per 100,000 by 2015. The country’s HIV/AIDS prevalence is low, at 0.1 per cent, and Oman is committed to universal access to antiretroviral drug therapy.

47. Only 42 per cent of children are breastfed up to the age of 5 months. Vitamin A supplementation now covers 98 per cent of children under 2 years of age and 95 per cent of mothers. Legislation for an oil fortification programme is expected soon.

48. With 99 per cent primary school enrolment, Oman is at the cusp of attaining universal primary education. The country is also likely to achieve gender equality in basic education. Preschool enrolment has surged, from less than 10 per cent in 2004 to around 30 per cent today.

49. With 26 per cent of the population aged 10 to 19 years, youth welfare is an important priority, as reflected in the long-term development plan (Vision 2020) and its five-year plan (2006-2010). Obesity and use of tobacco are increasing in this age group. The labour force participation rate among the 15-24 year olds is currently estimated at about 29 per cent (40 per cent male, 17 per cent female), up from 14 per cent (18 per cent male, 9 per cent female) in 2003.
50. In 2008, a National Child Strategy for the Advancement of Omani Women was drafted, in conformity with the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Adoption by the Government is pending. In the same year, the country ratified the Convention on the Rights of Persons with Disabilities and established a national Human Rights Commission. In addition, a decree was issued establishing a ministerial task force to monitor cases of child abuse, and the national adolescent health strategy was finalized. In 2009, amendments were made to the law on alternative care for orphans. A National Committee for Combating Human Trafficking was also set up.

51. **Progress and key results at midterm.** The Ministry of National Economy has made good progress in implementing a DevInfo-based national database system that identifies and monitors a wide range of child rights indicators and assists in addressing regional disparities. Work on a child development index started in 2009, and it should be fully operational in 2011. To address child abuse and non-accidental injuries, government staff and social workers have been trained and a child helpline set up. Support was also provided to the Government in drafting a Child Law/Bill (yet to be approved by the Cabinet), as well as to the development of a National Child Strategy (yet to be approved by Cabinet). A course on child rights has been introduced at the Sultan Qaboos University. The recently completed study on female genital mutilation/cutting will inform the development of an inter-sectoral strategy to curb the practice.

52. Preschool education, coverage of which was considered below the international average, has expanded beyond the national goal of 25 per cent. Manuals have been produced, teachers trained and the curriculum evaluated. The current programme focuses on adoption of a revised curriculum and standards for preschools with respect to teacher training and a conducive learning environment. UNICEF continues to support the educational needs of children with disabilities. Various manuals and curricula have been developed for teachers and parents.

53. Support was given to the development of a national training programme in neonatal resuscitation and paediatric life support. The Ministry of Social Development, in collaboration with UNICEF, is revising a rights-based parenting manual and will support the training of trainers to roll it out. UNICEF supported an assessment that led to more effective quality assurance of universal salt iodization, and the country’s certification is anticipated in 2011.

54. UNICEF support to implementation of the National Strategy for HIV/AIDS has consisted of training counsellors (including in prevention of mother-to-child transmission), promotion of rapid testing (particularly at public/community events) and development of an Internet site that offers young people an opportunity to discuss HIV/AIDS anonymously. The HIV/AIDS hotline, opened in 2002, is being restructured into a youth hotline covering a broader range of health topics, thus addressing basic life skills and promoting healthy lifestyles for adolescents. In close collaboration with the World Health Organization and UNFPA, UNICEF supported development of the National Adolescent Health Strategy, which addresses both reproductive health and healthy lifestyles.

55. **Resources used.** Total expenditure over the 2007-2009 period was $2.7 million, comprising mainly OR ($2.6 million) plus $150,000 RR.
56. **Constraints and opportunities affecting progress.** The MTR conclusions pointed to the need to further refine and re-focus country programme objectives and results in a way that would also enable their measurement and evaluation. There was recognition of the important role played by communities and civil society organizations in reaching out to remote populations and addressing more culturally sensitive issues. This had undoubtedly enhanced the effectiveness of UNICEF-supported programmes.

57. **Adjustments made.** One important outcome of the MTR process was a comprehensive revision of the targets in the country programme action plan to make them more focused and measurable. The programme focus will now emphasize adolescents, protection and early childhood development, as well as social policy and knowledge management. Also, the country programme will move further away from supporting service delivery to emphasize programme development, policy formulation and systems strengthening, areas that will require new expertise. The MTR concluded that there was no need yet for changes in the country programme structure. It also discussed the modality of cooperation between the Government and UNICEF, in which government staff are seconded to UNICEF to support the country programme.

**Syrian Arab Republic**

58. **Introduction.** The MTR process was launched on 2 June 2009 by the State Planning Commission (SPC), with wide attendance from line ministries, institutions and civil society organizations. In addition to the MTR Steering Committee chaired by SPC, five technical groups chaired by the Government were established to systematically collect information from studies conducted since 2007, to review progress achieved under each programme component. The process also included a review by adolescents involved in the programme since 2007. A client satisfaction survey was conducted to collect the feedback of partners on coordination and planning mechanisms involving government at central and governorate level as well as NGOs. Outcomes from the MTR process were reviewed with all involved partners during a technical meeting held in SPC on 13 October 2009. The final MTR meeting, chaired by the Head of SPC, took place on 29 October 2009 and was highly participatory. The MTR report was endorsed by the SPC.

59. **Update of the situation of children and women.** In the last two years the country has experienced double-digit inflation; persistent drought in the north-eastern governorates, leading to internal migration and; the largest influx of Iraqi refugees in the region. These factors have particularly affected children and women. Population distribution continues to be uneven, with 44 per cent of the people residing in 8 per cent of total land area. Urbanization is also on the increase, exacerbated by migration from drought-affected areas in the north-eastern governorates.

60. The under-five mortality rate declined to 18.9 deaths per 1,000 live births in 2008 compared to 22 deaths per 1,000 in 2006. The infant mortality rate was 16 deaths per 1,000 live births in 2008, compared to 18 per 1,000 in 2006. Maternal mortality is still high at 56 maternal deaths per 100,000 live births (2008). According to recent Ministry of Education data, the net primary school enrolment ratio reached 99 per cent in 2008 compared to 98 per cent in 2006. Information on
HIV prevalence is lacking although it is believed to be below 1 per cent given the current of reported number of people (1,500) living with the virus.

61. Draft legislation reinforcing the protection of children and women is under review, and a national law against human trafficking has recently been approved. Following a national debate on “crimes of honour”, legislation was revised to accommodate an increase in the minimum sentence of two years.

62. **Progress and key results at midterm.** Under-five mortality has decreased by 14 per cent since 2006. Infant vaccination coverage in high-risk areas was 90 per cent, an increase of 6 per cent since 2004. Also, the country maintained its polio-free status with four yearly national immunization days. However, the percentage of underweight children nationally increased, from 7 to 10 per cent, as did the percentage of stunted children, which rose from 19 to 22 per cent. The reported level of maternal mortality reached 56 (per 100,000 live births) in 2008, compared to 58 in 2004.

63. Between 2006 and 2008, the national enrolment rate for basic education increased from 97.8 per cent (females: 97.7 per cent, males: 98 per cent) to 98.5 per cent (females: 98 per cent, males: 99 per cent). During the same period, the percentage of pupils reaching grade 9 increased from 68 per cent (females: 73 per cent, males: 62 per cent) to 69 per cent (females: 73 per cent, males: 65 per cent). To tackle the issue of school dropouts in the under-served areas, UNICEF supported awareness-raising among Ministry of Education officials, parents and children about the causes of dropout and contributed to preventive measures, including a school feeding programme in collaboration with the World Food Programme and provision of remedial and second-chance classes.

64. The percentage of females aged 15-24 years with comprehensive knowledge of HIV/AIDS is approximately 7.9 per cent, but data are not available for males. Key results for HIV/AIDS prevention include drafting of a communication strategy in collaboration with the relevant government ministries, production of adolescent health manuals focusing on HIV/AIDS and the establishment of voluntary counselling and testing centres in all governorates.

65. With respect to child protection, key results include the drafting of a Juvenile Justice Law and a Child Rights Law. A system to deliver psychosocial and child protection services to Iraqi refugee children and families was established, including a database for monitoring mental health.

66. A number of key studies and surveys were completed in support of work on policy, advocacy and partnership for child rights, including a nationwide situation analysis, a national study on the causes of child mortality and a study on factors affecting the low rate of child vaccination coverage. The Palestinian multiple indicator cluster survey was disseminated, as well as the Evaluation of Palestinian “adolescent-friendly” spaces.

67. **Resources used.** From 2007 to 2009, $2.3 million in RR and $1.7 million in OR was spent. The solid contribution of UNICEF to the humanitarian support of Iraqi refugees living in the country has resulted in a comparatively high level of other resources-emergency, reaching $25 million during the same period.

68. **Constraints and opportunities affecting progress.** Constraints in coordination among governmental institutions, combined with duplication in efforts
and initiatives, have hindered implementation. Limited human resource capacity in key counterpart technical departments is also a challenge. The UNICEF international procurement mechanism has faced delays in providing equipment necessary for planned high-impact nutrition interventions. A lack of updated indicators and disaggregated data at governorate level has reduced the efficacy of existing monitoring systems. International support to assist the efforts of the Government to absorb Iraqi refugees has resulted in the presence of a number of international NGOs offering a wide range of knowledge and skills in specialized areas, providing an excellent opportunity for partnerships to address child rights. There is also renewed interest in adolescent participation and development within existing institutions such as the Youth Union, Arab Red Crescent, Family Planning Association and Syria Trust for Development.

69. Adjustments made. While the MTR process did not result in changes in country programme structure, it did support adjustment of the strategic focus to better fit emerging government priorities for children, taking into consideration the changing programming environment. The revised country programme action plan was modified so that each component includes explicit targets on youth/adolescent partnership, capacity-building in disaster risk reduction and documentation of lessons learned from innovations as part of humanitarian support to Iraqi refugees. Other adjustments are specific to individual programme components. The child protection focus will shift to information systems and dissemination of standards. The component on HIV/AIDS prevention for adolescents was amended to improve synergies and avoid duplication with approaches supported by other partners in regard to most-at-risk adolescents, particularly by UNFPA. The component on policy advocacy and partnership for child rights was revisited to focus its interventions on capacity-building for social policy and on enhancing national knowledge management systems on the rights of children and women.

Tunisia

70. Introduction. The midterm review of the Tunisia-UNICEF country programme of cooperation (2007-2011) was a participatory process and evolved over the conduct of four sectoral reviews held during the first quarter of 2010. This consultative process involved representatives from Government, UNICEF, civil society organizations and other United Nations agencies. The closing MTR meeting, held on 7 April 2010, was jointly organized by UNICEF and the Ministry of Foreign Affairs, with attendance by the Minister of Women, Family, Children and Elderly Affairs, as well as by staff from the UNICEF Regional Office and headquarters.

71. Update of the situation of children and women. In 2009, children represented 31 per cent (3.4 million) of the population. The country enjoyed an annual economic growth rate of 5 per cent between 1995 and 2009. The unemployment rate is stabilized at 15 per cent, although within the 15-24 age group the rate is twice the national average.

72. Net enrolment in primary school is almost universal; it currently stands at 98 per cent for children aged 6-11. Nearly one-fourth of the government budget is allocated to education. The rate of kindergarten enrolment increased almost threefold between 1995 and 2009 (from 11 to 30 per cent).

73. Under-five child mortality decreased by more than half between 1990 and 2008, from 50 to 21 deaths per 1,000 live births, and Millennium Development Goal
4 is expected to be achieved by 2015. Neonatal mortality represents two-thirds of infant mortality. Maternal health indicators show significant progress, but the reduction of maternal mortality (estimated at 36 deaths per 100,000 live births in 2006) needs to be sustained. Childhood obesity and risky behaviour in relation to substance abuse, road accidents, violence and HIV infection are emerging among the youth.

74. The child protection system continues to be strengthened. In 2009, the number of children and youth living in institutions reached 2,275, with 34 per cent of them under 6 years old. A 2006 survey on adolescents and health at school revealed that 25 per cent of adolescents (39 per cent boys and 13 per cent girls) claim to have been victims of violence. In 2009, around 13,800 children were tried in criminal courts and 1,356 sentenced to deprivation of liberty. Tunisian law is in compliance with international standards, and additional efforts will ensure these standards are observed in terms of quality and efficiency of the juvenile justice system.

75. To promote the participation of young people, a Youth Parliament was created in 2009, and national consultations will be held every five years to ensure youth views are reflected in development plans.

76. Progress and key results at midterm. National quality norms for preschool education and parental education were established. Management systems for improving the quality of 42 early childhood care centres were supported, and 53 rural women workers were trained in parental education. Inspectors were trained in action research methodologies on violence at school.

77. The issue of school failure was placed high on the agenda of the Ministry of Education. A national programme of social action at school level was strengthened through the training of 422 social action units that support children with learning and social difficulties in targeted regions. National strategies were developed to prevent school violence and to ensure the inclusion at school of children with disabilities.

78. In four targeted regions, more than 70 per cent of managers and health providers of the Ministry of Health were trained in management of health and perinatal services. A joint United Nations programme to reduce maternal mortality was signed and is being implemented. Support was provided to a study on the cost-effectiveness of introducing new vaccines. A report documenting the results of the targeting strategy in West Central Districts provides evidence of the contribution of this strategy to improvement of health indicators.

79. A national steering committee was established to define a minimum package of life skills for adolescents. Through a UNICEF-UNFPA joint programme, around 140 social workers and young people were trained on youth participation. Nineteen centres were set up to provide anonymous and free HIV voluntary counselling and testing.

80. With joint funding from UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria, training modules on prevention of mother-to-child transmission were developed and training sessions organized on medical and psychosocial care and support for women and children living with HIV.

81. The number of regional child protection officers in charge of the overall monitoring and case management of children at risk that are referred to them
increased from 24 to 34. A survey on children in the street provided the basis for a national strategy for social work outreach. A national plan on violence against children adopted in 2009 is being implemented.

82. Eleven social workers from 23 integrated centres for adolescence and childhood were trained in family mediation and 25 psychologists were trained on reintegration. The competency framework for social workers in tribunals was revised to include support for sentenced children. Sixty-five per cent of children born out of wedlock are being de-institutionalized and placed in foster families and small shelters operated by NGOs. Measures are taken to decentralize such services to allow the children to remain close to their biological parents.

83. To build an integrated child rights monitoring system, child protection indicators were introduced into the customized ChildInfo database, now accessible on the website of the National Observatory on the Rights of the Child. The capacity of the Observatory’s officers was strengthened with training on statistics, the human rights- and results-based management approaches.

84. **Resources used.** Total expenditure over the 2007-2009 period amounted to $3.5 million, of which $2.3 million was RR and $1.2 million OR.

85. **Constraints and opportunities affecting progress.** Nationwide, the flow of information between central and regional levels could be strengthened, and the different systems for monitoring the situation of children could be further harmonized, including by increasing availability of baseline data for use in measuring progress. Current opportunities are facilitating the transformation of the role of UNICEF in Tunisia as a middle-income country and the shift to more upstream work. Collaboration with universities to institutionalize training activities is being developed, along with partnerships with the private sector, civil society organizations and the media. In the area of social policy, evaluation of national strategies and programmes, budget analyses and the exchange of experiences among countries will produce further evidence for efficiently investing in the well-being of children.

86. **Adjustments made.** Among the few adjustments proposed was revision of some targets in the protection component. Programme evaluations and research studies will be a priority to assess the impact of programme interventions, identify emerging issues and share the Tunisian experience, with an emphasis on South-South cooperation. Some changes are expected by the end of the programme cycle in reducing the UNICEF role in service delivery and increasing its upstream work. The MTR created the opportunity to discuss the transformational role of UNICEF in middle-income countries. The strategic readjustments of the programme in Tunisia will focus increasingly on knowledge management and support to evidence-based social policy development. Additional focus will also be given to programming in relation to adolescents, youth and child protection.

**Yemen**

87. **Introduction.** A national steering committee established in April 2008 provided guidance on the MTR process of the Yemen-UNICEF country programme of cooperation (2007-2011). Field reviews were conducted in the five targeted governorates. The methodology for the MTR included a desk review of relevant documentation, sectoral reviews, multi-stakeholder consultations and rapid
assessments of selected project activities in supported governorates. The MTR meeting was held on 12 July 2009, chaired by the Minister of Social Affairs and Labour, with participation of all stakeholders and the UNICEF Regional Office.

88. **Update of the situation of children and women.** Ranked 153 on the Human Development Index in 2008, Yemen remains the least developed country in the Middle East. Conflicts in the northern Governorate of Sa’ada escalated in 2009, creating a humanitarian crisis with scores of casualties and internally displaced people. The proliferation of small arms in Yemen poses a direct threat to children’s right to life and health.

89. During 2003 and 2008, child mortality rates declined from 102 to 78 deaths per 1,000 live births (girls 75, boys 81). Child mortality in poorer households is much higher than the national average. Although vaccination coverage is now estimated at 87 per cent, and Yemen was declared polio free in 2008, recent trends suggest declining child survival rates, in part due to household food insecurity and inadequate consumption patterns as a result of economic pressures. Malnutrition is the leading single cause of death for children in Yemen and is estimated to be responsible for half of child deaths.

90. The widely practised consumption of Qat has been found to reinforce poverty as it takes up approximately 10 per cent of land under cultivation and accounts for 40 per cent of agricultural production and 23 per cent of total water use. The growing use of Qat by women and children also leads to malnutrition due to reduction in appetite and associated inadequate food intake.

91. Access to adequate water and sanitation is among the major challenges Yemen faces in ensuring environmental sustainability. Only 59 per cent of households now have access to safe drinking water, and 52 per cent to adequate sanitation, with urban areas faring far better than rural ones.

92. The net primary school enrolment rate is 68 per cent, with net female enrolment still 20 per cent lower than that of males. In 2006, the enrolment rate for non-poor children was 98 per cent. In addition to poverty, low primary school enrolment rates in Yemen are also associated with gender inappropriate facilities, distance and the lack of qualified staff, female teachers in particular. The school fee abolition policy went into effect in September 2008, removing fees for girls from grades 1 to 6 and for boys from grades 1 to 3. UNICEF will continue to monitor the impact of the policy.

93. More than half of girls in Yemen are married before the age of 18, and 14 per cent before age 15. Following persistent advocacy from civil society organizations, new legislation was proposed by the Government to raise the minimum age of marriage to 17 years, but it met stiff opposition from conservative circles. Child labour is widely prevalent; 12 per cent of working children are estimated to be aged 6-14 years. Only 22 per cent of children are registered at birth.

94. The maternal mortality ratio is currently estimated at 430 deaths per 100,000 live births. Because the vast majority of women still deliver at home, the Ministry of Public Health and Population adopted a home-based maternal and newborn strategy in May 2007. The Committee on the Elimination of all forms of Discrimination against Women, in its Concluding Observations on Yemen of 18 July 2008, indicated that stereotypes remain pervasive, hampering realization of women’s rights in all spheres of life.
95. **Progress and key results at midterm.** Coverage of the national expanded programme on immunization is 87 per cent, and Yemen is certified polio free. The incidence of measles dropped significantly, to 2 reported cases from 500 in 2007. Water schemes were established to reach 36 per cent of the target population in districts, providing safe water to 26,478 inhabitants in 74 villages.

96. The child-friendly schools initiative was piloted in 110 schools in 2007 and has since been expanded to benefit some 50,000 children. To enhance girls’ enrolment and retention, an initiative to select, train and contract 377 female secondary school graduates as teachers led to an increase in the female teacher population by 25 per cent in 11 districts.

97. UNICEF support to community outreach helped to increase birth registration by 15 per cent from its previous level of 8 per cent. A national strategy and plan of action on child trafficking was developed. Also, national capacity has been enhanced to rehabilitate and reintegrate child victims of trafficking. As a result, the number of children protected increased from 339 to 1,465 over the 2007-2009 period. Alternative measures to the incarceration of children in conflict with the law have been piloted in two governorates; 70 per cent of children were dealt with in ways that did not involve prison sentences.

98. The national strategic framework to combat HIV/AIDS was revised and now includes a focus on prevention of mother-to-child transmission, life skills, peer education and youth-friendly voluntary counselling and testing services. The life skills and peer education framework was finalized by the technical committee from the ministries of Education, Youth and Health and now serves as the basis of the life skills and peer education manual.

99. A social protection strategy was adopted by the Government, informed by studies and consultations supported by UNICEF. Findings from the Yemen multiple indicator cluster survey and child poverty study were used in advocacy sessions held with parliamentarians on the need to increase budget allocation to accelerate child survival and development towards meeting the Millennium Development Goals.

100. **Resources used.** Total expenditure over the 2007-2009 period reached $40.6 million, of which $25.2 million was RR, $9.1 million OR, and $6.3 million other resources-emergency.

101. **Constraints and opportunities affecting progress.** The food, fuel and financial crises have certainly worsened the health, nutrition, education, protection and overall well-being of children in Yemen. Resulting adverse effects have been amplified by ongoing emergencies in the country; notable are floods in the southeast in 2008, a volatile security situation (particularly in the south and including a secessionist movement) and the influx of refugees from the horn of Africa. Escalation of the Sa’ada conflict in 2009 has created a humanitarian situation, with over 170,000 internally displaced persons and considerable destruction to facilities as well as interruption in provision of basic social services.

102. Progress in meeting planned results continues to be hampered by inadequate budgets in counterpart departments; limited communication capacity; the vastness of the country, which leaves many areas inaccessible and remote; the seclusion of women; the isolation of disadvantaged groups; and deeply ingrained harmful practices.
103. **Adjustments made.** The few changes and shifts made to the country programme at midterm emphasized accelerating implementation of planned results and building emergency preparedness and response into current programme interventions, particularly in the context of the escalation of the Sa’ada crisis and the potential for other emergencies. Enhanced investment in human resource capacity is envisaged to adequately support government and other partners in improving favourable outcomes for children. The need to upgrade the skills mix of the office staff is expected to help meet the priority challenges of the country programme and achieve results within the next three years. Given the continuous security threat, different work modalities may be adopted, as was the case in 2009 with the application of the “light footprint” approach. This approach is a security risk mitigation measure adopted by the United Nations system for a duration of 18 months following the introduction of security phase 3 in late 2008 until all offices could become fully compliant with MOSS (Minimum Operating Security Standards). The main objective was to reduce the concentration of staff in office premises at any one time through “shift” work.